

Secondary Traumatic Stress Identification, Mitigation and Improving Work Satisfaction for Healthcare Staff During the COVID19 Pandemic





MUTE



CHAT



RAISE HAND



Q&A

National Center for Health in Public Housing

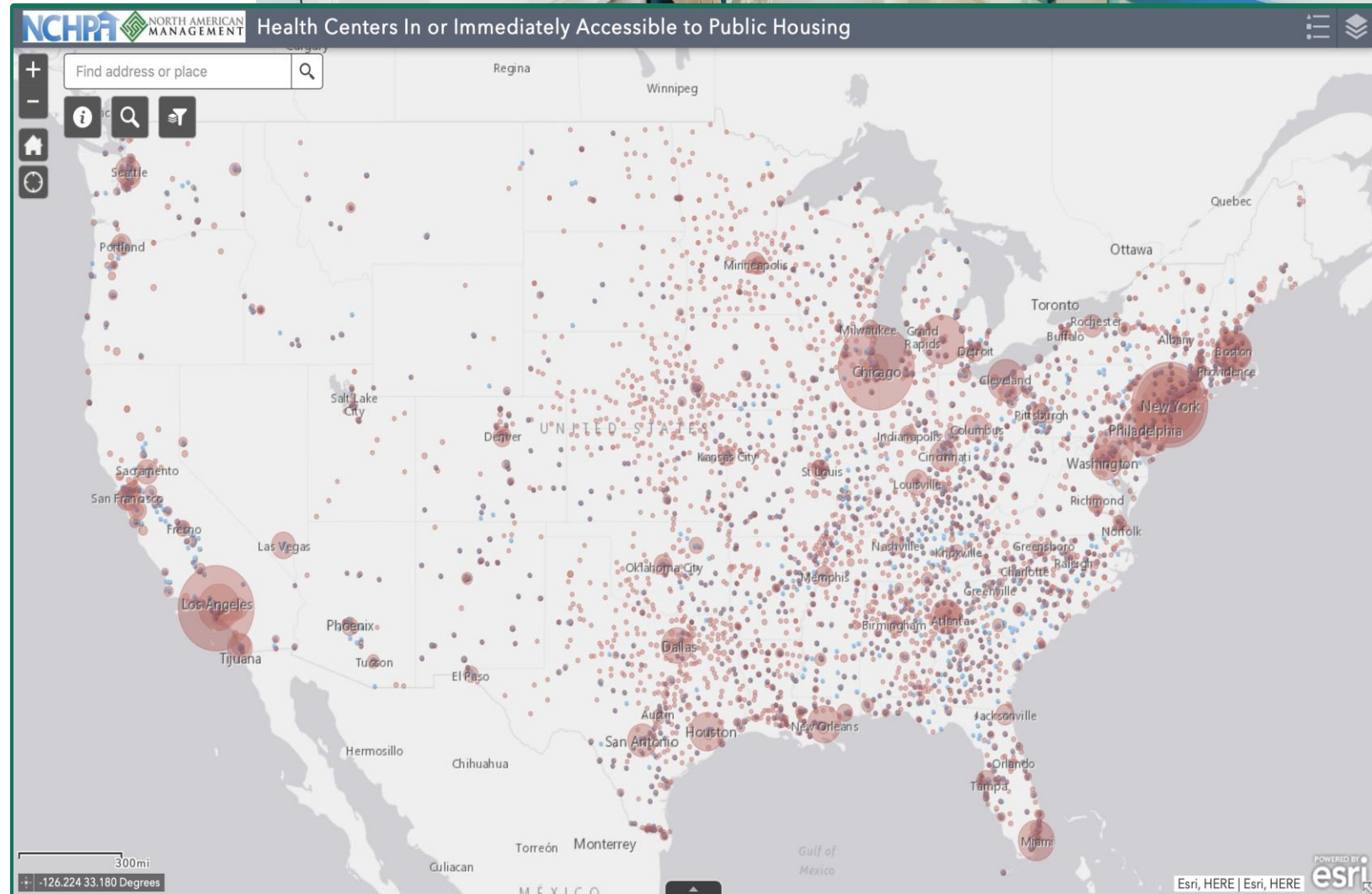
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$ \$1,824,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



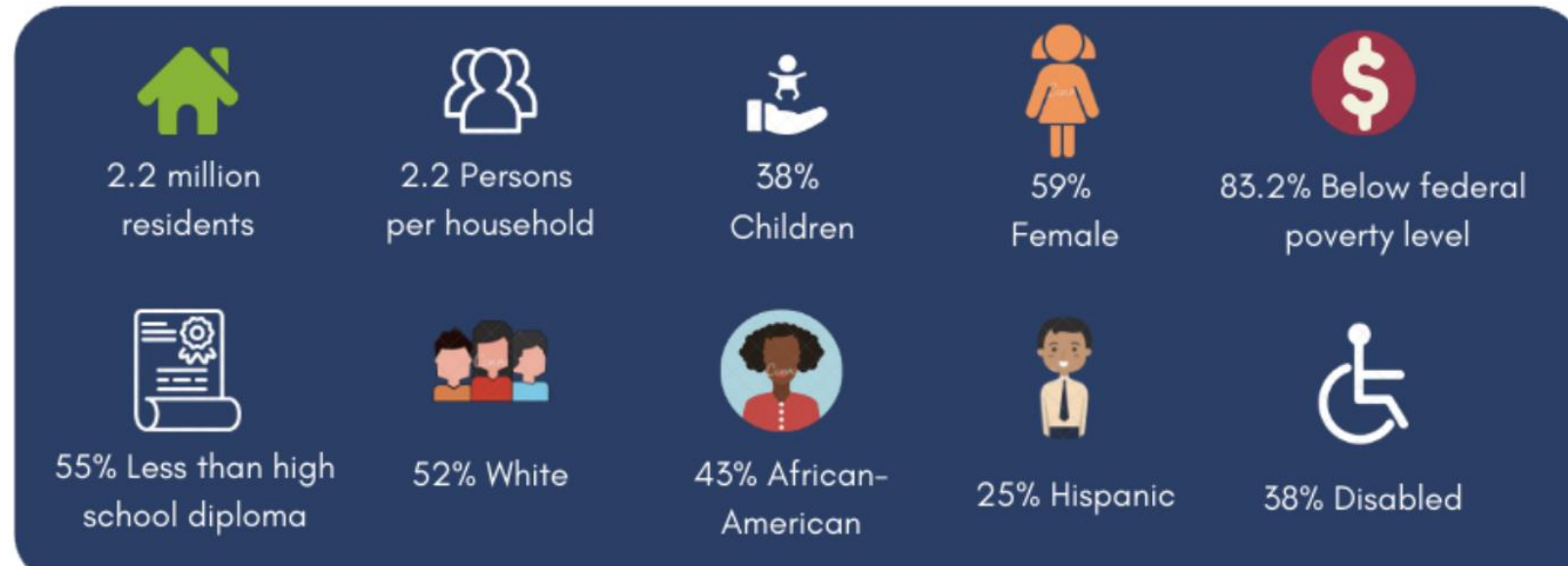
Health Centers close to Public Housing

- 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million
- 385 FQHCs In or Immediately Accessible to Public Housing = 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123 patients

Source: [UDS](#)



Public Housing Demographics

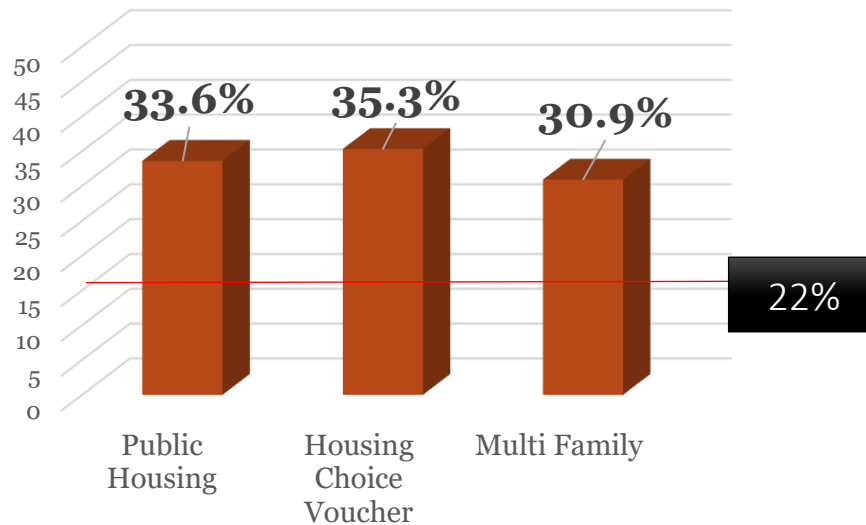


Source: HUD

A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Sources of Anxiety Among Health Care Professionals

- Access to appropriate personal protective equipment
- Being exposed to COVID-19 at work and taking the infection home to their family
- Not having rapid access to testing if they develop COVID-19 symptoms and concomitant fear of propagating infection at work
- Uncertainty that their organization will support/take care of their personal and family needs if they develop infection
- Support for other personal and family needs as work hours and demands increase (food, hydration, lodging, transportation)
- Being able to provide competent medical care if deployed to a new area (eg, non-ICU nurses having to function as ICU nurses)
- Lack of access to up-to-date information and communication.



Image source: <https://www.helpguide.org/articles/anxiety/generalized-anxiety-disorder-gad.htm>

Psychological Impact of COVID-19 Pandemic on Health Care Workers

- Total: 1830 Contacted Individuals
- Respondents: 1257, Participation rate: 68.7%
- 68% Nurses, 32% Physicians

Data reference: Lai J, et al. JAMA Network Open. 2020;doi:10.1001/jamanetworkopen.2020.3976.

Proportion of respondents reporting psychological symptoms:



- depression, 50.4%;
- anxiety, 44.6%;
- insomnia, 34%; and
- distress, 71.5%.

Healio 

Mental Health Outcomes Among Frontline and Second- Line Health Care Workers During the Coronavirus Disease 2019 (COVID-19) Pandemic in Italy

1379 HCWs responded questionnaire

681 Endorsed PTSS

341 Depression

273 Anxiety

114 Insomnia

302 High perceived stress

Source: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Source: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>

PUBLIC HOUSING PRIMARY CARE (PHPC) COVID-19 BY THE NUMBERS

May 23, 2020
Numbers as of May 15, 2020
Number of PHPC respondents= 84 (78.5% of all PHPCs)

**IN 2018, THERE WERE 107 PHPCs
SERVING 817,123 PATIENTS LIVING
IN OR IMMEDIATELY ACCESSIBLE
TO PUBLIC HOUSING.**

*PHPC Adequate Supply of Personal Protective Equipment
(PPE) for the next week*

89.29%

Surgical Masks

88.10%

N95/PPR Masks

79.76%

Gowns

96.43%

Gloves

92.86%

Face Masks & Goggles



PHPC OPERATIONS:

64.82% Health Center Weekly Visits (Versus Pre-COVID-19 Weekly Visits)

183 PHPC Sites Closed

292

Staff Members With
Positive COVID-19

14.88%

Staff Unable to Work
(due to site/service closure, exposure, family/
home obligations, lack of PPE, etc.)

DISCLAIMER:

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,824,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [hrsa.gov](https://www.hrsa.gov).

PATIENT TESTING

**PHPCs with
COVID-19
Testing Capacity
91.67%**

**Drive-up/Walk Up
Testing Capacity
78.57%**

PHPCs COVID-19 SPREAD :

24,126

Total Tested

74.61%

Racial or Ethnic
Minority Tested

3,342

Total Positive Cases

82.23%

Racial or Ethnic
Minority
Positive Cases

NCHPHA
National Center for Health in Public Housing

PHPC COVID-19 by the numbers

Source: [nchph.org](https://www.nchph.org)


Today's panelists:



April Naturale, PhD,
Traumatic Stress Specialist



Sarah Aleman, MSW, LCSW,
Director of Behavioral Health,
Zufall Health Center



SECONDARY TRAUMATIC STRESS IDENTIFICATION, MITIGATION AND IMPROVING WORK SATISFACTION FOR HEALTHCARE STAFF DURING THE COVID19 PANDEMIC

13

April Naturale, PhD
Traumatic Stress Specialist

GOALS

- Describe healthcare provider compassion fatigue / secondary traumatic stress, vicarious trauma and burnout
- Identify methods for healthcare staffs to conduct stress management assessments, implement mitigation efforts, and improve work satisfaction for providers
- Describe ways to implement a Cognitive Strengthening Preparedness Program

CF

- Exhaustion
- Overworking
- Depression
- Helplessness
- Obsession with helping

STS

- Symptoms parallel client's
- Intrusive images
- Fear
- Avoidance
- Helplessness
- PTSD

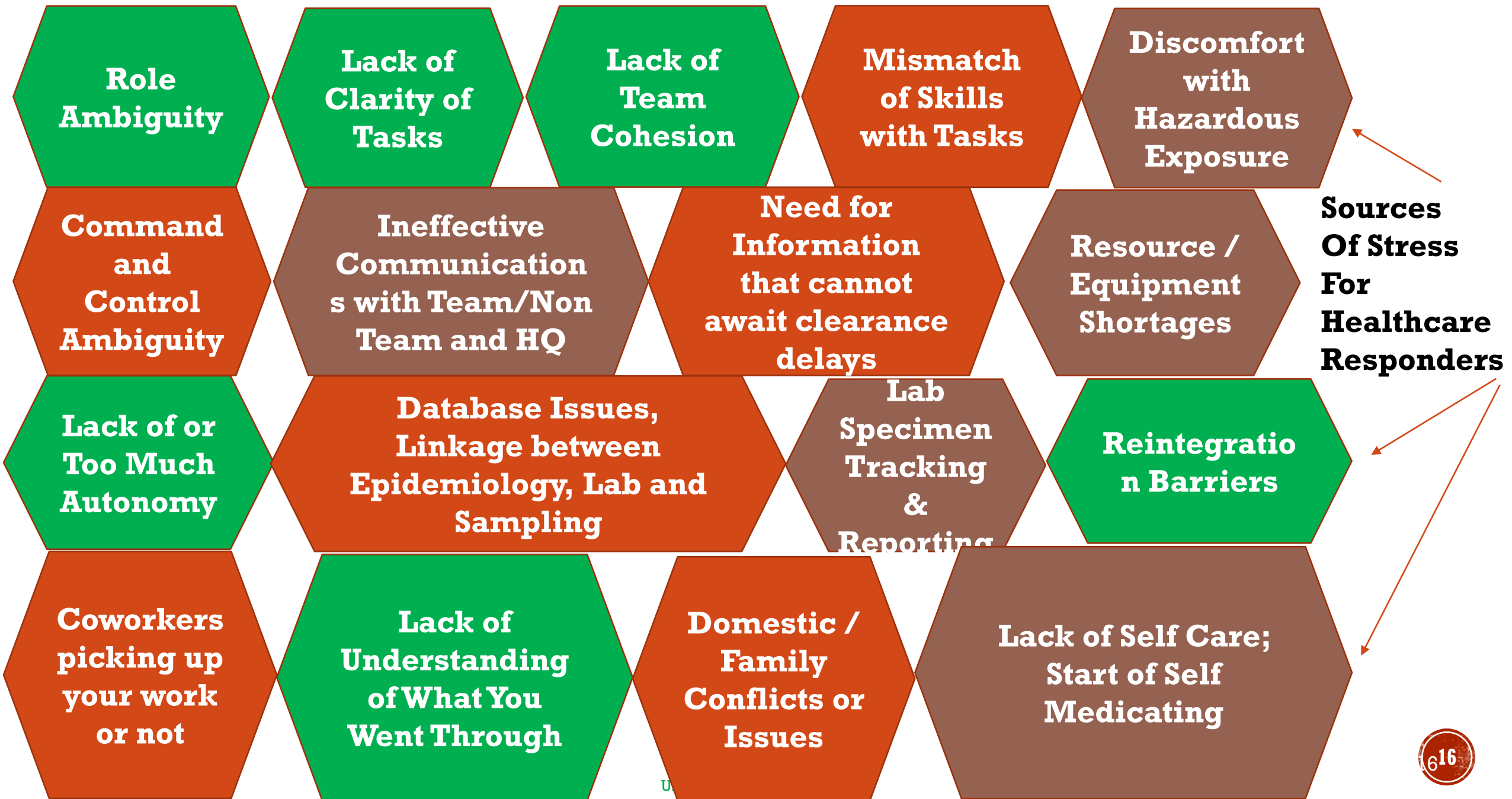
VT

- Negative cognitive schemas
- Question beliefs
- No sense of safety
- Change in world view

Burnout

- Indifference
- Frustration with admin, supervisor, peers and policy
- Leave profession

Shared Symptoms: Increased substance use/misuse; relationship problems; increased rates of physical illness (HBP, weakened immunity)



HEALTHCARE PROFESSIONALS AND EXPOSURE TO TRAUMATIC STRESS



Multiple patients
...serious injuries
...simultaneous lifesaving efforts
...over long periods of time

Unique Traits of Healthcare Workers

Highly self reliant	Desire to care for others
Give vs receive/ need support	“Work till it hurts”
“Weak” if display emotional distress	Skip breaks/meals
Staffing patterns require coverage	Sacrifice self care for the care of others

Stigma surrounds behavioral health concerns.

RISK FACTORS

Professional:

- ✓ See a high number of trauma cases
- ✓ Lack of confidence/specific training

Personal:

- ✓ History of trauma
- ✓ Isolated/ without good social support
- ✓ Lack of good coping skills; use of negative coping

Physical:

- ✓ High fat / salt diet
- ✓ Race/genetics
- ✓ Single professional caregivers

SECONDARY TRAUMATIC STRESS INDICATORS

Physical	Emotional	Personal	Workplace
Rapid Heartbeat/ Panic Headaches GI Distress Fatigue/ Exhaustion Sleep Issues Lower Immune Function	Anxiety Fear Anger Sadness/ Crying Helplessness Depression Hopelessness	Isolation Cynicism Mood Swings Conflicts Alcohol and Substance Misuse	Avoidance Tardiness Absenteeism Lack of Motivation Lower Staff Morale
Spiritual Questioning Work/Life, Anger at Higher Power, Hopelessness			

THE PROFESSIONAL AND INTERPERSONAL EFFECTS OF STS

Professional

- ✓ Loss of productivity
- ✓ Exhaustion
- ✓ Poor communication
- ✓ Impatience/ increased conflicts among staff
- ✓ Inability to stop working
- ✓ Increased obsession with helping
- ✓ Decreased confidence/ second guessing

- ✓ Detachment/numbing

Interpersonal

- ✓ Isolation/withdrawal
- ✓ Loneliness
- ✓ Mistrust
- ✓ Anger often directed at loved ones
- ✓ Decreased interest in intimacy/sex
- ✓ Negative impact on parenting

COMMON EFFECTS EXPERIENCED BY HEALTHCARE PROVIDERS

- Self medicating
- Overeating/drinking
- Extramarital affairs
- Suicidal gestures



THE GOOD (PROTECTIVE) NEWS: WORK SATISFACTION

- ✓ Compassion Satisfaction / Traumatic Growth
- ✓ Stress management
- ✓ Self confidence/competence
- ✓ Spiritual connection
- ✓ Respect for human openness and resilience



WHAT DO YOU BRING FROM YOUR LIFE?



- ✓ Personal commitments
- ✓ Professional commitments
- ✓ Physical and mental condition
- ✓ Vulnerabilities
- ✓ Self-awareness

WHAT IS SELF CARE?

The ability to maintain physical, emotional, relational, and spiritual health in times of stress



Sometimes
hiding
from the
world
is good
self-care.

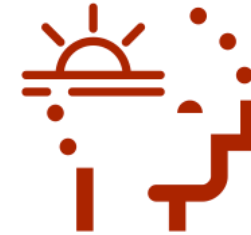
cherylrichardson.com

EXERCISE: PATH TO SELF CARE



THE CORE FOUR

- ✓ Regulated Sleep
- ✓ Physical Movement
- ✓ Active Mental Relaxation
- ✓ Social Support and Close Relationships



ASK YOURSELF...

- ✓ One thing to reduce stress and burnout?
- ✓ Do I need help to carry it out?
- ✓ Do I need reminders?
- ✓ When in my day can I do this?
- ✓ What resources do I need?
- ✓ How can I use my self care plan to remain resilient during disaster work?



LEISURE ACTIVITIES ACTION PLAN

- Paper and pen/electronic device
- Three leisure activities
- Date and time you can perform each
- Add to your calendar once a week for a month



PERSONAL ACTION PLAN

CURRENT SKILLS	<div>1</div> <div>2</div> <div>3</div>
SKILLS TO WORK ON	<div>1</div> <div>2</div> <div>3</div>
GOAL	<div>1</div>
RESOURCES People and tools	<div>1</div> <div>2</div> <div>3</div>
ACTION PLAN What do you need to do now	<div>1</div> <div>2</div> <div>3</div>

National Center for Health in Public Housing □ 2111 Eisenhower Ave, Alexandria, VA 22304 □
703.812.8822 nchph.org

SKILLS: PROFESSIONAL/PEER SUPPORT

- ✓ Provide emotional/practical help
- ✓ Speak as equals, reciprocity
- ✓ Maintain contact after each shift or difficult patient encounters
- ✓ Strategize, share concerns
- ✓ Vary caseload
- ✓ Practice self care
- ✓ Practice within scope of abilities
- ✓ Work within the rules
- ✓ Seek support
- ✓ Identify CF and STS symptoms
- ✓ Practice controlled empathy
- ✓ Set helpful boundaries



ORGANIZATIONAL READINESS TOOLS



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



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

Victim Services



Addressing Vicarious Trauma in
Victim Service Professionals



EMS



Addressing Vicarious Trauma in
First Responders



Fire Services



Law Enforcement



PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
1.					
2.					
3.					
4.					
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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

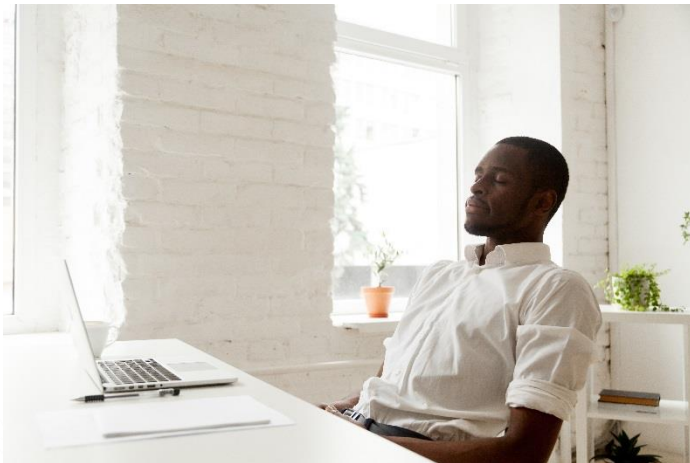
ATTENTION DIVERSION

- 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



RESOURCES

- ASPR TRACIE: www.asprtracie.hhs.gov or call 1-844-5-TRACIE
- 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>



ZUFALL
HEALTH

COMMUNITY
HEALTH
CENTERS

Sarah Aleman, MSW, LCSW
Director of Behavioral Health



- FQHC in Northwest NJ serving 6 counties (suburban/urban) at 8 sites, 2 vans
- Primary Medical and Dental services at all sites
- Served 40,000 patients with 140,000 visits in 2019
- Around 350 staff plus volunteers
- Integrated behavioral health, medical, and dental services

Whole-Person Health for Patients & Staff

- Two initiatives of 2018
 - Trauma-Informed Care Learning Community
 - Integrated behavioral health care
- 18 staff in the BH department, majority are bilingual
 - Clinicians
 - Case Managers
 - Outreach
 - Administration
- Same-day access for BH visits in-person or via telemedicine
- Focus on well-being for patients and staff

March 2020 – Initial Impact of COVID-19

- NJ quickly became a hot spot for COVID-19
- Sudden shift in visit types – 80% sick visits
- No COVID-19 testing yet
- Sending very sick patients to the hospital
- Practice transformation to telemedicine
- A lot of COVID-positive staff

Psychological Impact of COVID-19

Staff tested positive

Staff could not work due to childcare

Physical and emotional health concerns of staff

Impact of furloughing some staff

Staff's personal experiences with loved ones with COVID

Stress of transforming our practice "over night"

Impact of hearing patients' stories, trauma, and needs

Ongoing anxiety and uncertainty, still high positive rates

Our Response

Trauma Informed Care – focus on patient and staff safety and well-being

Self-care resources for staff

Stress management sessions & one-on-one sessions

Food!

Some staff working remotely

April self-care contest

Staying connected through Zoom and Microsoft Teams

Community resources – COVID bereavement group, food pantries, food deliveries

Communication and flexibility from all staff

Sharing appreciation – management and patients

HOW DO YOU DO SELF-CARE? SASS WANTS TO KNOW!

Take a pic and submit it to jkrupinski@zufallhealth.org to be entered in a random drawing for a \$25 e-gift card!

As many of you know, April is Sexual Assault Awareness Month and this year while COVID-19 is in the forefront of our daily lives SASS is emphasizing the importance of self-care for sexual assault survivors as the social isolation/lockdown can present extra challenges for people who may be abused by family members or within intimate partner relationships.
















The need for self-care is something all of you as workers in healthcare can relate to, especially now with all the many extra stressors associated with the current pandemic. Whether it is taking a walk, enjoying family time, reading a book, cooking or whatever it may be, self-care is essential!

So, show us how you do self-care and be entered in a drawing to win an e-gift card! *2 lucky winners! All entries must be submitted by April 30th 11:59pm and a random drawing of entries will be held May 1st. We will collect photos and may post to social media, so if you don't want your picture posted, please note that when you send it in. You're still eligible to win! Any questions, please reach out to Julie at jkrupinski@zufallhealth.org

Can't wait to see your pics!

Self-Care Resources

Type Name

-  Mindfulness Meditation Audios NEW
-  Helplines
-  Nicotine Recovery Services
-  Mindfulness and Meditation Apps
-  What You Can Do To Take Care of Yourself
-  Activities for Kids
-  10 tips for Stress Management James Mast
-  EAP flyer
-  Mental Health and Coping During COVID-19 _ CDC
-  Coping with the Novel Coronavirus - January 2020
-  Coping with Stress
-  Helping Children Cope
-  Coping with Stress During Infectious Disease Outbreaks
-  Relaxed_Breathing_es
-  Relaxed_Breathing

Gracias, Dios les Bendiga por todo lo que hacen
Broadcast message — Apr 07, 2020 11:36 AM

Gracias excelente plan de trabajo gracias por preocuparse por nuestra comunidad Dios los bendiga a cada uno de ustedes
Broadcast message — Apr 07, 2020 4:24 PM

A que bien 😊 muy buena idea excelente, que importante que con esta situación que estamos atravesando en este momento, ustedes están tan atentos para brindarle su ayuda a la comunidad ahora que tanto la necesitamos. Dios los bendiga y proteja a todo el Equipo Médico 👩🏻‍⚕️, Enfermeras, igual al Personal de la Salud. Muchísimas gracias DLBAT 🙏🙏🙏🙏
Broadcast message — Apr 07, 2020 11:11 AM

Gracias a zuffall por el interés con los pacientes y el pueblo de Dover y Wharton y también ruego a Dios por los médicos y enfermeras q Dios los libre de todo contagio q ay
Broadcast message — Apr 07, 2020 1:04 PM

Muchas gracias al centro de salud Zufall estoy muy agradecida que se preocupen gracias a dios estoy bien por ahora gracias al Dr Philip Gonzalez que dios me los proteja yo llamaré cuando necesite gracias 🙏
Broadcast message — Apr 07, 2020 3:04 PM

Muchas gracias lo necesitamos su ayuda es de gran valor tomaremos en cuenta este texto.
Broadcast message — Apr 07, 2020 11:14 AM

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



Upcoming events:

Partnership Opportunities for Health Centers, EnVision Centers, and Public Housing Agencies

Date: June 24, 2020

Time: 1:00 – 2:00 pm EDT

Registration: <https://attendee.gotowebinar.com/register/2816351063492004368>



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Contact us

THANK YOU!

