



HEALING, EDUCATION, RESILIENCE & OPPORTUNITY
FOR NEW YORK'S FRONTLINE WORKERS

HERO-NY FREQUENTLY ASKED QUESTIONS

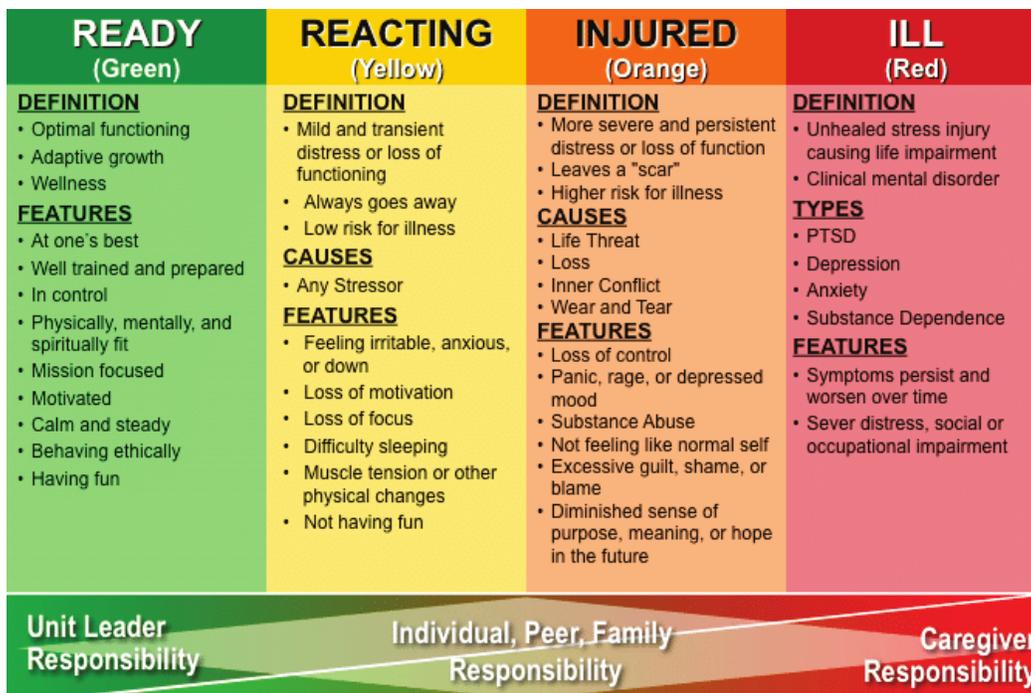
HERO-NY MODULE I: STRESS, TRAUMA, AND RESILIENCY

What is the stress continuum?

Researchers have developed visual aids to better portray how stress affects individuals. These tools allow practitioners and those in their care to better understand how strong a stress response to a situation is so that they can identify when to seek help with coping. The Tri-Marine Expeditionary Force Combat and Operational Stress Control (Tri-MEF COSC) Working Group developed the stress continuum model to promote resilience and recovery and prevent adverse stress outcomes in service members. The model depicts a visual system for stress that service members, military leaders, family members, faith leaders, and health care professionals can use. The model divides the spectrum of responses to stress into four color-coded zones (green = ready, or the zone of adaptive coping, optimal functioning, and personal well-being; yellow = reacting, or mild/temporary distress or changes in functioning; orange = injured, or more persistent or severe distress or dysfunction; red = ill, or the diagnosis of a mental health disorder). (Nash et al., 2011). People can experience multiple levels of stress within a day or period and could feel simultaneously injured in response to one stressful factor in their lives, while feeling ready in other areas.

Nash, W. P., Steenkamp, M., Conoscenti, L., & Litz, B. T. (2011). The stress continuum model: A military organizational approach to resilience and recovery. In S. M. Southwick, B. T. Litz, D. Charney, & M. J. Friedman (Eds.), *Resilience and mental health: Challenges across the lifespan* (pp. 238-252). Cambridge University Press.

Diagram:



Nash, W. P., Westphal, R. J., Watson, P. J., & Litz, B. T. (2011). *Combat and Operational Stress First Aid: Responder training manual*. U.S. Navy, Bureau of Medicine and Surgery.



Related readings:

- Using the stress continuum model for early detection of stress in the Navy
Khanna, P., Chatterjee, K., Goyal, S., Pisharody, R. R., Patra, P., & Sharma, N. (2019). Psychological stress in the navy and a model for early detection. *Journal of Marine Medical Society*, 21, 116-120.
- Review of VA/DOD clinical guidance on management of acute stress and prevention of PTSD
Nash, W. P., & Watson, P. J. (2012). Review of VA/DOD Clinical Practice Guideline on management of acute stress and interventions to prevent post-traumatic stress disorder. *Journal of Rehabilitation Research & Development*, 49(5), 637-648

Are small changes cumulative over time?

Evidence suggests that both negative and positive changes can be cumulative over time.

Negative impact of repeated exposure to traumatic events:

Research indicates that an occupational environment of continuous change can limit the effectiveness of employee coping mechanisms, causing increased stress and decreased productivity and job satisfaction (Dool, 2010). The impact of repeated direct or indirect exposure to stressors or traumatic events in the workplace can result in cumulative trauma. Cumulative trauma can cause physical, psychological, and emotional symptoms that are indicative of post-traumatic stress disorder, compassion fatigue, secondary traumatic stress, vicarious trauma, and burnout (Bywood & McMillan, 2019; Geronazzo-Alman et al., 2017).

Positive cumulative effects of self care:

Just as repeated exposure to traumatic events can have negative health outcomes, taking small and repeated actions over time can lead to better mental and physical health (Kennedy, et al., 2007). While many people resist beginning mindfulness techniques, physical exercise, or other self-care actions due to perceived pressure to either run a marathon next week or meditate for two hours a day, taking small actions such as a brief walk during lunch or meditating for five minutes a few times per week can build into larger practices down the road, or have positive effects in themselves (Ross & Thomas, 2010).

Trauma:

- Bywood, P., & McMillan, J. (2019). *Evidence review: Cumulative exposure to trauma at work*. Institute for Safety, Compensation and Recovery Research. https://research.iscrr.com.au/_data/assets/pdf_file/0003/2129511/226_REP_ER_Cumulative-trauma-Phase-2-FINAL-15.11.2019.pdf
- Dool, R. (2010). Lessons from the military: A new framework for managing change (C⁵). *Journal of Leadership & Organizational Studies*, 17(3), 253-263.
- Geronazzo-Alman, L., Eisenberg, R., Shen, S., Duarte, C. S., Musa, G. J., Wicks, J., Fan, B., Doan, T., Guffanti, G., Bresnahan, M., & Hoven, C. W. (2017). Cumulative exposure to work related traumatic events and current post-traumatic stress disorder in New York City's first responders. *Comprehensive Psychiatry*, 74, 134-143.

Positive:

- Kennedy, A., Reeves, D., Bower, P., Lee, V., Middleton, E., Richardson, G., ... & Rogers, A. (2007). The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial. *Journal of Epidemiology & Community Health*, 61(3), 254-261.
 - Khusid, M. A., & Vythilingam, M. (2016). The emerging role of mindfulness meditation as effective self-management strategy, part 1: clinical implications for depression, post-traumatic stress disorder, and anxiety. *Military Medicine*, 181(9), 961-968.
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- Ross, A., & Thomas, S. (2010). The health benefits of yoga and exercise: a review of comparison studies. *The Journal of Alternative and Complementary Medicine*, 16(1), 3-12.
- Warren-Findlow, J., Krinner, L. M., Vinoski Thomas, E., Coffman, M. J., Gordon, B., & Howden, R. (2020). Relative and Cumulative Effects of Hypertension Self-Care Behaviors on Blood Pressure. *Western Journal of Nursing Research*, 42(3), 157-164.

Related readings:

- Regular/repeated exposure to traumatic events in first responders
 - Lewis-Schroeder, N. F., Kieran, K., Murphy, B. L., Wolff, J. D., Robinson, M. A., & Kaufman, M. L. (2018). Conceptualization, assessment, and treatment of traumatic stress in first responders: A review of critical issues. *Harvard Review of Psychiatry*, 26(4), 216-227.
 - Substance Abuse and Mental Health Services Administration. (2018). *First responders: Behavioral health concerns, emergency response, and trauma* (Disaster Technical Assistance Center Supplemental Research Bulletin). <https://www.samhsa.gov/sites/default/files/dtac/supplemental-researchbulletin-firstresponders-may2018.pdf>
- Risk factors for secondary traumatic stress in therapeutic work with trauma victims (includes caseload volume/frequency/ratio, work support, and personal trauma history as a variables, among other variables studied)
 - Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, 28, 83-91.

How do you differentiate burnout from moral injury?

Burnout refers to distress experienced by providers and includes symptoms of malaise, fatigue, frustration, cynicism, and inefficacy that stem from excessive workplace demands. Moral injury occurs when people perpetuate, witness, or fail to prevent an act that contradicts their personal moral beliefs. In the health care setting, providers must consider the demands of other stakeholders (the health care system, insurers, electronic health record, productivity metrics, etc.) even though their deeply held moral belief is to always put the needs of the patients first. While burnout puts the emphasis of the causes of distress on the individual provider, moral injury focuses on the business framework that pressures the provider, so that appropriate systemic solutions can be identified (Dean et al., 2019).

Dean, W., Talbot, S. & Dean, A. (2019). Reframing clinician distress: Moral injury not burnout. *Federal Practitioner*, 36(9), 400-402.

Related readings:

- Assessing and treating moral injury in service members and veterans (and other contexts)
Norman, S. B., & Maguen, S. (n.d.). *Moral injury*. U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp
- Additional information on moral injury in health care
Talbot, S. G., & Dean, W. (2019, August). Beyond burnout: Moral injury is the real problem facing doctors. *Medical Economics*, 14-15. <https://www.medicaleconomics.com/view/covid-19-and-the-challenges-to-primary-care>
- Health care professionals' wellbeing and burnout and the association with patient safety
Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS ONE*, 11(7), e0159015. <https://doi.org/10.1371/journal.pone.0159015>



HERO-NY MODULE 2: PERSONAL AND PROFESSIONAL WELLNESS

How do you encourage positive self-care?

Self-care is extremely important among frontline workers, including health care workers who are affected by the COVID-19 pandemic at work, home, and in their communities. There are multiple ways we can encourage positive self-care and these are:

- Reiterate the well-known airline industry instruction to “put your own oxygen mask on before helping others” while explaining that if we are not caring for ourselves, we will not have the “bandwidth” to care for others
- Give frontline workers “permission” to care for themselves. Frontline workers, including health care workers, are usually drawn to their professions from a sense of wanting to serve and help others. Therefore, care for oneself can elicit feelings of guilt and shame. It’s important to recognize this in frontline workers.
- Model: Individuals in leadership positions must set an example of positive self-care by following certain habits such as maintaining a healthy work-life balance and exercising self-care techniques
- Outline the consequences of the lack of self-care such the negative effect on personal wellness and possible negative mental health outcomes, but also outline the positive effects of self-care such as enhancing resilience and the sense of pleasure in work.

How do individuals monitor their own stress level?

Monitoring stress level is crucial to maintaining one’s wellbeing. It can be challenging, especially during times of crisis when one’s work demands can be very high, which makes self-reflection and care more difficult. It’s important to carve out time for self-evaluation and reflection. One way to monitor stress level is to “scan” one’s cognitive, emotional, behavioral, physical, and spiritual responses. The physical response might be easiest to identify if one pays attention. Among the factors crucial to evaluate: breathing pattern, muscle tension, and sleep quality. Disturbance in these three areas may indicate high stress levels.

One also can rely on others—including loved ones, family members, colleagues, and health providers—for feedback.

How can chaplains who are part of the patient care team support staff?

Our response to any situation (including the COVID-19 pandemic) has cognitive, emotional, behavioral, physical, and spiritual components. Therefore, chaplains play an essential role on the patient care team. Chaplains can coordinate with the other team members to assess the spiritual response of a person to the pandemic (or any other situation), help the person understand this response, and help them understand how their current response is affecting other areas of their lives such as their thoughts, emotions, and behaviors. Following this understanding, the chaplain, the team, and the person receiving the help can work together to examine these spiritual responses further and challenge them if appropriate.



HERO-NY MODULE 3: IMPACT, EFFECT & OUTCOME ON FRONTLINE WORKERS

How do you identify complicated grief and what are the appropriate interventions?

Grief is a person's response to loss, entailing emotions, thoughts, behaviors, and physiological changes. Everyone's grief response is unique, and no specific timeframe can reveal when normal grief becomes complicated grief. Complicated grief occurs when people get stuck while navigating the grief process. Complicated grief is like being in an ongoing, heightened state of mourning that stops you from healing. Signs and symptoms of complicated grief may include:

- Intense feeling of sadness, pain, disconnection, detachment, sorrow, hopelessness, emptiness, low self-esteem, bitterness, or longing for the deceased's presence
- Pain and rumination over the loss
- Inability to focus on anything but the loss/death of a loved one
- Anger, irritation, or rage
- Problems accepting the reality of the death
- Self-destructive behavior such as alcohol or drug abuse
- Suicidal thoughts or actions

If you recognize a colleague or staff member might be dealing with complicated grief, you can recommend that they speak with a professional or attend a bereavement group. Most agencies/companies have employee assistance programs (EAPs) that can help you locate a group. Helping the individual remember their loved one while remaining in the present moment can be an effective intervention. Encouraging them to talk about their loved one is also important.

Resources:

- <https://complicatedgrief.columbia.edu/for-the-public/complicated-grief-public/overview/>
- <https://www.mayoclinic.org/diseases-conditions/complicated-grief/symptoms-causes/syc-20360374>

What is the appropriate timing of an intervention for traumatized staff when they say it's too early to talk?

The literature varies on the benefits of a single-session psychological debriefing and early intervention in terms of reducing psychological distress and preventing post-traumatic stress disorder after traumatic events. However, all interactions and interventions with staff should be guided by the principles of Psychological First Aid (PFA), which is a resilience-focused, population-based framework to support individuals, communities, and organizations. PFA's core elements are safety, calmness, efficacy (self and community), connectedness, and hope and optimism. PFA is a system of helping actions that can reduce initial post-trauma distress and support short- and long-term adaptive functioning. Creating a supportive space for when staff are not yet ready to talk about a trauma is an important first step that will help until they are ready to seek additional support.

Suggested readings:

- Shalev, Arieh Y., (n.d.). *Treating Survivors in the Acute Aftermath of Traumatic Events*. U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/txessentials/tx_survivors_trauma.asp



- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283–315– discussion 316–69.
- Somasundaram and van de Put (2006). Management of Trauma in Special Populations after a Disaster. *Journal of Clinical Psychiatry*; 67 (suppl 2):64-73.
- Brooks, S.K., Dunn, R., Amlôt, R. et al. Protecting the psychological wellbeing of staff exposed to disaster or emergency at work: a qualitative study. *BMC Psychol* 7, 78 (2019).
- Rose, et al. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *The Cochrane Database of Systematic Reviews*, (2), CD000560.

How do you create a safe group environment for sharing when individuals have different comfort levels?

Creating a safe space is key to open and honest reflection. The facilitator's role is to create such an environment and monitor the participant's comfort level, taking the necessary steps to maintain safety. It is important to have group agreements that enable group members to express their thoughts and opinions without fear of judgment or attack.

A safe group environment includes both physical and emotional safety. The physical space should be comfortable (with proper ventilation, climate control, access to restrooms, etc.) and have easy access. Also, in the time of COVID-19, the space should allow for social distancing and include a small number of participants or allow for video participation. Members should know the locations of emergency exits and other instructions in the event of an environmental emergency.

Keeping the environment emotionally safe is equally important. Facilitators should ensure that confidentiality is respected, group boundaries (structure, schedule, roles, etc.) remain intact, and that members are protected whenever possible from situations that are triggering, threatening, or otherwise unsafe. If such a situation occurs, facilitators must ensure the necessary actions are taken to restore safety and support any individuals affected.

The group facilitator can foster a supportive environment by encouraging self-care. It is important that the facilitator read the room and the reactions of the participants, particularly the non-verbal cues, which can offer an opportunity to recognize and inform the group of commonalities. When facilitators perceive a tense atmosphere in response to a particular subject, they can assess the advantages and disadvantages of continuing the discussion. Facilitators can help the group by validating the members' feelings, which acknowledges that the facilitator is attuned to individual and group needs. Facilitators can also help by identifying specific feelings and highlighting behavior changes. Asking questions rather than making statements about a person's affect could prompt a more reserved person to join the discussion, which would provide an opening for the group to assist the member to explore the feeling.

Suggested reading:

<https://www.mhanational.org/sites/default/files/MHA%20Support%20Group%20Facilitation%20Guide%202016.pdf>



HERO-NY MODULE 4: SEEKING HELP FOR OURSELVES AND OTHERS

How do you set time for yourself if you are being called outside of regular work hours?

Scheduled time: As much as we may enjoy spontaneous leisure, during times of pandemic and quarantine, it is important that we create a self-care plan. The plan could be a schedule of leisure events such as an hour walk to a local park, a hike in nature, or movie night in your apartment, with homemade treats to create an atmosphere of recreation. The key is that you do things that you enjoy that are not work related. Lastly, inform your supervisor that you have scheduled events outside of regular work hours wherein you will not be available. Tell your supervisor which time periods you will not be available and help find a backup person to cover for you during these scheduled events.

Meditation and relaxation apps: If you cannot turn off your communication device outside of regular work hours, there are several apps that can help by providing mindfulness exercises and meditation guides to reduce anxiety and improve concentration. If you are constantly in transit another self-care option would be to download a book on a tablet or smartphone. For those who seek spiritual enrichment, numerous apps are available (faith-based, religion-specific, or generic).

What are effective strategies for reducing stigma?

Support networks: Several agencies throughout New York City provide information and support around stigma. For example, the National Alliance of Mental Illness helps reduce stigma around emotional and psychological stressors. The organization offers several support groups and individual counselors who are willing to work with staff in a confidential manner.

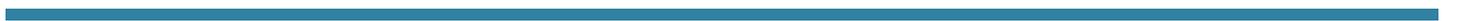
Support groups: In the early 1900s, 12-step support groups became the foundation for Alcoholics Anonymous groups throughout the nation and world. Many continue this tradition and form of support because it features a non-judgmental forum where individuals can discuss personal struggles and highlight commonalities while reducing stigma. For anyone seeking support groups, 1-888-NYC-WELL is a great resource.

Faith-based groups: Many religious institutions offer sanctuaries for individuals struggling with life events and the consequences. New York City is filled with many houses of worship that can help reduce stigma.

What can you do if your need for a stress-related break is viewed as weakness?

EAPs: New York City EAP programs have shown they can effectively address concerns about your employer's perception whenever requesting time and leave due to stress. EAPs help you navigate effective strategies to speak with employers and seek resources to counseling services.

Supportive counseling: One's perception and view of how others see us generally can be altered by stressful events. This can often complicate one's ability seek help for oneself and others. Whenever possible, it is beneficial to have an objective and licensed mental health professional to discuss one's concerns about a vulnerable state of mind.





HERO-NY MODULE 5: RESILIENCE AND WELLNESS PROGRAM DEVELOPMENT

How can supervisors/managers be assisted if they need support/assistance?

- All wellness programming should be available to every department, discipline, and service line, including managers, supervisors, and leadership. All workforce members should have access to the same wellness resources, whatever their level within the organization.
- Specific group or individual debriefs can be scheduled for various levels of the organization so that further psychological safety is established and like experiences can be shared. Leadership can debrief among their group, and multilayered management debriefs can be scheduled to address the needs of those in administration the same way we approach support for frontline workforce members, both clinical and non-clinical.
- To not transfer traumatic stress or emotional burden to administrative supporters and thereby risk expanding their potential to experience more compassion fatigue or burnout, individual supervision sessions can be established to discuss tough moments throughout the week, including related emotional and psychological states of being. These discussions could also highlight systems issues that need to be addressed to remove personal or professional barriers or stressors.
- All debriefs should be made available for all disciplines, departments, and levels of the organization so everyone can gather and discuss their experiences together. We encourage supervisors and managers to set the tone and model the normalization of speaking openly about emotional and psychological experiences in debriefs and honestly participate, feel supported, and experience the rewards of being seen, heard, recognized, and validated. Debriefs are mutual, meaning we are all human and leave our education, experience, and badges at the door.
- Each institution can organize or encourage formal or informal "Battle Buddy" programs for supervisors and managers to pair up and check in on each other on a regular basis

How can Peer Support Champions protect themselves from secondary trauma?

- Having ongoing check-ins to assess personal states of compassion fatigue and burnout to honestly process and reflect upon one's own thoughts, feelings, and behaviors is the best way to protect against secondary trauma .
- Self-care is always the solution to trauma. Ensure that your organization highlights the necessity to care for one's self, and that your institution offers resources on an ongoing basis to support self-care. Organizations should encourage staff to identify positive and healthy coping strategies, and create spaces at work to help the Peer Support Champions remain resilient and strong for themselves and others.
- Protect Peer Support Champions by helping them understand that they are not invincible, and that all their training and support of others during debriefs can also happen to them. Create pathways for them to openly discuss their experiences so that they are not always the caregiver or caretaker and they feel taken care of as well.
- Offer recognition, celebration, and gratitude for their work to reenergize and support them

When staff are afraid to seek help, how can organizations help them feel comfortable?

- Stigma is a barrier to attaining support that must be addressed. Educate staff about stigma, explicitly identify it, and declare that resources are available, whether they are debriefs or anonymous and/or confidential hotlines. Often, people are afraid that seeking help will get them "called out" and seen as "weak" or "unfit" to work. Leadership can directly speak to this so that staff are not afraid to seek help, which can lead to a culture shift and uptake of resources.
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- Staff want and need to hear that there are no consequences to seeking support or help. Highlight that there are personal and professional “consequences” when we don’t acknowledge our limits and take care of ourselves because compassion fatigue, burnout, and trauma can impact daily life if unsupported.
 - To help staff feel comfortable seeking help, normalize it as a process like treating a broken bone. We must care for or seek support/treatment for our minds, hearts, and spirit.
 - Get to the why. Ask frontline workers and those at various levels of leadership across the organization why they might be uncomfortable asking for support and why resources may have gone unused. Establish a concrete action plan to address and close the gaps based on what you learn.
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