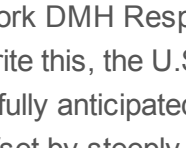


Office of Mental Health

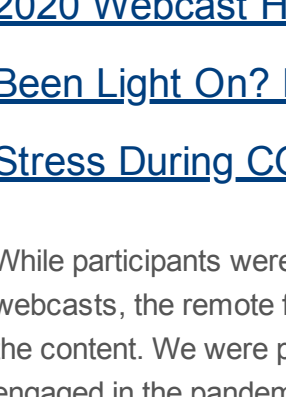


Department of Health

Office of Health Emergency Preparedness

Welcome to this issue of the New York DMH Responder, our newsletter for the Disaster Mental Health community. As we write this, the U.S. has surpassed 500,000 deaths from COVID-19, a terrible milestone few fully anticipated at the start of the pandemic a year ago. Yet that awful news is somewhat offset by steeply declining death rates and numbers of new cases as the administration of effective vaccines picks up speed. There are reasons to feel optimistic about better days ahead – but we also need to recognize the lasting toll that a full year of fear, societal disruption, and intense professional demands has taken on us all. Coping with this extreme and prolonged stress was the subject of our December 2020 webcast, which will be recapped here. We also invite you to participate in a follow-up webcast that will be held on March 18, 2021, so please see details about that below, and please keep taking care of yourselves as you work so hard to take care of everyone in your workplace, community, and home.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to [Tom Henery at DOH](mailto:Tom.Henery@DOH) or [Steve Moskowitz at OMH](mailto:Steve.Moskowitz@OMH).



*“Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.” –Helen Keller*

## [2020 Webcast Highlights: How Long Has Your “Check Engine” Been Light On? Enhancing Your Understanding of Yourself and Stress During COVID-19](#)

While participants weren’t able to gather to watch together like in past annual webcasts, the remote format for the 2020 event didn’t limit the value and timeliness of the content. We were privileged to hear from two experts who have been actively engaged in the pandemic response from the start through their roles with the Department of Health and Human Service’s Office of the Assistant Secretary for Preparedness and Response (ASPR). **Rachel Kaul** is a licensed clinical social worker and the Behavioral Health Lead for the agency. She has an extensive background in providing guidance and direction to the behavioral health, public health and emergency response communities throughout the country on ways to enhance and integrate behavioral health services into preparedness, response, and recovery efforts to foster individual, community and responder resilience. Co-presenter **Kayla Sivi** is a Behavioral Health Program Analyst for the agency, where she supports behavioral health preparedness, response, and recovery efforts. She has a background in social work and extensive experience in international community development and public health.

If you missed it, the 90-minute-long recording is well worth your time. You can watch it at: [How Long Has Your “Check Engine” Been Light On?](#)

In the meantime, here are some highlights. The presenters began by acknowledging that the past year has been uniquely challenging for everyone involved in the COVID response. At the individual level, responders are facing stressors including:

1. Long-term ambiguity
2. Isolation
3. Risk of exposing self and others to the virus
4. Pressure to finish objectives quickly with limited resources
5. Facility surges
6. Professional and personal responsibilities
7. Increased workload
8. PPE-related challenges
9. Vaccine concerns: “Should I?” / “When will I be able to?”
10. Changes in professional roles and responsibilities
11. Social distancing
12. Unclear or sudden changes to guidelines

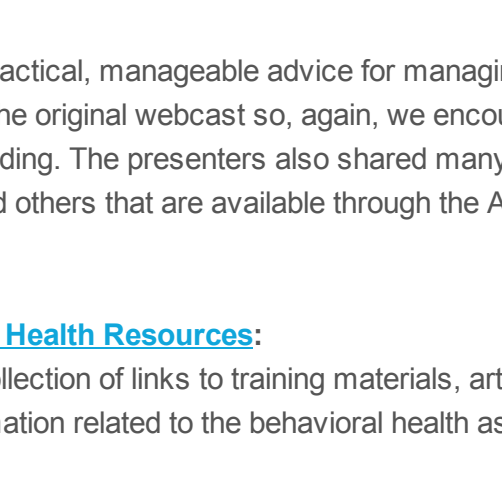
For responders and providers, potential consequences of coping with these complex demands include a range of serious problems including impacts on decision making, increased risk of mistakes, impacts on systems outside of work (family, friends, etc.), mental and physical health implications, substance use, and general professional burnout. This **burnout** reflects a cumulative emotional exhaustion and withdrawal as a result of workload and institutional stress that occurs over time, and which presents as decreased performance, increased absenteeism, and poor morale and attitudes. Helpers whose work involves prolonged exposure to those suffering from traumatic or distressing events are also at risk of developing **compassion fatigue**, which can result in reactions including detachment or numbing, rigid thinking, over-engagement, and blurred boundaries or roles. Helpers also may experience **moral injury**, which they described as the psychological, behavioral, social, and/or spiritual distress experienced by individuals who are performing or exposed to actions that contradict their moral values, such as implementation of crisis standards of care. The presenters also discussed the newer issue of **caution fatigue** as a concern as the pandemic drags on, which they defined as “when a person understands the actions needed to protect their health, but is willing to stop being careful because they believe it to be too exhausting.” This is especially likely among people who don’t know anyone who has developed COVID; see the article below for tips on ways to fight this problem in yourself and others.

### How’s Your Professional Quality of Life?

For a quick assessment of your own compassion satisfaction, burnout, and secondary trauma, the ProQOL is an excellent tool. You can download it and check your current well-being here: [https://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score.pdf](https://www.proqol.org/uploads/ProQOL_5_English_Self-Score.pdf)

## Self-Care That Actually Works

Turning to what we can do to prevent or mitigate these diverse occupational hazards, Ms. Kaul and Ms. Sivi first addressed the multiple realms where we can try to develop positive coping strategies:



They then introduced a more novel way of thinking about wellness that readers may find compelling: Cultivating optimistic thinking, which they defined as actively developing an attitude that “helps you recognize what’s truly happening, maintain a fighting spirit to persevere, and find a way to turn an obstacle into an advantage.” We can pursue this goal by practicing four habits of thought and behavior:

- Control the Controllable:** Where do I have control/influence? Where is there opportunity? Who can help?
- Compartmentalize:** What must I accept? What aspects of my work-life should remain unaffected by this?
- Take Productive Action:** What’s the best way to view this? What can I do right now to create positive change? How can I maintain my energy?
- Find the Good:** What’s good right now? What’s exciting? What’s funny about this? What can I learn?

There is much more practical, manageable advice for managing the various forms of professional stress in the original webcast so, again, we encourage you to find the time to watch the recording. The presenters also shared many resources for healthcare workers and others that are available through the ASPR site, including the following.

- COVID-19 Behavioral Health Resources:** This is an extensive collection of links to training materials, articles, tip-sheets, and other sources of information related to the behavioral health aspects of the pandemic response.
- Emergency Responder Self-Care Plan:** This is a detailed checklist of specific actions responders can plan to use to maintain their resilience throughout the pandemic.

## Upcoming Webcast: March 18, 2021

The information that Rachel Kaul and Kayla Sivi of ASPR presented in their previous webcast was extremely helpful and well-received by the audience, so we’re delighted to bring them back for a follow-up webcast on March 18, 2021, from 1:00 to 2:30:

**Organizational Resilience and Making Meaning: During COVID-19 and Beyond**  
This virtual yet interactive workshop will examine current impacts of stressors within organizations and provide participants with concrete leadership and organizational activities and evidence-informed strategies that promote well-being and enhance workforce performance. Stressors explored through an organization approach will include burnout, compassion fatigue and complex grief. Participants will be provided tools and resources to reflect on their experiences, meet the current challenges, and make meaning as we move forward.

To enroll in the training, please go to [www.NYlearnsPH.com](http://www.NYlearnsPH.com) and either register or login to the LMS. Search Course Catalog for: **OHEPORGRES-2021** OR click this shortcut to the course enrollment page on the [LMS](#).

**Questions Regarding NYSDOH Learning Management System (LMS):**  
Direct questions to [edlearn@health.ny.gov](mailto:edlearn@health.ny.gov) or 518-473-4223 Ext 4.

**Questions Regarding Training:**  
Direct questions to [prepedap@health.ny.gov](mailto:prepedap@health.ny.gov) or 518-474-2893.

## Fight Caution Fatigue!

After a full year of taking often onerous precautions to protect ourselves and others from COVID-19, it’s no wonder that many people are experiencing the “caution fatigue” that was discussed in the webcast. We just want to get back to normal, but this is the time when it’s essential to keep our guard up so we don’t lose the progress that has been made in recent weeks. To fight that fatigue, Rachel Kaul and Kayla Sivi presented these simple strategies you can use yourself, or share with others, to try to maintain safe practices.

The real key, they said, was to understand what motivates your positive behavior. Which of these resonates most strongly for you when you follow safety guidelines?

- I am being cautious to protect my family and loved ones.
- My behaviors protect the people I work with and serve.
- My actions today make a difference for the future.
- I am committed to doing my part to get life back to normal.
- I’m afraid of getting sick.

To stay motivated, they suggested remembering a few simple steps:

- Consider who or what is important to you.
- Embrace the safety habits and routines you practiced earlier in the pandemic.
- When you forget to follow a guideline, simply correct it.
- Schedule news or social media intake at specific times of the day.
- Create a checklist to be sure you’re not forgetting any elements of PPE and safe behaviors.

And when it comes to trying to motivate other people in your life to remain vigilant, they offered these helpful communication strategies:

If someone says...	You can respond by...
“It’s just a small gathering of 10/12 of us for the holidays.”	<b>Emphasizing</b> COVID-19 can be contagious before symptoms appear so all gatherings carry risk.
“It’s been a long year and I haven’t seen my family for too long.”	<b>Recognizing</b> the steps people have taken so far and <b>Discussing</b> ways to connect safely.
“I’m young and there’s a vaccine. Things can go back to normal now.”	<b>Acknowledging</b> young people can transmit the virus to vulnerable persons and <b>Caution</b> it will take some time for everyone to get vaccinated.
“The government can’t force me to wear a mask.”	<b>Reminding</b> that public health guidance and mandates are about protecting everybody.

## Research Brief: Coping with COVID-Related Sleep Problems

Part of the standard self-care advice we always hear is to be sure to get enough sleep. Many people struggle to sleep well in the best of times, and there’s no question that the professional and personal stressors we’re all facing right now has led to increases in insomnia and other forms of disturbed rest. That can be particularly problematic for hospital staff members on the frontlines of the response, where inadequate sleep can not only cause personal suffering, but may increase the risk of making critical errors in patient care. As an article by four Italian psychologists puts it, “hospital staff are habitually sleep deprived and at risk of health consequences of sleep deprivation. Moreover, stress induced by conflicts, natural disasters, etc., is associated with detrimental effects on sleep. Thus, during the COVID outbreak these factors may interact and increase the risk of negative health outcomes in health workers” (Ballesio et al., 2020).

To counter this risk, they offer a series of recommendations for hospital staffers to deal with sleep deprivation during the pandemic response, including these specific tips:

- A short (15 to 30 minute) nap is better than no sleep, so napping in the hospital should be allowed and encouraged
- To wake up more quickly after a nap, soak your wrists, hand, and face in cold water to stimulate peripheral vasoconstriction and increase your feeling of alertness
- Be cautious about consuming stimulants like caffeine, which can cause collateral effects on your ability to sleep later
- Avoid alcohol before bed as it can have a rebound effect that reduces sleep quality and increases awakenings during the night
- Exposing yourself to light (natural if possible, or artificial but intense) before or during a night shift can reduce sleepiness.
- If you must work while you’re very sleepy, try to work with a colleague to help sustain vigilance and reduce the likelihood of errors.

Of course these tricks are no substitute for regular, sustained, full periods of restorative sleep, but in a time when that can feel like an impossible goal for many people, we hope they give you some additional tools for maintaining your ability to keep functioning safely and productively.

Source: Ballesio, A., Lombardo, C., Lucidi, F., & Violani, C. (2020). Caring for the carers: Advice for dealing with sleep problems of hospital staff during the COVID-19 outbreak. *Journal of Sleep Research*, 30(1).

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