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CONFERENCE ON HIV CARE & TREATMENT

Recovering and Rebuilding Well-being: A Toolkit for RWCA Providers

Karen McKinnon

Northeast/Caribbean AETC

Why do RWCA providers need a toolkit for wellbeing?

- When there's a crisis or disaster, people need to be prepared to keep their services and clients functioning.
- When you deal with a major crisis, you learn a lot about how to work better day-to-day.

Why worry about disasters?

- Disasters are hazards, either natural or human made, intentional or unintentional — or a combination of both — whose impact on a community can cause injury (morbidity) and death (mortality).
- Disasters by definition are public health emergencies since the entire community is at risk.
- They also are traumatic stress events that can have lasting effects.
- The health care infrastructure may fall apart during a disaster or be overwhelmed with dire emergency care at the expense of chronic care needs.
- People living with HIV are extremely vulnerable during and after disasters.

<https://www.nastad.org/sites/default/files/resources/docs/ADAP-Emergency-Preparation-Guide.pdf>

Prevalence of Mental Health-Related Problems Seen in HIV Care Settings

■ Depression	7-67%
■ Alcohol and other substance use disorders (Current)	2-19%
■ Anxiety disorders	up to 40%
■ PTSD (lifetime)	40-64%
■ HIV-related symptomatic cognitive disorders	28-50%
■ Pain	28-97%
■ Insomnia	up to 60%

Cournos, McKinnon, Wainberg, in
Comprehensive Textbook of AIDS Psychiatry:
A Paradigm for Integrated Care, 2017

How does the disaster or crisis affect PLWH?

- Steady supply of meds?
- Regularly scheduled labs?
- Acute physical symptoms getting addressed?
- Acute mental health/substance use symptoms getting addressed?

How does the disaster or crisis affect providers?

- Same physical environment issues
- No time to deal with their own circumstances but expected to set aside their own distress and help their clients
- Guilt over helping their family members first
- The community turns to them and they don't know anymore than anyone else does
- They can't help their co-workers either because they're too overwhelmed
- The health care system is very hierarchical and no one wants to admit they're struggling
- In a crisis it feels good to be able to help and be useful

Preparedness is often short term

- Ensure that all HIV medication prescriptions are current
- Keep at least an extra 3-day supply of medications on hand
- Ensure that prescriptions for other medications such as Hepatitis C, diabetes high blood pressure, are also filled
- Ensure that all ID cards (e.g., health insurance cards, ADAP enrollment card) are easily accessible
- Keep a list of all medications
- Keep a list of all emergency contacts
- Keep a supply of non-perishable food items that meet the energy, protein, fat, and micronutrient requirements for medication and health needs
- Store a supply of clean water

Other emergency precautions

- If the client has a caretaker, alternative support should be secured in advance in the event the caretaker is injured or displaced during an emergency
- If the client receives palliative care or home-based care, find out ahead of time if there are any alternative relocation options and review these options (e.g., family/friends)



NECA AETC was in a position to help

- Based at Columbia University, our region is New York, New Jersey, Puerto Rico & USVI
 - Regional Partner is Columbia University HIV Behavioral Health
 - Part of NECA since 2000 training on intersection of HIV and mental health/substance use
- Prior disaster response experience following 9/11
 - Had mental health experts ready to deploy
 - Had a network of health care agencies that needed help managing client and provider reactions to the crisis
 - Brought in trauma experts to create a network of people trained to respond

When two hurricanes hit Puerto Rico in 2017

Battered Puerto Rico still 2 months from full power as hurricane season opens

John Bacon, USA TODAY Published 3:32 p.m. ET May 31, 2018 | Updated 3:49 p.m. ET May 31, 2018



(Photo: Carlos Giusti, AP)

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More than eight months after Hurricane Maria tore across Puerto Rico and knocked out power to virtually the entire island of 3.3 million people, full power restoration remains another two months away, authorities said Thursday.

The new hurricane season officially begins Friday, but the Puerto Rico Electric Power Authority says workers are still scrambling to repair damage from the last one.

"It's a highly fragile and vulnerable system that really could suffer worse damage than it suffered with Maria in the face of another natural catastrophe," Puerto Rican Gov. Ricardo Rossello said.

September

- Efforts to communicate
- Efforts to support

December

- Regional partner meeting
- First reliable electricity PR partners
- Presentation by RP and expressed need for post-disaster, post-trauma work

January

- Needs Assessment
- Team visit for two trainings in PR

Day 1 Program

- Common stress reactions following disaster
- How to manage compassion fatigue
- Self-care for providers following a disaster

Miércoles, 24 de enero de 2018
Sheraton Puerto Rico Hotel & Casino

Conferenciantes: Alexandra Canetti, MD;
Elena M. Alonso, LCSW; Maria C. Zerrate, MD, MHS; Maciel Campos, PsyD

Programa

7:00 – 8:00 am

Desayuno e Inscripción

8:00 – 8:15 am

Bienvenida e Introducción
Profa. Daisy M. Gely, Directora

8:15 – 10:15 am

**Trastorno de estrés postraumático /
Enfermedades mentales comunes:
Depresión y Ansiedad / Reacciones
emocionales a situaciones de
estrés en proveedores de la salud**
Merienda

10:15 o 10:30 am

10:15 - 12:15 md

**¿CÓMO MANEJAR EL SÍNDROME DE
"BURNOUT"? / Autocuidado y
bienestar
post desastre**

Objetivos

A través de la actividad educativa las y los participantes:

- Mencionarán reacciones normales post desastre.
- Describirán el Síndrome de "Burnout", la fatiga por compasión y la satisfacción por compasión.
- Identificarán los signos y síntomas de enfermedades mentales comunes post desastre, incluyendo el trastorno de estrés postraumático, los trastornos de ansiedad y la depresión.

Team

- Alexandra Canetti, MD
- M. Carolina Zerrate, MD
- Maciel Campos, PsyD
- Elena Alonso, LCSW

Recuperación y reconstrucción del bienestar post desastre: herramientas para proveedores de salud para PLWH en Puerto Rico

Recovery and Rebuilding Wellbeing Post Disaster

Elena Alonso, LCSW; Maciel Campos, PsyD;
Alexandra Canetti, MD; Carolina Zerrate, MD

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA29291, The AIDS Education and Training Centers Program- The Northeast/Caribbean AETC. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Objetivos/Objectives

Entenderán y mencionarán reacciones normales post desastre.

Describirán el Síndrome de "Burnout", la fatiga por compasión y la satisfacción por compasión.

Identificarán los signos y síntomas de enfermedades mentales comunes post desastre, incluyendo el trastorno de estrés postraumático, los trastornos de ansiedad y la depresión.

Participarán en ejercicios de relajación, y podrán aprender e identificar herramientas útiles para un kit de bienestar emocional.

- Understand and describe normal reactions following a disaster.
- Identify the signs and symptoms of common mental disorders following disaster, including PTSD, anxiety, and depression.
- Describe the syndrome of “Burnout” or compassion fatigue and compassion.
- Participate in relaxation exercises, and learn and identify useful tools for your own emotional wellbeing toolkit.

Introducción/Intro

Somos un equipo bilingüe y bicultural.

Somos proveedores de salud mental con vasta experiencia colaborando con expertos en el tratamiento del VIH y trabajando en equipos multidisciplinarios.

Tenemos un gran interés en trabajo comunitario, ansiedad y trastornos asociados a esta y en mindfulness.

- We are a bilingual and bicultural team.
- We are mental health care providers with long experience as a team and working with experts and multidisciplinary treatment teams in the treatment of HIV.
- We are very invested in doing community work and helping people deal with anxiety and associated conditions and in mindfulness.

Trastorno de estrés postraumático

Post-traumatic Stress Disorder

Alexandra Canetti, MD

Bosquejo/Outline

- Emociones comunes luego de un trauma
 - Estrategias para hacer frente
 - Trastorno de estrés post traumático, diagnóstico según DSM 5
 - Epidemiología
 - Factores de riesgo
 - Factores que influyen la capacidad para adaptarse
 - PTSD, trauma y depresión
 - Tratamiento
- Common emotions following trauma
 - Strategies to address them
 - DSM 5 diagnostic criteria of PTSD
 - Epidemiology
 - Risk Factors
 - Factors that affect coping
 - PTSD, trauma, and depression
 - Treatment

Emociones comunes luego de un evento traumático/ Common emotions following a disaster

- Shock (consternación)
- Miedo
- Enfado
- Vergüenza
- Alienación
- Impotencia
- Sentido de culpabilidad
- Desconfianza
- Shock (frustration)
- Fear
- Rage
- Shame
- Isolation
- Helplessness
- Guilt
- Mistrust

Estrategias para hacer frente/Coping

- **Protesta:** te puedes sentir aturdido, confundido, ansioso
- **Negación:** intentas esconderte de lo ocurrido, ignoras tus sentimientos
- **Intrusión:** memorias y emociones te invaden. Te sientes irritable, con dificultad al concentrarse, mal sueño
- **Procesar lo ocurrido:** aprendes a aceptar lo ocurrido y adopta estrategia para hacer frente y sanarte
- **Protest/Outcry:** you can feel stunned, confused, anxious
- **Denial:** trying to hide or bury what you experienced, ignoring your feelings
- **Intrusion:** memories and emotions flood in. You feel irritable, have trouble concentrating, don't sleep well
- **Process the event:** learn to accept what happened and adopt a strategy to face it in a healthy way



Trastorno de estrés post traumático

Puede ocurrir a cualquier edad después del primer año de vida.

PTSD can occur at any age (>1 year old)

Criterios diagnósticos/ PTSD criteria

- A. Exposición
 - B. Síntomas de intrusión
 - C. Evitación persistente
 - D. Alteraciones negativas cognitivas y del estado de ánimo
 - E. Alteración importante de la activación y reactividad asociada al suceso
 - F. Duración (más de un mes)
 - G. Malestar (clínicamente significativo)
 - H. No es causado por drogas u otra afección médica
- A. Exposure
 - B. Intrusion symptoms
 - C. Persistent avoidance
 - D. Negative alterations in cognitions and mood
 - E. Alteration in activation and reactivity
 - F. Duration (more than a month)
 - G. Discomfort (clinically significant)
 - H. Not caused by drugs or other medical reasons

Epidemiología, algunos números/PTSD rates

- En los Estados Unidos el riesgo de por vida del trastorno de estrés post traumático a la edad de 75 años es 8.7%.
 - La prevalencia de 12 meses es alrededor de 3.5%.
 - Tasas más altas se han reportado para latinos, afroamericanos e indios americanos en los Estados Unidos.
 - 7.7 millones de americanos mayores de 18 años sufren de PTSD
- In the United States the risk for PTSD up to the age of 75 is 8.7%.
 - The 12-month prevalence is about 3.5%.
 - Much higher rates have been reported among Latinos, African Americans and indigenous Americans.
 - 7.7 million Americans over age 18 have PTSD

Factores de riesgo/ Risk Factors

- Vivir a través de eventos peligrosos y trauma
 - Lastimarse
 - Ver a otra persona ser lastimada o ver un cadáver
 - Trauma infantil
 - Sentir horror, desesperación o miedo extremo
 - Tener poco o ningún apoyo social luego del evento
 - Lidar con estrés adicional luego del evento (muerte de un ser amado, dolor, pérdida del empleo o su hogar)
 - Tener historial de enfermedad mental o abuso de sustancias
- Living in neighborhoods where people experience a lot of violence and trauma
 - Victim of violence
 - Seeing someone else experience violence or seeing someone dead
 - Trauma in childhood
 - Feeling horror, desperation or extreme fear
 - Little or no social support following a traumatic event
 - Dealing with additional stress after a traumatic event (death of loved one, pain, loss of employment or your home)
 - History of mental illness or substance abuse

Factores que influyen la capacidad para adaptarse/ Factors affecting coping abilities

- Buscar apoyo de otras personas como amigos y familiares
- Buscar un grupo de apoyo luego del evento traumático
- Aprender a sentirse bien sobre las acciones propias frente al peligro
- Ser capaz de actuar y responder de manera efectiva a pesar de sentir miedo



- Seeking support from others like friends and relatives
- Seeking a support group after a traumatic event
- Learning to feel good about how you dealt with the danger
- Having the ability to act and respond effectively even while feeling fearful

Tratamientos

Psicoterapia
Medicamentos

Psychotherapy &
Medication



Psicoterapia/Therapy

- Puede ser uno a uno o de grupo
- Terapia cognitiva conductual (CBT)
 - Terapia de exposición
 - Reestructuración cognitiva



- Either one-to-one or group
- Cognitive Behavioral Therapy (CBT)
 - Exposure Therapy
 - Cognitive Restructuring

Medicamentos/Medications

- Antidepresivos
 - Pueden ayudar con síntomas de tristeza, ansiedad e irritación
 - Uso fuera de etiqueta (off label use):
Prazosin para el tratamiento de pesadillas
- Antidepressants
 - Can help with symptoms of sadness, anxiety, and irritation
 - Off-label use: Prazosin for treatment of nightmares

Metas de la terapia/ Approaches to management

- Enseñan sobre trauma y sus efectos
 - Uso de relajación y habilidades para el control de la ira
 - Provee recomendaciones para dormir mejor, una dieta saludable y hábitos de ejercicio
 - Ayuda a las personas a identificar y negociar con su sentido de culpa, vergüenza y otros sentimientos sobre el evento
 - Se enfoca en cambiar como las personas reaccionan a sus síntomas de PTSD. Por ejemplo, la terapia puede ayudar a las personas a enfrentar recordatorios del trauma
- Teaching about trauma and its effects
 - Using relaxation and ability to control one's actions
 - Providing recommendations for improving sleep, diet, and exercise
 - Helping people identify and control guilt, shame, and other feelings about the traumatic event
 - Focusing on changing how people react to their PTSD symptoms. For example, therapy can help people deal with reminders of their trauma.

PTSD, trauma & depression

- Depresión es un problema común que puede ocurrir luego de un trauma.
 - Aproximadamente la mitad de las personas diagnosticadas con PTSD también sufren de trastorno depresivo mayor.
 - Personas que padecen de ambos trastornos muestran más disfunción en actividades sociales, ocupacionales y deterioro cognitivo. También reportan mayores niveles de angustia y es más probable que intenten suicidarse.
- Depression is a common problem following trauma.
 - Approximately half of people diagnosed with PTSD also suffer from major depression.
 - People with both PTSD and depression have more disfunction in their social activities, work, and cognitive ability. They also report elevated levels of anguish and are more likely to attempt suicide.

Breslau N., Davis GC., Peterson EL., Schultz L. 1997
Caramanica K., Brackbill RM., Liao T., Stellman SD. 2014]
Kessler RC., Sonnega A., Bromet E., Hughes M., Nelson CB. 1995
Rytwinski NK., Scur MD., Feeny NC., Youngstrom EA. 2013
Flory, J.D., Yehuda, R. 2015

Enfermedades mentales comunes: Depresión y Ansiedad

Common Mental Health Disorders
Depression and Anxiety

M. Carolina Zerrate, M.D. , MHS

¿Qué es la Ansiedad?/What is Anxiety?

- Es una **emoción normal** en reacción a situaciones miedosas o estresantes, que nos ayuda a sobrepasar dichas situaciones.

FIGHT



FLIGHT Oohhala!



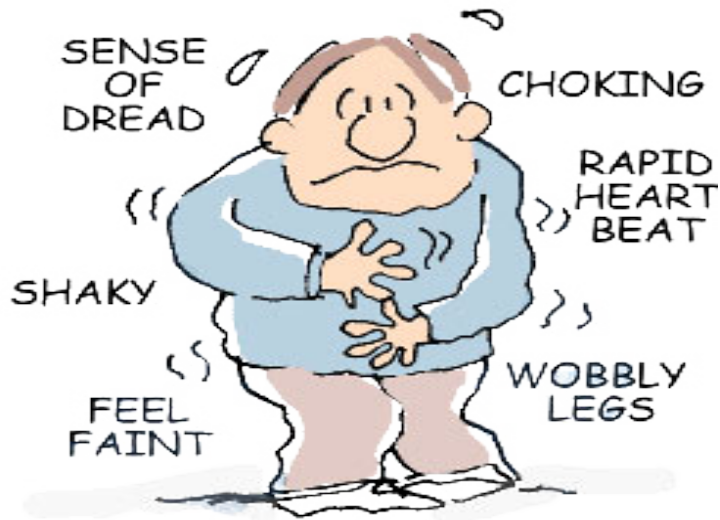
FREEZE



- Anxiety is a normal reaction to fear and stress which helps us overcome situations that produce those feelings.

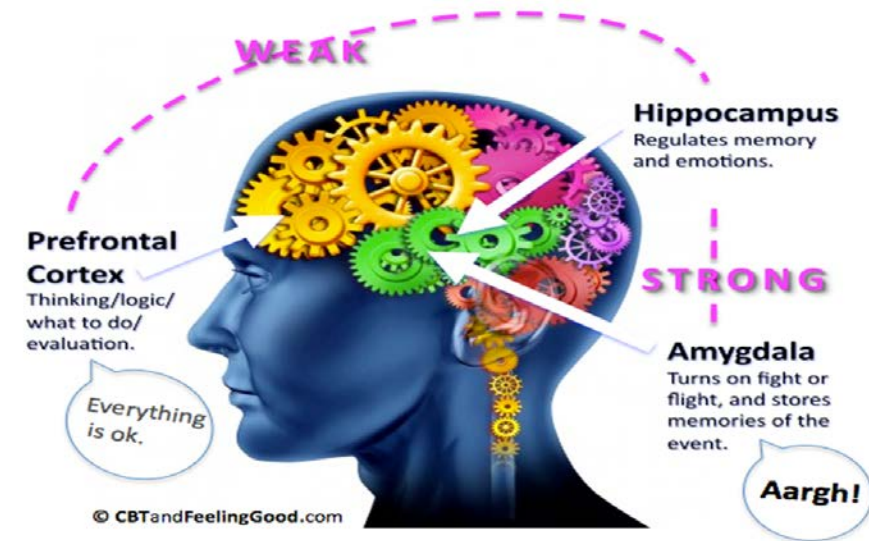
¿Cuándo es la Ansiedad un Problema?/ When is Anxiety a Problem?

Emoción Debilitante/
Debilitating Feelings



This image is of a person with a sense of dread, choking, rapid heart beat, wobbly legs, and feeling faint and shaky.

Condición Médica/Medical Condition



<https://iveronicawalsh.files.wordpress.com/2014/04/fofbraindiag.jpg>

This image shows the brain with gears turning to process feelings of being weak and strong depending on how the prefrontal cortex, the hippocampus, and the amygdala react to the stressor

Depression

Clear DSM 5 criteria

ASK ABOUT RISK ASSESSMENT

¿Qué es el síndrome de desgaste profesional o “burnout”?/ What is Burnout?

- No es una enfermedad mental
- Es un estado de desgaste físico, emocional, y mental (1974, Herbert Freudenberger).
- Es una respuesta a situaciones de estrés prolongado en el trabajo, asociado a dudas sobre nuestro desempeño laboral y el valor que tiene el trabajo que hacemos.
- Compassion fatigue is not a mental health disorder
- State of physical, emotional, and mental exhaustion (1974, Herbert Freudenberger)
- Response to prolonged stressful work situations, associated with misgivings about how we spend each day and the value of our work

Signos de desgaste profesional o “burnout”/ Signs of burnout

- **Agotamiento emocional y físico**
 - Despersonalización
 - Reducción de la satisfacción personal
- Emotional and physical **exhaustion**
 - Despersonalization
 - Loss of personal satisfaction in our work

¿Quién está en riesgo de sufrir desgaste profesional?/ Who is at risk for burnout?

- Personas en profesiones de ayuda
 - Atención médica, salud mental, enseñanza/pedagogía, socorristas, servicios sociales.
 - > 50% médicos en USA presentan “burnout” (Shanafelt TD et al 2016)
 - Desesperanza y riesgo de suicidio (Pompili M et al 2010)
- People in the helping professions
 - Medical providers, mental health providers, teachers, social services providers
 - > 50% of doctors in the US presentan “burnout” (Shanafelt TD et al 2016)
 - Hopelessness and risk of suicide (Pompili M et al 2010)

Personas en cargos administrativos

- People in administrative roles

¿Quién está en riesgo de sufrir desgaste profesional?/ Who is at risk for burnout?

- Personas que se identifican fuertemente con el trabajo y no tiene un equilibrio razonable entre su vida laboral y personal
- Personas que sienten que tienen poco o ningún control sobre tu trabajo
- Trabajos monótonos o con sobrecarga laboral
- People whose identity is strongly tied to their jobs and who don't have reasonable balance between their work and personal lives
- People who feel they have little or not control over their work
- Monotonous jobs or daily tasks

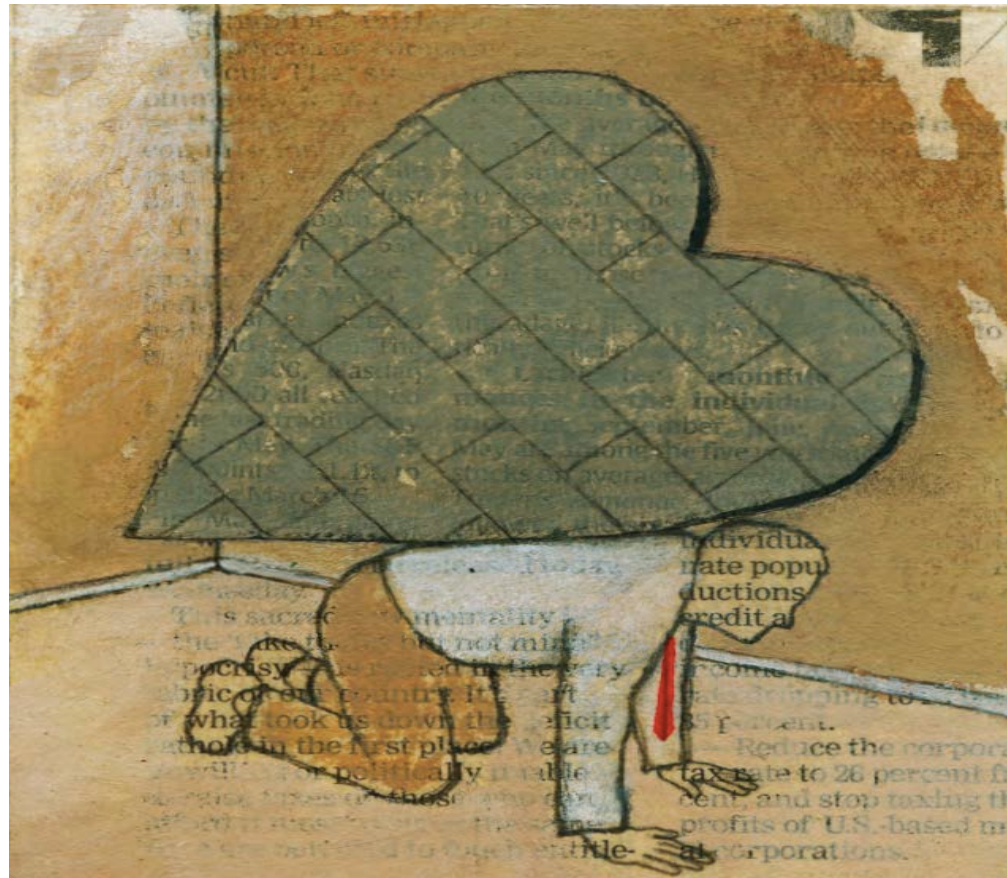
Factores Laborales/Work Factors

- Falta de control
 - *La incapacidad de influir en las decisiones que afectan su trabajo*
- Expectativas de trabajo poco claras
 - *Si no tiene claro el grado de autoridad que tiene o lo que su supervisor u otras personas esperan de usted*
- Dinámica disfuncional
 - *Situaciones de manoteo o “bullying”, o ambiente laboral donde se siente menospreciado por tus colegas o tu jefe microgestiona tu trabajo*
- Falta de coincidencia en los valores
 - *Los valores difieren con su empleador*
- Lack of control
 - *Inability to influence decisions that affect your work*
- Confusing expectations
 - *Lines of authority, what supervisors and others expect from you*
- Dysfunctional dynamics
 - *Bullying or workplace environment where you feel underappreciated by your colleagues or where your boss micromanages you*
- Conflicting values
 - *Your values differ from your employer’s*

¿Cuáles son las consecuencias del desgaste profesional?/What are the consequences of burnout?

- Estrés excesivo
- Fatiga
- Insomnio
- Impacto negativo en las relaciones personales
- Depresión
- Ansiedad
- Abuso de alcohol o sustancias
- Enfermedad cardiovascular
- Colesterol alto
- Diabetes tipo 2 (esp. Mujeres)
- Obesidad
- Enfermedad cerebrovascular
- Vulnerabilidad a otras enfermedades
- Excessive stress
- Fatigue
- Insomnia
- Negative impact on personal relationships
- Depression
- Anxiety
- Abuse of alcohol and other drugs
- Cardiovascular disease
- High cholesterol
- Diabetes typo 2 (esp. Women)
- Obesity
- Cerebrovascular disease
- Vulnerability to other illnesses

¿Qué es la fatiga por compasión?/ What is compassion fatigue?



This image shows a man on his knees under the weight of a large, heavy heart.

¿Qué es la compasión?/What is compassion?

“Un sentimiento de profunda simpatía y pesar por otro que es afectado por un sufrimiento o infortunio, acompañado por un profundo deseo de aliviar el dolor o eliminar su causa.”

→ La capacidad de compasión y empatía parece estar en el centro mismo de la capacidad para realizar el trabajo con los usuarios, y al mismo tiempo en la capacidad para ser lastimados por el trabajo. Figley 1997

“A deeply profound feeling of sympathy with another person who is suffering or disadvantaged, accompanied by a deep desire to alleviate the pain and its eliminate its cause.”

→ The capacity of compassion and empathy inside a person that enables them to work with clients, alongside the capacity of that same person to be wounded by that work. Figley 1997

Satisfacción por compassion/ Compassion Satisfaction

- La satisfacción por compasión se considera un importante factor de motivación.
- Es el sentimiento de plenitud y alegría de ayudar a otra persona.
- Compassion satisfaction is an important factor in motivation to help.
- The feeling of being expanded and made happy through helping another person.

¿Qué es la fatiga por compasión?/ What is compassion fatigue?

- Un estado de tensión y preocupación por el individuo o por el trauma acumulado por los clientes que se manifiesta de una o más formas:
 - *Re-experimentar los eventos traumáticos,*
 - *Evitación de recordatorios del evento traumático.*
 - *Reactividad o estado de activación persistente*
 - *Combinado con los efectos agregados del estrés acumulado/desgaste profesional*
- A state of tension and worry or the accumulated trauma of their clients that's manifested in one or more of these ways:
 - *Re-experiencing traumatic events*
 - *Avoidance of reminders about traumatic events*
 - *Reactivation or state of persistent activation*
 - *Combining with the pile-up of stress and professional exhaustion*

Figley 2002

Figley 2002

No es una enfermedad mental

This is not a mental illness

¿Qué es la fatiga por compasión? What is compassion fatigue?

Fatiga por compasión

= ?

Traumatización secundaria

=

Trauma vicario

Compassion fatigue

= ?

Secondary trauma

=

Vicarious trauma

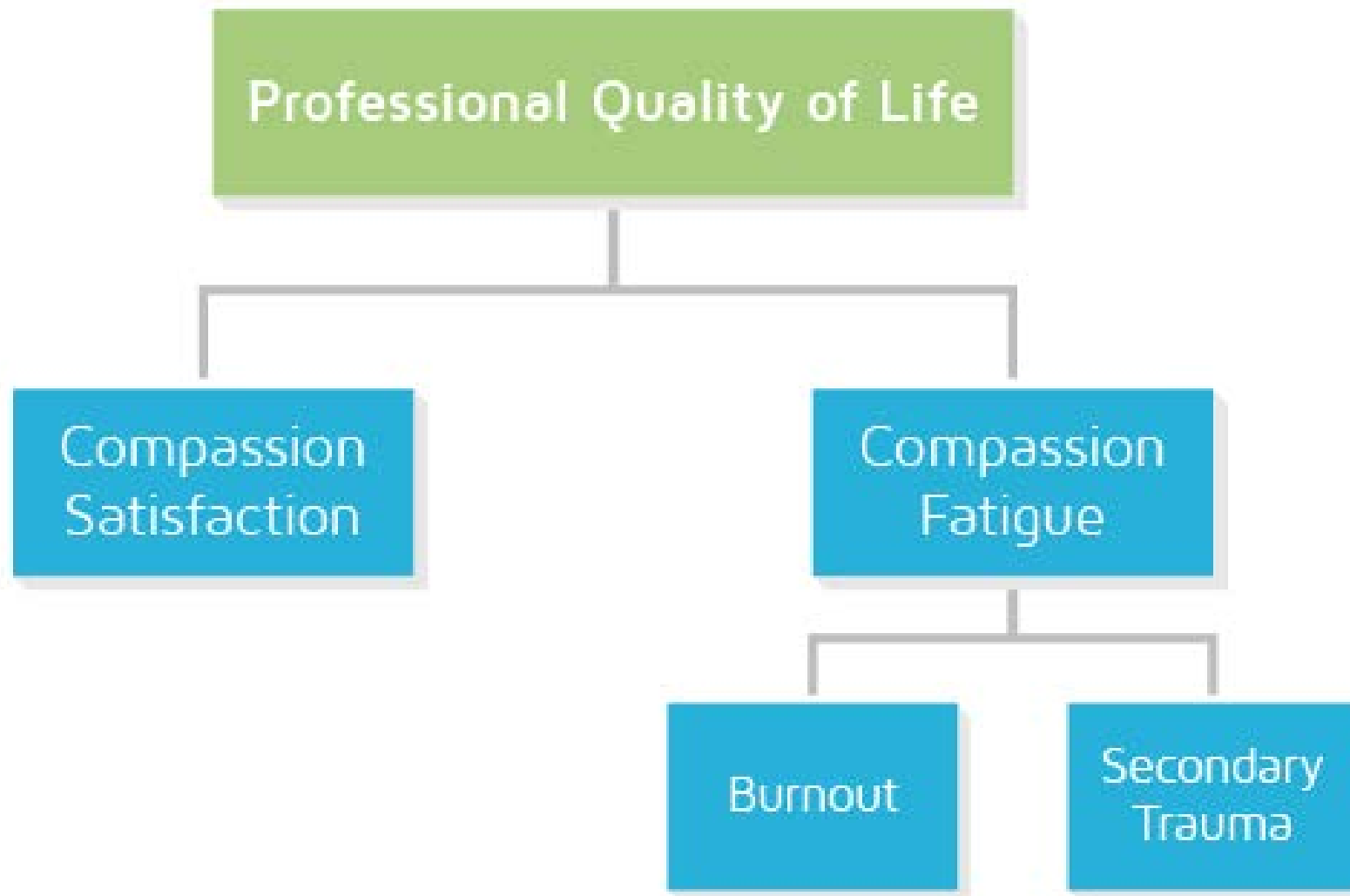
Calidad de Vida Profesional

Satisfacción por
Compasión

Fatiga por
Compasión

Burnout

Trauma
secundario



Factores que contribuyen a la fatiga por compassion/ Factors that contribute to compassion fatigue

- Factores personales
 - Factores relacionados con el trabajo
 - Factores psicológicos
 - Factores de soporte
- Personal factors
 - Factors related to the job
 - Psychological factors
 - Support

Myezyentseva et al

Myezyentseva et al

Factores personales/Personal factors



Trabajar tiempo completo
Ser mujer



- Mayor edad
- Nivel de educación avanzada
- Mayor experiencia laboral



- Total time working
- Women



- Older age
- Advanced level of education
- More work experience

Factores relacionados con el trabajo/Job factors



Estar expuesto a eventos traumáticos
Recursos insuficientes



- Tener un contrato fijo
- Trabajar de día
- Tener experiencia con pacientes traumatizados
- Tener conocimientos sobre la fatiga por compasión
- Sentido de unidad en el trabajo



- Exposure to traumatic events
- Insufficient resources



- Having a contract to do the work
- Working during the day
- Experience with traumatized patients
- Knowledge about compassion fatigue
- Feeling part of a team at work

Factores psicológicos/Psychological factors



- Estrés
- Momentos negativos en el último año en la vida profesional
- Padecer burnout
- Estrés traumático secundario
- Presentar una respuesta traumática.



- Estar satisfecho con el trabajo
- Tener un nivel alto de satisfacción por compasión



- Stress
- Negative experiences in the past year in their professional life
- Experiencing burnout
- Vicarious traumatic stress
- Presentar una respuesta traumática.



- Job satisfaction
- High level of compassion satisfaction

Factores de soporte/Support



- Proporcionar conocimientos psicoeducativos
- Programas de apoyo
- Oportunidades educativas
- Apoyo psicológico



- Degree of psychoeducational knowledge
- Support programs
- Educational opportunities
- Psychological support

¿Cómo identificar la fatiga por compasión?/ How to identify compassion fatigue?

Signos de burnout +

- Re-experimentar los eventos traumáticos
- Evitación de recordatorios del evento traumático
- Reactividad o estado de activación persistente

Signs of burnout +

- Re-experiencing traumatic events
- Avoidance of reminders of traumatic events
- Reactivity or a state of persistent activation

Cuestionario de la calidad de vida profesional “ProQOL”

Questionnaire of Professional Quality of Life: ProQOL

¿CÓMO MANEJAR EL SÍNDROME DE “BURNOUT”?

Managing Burnout

Cómo proveedores de salud pueden manejar el síndrome de “Burnout” de maneras saludables y prevenir el descontrol emocional



Maciel Campos, PsyD

Estrategias para prevenir contra el “Burnout” en proveedores de salud/ Prevention strategies for provider burnout

- Modificaciones a la estructura de la organización y los procesos del trabajo
 - Mejoramiento de la armonía entre el proveedor y la organización por medio de programas de desarrollo profesional para lograr mejor adaptación al ambiente laboral
 - **Acciones tomadas por individuos para reducir el estrés y síntomas de mala salud por medio de comportamientos saludables**
- Modifications in organizational structure and work processes
 - Improving harmonious workplace relationships between providers and the organization through professional development to make a better work environment
 - **Individual actions to reduce stress and symptoms of illness through healthy behaviors**

Leggat, P. & Smith, D. (2016). Burnout and doctor: Prevalence, Prevention, and Intervention, *Healthcare (Basel)*, 4 (3).

Leggat, P. & Smith, D. (2016). Burnout and doctor: Prevalence, Prevention, and Intervention, *Healthcare (Basel)*, 4 (3).

Intervenciones para combatir el “Burnout”/ Burnout interventions

- Pláticas en grupo o paneles, conferencias y retiros sin tener que pedir tiempo libre del trabajo (¡Ya empezamos bien!)
- Recursos para proveedores incluyendo libros, sitios web e información de contacto de expertos en el área de burnout para talleres
- Modo formal (póliza) de parte de organizaciones profesionales para reconocer los factores estresantes ocupacionales
- Animar a proveedores a cuidarse ellos mismos

Leggat, P. & Smith, D. (2016). Burnout and doctor: Prevalence, Prevention, and Intervention, *Healthcare (Basel)*, 4 (3).



- Talking about Burnout in groups, conferences, and retreats without having to ask for time off from work
- Resources for providers including books, website, and contact information of experts about burnout
- Implement formal policies and methods of professional organizations for recognizing work stressors
- Encourage providers to take care of themselves

Balance del trabajo y vida personal

¿Cuales son los estresantes de su profesión?

Limites profesionales:

- ✓ Horarios: la cantidad de tiempo que le dedica a un deber; llegar a tiempo y sobre todo salir a tiempo; tomar su hora de almuerzo
- ✓ Delegar: compartir deberes y no abarcar todo; pida ayuda
- ✓ Lo del trabajo se queda en el trabajo

Supervisión

Priorizar lo que es importante o divertido en su vida personal

✓ Pasar tiempo con su familia o amigos

✓ Pasar tiempo sólo para recargar

✓ Espiritualidad

✓ Recreo/ hobbies



What are your professional stressors?

Professional limits

- ✓ Work schedule
- ✓ Work load
- ✓ Leaving work at work
- Supervision
- Prioritizing what's important and fun in your personal life
 - ✓ Spending time with your family and friends
 - ✓ Spending time alone to recharge
 - ✓ Spirituality
 - ✓ Recreation / hobbies

Los que cuidan también necesitan cuidarse

Terapia Dialéctica Conductual

- **ABC PLEASE**
- **A:** *Acumular experiencias positivas* (¿qué le gusta hacer? Ir al cine, ver la tele, leer, ir de compras, ir a la playa, montar bicicleta)
- **B:** *Build mastery* o crear maestría (¿Hay algo que quiera mejorar? Llegar a tiempo a casa a cenar con su familia, cocinar, correr, ejercicios)
- **C:** *Cope ahead* o enfrentar con anticipación (Si va a tener un día largo y ocupado, asegúrese traer comida o meriendas para tener energía)

Dialectical Behavior Therapy by Marsha Linehan, PhD

- **ABC PLEASE**
- **A:** *Accumulate positive experiences* (What do you like doing? Go to the movies, watch TV, read, shop, go to the beach, ride your bike)
- **B:** *Build mastery* (Is there something you'd like to improve? Get home in time to have dinner with your family, cook, run, exercise)
- **C:** *Cope ahead* (If you're going to have a long, busy day, be sure to bring food or snacks to keep you energized)

Cuidado de sí mismo

PL: Tratar enfermedades físicas: tome sus medicinas, vaya al doctor, siga recomendaciones médicas

E: Coma saludablemente: vegetales, frutas, granos, nueces. Evite carbohidratos refinados (arroz blanco, pan blanco, pasta) y grasas saturadas

A: Evite sustancias que alteran el estado de ánimo como el alcohol o drogas/abuso de medicamentos

S: Dormir bien: 7-8 horas cada día, rutina consistente

E: Ejercicio

PL: Take care of yourself: Get regular check-ups, take your medications, follow medical advice

E: Eat healthy food: vegetables, fruit, grains, nuts. Avoid refined carbohydrates (white rice, white bread, pasta) and saturated fats

A: Avoid substances that affect your energy like alcohol and drugs, including misuse of prescription medications

S: Sleep well: 7-8 hours every day on a consistent routine

E: Exercise

Abuso de sustancias e ideación suicida

- A veces el síndrome de burnout provoca emociones depresivas intensas resultando en pensamientos de suicidio y/o uso de alcohol, drogas o medicamentos para sentirse mejor
- Se estima que 300-400 proveedores médicos mueren por suicidio en los EEUU cada año (alto riesgo)
- 28% de residentes médicos experimentan un episodio depresivo y 23% experimentan pensamientos de suicidio
- Acceso aumentado a medicamentos y recetas aumenta el riesgo a “auto-medicar” con medicamentos, alcohol y drogas ilegales
- Sometimes burnout causes intense depressed feelings that result in thoughts of suicide and/or use of alcohol, drugs or medications to feel better
- An estimated 300-400 medical providers die from suicide the the US every year (high risk group)
- 28% of medical residents experience an episode of depression and 23% experience suicidal thoughts
- Easier access to prescription medications increases the risk of self-medication with these drugs along with alcohol and illegal drugs

American Foundation for Suicide Prevention

Hagamos una pausa: Meditación de compasión



<http://marc.ucla.edu/mindful-meditations>

Autocuidado y bienestar post desastre

Herramientas y medidas del autocuidado que se usan para controlar el estrés

Tools and methods of self-care for controlling stress

Cómo aliviar el estrés relacionado con un desastre/

How to alleviate disaster-related stress

- Hable con alguien acerca de sus sentimientos - ira, tristeza y otras emociones - a pesar de que hacer esto pueda resultar difícil.
- Busque ayuda de consejeros profesionales que se ocupen de estrés post-traumático.
- No se sienta responsable de la tragedia ni se sienta frustrado por no haber podido ayudar directamente en las labores de rescate.
- Adopte medidas para promover su propia sanación física y emocional por medio de una alimentación sana, descanso, ejercicio, relajación y meditación.
- Dentro de lo posible, mantenga una rutina normal en lo familiar y lo cotidiano, sin tomar responsabilidades adicionales para usted o su familia.
- Talk with someone about your feelings - anger, sadness, and other emotions - no matter how difficult it seems.
- Seek professional help and advice from people with experience with post-traumatic stress.
- Don't feel responsible for tragedy or frustrated by not having been able to do something directly to rescue people.
- Adopt methods to promote your own physical and emotional wellbeing through healthy food, rest, exercise, relaxation, and meditation.
- Within what's possible, maintain a routine in the familiar and daily without taking additional responsibilities for yourself or your family.

CAJA DE HERRAMIENTAS: Evalúe su bienestar



Ejercicio: Evalúe 8 dimensiones del bienestar

- Considere las siguientes preguntas como relacionadas a cada dimensión.
- Luego califíquese en una escala de 1-bajo a 10-alto en términos de su bienestar en esa área.
- Considere si hay una dimensión particular en la que le gustaría centrar su atención.
- Consider the questions on the next several slides about each of the 8 dimensions of well-being.
- Then rank each on a scale from 1 (low) to 10 (high) in terms of your well being in this area.
- Consider whether there's a particular dimension you'd like to focus your attention on.

8 Dimensiones

Bienestar emocional

- ✓ ¿Conoce sus emociones a lo largo del día?
- ✓ ¿Expresa sus emociones de una manera que es respetuosa con usted mismo y con los demás?
- ✓ ¿Practica habilidades que percibe como saludable?

Bienestar ambiental

- ✓ ¿Cómo se ve afectado por su hogar y ambiente de trabajo?
- ✓ ¿Pasa regularmente tiempo en la naturaleza o ambientes naturales?

■ **Emotional well being**

- ✓ Are you aware of your emotions throughout the day?
- ✓ Do you express your emotions respectfully?
- ✓ Do you have healthy emotional habits?

■ **Environmental well being**

- ✓ How do your home and work environments affect you?
- ✓ Do you spend time in nature or outdoors?

8 Dimensiones cont.

Bienestar ocupacional

- ✓ ¿Se siente personalmente realizado y energizado por tu trabajo?
- ✓ ¿Esta satisfecho con la dirección que su carrera parece estar teniendo?

Bienestar físico

- ✓ ¿Elige comer alimentos saludables?
- ✓ ¿Esta físicamente activo?
- ✓ ¿Usa drogas y alcohol para lidiar con estrés?

■ **Occupational well being**

- ✓ Do you feel personally fulfilled and energized from your work?
- ✓ Are you satisfied with the direction your career seems to be taking?

■ **Physical well being**

- ✓ Do you choose healthy foods?
- ✓ Are you physically active?
- ✓ Do you use drugs/alcohol to alleviate stress?

8 Dimensiones cont.

Bienestar financiero

- ✓ ¿Tiene recursos y conocimiento para mantenerse financieramente saludable
- ✓ ¿Planea y se siente seguro de su futuro financiero?

Bienestar intelectual

- ✓ ¿Aprovecha las oportunidades para aprender en su vida personal y profesional?
- ✓ ¿Encuentra formas de expresarse creativamente?

■ **Financial well being**

- ✓ Do you have resources and knowledge needed to maintain your financial health?
- ✓ Do you plan and feel secure in your financial future?

■ **Intellectual well being**

- ✓ Do you take advantage of opportunities to learn in your personal and professional lives?
- ✓ Have you found forms of creative expression for yourself?

8 Dimensiones cont.

Bienestar social

- ✓ ¿Participa activamente en actividades en su familia y comunidad?
- ✓ ¿Hay personas a las que pueda contactar cuando necesite ayuda?

Bienestar Espiritual

- ✓ ¿Encuentra significado existencial en la vida?
- ✓ ¿El trabajo que hace es compatible con sus valores?

■ Social well being

- ✓ Do you actively participate in activities with your family and community?
- ✓ Are there people you can reach out to when you need help?

■ Spiritual well being

- ✓ Do you find meaning in your life?
- ✓ Are you doing work that's compatible with your values?

CAJA DE HERRAMIENTAS:
Conozca sus límites

Know your limits!



Ejercicio: Conozca sus límites

Instrucciones: Haga una lista de señales y síntomas que indiquen que está llegando a su límite.

PRESTE ATENCIÓN a estas señales y síntomas. Fíjese cuando surgen.

OBSÉRVESE usted mismo. ¿Qué le dicen estas señales sobre qué tan cerca está de su límite?

DETÉNGASE y tómese un descanso. Camine, estírese, respire profundamente, medite, hable con un amigo o compañero de trabajo. Cuide de sus necesidades físicas.

ESCUCHE lo que su cuerpo y sus emociones le dicen. Trátese con el mismo cuidado y respeto que da a los pacientes.

Instructions: Make a list of signs and symptoms that tell you that you're approaching your limit.

- **PAY ATTENTION** to these signals. Notice when they arise.
- **OBSERVE** yourself. What do these signals tell you about how close you are to your limit?
- **STOP YOURSELF** and take a time out to rest. Walk, stretch, breathe deeply, meditate, talk with a friend or co-worker. Take care of your physical needs.
- **LISTEN** to what your body and your emotions tell you. Treat yourself with the same care and respect you give your patients.

CAJA DE HERRAMIENTAS:

Mindfulness

- Teniendo conciencia es el proceso de momento a momento de la observación activa y abiertamente las propias experiencias físicas, mentales y emocionales.
- La atención plena tiene apoyo científico como un medio para reducir el estrés, mejorar la atención, estimular el sistema inmunológico, reducir la reactividad emocional, y promover una sensación general de salud y bienestar.
- Being mindful is the process of being moment-to-moment, actively and openly observing your own physical, mental, and emotional experiences.
- Mindfulness is evidence-based as a method to reduce stress, improve attention, stimulate the immune system, reduce emotional reactivity, and promote a sense of health and well being.

Ejercicio: Preguntas para facilitar su práctica de mindfulness (atención plena)

1. ¿Qué necesito en este momento para apoyar el pensamiento positivo?
2. ¿Qué prácticas de autocuidado me ayudarán a estar mejor preparado para cuidar a mis pacientes?
3. ¿Cómo puedo equilibrar mis necesidades con las necesidades de mis pacientes?
4. ¿Cómo puedo mantener una actitud abierta y agradecida cuando interactúo con colegas y pacientes?
5. ¿Qué me ayuda a conectarme genuinamente con mis pacientes mientras comparten sus preocupaciones y pensamientos?

1. What do I need in this moment to support positive thinking?
2. What self-care practices will help me be better prepared to care for my patients?
3. How can I balance my needs with the needs of my patients?
4. How can I maintain an open and grateful attitude when I interact with colleagues and patients?
5. What will help me connect genuinely with my patients when they're sharing their concerns and thoughts?

Ejercicio de relajación: PAUSE

Pausar por un momento

Analizar la respiración, mente y cuerpo

Usar el momento y la respiración para liberar la tensión

Saber estirar y mover el cuerpo

Exhalar completamente

- **P**ause for a moment
- **Analyze** your breathing, mind, and body
- **U**se the moment and your breathing to release tension
- **S**tretch and move
- **E**xhale completely

Adaptado de la Pausa de Autocompasión del programa de entrenamiento “Mindful Self-Compassion” de Christopher German y Kristen Neff

PAUSE varias veces al día

cuando se sienta
estresado o
sobrecargado

y practique la
autocompasión

PAUSE various times a day

When you feel stressed or
overwhelmed

And practice self-compassion

Breathe

Take a breath in
Let your breath out



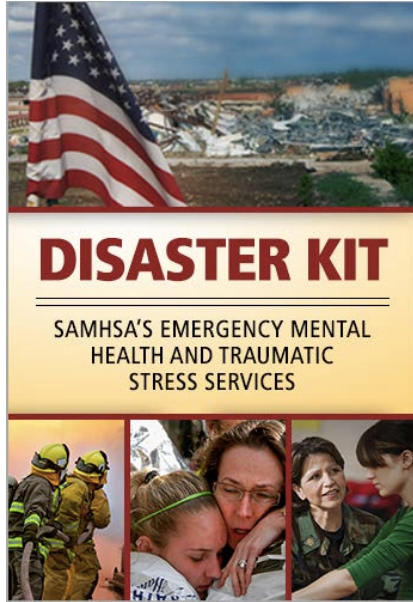
Referencias

- Mindful Self-Compassion <http://www.mindfulnesscompassion.org/>
- The Maslach Burnout Inventory (MBI) <http://www.mindgarden.com/products/mbi.htm>
- Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care physicians: A pilot study. *Annals of Family Medicine*, 11(5), 412-420.
- Agencia Federal para el Manejo de Desastres: www.fema.gov/spanish. National Institute of Mental Health (NIMH): www.nimh.nih.gov
- Nedrow, A., Steckler, N. A., & Hardman, J. (2013). Physician resilience and burnout: Can you make the switch? *Family Practice Management*. Retrieved from <http://www.aafp.org/fpm/2013/0100/p25.html>
- Dyrbye, L. N., Satele, D., Sloan, J., & Shanafelt, T. D. (2013). Utility of a brief screening tool to identify physicians in distress. *Journal of General Internal Medicine*, 28(3), 421-427
- National Anxiety Foundation: www.lexington-on-line.com/naf.html
- National Center for Posttraumatic Stress Disorder (PTSD): www.ptsd.va.gov

Toolkit Contents

- DSM criteria for common conditions seen following disasters
- Screening tools for these conditions
- Resources to support disaster mental health efforts
- Resources to help providers with compassion fatigue
- Resources to help providers with self-care and wellness for themselves and their clients

Resources



U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response

Preparedness Emergency About ASPR

Public Health Emergency
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Emergency > Events > Hurricane Sandy Recovery 2012 > Disaster Mental Health Resources

Disaster Mental Health Resources

When disaster strikes, often people react with increased anxiety, worry and anger. With support from community and family, most of us bounce back. However, some may need extra assistance to cope with unfolding events and uncertainties. If you are experiencing emotional distress due to the storm, call the National Disaster Distress Helpline. This toll-free, multilingual, crisis support service is available 24/7 via telephone (1-800-985-5900) and SMS (text: TalkWithUs to 68746).

Learn to Cope and Recognize Stress

- ▶ Tips for Survivors of Traumatic Stress (SAMHSA)
- ▶ Disaster Distress Helpline and Related Resources (SAMHSA)
- ▶ Resources to Help Cope with a Traumatic Event (SAMHSA)
- ▶ Tips for Survivors of Traumatic Stress: Managing your Stress (SAMHSA)
- ▶ Tips for Survivors of Traumatic Stress: What to Expect in Your Personal, Family, Work, and Financial Life (SAMHSA)
- ▶ Alcohol, Medication, and Drug Use After a Disaster (SAMHSA)
- ▶ Mental Health Resources in New York and New Jersey (SAMHSA)

Help Children Cope

- ▶ Parent Guidelines for Helping Children after Hurricanes (NCTSN)
- ▶ Helping Young Children and Families Cope with Trauma (NCTSN)
- ▶ Children and Youth Disaster Behavioral Health Resources (SAMHSA)
- ▶ Hurricanes: Recovery for children, youth, parents, and educators
- ▶ Teacher Guidelines for Helping Students after a Hurricane
- ▶ The Effects of Trauma on Schools and Learning
- ▶ Resources for Schools on helping students with early and intermediate recovery
- ▶ Simple Activities for Children and Adolescents during a power outage
- ▶ Psychosocial Issues for Children and Adolescents in Disaster
- ▶ Tips for Talking to Children and Youth After Traumatic Events
- ▶ National Child Traumatic Stress Network (NCTSN)

Emergency Responders and Health Professionals

- ▶ Behavioral Response Disaster Kit (SAMHSA)
- ▶ Disaster Behavioral Health Resources (SAMHSA)

For More Information

- ▶ The Substance Abuse and Mental Health Services Administration (SAMHSA)
- ▶ HHS ASPR At-Risk, Behavioral Health, & Community Resilience (ABC)

Be Ready for the Next Response

JOIN NDMS
National Disaster Medical System
U.S. Department of Health & Human Services

Register With
EMERGENCY SYSTEM FOR ADVANCED RESPONSE
ESAR-WHP

Physical arousal reactions

- Constantly being "on the lookout" for danger, startling easily, or being jumpy
- Irritability or outbursts of anger, feeling "on edge"
- Difficulty falling or staying asleep, problems concentrating or paying attention

Reactions to trauma and loss reminders

- Reactions to places, people, sights, sounds, smells, and feelings that are reminders of the disaster
- Reminders can bring on distressing mental images, thoughts, and emotional/physical reactions
- Common examples include: sudden loud noises, sirens, locations where the disaster occurred, seeing people with disabilities, funerals, anniversaries of the disaster, and television/radio news about the disaster

Positive changes in priorities, worldview, and expectations

- Enhanced appreciation that family and friends are precious and important
- Meeting the challenge of addressing difficulties (by taking positive action steps, changing the focus of thoughts, using humor, acceptance)
- Shifting expectations about what to expect from day to day and about what is considered a "good day"
- Shifting priorities to focus more on quality time with family or friends
- Increased commitment to self, family, friends, and spiritual/religious faith

When a Loved One Dies, Common Reactions Include:

- Feeling confused, numb, disbelief, bewildered, or lost
- Feeling angry at the person who died or at people considered responsible for the death
- Strong physical reactions such as nausea, fatigue, shakiness, and muscle weakness
- Feeling guilty for still being alive
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulties making decisions
- Having thoughts about the person who died, even when you don't want to
- Longing, missing, and wanting to search for the person who died
- Children and adolescents are particularly likely to worry that they or a parent might die
- Children and adolescents may become anxious when separated from caregivers or other loved ones

What Helps

- Talking to another person for support or spending time with others
- Engaging in positive distracting activities (sports, hobbies, reading)
- Getting adequate rest and eating healthy meals
- Trying to maintain a normal schedule
- Scheduling pleasant activities
- Taking breaks
- Reminiscing about a loved one who has died
- Focusing on something practical that you can do right now to manage the situation better
- Using relaxation methods (breathing exercises, meditation, calming self-talk, soothing music)
- Participating in a support group
- Exercising in moderation
- Keeping a journal
- Seeking counseling

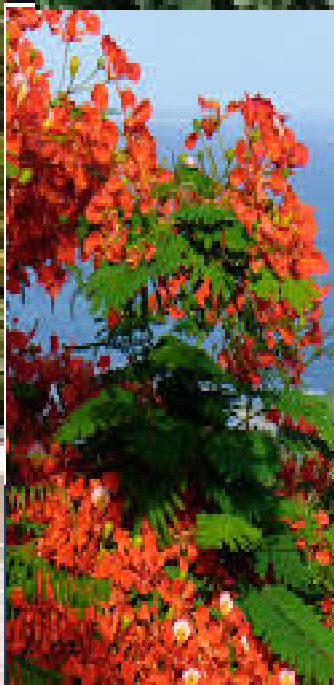
What Doesn't Help

- Using alcohol or drugs to cope
- Extreme withdrawal from family or friends
- Overeating or failing to eat
- Withdrawing from pleasant activities
- Working too much
- Violence or conflict
- Doing risky things (driving recklessly, substance abuse, not taking adequate precautions)
- Blaming others
- Extreme avoidance of thinking or talking about the event or a death of a loved one
- Not taking care of yourself
- Excessive TV or computer games

<https://www.phe.gov/emergency/events/sandy/Pages/mental-health.aspx>

<https://store.samhsa.gov/product/SAMHSA-Disaster-Kit/SMA11-DISASTER>

[https://www.ptsd.va.gov/public/treatment/therapy-med/disaster mental health treatment.asp](https://www.ptsd.va.gov/public/treatment/therapy-med/disaster_mental_health_treatment.asp)



Questions?

