

Supporting Hospital Staff Experiencing COVID-19 Related Stress:

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Overview of Training

- Welcome
- Review what is known about the impact of high levels of distress generated by ongoing external dangers/demands
- Benefits of a structured approach to one-on-one consultation
- Review of the steps of the structured one-on-one consultation
- Questions

Quotes from the Front Line

I'm worried that I'm going to bring the virus home and infect my family

I see so much suffering and death every day

I'm having a hard time sleeping. I dream about work wake up dreading going into work.

I worry about my patients, who are all alone with no family to hold their hand and support them

Impact of High Levels of Stress

- Challenges/undermines normally available strategies for coping with stress
- Significantly disrupts ability to regulate interplay between thoughts, somatic experience, mood and behaviors
- Can result in sense of loss of control
 - Of self
 - Of the world around them

Goal of Structured Approach to One-on-One Consultation

- Goal of intervention:
 - Help individuals learn new approaches to coping with overwhelming stress
 - Reassert order and control in an unpredictable world

Essential Themes to Keep in Mind

- Be aware of your responses
- Separate your responses from those from what you're hearing from others
- Be aware of when you're anxious about what you anticipate hearing

Impact of high levels of distress generated by ongoing external dangers/demands

When so much of our external world is out of our control, it is important to find ways to:

- Increase our level of control over our responses to danger and fear
- Recognize impact of stress on brain and body functioning
- Understand our own experience of fear and uncertainty so we are able to find ways to:
 - Lower distress
 - Increase feelings of well-being

Common Sources of Human Fear

- Loss of life—of self and others
- Loss of love—of self and others
- Damage to our bodies
- Loss of control of thoughts, affects and behavior
- Loss of a predictable world

Common Themes Specific to Burdens Currently Carried by Healthcare Staff

- Fears and concern about their own vulnerability and risk of infection (both for themselves and family members)
- The high volume of very ill COVID-19 patients that require intensive and exhausting assessment, acute response and ongoing care
- The frustration and feelings of helplessness that result from the reality of our current limited knowledge about effective treatments.
- Frustrations about barriers to the full typical range of interactions and connections with the patient as the result of the need for PPE
- Volume and experience of being only person with dying patient in the absence of family members and friends
- The high volume of confrontation with death that may increase a sense of defeat in the context of professional aspirations involving saving lives.
- Volume and experience of issuing death notifications

Impact of High Levels of Stress on Brain and Functioning

- Under normal circumstances:
 - Regular communication occurs between pre-frontal cortex and amygdala
 - **Pre-frontal cortex:**
 - Organizes information
 - Thinks in organized way
 - Makes decisions about actions
 - **Amygdala:**
 - Acts as the center of the chemistry of emotions
 - Plays a central role in responding to fear and threat
 - Triggers fight-flight response

Impact of High Levels of Stress on Brain and Functioning, etc.

- Communication between pre-frontal cortex and amygdala is disrupted when we feel threatened by:
 - Threats to our own safety and the safety of others
 - Major disruptions to the ways we live
 - Loss of love of ourselves and others
- At these times, our brains literally may not work the same way
- When communication is disrupted:
 - Fight-flight responses are activated
 - Stress reactions are amplified
- Activation of fight-flight responses lead to:
 - Increased production of stress hormones
 - Increased physical and cognitive symptoms of anxiety and distress

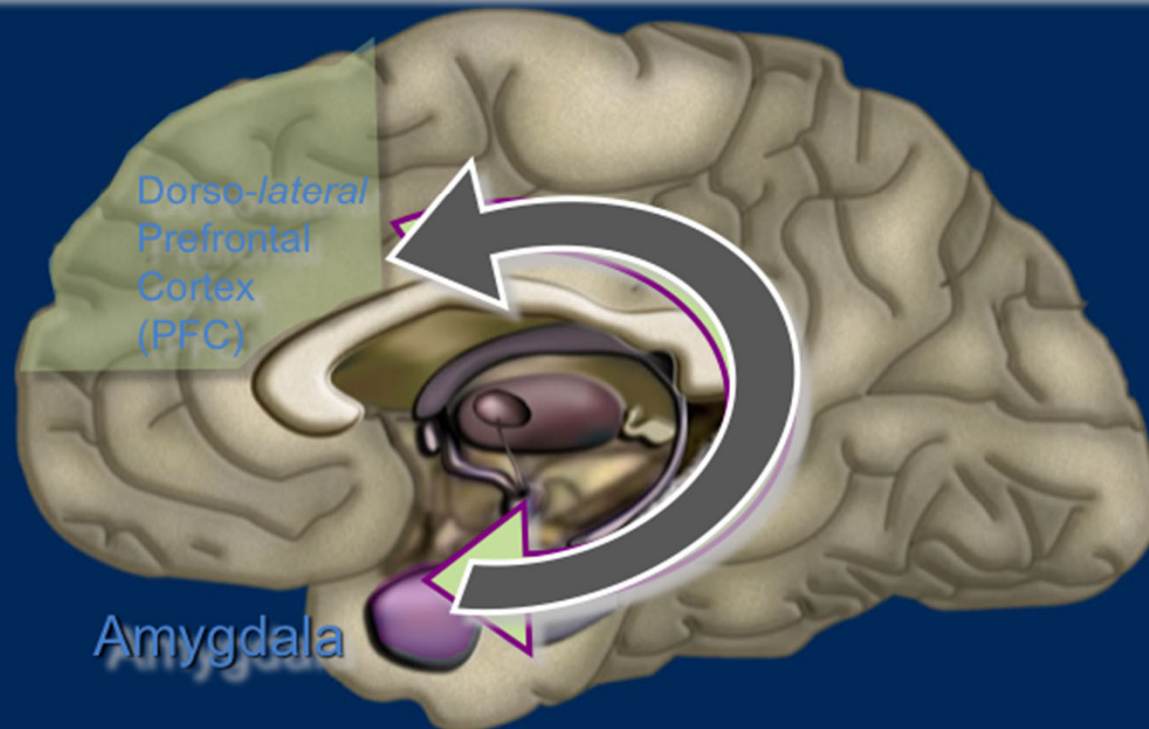
Impact of High Levels of Stress on Brain and Functioning, etc.

- When stress levels are high:
 - Physical symptoms increase
 - Ability to use thinking as a way of calming ourselves and take control decreases
- When the amygdala is working overtime:
 - The prefrontal cortex, which organizes thoughts, analyzes problems, and initiates action plans, can be overwhelmed
 - Very real changes in our ways of thinking occurs
- Changes in physical and cognitive symptoms can:
 - Further activate our alarm systems
 - Magnify sense of loss of control and helplessness
 - Result in not only the world feeling out of control, but our reactions and feelings seem out of control as well.

Mastery vs. Failure (Yun et al. Brain Imaging Behav 2010)

Mastery: Prefrontal Cortex “Control Center” suppresses activation of amygdala “Emotion Center”

Failure: Amygdala “Emotion Center” suppresses PFC Control Center and IMPAIRS SUBSEQUENT PFC activation (I.e., Helplessness)



Breakdown of Specific Impact of Stress Reactions

- Physical/somatic
 - Heart pounding
 - Rapid breathing
 - Sweating
 - Gastrointestinal distress
 - Headaches and muscle tension without illness

Breakdown of Specific Impact of Stress Reactions

- Cognitive
 - Frequent difficulties concentrating
 - Intrusive thoughts and images
 - Nightmares
 - Self-critical thoughts
 - Suicidal thoughts*

*** Please note: If someone is expressing suicidal ideation, refer for evaluation**

Breakdown of Specific Impact of Stress Reactions

- Affective
 - Persistent sadness
 - Persistent sense of uselessness/ineffectiveness
 - Persistent anger
 - Loss interest in things you have previously enjoyed
 - Distant or emotionally cut-off from oneself or from others
 - Feeling increased irritability and/or lack of patience
 - Persistent/pre-occupying fear

Breakdown of Specific Impact of Stress Reactions

- Behavioral
 - Trouble falling or staying asleep or sleeping too much
 - Easily startled
 - Being “super alert” or watchful, or on guard
 - Withdrawal from contact with others
 - Irritable interactions and/or angry outbursts
 - Repetitive checking of the news
 - Increased obsessions and compulsions

Benefit of a Structured Approach to One-on-One Consultation Sessions

- When minds and bodies are dysregulated:
 - Executive functioning is compromised
 - Capacity for ordering and integrating is diminished
- Interventions need to help individual restore order, which can lead to:
 - Increased capacity for self-observation
 - Increased sense of structure, predictability and control
- How do we use this to inform our conversations?
 - Slow the conversation down
 - Hold structured discussions which deliver:
 - Level of structure, predictability and opportunity for control

Benefit of a Structured Approach to One-on-One Consultation Sessions, con't

- Consultation sessions are grounded in conceptual frame of reference, informed by:
 - Phenomena of stress reactions (i.e. impact on brain and functioning)
 - Impact on physical/somatic, cognitive, affective and behavioral symptoms
- Helps individuals gain:
 - Better understanding of their own experience the cycle of stress reactions
 - Increased capacity for self-observation
 - Greater sense of control
- Helps individuals identify words that more clearly articulate details of their experiences

Review of the Structured Approach to One-on-One Consultation

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Prior to Consultation Session

- Email the individual:
 - The document of “*Understanding and Coping with Reactions during a Pandemic*”
 - Blank copy of Acute Stress Disorder Scale (ASDS)
- Ideally individual will:
 - Review documents prior to session
 - Have documents with them during the session

Brief Outline of Structured Approach to One-on-One Consultation

- Open the session and check in
- Provide brief psycho-education on impact of high levels of stress
- Introduce and administer the Acute Stress Disorder Scale (or the ASDS)
 - Next steps:
 - Focus in on symptoms that were endorsed in the ASDS that are most frequent or most impactful
 - Introduce specific coping strategies that would specifically help to decrease these symptoms/reactions
- Discuss routines of daily life (review with all individuals)
- Discuss basics of sleep hygiene (review if sleep issues endorsed)
- Introduce coping strategies
 - **Focus on symptoms endorsed in the ASDS that are most frequent or most impactful**
 - **Introduce and review specific coping strategies that will specifically help to decrease the symptoms that are most frequent or most impactful**

Brief Outline of Structured Approach to One-on-One Consultation

- Introduce coping strategies
 - Goal:
 - Focus in on symptoms that were endorsed in the ASDS that are most frequent or most impactful
 - Introduce and review specific coping strategies that will specifically help to decrease the symptoms that are most frequent or most impactful
- Focused Breathing (i.e. for physical symptoms, emotional symptoms)
- Guided Imagery (i.e. for intrusive, repetitive disturbing thoughts and images)
- Challenging Unhelpful Thoughts (i.e. self-critical thoughts, thinking too far ahead, imagining the worst thoughts)
- Progressive Muscle Relaxation
- Social Connectedness and Helpful Considerations
- Arrange for Follow-Up Session

Opening the Session

- Introduce yourself
- Outline the structure of the session
 - Review of current situation and areas of difficulty
 - Review of range of common experiences individuals can have in highly distressing situations in order to:
 - Increase ability to observe reactions/symptoms
 - Find ways to turn down the volume
 - Feel greater sense of control

Opening the Session, continued

Sample language:

- *“I would very much like to hear what’s happening for you generally, and we’ll also review together some of the details, specifically about functioning about thoughts, feelings, somatic reactions and behaviors.”*
- *“We’ll discuss some of the strategies/approaches turning the volume down.”*
- *“Toward the end of the call we’ll think together about what further contact/help might be useful.”*

Brief Initial Check-In

Brief Initial Check-In

- Ask how the individual is doing in general
- Explore areas of greatest difficulty

Sample language:

- *“I want to hear about how you are doing and hear about the areas that are hard. I’ll also share with you what we know about stress reactions.”*
- *“So first, tell me what’s going on for you (areas of greatest difficulty)?”*

Psychoeducation

- Understanding the impact of high levels of stress on minds and bodies helps to:
 - Identify best strategies for addressing stress reactions
 - Bring stress reactions under greater control
- **Sample language to introduce psychoeducation:**
 - *“Let tell you about what we know about stress reactions, so we have a context for thinking together about your current experience.*
 - *The more we can understand what happens to us as human beings, the better we are able to observe, in detail, what is happening to ourselves as individuals.*
 - *“Here is what we know about stress reactions....”*

Psychoeducation

- Under normal circumstances:
 - Regular communication occurs between two important parts of our brain (pre-frontal cortex and amygdala)
 - One part of our brain (pre-frontal cortex):
 - Organizes information
 - Thinks in organized way
 - Makes decisions about our actions
 - The other part of our brain (amygdala):
 - Acts as the center of the chemistry of emotions
 - Plays a central role in responding to fear and threat
 - Triggers fight-flight response

Psychoeducation, continued

- Communication between pre-frontal cortex and amygdala is disrupted when we feel threatened by:
 - Threats to our own safety and the safety of others
 - Major disruptions to the ways we live
 - Loss of love of ourselves and others
- At these times, our brains literally may not work the same way
- When communication is disrupted:
 - Fight-flight responses are activated
 - Stress reactions are amplified
- Activation of fight-flight responses lead to:
 - Increased production of stress hormones
 - Increased physical and cognitive symptoms of anxiety and distress

Psychoeducation, continued

- When stress levels are high:
 - Physical symptoms increase
 - Ability to use thinking as a way of calming ourselves and take control decreases
- When the amygdala is working overtime:
 - The prefrontal cortex, which organizes thoughts, analyzes problems, and initiates action plans, can be overwhelmed
 - Very real changes in our ways of thinking occurs
- Changes in what's happening in our bodies and thoughts in our mind can:
 - Further activate our alarm systems
 - Magnify sense of loss of control and helplessness
 - Result in not only the world feeling out of control, but our reactions and feelings seem out of control as well.

Identification of Specific Stress Reactions Using a Structured Interview Approach

Reasons for using a structured assessment tool: the Acute Stress Disorder Scale

- Reviewing/walking through specific questions about stress reactions helps the individual to:
 - Find words and clearly describe the details of their experience of symptoms
 - Increase self-observing capacity of their own reactions
 - Re-establish a process of ordering their thinking that is undermined when executive functioning is being repeatedly compromised by the biology of fight-flight responses.
 - Identify/target specific areas of functioning that might benefit from coping strategies (i.e. thoughts, emotions, somatic symptoms, behaviors)

Acute Stress Disorder Scale (ASDS)

- Brief 20-item evidence-based assessment tool of common symptoms seen in individuals experiencing high levels of distress
 - Adapted for COVID-19 by N. Kassam-Adams, et al at Children’s Hospital of Philadelphia (CHOP)
 - Consistent with DSM criteria for Acute Stress Disorder
- Likert scale: 1=Not at all 2=Mildly 3=Medium 4=Quite a bit 5=Very much
- “Significant reactions” are defined as follows:
 - Questions 1-19: total score is greater than/equal to 56
 - and/or**
 - Question 20 score is greater than or equal to 3
 - (Question 20: How much are these reactions getting in the way of your work, relationships or other parts of your life?)

Self-assessment – Am I experiencing traumatic stress reactions?

Rate your stress reactions

Acute Stress Disorder Scale (ASDS) adapted for COVID-19

1	2	3	4	5
Not at all	Mildly	Medium	Quite a bit	Very Much

Please consider how you have been feeling recently, related to COVID-19.

1)	Have you felt numb or distant from your emotions?	
2)	Have you ever felt in a daze?	
3)	Have things around you ever felt unreal or dreamlike?	
4)	Have you ever feel distant from your normal self or like you were watching it happen from outside?	
5)	Have you been unable to recall important aspects of things that happened?	
6)	Have memories of things that happened kept entering your mind?	
7)	Have you had bad dreams or nightmares?	
8)	Have you felt as if you were reliving things that happened?	
9)	Do you feel very upset when you are reminded of things that happened?	
10)	Have you tried not to think about it?	
11)	Have you tried not to talk about it?	
12)	Have you tried to avoid situations or people that remind you of it?	
13)	Have you tried not to feel upset or distressed about it?	
14)	Have you had trouble sleeping?	
15)	Have you felt more irritable?	
16)	Have you had difficulty concentrating?	
17)	Have you become more alert to danger?	
18)	Have you become jumpy?	
19)	When you think about it, do you sweat or tremble or does your heart beat fast?	
20)	Thinking about all of these reactions together, how much are they bothering you or getting in the way of your work, relationships, or other parts of life?	
Total Score: Items 1 - 19		0

SCORING:
Am I having
significant
reactions?

Sum of items 1 to 19 \geq 56

and/or

Rated item 20 \geq 3

Developed by Bryant, R.A., Moulds, M.L., Guthrie, R.M. (2000)
Adapted by Kassam-Adams, N. et al. (2020)

Introducing the Acute Stress Disorder Scale (ASDS)

- Introduce and administer ASD scale
- **Sample language to introduce the ASD scale:**
 - *“Now we’re going to talk about your experience in greater detail and walk through a list of specific symptoms/difficulties that are common ways in which we experience the impact of high levels of stress.”*
- Helpful hints for how to administer the ASD scale:
 - Consider emailing the individual a blank copy of the ASD scale so they can read along with you.
 - Read the questions aloud, and have them answer the questions one by one

After Completing the ASD Scale

- After completing the ASD scale, notice the following:
 - Are there symptoms that cluster together?
(i.e. do intrusive thoughts impact issues with sleep?)
 - Are there symptoms that are happening very frequently?
 - What are the different broad areas of functioning that are most impacted by symptoms (at work, at home, sleeping, relationships, etc.)?
 - Later, as you move through the coping strategies to lower symptoms, **focus in on the symptoms that are most frequent or most impactful.**

After Completing the ASD Scale, continued

- Next introduce specific coping strategies that can be helpful in decreasing reactions that have been endorsed
- **Sample language:**
 - *“Now I’d like to talk with you about some strategies that can be helpful in turning the volume down on some of the stress reactions you have been describing.”*
 - *“The first place to start is to focus on areas that can have a significant broad impact on our vulnerability to some of the specific symptoms you were just describing.”*
 - *“These are routines of daily life and (if endorsed as a problem area) sleep.”*

Routines of Daily Life

- Routines of daily life should be reviewed with all individuals
- Re-asserting order and predictability in daily life:
 - Helps to begin process of taking greater control of stress reactions
 - Is often easier said than done, especially after a long day of stressful work
 - Remember that setting *any* expectations can simply feel like another unwanted burden

Routines of Daily Life, continued

- Introduce discussion about routines of daily life
- **Sample introductory language:**
 - *“One of the first and most important strategies for decreasing stress reactions is to reassert order and predictability where we can in our routines of daily life.”*
 - *“During difficult times, especially because of additional burdens and stress, it’s not unusual that the typical patterns and routines that one has, especially at home, but also at work, have been disrupted.”*
 - *“So first let’s talk about the specific ways in which your previous routines in daily life have been disrupted/changed.”*

Routines of Daily Life, continued

- Assess the specific ways in which previous routines in daily life have been disrupted/changed
- **Sample introductory language:**
 - *“One of the first ways of increasing a sense of control is re-establish/establish daily routines that can help to re-assert predictability and order in our daily lives.”*
 - *“First let’s talk about the specific ways in which your previous routines in daily life have been disrupted/changed:*
 - *At home: “Before the COVID-19 pandemic, what would you typically do when you got home from a shift? What is typically happening now that is different?”*
 - *At work: “In the midst of the many changes in your work that have been the result of COVID-19, are you able to ensure adequate breaks, and are you able to convey to colleagues when your levels of distress are at their highest?”*

Routines of Daily Life, continued

- Review how establishing/re-establishing daily routines can help increase sense of control
- **Sample language to introduce taking control with routines:**
 - *“We’re going to review some ways of taking control that have to do with basics in the areas of after work routines, and sleep.”*
 - *“It’s not uncommon for that when we’re having high levels of stress reactions, the following recommendations can be easier said than done when our bodies and minds are not cooperating with what might seem like common sense recommendations/ideas.”*
 - *“First we’re going to talk about some basic strategies, and then we’re going to talk about some things that we can do when our levels of stress reactions make it difficult to carry these basic strategies out.”*

Routines of Daily Life, continued

- Review of ways to create a sense of routine during this time
- Where possible, establish approximate blocks of times on a daily basis for:
 - Meal time
 - Bed time
 - Family/friend time (whether in person or virtually)
 - Decompression time / taking as full a break as possible; “checking out”

Routines of Daily Life, continued

- Discussion about the importance of decompression time
- **Sample introductory language:**
 - *“Particularly in these times, the idea of decompression time is especially important for re-regulating.”*
 - *“It is especially important to ensure that there are periods of time where you are able to take a break from understandable preoccupation with work related activities and experiences.”*
 - *“Part of the routine is taking a block of time, when you don’t have responsibilities, and when this block of time will not get occupied by other things.”*
 - *“Decompression time is critical to interrupting the cycle of stress reactions that one may be experiencing both at work and at home.”*
 - *“It’s as important as establishing mealtime, bedtime, family time.”*
 - *“The idea is to ensure that you have a block of time every day that we can actively interrupt the cycle of stress reactions.”*

Routines of Daily Life, continued

- Discussion about identifying ways to decompress
- **Sample introductory language:**
 - *“Let’s think about specific ways of decompressing from work in the past that you might be able engage in again, now.”*

Basics of Sleep Hygiene

- Review basics of sleep hygiene if sleep issues were endorsed
- Sleep routines help to:
 - Re-set the body clock
 - Help ensure better sleep
 - Reduce vulnerability to stress reactions
 - Interrupt cycle of stress reactions
- Resource: *“Understanding and Coping with Reactions in a Pandemic”*
- **Sample language:**
 - *“In the document, “Understanding and Coping with Reactions in a Pandemic,” you’ll find a resource for looking at approaches to sleep hygiene.”*
 - *“Right now, let’s review together some of the basic approaches that are recommended.”*

Basics of Sleep Hygiene, continued

- Set regular bed times and wake times
- Keep naps to under 20 minutes
- Try to disconnect an hour before bedtime by avoiding:
 - Work, emails
 - Checking the news
 - Talking about work when talking to family and friends
- Try to avoid screens 1/2 hour before bedtime
- Avoid caffeine, nicotine, and alcohol (at least 4 hours before sleep)
- Avoid large meals close to bedtime
- Use relaxation techniques

Basics of Sleep Hygiene, continued

What to do if you wake up in the middle of the night

- **Sample language:**
 - *“As we know, when we wake up in the middle of the night, it is a time when, in spite of our exhaustion, our minds may be racing, often about worries. In response, our bodies become activated, making it hard to return to sleep. At these times, try the following practices if waking up during the night.”*
- Review recommendations:
 - Try to stay in bed and rest
 - Try to avoid using screens;
 - If possible, read printed materials;
 - Listen to music to fall back to sleep.
 - Practice relaxation techniques

Basics of Sleep Hygiene, continued

Recommendations if insomnia or other sleep disruptions are persistent

- **Sample language:**

- *“If you continue to experience difficulties in getting a sufficient amount of sleep, due to difficulties falling asleep or staying asleep, or early waking for most nights for more than 2 weeks, consult your health care provider to discuss further evaluation and treatment options that might be most appropriate for your use.”*

Introducing Coping Strategies

- **Sample language for introducing coping strategies**
 - *“Now that we’ve reviewed some basic practices around daily routines and sleep, we’re going to focus on some additional coping strategies.”*
 - *“Remember that when our minds lock on to disturbing or upsetting thoughts, our bodies react in ways that we described as feeling anxious, including increased heart rate, changes in our breathing, muscle tension, jittery feelings in our body, etc.”*
 - *“Sometimes, without being immediately aware of the cause, we can have these feelings in our body that then initiate disturbing thoughts. This can become a vicious cycle that increases our feelings of not being in control.”*
 - *“There are some strategies that can help to interrupt this cycle and turn down the volume of these stress reactions.”*

Introducing Coping Strategies

- Focus on symptoms that were endorsed in the Acute Stress Disorder Scale (ASDS) that are most frequent or most impactful
- Introduce and review specific coping strategies that will specifically help to decrease these symptoms/reactions

Focused Breathing

- **Sample language: Introduction to focused breathing:**
 - *“I’m going to talk with you about something called focused breathing.”*
 - *“One of the ways of turning the volume down on some of the physical/somatic stress reactions that we often refer to as feeling anxious, nervous or wound up, is to first identify/put words to the details of those feelings.”*
 - *“First, I want to ask you a few questions about some of the physical reactions of stress that you may be having.”*
 - *Do you feel as if your heart is beating fast?*
 - *Do you feel as if your breathing is less relaxed?*
 - *Do you feel more antsy/jittery?*
 - *Do you get any headaches?*
 - *Do you have any stomach discomfort?”*

Focused Breathing, continued

- **Sample language: Explanation about why focused breathing can be helpful:**
 - *“Focused breathing can actually help interrupt the body’s natural response or alarm system when we feel frightened or overwhelmed, and can help reintroduce our body’s chemistry that help us return to a calm state.”*
 - *“Focused breathing can be very helpful when someone is experiencing physical/somatic reactions (like shallow breathing or feeling revved up, or when their heart is pounding) or big emotional reactions (like anxiety or fear) and can help put the brakes on and calm the body down.”*

Sample Language: Teaching Focused Breathing

- *Get in a relaxed, comfortable position, either in a chair or lying down.*
- *Your eyes can be open or closed.*
- *Picture a wave of air going into your nose, filling your lungs, and then going out through your mouth.*
- *First, breathing normally, take one breath, inhaling and exhaling slowly.*
- *Now, place one hand on your chest and one hand on your abdomen.*
- *Focus on breathing in slowly through your nose (to the count of three) feeling your abdomen expand under your hand), and hold it (for the count of two).*
- *Next, exhale slowly through your mouth (to the count of five), until you feel your abdomen is deflated.*

Sample Language: Teaching Focused Breathing, con't

- *As you pay attention to your breathing, you might notice that your mind may wonder, distracted by other thoughts and sensations. This is normal. Just notice that this is happening, and gently bring your attention back to your breath.*
- *Pause briefly before taking your next breath*
- *Repeat this several times (when you have time, you can practice this for longer periods)*
- *It's important to practice focused breathing a couple of times a day, so that when you use it when you are more stressed, it will be more effective.”*

Guided Imagery

- Useful strategy to address intrusive, repetitive disturbing thoughts and images
- **Sample introductory language:**
 - *“Given what we’ve been talking about regarding the cycle of stress reactions, and given what you know and have been describing yourself, the more worrisome the thoughts, the easier it is to for us to get stuck on them.”*
 - *“We may even feel trapped and unable to escape from the thoughts themselves and from the uncomfortable physical stress we feel in our bodies as a result.”*
 - *“Guided imagery is one of the techniques that can help us interrupt that experience.”*

Teaching Guided Imagery

- Have the individual imagine a place where they feel most comfortable, most safe, most at peace.
- Have the individual tell as many details as they can about this place in their mind.
- Have them do this by focusing on each of the 5 senses (see, hear, smell, taste, touch), one at a time, taking the time to articulate as many details as they can of what they can see, hear, smell, taste and touch in this “place” in their minds, one sense at a time.
- Ideally, you would practice this with the individual during the session.
- Guided imagery can be used in re-regulate at different moments in the day or night:
 - Brief breaks during short breaks during a work shift
 - Longer guided imagery breaks at home, or when going to bed.

Guided Imagery Example, Part 1

- *Get in a comfortable position with both of your feet resting on the floor. You can choose to lower your gaze or shut your eyes. Take 2 to 3 long, deep breaths: Take in a long deep breath in, hold it briefly, and then breathe slowly out...*
- *Imagine yourself in [your place]. We're going to gather details of everything you are experiencing at [this place], walking through all 5 senses: what you see, hear smell, taste and touch.*
- *First, we're going to gather details of everything you see at [your place].*
 - Give prompts to the individual, such as:
 - *“Picture the sky. What color is your sky? Does it have clouds?”*
 - *What else do you see around you?”*
- *Now we're going to gather details of all the sounds you hear. What sounds do you hear at [your place]?*
 - Give prompts to the individual

Guided Imagery Example, Part 2

- *Now focus on the smells at [your place]. What do you smell at [your place]?*
 - Give prompts to the individual
- *Now think about what you feel at [your place]. What do you feel at [your place]?*
 - Examples: Warmth of the sun on your face, cool breeze
- *Now picture yourself in a comfortable position in this place. Take 2 to 3 long, deep breaths. Take in a long deep breath in, hold it briefly, and then breathe slowly out...*
- *Remember, after you've had some practice with this technique, you will be able to use this for varying lengths of time, depending on your schedule and circumstances.*

Challenging Unhelpful Thoughts

- Common unhelpful patterns of thinking:
 - Self-critical thoughts, including dwelling on regrets about things that happened (i.e. the “shoulda-coulda-woulda’s”)
 - Thinking too far ahead, imagining the worst (the what if’s)

Challenging Unhelpful Self-Critical Thoughts

Challenging Unhelpful Self-Critical Thoughts

- Gently remind the individual:
 - It's not uncommon when we feel out of control of upsetting experiences, we may later replay them in ways that are not realistic.
 - The fact is that past reality cannot be changed.
 - In our efforts to reverse unwanted outcomes in our repetitive thoughts, we pay a high price in equally unrealistic self-blame.

Challenging Unhelpful Self-Critical Thoughts, con't

- **Sample language for discussing challenging unhelpful thoughts:**
 - *“Most people assume that feelings come from inside of us, of their own accord and we have no control over what feelings we have or when we feel them. However, this isn’t accurate. Most of the time, we have feelings in response to the thoughts we have in that moment. They can be so automatic and familiar that we are not even pausing long enough to question them, in spite of the fact that they perpetuate distressing feelings.”*
 - *“It’s not uncommon that when we feel out of control of upsetting, distressing experiences, that we may later replay them in our minds in ways that are not consistent with the facts. The most important fact to remember is that past reality cannot be changed.”*

Challenging Unhelpful Self-Critical Thoughts, con't

- **Sample language for discussing challenging unhelpful thoughts, continued:**
 - *“In our efforts to reverse the real, unwanted outcomes of that past reality, we may pay a high price as a result of the equally unrealistic self-blame that can become part of our repetitive thoughts.”*
 - *“Something that can be useful when you are experiencing self-critical thoughts is to ask yourself the following questions:*
 - *Am I 100% sure that what I’m thinking is true/accurate?*
 - *Is this thought helpful to me right now?*
 - *Is there any other way I could look at this?*
 - *If a friend told me that they were having this thought, what would I say to them?”*

Challenging Unhelpful Thoughts about Thinking Too Far Ahead/Imagining the Worst

- **Sample language:**

- *“As we have discussed, when real circumstances are not under our control, our minds can sometimes go in the direction of creating scenarios of what could or might play out in the future. In spite of our understandable wish to be able to anticipate what will come next, when our thinking goes in the direction of “worst case” scenarios, these thoughts will likely increase, not decrease our levels of distress.”*
- *“I would encourage you to actively be aware of when your thinking is going in the direction of a future that currently impossible to know with any certainty.”*
- *“Similarly, I would suggest that you then actively attempt to focus instead on what is immediately knowable in the next day, the coming days, and possibly next week.”*

Progressive Muscle Relaxation (PMR)

- **Sample language for introducing PMR:**
 - *“In addition to focused breathing and guided imagery, some have found that progressive muscle relaxation can be a useful technique in helping to control [stress](#) and [anxiety](#), relieve [insomnia](#), and reduce symptoms of certain types of [chronic pain](#). Progressive muscle relaxation is based upon the simple practice of tensing, or tightening, one muscle group at a time followed by a relaxation phase with release of the tension.”*
 - *“PMR can be learned by nearly anyone and requires only a few minutes a day to practice.”*
 - *“In general, the individual tenses and relaxes muscle groups one at a time in a specific order, generally beginning with the lower extremities and ending with the face, [abdomen](#), and chest. This technique can be practiced either seated or lying down, ideally practicing with comfortable clothing on, and in a quiet place with minimal distractions, if possible.”*

Social Connectedness and Helpful Considerations

- **Suggested language to discuss social connectedness and caveats:**
 - *“While remaining connected to people with whom we feel close is a very important way of maintaining our emotional well-being, after a long day at work, phone calls/contact with family and friends can sometimes feel like an exhausting burden. Remember:*
 - *“Remind yourself that taking a break is very important to interrupting the cycle of our stress reactions and maintaining a sense of well-being.”*
 - *“Find the balance between social connection and “me” time, including determining the balance between your own wishes and the wishes of others for connecting.”*

Social Connectedness and Helpful Considerations, con't

- **Suggested language to discuss social connectedness and caveats, continued:**
 - *“In addition to wanting to be in touch with others, one can also feel obligated to be responsive, and to reassure and take care of family and friends who are concerned about you. When people want to talk with you about how you’re doing and want to hear about your work, consider the following:*
 - *“Let them know that you need a break from thinking or talking about work/stressful topics.”*
 - *“Let them know that in your efforts to take a break, it would be most helpful to talk about things not related to work (for example, talk about shared interests, like books, movies, TV shows, activities, etc.).”*

Arrange for a Follow-Up Consultation

Sample language for spelling out next steps:

- *“We’ve come to the end of the time that we have for today. As we discussed at the beginning of our meeting, we’ll want to schedule a time for a follow up appointment.” In that appointment, we will review:*
 - *How you are doing in regard to the specific areas of concern or struggles that we discussed today.*
 - *Whether the coping strategies we’ve discussed were helpful or not.*
 - *Any new areas of concern that you’ve noticed since the meeting we’ve had today.*
 - *Possibly practicing or tweaking the coping strategies we’ve reviewed to make them as effective as possible in addressing your areas of concern.*
 - *Determine together any need for additional support.”*
- Schedule an appointment in one week to review levels of stress reactions endorsed by the individual.
- Should the individual continue to experience high levels of distress, indicate your availability for contact earlier than one week.

Structure for Follow-Up Session, Part 1

Steps for the follow-up session and sample language:

- *“I want to start with just a brief reminder that today we’ll be reviewing various areas of your experience (of stress reactions) in order to consider additional coping strategies and what next steps might be most useful to you.”*
- *“First, let’s talk a bit about, how you have been doing in general since our last call, and what the greatest areas of difficulty have been during that time.”*
- *“Now, let’s walk through the Acute Stress Disorder Scale again so that we compare where things are at with regard to stress reactions. We will then be able to look at what reactions have remained the same, have increased or decreased, and what reactions, if any, are new.”*

Structure for Follow-Up Session, Part 2

Steps for the follow-up session and sample language, continued:

- *“Now we are going to review the areas of challenges that we identified last week and discuss what strategies that you have found most helpful or not helpful in decreasing your stress reactions. Let’s review the following:”*
 - *Routines of daily life*
 - *Sleep*
 - *Physical reactions*
 - *Troubling thoughts*
 - *Mood/changes in mood*

Structure for Follow-Up Session, Part 3

Steps for the follow-up session and sample language, continued:

- *“Now let’s talk about any ways we might consider changing/tweaking the coping strategies, and discuss if there is also a possible need for new coping strategies.”*
- Discussion of options for next steps:
 - Determining that no additional session is needed/indicated at this time
 - Scheduling one more session
 - Referral for more extensive evaluation and longer-term treatment options

Questions?