



# **FOOTPRINTS OF DISASTER: PAVING THE NEW WAY**

**APRIL NATURALE, PHD**

**Virtual Disaster Behavioral Health Conference**  
**Minneapolis, MN**

**June 15, 2021**



# GOALS

- ✓ IDENTIFY LESSONS LEARNED FROM THE DBH PERSPECTIVE REGARDING THE PANDEMIC EFFECTS ON HEALTH AND MENTAL HEALTH CARE STAFF RESPONDING TO THE COVID -19 PANDEMIC
- ✓ CONSIDER THE INFLUENCES OF TRADITIONAL AND SOCIAL MEDIA AS A MEANS TO CONFUSE THE BOUNDARIES BETWEEN MENTAL ILLNESS AND EMOTIONAL DISTRESS; DIFFERENTIATE THE DEFINITIONS
- ✓ DESCRIBE WAYS TO SUPPORT PANDEMIC RESPONSE STAFF THAT VALIDATES THEIR EXPERIENCES WHILE ALSO FOSTERING RESILIENCE

# COVID Related Traumatic Stress Responses

## CF

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

## STS

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

## VT

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

## Burnout

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

**Shared Symptoms:** Increased substance use/misuse; relationship problems; increased rates of physical illness

# RISK FACTORS

## *Professional*

- ✓ See a high number of trauma cases
- ✓ Lack of confidence/specific training
- ✓ Experience a large number of patient deaths
- ✓ Experience the death of loved ones and/or coworkers simultaneously

## *Personal*

- ✓ History of trauma/recent losses
- ✓ Isolated/ without good social support
- ✓ Lack of good coping skills; use of negative coping (substance misuse; domestic violence)

## *Physical*

- ✓ Culture of overwork
- ✓ Lack of self care during work (breaks/hydration)
- ✓ High fat / salt diet
- ✓ Race/genetics
- ✓ Lack of good sleep
- ✓ Single professional caregivers/child care and school limitations due to COVID

# SECONDARY TRAUMATIC STRESS INDICATORS

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

# BURNOUT INDICATORS

Burnout Specific – Related to the Workplace, Not the Work

- **Frustration with the organizational administration**
- **Disagreement with organizational policies**
- **Not getting needs met from supervisor**
- **Lack of supplies such as Personal Protective Equipment**
- **Insufficient benefits; medical care; mental health care access**
- **Not getting along with peers – no sense of social support**
- **Results in Indifference – unique to burnout**
- **Often moves staff to leave the profession**

# BURNOUT

A lit candle with a bright flame, symbolizing burnout. The candle is yellow and the flame is bright orange and blue. The background is dark.

Burnout is very different than traumatic stress, secondary traumatic stress or posttraumatic stress disorder

Thus, the interventions required for mitigation and treatment are very different.



# HEALTHCARE PROFESSIONALS EXPOSURE TO TRAUMATIC STRESS



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

*Traditionally, stigma surrounds behavioral health concerns.*

*Recent anti stigma messaging may be undermining resilience.*



# SELF SACRIFICING

## Unique Traits of Healthcare Workers

Highly self reliant

Desire to care for others

Give vs receive/ need support

“Work till it hurts”

“Weak” if display emotional distress

Skip breaks/meals

Staffing patterns require coverage

Sacrifice self care for the care of others



The paramedics are part of a “warrior culture,” Mr. B which sees itself as a tough, invulnerable caste. Asking admitting fear, is not part of their self-image.

# COMMON EFFECTS EXPERIENCED BY HEALTHCARE PROVIDERS



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



# **WE HAVE DONE HARD THINGS BEFORE AND MADE IT THROUGH**

- ✓ AIDS EPIDEMIC
- ✓ EBOLA OUTBREAK
- ✓ MASS SHOOTINGS
- ✓ LARGE SCALE DISASTERS
- ✓ GANG  
SHOOTINGS/STABBINGS
- ✓ STAFF SHORTAGES
- ✓ CONTINUOUS SHIFTS





# PRIOR HEALTH EMERGENCIES

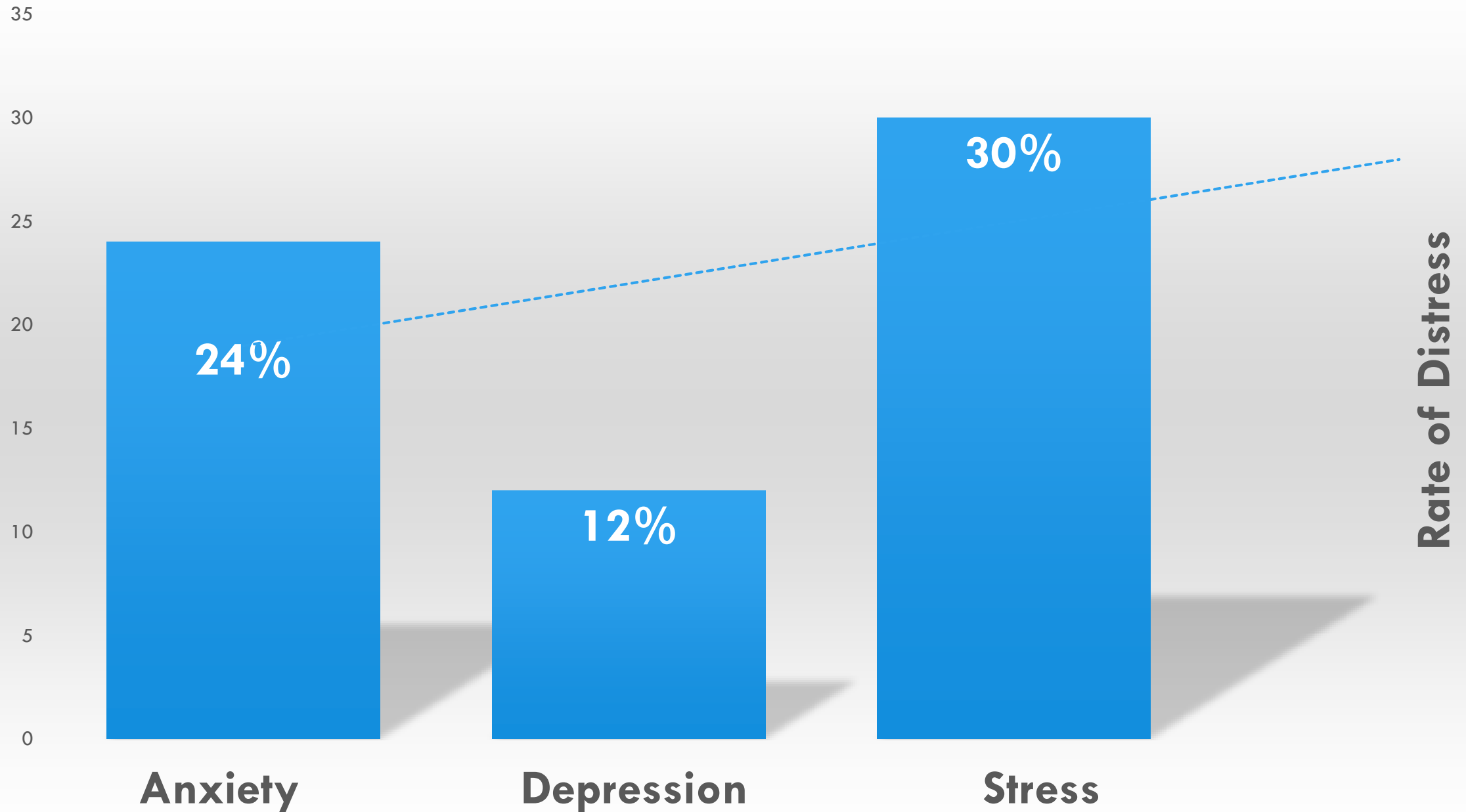
Research on severe acute respiratory syndrome (SARS), the Middle East Respiratory Syndrome (MERS) and the Ebola virus, revealed that a ***considerable number of HCWs suffered from significant emotional distress*** during the outbreak

1 257 health workers who treated SARS-infected patients showed that given the fast dissemination of infection ***in the early stage of the epidemic, feeling of uncertainty, the threat to life, and significant vulnerability characterized by somatic and cognitive symptoms of anxiety*** were prevalent - even after the outbreak, symptoms, including depression, anxiety, traumatic stress, avoidance, and burnout were reported.

# **A SYSTEMATIC REVIEW: COVID 19 AND HEALTHCARE WORKERS**

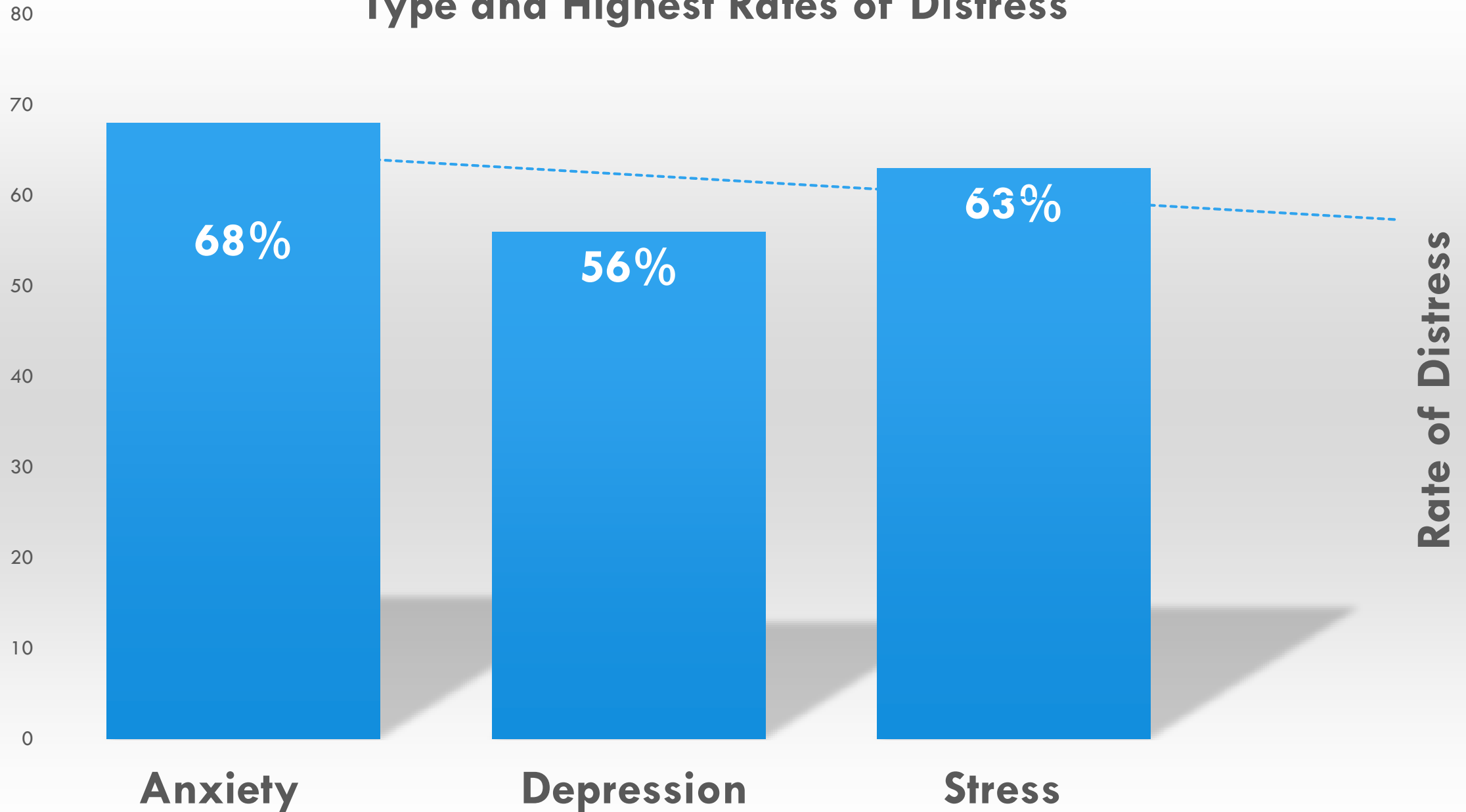
After 18 months, COVID-19 has taken a devastating toll on communities worldwide: 159 million cases and 3.3 million deaths worldwide (600k in the US), with numbers rising quickly every week in certain nations which will impact us all

## Type and Lowest Rates of Distress





## Type and Highest Rates of Distress



# COMMON COMPLAINTS AND MEDIATORS

Medical staff suffered from sleep disturbance and low sleep quality

Anxiety, stress, and self-efficacy as mediating variables were associated with sleep quality and social support. Sleep quality was negatively affected by the levels of anxiety

Social support of HCWs was positively associated with self-efficacy and sleep quality and negatively associated with anxiety and stress

Fear was also a psychological problem assessed in one study

# THE CURRENT RESEARCH ALIGNMENT

The responses collected from the 1,119 **healthcare workers** surveyed indicated that they are: Stressed out and stretched too thin: 93% of **health care workers** were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed

Working in areas with a high incidence of infection was significantly associated with higher stress and psychological disturbance.



# THE CURRENT RESEARCH ALIGNMENT

Nurses, women, front-line health care workers and younger medical staff reported more severe degrees of all psychological symptoms (except VT)

Vicarious traumatization in non-front-line nurses and the general public was higher than front-line nurses

# HOW WE DIAGNOSE

Clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress or disability (**impairment in one or more areas of functioning**) with a significantly increased risk of suffering death, pain, disability, or loss of freedom.

Additionally, the pattern must **not be expected or a culturally sanctioned response** to a particular event e.g. death. Whatever the cause, it must be considered a dysfunction in the individual.

# THE COVID PANDEMIC IS AN ACTIVE DISASTER

- ✓ This means we are still looking at trauma responses that result in most symptoms for most people dissipating over time
- ✓ Human caused incidents with intent to harm will see a doubling of risk and lasting impacts
- ✓ None of this research refers to the Veteran population



# COVID IS THE GRIEF PANDEMIC

33,207,488 Total cases in the US

595,301 # of Deaths ( as of June 8, 2021)

43,000 children lost a parent

More than 5 million are mourning

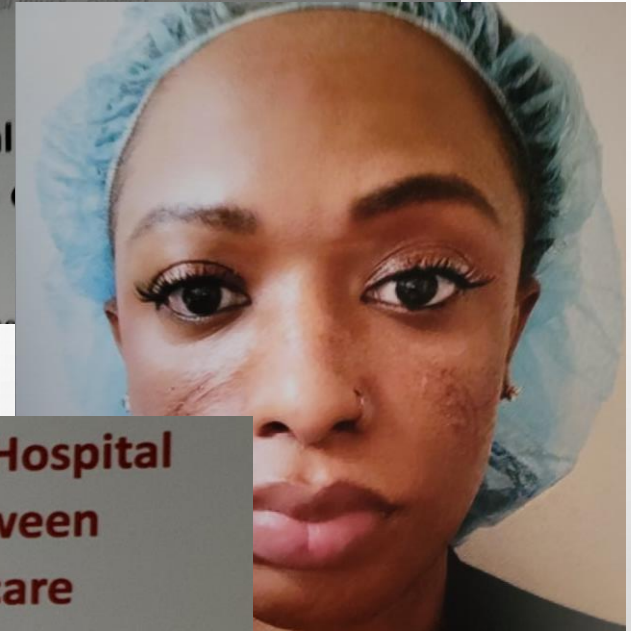


# SOCIAL MEDIA BLURBS ARE NOT RESEARCH

Without proper attention, hospitals will face mental health emergencies among nurses when the COVID-19 pandemic has subsided. The number of suicides will increase and PTSD will be prevalent and common among nurses. The unresolved moral distress has been correlated with burnout and long-term consequences such as emotional exhaustion, depersonalization, feelings of disengagement, numbness, and diminished moral sensitivity. These, in turn, are forms of moral injury.

## *The Tsunami is Coming*

January 13, 2021 / British Medical  
staff in England report symptoms  
of anxiety, study reports



Psychiatrists at Mount Sinai Hospital in New York City predict between 25%-40% of frontline healthcare workers and first responders in the United States may suffer from post-traumatic stress disorder as a result of their involvement in the outbreak.

## The coronavirus pandemic is pushing America into a mental health crisis

*Anxiety and depression are rising. The U.S. is ill-prepared, with some clinics already on the brink of collapse.*

May 4, 2020 / Washington Post / William Wan

**"I'm never going to be the same."  
Medics grapple with mental trauma on  
COVID-19 front line**



# WHY IS THIS IMPORTANT?

We know from the research that if people think they are doing poorly, they in fact, do more poorly



SECTION 2.2  
Understanding the mental health impacts of COVID-19 on  
frontline healthcare workers and other isolated, at-risk,  
and vulnerable populations  
*Moral Injury – Anxiety – Insomnia – Depression – PTSD*

## The Psychological Trauma That Awaits Our Doctors and Nurses

**This is the moment to pray for the psychological welfare of our health care professionals.**

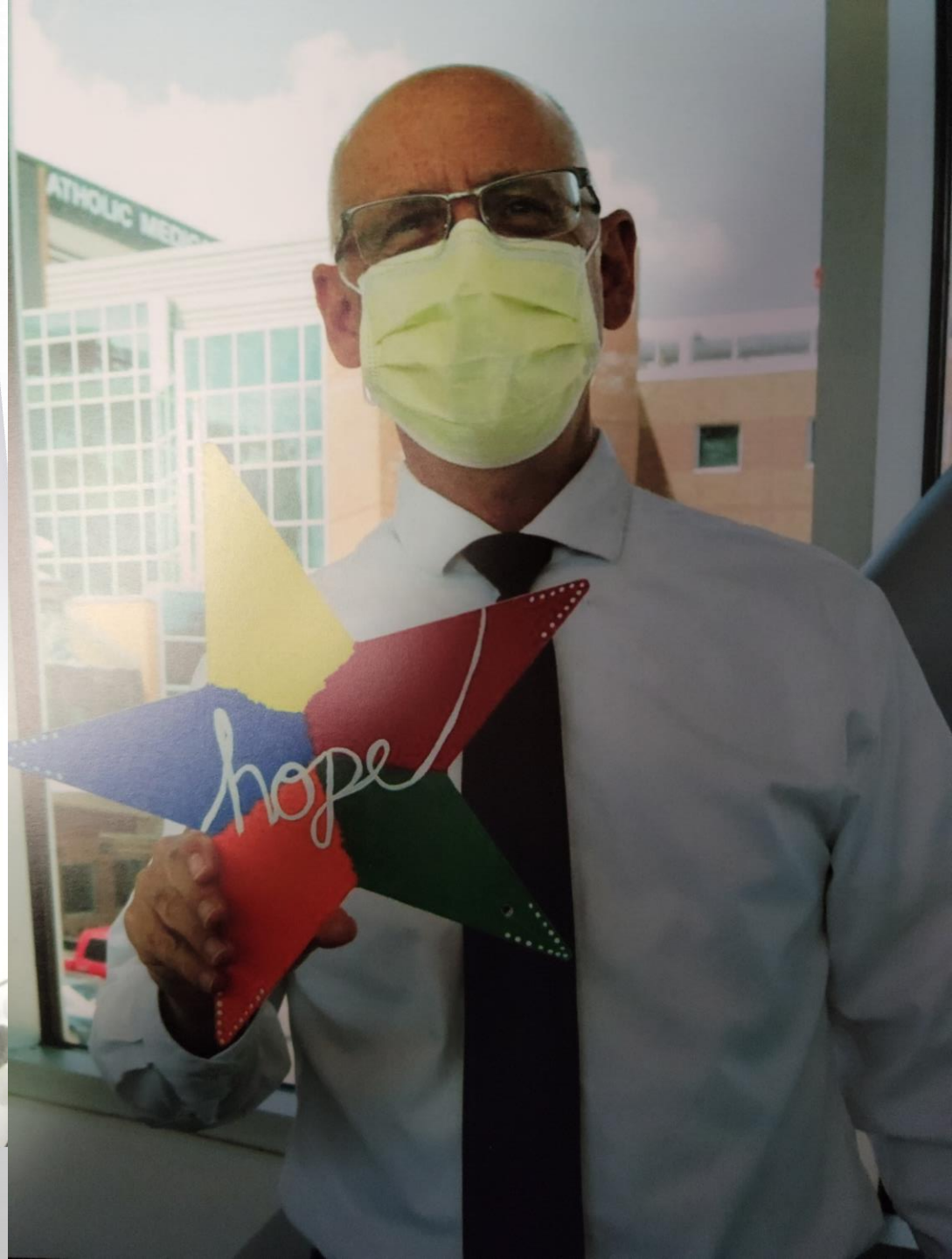
**In the months ahead, many will witness unimaginable scenes of suffering and death, in which victims are escorted into hospitals by their loved ones and left to die alone.**

**I fear these doctors and nurses and other first responders will burn out. I fear they will suffer from post-traumatic stress. And with the prospect of triage on the horizon, I fear they will soon be handed a devil's kit of choices no healer should ever have to make.**

**It's a recipe for moral injury. Succinctly put, moral injury is the trauma of violating your own conscience. It is an experience known to many combat veterans.**

Excerpted from article by:  
Jennifer Senior  
The New York Times  
March 29, 2020

# WHAT WORKS?





# THE GOOD NEWS: WORK SATISFACTION IS PROTECTIVE

- ✓ COMPASSION SATISFACTION/TRAUMATIC GROWTH
- ✓ STRESS MANAGEMENT
- ✓ SELF CONFIDENCE/COMPETENCE
- ✓ SPIRITUAL CONNECTION
- ✓ RESPECT FOR HUMAN OPENNESS
- ✓ RESILIENCE



# LEADERSHIP

It is high time to adopt self-care strategies to support them through this difficult time. A stewardship include "rewiring the brain," organizational support that should be off Without this type of support, there will injury, and burnout.

## Conclusion

Nurses' sense of well-being and career fulfillment have declined as the pandemic rages on. The fallout from the trauma they will have incurred for more than a year will be extraordinary. Without immediate relief, it is highly likely these indicators will continue to erode and cause additional nurses to question their role in nursing and possibly their career path. **The protracted nature of this pandemic demands that leadership do all it can to address the working conditions and mental health needs of our nursing workforce. While it may prove difficult to address all of these issues during the crisis, administrative leaders MUST develop a plan for individualized care and support to handle the aftermath of an ailing, traumatized staff at scale.**

A Pandemic's  
Toll on Nurses

January 2021

WITH SUPPORT FROM  
**AORN**  
SAFE SURGERY TOGETHER

© 1994 Franklin Quest Co. Printed in USA





# THE CORE FOUR

- ✓ REGULATED SLEEP
- ✓ PHYSICAL MOVEMENT
- ✓ ACTIVE MENTAL RELAXATION
- ✓ SOCIAL SUPPORT AND CLOSE RELATIONSHIPS



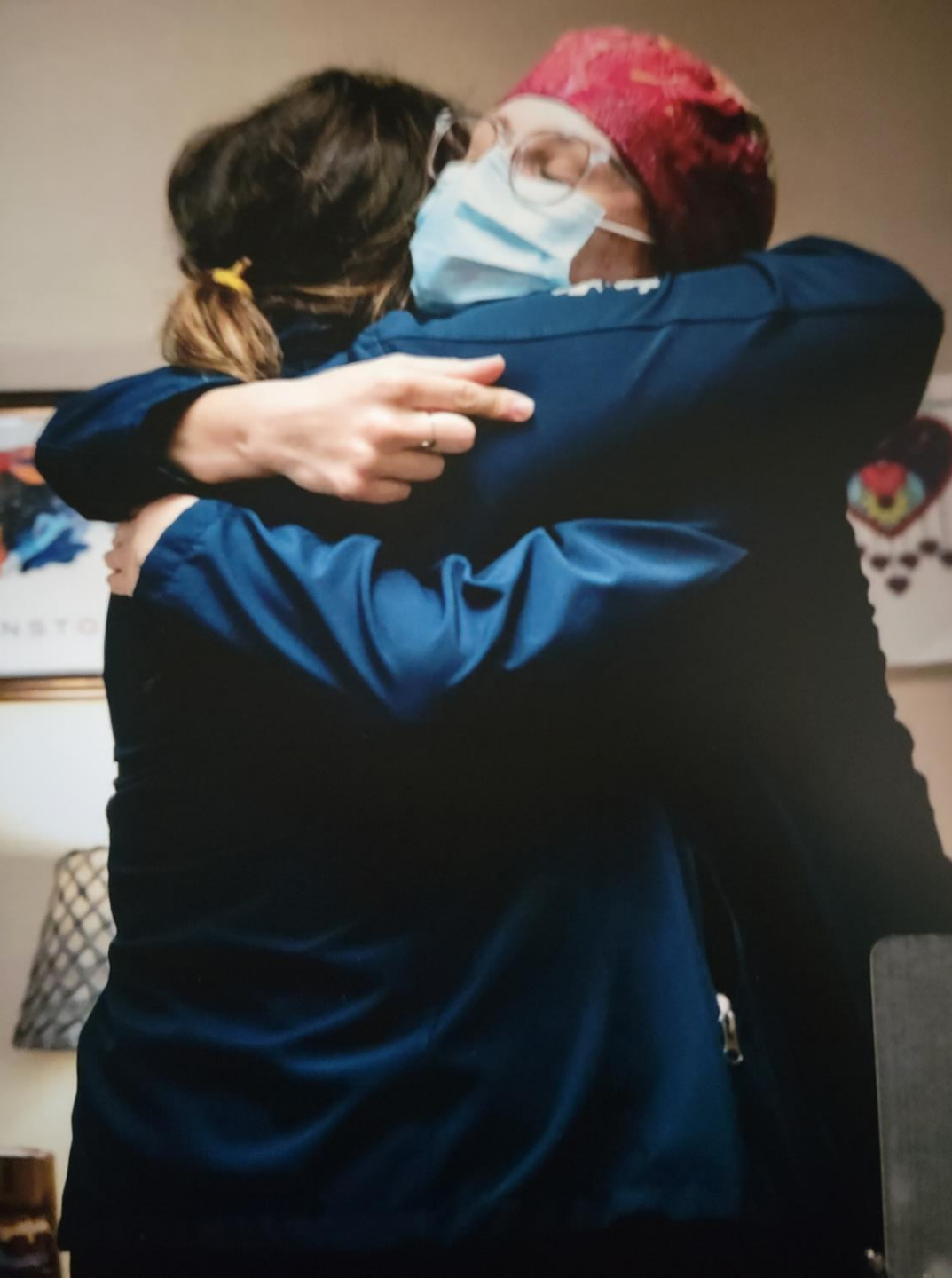
# PROFESSIONAL PEER SUPPORT

- ✓ PROVIDE EMOTIONAL/PRACTICAL HELP
- ✓ SPEAK AS EQUALS, RECIPROCITY
- ✓ MAINTAIN CONTACT AFTER EACH SHIFT OR DIFFICULT PATIENT ENCOUNTERS
- ✓ STRATEGIZE, SHARE CONCERNS
- ✓ VARY CASELOAD
- ✓ PRACTICE SELF CARE
- ✓ PRACTICE WITHIN SCOPE/ABILITIES
- ✓ WORK WITHIN THE RULES
- ✓ IDENTIFY CF AND STS SYMPTOMS
- ✓ SEEK SUPPORT
- ✓ PRACTICE CONTROLLED EMPATHY
- ✓ SET HELPFUL BOUNDARIES





# **SOCIAL CONTACTS AND PEER SUPPORT**



# SKILLS: BUILDING RESILIENCE

Attitude

Self-  
Awareness

Internal  
Control

Optimism

Social  
Support

Humor

Exercise

Spirituality

Perseverance/  
Patience

# EXPERIENCE AND TRAINING

- PROFESSIONAL SKILLS DEVELOPMENT
- SENSE OF CONFIDENCE AND COMPETENCE



# COGNITIVE STRENGTHENING PROGRAM

- COGNITIVE RESTRUCTURING / REFRAMING
- ATTENTION DIVERSION
- MINDFULNESS TRAINING
- ADAPTIVE ENGAGING
- ADAPTIVE AFFECTIVE EXPRESSION



Stop




Look



Reframe



- DISASTER DISTRESS HELPLINE: ONLINE  
PEER SUPPORT FOR HEALTHCARE STAFF  
[HTTPS://STRENGTHAFTERDISASTER.ORG/PEER-SUPPORT/](https://STRENGTHAFTERDISASTER.ORG/PEER-SUPPORT/)
- ASPR TRACIE: [HTTPS://ASPRTRACIE.HHS.GOV/DBH-RESOURCES](https://ASPRTRACIE.HHS.GOV/DBH-RESOURCES)
- SAMHSA DISASTER TECHNICAL ASSISTANCE CENTER (SAMHSA DTAC): [WWW.SAMHSA.GOV/DTAC](http://WWW.SAMHSA.GOV/DTAC)
- NATIONAL CENTER FOR PTSD  
[WWW.PTSD.VA.GOV](http://WWW.PTSD.VA.GOV)



**Tips for Survivors:**  
**COPING WITH GRIEF AFTER COMMUNITY VIOLENCE**

It is not uncommon for individuals and communities as a whole to experience grief reactions and anger after an incident of community violence. Grief is the normal response of sorrow, emotion, and confusion that comes from losing someone or something important to you. Most people will experience a natural occurrence of grief after the death of a loved one, but grief and anger can be the result of other types of losses. In situations of community violence, people may experience the loss of their sense of safety, their trust in those who live in their neighborhood, or their trust in local government. The trauma and grief of community violence can be experienced by all involved.

year. It's different for each person depending on his or her health, coping styles, culture, family supports, and other life experiences. How long people grieve may also depend on the resilience of the community and the ability of its members to take on roles and responsibilities that will help restore the basic needs of the community, such as getting children back to school and businesses back to working again.

**Reactions to Community Violence in Children**  
Witnessing community violence and death can be traumatic experiences that cause negative mental health outcomes.

# CONTACT

**APRIL NATURALE, PHD**

**TRAUMATIC STRESS SPECIALIST**

**AVP, NATIONAL CRISIS AND WELLNESS**

**PROGRAMS**

**VIBRANT EMOTIONAL HEALTH**

**[ANATURALE@VIBRANT.ORG](mailto:ANATURALE@VIBRANT.ORG)**

**[WWW.APRILNATURALE.COM](http://WWW.APRILNATURALE.COM)**

**+ 1.973.818.2553**

**Disaster  
Distress  
Helpline**

PHONE: 1-800-985-5990

TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>

**NATIONAL  
SUICIDE  
PREVENTION  
LIFELINE**  
1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)