

Preventing and Responding to Grief, Loss, and Secondary Traumatic Stress among Providers

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

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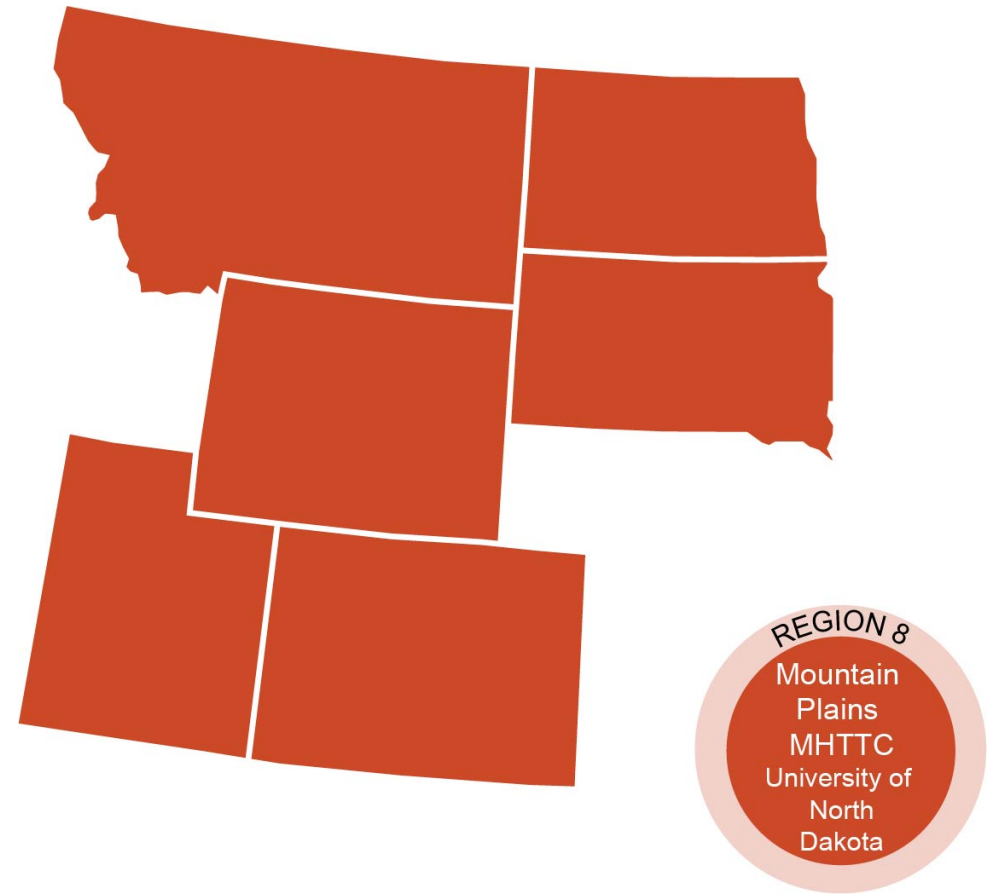
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Mountain Plains Mental Health Technology Transfer Center

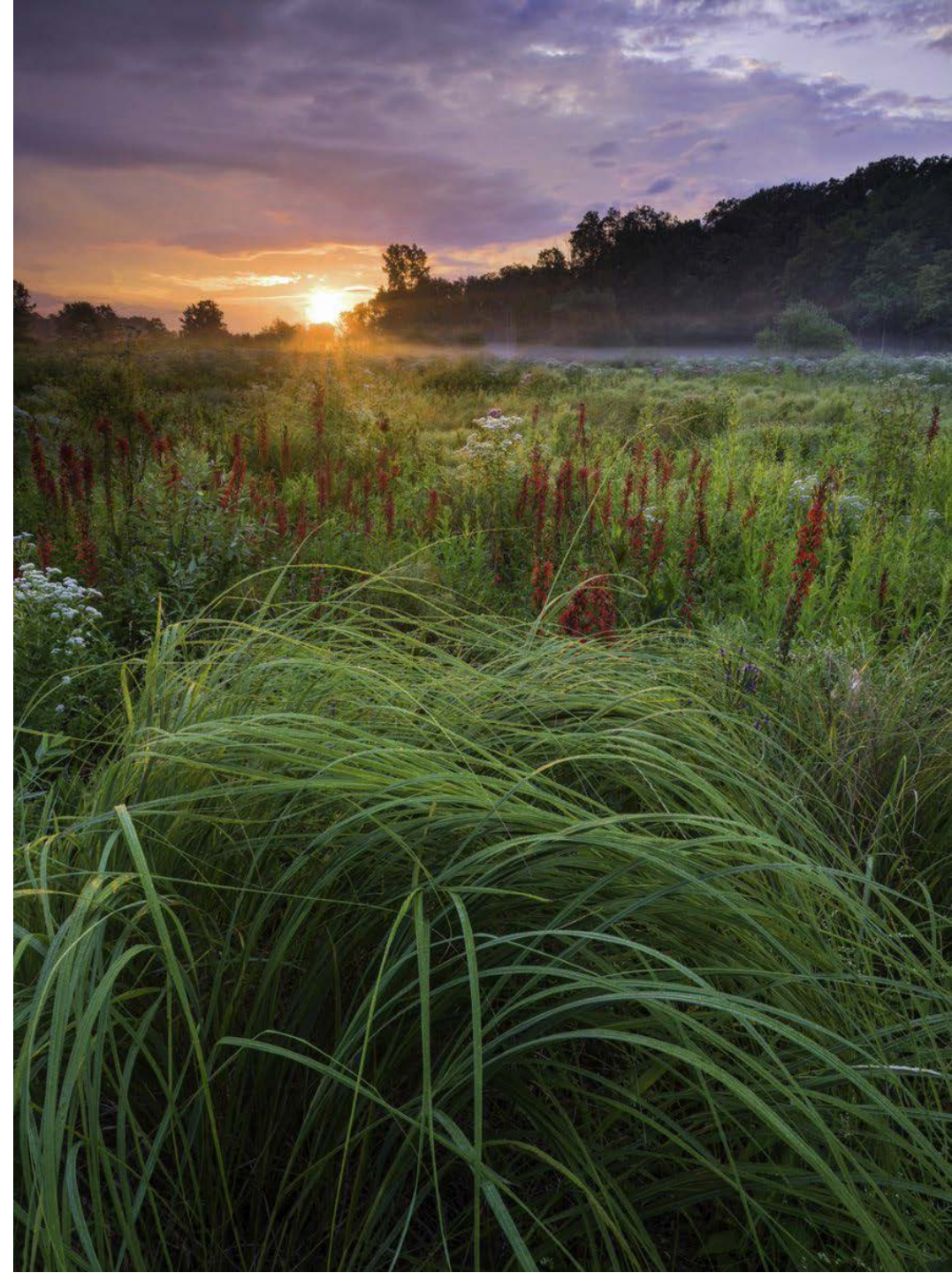
Provide free training, resources,
and technical assistance to
individuals serving persons with
mental health disorders in HHS
Region 8.

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

OBJECTIVES

1. This session will address signs and symptoms of grief and loss among providers that have been present during the pandemic and will describe secondary traumatic stress.
2. Presenters will offer ways to prevent and respond to these experiences at both an organizational and individual level.

Grief and Loss

Grief

Grief is the acute pain that accompanies loss. Because it is a reflection of what we love, it can feel all-encompassing.

- Grief is not limited to the loss of people.
- You do not need permission to experience grief.
- Less acceptance over grief experienced around “things” like loss of routine, loss of a role, loss of a job, loss of a title.

Grief During the Pandemic

- Loss of routine.
- Loss of social engagements.
- Loss of opportunities for one's children.
- Loss of physical connection with friends and family.
- Isolation and physical distancing.
- Loss of “safety” with new fears of illness and death.
- Loss of life; people known and unknown – excessive worldwide loss.

Complicated Grief

When your grief does not get better and you experience:

- Trouble keeping up your normal routine, like going to work and cleaning the house.
- Feelings of depression.
- Thoughts that life isn't worth living, or of harming yourself.
- Any inability to stop blaming yourself.

Ambiguous Loss

A loss that occurs and lacks closure or any clear understanding.

- The pandemic has impacted the typical grieving process.
- Shortened timeframes from onset of symptoms to death.
- Physical barriers put in place to prevent the spread of disease have made coping with loss even more challenging.
- Public health measures have kept family members from hospital rooms and funerals.

Providers and Ambiguous Loss During the Pandemic

- So many lives lost with no time to grieve for each.
- Grieving routine and relationships (helping families through loss, not just physical absence from loved one that includes many feelings).
- Grief for providers you do not even know (seeing yourself as part of a greater community that has lost many lives due to COVID-19).

Preventing and Responding to Ambiguous Loss

- Provide education on what AL may look like.
- The experience may look like a feeling of loss without knowing exactly what is happening. Recognizing this loss.
- Support groups can help.
- Self-compassion is important.
- If grief is interfering with different areas of your life and functioning to an extent that it is unmanageable, professional help may be needed.

Secondary Traumatic Stress & Post-traumatic Stress Disorder

Secondary Traumatic Stress

- Secondary traumatic stress (STS) is when an individual becomes traumatized, not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else.
- The negative effects of STS events are the same as those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment.
- In the most severe instances, where symptoms result in significant distress or impairment in functioning, STS may warrant a diagnosis of post-traumatic stress disorder (PTSD).

Providers and STS in Response to the Pandemic

- Death at levels they have not experienced before in their careers.
- Witnessing patients experiencing symptoms the provider may not feel capable of addressing.
- Behavioral health providers seeing increasing number of patients experiencing isolation, grief, loss, and lack of closure following deaths.
- Viewing death globally at large scale.

Physical Signs of STS

Look for these signs in yourself and your colleagues

- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Sore back and neck
- Irritable bowel, GI distress
- Rashes, breakouts
- Grinding your teeth at night
- Heart palpitations
- Hypochondria

Behavioral Signs of STS

- Increased use of alcohol and drugs
- Anger and irritability at home and/or at work
- Avoidance of clients/patients
- Watching excessive amounts of TV/Netflix at night
- Consuming high trauma media as entertainment
- Not returning phone calls at work and/or at home
- Avoiding colleagues and staff gatherings
- Avoiding social events
- Impaired ability to make decisions
- Feeling helpless when hearing a difficult client story
- Impostor syndrome – feeling unskilled in your job
- Problems in personal relationships
- Thinking about quitting your job.
- Compromised care for clients/patients
- Engaging in frequent negative gossip/venting at work
- Impaired appetite or binge eating

Psychological or Emotional Signs of STS

- Emotional exhaustion
- Negative self-image
- Depression
- Increased anxiety
- Difficulty sleeping
- Impaired appetite or binge eating
- Feelings of hopelessness
- Guilt
- Reduced ability to feel sympathy and empathy
- Cynicism at work
- Anger at work
- Resentment of demands being put on you at work and/or at home
- Dread of working with certain clients/patients/certain case files
- Diminished sense of enjoyment/career
- Depersonalization – spacing out during work or the drive home
- Disruption of world view/heightened anxiety or irrational fears
- Hypersensitivity to emotionally charged stimuli
- Insensitivity to emotional material/numbing
- Difficulty separating personal and professional lives
- Failure to nurture and develop non-work related aspects of life
- Suicidal thoughts

Organizational Level: Preventing and Responding to STS

- The single most important thing an organization can do to prevent STS, or to help providers cope, is to recognize secondary trauma and begin to implement strategies and supports for providers experiencing STS.
- Agency acknowledgement reduces stigma and encourages peer sharing.
- Knowing others are experiencing similar feelings can decrease the potential for STS.

Tips for the Organization

- Balance provider caseloads so they do not only provide care to patients with complex need or high-trauma cases.
- Ensure accessible supervision and an open and safe place to share concerns.
- Provide leave and a safe physical environment for providers.
- Implement organization wellness programs that focus on both physical and mental wellness.
- Offer, and provide paid time to attend trainings on prevention of STS as well as reduction tools.
- Create peer support groups and train on how to identify symptoms in themselves and others.

Individual Level: Preventing and Responding to STS

- During this pandemic, providers need to recognize that you are doing the best that you can under these strained circumstances.
- Know what STS is and how to recognize symptoms in yourself and others.
- Pay attention to your body and mind.
- Know the signs that you are beginning to struggle with a patient or a patient's story and step out or take time for yourself as needed.
- Avoid avoidance. Ignoring feelings or symptoms of STS only works in the short term (and is sometimes necessary). However, be sure to create a time and space to reflect on those feelings.

Individual Level: Continued

- Plan ahead. Take control of your emotional health by setting aside time for yourself, even if it is a few minutes at a time.
- Learn what strategies work for you.
- Debrief/ share your experiences with colleagues, friends, or family as appropriate.
- Reflect on the meaning in your work.
- Know when to ask for help.
- Both **cognitive behavioral therapy** and **trauma-focused cognitive-behavioral therapy** are evidence - based treatments that can assist providers dealing with STS.

Cognitive Behavioral Therapy (CBT)

A form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.

CBT is based on several core principles, including:

- Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
- Psychological problems are based, in part, on learned patterns of unhelpful behavior.
- People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

Cognitive Behavioral Therapy

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Using problem-solving skills to cope with difficult situations.
- Learning to develop a greater sense of confidence in one's own abilities.

Trauma-Focused Cognitive Behavioral Therapy

- An evidence-based psychotherapy or counseling that aims at addressing post traumatic stress disorder (PTSD) and other difficulties related to traumatic life events.
- Uses strategies similar to CBT but with a focus on, knowledge of, the experienced trauma.

Post-traumatic Stress Disorder (PTSD)

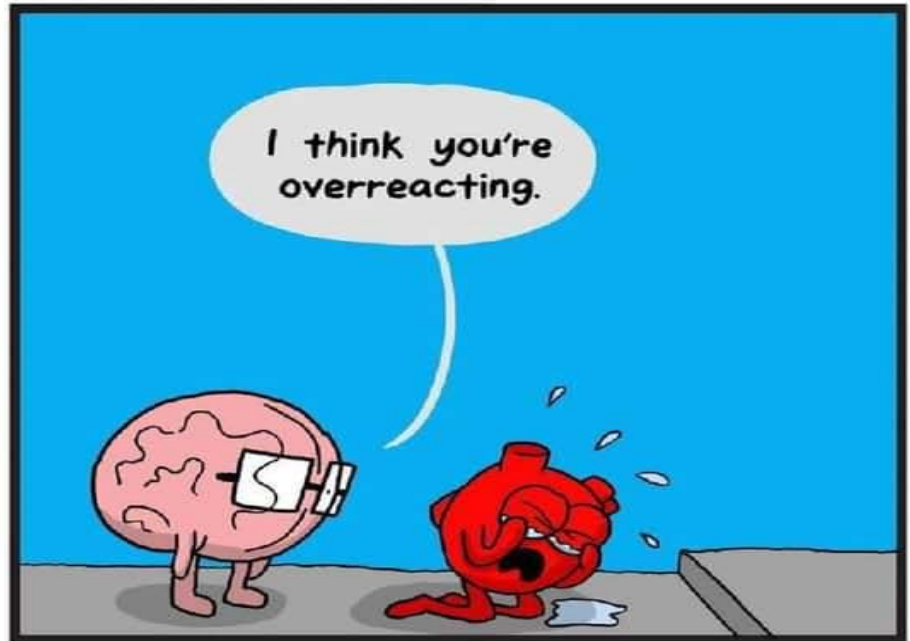
Post-traumatic stress disorder (PTSD) is a “psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape, or who have been threatened with death, sexual violence, or serious injury.”

Signs and Symptoms of PTSD

- Intrusive memories
- Avoidance
- Negative changes in thinking and mood
- Changes in physical and emotional reactions

Providers and PTSD Related to the Pandemic

- COVID-19 has left healthcare workers with both primary and secondary symptoms of traumatic stress
- Even if PTSD criteria are not met, PTSS can still be there
- Providers report experiences such as:
 - Intrusive thoughts about patients. Memories. Nightmares
 - Fear of returning to work and guilt/shame for feeling that way
 - Depressed mood, confusion, concentration
 - Physical symptoms, anger



Preventing and Responding to PTSD among Providers

- Administrators and supervisors need to be aware and take action
- Know who is at highest risk; female providers
- Empower providers to discuss their experiences and have several avenues to reach out
- Trainings/information about burnout, PTSD for providers to self-identify concerns

Preventing and Responding to PTSD among Providers

The mission of the [National Center for PTSD](#) is to advance the clinical care and social welfare of those who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The website offers free resources for families, friends, persons with PTSD, and for providers.

Resources to Assist Providers in Promoting Resilience



PROVIDER WELL-BEING



Providers of all occupations render crucial care to individuals in high-stress environments while routinely experiencing secondary traumatic stress and compassion fatigue in the course of delivering care. Unaddressed secondary traumatic stress, compassion fatigue, and occupational stress can lead to provider burnout and a diminished capacity to provide highly effective care. The ongoing COVID-19 global pandemic has increased the stress and challenges that mental health providers face and place them at greater risk of experiencing burnout. The Mountain Plains MHTTC is committed to supporting and promoting provider well-being, self-care, and resiliency practices to ensure a functional mental and physical health workforce that can effectively respond to the needs of individuals and communities.

Free Online Courses with Continuing Education

- [Compassion Fatigue On-Demand](#)

Our Products

- [Healing Our Protectors: Building Resilience Among Tribal Law Enforcement Officers Through Cultural Interventions](#)
- [Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic](#)
- [Blog Series: Voices from the Field](#)
- [Understanding Anticipatory Anxiety](#)

Our Past Training Events

- [Riding the Wave of Stress and Trauma to Enhance Self-Care](#)
- [Responding to Provider Stress and Burnout - Cultivating Hope and Compassion](#)
- [Compassion Fatigue: Farm Stress and the Mental Health Provider](#)



Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

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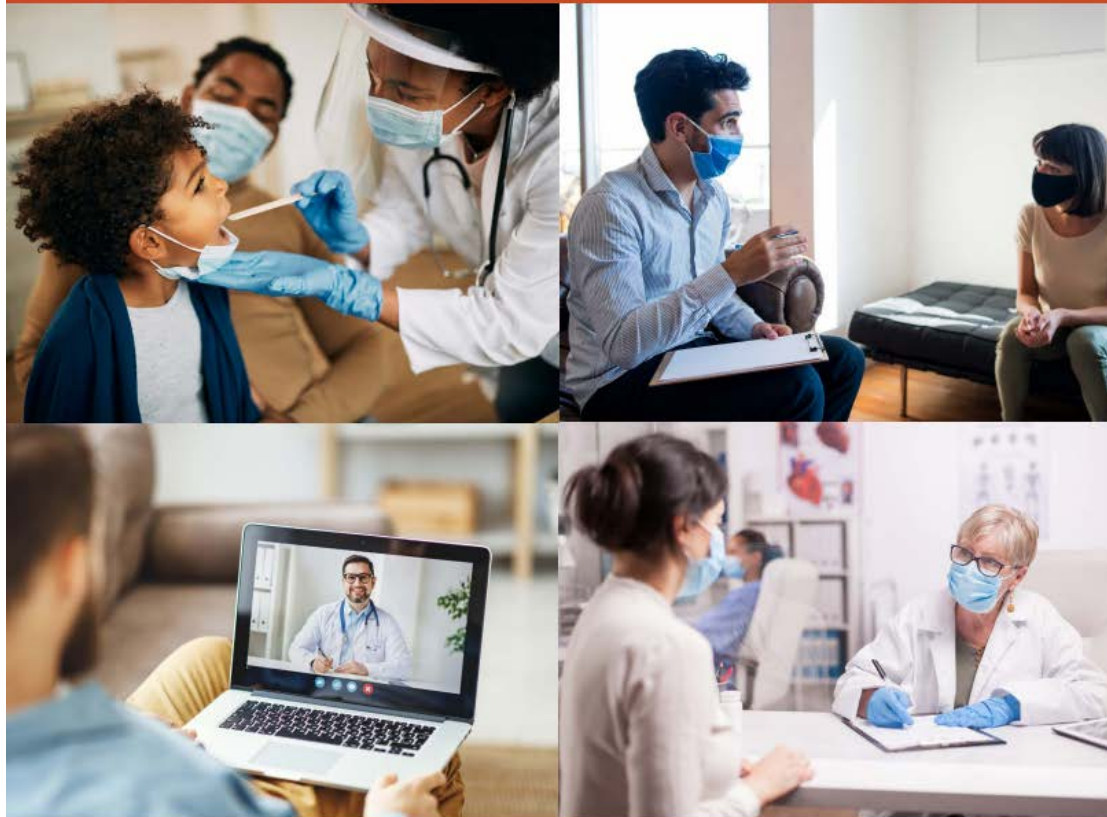
Developed By: **Mountain Plains MHTTC**



Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

Providing physical or behavioral healthcare to others during the global health pandemic can lead to increased levels of stress, fear, anxiety, burnout, frustration, and other strong emotions. It is imperative that physical and behavioral healthcare providers recognize personal signs of mental fatigue, are given supports in their organization to ensure continued productivity and quality care, and are provided with tools to learn how to cope and build resilience.

mhttcnetwork.org/centers/mountain-plains-mhttc/product/building-resilience-among-physical-and-behavioral-healthcare



Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Health Pandemic

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DR. PATEL'S GRIEF AND LOSS



At home, Dr. Patel reads the names of her patients in the increasingly long obituaries section of her newspaper. Prior to the pandemic, like many providers her age, she typically cared for younger patients and their families. Reading an obituary for one of her patients every week due to a global health crisis is an out-of-the-ordinary stressor. In addition, because of the lack of behavioral health professionals in the area, Dr. Patel is now spending more time addressing the mental and emotional well-being of patients who are experiencing isolation, depression, and the loss of their loved ones. Patients who have lost friends or family during the pandemic (whether the death was related to COVID-19, or not) are experiencing **Ambiguous Loss** because of the lack of closure. Providing emotional and behavioral health supports to her patients, grieving the loss of community members, and hearing about how her patients are dealing with ambiguous loss have led Dr. Patel to experience **Secondary Traumatic Stress**.⁹

Dr. Patel is also experiencing her own loss and associated grief related to disruption of her normal routine like, spending time with friends, her weekly lunch with her grandmother, and other activities she is missing. Every day she feels the loss of quality time with her husband and children. She grieves over all the moments her children are missing. Although she sees herself struggling, she is **hesitant to seek behavioral health services**. She **holds self-stigma** and worries about what her patients or colleagues would think about a provider who does not have the skills to take care of her own health.⁷⁰

AMBIGUOUS LOSS

A loss that occurs and lacks closure or any clear understanding. The pandemic has impacted the typical grieving process. Shortened timeframes from onset of symptoms to death, and physical barriers put in place to prevent the spread of disease have made coping with loss even more challenging. Public health measures have kept family members from hospital rooms and funerals.

SECONDARY TRAUMATIC STRESS

Secondary traumatic stress (STS) is when an individual becomes traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. Such indirect exposure to trauma may occur in the context of a familial, social, or professional relationship. The negative effects of secondary exposure to traumatic events are the same as those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment. In the most severe instances, where symptoms result in significant distress or impairment in functioning, STS may warrant a diagnosis of post-traumatic stress disorder (PTSD).⁹

Providers commonly carry their patients' stories with them, and it is important that providers do connect with their patients. If providers feel nothing, then they cannot connect as strongly and may not be able to optimize patient care.⁷¹ However, this connection, especially during a pandemic, can lead to secondary traumatic stress (STS). STS is the emotional impact experienced when hearing or witnessing the firsthand trauma experienced by someone else. Symptoms may include hypervigilance, avoidance, re-experiencing, guilt, anger, problems sleeping, impaired immune system, challenges with concentration, exhaustion, and sudden change in mood. If providers are to maintain pace with meeting the physical and behavioral healthcare needs of patients during a pandemic (and after), then their physical and well-being must also be recognized and protected.

PREVENTING AND RESPONDING TO SECONDARY TRAUMATIC STRESS

ORGANIZATIONAL LEVEL

The single most important thing an organization can do to prevent STS, or to help providers cope, is to recognize secondary trauma and begin to implement strategies and supports for providers experiencing STS. Agency acknowledgement reduces stigma and encourages peer sharing. Knowing others are experiencing similar feelings can decrease the potential for STS. More specifically, organizations and leadership can:⁷²⁻⁷³

Balance provider caseloads so they do not only provide care to patients with complex need or high-trauma cases.

Ensure accessible supervision and an open and safe place to share concerns.

Provide leave and a safe physical environment for providers.

Implement organization wellness programs that focus on both physical and mental wellness.

Offer, and provide paid time to attend trainings on prevention of STS as well as reduction tools.

Create peer support groups and train on how to identify symptoms in themselves and others.

INDIVIDUAL LEVEL

The following are methods to remain connected to patients while preventing, or dealing with, STS.^{71, 73-74}

During this pandemic, providers need to recognize that you are doing the best that you can under these strained circumstances.

Know what STS is and how to recognize symptoms in yourself and others.

Pay attention to your body and mind. Know the signs that you are beginning to struggle with a patient or a patient's story and step out or take time for yourself as needed.

Avoid avoidance. Ignoring feelings or symptoms of STS only works in the short term (and is sometimes necessary). However, be sure to create a time and space to reflect on those feelings.

Plan ahead. Take control of your emotional health by setting aside time for yourself, even if it is a few minutes at a time.

Learn what strategies work for you. Debrief/share your experiences with colleagues, friends, or family as appropriate.

Reflect on the meaning in your work.

Know when to ask for help. Both cognitive-behavioral therapy and trauma-focused cognitive-behavioral therapy are evidence-based treatments that can assist providers dealing with STS.

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Thank you!

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