

# TEAMHealth®

## The COVID-19 Aftermath: Team Building and Responding to Trauma

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## Conceptualizing The Challenge for Staff

- Marathon versus Sprint
- Adjusting to new routine and challenges
- The heroic nature of their work and that the work has meaning

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# Sustainable Leadership

- Identify Challenges (immediate, mid-term, and long term)
- Delegate-Don't Dump
- Be Visible-Rally Your Staff
- Monitor and set the direction, let your staff deal with details
- Avoid complicated responses...keep things as simple and direct as possible
- **Be Present**
- **Be Engaged**
- **Communicate**
- **Appreciate**

# Cultivating Calm & Focus

- Are the expectations you put on your staff achievable?
- Set goals and ask what staff need to be successful
- Create manageable challenges—small batches as opposed to flooding... **The shear volume of work can become demoralizing**
- Work to help staff feel successful
- Guide staff to be present...focused on the person in front of them..i.e... Multiple Responsibilities versus Multitasking

## Practical Suggestions

- Don't over rely on just a few key people...develop a talent pool
- Teach/encourage your team to delegate
- Schedule relief periods
- Establish a new definition of a "Good Job"
- Have regular discussions with your staff to acknowledge their...bring them positive news.
- People can lose perspective...help them keep it

## Best Practices to Foster Among Staff

- Kindness & compassion toward registrants, staff, and families
- Present challenges & responsibilities with confidence and optimism
- Recognize your own strengths and weaknesses
- Recognize what you can and can't control...help other do the same
- Focus on consistency of best practices
- Develop a **Mission Statement** with your Team to help guide your current efforts

# Burnout and Consequences for the Individual and Workforce

## Experience

- Feeling detached/numb
- Overwhelmed/inadequate
- Isolated/alone
- Angry/Cynical
- Exhausted

## Unraveling Workforce

- Depression/anxiety
- Absenteeism/Resignations
- Anger/conflict
- Errors
- State of despair
- Substance abuse
- Suicide

**'I feel defeated': A nurse details the unrelenting pressures of the frontlines**

As coronavirus cases in Maryland increase, photographer and nurse Rosem Morton shares her frustrations, fears, and coping strategies.

Read in National Geographic: <https://apple.news/ALQCTsuHIRs-JJWnqiLA5Uw>

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# Addressing Anger

## Factors Contributing to Anger

- Feeling Powerless
- Perceiving you are under appreciated...taken for granted
- Fatigue
- Poorly Supported

## Your Response

- Be aware of your Demeanor/Tone
- Validate Concerns
- Accurate Feedback
- Avoid Defensiveness
- Remember listening is not agreeing

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# Trauma & Death

## Stressors Leading to PTSD

- Warfare exposure
- Criminal assault
- Violent physical/sexual attack
- Witnessing violent attack on parents of significant others
- Witness parental suicide
- House fire
- Earthquakes, floods, tornadoes, hurricanes, tsunamis
- Child physical abuse
- Child sexual abuse
- Life threatening diagnosis
- Secondary or vicarious trauma

# Acute vs. Chronic Trauma Symptoms

## Acute (lasts weeks to months):

- Adaptive-keeps person vigilant and reactive to danger
- Resolves as safe environment established

## Chronic (extended period to life long affliction):

- Maladaptive stress response to everyday events
- Alters daily patterns, maladaptive coping responses
- Persistent symptoms, flashbacks, physical and emotional symptoms...avoidance, fear, and isolation become frequent experience.

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# Neurological/Physiological/Psychological Disorder

## A Stress Reaction Unbound to Time & Circumstances:

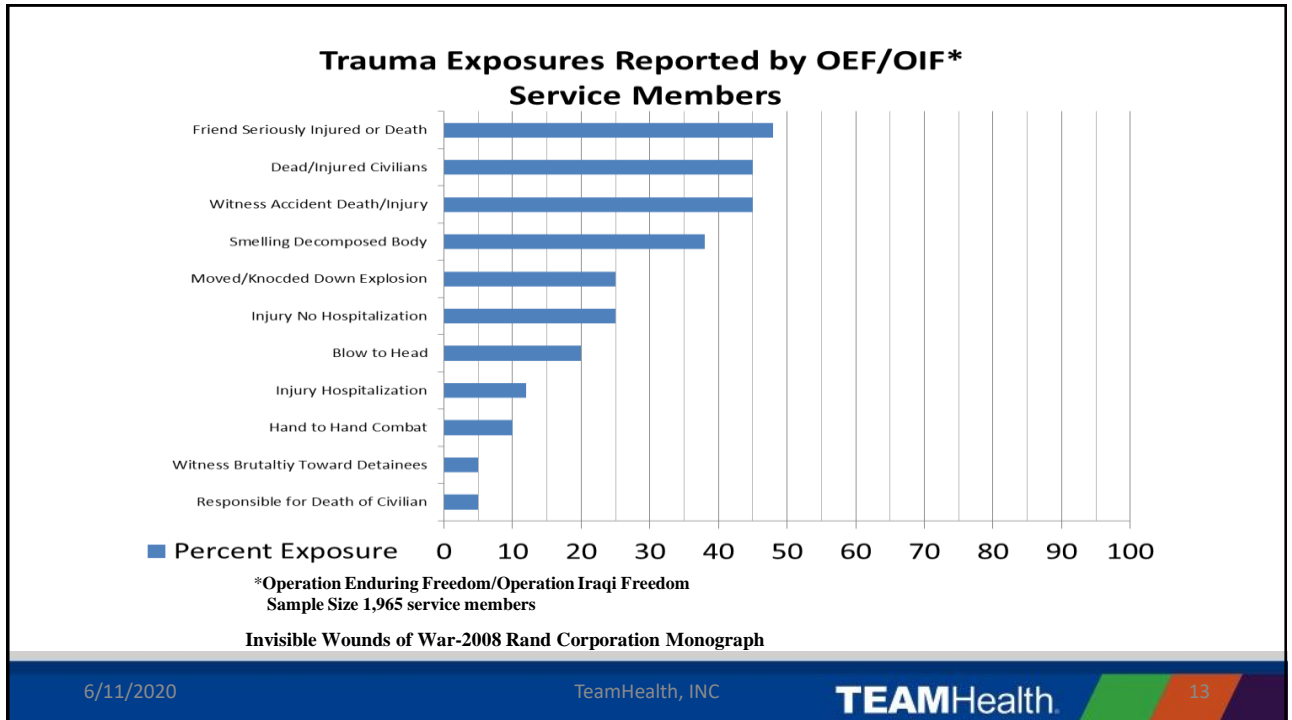
- Initially a self preserving response initiated by instinctive/reactive part of our brain, but person is unable to restore safety or adapt
- Stress Hormones Continue to Surge...Conditioning
- Neurological Changes..Hypersensitive/Reactive..a normal day can be experienced physiologically as a struggle between life and death (lower brain function dominates)
- Psychologically an altered experience of self and world, dominated by threat, avoidance, and escape

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**Meta-Analysis of Post-Illness Stage of Corona Virus Family  
(SARS & MERS)**

- Post Traumatic Stress Disorder 32.2 % (121 of 402 cases/4 studies)
- Depression 14.9% (42 of 284 cases/5 studies)
- Anxiety Disorder 14.8% (42 of 284 cases/5 studies)

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30203-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30203-0/fulltext)

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## Dealing With Death

- Acknowledge deaths
- Create opportunities to listen and discuss
- Validate feelings...reassure
- Tolerate sadness & grief
- Emphasize how best practices will minimize loss of life
- Set-up process that handles the dead in the most respectful manner possible....perhaps get help of clergy

## Setbacks & Messaging

**It is possible to  
do everything right  
but still have an  
adverse outcome**



# Post-Traumatic Growth

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“In some ways suffering ceases to be suffering  
at the moment it finds a meaning”

Victor Frankel,  
*Man's Search For Meaning*

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## Post-Traumatic Growth

- Resilience different from Recovery
- Resilience is a common result of trauma
- There are multiple pathways to resilience

Bonanno, G (2004) Loss, Trauma, and Human Resilience, American Psychologist, 59,1,20-28.

## Evidence of Post-Traumatic Growth

- Greater appreciation of life
- Strengthening of close relationships
- Increase compassion and altruism
- Recognize new possibilities/purpose in life
- Increase awareness and use of personal strengths
- Enhanced spirituality
- Increased Creativity

## Dept. of HHS: SAMSHA-Concept of Trauma (July 2014)

### Trauma and Informed Care - The “Four R’s”:

1. Realization
2. Recognize
3. Respond
4. Resist Re-Traumatization

SAMHSA’S Concept of Trauma and Guidance For a Trauma-Informed Approach, SAMHSA’S Trauma and Justice Strategic Initiative (July 2014) [www.samhsa.gov](http://www.samhsa.gov)

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## The Aftermath

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## Increased Family-Caregiver stresses include:

- Nearly 1 out of every 4 households is involved in providing care to a person aged 50+
- 5.8 – 7 million people (family, friends and neighbors) provide care to persons 65+ who need assistance with everyday activities
- Of those caring for someone aged 50+, the average age of family caregivers is 46
- 75% of those providing care to older family members and friends are female
- 25% of all workers provide eldercare (65+)
- 52% of all caregivers for persons 50+ are working full-time
- Among working caregivers, two-thirds report having to rearrange work schedules, decrease their hours or take unpaid leave in order to meet their care giving obligations

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## FAMILIES ARE CRITICAL KEYS TO OUR SUCCESS

### The Varied Roles they play:

- Customers
- Advocate
- Partners in developing/implementing care
- Watchdogs
- Referral Source
- Potential Legal Adversary

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## Families & Registrants are influenced by:

- General media – confusing and at times sensational
- Public's negative perceptions or stigmas regarding sickness, aging & death
- The real and perceived loss of control and dignity in institutional, medical settings
- Families' own anxiety/guilt/fear
- **Their own experience with your staff!!!**

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## Elements of Marketing/Education

- You can't eliminate risk....only minimize risk
- How will you communicate and educate your families & registrants
- Brush up on HIPPA

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## Thinking Ahead

- Acknowledge the process will be about adapting not returning to old normal
- Honest discussions with your team about what happened...best to start with individual team members
- Post-Traumatic Stress Disorder versus Post-Traumatic Growth

## Thinking Ahead

- Regular debriefing sessions with your team
- Rebuilding happens in stages not all at once...develop a vision with your team to move your organization forward...new opportunities
- Emphasis on team building and morale of your staff

## Re-Screen Current Registrants

### Recent Stressors /Trauma

- Isolation
- Separation from family
- Extended period of risk/threat to well-being
- Personal illness
- Knowing someone who was ill or died
- Increased fears about personal safety
- Re-traumatization by upcoming flu season or reemergence of COVID-19

## Plan for the Future

- Establish telemedicine protocols as a plan to respond to future restrictions/reoccurrences
- Review/adjust infectious disease protocol
- Identify potential staffing issues
- Begin acquiring PPE
- Revisit seasonal flu protocols/COVID-19
- Educate staff, families, and registrants about safety protocols in advance
- Work with your team to identify issues particular to your program

## Summary & Questions

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