



Caring with Compassion: Supporting Patients and Families in a Crisis

A Compassion in Action Webinar
April 28, 2020



the schwartz center
FOR COMPASSIONATE HEALTHCARE



Your Moderator

Stephanie Adler Yuan, MS
Director, Education & Training
The Schwartz Center for Compassionate Healthcare





The Schwartz Center for Compassionate Healthcare

**Putting compassion at the heart of healthcare
through programs, education and advocacy**

*Through national and international partnerships, the Schwartz Center's coalition of caregivers, patients, families and other leaders work together to make **compassion a vital element** in every aspect of healthcare.*

Please Note

- The Schwartz Center is grateful to the **Coverys Community Foundation** for its generous support of this special series of webinars about the COVID-19 crisis.
- You may submit your questions via the “**Questions**” pane to the right of your screen at any time.
- **We appreciate your feedback!** Please take a moment to complete our very brief survey following the webinar.



Today's Host

Beth Lown, MD

Chief Medical Officer

The Schwartz Center for Compassionate Healthcare



Today's Speakers

Richard Westphal, PhD, RN, FAAN
University of Virginia, School of Nursing



Patricia Watson, PhD
National Center for PTSD



Introduction/Review of Stress First Aid

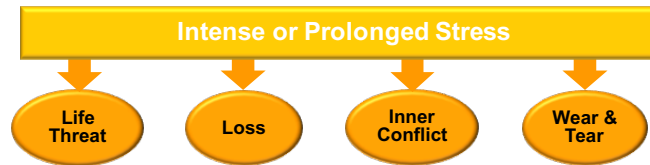
- Designed primarily as a peer support model
- Assumptions
 - People who know each other and connect over time
 - People who have ongoing moderate to high-level stressors
 - Used to identify those in distress, acknowledge that distress, and connect with resources
 - Does not replace spiritual care or mental health care services
- Implications for guiding actions with Patients and Families
 - The framework that we use for peer support can also be used with patients and families
 - The healthcare experience often creates peer type bonds between patients, families, and healthcare team members
 - Crisis and critical care often intensifies the intra-healthcare bonds
 - Unit and team member cohesion is often extended to patients and families
 - "You are part of our family now."

Stress First Aid Major Concepts

Stress Continuum

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<ul style="list-style-type: none"> • Good to go • Well trained • Prepared • Fit and focused • Cohesive units & ready families 	<ul style="list-style-type: none"> • Distress or impairment • Mild and transient • Anxious, irritable, or sad • Behavior change 	<ul style="list-style-type: none"> • More severe or persistent distress or impairment • Leaves lasting memories, reactions, and expectations 	<ul style="list-style-type: none"> • Stress injuries that don't heal without help • Symptoms persist for many weeks, get worse, or initially get better and then return worse
Unit Leader Responsibility	Individual, Spouse, Family Responsibility		Caregiver Responsibility

Stress Injury

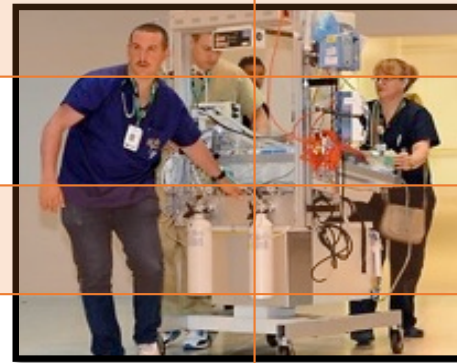
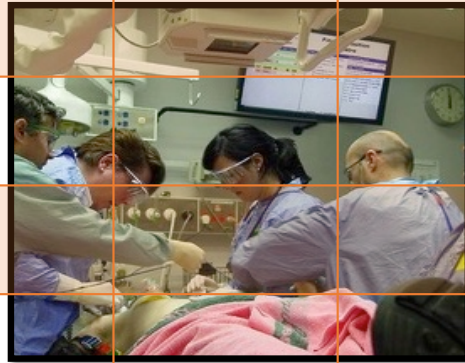


Stress First-Aid



Framework for Assessment and Support Actions

	Cover	Calm	Connect	Competence	Confidence
Trauma/ Life Threat					
Loss					
Inner Conflict					
Wear and Tear					



1. First Assess: Do not assume all have been affected or need support actions
2. Look for themes at intersections of stress injury source and essential needs
3. Identify strengths and vulnerabilities
4. What resources are available?

Framework for Assessment and Support Actions

	Cover	Calm	Connect	Competence	Confidence
Trauma/ Life Threat	<p>Exposure Assessment What behaviors indicate that the patient or family may be experiencing a stress injury? What sources of stress injury may be present in this situation? What information are we missing? Who do we need to talk with to better understand the impact of recent life events on the patient or family?</p> <p>Psychosocial Impact What are the behaviors that indicate that there is an impact on: Safety: Are there behaviors consistent with fear, hyper-vigilance, or suspiciousness? Calming: Are there behaviors of autonomic arousal, anxiety, or panic? Connections: What are the behaviors related to the patient or family connections with each other, the health care team, or community resources?</p> <p>Competence: What are the behaviors related to coping skills, problem solving, or making decisions? Confidence: What are the behaviors related to connections with deeply held beliefs, presence of hope, or meaning?</p>				
Loss					
Inner Conflict					
Wear and Tear					

Case Study



- Emory and Riley met in college and married shortly after graduation. They have been married for 5 years, have a 2-year old daughter, and Riley is in her second trimester with their second child. They live in a large urban center without nearby family and with a high cost of living that requires both incomes to cover basic expenses.
- Early in COVID-19 pandemic Emory was not concerned about physical distancing. Other than feeling tired with some deep muscle aches Emory was feeling OK. At dinner, Emory experienced signs of a stroke and became unconscious. Riley called 911.
- Sources of Stress Injury
 - Trauma/Life Threat with associated fear and helplessness
 - Loss of normal routine, decreased income, increased expenses
 - Fatigue related to pre-injury stress, uncertain recovery, work & child-care
 - Inner Conflict related to questions surrounding the illness circumstances



SFA for Patients and Family Members

Make a connection in a helpful/respectful way

Restore/support a sense of safety

Calm and orient distressed individuals

Connect individuals to their sources of support

Improve the ability of those affected to address
their most critical needs

Foster a sense of hope / limit self-doubt and guilt



Cover Actions

Approach	<ul style="list-style-type: none">• Demonstrate respect• Introduce yourself• Ask for and use names whenever possible• Convey that you are there to help their situation and to keep them safe• Stay with them as long as is possible
Information	<ul style="list-style-type: none">• Ask about concerns• Give simple, accurate information on your activities• Make sure they understand your instructions• Reassure of safety
Direction	<ul style="list-style-type: none">• Remove people to a safe location• Tell what to do rather than what not to do• Protect from unnecessary exposure to distressing experiences• Help with simple problem-solving

Case Study: Cover examples



- Resuscitation Phase
 - Emory: Reassure. "You are safe." Talk through treatments
 - Riley: Inform that Emory is in the ER. Encourage Riley to stay at home.
- Critical Care Phase
 - Emory: Talk through treatments, Identify signal to pause care if able to respond
 - Riley: Identify patterns for communication. Be prepared to teach about current COVID-19 Treatment. Encourage Riley to monitor her and their child's symptoms
- Intermediate Care Phase
 - Emory: Safety issues as self-care increases
 - Riley: Monitor for exhaustion and risks related to impaired concentration
- Rehabilitation Phase
 - Emory: Develop new skills needed to safely navigate life with potential limitations/changes
 - Riley: Risk of taking on more demands and not asking for Emory to help that increase injury risk

Calm Actions: Approach

- Keep a calm and focused demeanor
- Respect needs
- Reassure by authority and presence
- Show understanding
- Validate feelings and concerns where appropriate
- Expect and, when possible, accommodate strong emotional responses
- Reassure the person by emphasizing that you are doing the best you can to help them
- Use a calming tone of voice, facial expression and gestures

Calm Actions: Information

- Ask focused questions
- Identify and address immediate needs
- Watch for signs of being disorientated or feeling overwhelmed
- Collect information that can help identify needed resources
- Provide information about what you are doing and how it may help
- Give appropriate reassurance when you can
- Tailor your interactions to age, gender and culture as needed
- Give information to help individuals understand circumstances/reactions
- Make sure information is correct

Calm Actions: Direction

- Address basic needs first
- Emphasize the present, the practical, and the possible
- Help the person to identify and take meaningful action to help themselves
- Direct people to use simple, self-calming actions
- Use distraction when indicated
- Explain any actions that are necessary
- Address immediate concerns as directly and as promptly as possible
- Get help from family and friends
- If dissociated or disoriented, help person focus on concrete surroundings

Calm Examples



“We have a great team here and we are doing everything possible that can be done. Do you have any questions?”



“I understand you have been through a difficult event and are feeling shaky. We’ re going to talk about [x] now, and I’m going to be asking about [x] so that we can [x].”



“We have a person here who can get you information about resources.”



“Try to calm down, we’ re here to help you through this. Try slowing down your breathing —this sometimes helps.”



“I’m sorry that you have to go through this. Is there anything you need that we can get for you?”

Case Study: Calm examples



- Resuscitation Phase
 - Emory: Focused and consistent dialog. Try to have one or two key team members as main communicators
 - Riley: Provide frequent brief updates
- Critical Care Phase
 - Emory: Build trust. Consistent treatment strategies. Identify safety strategies used with treatments (ex. 5 rights of meds)
 - Riley: Encourage questions and permission to ask the same questions repeatedly. Role model calming breath as a way to focus. Encourage help with basic needs (food, rest, contact numbers...)
- Intermediate Care Phase
 - Emory: Reassure that frustration is expected. Reframe anger.
 - Riley: Clear and consistent communication, Expect questions about care and differences in treatment strategies. Provide links to trusted information.
- Rehabilitation Phase
 - Emory: Develop skills for focusing and tolerating repetitive treatments
 - Riley: Engage as a care partner in rehabilitation strategies.

Connect Actions

Approach	<ul style="list-style-type: none">• Make it a priority to connect people with trusted supports
Information	<ul style="list-style-type: none">• Collect contact information• Look for people in vicinity who can be supportive resources• Ask about most trusted supports (including pets)
Direction	<ul style="list-style-type: none">• Foster reconnection with family and friends• Encourage seeking support from those immediately available• Solicit appropriate volunteers when available

Case Study: Connect examples



- Resuscitation Phase
 - Emory: Physical touch. One to two key team members communication
 - Riley: Assess social supports, connect with chaplain/social work team members
- Critical Care Phase
 - Emory: Invite into the ICU team: "We are in this together"
 - Riley: Consider hospital support resources. Provide the 24/7 call number.
- Intermediate Care Phase
 - Emory: Look for opportunities where patients support each other. Celebrating successes.
 - Riley: Assess ability to link with social supports related to childcare and work. Encourage venting of frustrations and concerns
- Rehabilitation Phase
 - Emory: Encourage rehab support groups/activities to build recovery peer support
 - Riley: Encourage connecting with other Rehab family members for peer support
 - Work with both Emory and Riley to redefine their relationship given this experience

Competence Actions

Approach

- Strive to secure immediate practical assistance whenever possible
- Get people connected to resources
- Make it part of your job to facilitate healthy growth whenever possible

Information

- Find out where their problems lie, and what needs they have
- Provide verbal and written information on resources
- Encourage them to use community services and other resources

Direction

- Provide items they need
- Help them learn new skills
- Help the person in prioritizing and taking the next steps they need to take
- Make connections for specific health conditions (whether physical or mental)

Case Study: Competence



- Resuscitation Phase
 - Emory:
 - Riley: Tasks and strategies for communicating with the team
- Critical Care Phase
 - Emory: Engage in self-care activities when feasible
 - Riley: Coping mastery, skills for navigating the physical distancing and not being able to visit Emory
- Intermediate Care Phase
 - Emory: Engage and expand self-care skills
 - Riley: Encourage remote participation in care activities and care advocacy. Support learning how to navigate rehabilitation placement
- Rehabilitation Phase
 - Emory: Rehab skill development, Celebrate successes and tolerance for frustration. Share success with other patients.
 - Riley: Acknowledge how far they have come in this journey and the skills that they have gained



Confidence Actions


Approach

- Keep a neutral or positive attitude
- Avoid judgment
- Validate prior successes and point out positive actions

Information

- Clarify misunderstandings, rumors and distortions, where possible
- Reduce guilt about actions, where appropriate
- Redirect thinking to be more helpful

Direction

- Keep the focus on the present moment
 - Put the person on task
 - Provide positive reinforcement for all growth-oriented efforts
- 

Case Study: Confidence



- Resuscitation Phase
 - Emory: Calm, persistence, hope in the moment
 - Riley: The team will provide the best care possible
- Critical Care Phase
 - Emory: Goals to ease pain, promote recovery, encourage will to live
 - Riley: Will provide best care possible, highlight short-term positive gains
- Intermediate Care Phase
 - Emory: Acknowledge success of surviving and moving closer to getting better and leaving the hospital
 - Riley: Support skills for engaging with care to the greatest extent possible.
- Rehabilitation Phase
 - Emory: Engage with redefining self that incorporates this experience
 - Riley: Encourage discussions about what the near and long-term future may look like
 - Both: Engage with "Who are we now that we have this experience?" They will need to create a new normal



Key Points



You will not be required to use *SFA* with every patient or family member.



Incorporate *SFA* actions into your duties in a natural, seamless way and implemented only when they do not interfere with your primary duties.



The connection you make can help people recover from the often overwhelming stress of what they have been through.



If you respectfully convey that people matter, you will help them get through the difficulties they face.

Questions & Answers



**Richard Westphal,
PhD, RN, FAAN**



**Patricia Watson,
Ph.D.**



**Beth Lown,
MD**

Please type your questions in the “Questions” pane on your screen.



Next Up

May 5

“Communication in the Age of COVID”

Dr. Anthony Back

University of Washington, VitalTalk

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