

# Coping with the COVID 19 Pandemic

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# Objectives


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At the conclusion of this presentation, the participant will be able to:

1. List three of the most common stressors healthcare providers struggle with during the pandemic
2. List at least three coping strategies they can utilize
3. Be aware of at least two symptoms of burnout and know strategies to address this
4. Have familiarity and experience with three relaxation techniques including progressive muscle relaxation, relaxation breathing and use of guided imagery.

These webinars are for Maryland's community and hospital health care workers of all disciplines.

They are designed to enhance both health care worker self care and resultantly the care they provide, as health care workers combat numerous stressors including the Covid-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care.



# Key Medical, Ethical and Survival Issues

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1. Resilience
2. Autonomy, self preservation, altruism
3. Heightened awareness of mental health issues of both healthcare providers and patients
  - A. Increased risk for depression and anxiety
  - B. Possible increased suicide risk
  - C. Increased substance abuse
4. Self care
  - A. Allowing oneself to acknowledge the difficulty of current situation (shame, guilt, loss of control) and be human ( self forgiveness)
  - B. Mindfulness, guided imagery, progressive muscle relaxation, etc.

# Risk/Resource Ratio

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Anxiety comes from

- Overestimating situational risk

- Underestimating one's ability to cope

Many people have more resources than they realize

Help them get to a better place

# Harnessing Resilience\*


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“The potential for resilience is not a unique trait that one has or does not have; the capacity for resilience is inherent in all people”

Resilience resources (Rosenberg)

1. Individual (personal characteristics and skills)
2. Community (social supports and sense of connection)
3. Existential (Sense of meaning and purpose)

\* Slides on resilience excerpted from “Harnessing Resiliency Said to Be Key Path Forward From COVID 19”. Rosenberg, A., Doi: [10.1001/jamapediatrics.2020.1436](https://doi.org/10.1001/jamapediatrics.2020.1436)



# Individual

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Healthcare workers can booster resiliency in the following ways:

- A. short term goals for working from home
- B. Self care after a stressful day in the hospital

# Community/Organizations

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Deliberately celebrating system level steps towards shared community goals

# Existential

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To strengthen existential resiliency the part is finding ways to continue to develop a sense of meaning and purpose

1. Value of contribution
2. Feeling appreciative and appreciated
3. Grounding



# Long Term Resiliency

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Psychiatrist and Holocaust survivor, Victor Frankel found that individuals who introspect, reflect, cultivate a deeper appreciation for life and spirituality are able to fare better post trauma than those who try to focus on positivity and optimism. He coined the term TRAGIC OPTIMISM which he described as the ability to find meaning in life despite its inescapable pain, loss and suffering.

Long term resiliency is dependent on the ability to make meaning..




# In addition to these recommendations

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1. Meet basic needs. Eat, hydrate, and sleep regularly to optimize your ability to provide care for yourself and others
2. Take breaks
3. Stay connected
4. Stay updated
5. Self check in
6. Honor service

From: mental health education fact sheets at the Center for the Study of Traumatic Stress at  
[Www.cstonline.org](http://www.cstonline.org)



# Self care\*\*


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Common Adverse Psychological Reactions during Infectious Disease outbreaks

1. Insomnia
2. Reduced Feelings of Safety
3. Scapegoating
4. Increased use of Medical Services
5. Increased use of Alcohol and tobacco and other substances
6. Somatic symptoms

Distress about the infectious disease outbreak is often increased by exposure to traditional and social media content which is often sensational in nature and may contain misinformation

\*\*Excerpted from Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks. Joshua Morganstern APA



# Complexity of Self Care for Health Workers\*

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Caregivers are notorious for having difficulty accepting care. Many of them pride themselves on being “givers” not “takers”

\*National Center for PTSD, Managing Healthcare Workers' Stress Associated with the COVID 19 Virus Outbreak  
[www.ptsd.va.gov](http://www.ptsd.va.gov)


# Self Care\*

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“Clinicians have been taught that self care is selfish”\*

“The culture of medicine reinforces the idea belief that physical and emotional exhaustion is part of the job”\*

\*National Center for PTSD, Managing Healthcare Workers’ Stress Associated with the COVID 19 Virus Outbreak [www.ptsd.va.gov](http://www.ptsd.va.gov)



# Dealing with Stress during the Outbreak

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“A strong service-orientation, a lack of time, difficulty in acknowledging or recognizing their own deeds, stigma and fear of being removed from their duties during a crisis, may prevent staff from requesting support...”

National Center for PTSD

Managing Healthcare Worker's Stress Associated with the Covid-19 virus update

[Www.Ptsd.va.gov](http://Www.Ptsd.va.gov)



# During work shifts

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Self monitoring and pacing

Regular check ins with colleagues, family and friends

Working in partnerships or in teams

Brief relaxation, stress management breaks

Regular peer consultation and supervision

Time outs for bodily care and refreshments

Regularly seeking out accurate information and mentoring to assist in decision making

Keeping anxieties conscribed to actual threats

Maintain helpful self talk and avoid overgeneralizing fears



# During Work Shifts ( continued)

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Focusing their efforts on what is within their power

Acceptance of situations they cannot change

Fostering a spirit of fortitude, patience, tolerance and hope



# Avoid

Working too long without checking in with colleagues

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Working “round the clock” with few breaks

Feeling that they are not doing enough

Excessive intakes of sweets and caffeine

Engaging in self-talk and attitudinal obstacles to self-care, such as

- It would be selfish to take time to rest

- Others are working around the clock, so should I

- The needs of survivors are more important than the needs of the helpers

- I can contribute the most by working all the time...

- Only I can do...



# Stop Doomscrolling!!!!!!

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Try to notice some things that are going right each day

Practice mindfulness

Recognize it is a natural reaction to stress to seek information but that excess information seeking to the exclusion of other activities can backfire

# Personal reintegration is Important\*

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Seeking out and sharing social support, which may need to occur virtually

Checking in with other colleagues to discuss work experiences

Increasing supervision, consultation and collegial support

Scheduling time off work for gradual reintegration into personal life

Preparing for world view changes that may not be mirrored by others in one's life

\*National Center for PTSD

Managing Health Care Worker's Stress Associated with the Covid-19 Virus Outbreak

[Www.ptsd.va.gov](http://www.ptsd.va.gov)



# Avoiding Negative Coping Strategies

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Use of alcohol, illicit drugs or excessive amounts of prescription drugs, which all interfere with sleep cycles and prolong recovery

Suddenly making big life changes

Negatively assessing their work contributions

Keeping too busy

Viewing others as more important than self care

Not wanting to talk about work experiences with others

If symptoms persist for longer than two to three weeks and interferes with functioning, health care workers should consider participating in formal mental health treatments

# Emotional stressors clinicians face during covid\*

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Grief from seeing so many patients die

Fears of contracting the virus and infecting family members

Anger over health care disparities

“These stressors have caused or exacerbated burnout, depression or post traumatic stress disorder and they have been implicated in suicides. Even before the pandemic there were unacceptably high rates of burnout and suicide...especially among physicians”

\*Supporting Clinicians During COVID-19 and Beyond – Learning from Past Failures and Envisioning New Strategies, Shapiro J, McDonald T, The New England Journal of Medicine, October 14,2020



# Burnout\*

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Research has shown the prevalence of burnout to be greater than 40% in physicians

Burnout has serious consequences for all health care providers, the patients and to healthcare institutions

Covid 19 presents new stressors for healthcare providers

Recent events involving self harm by physicians has brought increased attention to the emotional impact of caring for critically ill patients

\*Burnout of healthcare provides during Covid-19, Bradley, M and Chahar, P, Cleveland Clinic Journal of Medicine, July 2020



# Signs of Burnout\*

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Emotional exhaustion

Depersonalization

Low personal accomplishment

\*Maslach Burnout Inventory



# Areas of Worklife Survey

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Workload

Control

Reward

Comorbidity

Fairness

Values



# Case examples

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1. ED physician with distant history of panic disorder and immunocompromised wife exposed to COVID 19 with inadequate PPE. Calls post shift afraid to go home but desperately wanting to go home
2. "Angry" resident. Angry at system, angry at COVID, angry at medicine etc
3. Resident calls post shift. "Can't do this anymore. I'm quitting"
4. Experienced senior level well respected physician scientist. Hospital is asking him to do some preparatory retraining in case hospital needs to call physicians to ICU's. He is unwilling to go. Feeling guilty and selfish.
5. "Imposter syndrome"

# “Good enough”\*\*\*

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“Psychoanalyst Donald Winnicott coined the phrase “good enough mother” in 1953...Winnicott theorized that trying to be the perfect mother could cause problems for both the mother and the child. Sometimes mothers need to put themselves first and practice self care.”

“What’s needed now is a massive reframing.”

For our peer to peer physician contacts who are all super achievers, we need to give them permission to be “good enough”.

\*\*\*Lisa Servon, Washington Post, April 23,2020



# Grief and loss during covid

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Acknowledge the many losses we have all experienced and give yourself permission to grieve. Grief takes many forms and there have been many different types of losses ( death, freedom, social life, autonomy, money, etc). These all have meaning and deserve to be recognized and validated.

# During an infectious disease outbreak:

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1. Stay informed. Obtain information from reliable sources
2. Educate – follow and share basic information
3. Correct misinformation
4. Limit Media exposure
5. Anticipate and address stress reaction

# Losses

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Job

Money

Safety

Worry about loved ones

Quarantine and isolation

Changes in daily routines

Special events cancelled

Fears for the future

Loss of work/life balance



# Grief

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“ We are all dealing with the collective loss of the world we knew...the disruptions in the normal routines and rhythms of everyday life contribute to the lingering unease and sadness that we are all feeling. Not only are we mourning the loss of thousands of lives, but we are also mourning the loss of normalcy, from seeing our coworkers to engaging in the mundane routines that we previously took for granted.” \*\*\*\*

\*\*\*\*David Kessler, as quoted in Brene Brown, “Unlocking Us” podcast


# Stress and Compassion Fatigue

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## Stress:

1. Cannot respond effectively to the many demands you face
2. Part of a disaster effected community

## Compassion Fatigue:

1. Burnout – Physical and mental exhaustion leading to reduced ability to cope with environmental
  2. Secondary traumatic stress – The stress you may experience due to empathy with others you see going through trauma
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## Signs and Symptoms of Disaster-related Distress

People affected by disasters such as the COVID-19 pandemic often experience physical changes, as well as changes in thinking, emotions, and behavior. In addition to signs and symptoms of compassion fatigue, you may notice the following signs and symptoms of disaster distress in yourself and those around you.

### Physical

- Stomachaches or diarrhea
- Changes in appetite and eating habits
- Headaches or other pains without a clear physical cause
- Jumpiness or exaggerated startle response
- Trouble falling asleep, staying asleep, sleeping too much, or trouble relaxing

### Cognitive

- Difficulty remembering things
- Difficulty thinking clearly or concentrating
- Confusion
- Increased worry
- Trouble making decisions

### Emotional

- Anxiety and fear
- Overwhelming sadness
- Anger
- Guilt
- Numbness and inability to feel joy or sadness

### Behavioral

- Increase or decrease in activity levels and reduced stamina
- Frequent crying
- Use of alcohol or other drugs in an attempt to reduce distressing feelings or to forget
- Angry outbursts
- Desire to be alone most of the time and deliberate self-isolation
- Risk-taking behaviors





# Resources

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Disaster Distress Helpline ( SAMHSA)

1-800-985-5990 or text TALKWITHUS to 66746

National Suicide Prevention Lifeline

800-273-8255 (Talk)

Crisis Textline

Text TALK to 741741

Federation of State Physician Health Programs – confidential resources for healthcare providers affected by substance-related and addictive disorders, mental illness and other illness

<https://www.fsphp.org/state-programs>



# Guided imagery relaxation video

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<https://youtu.be/sYRddKHMhOM>

# Additional Resources

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Maryland Crisis Hotline is 211

Press 1 with immediate crisis help available 24/7 along with assistance on how to access mental health services or substance use services

Call 211 and press 1

This service is also available for the deaf and hard of hearing through Maryland Relay. ( dial 711)

Visit <https://pressone.211md.org>

Text your zip code to 898-211 (TXT-211)

BHA also has a Maryland crisis service locator map

# More resources

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[MD Mind Health](#) is a new program developed to fight isolation. Text “MDMindHealth” to 898-211 to sign up to receive encouragement, reminders, and resources for staying connected

[Veterans Crisis Line \(Call 1-800-273-8255 PressHearing 1, Text 838255, Chat, and Support for Deaf/Hard of hearing \)](#)

If you are not in a crisis but want assistance on how to routinely connect to mental health or substance use services also use 211, press 1, and as above, this can occur through a call, text, chat, or online.

- Nationally there is a [SAMHSA Treatment Locator](#).

To access other services 211 offers:

- Call 211 or visit [211md.org](https://211md.org) to be connected to health and human resources 24/7, ranging from housing to child care, food services to social services. Watch [this short video](#) to learn more about what services they offer.

[NAMI COVID-19 Resource and Information Guide](#)

[COVID-19: Frequently Asked Questions on Mental Health](#)

[Mental Health Supports During the COVID-19 Crisis](#)

[Maryland Online Recovery and Wellness Support Resources](#)

[COVID-19: BHA Public Service Announcements](#)



# Important Links

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<https://bha.health.maryland.gov/Pages/bha-covid-19.aspx>



# Telebehavioral Health Provider Locator Map Link

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<https://telebehavioralhealth-Maryland.hub.arcgis.com/>



# Behavioral Health Administration Crisis Services Locator Link

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<https://maryland.maps.arcgis.com/apps/opsdashboard/index.html#/11b2b73ca8d44bef8f79c887886c9a50>

# CME Accreditation and Designation

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CMEs will be available at no cost, as will Participant Certificates, which for other disciplines can qualify for continuing education credit.

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# CME Accreditation and Designation

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