

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

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# Agenda

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**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?

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## 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?

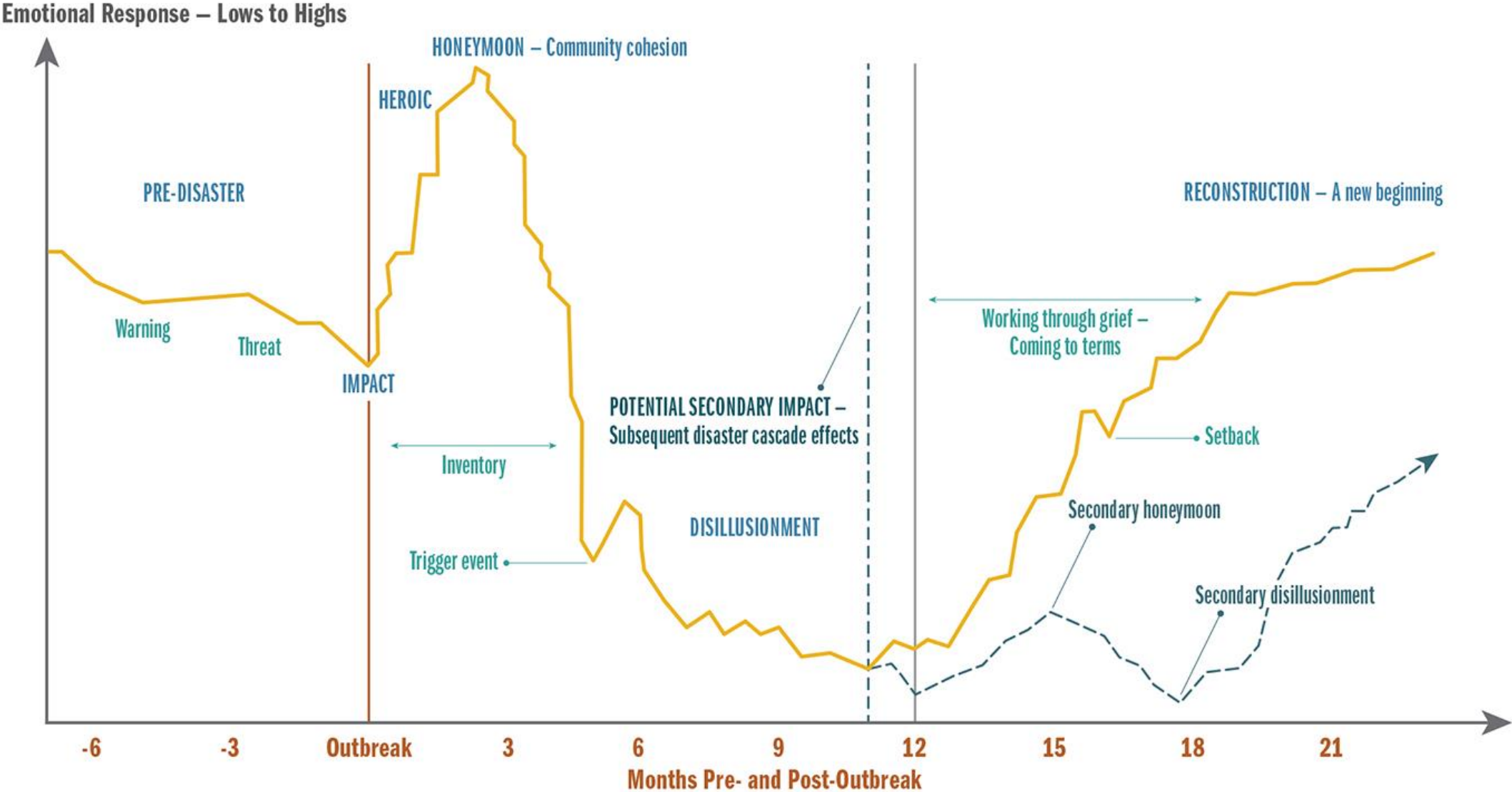


# Key Issues on the Roadmap to Reconstruction and Recovery

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- 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



# Key Things to Know

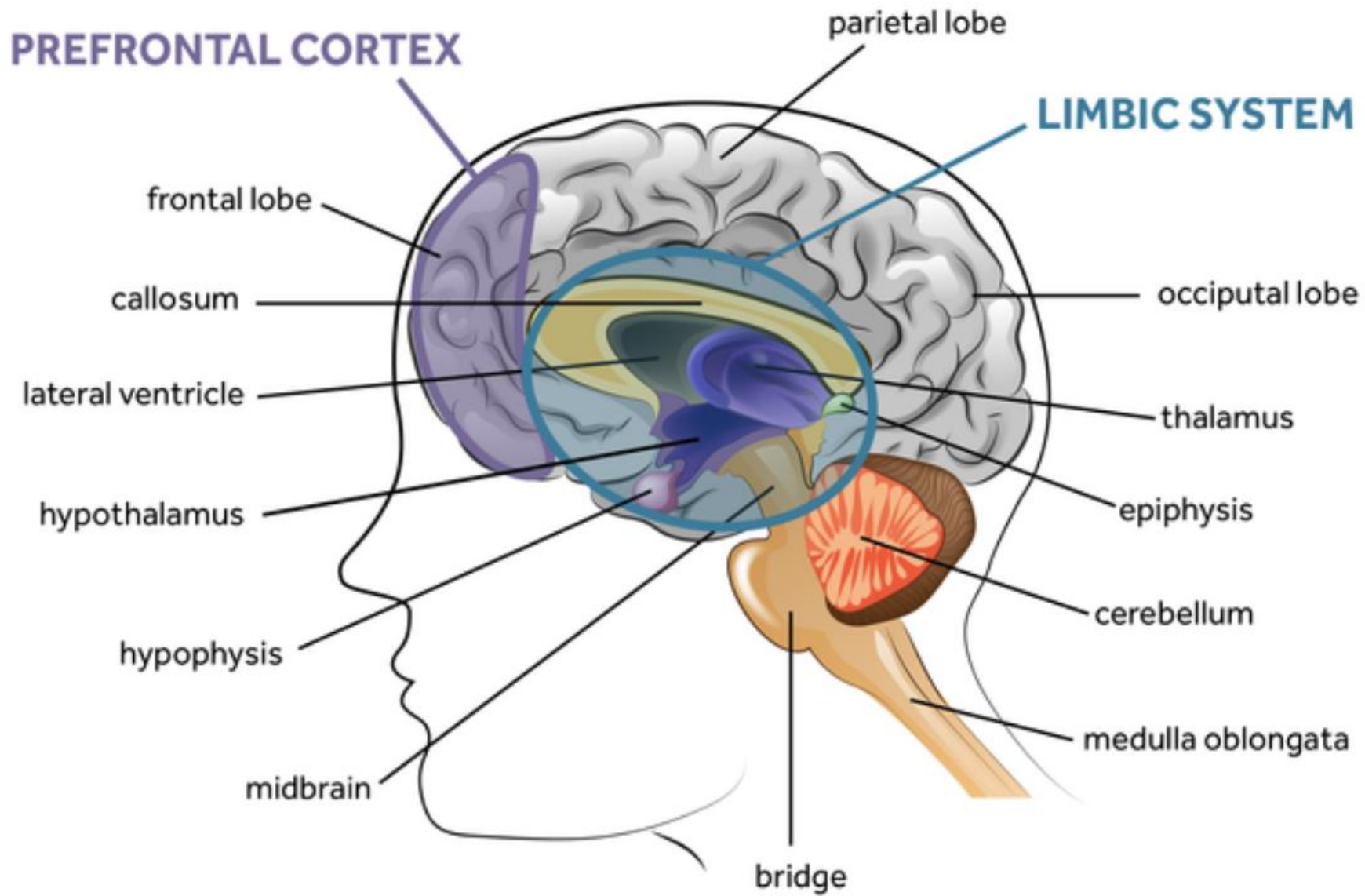
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- Substance use challenges remain.
- **Risky behaviors are more likely moving into warmer months.**
  - Adolescents, teens, and young adults are a demographic group at high risk.
- Complacency becomes a higher risk, particularly for those who have 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

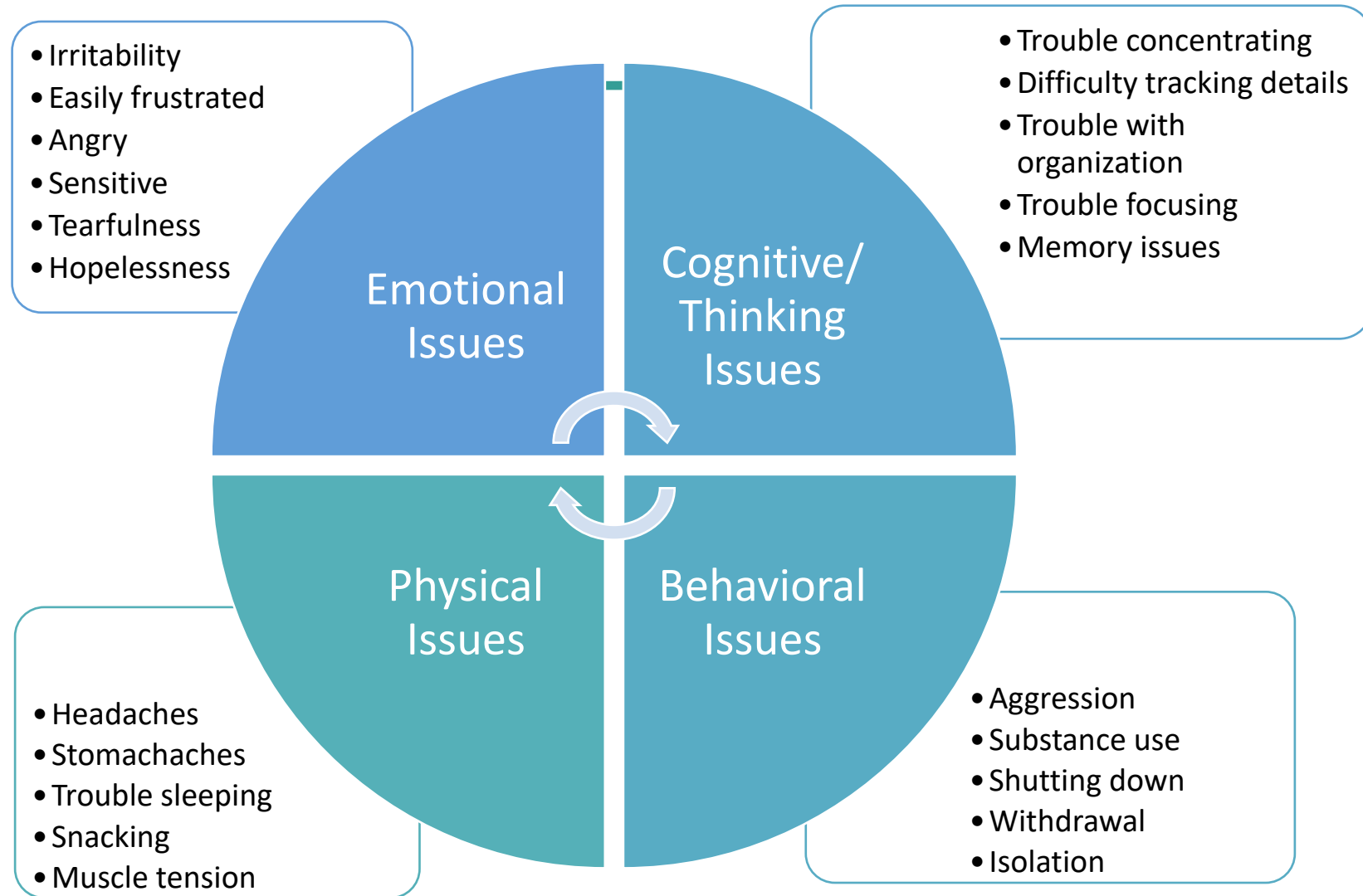
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- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection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





# Common Responses



# The Good News

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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?

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## 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

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- **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

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- **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

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- **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

BLUE Zone	GREEN Zone	YELLOW Zone	RED Zone
Sad Sick Tired Bored Moving slowly	Happy Calm Feeling OK Focused Ready to learn	Stressed Frustrated Worried Silly/Wiggly Excited Afraid	Mad Mean Terrified Yelling/Hitting Panicked Enraged
<i>Low state of alertness</i>	<i>I'm in control of myself</i>	<i>I'm partly in control</i>	<i>I'm out of control</i>

## 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

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## 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)

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### 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**

