Managing the Emotional Consequences
of Contact Tracing

This program will begin shortly.

All attendees have been placed on mute for the duration of the presentation.

The program will be recorded and a link to the recording will be made available to attendees along with a PDF of the slides.

To participate in the program, you can send messages, comments and questions to the entire group, or to the host directly using the Chat feature.

We will do our best to accommodate all questions.

A Contact Tracer's Psychological Survival Kit

Managing the Emotional Consequences of Contact Tracing

BEHAVIORAL SCIENCE APPLICATIONS
The Human Face of Emergency Management™

Welcome

Introductions

- The Topic
- Our Agenda
- The Speaker
- The Participants

About the Instructor

Steve Crimando, MA, CTM, BCETS
Behavioral Science Applications LLC

- **30+ years experience emergency behavioral health clinician,** EMT-hospital & pre-hospital care, member NJ EMS Task Force

- **Consultant/Trainer:** U.S. Dept. of Homeland Security; U.S. Dept. of Justice; U.S. Health & Human Services Administration; United Nations; major city police departments, intelligence agencies, military organizations

- **Responder/Supervisor:** '93 and 9/11 World Trade Center attacks; NJ Anthrax Screening Center; Ebola & Zika responses; TWA Flight 800; Unabomber Case; Int'l kidnappings, hostage negotiation team member

- **Deputy/Police Surgeon:** Member NJ Police Surgeons Team/Atlantic County Sheriff's Office

- **Expert:** to the courts and media on crisis prevention and response issues

- **Author:** Many published articles and text book chapters addressing the behavioral sciences in crisis intervention, disaster and terrorism response

Certified Threat Manager Member, Association of Threat Assessment Professionals

Diplomate, National Center for Crisis Management

Diplomate, American Academy for Experts in Traumatic Stress

Introduction [1]

- Contact Tracers communicate with people during time of intense anxiety and upheaval, and can be affected themselves by powerful emotional situations caused by a public health emergency

- The ability to empathize is a large part of being an effective Contact Tracer, but can put Tracers at risk emotionally

- Contact Tracers can and do experience stress, burnout, and vicarious trauma from their work

- The calls can be hard on those who receive them; they're hard on the callers, too

Introduction [2]

- The job of a Contact Tracer is as much about compassion as it is about disease surveillance

- contact Tracers can experience gradual but profound emotional and physical exhaustion that can develop over the course of their work

  - They can become dispirited and less effective

  - The emotional consequences of their work can affect their physical and mental health, and impact both personal and professional relationships

- Without adequate support and strategies for coping, Contact Tracers can suffer negative physical and mental health consequences

The Challenge [1]

"The contact Tracers are, in effect, scraping some of the wound in order to get information, but at the same time, they have their own wounds from past interviews."

-Charles Figley, Tulane University Traumatology Institute
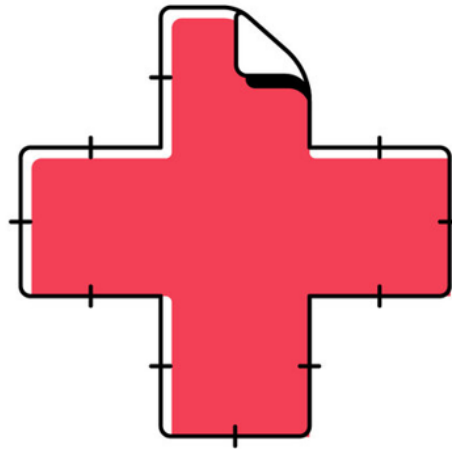
The Challenge [2]

- First, do no harm to yourself in the line of duty when helping others

- Second, attend to your physical, social, emotional and spiritual needs as a way of ensuring high quality services for those who look to you for support as a human being

-Green Cross

Our Goals

- Recognizing the types and sources of stress associated with contact tracing

- Understanding why Contact Tracers need to be diligent about self-care

- Understanding and managing secondary traumatic stress

- Employing effective stress control practices for Contact Tracers

- Providing tools that can assist in self-assessment and promoting self-care

- Introducing supports that can be provided by supervisors and management structures

Our Agenda

- **Module 1: Impact**

  - Introductions
  - Key Concepts in Crisis Support
  - Normalizing Stress Reactions

- **Module 2: Operations**

  - Structuring Your Contacts
  - Conducting a Session

- **Module 3: Intervention**

- **Module 4: Self-Care**

  - Emotional Consequences of COVID-19
  - Strategies for Providing Support in COVID-19

- **Module 5: Closing Thoughts**

Our Approach [1]

"The pessimist complains about the wind;

The optimist expects it to change;

The realist adjusts the sails."

-William Arthur Ward

Our Approach [2]

Mitigating the effects of stress on Contact Tracers

Understand the Hazard → Understand the Defense → Act in Time!

Applying a 3-step process

Pandemics are...

slow moving,

mass fatality incidents

Major Influences on Traumatic Stress

- Intensity of the Event
- Duration of the Event

Pandemics are very intense, very long emergencies

Dread Magnifies Stress

Uncontrollability

+ Unfamiliarity

+ Unimaginability

+ Suffering

+ Scale of loss

+ Unfairness

_____

Dread

Ripley, A. (2008). *"Unthinkable: Who Survives Disaster When Disaster Strikes and Why."* Crown Publishers, New York, NY.
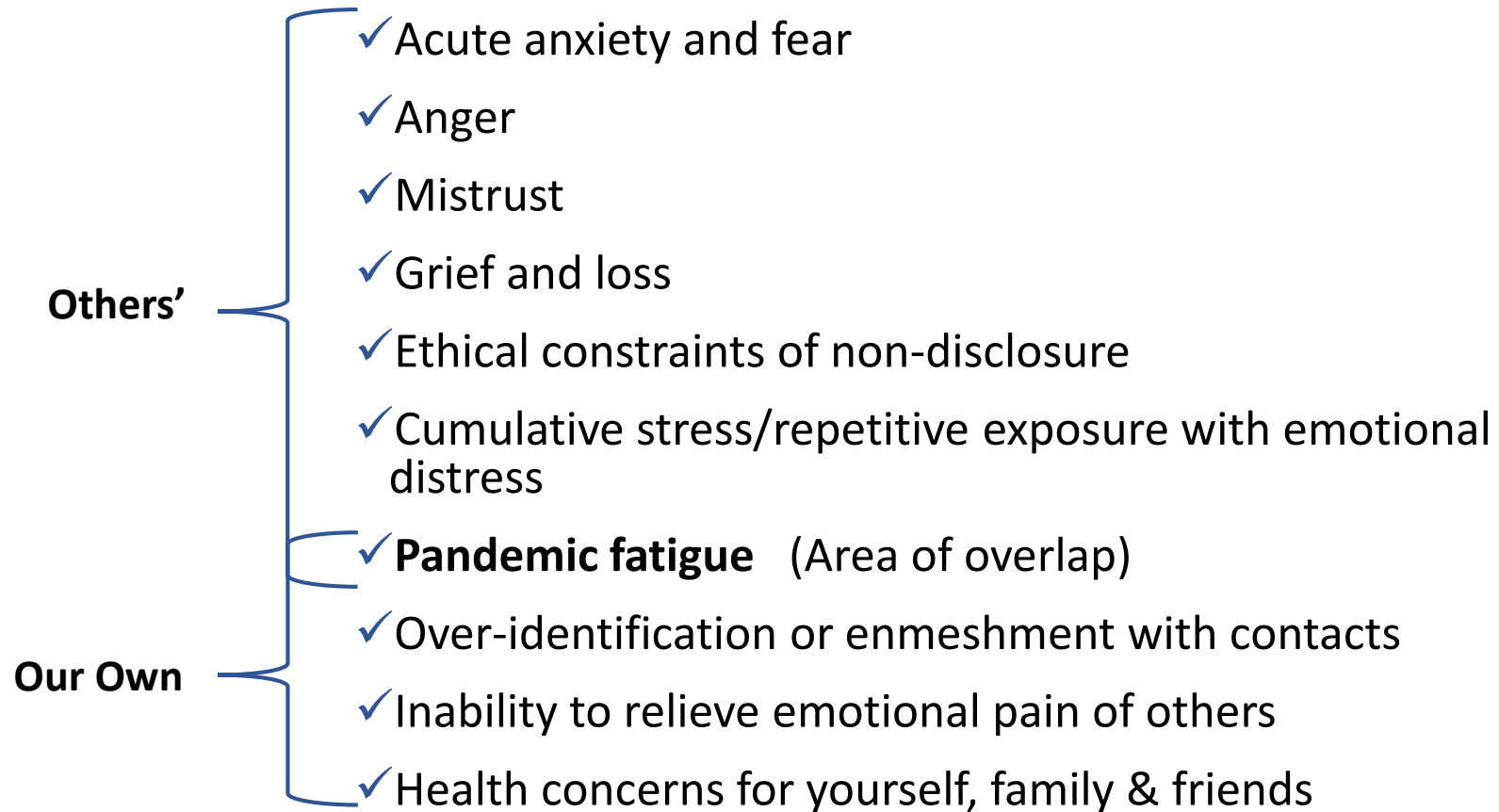
Professional Expectations

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through the water without getting wet."

- Remen

Module One
Impact

Sources of Stress
for Contact Tracers [1]

Others'

- ✓ Acute anxiety and fear
- ✓ Anger
- ✓ Mistrust
- ✓ Grief and loss
- ✓ Ethical constraints of non-disclosure
- ✓ Cumulative stress/repetitive exposure with emotional distress
- ✓ **Pandemic fatigue**   (Area of overlap)
- ✓ Over-identification or enmeshment with contacts

Our Own

- ✓ Inability to relieve emotional pain of others
- ✓ Health concerns for yourself, family & friends

Sources of Stress
for Contact Tracers [2]

Others'

- **Acute Anxiety and Fear:** Contacts who are surprised; possibly shocked, and frightened to learn that they were exposed and may have exposed others in their circles. You are breaking bad news*

- **Anger:** Directed at many targets: The Contact Tracer, the person who may have exposed them, the government, themselves, God

- **Mistrust:** Belief that the call is a scam; that the pandemic is a hoax, feeling contact tracing is an infringement on their privacy/rights

> **Physicians** experience **stress** related to providing **bad news**, and this **stress** often extends beyond the actual conversation. Evidence suggests that this **stress** does not lessen with a **physician's** years in practice or experience with **delivering bad news**.

Ptacek, J.T., Ptacek, J,J., Ellison, N.M. (2001). "I'm sorry to tell you ..." physicians' reports of breaking bad news. *J Behav Med*. 24(2):205–217.

Ptacek, J.T., McIntosh, E.G. (2009) Physician challenges in communicating bad news. *J Behav Med*. 32(4):380–387.

Sources of Stress
for Contact Tracers [3]

- **<u>Loss and Grief</u>:** Stories about suffering and loss can be difficult and at times, overwhelming

- **<u>Ethical Constraints</u>:** Not being able to disclose certain information, such as names, health status of others, deaths, etc. with contacts

- **<u>Cumulative Stress</u>:** Repetitive exposure to emotional distress

- **<u>Pandemic Fatigue</u>:** People are exhausted by the duration of the crisis; being on high alert for an extended period of time can result in becoming desensitized, numb or uncaring about the risk

Sources of Stress
for Contact Tracers [4]

Own

- **Pandemic Fatigue**: We just can't get away from it; at work, at home, everywhere, there is no break from the pandemic

- **Over-Identification or Enmeshment:** The contacts are people, just like us; they are living and working in the same world we do; *"close to home"*-could be us or our loved ones

- **Inability to Relieve Emotional Pain:** We can feel like we are inflicting pain and/or there is little we can say or do to make the contact feel better; we can feel ineffective and helpless

- **Health Concerns**: Your own, our families and friends

  Note: Contact Tracers may also have their own experiences with loss and grief related to the illness or death of loved ones

Who Experiences These Stresses?

- Anyone who provides a service or listens to another person

- A helper can be a teacher, therapist, doctor, nurse, counselor, nursing home employees, friend, family member, caseworker, police office, firefighter, journalist, first responders, etc.

- There's no literature on compassion fatigue and Contact Tracers yet, but it's fair to say they're at risk for compassion fatigue-mediated burnout

Training Like This Helps

- Research has demonstrated that specialized training did enhance Compassion Satisfaction and reduced levels of Compassion Fatigue and Burnout, suggesting that knowledge and training might provide some protection against the deleterious effects of trauma exposure

Sprang, G., Clark, J. & Whitt-Woosley, A. (2007). Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting A Professional's Quality of Life. *Journal of Law and Trauma,* 12:259–280.

Consequences of Stress

- Operational stress
- Secondary traumatic stress and compassion fatigue
- Moral distress
- Burnout

The Physiology of Good Stress: *Eustress*

- Stress allows us to perform better—it alerts us to the need to **fight, flee, or freeze.**

- Stress produces cortisol, which improves memory and enhances immune function.

- Stress increases the level of adrenaline in the body, which increases strength and endurance.

- Stress provides a spike in blood pressure, flooding our muscles and brain with oxygen.

The Physiology of Bad Stress:
Distress

- The allostatic system (controls hormones that mediate the effects of stress—especially on the cardiovascular system) become too charged with no chance to vent the buildup of energy.

- Increases in cortisol, endorphins, adrenaline, and other hormones can become harmful.

- The overload can damage memory, hurt your immune system, and enlarge your stomach.

Our Response to Stress

Body

Mind

Emotions

Behavior

Stress

Fatigue
Headaches
Taut Muscles
Skin Irritations
Frequent Infections
Constricted Breathing

Worrying
Indecision
Negativity
Foggy Thinking
Hasty Decisions
Impaired Judgement

Loss of Confidence
Apprehension
Indifference
Depression
Irritability
Insomnia

Substance Abuse
Loss of Appetite
Accident Prone
Restlessness
Loneliness
Insomnia

Our Physiological Response

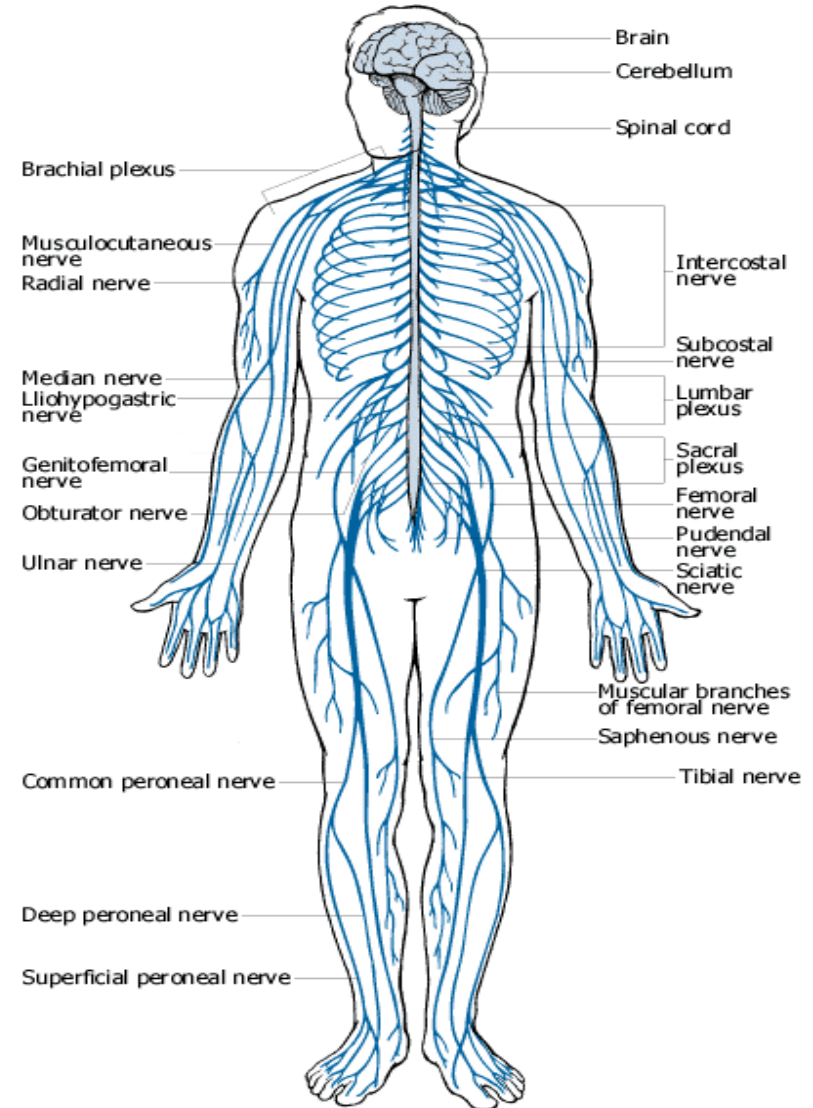Our bodies are *"hard-wired"* to respond to crisis events:

Autonomic Nervous System (ANS) consists of:

• Sympathetic (SNS)

• Parasympathetic (PNS)

SNS = Fight or Flight

PNS = Relaxation

We normally operate in a state of *"homeostasis"* or balance between both systems

The Brain's Response

In response to high levels of stress, we tend to experience greater activation of our limbic system, also known as the *"emotional brain"*
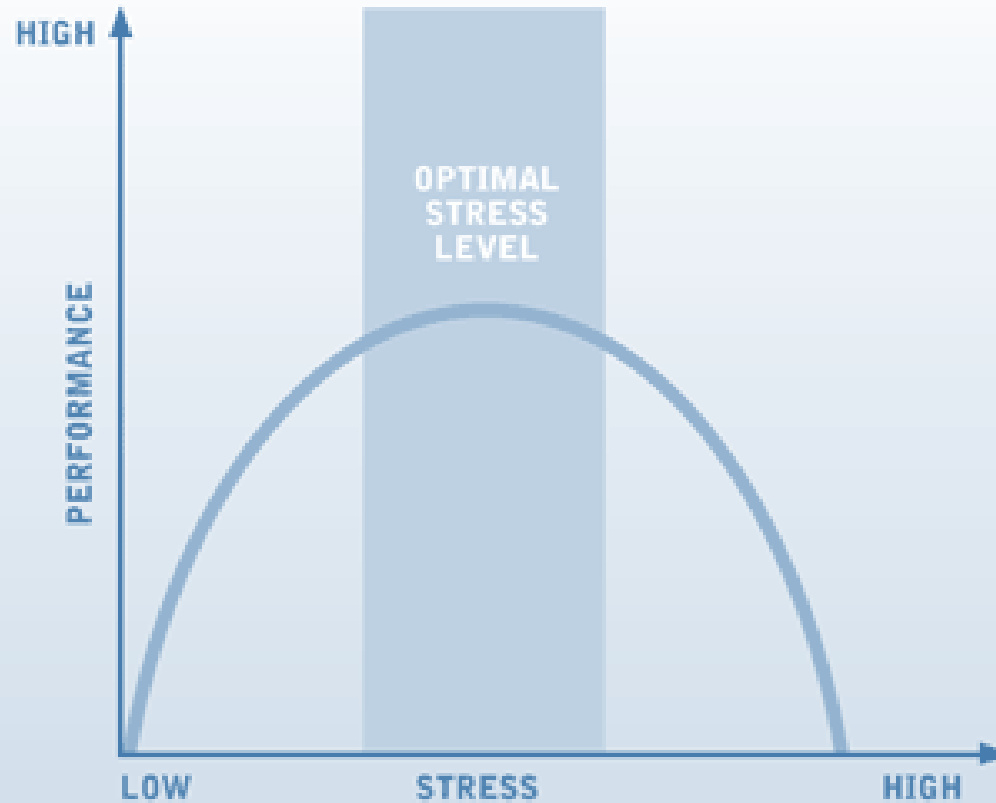
This can influence:

- Problem solving
- Decision making
- Judgment
- Logic
- Reasoning
- Impulse control
- Verbal processing

All critical functions to deal with complex challenges

The Stress/Performance Link

Defining Operational Stress [1]

- **Operational stress** is a non-clinical, non-medical term referring to a persistent psychological difficulty caused by traumatic experiences or prolonged high stress or fatigue during service in healthcare, first responder roles and other emergency-related professions

Defining Operational Stress [2]

- The <u>expected and predictable</u> emotional, intellectual, physical, and/or behavioral reactions of personnel who have been exposed to extremely stressful events (sudden and/or ongoing)

- Operational Stress reactions vary in quality and severity as a function of operational conditions, such as intensity, duration, leadership, effective communication, team morale, unit cohesion, and perceived importance of the mission

Moral Distress

- **Moral distress** is the emotional state that arises from a situation when a helper feels that the ethically correct action to take is different from what they are tasked with doing. When policies or procedures prevent them from doing what they think is right, that presents a **moral dilemma**

- Moral distress occurs when there are inconsistencies between a helper's beliefs and his or her actions in practice

Loss and Grief [1]

Grief in such a mass casualty situation will be complicated by a number of reactions:

- Fear and terror
- Dread
- Hopelessness
- Helplessness
- Panic

Loss and Grief [2]

Grief reactions will reflect *normal* aspects of the grief process through typical reactions:

- **Physical reactions** – fatigue, vague somatic complaints, general malaise, susceptibility to illness (note how these reactions may easily be confused with early symptoms of influenza)

- **Emotional dysregulation** - sadness, anxiety, loneliness

- **Cognitive dysfunction** – impaired concentration and short-term memory, disrupted problem-solving abilities

Burnout

Burnout is defined as a syndrome with dimensions of emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment. Burnout is characterized by a lack of ability to empathize with others

• Physical and emotional exhaustion as a result of prolonged stress and frustration

• Depleted ability to cope with work demands

• Sense of powerlessness to achieve goals

• Does not necessarily alter our view of the world, but our view of the workplace

• Can happen in any occupation

Central Features of Burnout

A state of extreme dissatisfaction with one's work, characterized by:

1) Excessive distancing from clients

2) Impaired competence

3) Low energy

4) Increased irritability

5) Other signs of impairment and depression resulting from individual, social, work and society factors

Warning Signs of Burnout [1]

- Chronic fatigue
- Insomnia
- Forgetfulness
- Impaired concentration and attention
- Physical symptoms
- Increased illness
- Loss of appetite
- Anxiety
- Depression
- Anger

Secondary Traumatic Stress

- People who come into continued, close contact with trauma survivors may also experience emotional disruption, becoming indirect victims of the trauma

- The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other

- The stress resulting from helping or wanting to help a traumatized or suffering person

Like second-hand smoke, you don't have to be the smoker to suffer the ill effects of exposure

Bride, B. (2007). Prevalence of Secondary Traumatic Stress Among Social Workers. *Social Work:* 51(2): 63-70.

Secondary Traumatic Stress (STS) & Vicarious Trauma (VT)

- Vicarious trauma (VT) and Secondary Traumatic Stress (STS) are frequently used interchangeably to refer to the *indirect* trauma that can occur when we are exposed to difficult or disturbing images and stories second-hand

- VT/STS can occur in professionals who work in high-stress and trauma-exposed fields (child abuse investigators, prosecutors, judges, therapists, health care professionals, animal shelter workers and many others)

- Over time, repeated exposure to difficult content can have a negative impact on our functioning and overall mental health

Warning Signs of Vicarious Trauma

Symptoms of exhaustion, hypervigilance, avoidance, and numbing can affect those working with individuals and families who have experienced traumatic events. Warning signs of vicarious traumatic stress include:

- Hopelessness
- Inability to embrace complexity
- Avoidance of clients
- Sleeplessness
- Chronic exhaustion
- Minimizing
- Inability to listen
- Anger and cynicism
- Fear
- Guilt
- Physical aliments

Managing Vicarious Traumatic Stress

- Know yourself

- Monitor yourself

- Be honest with yourself

- Take care of yourself

- Take time for yourself

- Separate your self from the source of stress

- Limit your exposure

- Empower yourself

- Renew yourself

What is Compassion Fatigue (CF)?

- Compassion fatigue is thought to be a combination of secondary traumatization and burnout precipitated by the care delivery that brings health care and related professionals into contact with the suffering

- Weariness brought about by repetitive, empathic response to pain

- Gradual lessening of compassion over time

- Taking on others' suffering

- Both a blessing and a curse

"The cost of caring too much"

Szabo, B. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice:* 12: 136–142.

Compassion Fatigue in Contact Tracers

- One of the most common symptoms of compassion fatigue is numbness or learned indifference to suffering. That's particularly bad news for a Contact Tracer

- It's the dulling of the most important tools Contact Tracers need to use to do their essential jobs: emotional intuition and understanding

- Contact Tracers regularly come across people who believe that contact tracing is an infringement of their personal freedoms or a government plot to control them in some manner

9 Warning Signs of Compassion Fatigue

1. Signs of physical anxiety such as breathing difficulties, muscle tension and digestive problems
2. A sense of hopelessness
3. A decreased ability to empathize
4. Irritability and impatience
5. Decreased productivity and job satisfaction
6. A reduced ability to feel pleasure
7. Trouble sleeping
8. An urge to isolate from others
9. Self-doubt and reduced self-esteem

Module Two
Operations

Key Concepts in De-escalation

- **Your task is not to control the upset individual, it is to influence that individual to control themselves by how you control yourself**

- First, make sure you're as calm as possible. An assured and calm demeanor on your part may help you interact effectively with an upset individual

- De-escalation involves establishing a connection that puts the person in crisis at ease and shows them that you're in a protective role

Managing Your Response

Model these non-verbal behaviors:

- Control your breathing
- Control your voice
- Control your body language
- Control your vocabulary

Entrainment is using our natural tendencies to synchronize our behavior with those around us

The mirror neuron system plays a key role in how we empathize with another person's joy and pain. There is a neuroscience explanation for how we connect with and influence each other.

Anger, fear and stress are contagious, but so is calmness

Non-Verbal Communication

As a general rule, the more agitated an individual becomes:

- The less able they are to process verbal information effectively
- The more reliant they become on non-verbal communication
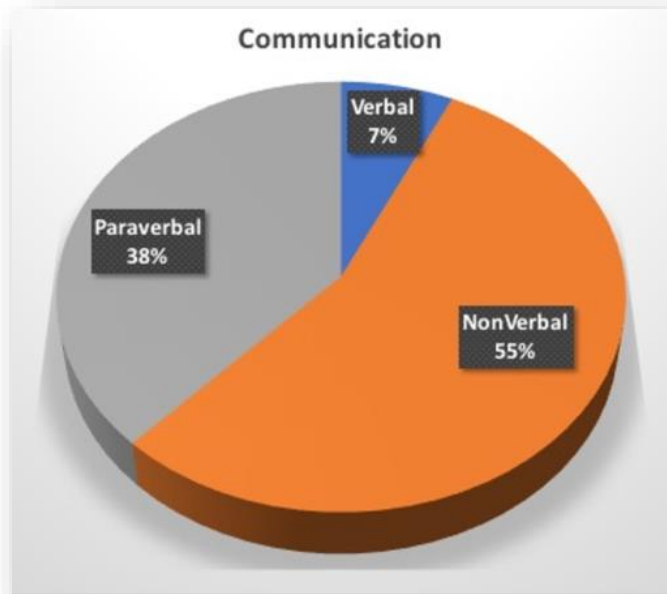
Even in non-hostile, non-stressful situations, non-verbal communication plays a critical role

Note: There can be significant cultural variations in non-verbal communications

Tips for On-Screen Body Language*

1. Make constant eye contact

2. Sit back so people can see your complete gestures

3. Smile and nod – a lot

4. Sit straight and lean slightly toward the screen

5. Avoid touching your face

6. Mirror the other person's body language

7. Use an uncluttered background
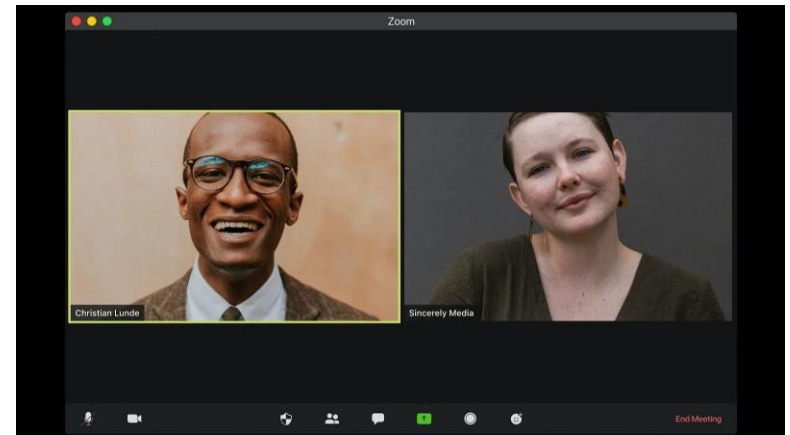
Subject to cultural variation and individual preference

Paraverbal Communication

"Not what you say, but how you say it."

How we deliver our words or verbal intervention:

- Volume
- Rate
- Tone
- Inflection

Succesful Communication

requires your verbal message

to be backed up by

your para-verbal & nonverbal signals

The focus is NOT on controlling the other, it is on influencing the other to control themselves by how we control ourselves

Subject to cultural variation and individual preference

Inflection

NO... I didn't say you
WERE stupid.....
I said, you ARE stupid.
There is nothing
past tense about it.

What do these words mean?

"I didn't say you were stupid"

- "<u>I</u> didn't say you were stupid.
  - *(My buddy said it!)*
- "I didn't <u>say</u> you were stupid.
  - *(But I did write it on the bulletin board!)*
- "I didn't say <u>you</u> were stupid.
  - *(I said your friend was stupid)*
- I didn't say you were <u>*stupid*</u>.
  - *(I said you were a complete idiot.)*

*Subject to cultural variation and individual preference

Congruence

Matching words and actions

- Denotes trustworthiness
- Shows others that we care
- Shows we are in control

Incongruence

- Interpreted as being untrustworthy or inauthentic

Empathic Listening

Empathic listening is the practice of being attentive and responsive to others' input during conversation. **Also called active listening or reflective listening**, empathic listening requires you to be considerate of the other party's input.

An active process to discern what a person is saying:

- Remain non-judgmental
- Don't ignore or fake attention
- Carefully listen to what a person is really saying
- Use silence and restatement to clarify messages
- Reflection can be used to clarify

Primary Listening Skills

- **<u>Attending</u>:** Giving your physical and mental attention to another person

- **<u>Following</u>:** Making sure that you are engaged by using eye contact, non-intrusive gestures (e.g.-nodding, saying "Okay," asking an infrequent question)

- **<u>Reflecting</u>:** Paraphrasing and repeating; Using the feelings of the other person (empathy)

- **<u>Listen when you're listening</u>:**

  - No other activities
  - Multi-tasking is not helpful when actively listening

Time as an Element in Listening

- **<u>Strategic Patience</u>:** The ability to skillfully control the pace or tempo that is appropriate to a specific situation and the desired outcome

- **<u>Dynamic Inactivity</u>:** The process of slowing down the pace and putting time on your side

- If the individual doesn't immediately respond to you, it doesn't mean they didn't hear you. It may mean that they are thinking about their answer, or even that they want to make sure they are saying the right thing

Strategic Silence

- Buys time
- Forces the individual or group to fill in time with talk; keeps them talking
- Can emphasize a point; allows it to sink in
- Gives you a chance to formulate your next thought/statement
- It shows you're willing to listen; Not interrupting is a sign of respect
- It models calmness and influences others to calm themselves

Tactical Empathy

- **Tactical empathy** is defined as the deliberate influencing of the other's emotions for the ultimate purpose of building trust and ensuring a safe discussion of the situation

- The ways you employ your voice, labels, mirrors, and dynamic silence all contribute to **tactical empathy**

- Tactical empathy helps the other person feel heard

<u>Emotions are the means to a resolution,</u>

<u>not the obstacles.</u>

Benefits of Paraphrasing

Try to reflect summarized statements; this encourages communications. Put into words the other person's point of view. This approach:

- Creates empathy and rapport: *"I hear you"*

- Clarifies and highlights important issues

- Encourages the other to slow down and listen to you

- Promotes verbal give and take; demonstrates that you can work together

- Hearing one's own thoughts aloud can provide new perspective (i.e., *"hearing themselves"*)

- Also: helpful when you are at a loss for words

In Summary

Module Three
Intervention

Compartmentalizing

- **Compartmentalizing** is splitting or segmenting your cognition and thinking into separate areas, especially dealing with difficult or stressful situations

- Compartmentalizing can be a positive mechanism for coping and enriching life

- This would include compartmentalizing work from home so that your home is not tainted by the stress of working

Protective Stress Membrane

- The ability to empathize is a huge part of being a good public servant, but it's also part of the job that puts us at risk emotionally.

- The APA suggests when dealing with powerful emotions threatening our emotional defenses, that we create a *"semi-permeable membrane around [our] hearts."*

- The trick is to let in just enough, but not so much that you're drowned in another's emotion — especially since we often have to move on quickly to the next task

Rebecca A. Clay Date created: June 11, 2020
Are you experiencing compassion fatigue?
American Psychological Association.
 https://www.apa.org/topics/covid-19/compassion-fatigue
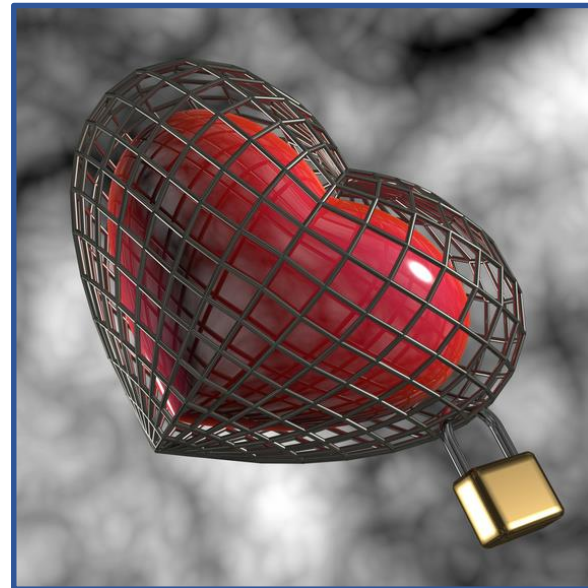
Compassion Satisfaction

- Compassion satisfaction is the ability for workers to derive a great sense of meaning and purpose from their work

- It may aid in alleviating existential terror endemic to the human condition when a society is in a crisis

- It may be an important buffer in managing and transcending alterations in belief systems, and physiological or emotional reactions seen in compassion fatigue

Stamm (1999 and 2002) as quoted in: Tyson, J. (2007). Compassion Fatigue in the Treatment of Combat-Related Trauma During Wartime. *Clinical Social Work Journal*; 35:183–192

Self-Assessment

- The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for **compassion satisfaction, burnout** and **compassion fatigue**

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.

I=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].

Available at no cost online at: https://proqol.org/ProQol_Test.html

The Professional Quality of Life Scale *(ProQOL)*

- Is the most widely used measure of the positive and negative aspects of helping in the world

- Has proven to be a valid measure of compassion satisfaction and fatigue

- It has been used for over 20 years and the measure was developed with data from over 3000 people

- The ProQOL is easy to use

- It can be given individually or in groups

- It can be given online or at an individual computer

Individual Strategies for Managing Compassion Fatigue

- Early recognition; ProQOL scale

- Improve self-care

- Assess life situation for balance, exercise, interests, debriefing, caregiving, distress activities

- Adjusting work hours/work load

Organizational Strategies for Managing Compassion Fatigue

- Discuss and recognize Compassion Fatigue

- Develop supportive work environments which include:
  - Debriefing, regular breaks, mental health days, peer support, assessing and adjusting workloads, professional development, and regular check-in times

What Can Be Done on the Job?

- Identify realistic attainable goals for each department and evaluate accordingly
- Help staff to maintain personal growth both at home and on the job
- Encourage and support staff to develop an active outside life with a variety of interests
- Encourage staff to personalize the work environment with meaningful pictures, objects, colors, etc.
- Encourage staff to be comfortable with themselves by setting limits how far to become involved with clients and colleagues

What Can Be Done on the Job?

- Encourage and practice good communication skills on the job

- Provide for flexible working conditions on the job

- Encourage trying new ideas "outside of the box"

- Sponsor "decompression techniques" activities such as meditation or exercise that relieve tension and put staff into a more relaxed state

- Build support systems among staff to discuss problems and help each other look for solutions. Don't just air gripes - look for solutions
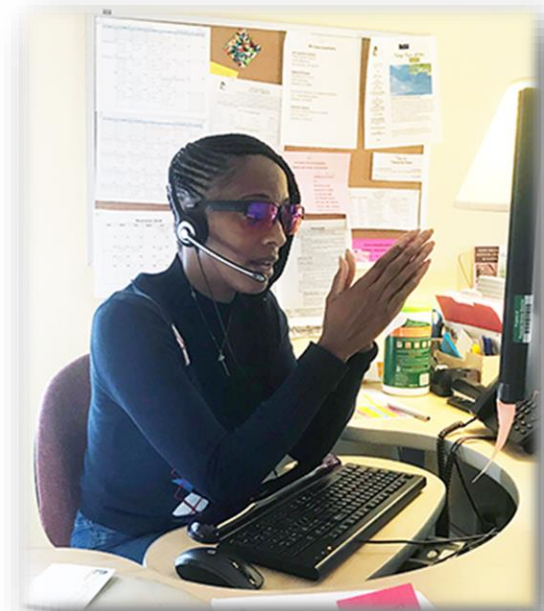
Individual Strategies for Managing Burnout

- Personal reflection and assessment
- Set limits/boundaries
- Eat and sleep regularly
- Take time off
- Unplug
- Connect with others (safely!)
- Seek supervision/consultation

Organizational Strategies for Managing Burnout

- Effectively manage caseload numbers

- Provide supervision, peer consultation, etc.

- Encourage the use of personal time, mental health days, vacations, etc.

- Offer continuing education and professional development opportunities

Barriers to Stress Control

- Stigma: The greatest obstacle to psychological health

- Possible harm to career

- Intolerance for weakness of any kind

- Belief that stress problems only happen to the mentally ill

- Intolerance or fear of those different from oneself

Operational Stress Control

- Recognizing and managing the effects of stress on performance under pressure

- Applied in the before, during and after stressful events or peak times

- Intended to be used proactively across the entire life cycle of operations

Three Filters for OPSTRESS

- <u>The Individual</u>: Self-Awareness

- <u>Teammates and Co-workers</u>: Buddy Care

- <u>Supervisors and Team Leaders</u>: Monitoring

Operational Stress Control:
It's Everyone's Job

- Operational Stress Control is <u>*not*</u> exclusively the job of the EAP or mental health service providers

- Leaders and Team Members must understand:

  - The causes of stress
  - The effects of stress on wellness and performance
  - Warning signs of extreme stress reactions
  - Strategies and techniques for managing stress

...all in the interest of sustaining physical and mental health, as well as continuing/resuming operations during time of high stress

Module Four
Self-Care

Encourage Wellness by Design

Rather than wait for the adverse effects of stress to surface, proactively encourage wellness strategies:

- Encouraging employees to build breaks for physical activity and purposeful relaxation into the daily schedule

- Planning virtual *"coffee breaks"* where employees can connect to discuss how they are responding to and managing stress

- Connecting employees to wellness resources and encouraging utilization

- Modeling proactive stress management as a supervisor by giving examples of effective strategies and techniques

Consider the 3 A's Approach

- **<u>Adopt</u>:** New learning/new ideas about coping with stress

- **<u>Adapt</u>:** Modifying existing or previous strategies for coping

- **<u>Apply</u>:** Give it a try (*"Action binds anxiety"*)

What Self-Care is <u>Not</u>

Can be easier to say what it is NOT:

> NOT: just for burned out workers, the weak, the maladjusted.
> NOT something we don't have time to do.
> DOES NOT mean we focus on ourselves and ignore others.
> NOT about numbing ourselves.
> DOES NOT indicate narcissism.
> IS NOT a luxury and does NOT mean we are self-indulgent.

-Cox and Steiner, Self-Care in Social Work (2013)

Tips for Self-Care

- Appropriate physical exercise/rest

- Structure your time - keep busy

- You're not crazy - normal reactions

- Talk is the most healing medicine:

  - Reach out, people DO care
  - Give yourself permission to feel rotten for awhile; share those feelings with others

- Don't *"numb the pain"* with drugs/ETOH

LIFE BALANCE

Physical
- Safe Housing
- Eat Healthy • Exercise
- Regular Medical Care
- Be Sexual • Get Enough Sleep
- Take Vacations • Take Time Off
- Massages • Acupuncture
- Bubble Baths • Kiss • Hug
- Take a Walk • Find "Me" Time
- Turn Off Cell Phone

Psychological
- Journaling
- Self-Reflection
- Therapy • Mindfulness
- Self-Awareness • Draw
- Paint • Sensory Engagement
- Aromatherapy • Garden
- Go to the Symphony or Ballet
- Relax in the Sun • Join a Support Group
- Read a Self-Help Book
- Reflect on Your Positive Qualities
- Practice Asking for and Receiving Help

Emotional
- Self-Love
- Self-Compassion
- Affirmations • Laugh • Cry
- Practice Gratitude • Flirt
- Find a Hobby • Say "I Love You"
- Tell Yourself You are Gorgeous!
- Social Justice Engagement
- Buy Yourself a Present
- Watch a Funny Movie
- Cuddle with Your Pet
- Practice Forgiveness
- Deep Breathing

Spiritual
- Self-Reflection
- Explore Nature
- Bathe in the Ocean
- Foster Self-Forgiveness
- Find a Spiritual Community
- Meditate • Sing • Dance • Play
- Be Inspired • Play with Children
- Yoga • Watch Sunsets • Pray
- Find a Spiritual Mentor
- Volunteer for a Cause
- Self Cherish

Personal
- Learn Who You Are
- Get Coffee with a Friend
- Plan Short and Long-Term Goals
- Figure out What You Want in Life
- Foster Friendships • Go on Dates
- Make a Vision Board • Relax
- Spend Time with Family
- Get out of Debt • Cook
- Write a Poem or Book
- Learn to Play Guitar
- Join a Club

Professional
- Set Boundaries
- Take Time for Lunch
- Do not Work Overtime
- Leave Work at Work
- Take Vacation & Sick Days
- Don't Work During Time Off
- Get Regular Supervision
- Get Support from Colleagues
- Take Mental Health Days
- Plan Your Next Career Move
- Learn to say "NO"
- Take a Class

This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from Transforming the Pain: A Workbook on Vicarious Traumatization by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Advice for Family & Friends

- Listen carefully

- Spend time with the affected person

- Offer your assistance with daily tasks

- Give them some private time

- Don't take their anger personally

- Tell them you are sorry the event occurred and you want to help them

The Community Stress Prevention BASIC PH Model

Six dimensions central to coping with caregiver stress:

- **B**eliefs/Values – relies on beliefs/values to cope

- **A**ffect – emotion expression as coping mechanism

- **S**ocial – seeking support/relationships

- **I**magination – creative expression to cope

- **C**ognitive – need honest dialogue & guidance

- **Ph**ysiological – physical activity as coping

Lahad, Shacham, & Niv, 2000

Beliefs & Values

Examine beliefs about stress in general and traumatic stress in particular, such as:

- Stress is negative, has negative impact on physical and mental health

- Stress should be avoided

- Stress is the enemy

Or can we adopt a more balanced view of stress?

Why Does Belief Matter?

- So, our beliefs about the stress play an important role in the impact of stress on our lives…

- Perception and *"self-talk"* that we are overwhelmed and stress contributes to the negative impact of stress

- We can change the way we think about stress

Note: Check out your homework assignment!

Affect & Emotion

- Encourage the expression of emotion.

- Allow ourselves to be sad, angry or upset about our client's experience.

- Share your thoughts and feelings with others you can trust.

- It's OK to not be OK.

Social

- When we are stressed, we may want to insulate ourselves from others (& additional stress)

- When our stress is related to clinical work that we can't discuss with our loved ones, we can become more isolated

- The neurochemistry of connection with others is the best remedy, but we have to fight the tendency to withdraw

Cognition

- Learn about compassion fatigue, traumatic stress and burnout

- Learn about your reaction: Make notes, charts, records of how you're reacting, what helps, what doesn't.

- Track your thoughts, your moods, your level of activity, your triggers.

Physiology

- Get physical: The neurochemistry of trauma wants you to move

- This means run, walk, dance, play,

- Get outdoors; get in touch with nature

When to Seek Professional Help

- Disorientation

- Suicidal or homicidal thoughts or plans

- Unrelenting anxiety

- Acute psychiatric symptoms (e.g., psychotic symptoms)

- Inability to care for self

- Problematic use of drugs and/or alcohol (inc. Rx meds)

- Impulsive, reckless and/or uncharacteristic behavior

EAP Services

- Workers with more serious psychological reactions that need professional assessment and intervention

- Team members who are so upset that they cannot care for themselves or their children

- People who may hurt themselves

- People who may hurt others

- Individuals voicing suicidal and/or homicidal ideations require immediate attention

Recognize and Reinforce Positive Changes

Post-traumatic Growth is ability of people to grow and improve through adversity. Possible positive changes include:

• Living life fully–not taking people or things for granted

• Becoming more tolerant and understanding

• Increased appreciation for relationships and loved ones

• Having an improved perspective

• Strengthened spiritual/personal beliefs

Module Five
Closing Thoughts

Take Aways

- You're only responsible for your task

- Use care in how you measure "success"

- Value small victories

- Who you are is as important to the mission as what you do.

- Their pain is not your pain

- Don't take them home with you

- Remember to care for your spirit, emotions and body so that there will be something left to give

Closing Thoughts

- As Contact Tracers we are not immune from the emotional power of the events that impact those we reach out to. In fact we often have much heavier emotional and professional loads to bear

- From the onset of your involvement with Contact Tracing, it will be necessary to take care of yourself in order to help you peers, your organization and the communities you serve through these difficult emotional times

Whoever fights monsters should see to it that in the process he does not become a monster. And if you gaze long enough into an abyss, the abyss will gaze back into you.

Friedrich Nietzsche

Recommended Homework

"Make Stress Your Friend" TED Talk

https://youtu.be/RcGyVTAoXEU

For More Information

BEHAVIORAL SCIENCE APPLICATIONS
The Human Face of Emergency Management™

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www.facebook.com/bsacrisisintervention

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Questions & Comments