BEHAVIORAL HEALTH IMPACTS OF COVID-19
Workplace Trends, Resources and Strategies: 
Transition into Reconstruction and Recovery
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Agenda

Understanding the transition into reconstruction and recovery

What to expect from a behavioral health standpoint over the next few months

How to reduce burnout, compassion fatigue, and moral injury

ADAPT and THRIVE during reconstruction and recovery
Where are we trying to go?

**Goals**
- Move successfully into reconstruction and recovery
- To not just survive, but to **thrive**
- Strengthen resilience for future adversity

**Road Map**
- Understand where we are: What is normal right now and why?
- Understand what it takes to reach our goals: What *internal strengths* and *external resources* are needed?
Content vs. process
- When establishing the new normal, focus on processes (when content often remains unknown)
  - **How** do you want to feel about the choices and steps you are making, rather than **what** do you want to do?

Managing unknowns, associated fears
- Return to workplace (excitement vs. anxiety)
- Fear-related behaviors (resource hoarding)

Maintaining effective communication
- Zones of regulation
- Active listening

ADAPT & THRIVE
Reactions and Behavioral Health Symptoms in Disasters

Emotional Response — Lows to Highs

PRE-DISASTER

Warning
Threat

IMPACT

Trigger event
Inventory

HONEYMOON — Community cohesion

HEROIC

POTENTIAL SECONDARY IMPACT — Subsequent disaster cascade effects

DISILLUSIONMENT

Working through grief — Coming to terms

SETBACK

SECONDARY HONEYMOON

SECONDARY DISILLUSIONMENT

RECONSTRUCTION — A new beginning

Months Pre- and Post-Outbreak

-6 -3 0 3 6 9 12 15 18 21
Key Things to Know

- Substance use challenges remain.
- Risky behaviors are more likely moving into warmer months.
  - Adolescents, teens, and young adults are a demographic group at high risk.
- Complacency becomes a higher risk, particularly for those who have been vaccinated.
- Pandemic apathy will continue to drive acting “out” and acting “in.”
  - Acting “out”: Pretending like the pandemic no longer applies, refusing to comply with regulations, trying to act in a ‘business as usual’ capacity.
  - Acting “in”: Giving up on things getting back to normal, hopelessness and withdrawal, many symptoms consistent with major depressive disorder or depression generally.
- An eventual return to baseline levels of functioning for many people should occur around 14 – 18 months after the initial outbreak (May – July 2021), given the vaccine distribution timeline as an essential contributor to hope for many.
Factors that influence the Reconstruction & Recovery pathway

- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection / illness / restrictions that result
Common Responses

- Aggression
- Substance use
- Shutting down
- Withdrawal
- Isolation

- Headaches
- Stomachaches
- Trouble sleeping
- Snacking
- Muscle tension

- Irritability
- Easily frustrated
- Angry
- Sensitive
- Tearfulness
- Hopelessness

- Trouble concentrating
- Difficulty tracking details
- Trouble with organization
- Trouble focusing
- Memory issues

- Aggression
- Substance use
- Shutting down
- Withdrawal
- Isolation

Emotional Issues
Cognitive/Thinking Issues
Physical Issues
Behavioral Issues
Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all groups.

**Resilience** can be increased by:
- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose**.
- Becoming **adaptive** and psychologically **flexible**.
- Focusing on **hope**.
How do we get there?

Check in with the map:

- How can we reduce burnout, compassion fatigue, and moral injury?
- How do we communicate effectively?
- How do we ADAPT and THRIVE?
How to Manage and Reduce Burnout

- **Bottom line up front**: Burnout is widespread in the context of a disaster. Our energy is more limited right now. **Healthy, clear boundaries between work and time off are essential for reducing burnout.**

- Create a system for recognizing personal or group efforts and accomplishments during team or one-on-one meetings. End the check-in with what is currently going well.

- List things you can do during time off that are completely unrelated to work (e.g., re-watch your favorite show, teach yourself a new hobby using online resources, get lost in a book).

- Contribute to a team culture where it is okay to say “no” to requests that can’t be taken. As a leader, model this practice for your team.

- Avoid unhealthy coping practices, such as drinking too much alcohol.
How to Manage and Reduce Compassion Fatigue

- **Bottom line up front:** *Compassion rewards* are the antidote for compassion fatigue. Take time to recognize the impact your work is having on others and celebrate victories when possible (even little ones).

- Cultivate a group of coworkers who are supportive and maintain these relationships.

- If you are in a supervisory or managerial role, lead by example with mandatory and systematic work breaks (on a reasonable schedule) and include them in your schedule.

- Offer verbal support for colleagues (active listening is great!).

- Avoid professional isolation, engage with colleagues while maintaining social distancing (e.g., virtual get-togethers, online consult and affinity groups, and online huddle-style meetings to share information and lessons learned).
How to Manage and Reduce Moral Injury

- **Bottom line up front:** Moral injury is triggered by environmental circumstances, not personal failures. If you experience this, try to focus on external causes that can be addressed, not internal blame.

- Try to acknowledge that this is happening, when or if you notice it.

- Develop a self-care plan based on what works for you as an individual.

- Create a schedule, try to add just one small thing each day you enjoy doing. Mindfulness practices (e.g., meditation and breathing practices) can be helpful.

- If you have a personal history of trauma, consider professional care services to help process your experiences.
Effective Communication

Zones of Regulation

- Pause before responding to more effectively integrate the parts of the brain
- Stimulate integration with physical movement

The Zones of Regulation

Active Listening

- Body language, non-verbal communication
- Open-ended questions
- Clarifying questions
- Seek to deeply understand (not to fix or problem solve)
- Express empathy
To develop resilience moving into reconstruction and recovery, we need to:

**ADAPT**

“ADAPT” is the **process** we use.

- Acquire information
- Develop Options
- Address Key Issues
- Prioritize values
- Talk about it
THRIVE

with a focus on...

- Transparency
- Health
- Resilience
- Integration
- Values and Vision
- Effort
Resources

Training:
- Health Support Team (including train-the-trainer)
- PsySTART-Responder (frontline healthcare only)

Resources:
- MEDIC, REST, and SAFE models
- Behavioral Health Group Impact Reference Guide
  - Healthcare and behavioral health providers, outreach teams, post critical care individuals, etc.
  - Unique challenges and considerations
  - Support strategies (organizational, supervisory, and personal)
- Children and families: Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic
- Emergency and healthcare workers: Coping During COVID-19 for Emergency and Healthcare Professionals
- Businesses and workers: COVID-19 Guidance for Building Resilience in the Workplace
Resources (continued)

Webpages:
- DOH – Forecasts, situation reports, guidance, and other resources:
  - Behavioral Health Resources Webpage
- State – General mental health resources and infographics:
  - Mental and Emotional Well-being Resources
  - Infographic Library

Looking for support?
Call Washington Listens at 1-833-681-0211