



ASPR

Beyond the Response: Addressing Compassion Fatigue and Behavioral Health Needs for Healthcare Providers

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ASPR's Priorities: Building Readiness for 21st Century Threats



Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced and rapid technical assistance
- A comprehensive, one-stop, national knowledge center for healthcare system preparedness
- Multiple ways to efficiently share and receive information between various entities, including peer-to-peer
- A way to leverage and better integrate support (force multiplier)
- Helping prepare deployed and field staff via our technical resources and subject matter experts

ASPR TRACIE: Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



asprtracie.hhs.gov



1-844-5-TRACIE



askasprtracie@hhs.gov

Behavioral Health Resource Examples

- Disaster Behavioral Health Resource Page
- Self Care Modules for Healthcare Providers
- Resources at Your Fingertips
- Mental/Behavioral Health (non-responders) Topic Collection
- Opioids: Frequently Asked Questions
- The Exchange Issue 4: Disaster Behavioral Health and Resilience
- Tips for Retaining and Caring for Staff after a Disaster

<https://asprtracie.hhs.gov/dbh-resources>

the EXCHANGE | 2017 VOLUME 2 ISSUE 1

Disaster Behavioral Health: What Do the Feds Do?

Contributed by Rachel Kaul, LCSW, CTS, ASPR/OPP/ABC and Terri Spear, EdM, SAMHSA/OPPI/DPI

Emergency planners and responders recognize that disaster behavioral health (DBH) is an integral part of the overall public health and medical response.



HEALING AFTER A TRAUMATIC INCIDENT: A Responder's Perspective



John Hick (JH)
What immediate support did you receive from your agency and more formal chains?

Ross Chávez (RC)
Just after the incident, the fire department hosted an immediate debriefing session with the various agencies that responded to the scene. Critical Incident Stress Management counselors directed the high-level debrief, which was beneficial for several reasons. First, while it wasn't so much an emotional debrief, it did allow everyone the opportunity to put the pieces together. We heard what firefighters saw when they arrived on scene; then we heard from the medics' and law enforcement's perspective. There were a lot of validating "a-ha" moments for many of us, and we shared our challenges and experiences. For example, hearing the firefighters talk about having to use their feet to search for the children (because their suits made them buoyant and they couldn't go under water) made us appreciate their experience even more. Everyone reacted differently to the debrief; some were reluctant to attend, and for others, it was good for them to share.

Afterward, I stayed at EMS headquarters for most of the morning to continue managing the aftermath and support my team — the rest of the command staff were also supportive. I was personally struggling with my

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of the HHS coordinate and medical behavioral in ASPR, the

Office of Emergency Management (OEM) and the Office of Policy and Planning (OPP) work closely together to carry out the activities directed toward overall public health and medical coordination for ASPR.

OPP, Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC)

Within ASPR OPP, the Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) is responsible for ensuring effective coordination and providing subject matter expertise so that DBH needs are identified and

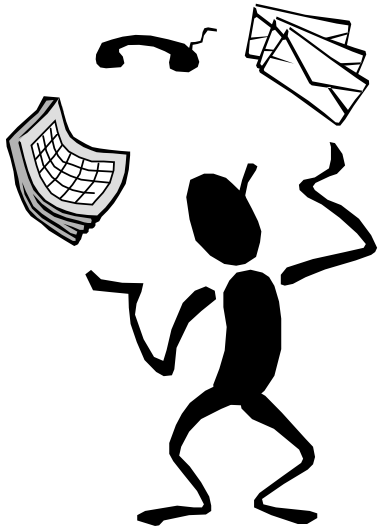
Goals

- Describe how to identify healthcare provider compassion fatigue and secondary traumatic stress
- Identify methods for healthcare executives to conduct stress management assessment, implement mitigation efforts, and improve work satisfaction for providers
- Describe ways to develop and implement a Cognitive Strengthening Preparedness Program

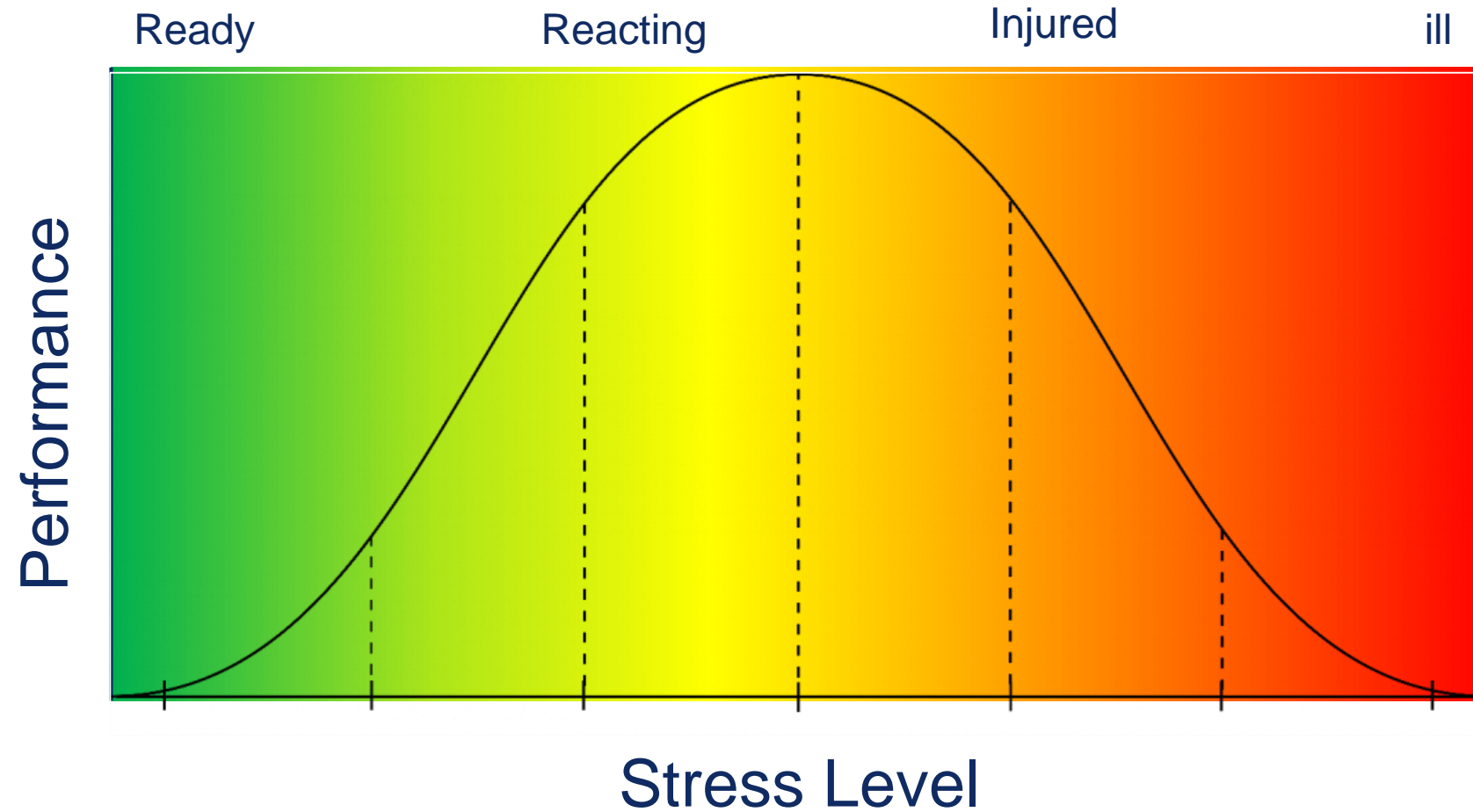
Rachel Kaul, LCSW, CTS
**ASPR Division for At-Risk Individuals, Behavioral
Health, & Community Resilience (ABC)**

What is Stress?

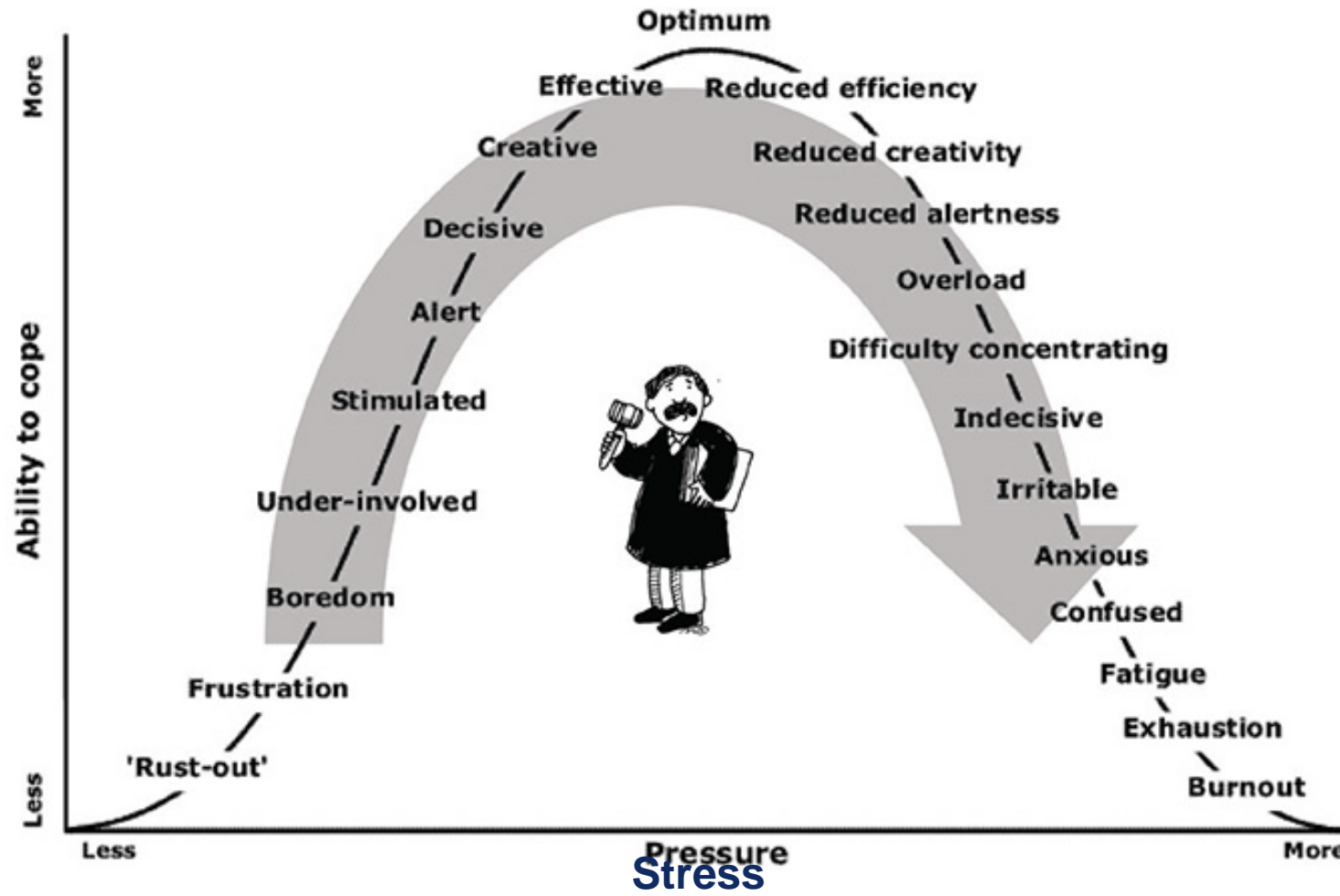
A response characterized by physical and psychological arousal arising as a direct result of an exposure to any demand or pressure on a living organism.



Continuum of Stress: Where are you?

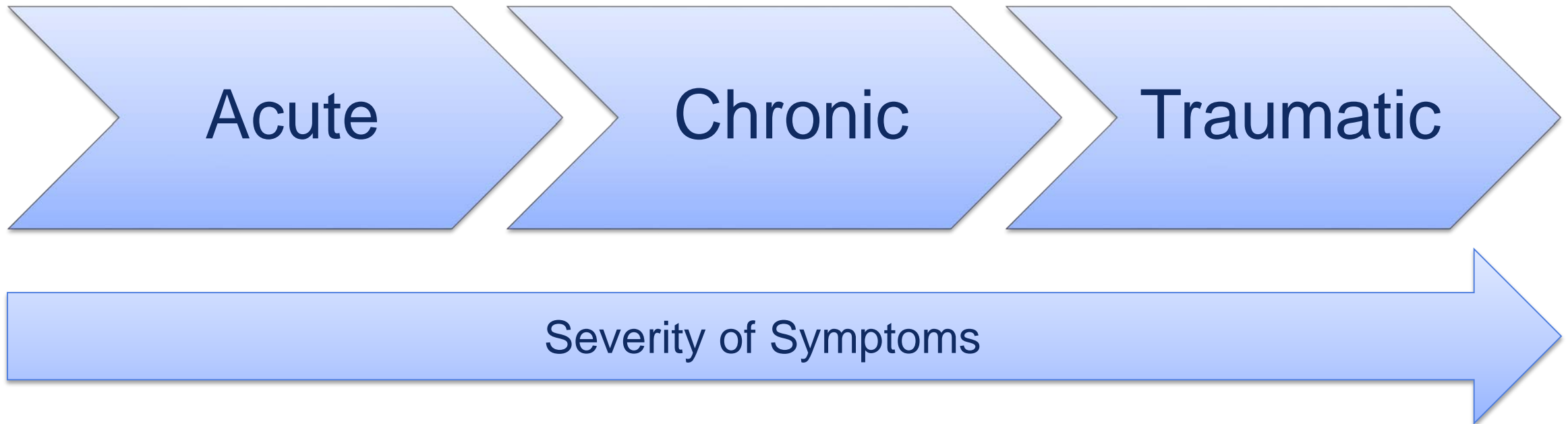


Continuum of Stress: Where are you?

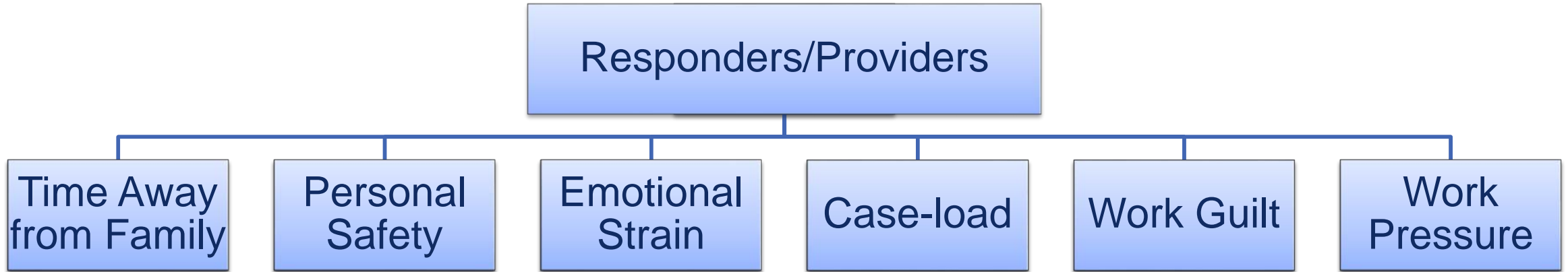


Defining Stress

Mental or emotional strain resulting from adverse or demanding circumstances.



Overview of Stressors



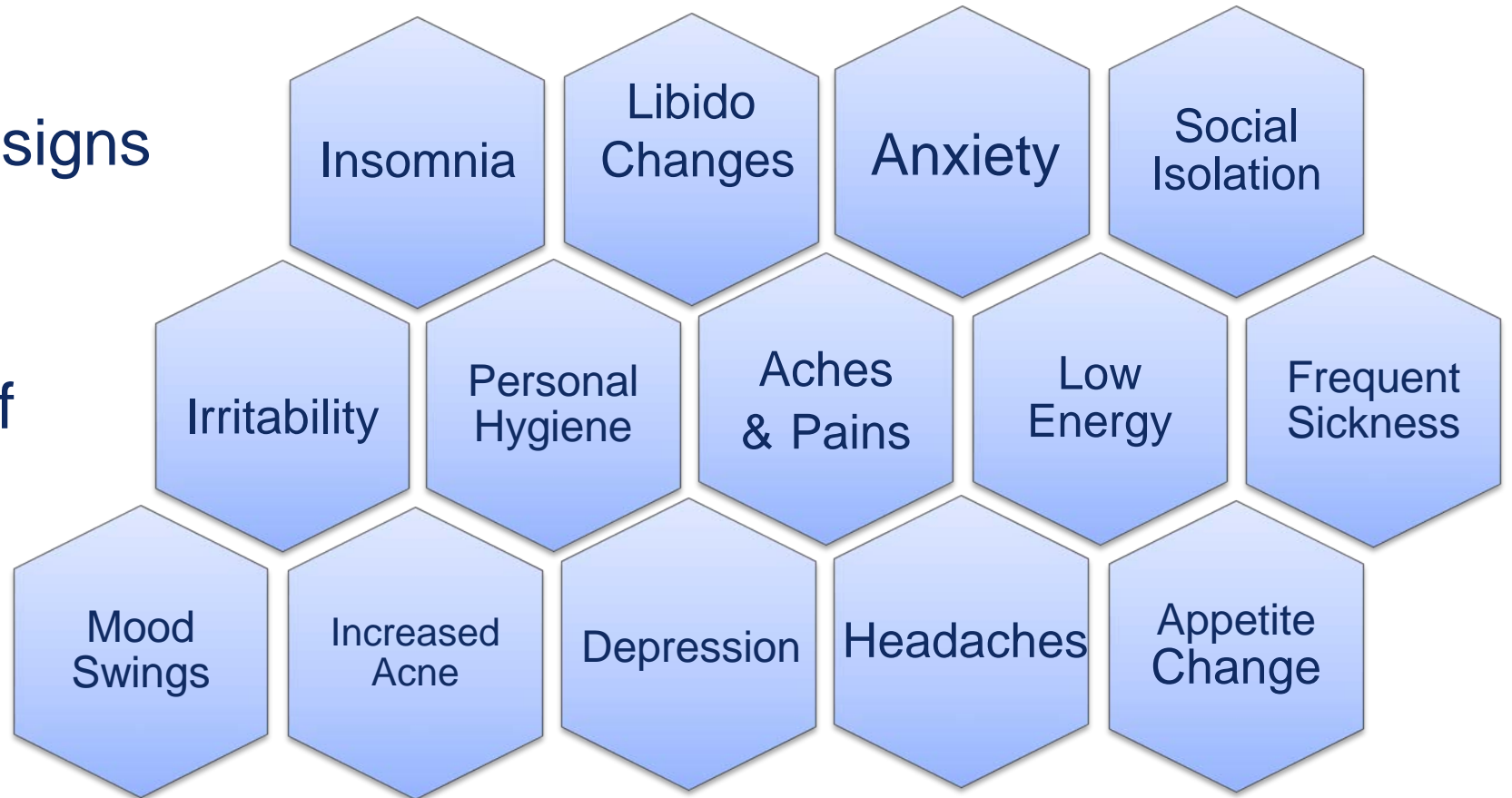
Signs & Symptoms of Stress

- What are possible signs and symptoms of stress? (This can be from knowledge or experience)
- How do you know when you are stressed?
- What would others notice?



Signs & Symptoms

- Diversity in presentation of signs and symptoms
- Self reflection
- Methods for self check?





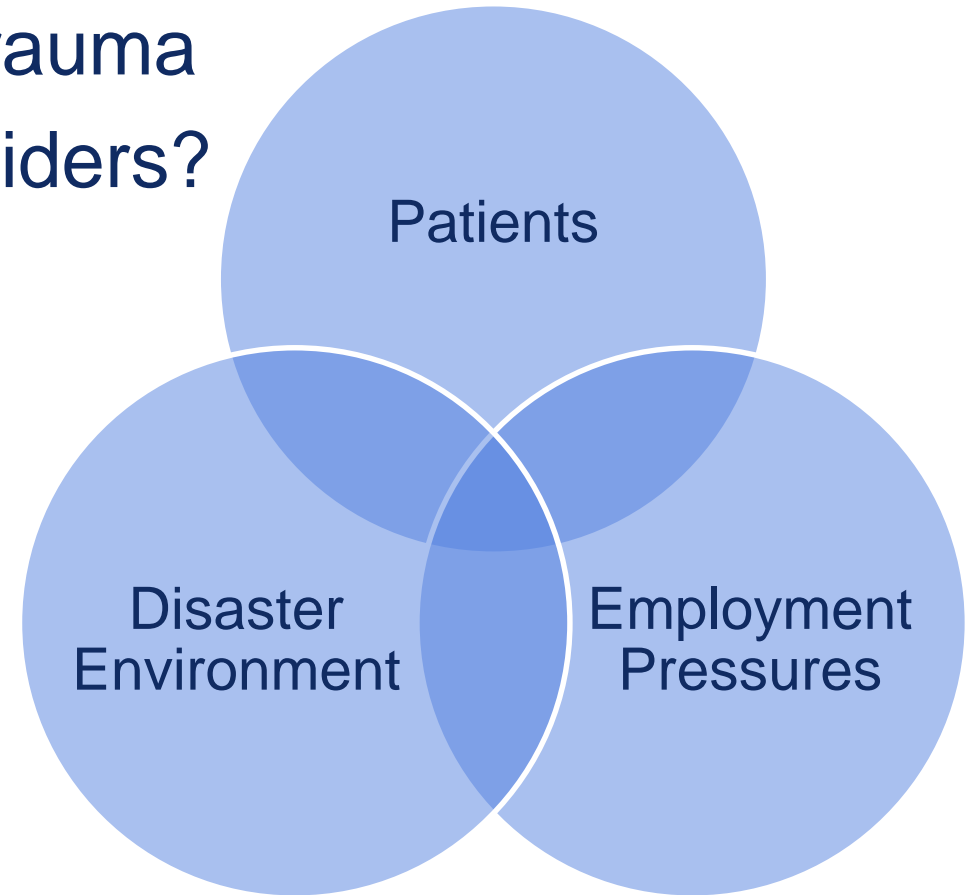
© Sarah Andersen

Consequences for Responders/Providers

- Impacts on decision making
- Increased risk of mistakes
- Professional burnout
- Impact on systems outside of work (family, friends, etc.)
- Mental/physical health implications

Secondary Trauma

- Traumatic event → Secondary trauma
- Risk for health care responders/providers?



Consequences: Burnout

- Cumulative emotional exhaustion and withdrawal as a result of workload and institutional stress.
- Occurs over time.
- Presents:
 - Decreased performance
 - Increased absenteeism
 - Poor morale/attitude



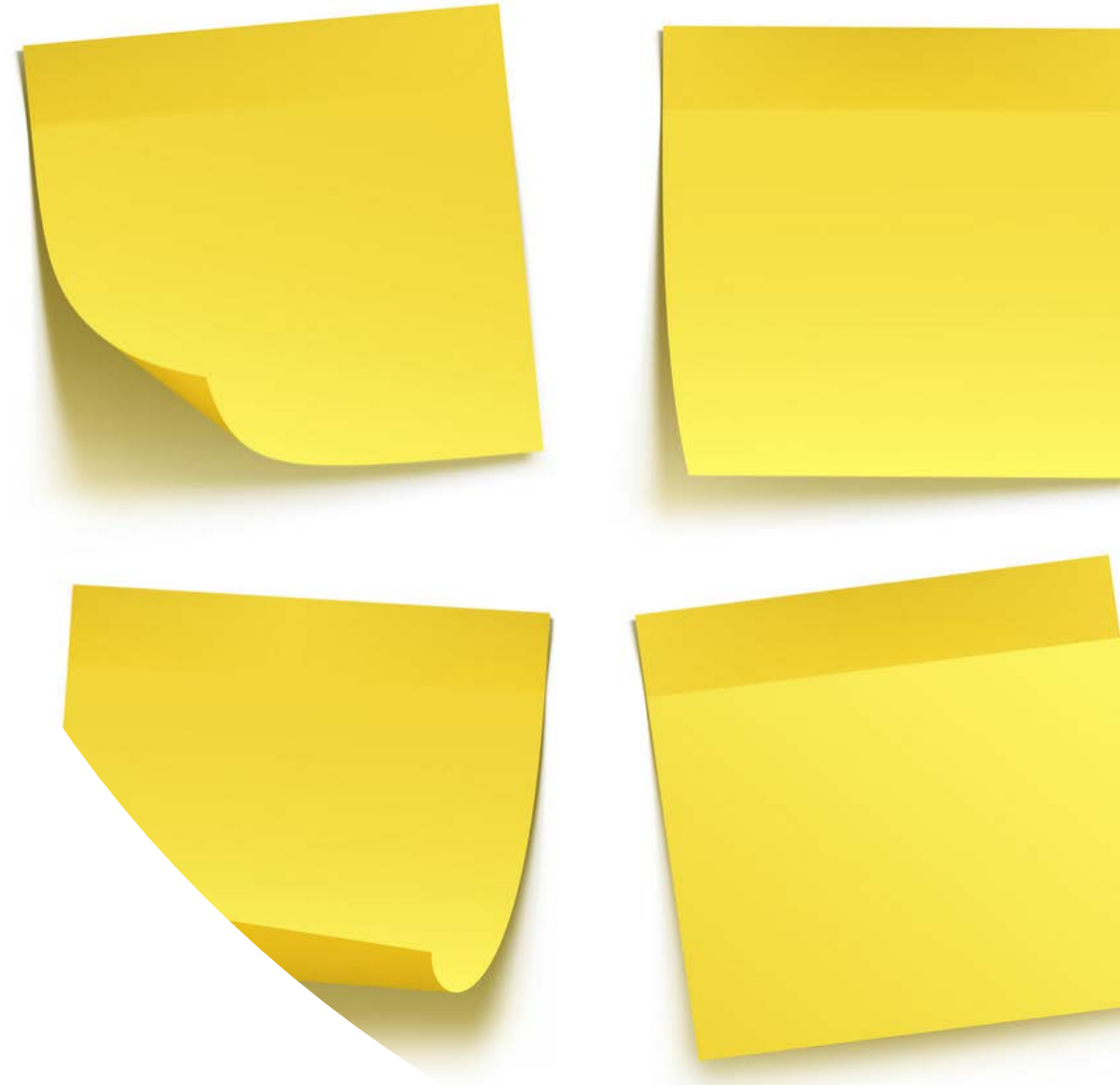
Consequences: Compassion Fatigue

- Related to exposure working with those suffering from traumatic or distressing events.
- Onset can be early
- Prolonged exposure = ↑ Risk for responders/providers
- Presents:
 - Detachment or numbing,
 - Over-engagement
 - Blurred boundaries/roles
- Often very hard to self-diagnose



Post the Symptoms!

- List symptoms of stress on Post-Its
- These can be symptoms experienced personally or ones you've seen.
- Match the symptom to the “condition”



Individual Coping Mechanisms

Emotional Outlets	Nutrition	Fitness
Personal Hygiene	Meditation/ Faith	Sexual Health
Social Life	Safe Space	Creating Boundaries

- What are your stressors?
- How do you know when you are stressed?
- Consider feasibility of coping mechanisms/strategies
- Do they fit you and your lifestyle?
- How will you follow through?

Reaching Out and Reflecting

Personal

- Who can you turn to?
- Existing support systems?
- What are you already doing?
- One thing you could change/do

Consider

- What other tools could assist you?
- Are there resources you need?



April Naturale, PhD
Disaster Recovery and Community Resilience
Senior Manager, ICF

Organizational Stress Management

The Executive Leadership Level

- Dedication to cause
- Managing staff not just tasks
- Fostering collaboration
- Developing strengths

Organizational Stress Management

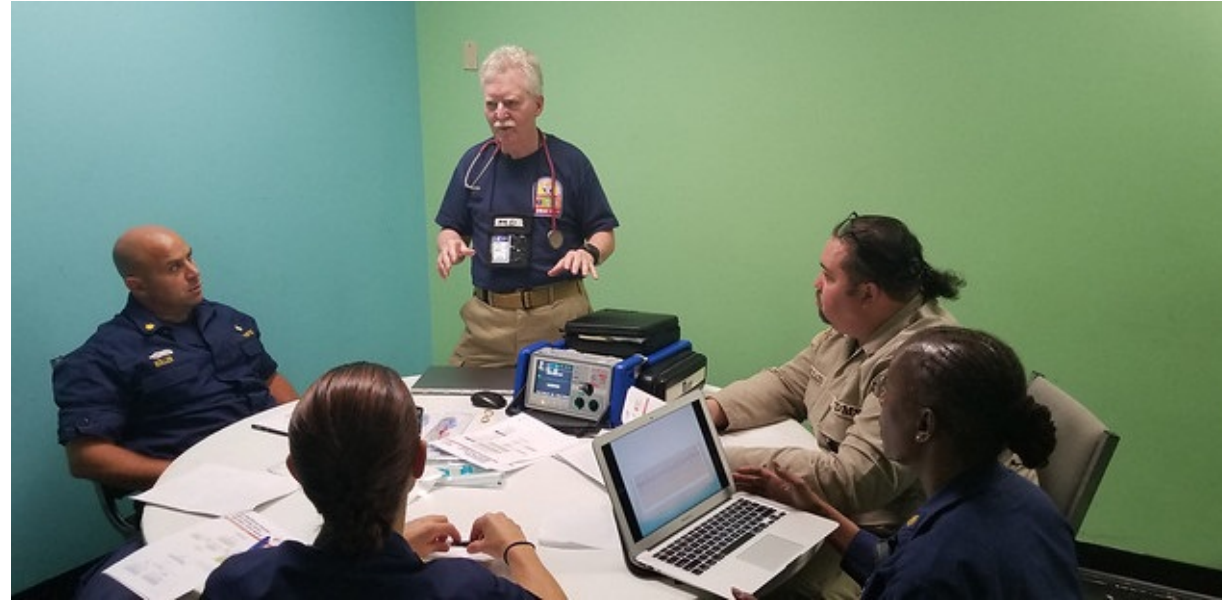
The Executive Leadership Level

- Clear mission, roles, and responsibilities
- One direct line of authority
- Avenues to express concern



Organizational Stress Management

The Management/Supervisor Level



Supervision, Guidance, and Support

Organizational Response to Traumatic Stress Events

- PFA
- Drills
- Referrals
- Team training
- Information / psychoeducation meetings
- Groups for highly exposed
- Individual crisis intervention
- Focus on resilience and coping



Organizational Readiness Tools

- Organizational Assessment
- Stress Audit Checklist
- ProQOL-5
- OVC Vicarious Trauma Toolkit



[View Transcript](#) [View Presentation](#) [Download](#)



Addressing Vicarious Trauma in Victim Service Professionals



Addressing Vicarious Trauma in First Responders



Experience and Training

- Professional skills development
- Sense of confidence and competence



Cognitive Strengthening Program

- Cognitive restructuring / reframing
- Attention diversion
- Mindfulness training
- Adaptive engaging
- Adaptive affective expression



Stop



Look



Reframe

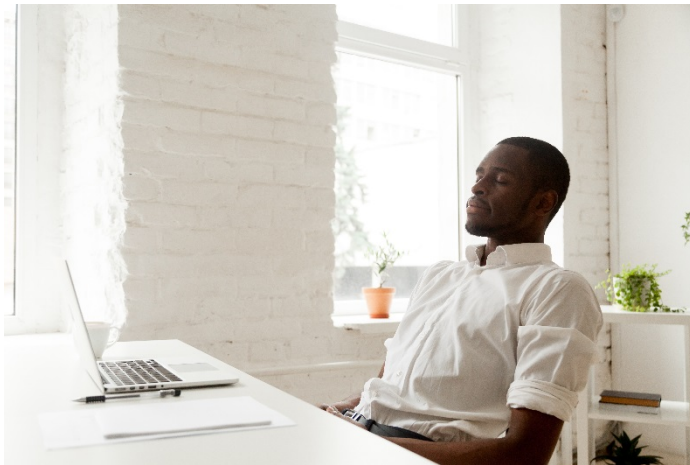
Attention Diversion

- Purposeful emotion regulation
- Decreases intense feelings
- Temporary



About Mindfulness

- Cognitive strengthener
- Any level is positive
- Focus on present moment
- Acknowledge things as they are



Mindfulness Exercise

- Sit in quiet place
- Feet on ground
- Hands on lap
- Close your eyes
- Focus on breathing
- Thoughts come and go
- Inhale positivity
- Exhale stress

Adaptive Engaging

- With others who understand and accept you
- In helpful activities
 - Increase coping skills
 - Build resilience
- Maintain integrity, dignity, and civility
- Avoid toxicity
- Avoid negative coping behaviors



Adaptive Affective Expression

- ✓ Identify distressing emotions
- ✓ Express emotions in healthy ways
- ✓ Identify your prodromal activities
- ✓ Identify and plan for triggers



Summary

- Compassion fatigue and burnout can have negative individual and organization-wide effects
- Interventions can mitigate these effects
- Organizational wellness is possible with agency-wide supports and structures
- Cognitive strengthening programs can help

Audience Discussion and Q&A



Additional Resources

- ASPR TRACIE: www.asprtracie.hhs.gov
- Division for At-Risk Individuals, Behavioral Health & Community Resilience (ABC):
www.phe.gov/Preparedness/planning/abc
- SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC): www.samhsa.gov/dtac
- National Center for Posttraumatic Stress Disorder:
www.ptsd.va.gov
- Professional Quality of Life (PROQOL): <http://www.proqol.org>