Addressing Caregiver Trauma and Promoting Resilience Through Peer Support Systems

AHHA LTC & Nurse Leadership Committees Joint Session
April 9, 2025

Maria Gonsalves Schimpf, MA, MT-BC

Worklife Well-being Leader

Boulder Community Health

Boulder, Colorado

(M) 646-263-1495

mcg257@nyu.edu

AGENDA:

Building a Safe Community and Workplace

Understanding Stress and Trauma

Incorporating Psychological First Aid (PFA)

Utilizing Stress Continuum for Healthcare Personnel

Building a Safe Workplace and Community

A Framework For Hospital and Health System Leadership

American Hospital Association (AHA)

The Joint Commission:
Definition fo Workplace Violence

"An act or threat occurring at the workplace that can include any of the following:

verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults;

or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

GOAL: REDUCE, MITIGATE & RESPOND

Enable pathways to recognize physical and non-physical trauma, recover, build resiliency and avoid re-traumatization.

Trauma Support

Culture of Safety

Prioritize physical and psychological safety of the workforce, patients, families and communities.

EDUCATION

DATA

Leadership

ACCOUNTABILITY

Collaborate with community partners, hospital-based programs and others to prevent ongoing or future violent incidents.

Violence Intervention

Mitigate Risk

Assess potential risks and work together to reduce risks and improve the environment.

5

What is psychological safety?

What is physical safety?

How are they interdependent?

Psychological Safety

"a belief that **one will not be punished or humiliated for speaking up** with ideas, questions, concerns, or mistakes, and that **the team is safe** for interpersonal risk-taking"

-Amy Edmondson

DEFINITIONS:
PSYCHOLOGICAL & PHYSICAL SAFETY

Psychological Safety:

Psychological safety is the experience of being able to ask questions, disclose mistakes, and ask for help without fearing that people will think less of you. In psychologically safe environments, you feel free to bring your authentic self to work and be accepted for who you are.

Physical Safety:

Physical safety involves protection from workplace violence through preventative and responsive processes, policies and reporting mechanisms that are person-centered, trauma-informed and transparent.

Incivilty in the workplace

Risk assessment tools

Threat assessment

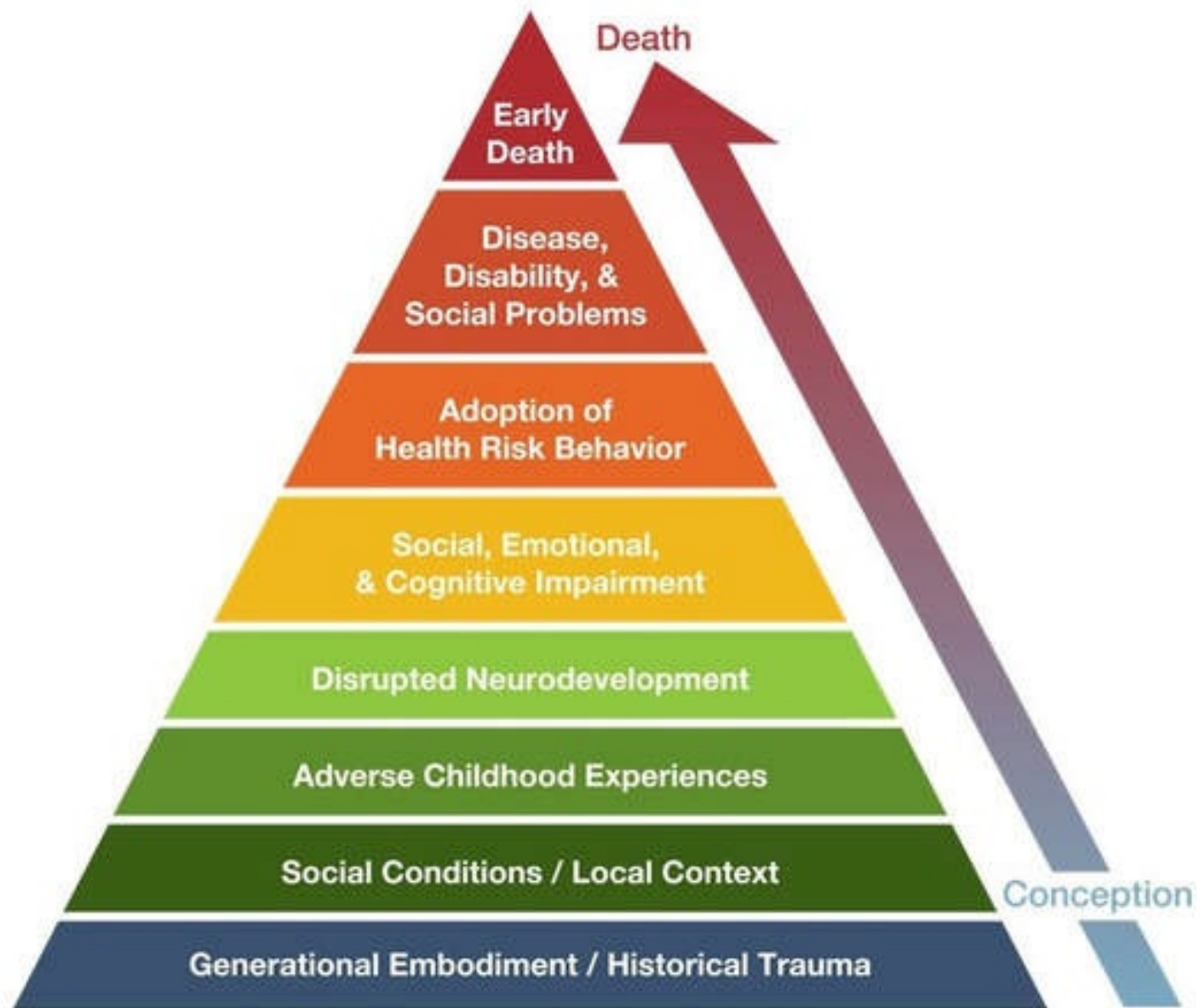How might education about stress and trauma be valuable here?

Hospital violence intervention programs (HVIP)

Violence intervention professionals

"Trauma that isn't transformed is transferred."
- Atlanta's Interrupting Violence for Youth and Young Adults Project

Trauma-informed verbal de-escalation training:

Confidently & safety play a role in prevention

Bystander training:
Empowering workforce to intervene when witnessing harassment, discrimination, incivility, lateral violence

Investment in continual education, training and support:
Schwartz Center for Compassionate Healthcare

Understanding Stress and Trauma

The Impact of Traumatic Stress, Resilience, and Threats to Core Values o... Nurses During a Pandemic

Deborah Swavely [1], Barbara Romig [1], Guy Weissinger [1], Heidi Holtz [1], Mary Alderfer [1], Lisa Lynn [1], Thomas Adil...

Cynda Hylton Rushton [1]

OBJECTIVE

The aim of this study was to understand the traumatic stress and resilience of nurses wh... cared for patients with COVID-19.

BACKGROUND

Studies have shown a high proportion of healthcare workers are at risk for developing posttraumatic stress disorder after a pandemic. Resilience factors are believed to play a... important role in the well-being of healthcare professionals.

METHODS

This was a triangulated mixed methods study; a phenomenological qualitative approach... with survey data was used to triangulate the findings, and sensemaking was used as the... theoretical framework.

RESULTS

Four themes emerged from the study: 1) phases of traumatic stress response to perceive... threats; 2) honoring their sacrifice; 3) professional self-identity; and 4) sustaining resilience in a stressful work environment. Quantitative results on traumatic stress, gen... resilience, and moral resilience supported the themes.

IMPORTANCE OF TRAUMA-INFORMED APPROACHES AT AN ORGANIZATIONAL LEVEL

"Traumatic stress can have long-reaching impact on mental well-being, including PTSD.[24,30]

Organizations have a significant impact on mitigating trauma responses, highlighting the need for trauma-informed approaches at an organizational level.[31] When employees perceive their organizations to be supportive and caring, they experience lower levels of trauma.[31]

As organizations adopt these strategies, nurses in this study identified low-cost short-term interventions that can assist nurses in restoration, such as a psychologically safe environment to share their stories, a key element of healing from traumatic stress,[31] and rounding by spiritual care."

HOW CAN WE SHIFT OUR PERSPECTIVE?

"What's *wrong* with you?" → "What's *happening for you?*"

- Tool is reflection – antidote to reaction/reactivity
- Provides context
- Fosters compassion
- Identifies strengths in the face of adversity
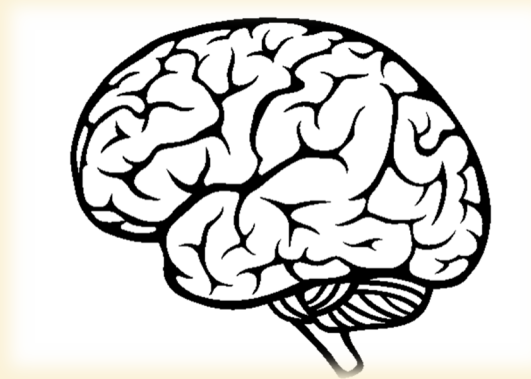
WHAT IS TRAUMA?

EVENT

Actual or perceived threat

Individual
or
community

EXPERIENCE

Fight / flight / freeze / fawn

Threatening

Overwhelming
Unique

EFFECT

Social & Emotional: lack of trust, fear, dysregulation

Mental: anxiety, depression, hopelessness, dissociation

Physical: panic attacks, risky behaviors, disease

People can live through the same event but have very different experiences and reactions

UNDERSTANDING STRESS AND TRAUMA

Stress and trauma negatively impact the health of individuals, communities, and systems.

Building our knowledge of stress, trauma, and their effects is the first step as we work to strengthen our resilience.

THE BODY'S REACTION TO STRESS

STRESS
SYMPATHETIC

CALM
PARASYMPATHETIC

The **Accelerator** "fight or flight"

The **Brakes** "rest and digest"

PUPILS EXPAND

PUPILS SHRINK

FAST & SHALLOW BREATHS

SLOW, DEEP BREATHS

HEART PUMPS FASTER

HEART SLOWS

GUT INACTIVE

GUT ACTIVE
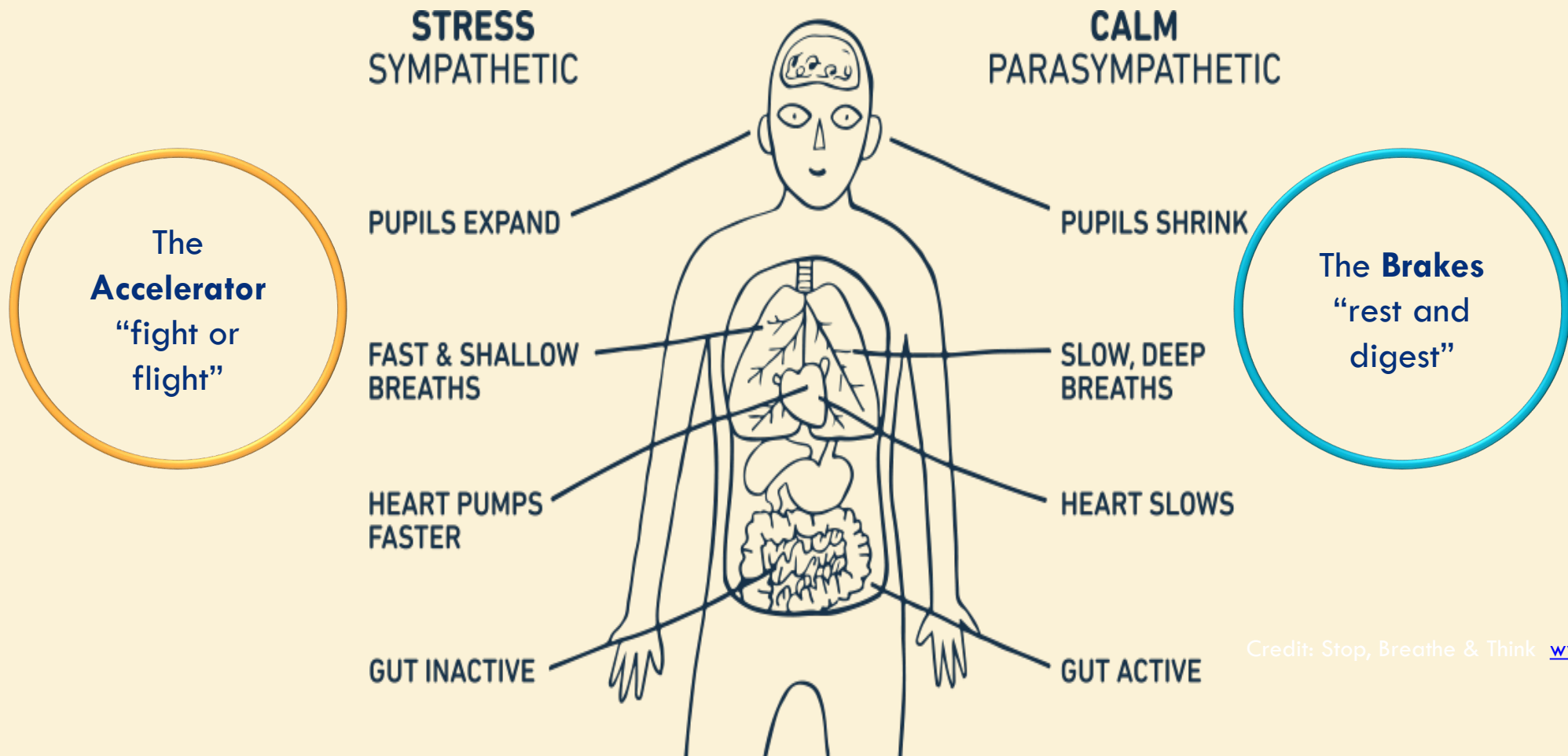
Credit: Stop, Breathe & Think   www.stopbreathethink.com

TRAUMA RESPONSE

FIGHT
Aggressively confronting the threat.

FLIGHT
Run away or hide from the threat.

Trauma overwhelms our systems, disrupts our ability to connect to safety, and places us in survival mode.

FREEZE
Numb or unable to move or act against the threat.

FAWN
Appease or comply with the threat to avoid conflict.

ACTIVITY: TURN AND TALK

Fight, Flight, Freeze or Fawn:

What is your "go to" response when your FFFF system is activated and you move into survival brain?

Consider a recent experience:

How did you get yourself back into your thinking brain? What helped?

TRAUMA "WEARS A GROOVE" IN THE BRAIN
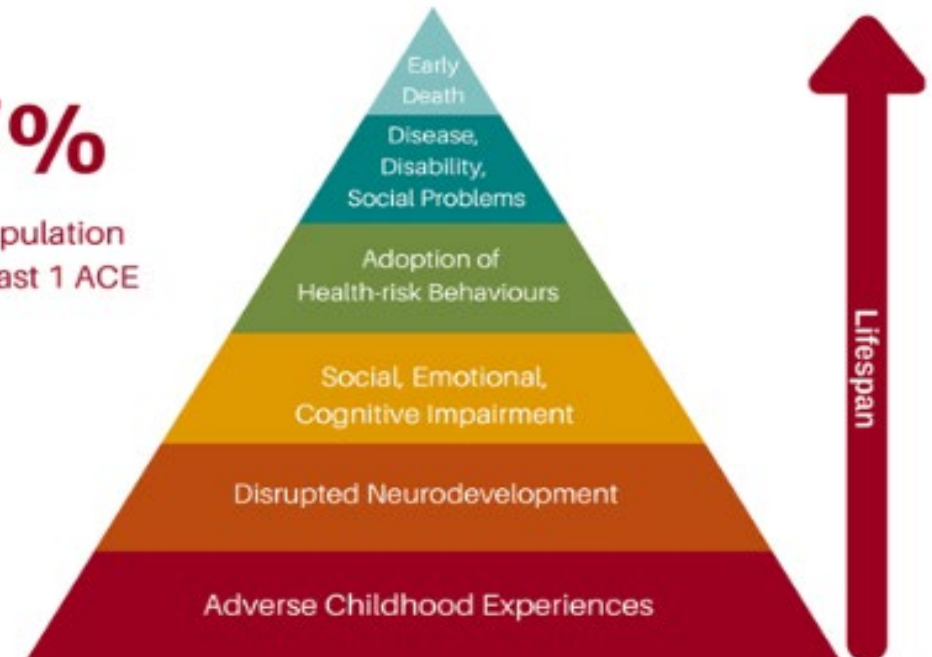
STRESS AND TRAUMA CAUSE HEALTH PROBLEMS

Credit: The 70-30 Campaign

How do stress and trauma present in healthcare for those we are serving?

Common Triggers
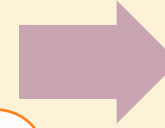
Environmental
- Loud sounds
- Bright lights
- Crowds
- Being in a location where trauma previously occurred

Interactional
- Loss of control
- Language barriers
- Power differentials
- Health literacy

Situational
- Covid visitor restrictions
- Running late
- Long wait times
- Vulnerable procedures

Behaviors/Reactions

Fight
- Angry behavior
- Can't hear other viewpoints
- Demanding

Flight
- Fidgety or tense
- Vigilant
- Stops following-up

Freeze
- Isolating
- Unable to make a decision
- Can't remember instructions

Fawn
- Flatters others
- People pleasing
- Can't/doesn't say no

Soothing the Survival Brain – the Three R's

Step 1 - Recognize

Become aware of your threat signals and how to recognize a fear response in others
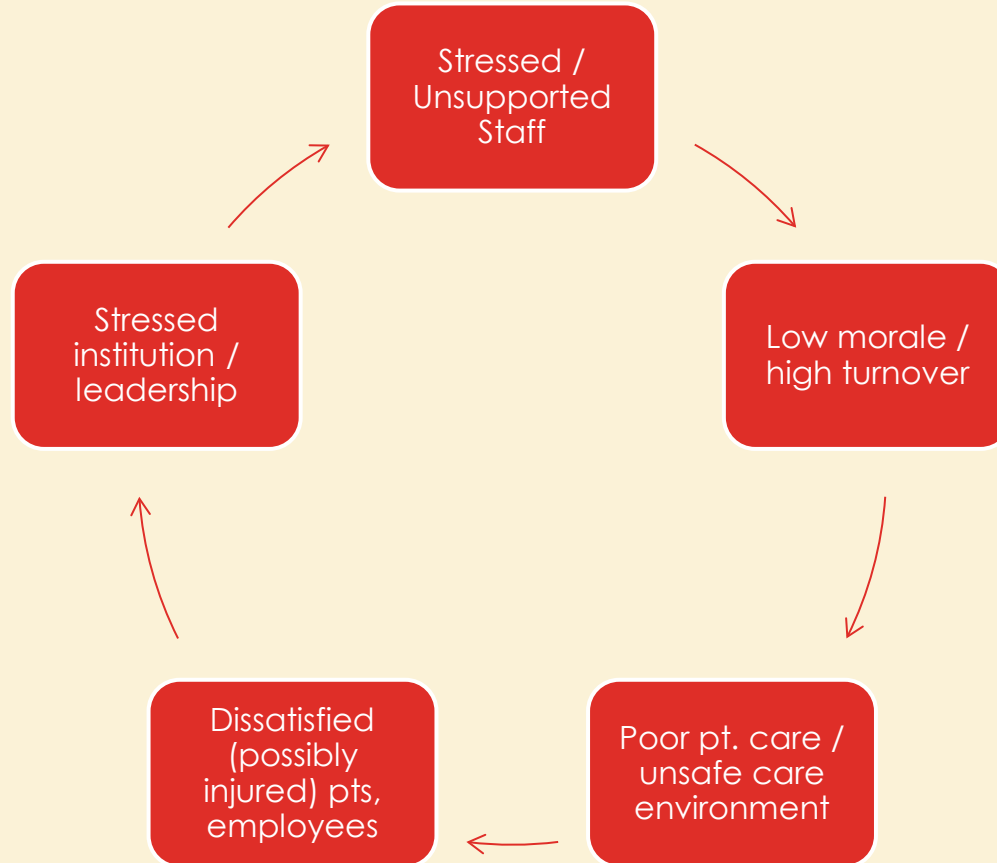
Step 2 – Reduce/Relax

Use a grounding technique to help soothe your fear response or help someone else.

Step 3 - Reflect

"What is the need behind this behavior?"
"How can I respond to this need?"

TRAUMA OCCURS IN ORGANIZATIONS, NOT JUST INDIVIDUALS

Credit: Johns Hopkins Caring for the Caregiver

ORGANIZATIONAL STRESS AND TRAUMA
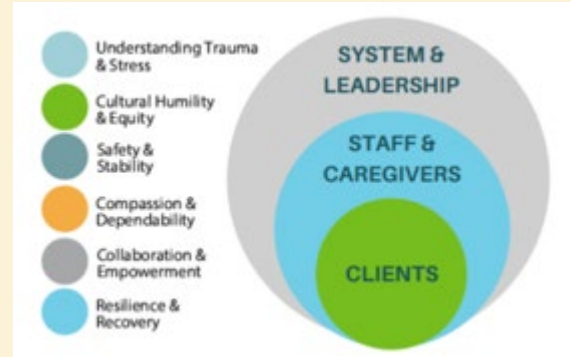
STRESSFUL EVENTS IN HEALTHCARE

Workplace violence and assaults

Death of patients and colleagues

Unanticipated outcomes

Ethical dilemmas and moral distress

Tragic events

Conflicts with patients and families

Conflicts within healthcare team

Cumulative stress in high exposure profession

Triggering of personal traumas

ORGANIZATIONAL CHANGE

Stress Inducing ───────────────────────▶ **Stress Reducing**

Trauma-Organized

➢ Fragmented
➢ Reactive
➢ Rigid
➢ Reliving / Retelling
➢ Avoiding / Numbing
➢ Inequitable
➢ Authoritarian leadership

Trauma-Informed

➢ **Realizes** widespread impact
➢ **Recognizes** socio-cultural trauma
➢ **Recognizes** effects
➢ **Responds** by shifting practice
➢ **Resists** re-traumatization
➢ Uses shared language

Healing Organization

➢ Integrated
➢ Reflective
➢ Flexible & adaptable
➢ Makes meaning out of historical past
➢ Growth & prevention-oriented
➢ Equitable & inclusive
➢ Relational Leadership

Psychological First Aid (PFA)

Reducing Distress &
Fostering Short- and Long-term Adaptive Functioning

CONTINUUM OF CARE

Psych First Aid — **Crisis Intervention** — **Counseling** — **Psychotropic Meds & Psychotherapy**

Physical First Aid — **Basic Life Support** — **Advanced Life Support** — **Medicine & Surgery**

PSYCHOLOGICAL FIRST AID (PFA)

PSYCHOLOGICAL FIRST AID

PSYCHOLOGICAL FIRST AID: **5 BASIC PRINCIPLES**

1. Promoting a sense of **safety**
2. Promoting **calming**
3. Promoting a sense of **self and community efficacy**
4. Promoting **connectedness**
5. Instilling **hope**

PSYCHOLOGICAL FIRST AID: **5 OBJECTIVES**

1. **Establish human connection** in a non-intrusive, compassionate manner.

2. **Enhance immediate and ongoing safety and** provide physical and emotional comfort.

3. **Calm and orient** emotionally overwhelmed or distraught colleauges.

4. Help distressed staff to tell you their **specific immediate needs** and concerns and gather additional information.

5. **Offer practical assistance and information** to meet immediate needs and concerns.

PSYCHOLOGICAL FIRST AID: **8 CORE FUNCTIONS**

1. Contact & Engagement

2. Safety & Comfort

3. Stabilization

4. Information Gathering

5. Practical Assistance

6. Connection with Social Supports

7. Information on Coping

8. Linkage to Collaborative Services

PFA
CORE FUNCTION #1

Contact and Engagement:

Respond to or initiate contacts in a nonintrusive, compassionate and helpful manner

**PFA
CORE FUNCTION #2**

Safety and Comfort:

Enhance immediate and ongoing safety and provide physical and emotional comfort

**PFA
CORE FUNCTION #3**

Stabilization (if needed):

Calm and orient emotionally overwhelmed staff

**PFA
CORE FUNCTION #4**

Information Gathering:

Identify immediate needs and concerns, gather additional information, and tailor PFA interventions

**PFA
CORE FUNCTION #5**

Practical Assistance:

Offer practical help to staff members in addressing immediate needs and concerns

PFA
Core Function #6

Connection with Social Supports:

Help establish brief or ongoing contacts with support persons and/or other sources of support, including workplace peers, family members, friends, and helpful community resources.

**PFA
Core Function #7**

Information on Coping:

Provide information about stress reactions and coping to reduce distress and promote adaptive functioning

PFA
Core Function #8

Linkage with Collaborative Services or External Support:

Link staff with available services needed now or that could be needed in the future.

PSYCHOLOGICAL FIRST AID: **8 CORE FUNCTIONS**

1. Contact & Engagement

2. Safety & Comfort

3. Stabilization

4. Information Gathering

5. Practical Assistance

6. Connection with Social Supports

7. Information on Coping

8. Linkage to Collaborative Services

Stress Continuum for Healthcare Personnel

A Tool from Stress First Aid

The Stress Continuum for Health Care Personnel

Stress First Aid supports and validates good friendship, mentorship, leadership, collegial actions

The **continuum** tool provides an opportunity for community and social connection among health workers to mitigate burnout and feelings of isolation and loneliness

STRESS INJURIES

Figure 2. Four Sources of Stress Injury

Trauma	Loss	Inner Conflict	Wear and Tear
A *traumatic* injury Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death.	**A *grief* injury** Due to the loss of people, things or parts of oneself.	**A *moral* injury** Due to behaviors or the witnessing of behaviors that violate moral values.	**A *fatigue* injury** Due to the accumulation of stress from all sources over time without sufficient rest and recovery.
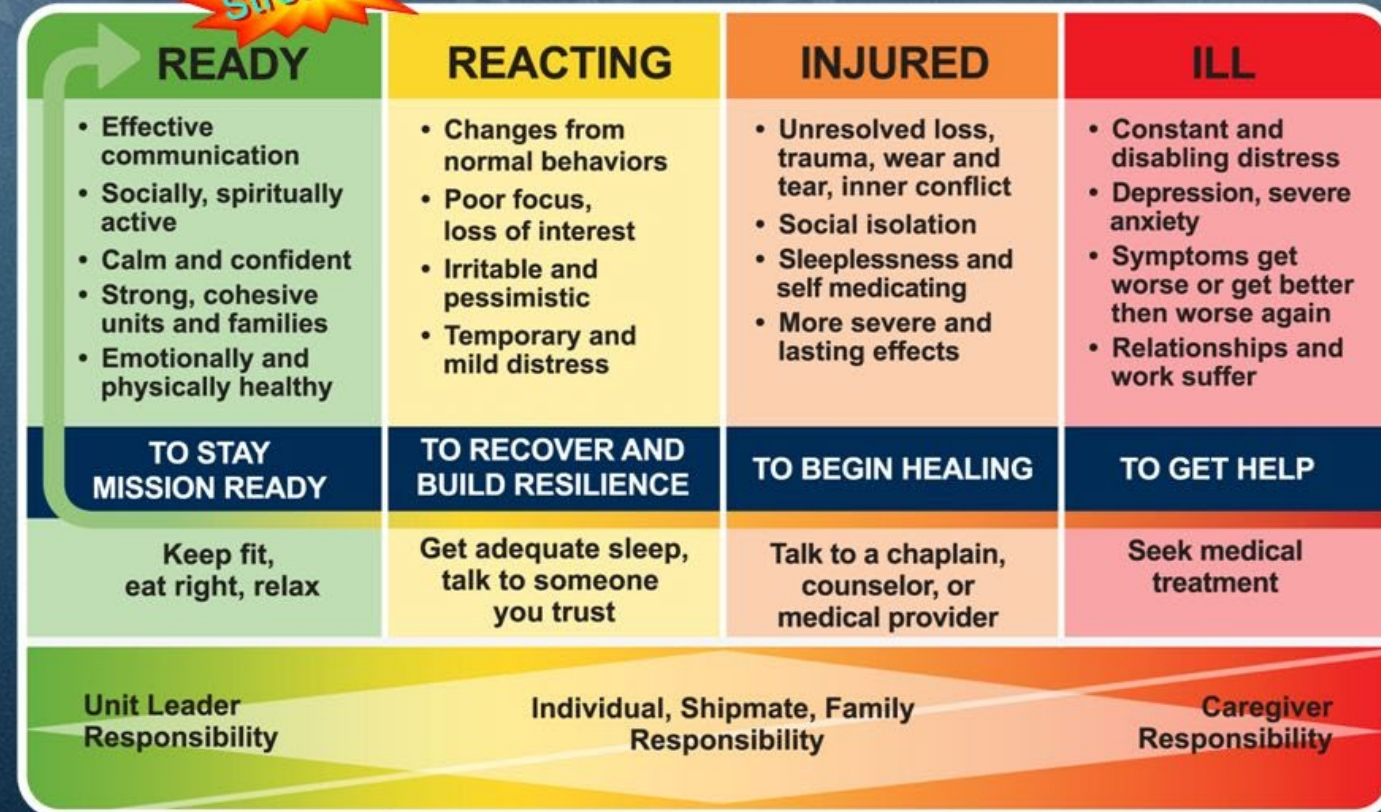
Reference: *Nash, W. P. (2011). US Marine Corps and Navy combat and operational stress continuum model: A tool for leaders. Combat and operational behavioral health, 107-119*

READY	REACTING	INJURED	ILL

STRESS CONTINUUM FOR HEALTHCARE PERSONNEL

READY: Thriving *"I got this."*	REACTING: Surviving *"Something isn't right."*	INJURED: Struggling *"I can't keep up."*	ILL: In Crisis *"I can't survive this."*
Calm and steady Sense of mission Spiritually, physically and emotionally healthy Emotionally available Able to focus Able to communicate effectively Normal sleep patterns and appetite Healthy sleep Sense of joy/vitality Room for complexity	Nervousness, sadness, increased mood fluctuations Cynicism More easily overwhelmed and irritated Work avoidance Loss of interest or motivation Distance from others Short fuse Loss of creativity Fatigue/weariness Trouble sleeping and eating	Persistent fear, anxiety, anger or pervasive sadness Isolation/avoiding interaction Sleep disturbances/bad dreams Numbing Feeling trapped Distant from life Exhausted Physical symptoms Persistent shame, guilt or blame Disengaged	Hopelessness, anxiety, panic or depression Intrusive thoughts Feeling lost or out of control Insomnia, nightmares Thought(s) of suicide or self-harm Hiding out Easily enraged or aggressive Broken relationships Dependence on substances, food or other numbing

WHAT TO DO

Exercise, nourish, relax, prioritize family and social connections	Talk to trusted individuals: friend, family or peer responder	Talk to counselor, therapist or medical provider	Seek immediate mental health treatment (CO Crisis Services available at 1-844-493-8255)

Individual Responsibility   Community, Family, Colleague Responsibility   Care or Medical Provider Responsibility

HOW DO I KNOW I'M "IN THE GREEN?"

- I'm sleeping 8 hours without disruption
- I'm not dreading going to work
- I'm not using XXX to numb out what hurts
- I'm laughing with my children
- I can take pleasure in the small things
- My body feels strong, it doesn't hurt
- I can listen to my body's cues
- I wake up looking forward to the day

- I am meditating or praying
- I have time and desire to help others
- I like myself
- I have enough left over to care for my family
- My friends tell me I'm "back."
- I head to the mountains once a month

What is true for you?

GREEN: Health, Work, Life, Relationships

Health	At Work	Outside of Work	Relationships	Survival Tools
Sleep 8 hours a night (5 days a week)	I don' talk trash about patients	Get to the mountains twice a month	My 2 best friends know how I'm doing	Eating comfort food
Run 3 times a week.	Volunteer to teach a training	Have dinner with friends once a week	I'm choosing time with my family	Busyness/ Constant noise
Meditation/ prayer 4-5 times a week	Feel like I'm making a difference	I have days off I say no when I feel overwhelmed	I spend time with people who aren't in healthcare	Drinking coffee to stay awake

How do I know I'm "in the green?"

I'm going to the mountains once a month.

I'm laughing with my children.

I regularly show up to my dance class.

I'm attending the community art events important to me.
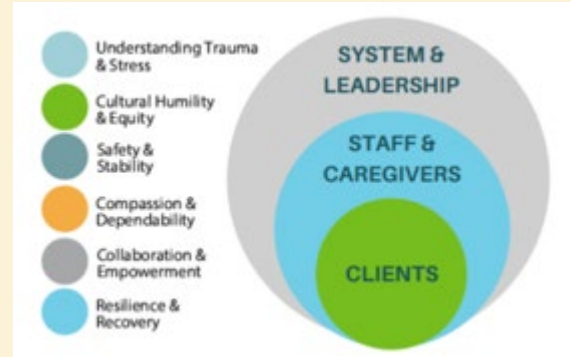
ORGANIZATIONAL CHANGE

Stress Inducing ——————————————————————————→ **Stress Reducing**

Trauma-Organized

➢ Fragmented
➢ Reactive
➢ Rigid
➢ Reliving / Retelling
➢ Avoiding / Numbing
➢ Inequitable
➢ Authoritarian leadership

Trauma-Informed

➢ **Realizes** widespread impact
➢ **Recognizes** socio-cultural trauma
➢ **Recognizes** effects
➢ **Responds** by shifting practice
➢ **Resists** re-traumatization
➢ Uses shared language

Healing Organization

➢ Integrated
➢ Reflective
➢ Flexible & adaptable
➢ Makes meaning out of historical past
➢ Growth & prevention-oriented
➢ Equitable & inclusive
➢ Relational Leadership

trauma TRANSFORMED

QUESTIONS OR REFLECTIONS?

Thank you for your leadership. Thank you caring for your communities as you do. May you prioritize your wellbeing so that you can continue to care for the wellbeing of your people.

Contact Info:
Maria Gonsalves Schimpf
(mobile) 646-263-1495
(email)   mcg257@nyu.edu