

# RESPONDING TO THE CORONAVIRUS / COVID-19 PANDEMIC: Toolkit for Emotional Coping for Healthcare Staff (TECHS)

Developed by the Center for Pediatric Traumatic Stress  
March 2020



A PARTNER IN  
**NCTSN**

The National Child  
Traumatic Stress Network



# Who is this slide set for?

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- This slide deck was put together in response to the rapidly unfolding COVID-19 pandemic and made available on March 25, 2020.
  
- This resource is designed for healthcare staff, including
  - Clinical staff (nurses, physicians, medical assistant's, social workers, psychologists, etc)
  - Security
  - Front desk
  - Dispatch
  - Environmental service workers
  - Leadership
  - Any others working in healthcare settings

# Who developed this slide set?

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- This resource is based on materials developed by the Center for Pediatric Traumatic Stress (CPTS), a treatment and services adaptation center in the National Child Traumatic Stress Network (NCTSN).
- We hope that these slides will be helpful in working with healthcare teams. Please use them freely, with attribution to CPTS.
- Questions or feedback? Please send to: Julia Price, PhD, Licensed Psychologist, [julia.price@nemours.org](mailto:julia.price@nemours.org)

**More on this topic at**

[healthcaretoolbox.org/tools-and-resources/covid19.html](https://healthcaretoolbox.org/tools-and-resources/covid19.html)

# Overview

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## I. Traumatic Stress and COVID-19

- Effects on healthcare staff
  - As professionals
  - As potential patients themselves
  - As parents, partners, caregivers of older family members

## II. Tool #1: A-B-C Model

- Understanding our beliefs & thoughts and how these affect us

## III. Tool #2: Steps to Reframing

- Differentiate uncontrollable versus controllable
- Identify strengths and look towards the positives

## IV. Tool #3: Future Orientation

## V. Where to find more resources

# Goals

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**Provide concrete, usable tools for  
healthcare staff**

**Tools support emotional coping in the  
face of challenging, stressful situations  
in healthcare settings**

# COVID-19

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- ❑ Worldwide pandemic
- ❑ Quickly changing situation
- ❑ Anticipation of an overwhelmed healthcare system
- ❑ Healthcare professionals asked to change roles, perhaps to less familiar duties
- ❑ Ethical dilemmas related to allocating resources for patients (e.g., ventilators)
- ❑ Worries about enough PPE for healthcare staff
- ❑ Healthcare staff may become patients with COVID-19
- ❑ Protecting family members of staff from becoming infected
- ❑ Potential need for staff to self-quarantine, removing them from supporting colleagues and own families

## DEFINITIONS

# Trauma (Oxford English Dictionary)

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### **1. A deeply distressing or disturbing experience**

**1.1 Emotional shock following stressful event or physical injury**

### **2. [*Medicine*] Physical injury**

## **For our purposes:**

**“Trauma” = potentially distressing event /  
experience**

**“Traumatic stress” = reactions to that experience**

## DEFINITIONS

# Secondary Traumatic Stress

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**Response to being exposed to trauma experienced by others, especially in one's work / professional role.**

“Emotional duress that results when an individual hears about the firsthand trauma experiences of another” - National Child Traumatic Stress Network

“The changes helpers experience in their identities, world views, and spirituality affect both the helpers' professional relationships with clients/patients and colleagues and their personal relationships” - International Society of Traumatic Stress Studies



# Role as Healthcare Staff

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- All healthcare staff are at risk for secondary traumatic stress, even in “normal” times
- Witnessing suffering and death among patients and other staff
- Unsure of the future, with ever-changing, often worsening situation

# Roles as

## Family Caregiver, Potential Patient

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Additional roles in time of pandemic:

- May be in the caregiver role for own children, partner, older family members
  - Limited access to child and elder care
- Healthcare staff may also become infected and be in the patient role

**In all of their roles, healthcare staff are at risk for traumatic stress, and may experience other emotional impact such as anxiety or depression.**

# What do we know from past experience and emerging studies?

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**You are not alone – it is very common for healthcare staff to experience emotional stress / distress in this situation.**

- Learning from SARS in the early 2000's
  - In the midst of the crisis - healthcare staff experienced traumatic stress, anxiety, depression, and sleep problems
  - In the longer term (3-5 yrs), healthcare staff did not show increased levels of mental health disorders, but burnout & general stress remained an issue
  
- Early studies from China in the midst of COVID-19 (Feb 2020)
  - Healthcare staff reporting
    - traumatic stress, anxiety, depression – at same levels as general public
    - sleep problems (more than general public)
  - What is associated with more risk of stress / anxiety / depression?
    - Female, Worrying about family members at home, Past medical (chronic illness) or mental health history
  - What might protect against stress / anxiety / depression?
    - Being satisfied with: care provided by hospital / department and with PPE coverage (protective measures for nosocomial infection)

# What does traumatic stress look like?

## PTSD symptoms

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### Re-experiencing

“It pops into my mind.”

“Feels like it’s happening again.”

“I get upset when something reminds me of it.”

### □ Alterations in cognition or mood

Feeling very scared, angry, guilty, or ashamed.

Thoughts: “All people are bad” /  
“The whole world is a scary place.”

### □ Avoidance

“I block it out, try not to think about it.”

“I try to stay away from things that remind me of it.”

### Increased arousal

“I’m always afraid something bad will happen.”

“I jump at any loud noise.”

“I can’t concentrate, can’t sleep.”

**It is not unusual to have some or all of these reactions during an unfolding stressful situation like the COVID-19 pandemic.**

# PTSD and other emotional responses:

## What might you notice in yourself / your peers?

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- ❑ Irritability
- ❑ Inability to concentrate
- ❑ Feeling angry / cynical
- ❑ Intrusive or recurrent disturbing thoughts
- ❑ Sleep problems
- ❑ Feeling emotionally detached
- ❑ Overly aware of any signs of danger
- ❑ Hopelessness
- ❑ Guilt
- ❑ Avoiding reminders of difficult experiences

- ❑ Social withdrawal
- ❑ Fear
- ❑ Chronic exhaustion
- ❑ Physical ailments
- ❑ Diminished self-care
- ❑ Feeling ineffective
- ❑ Feeling down or depressed
- ❑ Feeling apathetic

# How can we practice being trauma-informed with ourselves and our colleagues?

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**Even in “normal” times, health care workers are at risk:**

Results from a hospital-wide survey of patient care staff at a children’s hospital

**39%**

**High risk for compassion fatigue / secondary trauma reactions**

**21%**

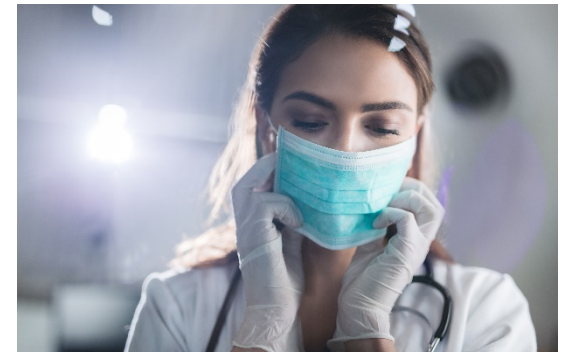
**Moderate to high risk for burnout**



# Why might working in healthcare during COVID-19 lead to traumatic stress?

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- **Challenges beliefs** about the world as safe place
- Realistic (or subjective) **sense of life threat**
- Lack of healthcare resources may be **frightening**
- Staff may feel **helpless** in professional and personal lives
- **Uncertainty** about course and outcome of COVID-19
- May involve **pain or observed pain**
- Exposure to injury or death of **others**
- May have to make **important decisions** in times of great distress
- **Long hours** and **little sleep**



# Am I experiencing traumatic stress?

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- Evidence-based assessment - Complete a quick checklist to gauge your stress
  - Professional Quality of Life Measure (ProQOL)
    - See <https://healthcaretoolbox.org/tools-and-resources/covid19.html>
  - Score the measure and get your results
  - If you score in the moderate to high range for Secondary Traumatic Stress, consider reaching out for help (see the next slide)

## PRO TIP:

Download the Provider Resilience app for [iOS](#) or [Android](#) & do a ProQoL self-check on a regular basis.



# How to address traumatic stress

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## □ Universal Prevention

- Everyone can benefit from learning more about coping
- Learn specific coping tools, based in solid research, in the following slides: **Toolkit for Emotional Coping for Healthcare Staff (TECHS)**
- Find links to other resources on [HealthCareToolbox.org](https://www.healthcaredtoolbox.org)

## □ Psychosocial Treatment

- If you experience high levels of traumatic stress or you have other reactions that worry you, contact your Employee Assistance Program
- Evidence-based psychotherapy is effective for many people (e.g., trauma-focused cognitive behavioral therapy) and may be available via telehealth or online – check with your Employee Assistance Program



# TECHS Introduction

# Toolkit for Emotional Coping for Healthcare Staff (TECHS)

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- **Learn and use evidence-based tools for coping**
- **TECHS includes 3 tools to understand and manage adversity**
- **Interpersonal/team-based approach \***
- **Tools are based on:**
  - **Cognitive-behavioral therapy skills**
  - **Skills for groups and families**

\* Best in a team -- but you can use parts of it on your own if needed

# Individual Practice with Tools

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- We will introduce 3 tools:
  - A-B-C Model
  - Steps to Reframing
  - Future Orientation

## **First:**

Individually, complete each of the 3 tools

**Next:** *if you are doing this as a team*

Complete the tools within your team, to help develop group resilience



**TECHS Tool #1: A-B-C  
Model**

# Why are you in healthcare?

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- **Let's begin by spending a few minutes considering the current context.**
  
- **Why did you choose this profession?**
  - **What drew you to it?**
  - **What, if any, reservations have you had about this career choice?**
  - **What are the best parts of this career?**
  - **What are the most challenging parts?**

# A – B – C Model

## based in cognitive theory / research

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- Next, you'll take a little time to understand your feelings, thoughts, and behaviors
- These tools will help you reflect on
  - Where you are emotionally in this moment
  - How feelings, beliefs, behaviors have an impact on your wellbeing

# A – B – C Model

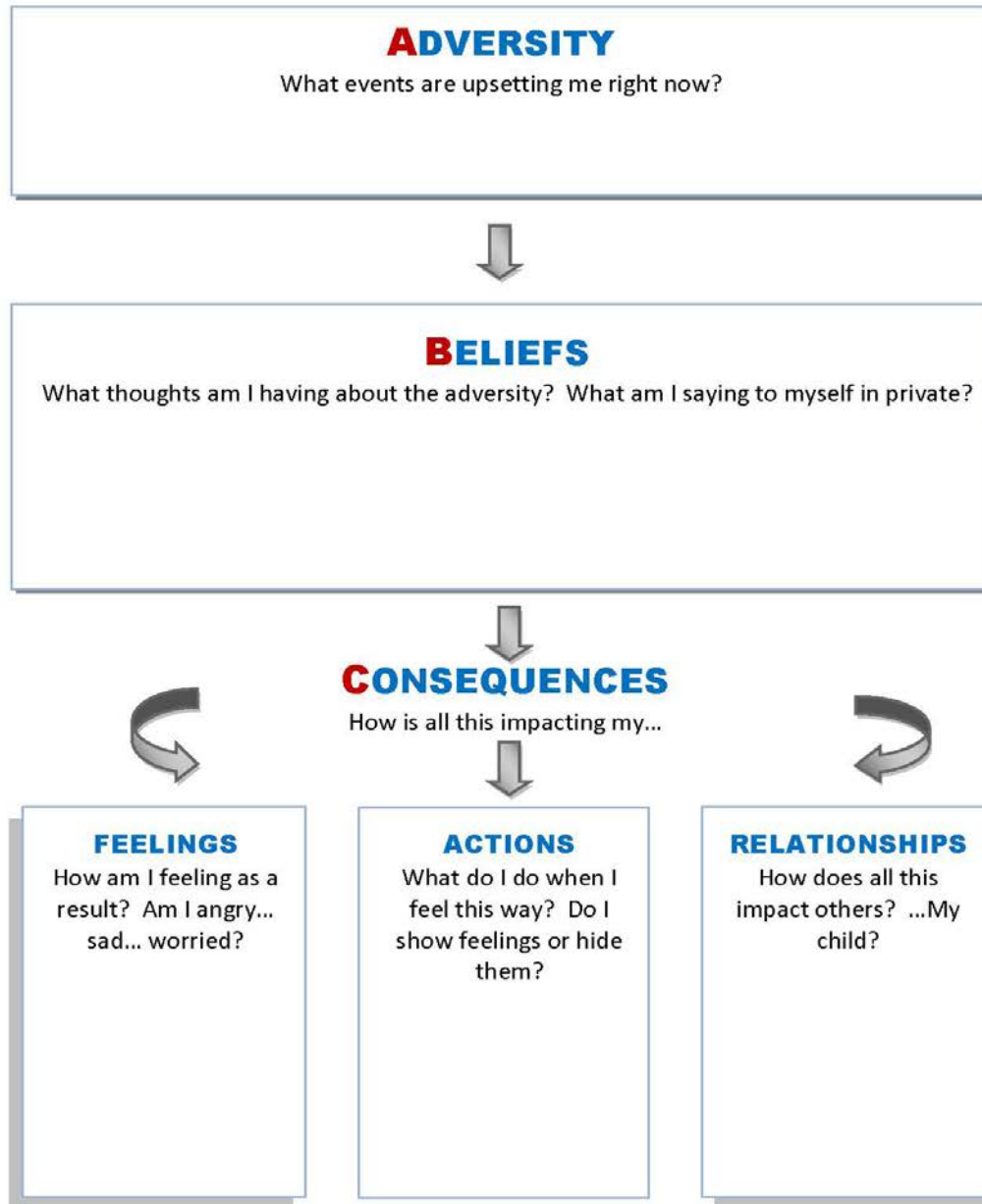
based in cognitive theory / research

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# ABC Model



Find a blank piece of paper (or open up a blank document) so that you can work through this form on your own or in your group.

The next slides will walk you through A, B, & C and support your self- or group reflection.

## ABC Model

# A = Adversity

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### ADVERSITY

What events are upsetting me right now?



- Identify an **event that is particularly upsetting to you** in this moment
  
- Examples (adversities)
  - So many patients at once
  - Working outside of my usual role
  - My kids are at home and need me
  - I'm not available to help my partner/family
  - Feeling emotionally isolated from family and support systems

# B = Beliefs

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## BELIEFS

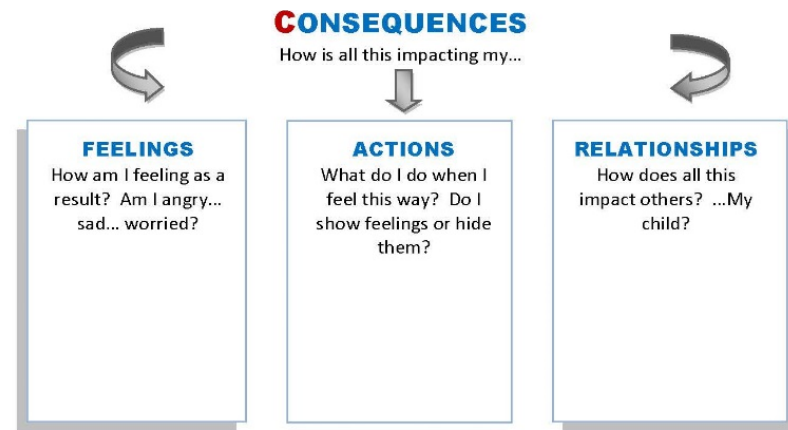
What thoughts am I having about the adversity? What am I saying to myself in private?



- ❑ What **thoughts** are you having about the adversity you chose to focus on?
- ❑ What are you saying to yourself in private about this adversity?
- ❑ Examples (beliefs / thoughts):
  - I can't handle this stress.
  - I'm ineffective at work.
  - I'm not a good parent/partner/healthcare worker.
  - This situation has no end.

# C = Consequences

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- What **outcomes and consequences** are related to this adversity and your beliefs / thoughts?
- FEELINGS: How are you **feeling** as a result?
  - Angry?
  - Sad?
  - Worried?
- RELATIONSHIPS: How does all of this impact **others**?
  - Your colleagues?
  - Your friends and family?
  - Your patients?
- ACTIONS: What do you **do** when you feel that way?
  - Show or hide your feelings?
  - Healthy choices?

# Summary

## Tool 1: A-B-C Model

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- Helps you understand how your experiences and thoughts are related to your
  - Feelings
  - Actions
  - Relationships

### **TO CONSIDER:**

- How might the A-B-C's be different
  - Across your medical team?
  - In your family?
- Are others aware of your A-B-C's?
  - Have you talked with anyone about your feelings, beliefs, actions, or relationships?



**TECHS Tool #2:  
Steps to Reframing**

# Steps to Reframing

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- **Recap:** You identified a specific **adversity**, and developed a greater understanding of your **beliefs**/thoughts and their **consequences** (e.g., on your feelings, actions, and relationships).
- **Next, let's consider how to shift those consequences to a more positive place.**

# Four Steps to Reframing



**Using the back of your paper (or the next page in your document), work through these steps on your own or in your group.**

**The next slides will help you do this.**



# Step 1: Accept the Uncontrollable

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**It can be difficult to accept some things are out of our control.**

- **List:** What parts of this adversity are truly beyond your control?
- **Write:** What is it like to give up that control?

# Step 2: Focus on the Controllable

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- **List:** What in this situation is within your control?
  
- **List:** What aspects can you focus on that will
  - Improve the situation?
  - Help you cope better?
  - Help you feel more in control?
  - Help your patients / your colleagues / your family & friends?

# Step 3: Acknowledge Your Own Strengths

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**Think back to a time when you dealt with a challenging situation in the past.**

**Write a few notes about:**

- ❑ What strengths helped you cope?
- ❑ What strengths do you have with your medical team or family that maybe you don't have alone?
- ❑ Which of these strengths can be applied to this situation?

# Step 4: Use the Positive

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**If you accept the uncontrollable, focus on the controllable, and apply your strengths,**

- ❑ How might you feel differently?
- ❑ What might you do differently?
- ❑ How would you see the adversity differently?
- ❑ How would it impact others?
- ❑ Based on this exercise, is there a positive take-home message for you?

**Write a few notes about each of the above.**

# Summary

## Tool 2: Steps to Reframing

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- You looked at four steps:
  - Accept the uncontrollable
  - Focus on the controllable
  - Acknowledge your own strengths
  - Use the positive

### **NEXT:**

- Future Orientation

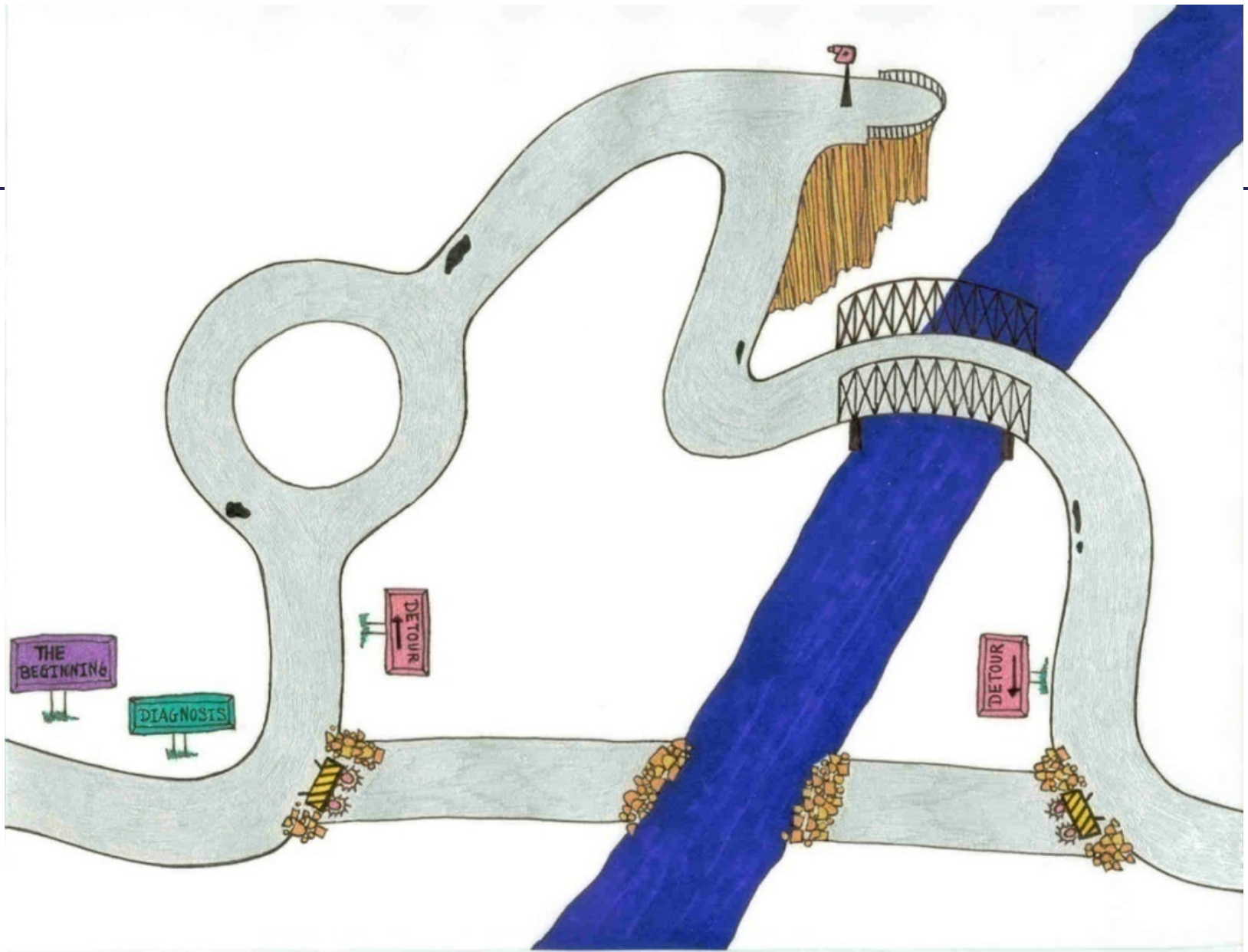


**TECHS Tool #3:  
Future Orientation**

# Healthcare Career Roadmap

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- ❑ **A career in healthcare is like a journey, with a beginning, middle, and end.**
- ❑ **Individual, challenging patients and families may be a part of your journey.**
- ❑ **This unprecedented pandemic of COVID-19 is now a part of that journey.**
- ❑ **Here is a roadmap that shows a journey.**

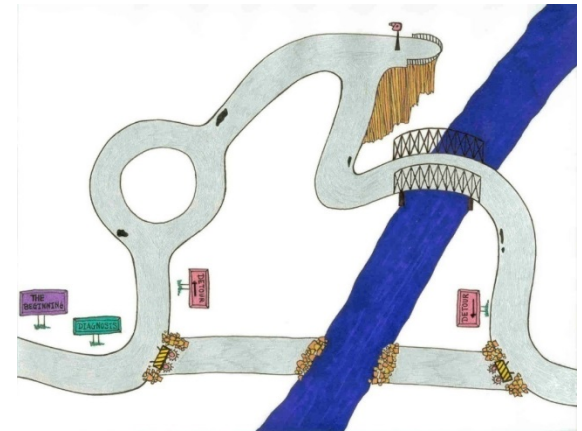




# Future Orientation

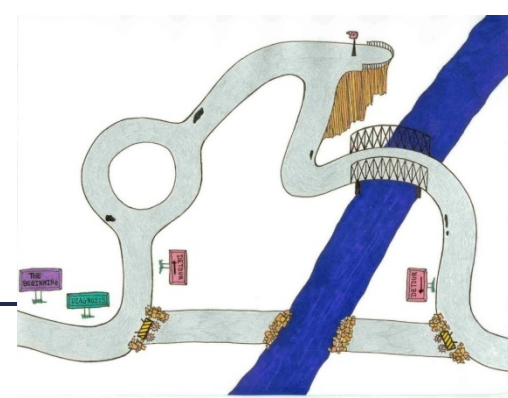
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- ❑ **Where do you see yourself on the roadmap right now? Why?**
- ❑ **Where were you on the roadmap in the first portion of your journey?**
- ❑ **How do you think your position on the map impacts your**
  - **Coping?**
  - **Daily life?**
  - **Personal relationships?**
  - **Professional relationships?**



# Future Orientation

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- **Consider a time in the future (e.g., 2 weeks, 2 months, 2 years).**
  - **Where are you on the map?**
  - **What's happening at work at this point?**
  - **What's happening at home at this point?**
  - **What is daily life like?**
  - **What will help you move to a more positive place by this time point?**



# **Building Team Resilience**

# Building team resilience

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**It can be very helpful to use this tool with your healthcare colleagues related to a challenging situation**

- ❑ Share different frames of reference (ABCs)
- ❑ Appreciate the range of consequences that result when frames of reference interact (e.g., are similar or different)
- ❑ Help each person own their feelings and actions and come to appreciate those of others
- ❑ Group reframing can help us appreciate each others' strengths and the value of a variety of approaches

# Connect with your team

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- Use the tools you learned today to share with your team, if you haven't already
- Set a time to meet in person (with appropriate social distancing) or virtually
  - 2-4 people
  - May want to gather based on unit or discipline or both
  - Ideally, you are with colleagues with whom you work closely and feel comfortable discussing emotional reactions
- Follow your own comfort level in sharing within your small group

# Work collaboratively through tools

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- ❑ Goal is to understand different perspectives around adversities at work
- ❑ Clarify differences and encourage acceptance rather than looking for “correct” answer
- ❑ Identify potential benefits (and challenges) that can come from having a range of different ways of seeing things, within a healthcare team



# Resources

**Find much more on this topic at**  
**[healthcaretoolbox.org/tools-and-resources/covid19.html](https://healthcaretoolbox.org/tools-and-resources/covid19.html)**

# Resources for providers: Interactive online training

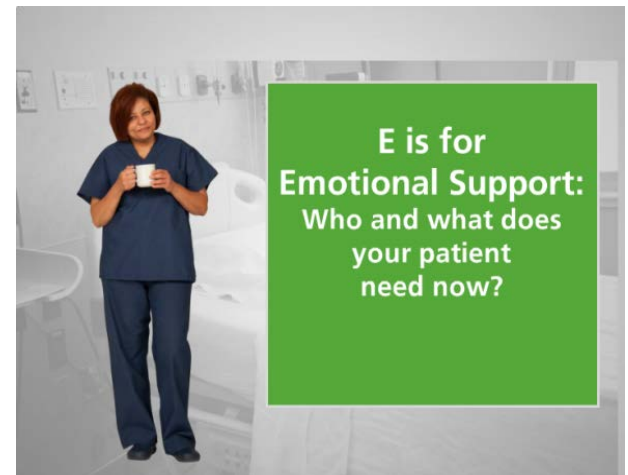
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**FREE interactive online nursing CE at  
HealthCareToolbox.org**

**The “how to” of implementing trauma-  
informed pediatric care in the hospital and  
ED**

**Currently 5 one hour courses**

**COMING SOON: Secondary Traumatic  
Stress course**





# Resources for your patients

## [HealthCareToolbox.org](http://HealthCareToolbox.org)



→ Free CE for nurses  
→ Download patient handouts  
→ Find assessment tools  
→ Learn quick interventions

Search ...

**Basics of Trauma-Informed Care**

**REDUCE DISTRESS**  
**D** Ask about fears and worries

**EMOTIONAL SUPPORT**  
**E** Who and what does the patient need now

**REMEMBER THE FAMILY**  
**F** Gauge family stressors and resources.

**Patient Education Materials**  
Last Updated: 04 May 2015

Providing useful and timely information to your patients and their families is key to trauma-informed pediatric health care.

[Downloadable Pediatric Education Materials](#)  
Evidence-based pediatric education materials for their parents and siblings.

[Resources and link](#)  
Suggested books and on related topics (feel free to find useful).

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## Patient education handouts (English & Spanish)



### When Your Child has Existing Health Concerns

Parenting a child with existing healthcare needs can be especially stressful during a disease outbreak or pandemic. The following tips can help:

- ✓ Keep in touch with your child's healthcare team. They are the best source of accurate information about current affairs and how they might impact your child.
- ✓ Rely on trusted sources. Misinformation can be spread online by well-intentioned people. Reduce anxiety by staying up-to-date on the latest information from your child's disease groups and your child's healthcare team to answer that you see online.
- ✓ Check in about health-related worries. Your child might be scared. Provide fact-based reassurance whenever possible.
- ✓ Be sensitive to "triggers". Seeing or hearing things about health issues can be scary for kids with underlying health issues. Keep in mind that everyone has different triggers.
- ✓ Give everyone a chance to ask questions. Brothers and sisters need age-appropriate information.

## Parent tipsheet on COVID-19 (English & Spanish)

### Putting it Into Practice: Using These Tips at Home



**Do:** Help put feelings into words.  
**Say:** "A lot's been happening. Is there anything you're wondering, or worried about?"



**Do:** Find other ways to share.  
**Say:** "Can you draw me a picture about how you're feeling?"



**Do:** Remember everyone's reactions might be different.  
**Say:** "How is everyone feeling? How can we help each other this week?"



**Do:** Help your child feel in control.  
**Say:** "Way to go, GermBuster powers! Let's wash our hands."



**Do:** Promote connection.  
**Say:** "You can still chat with your friends."



**Do:** Model reaching out to others.  
**Say:** "When I'm upset, I find someone to talk to."



# CENTER FOR PEDIATRIC TRAUMATIC STRESS

at Children's Hospital of Philadelphia & Nemours Children's Health System

## ABOUT THE CENTER:

Since 2002, **CPTS** has provided national leadership on medical traumatic stress & trauma-informed pediatric care as part of the **NCTSN**

- Focus on health care providers and systems
  - Tools for practice
  - Training (online & in person)
  - Resources for providers & families
  - Implementation projects



## National Child Traumatic Stress Network (NCTSN)

- **Mission:** Raise standard of care and improve access to services for traumatized children, their families and communities.
- 60+ centers across the US
- Address all types of child trauma and many different service systems
- Founded in 2001

