Session Overview

- **Traumatic Stress and Disaster Recovery Support**
  Royce Lee, MD
  Associate Professor, Dept. of Psychiatry & Behavioral Neurosciences

- **Peer Support Program & Wellness Zoom Session**
  Fabiana Araújo, PhD
  Assistant Professor, Dept. of Psychiatry & Behavioral Neurosciences

- **Compassion Fatigue Resilience**
  Joel D Jackson, Assistant Director, Inclusion and Training
  Urban Health Initiative

- **Open questions and answers** with the experts on the line
PRIDE Values

Participation
- Try to focus
- Stay present

Respect
- Actively listen
- Trust the process

Integrity
- Educate and uplift
- Assume best intentions

Diversity
- Open to learning
- Work on suspending judgment

Excellence
- Confidentiality
- Lean into discomfort
The Challenge

1. Empirical data from prior pandemics points to need for Disaster Response plans to mitigate the effects of toxic stress/trauma on further workforce disruption.

2. A hospital away from the epicenter of the 2003 SARS epidemic found that 20% of its doctors and nurses had PTSD two months after it began, up from a baseline of 8%.

3. Based on available data, we would predict that the prevalence of Post-Traumatic Stress Disorder (PTSD) in the UCMC workforce in 2 months to be 20%.
Psychological impact of the 2003 severe acute respiratory syndrome outbreak on health care workers in a medium size regional general hospital in Singapore

Angelina O. M. Chan and Chan Yiong Huak

Table 6. Multivariate logistic regression on GHQ 28 scores ≥5 and IES scores ≥30

<table>
<thead>
<tr>
<th>More important factors</th>
<th>GHQ 28 score ≥5</th>
<th>IES score ≥30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P-value</td>
<td>OR</td>
</tr>
<tr>
<td>Health and relationship with family</td>
<td>0.495</td>
<td>0.788</td>
</tr>
<tr>
<td>Relationship with friends and colleagues</td>
<td>0.531</td>
<td>1.22</td>
</tr>
<tr>
<td>Work</td>
<td>&lt;0.001</td>
<td>0.34</td>
</tr>
<tr>
<td>Spiritual beliefs</td>
<td>0.999</td>
<td>1.0</td>
</tr>
<tr>
<td>Group A versus group B</td>
<td>0.296</td>
<td>1.28</td>
</tr>
<tr>
<td>Coping factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear communication of directives and precautionary</td>
<td>0.020</td>
<td>0.51</td>
</tr>
<tr>
<td>measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being able to give feedback to hospital management</td>
<td>0.667</td>
<td>0.86</td>
</tr>
<tr>
<td>and support from hospital administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support from supervisors and colleagues</td>
<td>0.003</td>
<td>0.35</td>
</tr>
<tr>
<td>Support from my family</td>
<td>0.648</td>
<td>0.83</td>
</tr>
<tr>
<td>Being able to talk to someone about my concerns</td>
<td>0.844</td>
<td>1.07</td>
</tr>
<tr>
<td>My religious convictions</td>
<td>0.526</td>
<td>0.86</td>
</tr>
<tr>
<td>Group A versus group B</td>
<td>0.417</td>
<td>1.22</td>
</tr>
</tbody>
</table>

For PTSD (IES score>30), support from supervisors and colleagues is the only protective factor identified.
A Snapshot of an Acute Unit at UCMC on Thursday 3/18/2020

I feel confident when wearing PPE (0-10)

![Bar chart showing confidence levels when wearing PPE]

Total Burnout Score
- $M = 26.4$, $SD = 5.4$, $N = 36$

Secondary Traumatic Stress
- $M = 23.6$, $SD = 6.3$, $N = 38$

Normative mean: 22.8 (SD = 5.4)
Normative mean: 16.7 (SD = 5.7)

The Ray of Hope

- PTSD weakens the workforce: preserving it in the face of traumatic stress requires an effective strategy that matches the scale of the challenge.
- The South Side of Chicago and UCMC learned hard lessons about disaster recovery from direct experience with community violence and the historic opening of the Level 1 Trauma Center
- The Urban Health Initiative and HDSI Compassion Fatigue program is applying this knowledge to Disaster Recovery
The Three Ways UCMC Will Fight Compassion Fatigue

• For those on the front, during online rounds, huddles, and meetings, clinical supervisors will conduct a series of three, 8 minute exercises to reduce compassion fatigue.

• For those that reach out, direct help available by Peer Support Line, EAP

• For those that want to join others, Wellness information in daily noon Zoom support meetings

• We will track unit level compassion fatigue using a survey system, and feed anonymous, group level data back to unit leaders
Resources and Support

- 30-min zoom calls at noon
  Self-Compassion
  Yoga Nidra
  Antidotes of Compassion Fatigue
  Mindfulness-based Resilience Training
  Let's Talk Resilience

- Peer Support Line
Compassion Fatigue

Traumatic Stress
Emotional distress resulting from trauma or exposure to another’s trauma

Burnout
The chronic condition of *perceived* demands outweighing *perceived* resources*

Compassion Fatigue
Compassion Fatigue “Antibodies”

1. **Self-regulation.** Relax the body to relax the mind

2. **Reframing.** Intentionally change the perception

3. **Self-care.** Refuel and access support
Antibody 1:

Self-Regulation

Relax the body to relax the mind

1. Do a quick body scan, head-to-toe and back.
2. Now release all muscles from head-to-toe. Become a “wet noodle” for 5 seconds.
Antibody 2

Reframe. Intentionally change the perception

- Mission driven
- Internal locus of control
- Principle-based
- Tolerance of pain for growth
- Maturation of spirituality

Do I go where I aim myself?
I promise myself…
To live…
To work…
To continue…
To love…
To be…
To become…
To believe…
To promote…
To strive…
To seek…
“Change the way you look at things and the things you look at change.”
Antibody 3

Self-care. Refuel and access support

• Take care of yourself
• Develop and utilize a support network
• Empowering select few to confront when symptomatic
• Narrative of work experiences
• Ability to safely “tell on yourself” & decrease denial
• Creating community – you get support and give support
We Want to Recruit You!

We are looking for healthcare workers and employees on the frontline, or those that are working with stressed out colleagues, to become trainers or help out

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- Joel.Jackson@uchicago.edu
- faraujo1@yoda.bsd.uchicago.edu
The Team

- **Clinical Director:** Royce Lee, Psychiatry
- **Compassion Fatigue Training Director:** Joel Jackson, Urban Health Initiative (UHI)
- **Peer Support/Wellness Director:** Fabiana Araujo, Psychiatry
- **Breathe Slowly in PPE:** Lisa Medalie, Behavioral Sleep Medicine
- **Project Management:** Wakara Terry, UHI
  Kimisha Cassidy, Center for Healthcare Delivery Science and Innovation (HDSI)
- **Data Science:** Ernestina Perez, UHI
  Kristin Jacobson, Psychiatry
- **Program Evaluation:** Neda Laiteerapong, Medicine
- **Consultants:** Eric Gentry, Compassion Unlimited
  Catherine Powers, Barnes Jewish Hospital
- **Communications:** Karen Jackson, Biological Sciences Division, Faculty Affairs
  Michelle Jefferson, Change Management and Organizational Effectiveness
- **Health Literacy:** Lisa Sandos, UHI
- **Administrative Leadership:** Brenda Battle, UHI
- **Funding:** 2019 HDSI Innovation Grant,
  Compassion Fatigue in UCMC Healthcare Workers
Some healthcare workers experience anxiety while wearing personal protective equipment (PPE).

Review of literature confirmed the hypothesis that PPE increases inhaled CO$_2$ by 2% which triggers anxiety and increases breathing rate, further increasing CO$_2$.

A short training exercise was created to break this cycle.

Calming Breathing Methods
When Wearing a Personal Protective Face Mask

- Use these methods to slow your breathing. This will help prevent buildup of CO$_2$ and help manage feelings of anxiety.

1. Breathe Slowly in Personal Protective Equipment (PPE)
   Before putting on PPE and while wearing it, breathe slowly to keep calm. Here is how:
   • Put your hand on your belly. Slowly inhale for 3 to 4 seconds. Feel your belly rise.
   • Hold the breath for 1 to 2 seconds.
   • Now, slowly exhale, taking 3 to 4 seconds. Feel your belly drop.
   • Try this again. This time, while you breathe out, visualize the word “calm” or a calming phrase.
   • Keep using slow calming breaths when wearing your protective mask.
   • Do not worry about the number of seconds as long as your breathing is slow.

2. Take Time to Feel the Mask Before You Put It On
   If you are feeling anxious about wearing a mask, try this:
   • Hold the mask in your hand to feel the texture.
   • Hold it up to your face to know how it feels against your skin.
   • Hold the mask in front of your mouth and feel what it is like to breathe against it.
   • Now you are ready to put the mask on your face.

3. Remind Yourself that You are Okay
   Here are some things to say to yourself if you notice feeling distressed while wearing PPE:
   • I will focus my attention on the task in front of me.
   • I will do the best I can to help my patient.
   • The mask is here to protect me.
Resources

- **UCM Coronavirus Resource Center** (Intranet)
- **BSD Faculty Affairs Resources and Support**
- **BSD Specific Guidance on Coronavirus** (COVID-19)
- **Perspectives** Staff and Faculty Assistance Program – Available 24/7:
  - Phone: (800) 456-6327
  - **Spark App**: Instant message a counselor or make a video conference appointment. Search for “Perspectives Spark” in the Google Play Store or App Store
  - Online: [perspectivesltd.com](http://perspectivesltd.com)  Username: UNI500 / Password: perspectives
Connect with Us

Please share your feedback and questions with us:

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