

NHPCO Project ECHO *Equity Where It Matters*

Key Takeaways

Caring Through Crisis: February 16, 2023

Key points:

- **Relationship between Trauma & Crisis:** Trauma, as a subcomponent of crisis that causes moderate to severe stress reactions, can present in patients, and this reaction can look different for everyone. Crisis and trauma are interlinked, and through crisis, trauma can manifest into post-traumatic stress disorder (PTSD). More common, resilience can form as a protective factor against crisis, and this can be especially subtle.
- **Grief and its Response:** Grief is defined as the response to “loss”, loss being an all-inclusive definition for anything, person, event action or crisis that produces an emotional reaction. Crisis intersects with grief through crisis’ activation of grief. The response to grief due to crisis is a difficult, layered one which requires intentional and longitudinal care. Responses to grief can be influenced by an individual’s own experience, accessibility of natural supports, and their coping and life skills.
- Examples of crises include social ones such as the unjust murder of George Floyd and health crises such as the COVID-19 epidemic which influence collective emotions and stress responses.

Actionable Steps:

- Create a “Mental Health Resources” list which includes free/low-cost clinics that are low barrier
- Develop Grief Groups, emphasizing the diverse and inclusive definition “grief” can take
- Understand the 5 stages of Grief - Denial, Anger, Bargaining, Depression, Acceptance and acknowledge their differences amongst different people to identify subtleties
- Increase community dialogue on the trauma crises can create through Open Forums
- Attend Town Hall Meetings with Local Elected Officials to advocate for mental health access amongst vulnerable populations

Conversation Starters:

- How can I take the first step in offering caring support to those impacted by trauma and identify its subtle presentation amongst individuals deemed “resilient”?
- How can providers address the built-up trauma that hospice patients may face?
- How can my organization increase outreach of low-barrier and low-cost mental health resources for vulnerable populations?
- How can your organization provide support to the employees who are providing care during a crisis? What type of employee assistance programs are in place?

Participant Perspectives:

- “In order to deal with complicated grief, you have to be willing to engage with it.”
- Hospice and palliative care clinicians who deal with death and dying every day often do not allow themselves space to grieve, and instead build walls that others may not understand. Even though they look strong, they may be dealing with grief that they’ve not identified or processed.



- Organizations should provide employee assistance programs and encourage employees to use their earned leave, but also need to ensure that managers allow for employees to take the time, that their work is covered, and that they are provided opportunities to take advantage of support services. Offering services that employees do not have time to take advantage of is not helpful.
- Create safe spaces, name the crisis, allow time for team members to process their feelings of grief and trauma. Use Interdisciplinary Team (IDT) meetings as an opportunity for team members to process and share.
- “Leadership sets the tone for the organization and leads in how we care for ourselves during challenging times.”
- “Yesterday is heavy – put it down.”
- “Not all superheroes wear capes.”
- “As human beings, we are naturally complex.”
- “Grief is different for different individuals. Patience and a certain level of humility are necessary to address grief.”
- “Don’t let your fear of not having all the answers hold you back from showing up.”
- “When all else fails, use words... But not before.”
- “I think it's worth remembering that people were showing up even when experiencing personal grief and losing close loved ones.”
- Avoid the temptation to ignore social crises that may not seem relevant to your organization. Your team members may be processing feelings of grief and trauma that you aren’t aware of.

References:

- Treatment Improvement Protocol (TIP) Series, No. 57. Center for Substance Abuse Treatment (US). Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014
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- Melissa De Witte, Stanford News Service, Johannes Eichstaedt, Department of Psychology “Anger and sadness soared following George Floyd’s death, particularly among Black Americans” September 20, 2021, news.stanford.edu/press-releases/2021/09/20/psychological-toge-floyds-murder
- <https://www.webmd.com/covid/coronavirus-history>
- NHPCO Diversity Tools and Resources <https://www.nhpc.org/education/tools-and-resources/diversity>
- Culturally and Linguistically Appropriate Services (CLAS) <https://thinkculturalhealth.hhs.gov/clas>
- Leave No One Behind: Equity and Access in Palliative Care <https://wfrtds.org/report-on-access-to-palliative-care/>
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