

BETA♥HEART®

Healing • Empathy • Accountability • Resolution • Trust



Care for the Caregiver Tools and Resources

Dear Participant:

Thank you to HQI and The California Hospital Association for inviting us to participate in the Care for the Caregiver Webinar. We applaud the clear commitment to supporting our physicians and staff at all levels of the healthcare organization during this time of pandemic crisis. We are continually taken by the selfless contribution of unwavering care our healthcare teams are providing to their patients and appreciate the opportunity to participate in helping each of you support one another.

To accompany the webinar slides we wanted to take this opportunity to share some tools that will be helpful to staff as they move forward in providing emotional support for their peers. While a comprehensive, fully functioning Care for the Caregiver program will require a methodical approach to organizational assessment, program development and implementation, and is a process that takes time to put into place, we believe the tools provided in this packet will provide just-in-time resources for identifying and responding to members of the team now.

The tools in this packet are taken from the BETA HEART® Care for the Caregiver Toolkit. Our goal is to provide excerpts of the full toolkit that we are hopeful will assist you and your teams to be able to respond and provide emotional support to peers during this current pandemic.

Within the packet is a description of Tier 1-2-3 peer support as well as tips for responding to the different tiers. Important steps to prepare oneself for a peer support interaction as well as common phrases and terminology that are helpful in peer support encounters are included.

Please feel free to share the materials with others in your organization. Should you have any questions regarding the tools or a fully developed peer support/Care for the Caregiver program, please do not hesitate to reach out.

On behalf of all of us at BETA Healthcare Group, thank you for all that you do for your team and the patients and family members to whom you provide amazing care.

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Building Your Peer Support Program Checklist

Section 1: Internal Patient Safety Culture Preparedness	Completed
1. Evaluate your culture survey results to determine staff perceptions regarding identification and reporting of adverse events.	<input type="checkbox"/>
2. Assess organizational leaderships recognition of the need for a peer support program	<input type="checkbox"/>
3. Identify what department will be responsible to receive deployment requests	<input type="checkbox"/>
Section 2a: Care for the Caregiver Steering Committee	Completed
1. Identify key individual who routinely assist others during crisis	<input type="checkbox"/>
2. Identify Executive Champion(s) for the program	<input type="checkbox"/>
3. Select a Lead and formalize that role	<input type="checkbox"/>
4. Form a multi-disciplinary steering committee to assist with team design and deployment	<input type="checkbox"/>
5. Name the team	<input type="checkbox"/>
Section 2b: Establish the Program Infrastructure	Completed
1. Prepare a formal business plan	<input type="checkbox"/>
2. Define the team's structure	<input type="checkbox"/>
3. Determine methodology to provide peer support to individuals and teams	<input type="checkbox"/>
4. Develop activation guidelines	<input type="checkbox"/>
5. Create policies and procedures for peer support function	<input type="checkbox"/>
6. Create timeline for program deployment	<input type="checkbox"/>
7. Formalize process for immediate/expedited access to external higher levels of emotional support	<input type="checkbox"/>
8. Create a proposed budget	<input type="checkbox"/>
9. Develop the approach for recruiting peer supporters	<input type="checkbox"/>
10. Determine process for initial and ongoing education of peer supporters	<input type="checkbox"/>
Section 3: Peer Supporter Recruitment and Training	Completed
1. Determine criteria for applicant selection	<input type="checkbox"/>
2. Develop high-level program introduction to spark interest of potential peer supporters	<input type="checkbox"/>
3. Determine approach for obtaining unit specific nominations	<input type="checkbox"/>
4. Meet with unit supervisors to obtain list of prospects with high degree of emotional intelligence	<input type="checkbox"/>
5. Contact interested individuals and request completion of application	<input type="checkbox"/>
6. Provide pre-educational materials to applicants for review	<input type="checkbox"/>
7. Consider registering applicants to complete a voluntary communication assessment through BETA & determine how results will be used (if released)	<input type="checkbox"/>
8. Identify internal resources to assist with development of training materials and conducting training	<input type="checkbox"/>
9. Designate individuals to attend a Train-the-Trainer session or utilize BETA HEART's training materials	<input type="checkbox"/>
10. Develop supplemental reference tools for peer supporters	<input type="checkbox"/>
11. Develop plan for assessing for and providing on-going education	<input type="checkbox"/>



Section 4: Organizational Rollout

Completed

1. Develop a Care for the Caregiver awareness strategy for organization-wide dissemination
2. Identify higher-risk clinical areas for evoking a peer support response
3. Establish 'real time' methods for assessing clinicians for signs of emotional trauma following a harm event
4. Develop informational brochure on phenomenon of emotional trauma and availability of peer support team
5. Develop 'just in time' tools to remind supervisors and clinicians of availability and contact information for Peer Support Activation

Section 5: Program Evaluation

Completed

1. Develop an Encounter form to capture team activation information
2. Establish a dashboard overview of general team performance for administrative review and surveillance
3. Develop evaluation tool for caregivers receiving assistance
4. Develop a team member satisfaction tool



Peer Support Key Concepts

Role of the Peer Supporter

Providing comfort and emotional support during particularly challenging times when normal coping mechanisms may be overwhelmed

- Comforting a peer
- Listening, but not pressuring to talk
- Showing practical concern and support
- Assessing a teammate's emotional needs
- Helping to connect a person to information, services and social supports

Understanding Emotional Trauma

Factors that Trigger Emotional Trauma

- Patient situation reminds staff of personal situation
- Unanticipated adverse outcome
- Medical errors
- Failure to rescue
- First patient death experience
- Workplace violence
- Mass casualty event, including epidemic/pandemic
- Underlying mental health condition

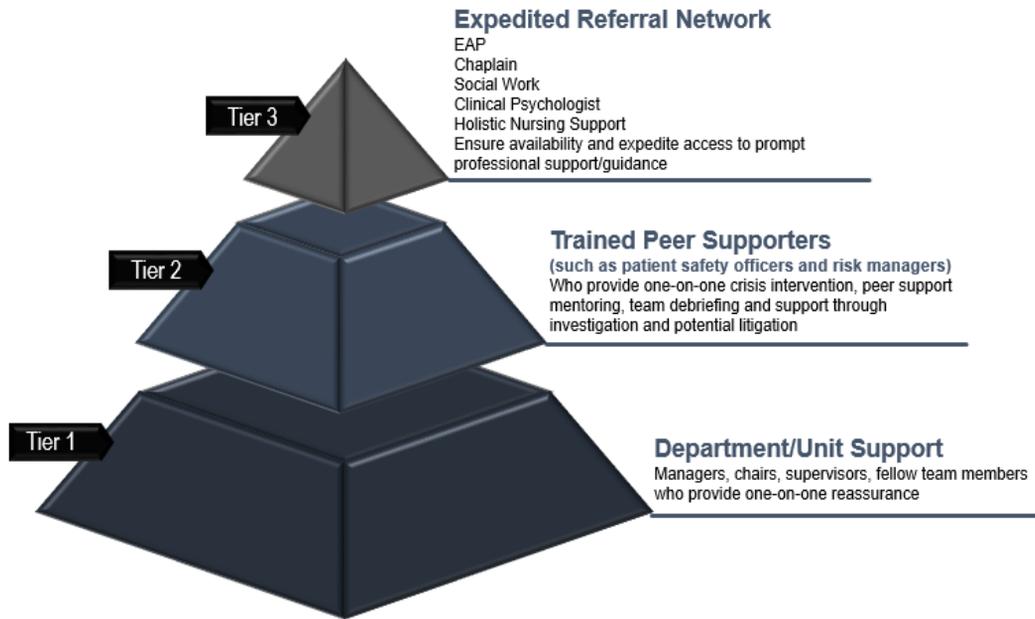
Common Physical and Psychological Impact of Emotional Trauma

- | | |
|--------------------------------------|--|
| • Trouble sleeping – extreme fatigue | • Loss of spiritual direction |
| • Headache or muscle tension | • Loss of interest in social interaction |
| • Difficulty concentrating | • Changes in activity/appetite |
| • Flashbacks of event | • Substance use disorder (ETOH, drugs) |
| • Loss of confidence | • Sadness |
| • Hyper-vigilance | • Shame |
| • Frustration | • Fear |
| • Depression | • Anger |
| • Loss of joy (work or home) | • Self-Isolation |
| • Use of inappropriate humor | • Distrust |

What Affected Individuals Want

- Formal and informal emotional support
- Prompt debriefing for themselves or team
- Opportunity to take time out from clinical duties
- Help to talk with the patient and/or family
- Clear and timely information about the situation
- To remain a trusted member of the team





Three Tiers of Support Strategies

Tier 1 Response: Department/Unit Support

Every unit has certain individuals whom others just naturally turn to for advice and solace. These staff members are in an excellent position to provide day to day encouragement. Unit supervisors and managers should make every effort to connect with members of their team on a regular basis. In highly emotional situations such as that placed on our healthcare colleagues during a pandemic or situations involving a patient harm event, consideration should be given as to the necessity to call in flex staff to allow the involved individuals to leave the unit and have some time to process their emotions about the situation. It is important for these official and unofficial leaders within the department to regularly check on the staff members to see how they are doing and request the response of trained peer supporters as necessary.

- Tier 1 consists of 1:1 reassurance and emotional support provided by a fellow team member or in some situations, supervisor.

Approach:

1. Ask if he/she is okay
 "You look really sad today; are you okay?"
 "Is there anything I can do to help?"
 "Would it help to talk about it? I'm here to listen."
2. Consider offering to do something specific
 "Would you like for me to keep an eye on your patients so you can get off the unit for a few minutes?"



Tier 2 Response: Trained Peer Supporters

The trained peer supporters are colleagues from all areas of the organization who have attended the required training necessary to administer emotional first aid while monitoring for the need to expedite referral to professional assistance.

- Tier 2 consists of 1:1 peer support and/or Team De-briefings

Approach:

Formal process steps

- Introduction
- Exploration
- Normalization and reframing of event
- Discussion of coping strategies
- Provision of resources
- Determination of degree of follow-up

Tier 3 Response: Expedited Referral Network

Some individuals involved in patient harm or other emotionally traumatizing events will require help from other trained professionals, inside and outside of the organization. Some may benefit from talking to the in-house chaplain or social worker while others would best benefit with a referral to the Employee Assistance Program or an external therapist or psychologist. The Care for the Caregiver program lead or committee should develop a list of resources as well as a mechanism to expedite outside referrals.

- Tier 3 is triggered when level of impact indicates the need for a higher level of intervention or professional counseling

Approach:

- Chaplains
- Employee Assistance Program (consider offering to make the call on behalf of caregiver)
- Social Services
- Palliative Care professional
- External therapist/referral to psychologist or other mental health professional

**You may never know your impact on a peer.
Even if they don't take you up on it, just offering to listen can make a big difference!**



Preparing for a Peer Support Encounter

Questions to Consider Prior to a Care for the Caregiver Conversation

- What are the goals of the interaction?
- When should you respond to the affected care giver?
- Who should respond to the care giver?
- What questions do you anticipate?
- What emotions do you anticipate, how will you name and validate them?
- What are you going to say?
- What will you recommend for follow-up or what resources will you provide?

Other Considerations

- Time: Am I at a point where I can respond timely and not be rushed to return to my regular assignment?
- Emotional Availability: Are my personal coping mechanisms at a healthy place so that I can manage additional stress that may occur from this encounter?
- Objectivity: Do I have any personal biases or conflicts of interest with the individual needing support?
- Technology (remote encounters): Can the technology support an uninterrupted encounter?

The Ten Commandments of Providing Emotional First Aid

- Be nonjudgmental
- Be empathic (not a brick wall)
- Don't give personal advice—do not opine on legal or regulatory matters, etc.
- Don't take responsibility for other people's problems
- Don't interpret (when a paraphrase will do)
- Don't try to "fix" it
- Stick with the here and now
- Deal with feelings first
- Be present, vulnerable, and courageous
- Silence is golden



<p>Peer Support Do's</p> <ul style="list-style-type: none"> • Have a strong stance of curiosity, solidarity and support • Acknowledge and name emotional state • Express empathy and regret about the situation or bad outcome • Acknowledge that strong emotional reaction is normal • Give an opportunity to elaborate on thoughts, emotions and understanding of what is happening • Paraphrase to check understanding • Offer assurances of follow-up and reassure they will not be abandoned • Provide an opportunity for the peer to ask questions 	<p>Peer Support Don'ts</p> <ul style="list-style-type: none"> • Say you know how they feel • Dwell on your own experience or emotions • Make promises you can't keep • Finger-point, blame, criticize, judge • Do all the talking • Minimize severity of the situation or intensity of feelings • Try to make them feel any way other than how they are feeling
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S.U.P.P.O.R.T. Communications

S - Speak softly, in a calm manner (caution not to come across as condescending)

U - Understand the importance of timing for the encounter

P - Pause and listen

P - Personalize your approach to meet the individual's needs

O - Overcome the desire to "fix" anything

R - Reassure your peer that you are there to help, not judge

T - Use Touch as appropriate

Examples of Empathetic Phrases

- "I'm so sorry you are going through this."
- "It sounds like you are going through a really tough time right now."
- "If you want to talk about it, I'm here to listen."
- "I don't know what to say; but I'm here."
- "It is so hard to not know the answers right now."
- "I hear that you are feeling overwhelmed. That makes sense given all that you've been through."
- "I'm so glad you shared this with me."
- "You've just been through something really significant."

Alternatives to asking "Why" Questions

- "Would it be helpful to talk about this more? If not, I'll drop it."
- "Can you tell me what happened?"
- "Can you tell me more about what was going on for you then?"
- "A part of me thinks it might be helpful to talk about this some more, and another part thinks it wouldn't help. What do you think?"
- "What concerns you most right now?"
- "How can I best support you?"



Exploring Cognitive Reactions

- "I can see you are really upset by this; what concerns you the most?"
- "As you've had a chance to think about the incident, what are your first thoughts?"

Exploring Emotional Responses

- "How are you feeling about what happened?"
- "Have you ever felt this way before?"
- "Has anything like this ever happened to you before?"

Examples of Phrases to Avoid

- "Everything will be okay, don't worry about it."
- "I'm sure you did your best."
- "At least..."
- "God won't give you more than you can handle."
- "Everything happens for a reason."
- "You should.../You shouldn't..."
- "If I were you, I'd..."



The Encounter Process (Tier 2)

Six Steps of the Encounter Process

1. Introduce yourself and establish trust – Reassure encounter is confidential and nonjudgmental. Provide private space for discussion and promote comfort.
2. Explore – Seek to understand generalities of what happened, their thoughts, reactions, symptoms (if any). Allow the individual to steer the conversation to what matters most to him/her.
3. Normalize emotions and reframe perspective – Validate their reactions are normal for experiencing an abnormal event. It will take time to work through their emotions and that is expected. Remind that as human beings we are all fallible; perfection is not an option. Help put into perspective when considering all of the patients encountered over a career, etc.
4. Discuss coping strategies – Consider the following questions:
 - “Do you think it might be helpful to take a break to gather your thoughts?”
 - “What support do you have to help you through this?”
 - “What do you do daily to help you manage daily stress?”
 - “What have you done in the past to help you through tough times?”
 - “What are your plans for [tonight, tomorrow, this weekend]?”
 - “What will you do in the next 24 hours to take care of yourself?”
5. Provide resources – List of resources should be provided at every encounter.
6. Determine degree of follow-up – Amount of follow-up will vary between peers. At minimum, follow-up at least once in a couple of days; then go from there.

Indications for Tier 3: Expedited Referral Network

- Ongoing social isolation
- Inability to concentrate
- Ongoing extreme fatigue
- Lack of self-control (emotional outbursts)
- Overwhelming fear of returning to work
- Feelings of helplessness and hopelessness
- “The Thousand-Yard Stare”
- Mental dysfunction (hallucinations, paranoia, or delusional thoughts)

Higher Risk of Suicide

- Feelings of helplessness and hopelessness
- Extreme sense of guilt
- Previous attempts or history of depression
- Psychosis
- Indicate they don't want to live

Consider

- Clinicians and staff may have other underlying conditions, diagnoses or personal situations that impact their resilience and mental health
- Do not leave individual alone if expressing thoughts of suicidal ideation



HEART Huddle

Questions to consider as one prepares for a conversation with patient/family after harm

- Are there any special personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- What are the goals of this conversation?
- Who should be present for this conversation with the family?
- What is it that is currently known and what are you going to say to the family?
- Would a prop, diagram or x-ray be helpful to understanding?
- Do you need to provide shot[s] across the bow?
 - Example: What I have to tell you may be very unsettling...
- After a brief explanation, how will I be sure to deal with feelings first?
- What emotions do you anticipate; how will you name, validate and respond to them?
- What questions do you anticipate the family asking?
 - Example: How do you answer “who is going to get fired” question? Do I need to get a lawyer?
- Who continues to respond to the patient/family as more information is learned?
- What is the plan for follow up with the family?
- Who will support the clinicians?



What You Can Do Now

While a formal and fully functional Care for the Caregiver program will take time to implement, there are many actions that persons at all levels of the organization can do to help build resilience and reinforce a sense of value and meaning for members of the healthcare team. We are certain that as you consider your organization's unique structure and staff, you will have many ideas that come to mind. The following are a few additional thoughts to consider:

Leaders:

- Communicate openly and frequently with staff
 - Articulate the consistency of purpose
 - Be open about the concerns, but also share leadership's effort to address concerns
- Hold daily/weekly updates
 - Consider virtual town hall meetings via Zoom or other means
 - Provide brief updates to managers for daily huddles
- Create and encourage psychological safety
 - Communicate a mechanism for staff to escalate concerns
 - Encourage staff to ask questions; provide honest answers
 - Encourage the frontline to share new ideas and suggestions
 - Share with the staff, leadership's efforts to provide for their safety
- Evaluate opportunities to relieve some of the small but impactful burdens on staff
 - Parking (reduce or waive fees during crisis)
 - Provide nourishment during shifts
- Acknowledge the heroism of your staff
 - Share stories and observations of how your staff have come together to meet this challenge
 - Host "Resilience Rounds" – periodic Zoom meetings offering suggestions for relaxation and self-rejuvenation
- Be present, visible

Managers:

- Hold daily huddles
 - Although it is a chaotic time, it is the one moment to gather your team together
 - Begin huddles by having a staff/team member share a 90-second uplifting story or positive moment that exemplifies one of their core values
- Be alert to visible signs of increased stress, difficulty coping
 - Encourage staff to also communicate concerns they may have for their teammates so you can help to engage support
- Be alert to family/personal stressors that may be impacting staff; offer assistance where able
- Consider opportunities to provide nourishment and respite for staff
 - Food carts
- Escalate concerns and issues staff share with you to executive leaders
 - Share with the frontline the mechanism for escalating concerns and thank them for their willingness to do so with the goal of improving the situation for all
 - Provide feedback to frontline staff
- Partner with leaders and other managers to ensure consistent messaging
 - Implement a departmental or unit level message board to share frequent updates



- Set up a buddy system for staff who may be having to work in an unfamiliar unit. Partner frontline staff who are new to a clinical area or in taking on critical care patients for the first time with more tenured team members to get advice and voice concerns
- Encourage staff to publicly share stories of teammates going above and beyond the call
- Develop a process for peer support for frontline staff
 - Identify natural peer supporters among your unit
 - Share the Care for the Caregiver Key Concepts for Tier 1 interactions
 - Consider using conferencing tools to set up peer support “connection groups” in which care teams can support one another and discuss ongoing challenges.
- Develop a peer support team among managers
 - You too need emotional support – develop a process for the management team to provide emotional support for one another

Frontline Staff

- Embrace “teamwork” concepts
 - Utilize standardized communication
 - Reinforce use of huddles when situation and clinical needs change
- Request observation of donning and doffing PPE when rushed or unclear
- Escalate concerns to manager and senior leaders
- Seek opportunities to offer peers relaxation/stress management breaks
- Be alert to signs of increased stress or need for emotional support among your team
 - Provide 1:1 peer support as you see the need
 - Escalate situations where you believe a teammate is in need of more intensive assistance
 - Familiarize yourself with higher level resources within your organization
- Foster a spirit of fortitude, patience, tolerance, and hope



Caregiver Assessments



I'm Safe Checklist

Peer supporters must be mindful of their abilities to engage mentally and emotionally with those they are deployed to assist. Using this self-assessment tool may assist to determine if an individual is in a healthy place to provide peer support to others.

I	Illness	Are you suffering from any symptoms of illness that might interfere with your ability to perform your role as a peer supporter?
M	Medication	Are you taking any medication (prescription or over-the-counter, that may interfere with your ability to pay attention and be fully present with the individual to whom you are providing the support?
S	Stress	Are you worried about anything in your personal or professional life that is resulting in a greater than usual amount of anxiety?
A	Alcohol/Drugs	Do you currently have any ETOH or drugs in your system?
F	Fatigue	Have you been getting enough sleep/hydration/ nutrition? Being hangry (anger stemming from hunger) is a real issue and may hinder your ability to be fully mentally and emotionally present during a peer supporter deployment.
E	Emotions	Have you fully recovered from any emotionally traumatizing events, including vicarious trauma from providing peer support to others?



Stress Vulnerability Questionnaire

Peer Supporters may find benefit in periodically evaluating their stress vulnerability. Read each statement carefully and reflect upon your typical behaviors. Then write the appropriate number indicating how often the statement applies to you using the following scale.

1 -Always 2-Most of the Time 3-Sometimes 4-Almost Never 5-Never

- I eat at least one hot balanced meal a day.
- I get seven to eight hours of sleep at least four nights a week.
- I give and receive affection regularly.
- I have at least one relative within 50 miles on whom I can rely.
- I exercise to the point of perspiration at least twice a week.
- I smoke less than half a pack of cigarettes a day.
- I take fewer than five alcoholic drinks per week.
- I am the appropriate weight for my height.
- I have an income adequate to meet basic needs.
- I get strength from my religious beliefs.
- I regularly attend club or social activities.
- I have a network of friends and acquaintances.
- I have one or more friends to confide in about personal matters.
- I can speak openly about my feelings when angry or worried.
- I have regular conversations with the people I live with about domestic problems such as chores, money, and daily living issues.
- I do something for fun at least once a week.
- I am able to organize my time effectively.
- I drink fewer than three cups of coffee (or tea or cola) a day.
- I take quiet time for myself during the day.
- I am in good health, including eyesight, hearing, dental health, etc.

Total Your Score: _____

Scores will range from 20 to 100.

- < 50** You are not vulnerable to stress currently.
- > 50** Indicates vulnerability to stress. Use caution with accepting deployment. Evaluate the reasons for the stress and identify strategies for dealing with it.
- 70 to 95:** Indicates a serious vulnerability to stress. Do not accept deployment and notify your peer support program lead as you may benefit from peer support, debriefing, or counseling yourself.
- >95** Seek help.

The direct source of this questionnaire is the Center for Advancement of Learning's Learning Strategies database © 1998 University of Muskingum College at <http://muskingum.edu/~cal/database/Stressquest.html>



Caregiver Self-Care Assessment

How frequently do you do the following?

Never = 0

Rarely = 1

Sometimes = 2

Often = 3

Physical Self-Care

- Eat regularly (ex. breakfast, lunch, & dinner)
- Eat healthy meals
- Get regular medical check-ups
- Obtain medical care when needed
- Take time off to rest and recuperate when you are sick
- Get a massage
- Exercise/engage in a physical activity you enjoy
- Get enough sleep
- Take vacations
- Other: _____

Psychological Self-Care

- Take a day trip/mini-vacation
- Make time away from your telephone/office
- Make time for self-reflection—Listen to your thoughts, beliefs, feelings
- Read literature unrelated to your work
- Allow others to know different aspects of who you are
- Ask others for help/support when you need it
- Say no to extra responsibilities sometimes
- Try a new activity at which you are not an expert or in charge
- Other: _____

Emotional Self-Care

- Spend time with people whose company you enjoy
- Stay in contact with important people in your life
- Provide yourself with praise for your accomplishments
- Love yourself
- Find things that make you laugh
- Allow yourself to cry
- Make time to play and/or relax
- Other: _____



Never = 0

Rarely = 1

Sometimes= 2

Often = 3

Spiritual Self-Care

- Make time for reflection
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be open to not having all the answers
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Contribute to causes in which you believe
- Listen to music
- Other: _____

Workplace or Professional Self-Care

- Take your fully allotted time for lunch/breaks
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that you find exciting and rewarding
- Set limits with colleagues and consumers
- Balance your workload so that no one day or part of a day is "too much"
- Arrange your workspace so it is comfortable and comforting for you
- Get regular supervision or consultation
- Have a support group with your peers/colleagues
- Negotiate for your needs (ex. benefits, pay raise, time off)
- Other: _____

Balance

- Make efforts to have balance in your professional life and workday
- Strive to achieve balance among work, family, friends, play, and rest
- Other areas of self-care that are relevant for you: _____

If you found you are neglecting yourself in one or more of these areas, set a goal for at least one area of self-care that you want to improve. Decide the first step that you will take and commit yourself to a date to complete that first step.

(Caregiver Self-Assessment Reference: Saakvitne, K.W., & Pearlman, L.A. (1996). Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton & Company.)



Perceived Stress Scale 4 (PSS-4)

INSTRUCTIONS The questions in this scale ask about your feelings and thoughts during THE LAST MONTH. In each case, please place an "X" over the square representing HOW OFTEN you felt or thought a certain way. Don't dwell on your responses, go with your feelings.

	Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>				
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>				
3. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>				
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>				

Scoring for the Perceived Stress Scale 4:

Total Score: _____

Questions 1 and 4

- 0 = Never
- 1 = Almost Never
- 2 = Sometimes
- 3 = Fairly Often
- 4 = Very Often

Questions 2 and 3

- 4 = Never
- 3 = Almost Never
- 2 = Sometimes
- 1 = Fairly Often
- 0 = Very Often

Lowest score: 0
Highest score: 16

Higher scores are correlated to more stress.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.



Post-Traumatic Stress Disorders (PTSD)

Quick Check

If you have experienced, witnessed, or learned about an event that caused you to feel intense fear or helplessness, then answering these questions will help determine whether you might have PTSD.

INSTRUCTIONS: Below is a list of problems and complaints that people may have in response to an emotionally traumatic experience. Please read each one carefully. Circle the response that indicates how much you have been bothered by that problem in the past month.

Statement	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience?	1	2	3	4	5
Repeated, disturbing <i>dreams</i> of a stressful experience?	1	2	3	4	5
Suddenly <i>acting or feeling</i> as if a stressful experience were <i>happening again</i> (as if you were reliving it)?	1	2	3	4	5
Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience?	1	2	3	4	5
Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience?	1	2	3	4	5
Avoiding <i>thinking about or talking about</i> a stressful experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
Avoiding <i>activities or situations</i> because <i>they reminded you</i> of a stressful experience?	1	2	3	4	5
Trouble <i>remembering important parts</i> of a stressful experience?	1	2	3	4	5
<i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5
Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
Having <i>difficulty concentrating</i> ?	1	2	3	4	5
Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5



Scoring:

Total up the score by adding together the numbers that correspond with the responses you circled. Possible scores range from 17 to 85. Research has identified cut-off scores that indicate possible PTSD, ranging from 44 to 50, depending on the type of trauma experienced.

If you scored 44 or higher it is likely that you may have PTSD. Scores approaching 40 may indicate partial PTSD. So, if you scored higher than 40 and have not done so already, we strongly recommend that you contact EAP or the Peer Support Program for referral to a counselor where you can receive specialized help and treatment for trauma-related symptoms.

It is important to keep in mind that this self-assessment doesn't confirm whether you have PTSD. Only a trained mental health professional can provide you with a valid diagnosis of any mental health condition. Instead, it can help you determine the nature and extent of your symptoms and whether you might best seek advice from a mental health professional knowledgeable about PTSD.

** Created by Weathers, Litz, Huska, and Keane (1994); National Center for PTSD - Behavioral Science Division. This is a government document in the public domain.*



Care for Caregiver COVID-19 Resources

Topic	Link
Tips for emergency responders on taking care of yourself during disasters, Centers for Disease Control and Prevention	https://emergency.cdc.gov/coping/responders.asp
Mental health and psychosocial considerations during COVID-19 outbreak, World Health Organization	https://www.google.com/search?q=WHO+Mental+Health+Considerations&rlz=1C1GCEU_enUS821US821&oq=WHO+Mental+Health+Considerations&aqs=chrome..69i57j35i39j69i60.1589j0j7&sourceid=chrome&ie=UTF-8
Holistic stress management tips, American Holistic Nurses Association Managing health care workers' stress due to COVID-19 virus outbreak, National Center for PTS	https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp
AMA: Caring for our Caregivers During COVID	https://www.ama-assn.org/delivering-care/public-health/caring-our-caregivers-during-covid-19
Managing Mental Health During COVID; AMA	https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19
National Academy of Medicine: Resources to support the health and well-being of clinicians during COVID-19 outbreak	https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/



Recommended Reading and Viewing

If this is your first exposure to the concepts of a Care for the Caregiver program; we recommend reading these articles and viewing these videos.

Title	Description	Cite/Link
Heal Workers as Second Victims of Medical Errors	Overview of the need for a Care for the Caregiver program.	Edrees HH, Paine LA, Feroli ER, Wu AW. Healthcare workers as second victims of medical errors. <i>PolArch Med Wewn.</i> 2011; 121: 101-108
The Natural History of Recovery for the Healthcare Provider "Second Victim" After Adverse Patient Events	Provides an outline of the importance of implementation of a Care for the Caregiver program.	Scott SD, et al. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. <i>Qual Saf Health Care.</i> 2009;18:325- 330.
Caring for Our Own	Excellent explanation of the Scott Model for rapid response for caregivers traumatized as a result of their involvement in an adverse event. Showcases the high response rate from across the spectrum of healthcare providers.	Scott SD, et. al. Caring for Our Own: Deploying a Systemwide Second Victim Rapid Response Team. <i>Jt Comm J Qual Pat Saf.</i> 2010; 36: 233-240
Second Victim Support: Implications for Patient Safety Attitudes and Perceptions	Discusses the contribution of peer support to patient safety.	http://www.psqh.com/analysis/second-victim-support-implications-for-patient-safety-attitudes-and-perceptions/#
Improving Patient Safety: The Intersection of Safety Culture, Clinician and Staff Support, and Patient Safety Organizations	Whitepaper addresses the need of a culture of safety within high reliability organizations and draws the connection between second victim intervention and patient safety programs.	http://www.centerforpatientsafety.org/wp-content/themes/patient-safety/pdf/Second-Victims-White-Paper.pdf
Assessing the Perceived Level of Institutional Support	Good discussion of the importance of proper application of Just Culture principles to drive institutional support after an adverse patient safety event.	Joesten L, Cipparrone N, Okuno-Jones S, DuBose ER. Assessing the perceived level of institutional support for the second victim after a patient safety event. <i>J Patient Saf</i> 2014;00:00-00.
Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis	This meta-analysis quantifies the effect of physician burnout on patient safety, quality of care and patient satisfaction. This epidemic must be addressed through a focus on physician wellness; especially for physicians early in their careers.	Panagioti M, Geraghty K, Johnson J, et al. Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. <i>JAMA InternMed.</i> 2018;178(10):1317-1331. doi:10.1001/jamainternmed.2018.3713
Abandon the Term "Second Victim" An appeal from families and patients harmed by medical errors	Provides insights as to how the term "second victim" is perceived by harmed patients and families. As a "victim" the individual bears no responsibility for causing the injury and therefore has no accountability to address it.	Clarkson, M, Haskell, H., Hemmelgarn, C. & Skolnik, P. Abandon the term "second victim": An appeal from families and patients harmed by medical errors. <i>BMJ</i> 2019;364:l1233 doi: 10.1136/bmj.l1233.



Wisdom in Medicine: What Helps Physicians After a Medical Error?	Focuses on 'after the event'. Discusses the traits of peer supporters and how they best assisted caregivers. Provides quotes from personal experiences from those surveyed.	Plews-Ogan M, et al. Wisdom in medicine: What helps physicians after a medical error? Acad Med. 2016; 91(2): 233-41.
Clinician Support: Five Years of Lessons Learned	Lessons learned over five years after implementation of a Care for the Caregiver program using the Scott Model.	Hirshinger LE, et al. Clinician support: Five years of lessons learned. April 2015. Available at https://psqh.com/march-april-2015/clinician-support-five-years-of-lessons-learned
Let the Healing Begin: Caring for the "Second Victim"	ECRI Institute newsletter (subscription required) reinforces necessity for a Care for the Caregiver program.	Let the healing begin: Caring for the "second victim". 2013, Feb; Risk Management Reporter, 32(1): 1-9.

Videos		
Peer Support Interaction - Physician	CANDOR video of physician peer support	https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/videos/peer-support-physicians.html
Peer Support Interaction - Nurse	CANDOR video of nurse peer support	https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/videos/peer-support-nurses.html
Voices of Caregivers, Schwartz Rounds	The Schwartz Center for Compassionate Care introduces an approach to enhance the resilience of caregivers through daily stressors	http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds/
Physician to Resident Peer Support	MITTS video	https://www.youtube.com/watch?v=eemh0ascA70
Peer Support Follow-up	MITTS video	https://www.youtube.com/watch?v=3XGfCu4Z_g
Suicidal Colleague	MITTS video	https://www.youtube.com/watch?v=_JufJev0E50
Group Debrief Harm Reached Patient	MITTS video	https://www.youtube.com/watch?v=HKCwwacpufE
Group Debrief Trauma in ER	MITTS video	https://www.youtube.com/watch?v=m0a-KR4pKik
Facilitator Follow-up	MITTS video	https://www.youtube.com/watch?v=2IAwfpwllM



Additional Resource Materials

There are many educational opportunities available to assist with enhancing fundamental skills such as approaches to active listening and empathic communication. Your team may find value in watching TED Talks, YouTube videos, discussing new studies and approaches when dealing with emotional trauma, and participating in activities to address the effects of personal stress. **Links to a few of these resources are provided below.**

Title	Description	Link
<i>The Power of Vulnerability</i> Brené Brown Run time: 20:13	Discussion of what gives meaning and purpose to our lives.	https://www.ted.com/talks/brene_brown_on_vulnerability?referrer=playlist-the_most_popular_talks_of_all
<i>The Surprising Science of Happiness</i> Dan Gilbert Run time: 21:00	Happiness is not a “thing” to be found, it can be synthesized.	https://www.ted.com/talks/dan_gilbert_asks_why_are_we_happy?referrer=playlistthe_most_popular_talks_of_all
<i>How to Make Stress Your Friend</i> Kelly McGonigal Run time: 14:25	Changing how you view stress can change your body’s response resulting in a healthier you.	https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend?referrer=playlist-the_most_popular_talks_of_all
<i>Healthcare’s Compassion Crisis</i> Dr. Stephen Trzeciak Run Time: 15:00	Discussion of what patients involved in a major bus accident five years prior recall most about their traumatic experience. Explores the medical benefits of compassion.	https://www.ted.com/talks/stephen_trzeciak_how_40_seconds_of_compassion_could_save_a_life
<i>Why Doctors Kill Themselves</i> Dr. Pam Wible Run Time: 13:42	Abused medical students may eventually become abused physicians who abuse their patients. How you can help.	https://www.tedmed.com/talks/show?id=528918
<i>Unmasking the Invisible Wounds of War</i> Melissa Walker Run Time: 10:00	Explores ways for those suffering from PTSD-like symptoms to express feelings when words fail.	https://www.tedmed.com/talks/show?id=526823

