

It's Not Just the Virus: Managing the Pandemic of Trauma, Grief and Loss in the Time of Covid.



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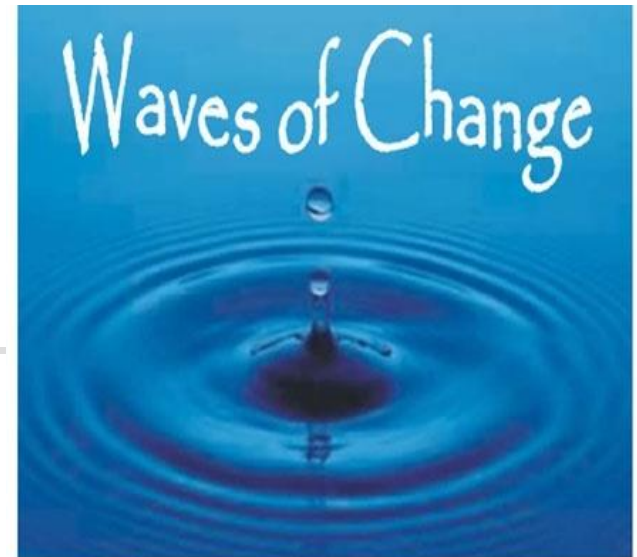


First, Stating the Obvious

THE WORLD HAS CHANGED

(I'm sure you've noticed)

Understanding Change



2004 Conference on Student Community Service and Volunteerism

3 KINDS OF CHANGE

- **Shock Change:**

Unexpected, often unwelcome change that catches you off guard. It can either set you back or spur you on.

- **Evolutionary Change:**

Change that is gradual, incremental, and often predictable. Change for which you can prepare and plan.

- **Strategic Change:**

A change in which you feel a sense of control, a sense that you are making it happen, or at least keeping up with it.



Our Conundrum

The difficulty of being a care giver to in a time of crisis when you are also a victim of the crisis



The Obvious Losses

- Deaths of patients family neighbors friends
- Loss of physical contact with loved ones who are not part of your “bubble”
- Loss of socializing, going to places where people congregate, gyms, restaurants, movies, worship.
- Economic losses and related losses



The Less Obvious Losses

- The loss of the experiences and memories of events that did not get to happen as expected.
- Birthdays, Parties, BBQs, Family reunions, Weddings, Graduations, Baby Showers, Religious milestones, travel, vacations
- Being at the bedside of a dying loved one and having the big funeral they deserve



Types of Grief

- **Anticipatory Grief:** grief we feel before the actual loss or death. Can help family/friends to prepare for the future and move out of denial
- **Uncomplicated Grief:** movement through the stages and emotions of grief; but also includes:
 - Physical reactions: lack of energy, tightness in the throat, feeling of unreality,
 - Thoughts: confusion, obsessive thoughts of the loss, transient brief hallucinations of the deceased
- **Complicated Grief:** when intense grief reaction lasts more than 6 months to 1 year and functioning is impaired. Signs include: Episodes of major depression, HTN, MI, drug and alcohol abuse, self injurious behavior, suicidal ideation. ***Seek Help.***

Mediating Variables include: relationship to the deceased, degree of emotional attachment, manner of death, personality variables and past experiences, current stressors and supports

Grief: The Emotional Response to Loss



- **Common Stages in the process of Grief**
 - Notification and shock. Typical feelings are numbness denial, isolation.
 - Experience the loss. Typical feelings and thoughts are sadness, anger depression, relief, and guilt.
 - Reintegration, or beginning to live successfully despite the loss. Adjusting to an accepting the loss, feeling hope for the future.
 - Remember, although we heal from losses, life has changed; we don't usually "get over" the loss, but move forward from it.



Factors Enhancing Psychological Wellbeing While Dying

- Ample Pain and Symptom Management
- Having a sense of control in decision making and choosing who would be in control when they couldn't
- Completing end of life business matters so as not to burden loved ones when the time came
- Opportunity to strengthen bonds with loved ones,
- Belief that they will not be alone or scared or suffer at the end
- Bring closure to various relationships, "good bye, thank you, I'm sorry, I forgive you, I love you"
- Strengthen the sense of personhood, meaningfulness of their life experiences, integrating their sense of self and worth
- Ability to accept care and physical assistance
- Awareness and acceptance of death a sense of feeling prepared
- Spiritual beliefs, especially in any kind of pleasant afterlife



The Added Emotional Burden

- We stand in for families
- We help families connect by zoom or phone etc.
- We are there when their support system is not
- We have always done this when needed
- Now EVERYONE needs it.



Appropriate Boundaries

- The difficulty of caring for affected populations when we ourselves are among the affected (we can either avoid or go too far in empathizing with others when we are already in pain. It can be difficult to regulate our boundaries, both too close - overly connected and enmeshed empathy and too far distance, coldness, unempathic and protecting ourselves)



But You're So Strong!

- Dangerous Trope – The Strong Caregiver
- Anything can be thrown at you and you will handle it with grace and skill plus look good doing it. Your capacities are far beyond most mere mortals.
- But Caregivers need care too.

Our Feelings Are Important Too

- Sad
- Mad
- Angry
- Lonely
- Scared
- Confused



- Guilty
- Jealous
- Curious
- Hurt
- Happy
- Bored



The Cost of Caring



- Be Aware of Compassion Fatigue
 - First diagnosed in nurses
 - Feelings of hopelessness, constant stress and anxiety, a decrease in feeling pleasure, and a pervasive negative attitude.
 - Triggered by the relentless job of showing compassion for patients whose suffering is ongoing and can't be cured.
 - Occurs in many health care providers, especially in long term care settings.

How Stressed Are You?



- **T F** I often experience feelings of anger, hostility, and irritability.
- **T F** I find it increasingly difficult to manage both work and home responsibilities without feeling tired and stressed out.
- **T F** I often feel that my family life suffers from my dedication to work-related tasks.
- **T F** I tend to easily lose my cool when driving.
- **T F** I often worry about money and job security.
- **T F** I can't find time for outside activities and down time
- **T F** Insomnia is not uncommon for me.
- **T F** I tend to overeat, drink, smoke, or gamble when I experience a lot of stress.
- **T F** I rarely have enough time for myself...take time for good nutrition, exercise, and spiritual enhancement.

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59

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"I don't know if I'll ever be perky again."

Do you Over Function?

Some People Under Function

- Over functioning – Bossy, Controlling, doesn't let others in, gets things done at a cost to self and others
- Under function – Anxious, afraid, withdrawn, protecting self but doesn't meet responsibilities



When We Are Human

- We may feel like we failed or shame ourselves for feeling down but that leaves us less capable of empathy for ourselves and others.
- We can't just pretend we're ok. We must acknowledge it: grief, fear, anxiety, uncertainty, vulnerability.
- We may be suffering from a form of low grade depression.



Responses to This Crisis

- The emergence of "Covid PTSD induced Agoraphobia" after community quarantine - (some staff who have been out, working by telecommuting while quarantining, fear returning and also fear the reception they will get by colleagues who did not step away)
- The intensity of the impact of the crisis has an effect on how you'll react
- Do you feel your life is valued and protected or "thrown under the bus?"

Common Mood Disturbances



- **Anxiety** - Fear, dread, scared, worry, imagining the worst, irritability, feelings of panic, everything gets on my nerves.
 - What will happen next?
 - Can't fall asleep
 - Somatic Sx/ GI symptoms / headaches
- **Depression**
 - Feeling guilty, helpless, hopeless, worthless
 - no energy or ability to enjoy life, withdrawal.
 - Suicidal Thinking – desire to be in control of things, "I can't do this anymore."
 - Sadness or Anger – Fate is unfair, feelings of powerlessness
 - Cant stay asleep
 - Somatic Sx / GI symptoms /etc.



Our Baggage!

Understanding our own vicarious trauma:
Empathizing with others can trigger our own current trauma experience of the situation as well as trigger past grief loss trauma that is not fully resolved



Coping with Vicarious Trauma



- Explore your feelings about your experience / reaction (talk with clergy, counselor, friend, family member, etc.).
- Admit when you need assistance in dealing with a particular event and ask for it.
- Be aware of the stresses of our work, watch for “burnout” Be willing to ask for help and support.
- Take time to nurture yourself
- Beware of negative coping behaviors, avoidance, substance abuse, over eating / drinking.



There is No Magic

- Of course it takes effort. It's hard to acknowledge when we're in a bad place. We may have to sit in it a bit to recognize we're in that place. And realize "I have to find a way to nourish myself"
- Surrender, do not be hard on yourself
- Being Ok with feeling whatever it is we're feeling

How Can We Be at a Low Point but Still Move Forward

- We can not control the circumstances but we can choose who to be within the circumstances
- The only way out is through



Diathesis-Stress-Vulnerability-Protective Factors Model

How you were born (biology and genes)
plus
Your life experiences (environment)
will result in
Your level of health or illness

Protective factors include:

- psychopharmacology,
- skill building (problem solving and basic communication skills)
- support systems



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Psychological Strengths



- Being in control of your thoughts, feelings, and actions.
- Able to meet the demands of everyday life.
- Self-Knowledge, Self-Acceptance and Self-Respect
- Able to have satisfying personal relationships
- Resilience - Able to bounce back from life's difficulties
- Flexibility - Able to accept emotions and adapt to change
- Balance between your different life roles and your needs
- Working toward fulfilling your unique potential
- The ability to enjoy life, even the little things.

Drawing on Our Self Knowledge

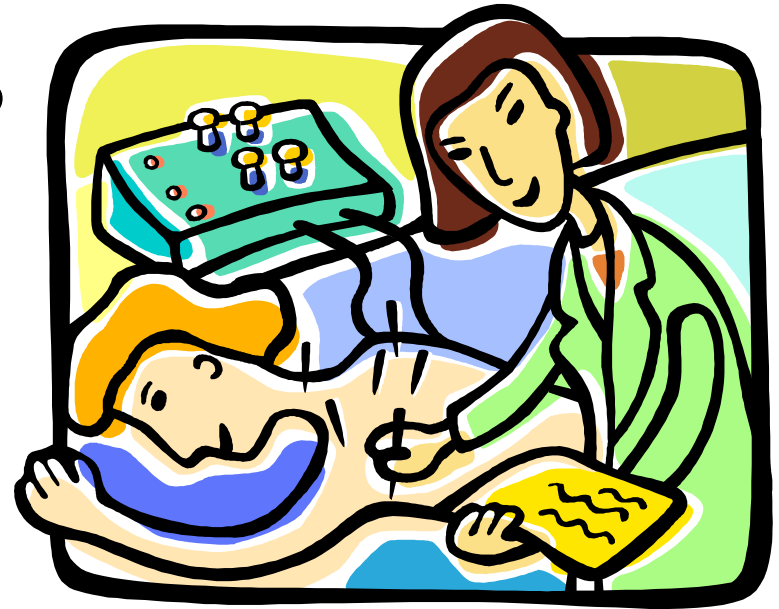


- Understanding our personal feelings and reactions to death, loss, trauma.
 - Negative feelings are common but can lead to avoidance; our work is rewarding, but emotionally difficult.
 - Important to be clear re: our own feelings about death and dying, significant life losses, past traumas and how we have processed these experiences.

Survive and Thrive



- Prevent Burnout
- Manage Stress in a Healthy Way
- Peer Support
- Time for a Change?





Caring for ourselves our families and each other.

- Reframing the situation to decrease our feelings of powerlessness (what makes you feel less powerless?)
- Find your Strawberries and Silver linings? (even if it is nowhere near balancing the bad, has anything good come out of this situation?)
- Don't just reach for normal - reach for better



Control what we can

- Our usual routines are off, create new routines, family meal time or at least eat together, do a puzzle, play cards
- Exercise outside
- Safety measures, Masks etc.
- Anxiety can be catching
- What is reasonably in your control?



Self-Care

- Know yourself
- Know what replenishes you. What are the things that bring you joy, what lifts your spirit
- Feeling healthy, getting the support of good people, feeling connected to the people who bring you joy
- Small rituals with the people close to you stabilizes daily life



Keep Perspective

- Turn it off for a minute. Not shirking your duty or being irresponsible to not be focused or engaged in dealing with the crisis every minute
- Renew and come back. Chorus story
- What is the contribution of your own mind to your emotional state?
- Interrupt Catastrophizing thoughts

Peer Support at Work!!

*Reassurance – “You can do it!”

*Reinforcement – “You did that well”

*Assistance – “I will help”

Check-in – “Am I doing it right ?”

*Let it Go – “I did my best
I’m done”



You have just been hugged!!

Worry Without Action is Worse Than Useless

THERE'S SO MUCH
CONFLICT IN
THE WORLD...



IT WORRIES
ME SICK !



AND THEN I WORRY
ABOUT ALL MY
WORRYING !



The S.T.O.P. Strategy*



- **S** - Slow Down - If you notice yourself becoming upset, take a minute, relax, seek support or assistance.
- **T** - Think - "How do I feel right now? How do I sound? Can I wait until I am less rushed/upset? Should I pass this situation on to a staff person?"
- **O** - Options - "What are some different ways I can handle this?" Use peers and staff to generate alternative strategies. Try them and see what works, problem solve.
- **P** - Plan - Plan time for yourself. Time to eat healthy, exercise, pray, meditate, rest, sleep, play, have fun, do the things that are important to you and enjoy life.

*(Adapted from Feldt and Ryden)



Cognitive Coping



- Change Your Thinking

- Instead of thinking "This is horrible" think "it's upsetting but I can handle it "
- "They're not doing it to me they're just doing it" "I'm not going to take it personally"
- "It's ok, I'll just ask for some help to handle this situation"

- Use Humor

- Look for the funny side of the situation. Can you see something absurd or ridiculous in the situation. Will this situation matter so much to you in 10 minutes? How about in a year?



STRESS REDUCTION METHODS



Relaxation Strategy 1

First You Breathe

1. Breathe in through your nose and expand your diaphragm not your chest.
2. Hold it.....
3. Breathe out through your mouth long and slow.
4. Hold it out.....



Relaxation Strategy 2

Then You Visualize

- While breathing as described, close your eyes and imagine a pure, white, calm, relaxing, light filling you with every breath you take.
- Imagine all your tension, fears, worries, negative emotions, being blown away with every breath you blow out.
- Then picture yourself in the most beautiful, loving, calm, safe, peaceful, place you can imagine.
- Imagine this place in extreme detail, spend time in your mind in this place imagining it. Use all your senses and imagine how it looks, sounds, smells, feels, and even tastes.



Relaxation Strategy 3

Finally Relax Your Muscles



- Start with the top of your head and progress down your body.
- Focus on one muscle at a time and contract it for a count of ten.
- Then suddenly and completely release the muscle.
- Repeat all the way down to your toes.



Stay Present

How are you in this very moment?

Be present in this moment

In this moment, you are ok.



No one was emotionally prepared for this situation

Everyone needs some support

**WE'RE HERE TO LISTEN AND HELP
JUST CALL OR EMAIL US**



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