

COFFEE CHAT UNTIL 8:30AM

Janice Gibson MSN, RN, NPD-BC, CCRN-K, PCCN-K

WELCOME TO THE SPRING 2024 PA-AC NRP COLLABORATIVE MEETING

Saying The Right Thing is NOT Easy:
How To Handle the Tough
Situations

WELCOME FROM YOUR CHAIR

Liz Holbert, MSN, RN

WELCOME GUTHRIE!



AGENDA

Time	Topic	Presenter
0830-0840	Welcome	Liz Holbert
0840- 0900	Breakout Session: Discuss Instances of Challenged Communication and How You Handled It	Group
0900- 0915	Group Report Out	
0915- 1000	Trauma Informed Care	Lauren Brandon & Drew Kranz UPMC
1000 - 1015	Break	
1015 - 1100	Stress First Aid	Laura Ramsey & Kelly Fuddy Penn State Hershey Medical Center
1100- 1120	Breakout Session: How Would You Do Things Differently	Group
1120- 1135	Group Report Out	
1135-1145	Closing	Amy Ricords

STATEMENT

The National Nurse Lead Care Consortium and the Pennsylvania Action Coalition are collaborating to provide nursing continuing professional development (NCPD) contact hours for the educational activity entitled “Saying The Right Thing is NOT Easy: How To Handle the Tough Situations”.

Nurses completing the entire activity and the evaluation tool may be awarded a maximum of 2.5 NCPD contact hours. The National Nurse Lead Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. None of the planning committee or speakers have anything to disclose.

BREAKOUT SESSION #1

BREAK OUT SESSION QUESTIONS

Discuss Instances of Challenged Communication and How You Handled It

1. Can anyone share a time when a Resident shared a difficult life situation?
2. Did it “catch you off guard”?
3. What advice did you give the Resident?
4. Please share if you are you aware of how the situation resolved/ended?



UPMC Central PA:

Trauma-Informed Care Steering Committee:

Trauma-Informed Care

Lauren Brandon, LCSW, LMSW

Drew Krantz, PsyD, LPC, NCC, CATP

What do you think of
when you hear the terms
“trauma & trauma
informed care”?



What is Trauma?

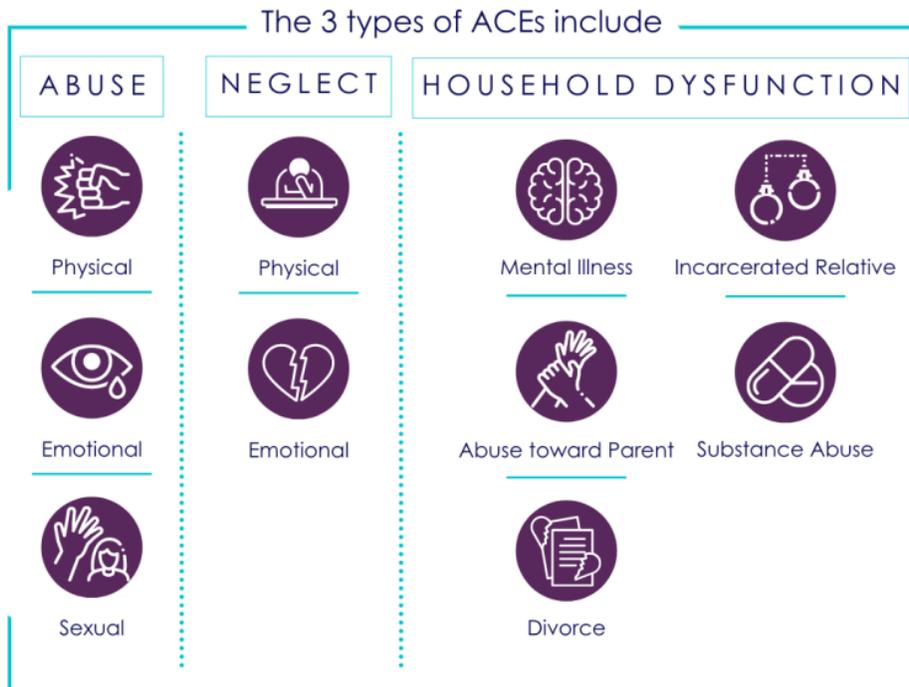
- “Trauma occurs when a person or group is confronted with a **threat** to themselves or others and that threat **overwhelms** their coping resources, **evoking responses** of intense helplessness, distress, or fear for personal **safety**”.



(Gerbrandt, et al., p. 12, 2021)

ACES Study

ACEs = Adverse Childhood Experiences



Advokids.org (n.d)

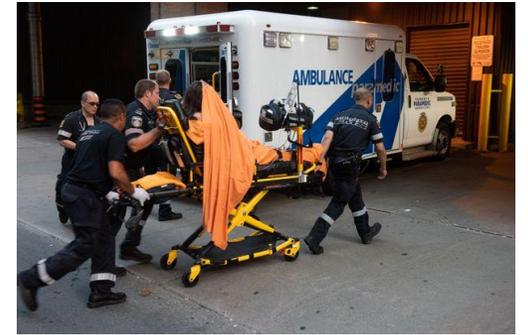
Trauma Informed Care

- Thinking **“What happened to them?”**,
rather than **“What is wrong with them?”**
- **“Curious empathy”**
- This can be difficult in the moment, especially if we are triggered by the situation

A photograph of a person holding a large, rectangular sign made of corrugated cardboard. The sign is held up by two hands, one on the left and one on the right. The sign has the words "WHAT HAPPENED TO YOU?" printed in large, bold, black, sans-serif capital letters. The text is arranged in four lines: "WHAT" on the first line, "HAPPENED" on the second line, "TO" on the third line, and "YOU?" on the fourth line. The background is dark and out of focus.

Trauma Informed Care is a Universal Precaution

Everyone experiences trauma



TIC in action as Service Providers

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Trauma Informed Approaches

- Be respectful
- Take time
- Build rapport
- Share information
- Share control
- Respect boundaries
- Foster mutual learning
- Understand non-linear healing
- Demonstrate awareness and knowledge of trauma

The Importance of Relationship

TRAUMA-INFORMED CARE: GUIDING VALUES **“HEALING HAPPENS IN RELATIONSHIP”**



Trauma Informed Care helps....

PATIENTS

- Healthcare
- Improve mental and physical health
- Lower costs of health care
- Reduces readmission rates
- Reduces Emergency Room Visits

ORGANIZATION

- Employee retention
- Improved absenteeism
- Improved productivity
- Lowered patient violence
- Return on Investment
- Spend less on healthcare costs
- Improved employee satisfaction

Trauma Informed Care

- Trauma Informed Care is **NOT**:
 - A program
 - A get out of jail free card
 - A justification for bad behavior
 - Only effective for people with trauma and PTSD symptoms
- Trauma Informed Care **IS**:
 - A lens on the world and our community
 - A way of understanding those we work with and serve
 - Compassionate care for everyone
 - Acknowledgement that people feel and react differently
 - A process that impacts those served, staff, and the organization

Guiding Principles of TIC

- **Safety**
 - Ensuring physical and emotional safety
 - Spaces are welcoming and privacy respected
- **Choice**
 - Client has choice and control
 - Provide a clear and appropriate message about right and responsibilities
- **Collaboration**
 - Sharing power and decision making responsibilities
 - Provide client significant role in planning
- **Trustworthiness**
 - Make things clear, consistent and respect boundaries
- **Empowerment**
 - Prioritizing empowerment and skill building
 - Encouraging growth through choice and affirmation





Retraumatization



WHAT HURTS?

SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 HAVING TO CONTINUALLY RETELL THEIR STORY	 NOT BEING SEEN / HEARD
 BEING TREATED AS A NUMBER	 VIOLATING TRUST
 PROCEDURES THAT REQUIRE DISROBING	 FAILURE TO ENSURE EMOTIONAL SAFETY
 BEING SEEN AS THEIR LABEL (I.E ADDICT, SCHIZOPHRENIC)	 NONCOLLABORATIVE
 NO CHOICE IN SERVICE OR TREATMENT	 DOES THINGS FOR RATHER THAN WITH
 NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY	 USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE

Trauma Responses

- “Defensive and protective responses are **controlled by survival instincts**, resulting in recurring patterns of fight, flight, or freeze behaviors. As a result, there is an **inference** in the person’s, organization’s, or communities’ *ability to function well or adapt effectively*”.

(Gerbrandt, et al., p. 12, 2021)

Common Signs of Trauma

- Isolating Behaviors
- Confusion, difficulty concentrating
- Quick to react to situations
- Canceling or not keeping appointments
- Frequent visits to the ED
- Multiple medical and/or psychiatric diagnoses

Every behavior has meaning and purpose.

Survival Mode

FIGHT



- feelings of irritability
- more ready to engage in arguments with family members or members of the public
- hoarding items such as cleaning products or toilet paper
- excessive "competitiveness" for items when shopping and/or criticizing store staff for limited items in stock
- imagining and planning for scenarios where the person might have to fight to survive

FLIGHT



- "hiding out" - reluctance or refusal to engage in activities medical professionals have deemed safe for the general public like going for walks or grocery shopping
- reluctance/refusal to return to activities once restrictions have been lifted
- passive communication styles or "people pleasing" in order to avoid conflict or confrontation

FREEZE



- numbing behaviours such as substance abuse
- increased time spent on social media
- excessive time spent watching TV (when you're not enjoying the show/movie anymore or are not paying attention to the plot line and are watching just to fill time)
- gambling and/or disordered eating

- What examples of "survival mode" have you witnessed in your work?
- How is this applicable in your daily work?

Stress Response:

FIGHT

FLIGHT

FREEZE



Survival Mode



- How could these be present in the community? Forensic interview? Other places/situations?

Survival Mode

5 TRAUMA RESPONSES

PHYSIOLOGICAL REACTIONS:
THE 5 F'S

AUTONOMIC NERVOUS SYSTEM Hyperarousal, alarmed / startled. Increases heart rate, blood pressure, breathing.	PARASYMPATHETIC NERVOUS SYSTEM Hypoarousal, dissociation. Metabolic shutdown, numbing. Hiding behaviors.
FIGHT Physical aggression; attacker may be smaller / weaker. Verbal aggression, e.g., saying "no". traumadissociation.com	FREEZE Tonic immobility. Involuntary response. Less chance of injury.
FLIGHT Running, bawking away or hiding. If there is somewhere to escape to or hide.	FLOP / FAWN Collapse and play dead. After freeze fails, conserves energy, wounds heal.
traumadissociation.com source: Schore, 2009; Lodrick 2007	FRIEND Trauma bonding (attach) / Stockholm Syndrome Social engagement. Prolonged or infant trauma.

Questions to ask yourself:

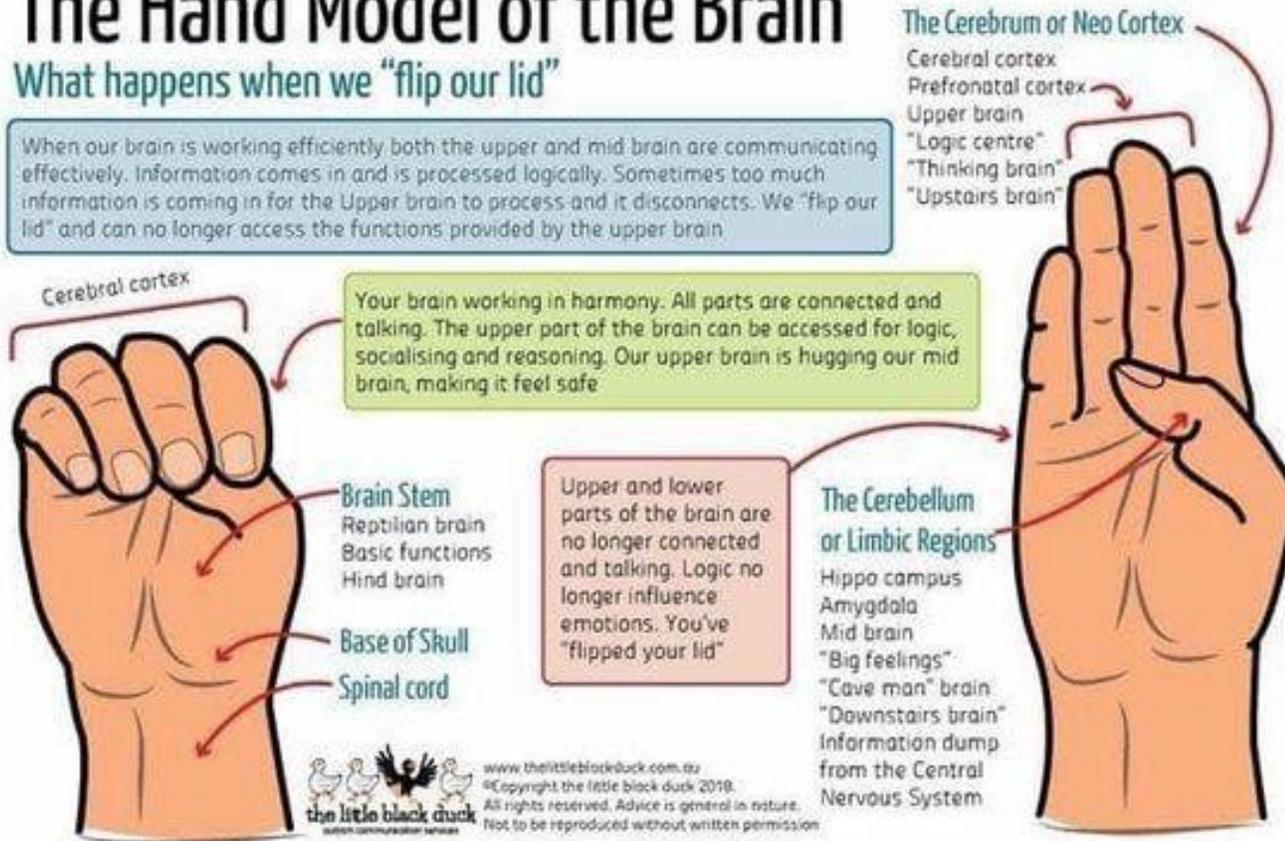
- What could be causing the behaviors I am witnessing?
- Knowing this, how could or would I approach interactions differently?

Hand Model & Trauma Reactions

The Hand Model of the Brain

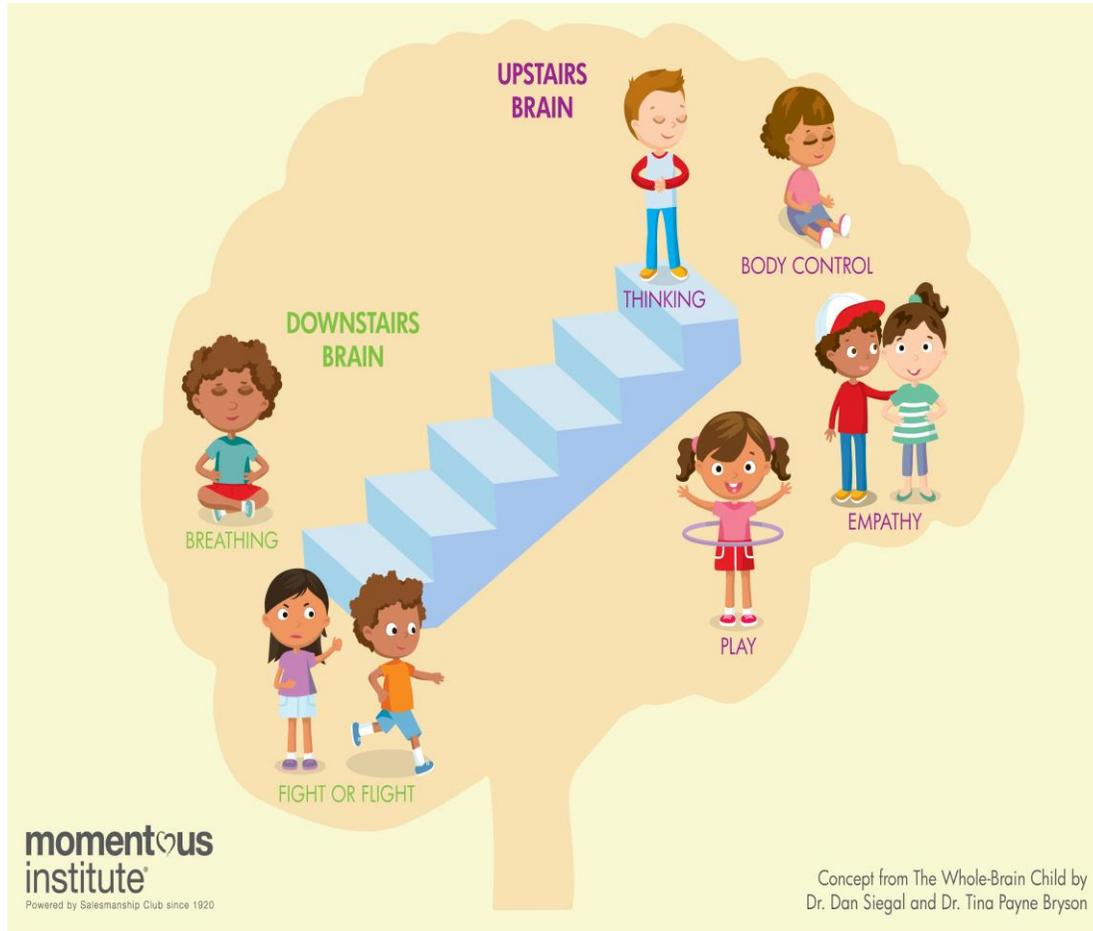
What happens when we “flip our lid”

When our brain is working efficiently both the upper and mid brain are communicating effectively. Information comes in and is processed logically. Sometimes too much information is coming in for the Upper brain to process and it disconnects. We “flip our lid” and can no longer access the functions provided by the upper brain.



When was a time you witnessed someone “flipping their lid”?

Upstairs & Downstairs Brain



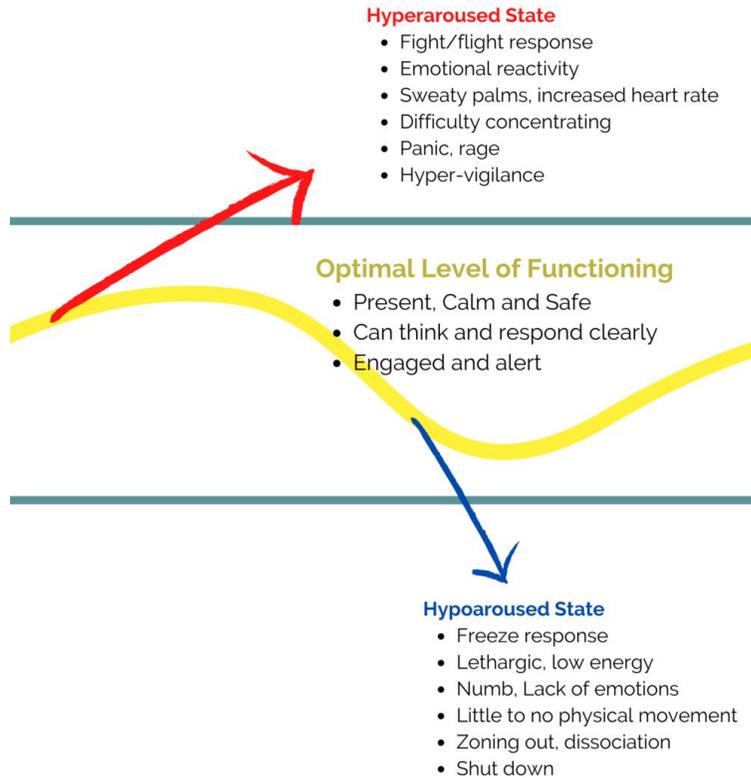
- Self-Reflection:
 - Think of a time your “basement” was flooded when you felt threatened. What was your reaction? Were you able to respond to someone in a calm way?

Trauma

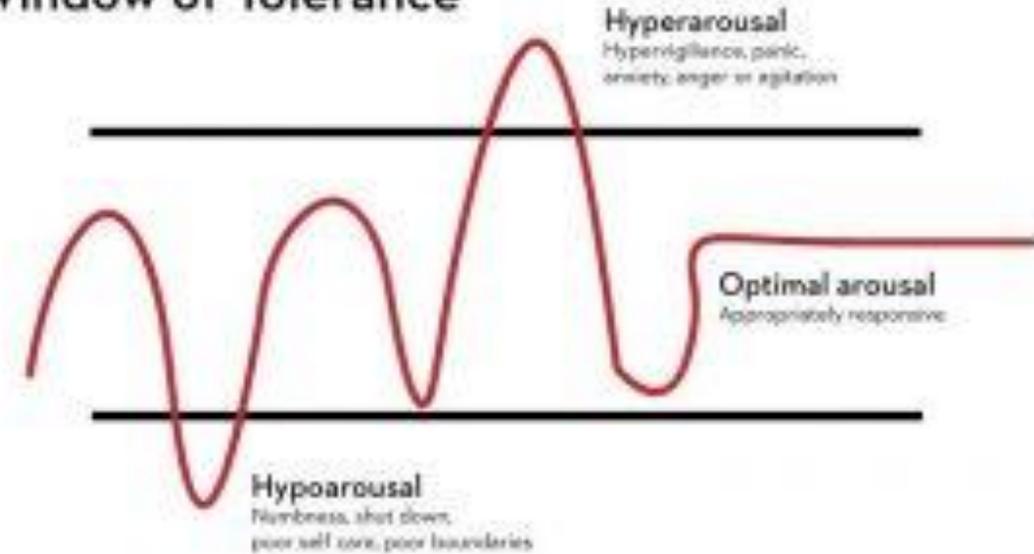


Window of Tolerance

Window of Tolerance



Window of Tolerance



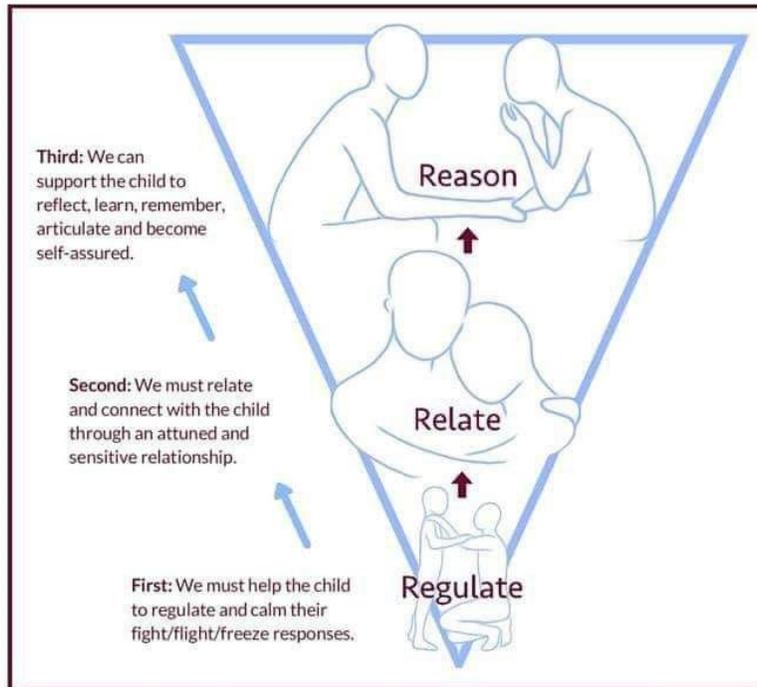
The 3 R's

© Dr Bruce Perry



The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

- Regulate
- Relate
- Reason
- https://youtu.be/TpsK_fY2BpQ

Occupational Hazard: Exposure to Trauma

- “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”
– R.N. Remen, MD (1996)



Trauma's Impact on You

- Vicarious Trauma
- Compassion Fatigue
- Secondary Stress
- Burnout
- Do you take care of yourself?
- If so, how?



Self-Care is a priority and necessity - not a luxury - in the work that we do.

STRETCH BREAK

Take 15!

BREAKOUT SESSION #2

BREAK OUT SESSION QUESTIONS

How Would You Do Things Differently

1. What new information did you learn this morning?
2. Would you handle any past situations differently, based off the information learned today?
3. Do you intend to change the way you run your Residency program because of what you learned today?

Stress First Aid- PA NRC Spring Meeting

Caring for Ourselves
and Each Other

Laura Ramsey & Kelly Fuddy
Staff Care Chaplains
Department of Pastoral Services
Penn State Hershey Medical Center



PennState Health

Stress First Aid

for HEALTH CARE WORKERS



What is Stress First Aid?



SFA is a framework to improve recovery from stress reactions



SFA fosters longevity in the job



SFA can reduce stigma by changing culture



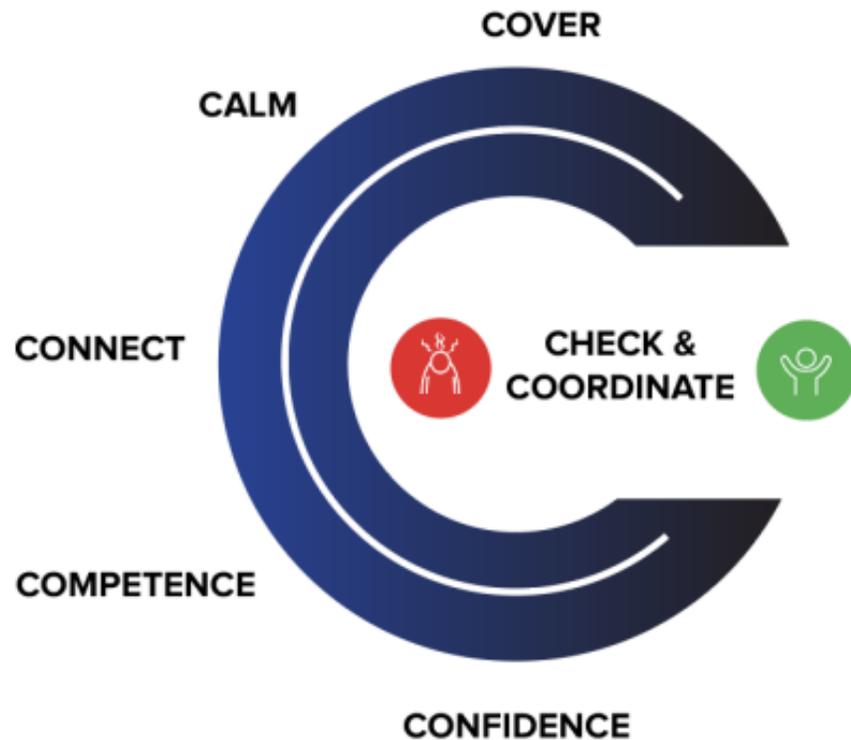
SFA creates a common language to address stress



SFA addresses stress reactions before they create problems



The Seven Cs of Stress First Aid.



Check: Assess: Observe and listen.

Coordinate: Get help. Refer as needed.

Cover: Get to safety ASAP.

Calm: Relax, slow down, refocus.

Connect: Get support from others.

Competence: Restore effectiveness.

Confidence: Restore self-esteem and hope.

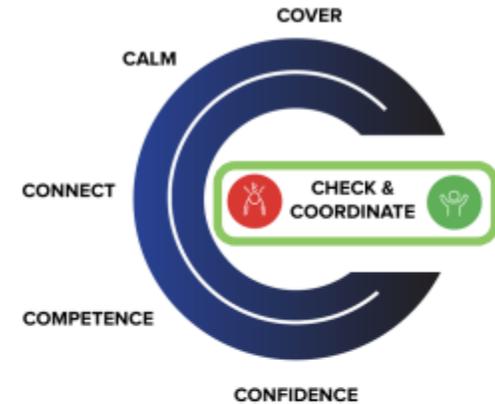


Check

Paying attention to your own stress reactions and the functioning of coworkers

Identifying who needs support

Noticing when someone is not OK





READY: Thriving *"I've got this"*

- Calm and steady
- Sense of mission
- Spiritually, physically and emotionally healthy
- Emotionally available
- Able to focus
- Able to communicate effectively
- Normal appetite
- Healthy sleep
- Sense of joy/vitality
- Room for complexity

Individual Responsibility

REACTING: Surviving *"Something isn't right"*

- Nervousness, sadness, increased mood fluctuations
- More easily overwhelmed and irritated
- Work avoidance
- Loss of interest or motivation
- Distance from others
- Short fuse
- Loss of creativity
- Fatigue/Weariness
- Trouble sleeping & eating
- Distress feels short-term

Community, Family, Colleague Responsibility

INJURED: Struggling *"I can't keep up"*

- Persistent fear, anxiety, anger or pervasive sadness
- Isolation/avoiding interaction
- Sleep disturbances/ bad dreams
- Feeling trapped
- Distant from life
- Exhausted
- Physical symptoms
- Persistent shame, guilt or blame
- Disengaged
- Distress is cumulative, ongoing

CRITICAL: In Crisis *"I can't survive this"*

- Hopelessness, anxiety, panic or depression
- Intrusive thoughts
- Feeling lost or out of control
- Insomnia, nightmares
- Thoughts of suicide or self-harm
- Hiding out
- Easily enraged or aggressive
- Broken relationships
- Dependence on substances, food or other numbing

Care or Medical Provider Responsibility

WHAT TO DO

Exercise, nourish, relax, embrace family & social connections



Talk to trusted individuals: friend, family, leader, or peer supporter



"HMC Staff Support Hotline"
PHONE AND TEXT SUPPORT AVAILABLE

Talk to counselor, therapist, or medical provider; Supportline EAP



Seek immediate mental health treatment
National Mental Health Crisis Line:

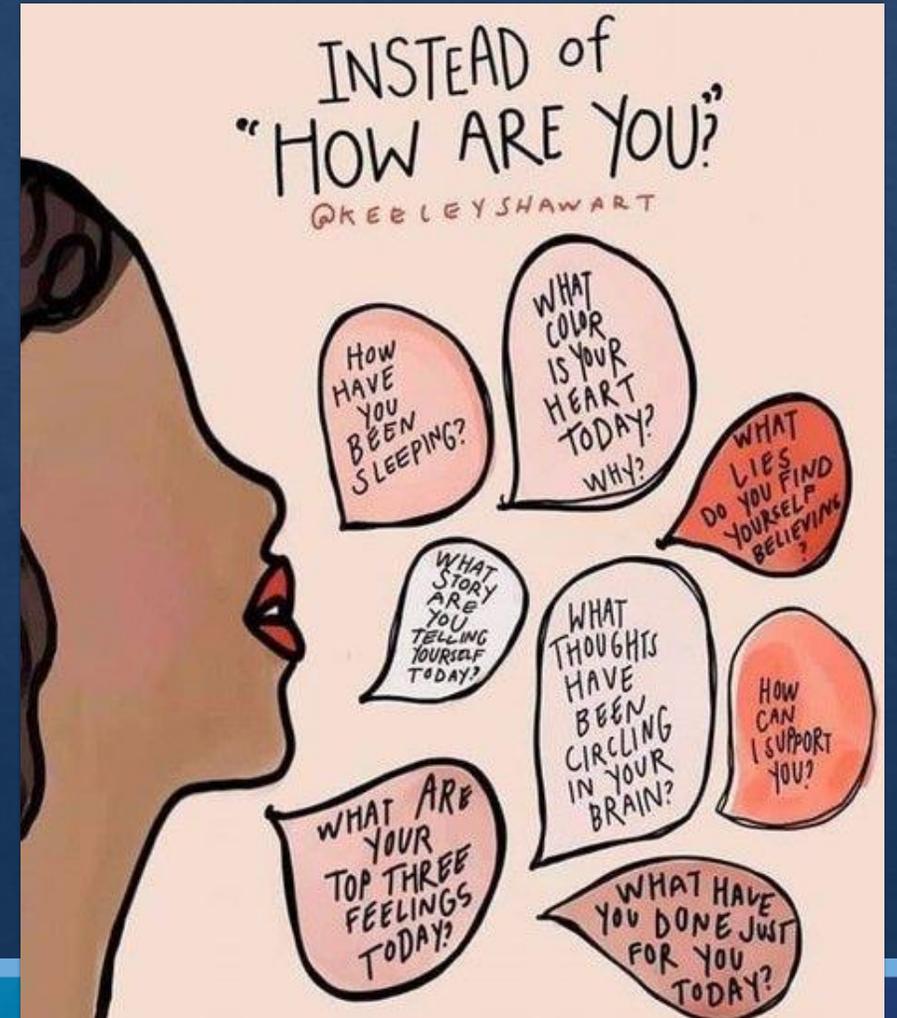
988



“Check You, Check Two”

Possible signs of stress

- Change in eating habits
- Change in weight
- Loss of will power
- Apathy / Losing interest
- Can't hold a conversation
- Excessive guilt
- Taking lots of time off
- Drinking more
- Conflict in relationships
- Fatigue / more sleep
- Don't give self a break (leaders)
- Changes in relationships
- Loss of control
- No longer feeling like self
- Can't get tasks done
- Can't think clearly
- Things excessively piling up
- Isolating self
- Feeling overly busy, hurried
- Physical changes
- Going through the motions
- Memory problems
- Post traumatic stress symptoms
- Depressive or anxiety symptoms



Additional tools for “Check”



Be Mindful

Perceived Stress Scale

<https://www.bemindfulonline.com/test-your-stress>



National Center for PTSD

Self-assessment for healthcare workers

<https://www.ptsd.va.gov/professional/treat/care/toolkits/provider/selfAssessment.asp>



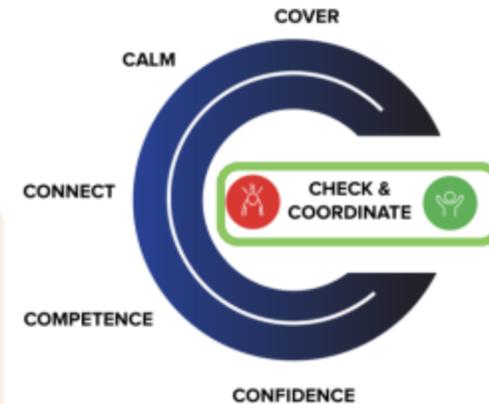
PennState Health

Coordinate

Gather information

Inform those who need to know

Connect with other sources of help if needed



Resources



supportlinc
EMPLOYEE ASSISTANCE

In-the-moment support 24/7/365

Short-term counseling services

Financial expertise

Legal consultation

Convenience resources

Call SupportLinc at 888-881-5462

- Nation-wide
- Will connect with local crisis center
- Replaces the national suicide lifeline (old number still works!)
- Text or call



 **PennState Health**

Staff Support Hotline

For emotional, spiritual or psychological support, call

x3600

From outside: 717-531-3600



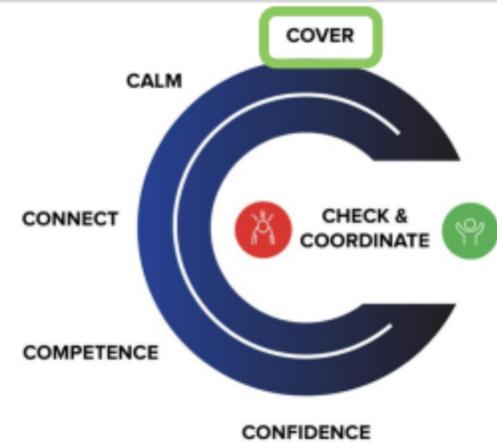
Cover

Ensure immediate physical safety

Psychological safety

Protect from additional stress

Inclusive, anti-racism workplace



Potential “Cover” Actions

Remove person from stressful environment

Provide reassurance and presence

Address threats to safety

Planned, supportive return to the setting or task

Address racism and microaggressions



Calm

“Turn off” fight or flight response

Relaxation

Mental focus

Rest

Soothing interactions and reassurance





PennState Health

Connect

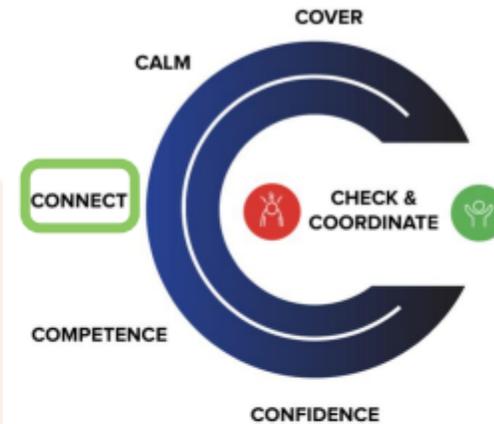
Be present and offer support

Social support, sense of belonging

Build trust, transparency

Address misunderstandings

Validate & share concerns as well as successes





PennState Health

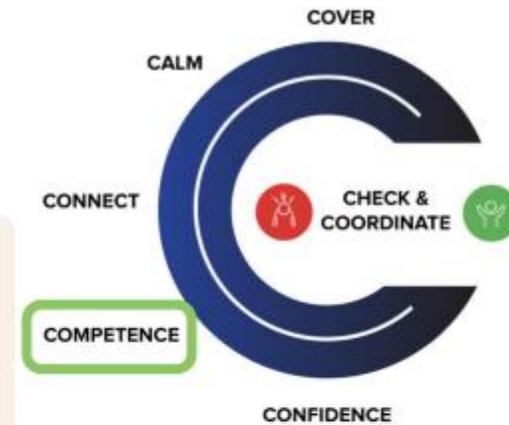
Competence

Skills, knowledge, resources to do your job well

Reminding of skills or building new ones

Belief in your own competence

Belief that you can manage difficult challenges



Potential “Competence” Actions

Training / mentoring

Remind of strategies that have worked before

Highlight successes and accomplishments

Recalibrate expectations/goals

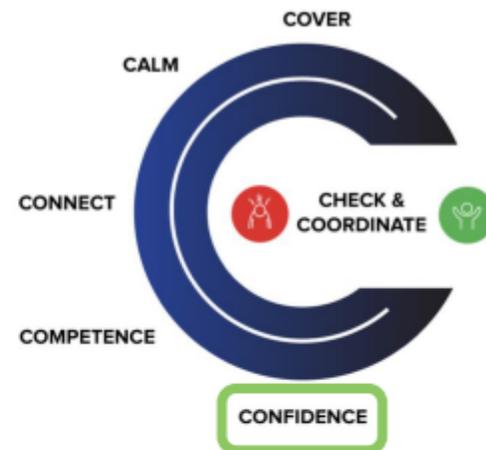
Help problem-solve and set achievable goals

Connect to resources to address gaps



Confidence

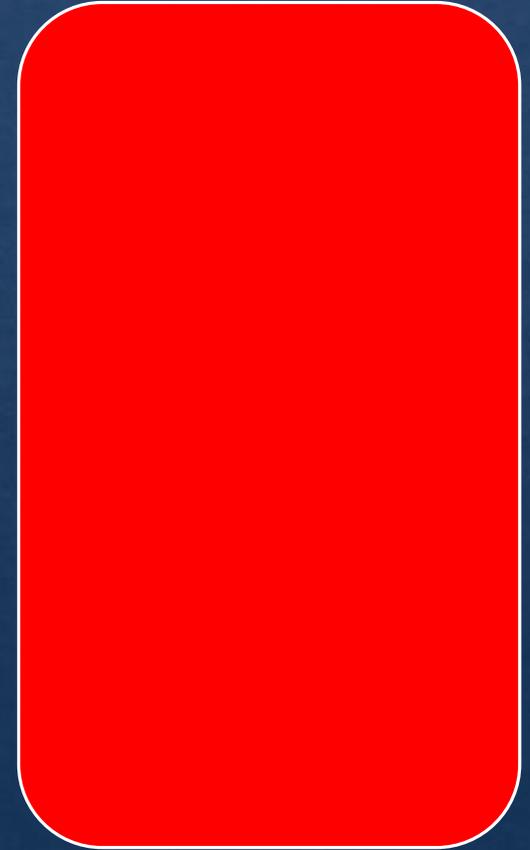
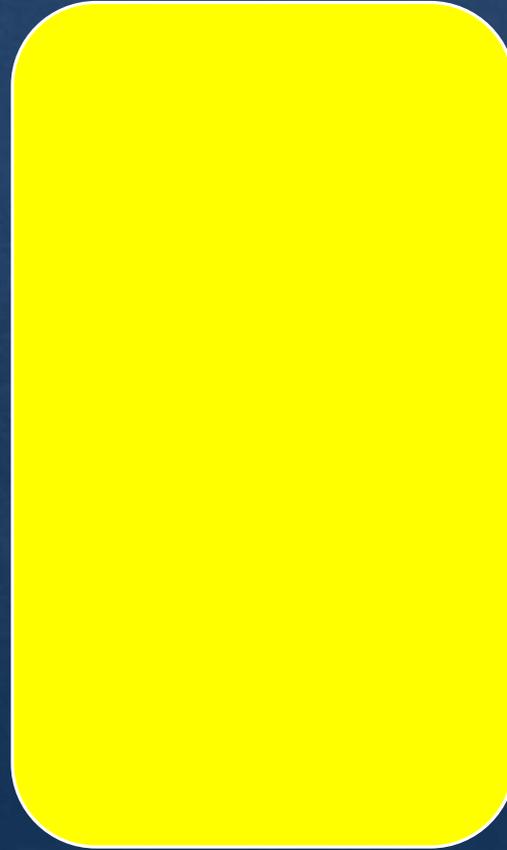
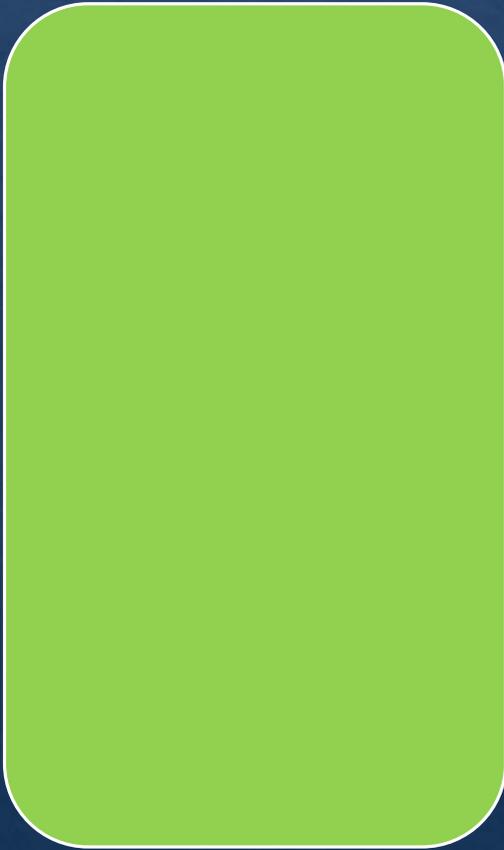
Celebrating achievements and effort
Rebuilding trust in self, team, organization
Restoring hope
Finding meaning in the work
Connection with values
Self-compassion and self worth



- Watch out for “always” and “never”
- Check assumptions
- Look for the positive
- Helpful self-talk
- Label negative thoughts



Brainstorming



Taking Care of One Another

- ◇ Health care culture appeals to those who are **problem solvers and service-oriented**.
- ◇ **SFA can only be as strong as the determination of each organization** to preserve the health, longevity, and well-being of its workers so that they can serve others and get the most benefit from the job as long as they choose to be part of the organization.
- ◇ Who thinks this is **top priority**?
 - ◇ [National Center for PTSD & VA](#) Stress First Aid
 - ◇ [US Surgeon General](#) (2022) Surgeon General's Framework for Workplace Mental Health and Well-Being
 - ◇ [NAM](#) (2022) National Plan for Health Workforce Well-Being
 - ◇ [IHI](#) (2022) Framework for Improving Joy in Work
 - ◇ [IHI](#) (2024) Workforce Well Being Leadership Professional Development Program
 - ◇ [Lorna Breen Healthcare Provider Protection Act](#) (2022)
 - ◇ [NIOSH & CDC](#) (2024) Impact Wellbeing Guide



DEPARTMENTS: MAGNET® PERSPECTIVES

Addressing Nurses' Well-being in the 2023 Magnet® Application Manual

Sigur, Sharina A. DNP, RN, MEDSURG-BC, NEA-BC, NPJ-BC; Walters-Threat, Lois DNP, MS, RN-BC

[Author Information](#) ☺

JONA: The Journal of Nursing Administration 53(1):p 1-2, January 2023. | DOI: 10.1097/NNA.0000000000001233

BUY

 Metrics

Abstract

The well-being of “America's Most Trusted Profession” is imperative during these tumultuous times. Since the onset of the COVID-19 pandemic, nurses have persistently cared for others, sometimes at the cost of their own well-being. The 2023 Magnet® Application Manual has introduced well-being into its application requirements to ensure healthcare organizations and nurse leaders incorporate structures and processes to support nurses' well-being.

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Stanford Model of Professional Fulfillment



References

- ◆ The *Stress First Aid for Health Care Workers Manual* and materials, developed by Patricia Watson of the National Center for PTSD and Richard Westphal of the University of Virginia, are adapted from the original *Combat and Operational Stress First Aid (COSFA) Field Operations Manual*, with input from SFA versions that were developed for Rescue and EMS, Wildland, Law Enforcement, and Pre-Trial and Probation settings.
- ◆ The *SFA for Health Care Workers Manual* and materials may be copied and distributed without permission. It was produced using public funding and resides in the public domain, but the work of the authors is still protected. The authors request that any subsequent use of this material be given appropriate attribution and acknowledgment.
- ◆ Watson, P., & Westphal, R.J. (2020). *Stress First Aid for Health Care Workers*. National Center for PTSD. Available on: www.ptsd.va.gov
- ◆ Hartman-Hall, H. and Morales, C. (2023) Presentation. *Stress First Aid: Caring For Ourselves and Each Other*. Building a Nurse Well Being Program Conference, March 2023. MedStar Health Center for Well Being.



CLOSING

Amy H. Ricords, MEd, BSN, RN, NPD-BC

PA-AC Director of Nursing Professional
Advancement

EVALUATIONS

1

Complete your evaluation before **Friday, May 3, 2024.** You must submit an evaluation for NCPD contact hours.

2

Please provide any comments/quarterly content topic ideas!

3

Evaluation link will be emailed this afternoon.

MARK YOUR CALENDARS!

Save The Date
for our
Summer Meeting!

Friday June 14th
8:30-12
VIRTUAL



THANK YOU!

Committee Role	2023-2024 Term
Chair	Elizabeth Holbert (Penn State Hershey Medical Center)
Co-Chair	Deborah Gardiner (Thomas Jefferson)
Past Chair	Vacant
Director Member	Lindsey Ford (Geisinger Medical)
Coordinator Member- West Region	Amy Popp/Delancy Zeller (UPMC of Central PA)
Coordinator Member- East Region	Christina Piroso (CHOP)
Coordinator Member- Central Region	Katy Armas (Tower Health)
New to Vizient Member	Cindy Liberi/Lisa Sheehan (UPMC)
Networking Lead	Janice Gibson (Jefferson Health, Northeast)
Academic Partner	Brianna Blackburn (Penn State College of Nursing)

CONNECT WITH THE PA-AC!



Jennifer Gimbel, MBA
Executive Director, PA Action Coalition
jhorn@phmc.org



Amy Ricords, MEd, BSN, RN, NPD-BC
Director of Nursing Professional Advancement
aricords@phmc.org



Zaharaa Davood, MPH
Senior Manager, PA Action Coalition
zadavood@phmc.org



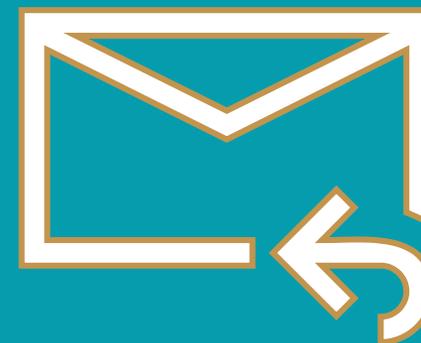
Jilian Bohn, MPH
Public Health Project Coordinator
jbohn@phmc.org



Namaijah Faison, MPH
Public Health Project Coordinator
nfaison@phmc.org

HOW CAN WE SUPPORT YOU?

aricords@phmc.org





Are You Ready for Nursing Student Professional Development Week?

NEXT WEEK:

APRIL 22

- ▶ The Intersection of Nurse Leadership and Community Health
- ▶ Career Trajectory Panel I

APRIL 23

- ▶ Mental Health, Wellness, and Professional Resilience Panel
- ▶ Career Trajectory Panel II

APRIL 24

- ▶ LEAD Professional Development & Speed Networking
- ▶ Empowering Future Nurses: Strategies for Professional Growth and Impact

NEW

APRIL 25

- ▶ Acing Your Interview: Proven Strategies for Success
- ▶ Personal Finances
- ▶ Time Management and Navigating Nursing School



100% ONLINE



100% FREE



NURSING STUDENTS & NEW-TO-PRACTICE NURSES

Registration & Details

www.paactioncoalition.org