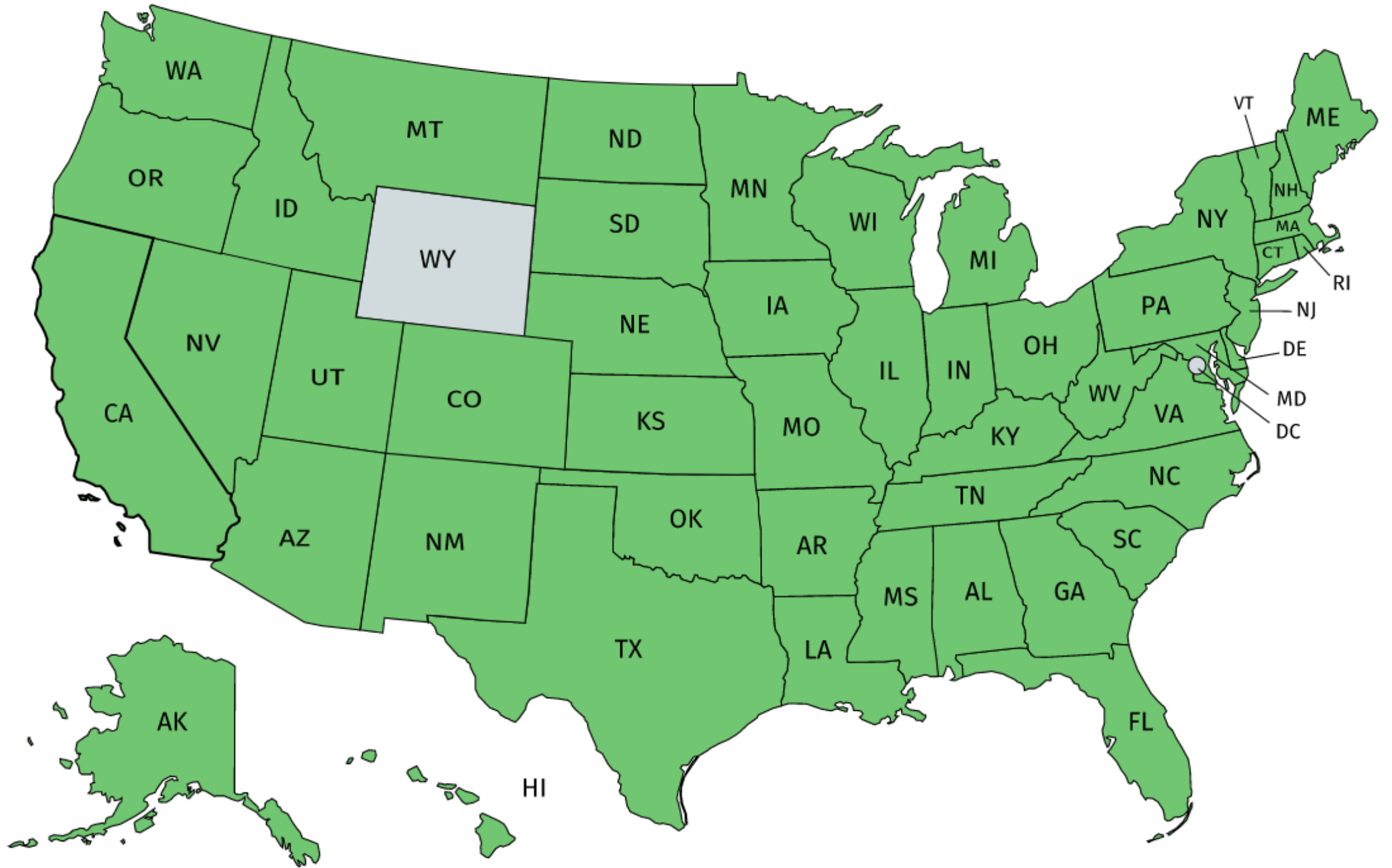


NHPCO COVID-19 Update Trauma-Informed Care

June 25, 2020

nhpco.org/coronavirus

Your line has been muted upon entry. If you need assistance, please use the Q&A tool.



NHPCO Focuses on Trauma-Informed Care

We Honor Veterans + VA Trauma-Informed Care Webinar
www.wehonorveterans.org

Today | 3:00 – 4:30 p.m. (ET)

This session is part of We Honor Veterans' collaboration with the Department of Veterans Affairs to improve the care of Veterans on hospice that have been impacted by trauma.

nhpco.org/coronavirus

← EMERGENCY PREPAREDNESS

COVID-19 Information

Emergency Preparedness

COVID-19 INFORMATION

**Hospice and Palliative Care
Resources for the Coronavirus
Disease (COVID-19)**



Receive NHPCO's COVID-19 Updates: [please complete this form.](#)

[COVID-19 Updates Archive](#) – PDFs by date.

[COVID-19 Member-Only Resources](#) – exclusively for NHPCO members.

[Faces of Caring](#) – Showcasing positive stories from providers in the field coping with COVID-19.

∨ NHPCO Webinars on COVID-19

∨ Information/Tools on Coronavirus (COVID-19)

∨ CARES Act Information – for hospices

∨ NHPCO Letters to CMS, legislators, and the Administration

∨ Updates About Coronavirus (COVID-19)

∨ Resources for Healthcare Provider Operations on COVID-19

∨ 1135 Waiver and Medicaid Information for Providers

∨ Resources Related to Medical Supplies

∨ Resources on Community Infection Prevention & Control

∨ Helpful Contacts for Providers

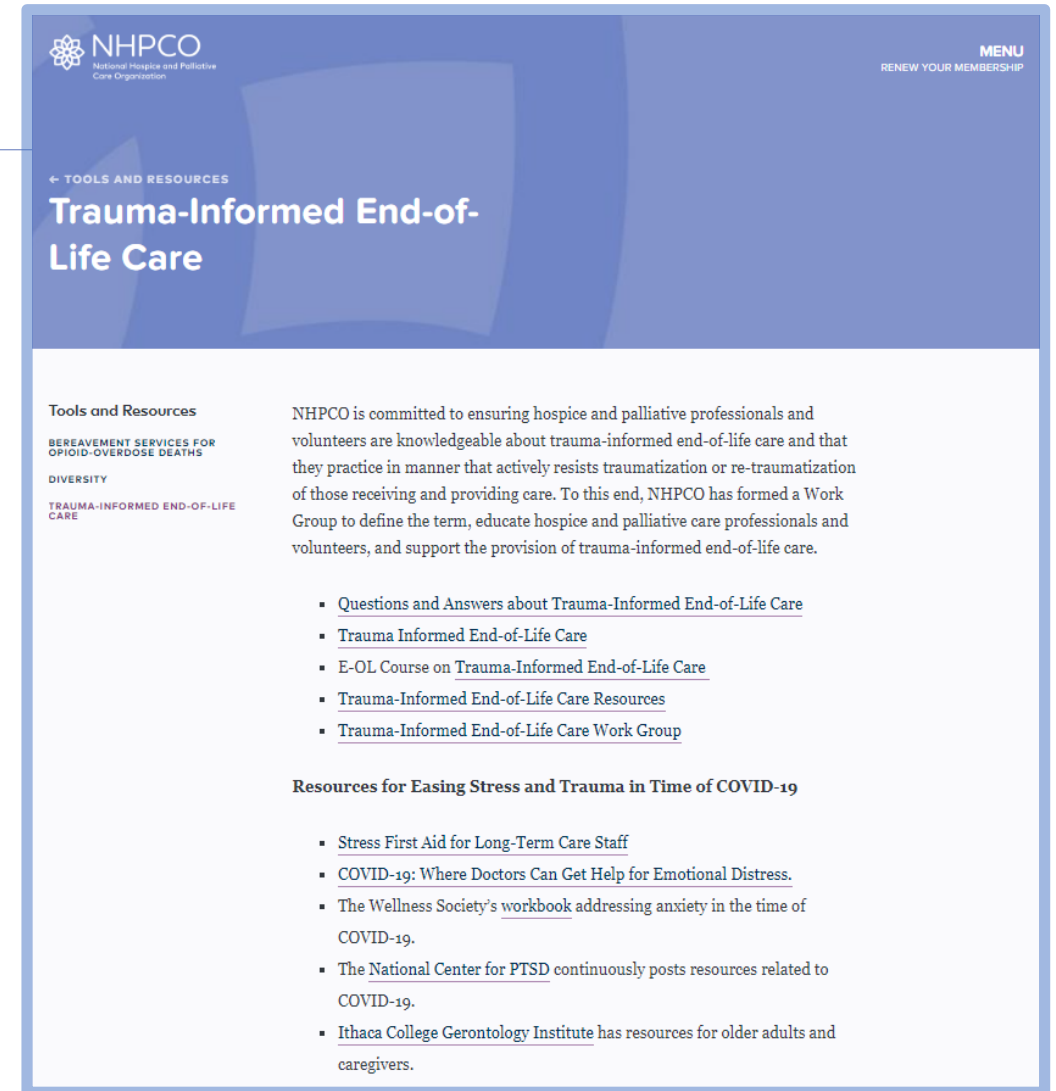
∨ Resources from Other Organizations

∨ Resources for Your Patients and Families

[NHPCO Members](#)

Trauma-Informed End-of-Life Care Resources

www.nhpco.org/education/tools-and-resources/trauma-informed-end-of-life-care



The screenshot shows the NHPCO website page for Trauma-Informed End-of-Life Care. The page features a blue header with the NHPCO logo and a 'MENU' button. Below the header, the page title 'Trauma-Informed End-of-Life Care' is displayed. The main content area is divided into two columns. The left column lists 'Tools and Resources' with sub-sections for 'BEREAVEMENT SERVICES FOR OPIOID-OVERDOSE DEATHS', 'DIVERSITY', and 'TRAUMA-INFORMED END-OF-LIFE CARE'. The right column contains a paragraph of text and two bulleted lists of resources. The first list includes links to 'Questions and Answers about Trauma-Informed End-of-Life Care', 'Trauma Informed End-of-Life Care', 'E-OL Course on Trauma-Informed End-of-Life Care', 'Trauma-Informed End-of-Life Care Resources', and 'Trauma-Informed End-of-Life Care Work Group'. The second list, titled 'Resources for Easing Stress and Trauma in Time of COVID-19', includes links to 'Stress First Aid for Long-Term Care Staff', 'COVID-19: Where Doctors Can Get Help for Emotional Distress', 'The Wellness Society's workbook addressing anxiety in the time of COVID-19', 'The National Center for PTSD continuously posts resources related to COVID-19', and 'Ithaca College Gerontology Institute has resources for older adults and caregivers'.

NHPCO
National Hospice and Palliative
Care Organization

MENU
RENEW YOUR MEMBERSHIP

← TOOLS AND RESOURCES

Trauma-Informed End-of-Life Care

Tools and Resources

BEREAVEMENT SERVICES FOR
OPIOID-OVERDOSE DEATHS

DIVERSITY

TRAUMA-INFORMED END-OF-LIFE
CARE

NHPCO is committed to ensuring hospice and palliative professionals and volunteers are knowledgeable about trauma-informed end-of-life care and that they practice in manner that actively resists traumatization or re-traumatization of those receiving and providing care. To this end, NHPCO has formed a Work Group to define the term, educate hospice and palliative care professionals and volunteers, and support the provision of trauma-informed end-of-life care.

- [Questions and Answers about Trauma-Informed End-of-Life Care](#)
- [Trauma Informed End-of-Life Care](#)
- [E-OL Course on Trauma-Informed End-of-Life Care](#)
- [Trauma-Informed End-of-Life Care Resources](#)
- [Trauma-Informed End-of-Life Care Work Group](#)

Resources for Easing Stress and Trauma in Time of COVID-19

- [Stress First Aid for Long-Term Care Staff](#)
- [COVID-19: Where Doctors Can Get Help for Emotional Distress.](#)
- The Wellness Society's [workbook](#) addressing anxiety in the time of COVID-19.
- The [National Center for PTSD](#) continuously posts resources related to COVID-19.
- [Ithaca College Gerontology Institute](#) has resources for older adults and caregivers.

Today's Agenda and Faculty



Edo Banach, JD

President and Chief Executive Officer
NHPCO



Barbara Ganzel, PHD, LMSW

Director, Gerontology Institute;
Associate Professor, Gerontology
Ithaca College | Ithaca, NY



Carla Cheatham, MA, MDIV, PHD, TRT

Volunteer
Capitol Hospice | Austin, TX



Diane Snyder Cowan, CHPCA, MA, MT-BC

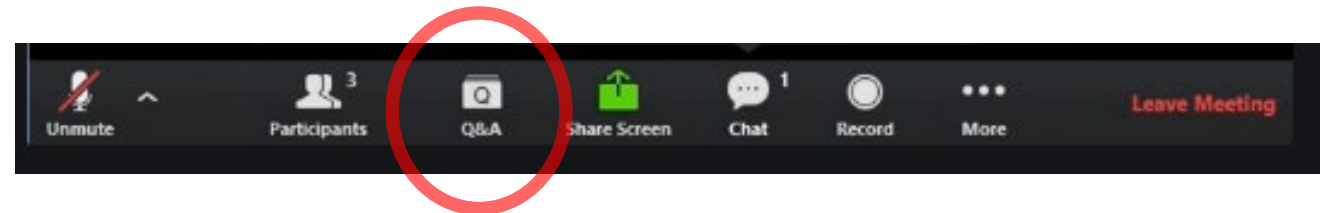
Director of Western Reserve Grief Services
Hospice of the Western Reserve, Inc. | Cleveland, OH

Disclosures

The faculty and planners for today's webinar have no relevant financial relationships with commercial interests to disclose.

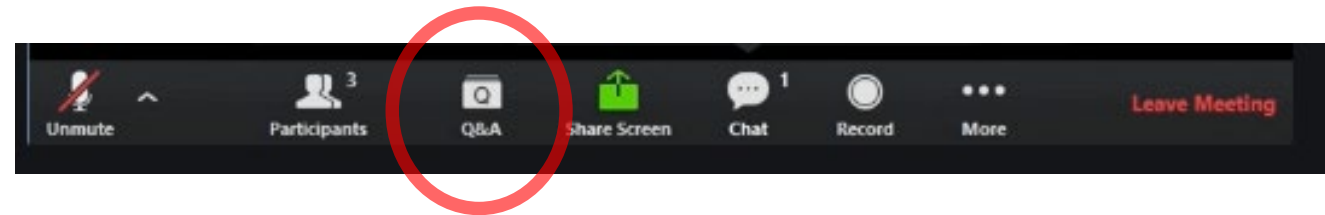
Logistics: Reminders for Participants

- Audio lines are muted to reduce background noise. You will ***not*** be able to unmute yourself.
- If you need assistance: Use the “Q&A” feature.



Logistics: Reminders for Participants

- At the conclusion of the presentations we will have time for questions.
- Submit a question at any time by using the “Q&A” feature.
- Presentation recording and slides will be posted to www.nhpc.org/coronavirus



Edo Banach, JD



President and Chief Executive Officer
NHPCO



Carla Cheatham, MA, MDIV, PHD, TRT



Volunteer
Capitol Hospice | Austin, TX

Pre-COVID

A lit matchstick is positioned vertically on the right side of the image. The match is lit, with a bright orange and yellow flame at the top. A large, billowing plume of white smoke rises from the match, filling much of the frame. The background is solid black, which makes the white smoke and the bright flame stand out prominently.

Burnout:

work overload

lack of community

lack of control*

lack of fairness

lack of reward

value conflict

(Maslach, Schaufeli, & Leiter, 2001)

Compassion Fatigue:

More care going out than coming in;
can be acute or chronic

Current Realities

Moral Distress: I know what to do
but am constrained from doing it

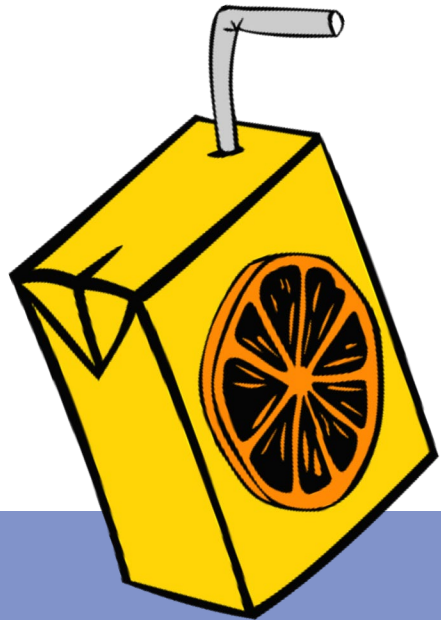


Moral Injury: I witnessed or engaged in behavior against moral norms

Trauma: “An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” SAMHSA

<https://www.integration.samhsa.gov/clinical-practice/trauma>

Vicarious/secondary trauma: Others’ trauma may impact us



An Invitation to Brave Space

"Together we will create brave space. Because there is no such thing as 'safe space' – We exist in the real world. We all carry scars and we have all caused wounds. In this space We seek to turn down the volume of the outside world, We amplify voices that fight to be heard elsewhere, We call each other to more truth and love. We have the right to start somewhere and continue to grow. We have the responsibility to examine what we think we know. We will not be perfect. This space will not be perfect. It will not always be what we wish it to be. But It will be our brave space together, and We will work on it side by side."

~Micky ScottBey Jones

<https://thepeoplesupper.org/>

Barbara Ganzel, PHD, LMSW



Director, Gerontology Institute;
Associate Professor, Gerontology
Ithaca College | Ithaca, NY

The Trauma-Informed Organization

- **Realizes** the prevalence & impact of trauma
- **Understands** how to assess and treat the signs & symptoms of trauma
- **Integrates** this information into its policies and practices
 - **To Prevent** client and staff re-traumatization
 - **To Promote** client/staff empowerment in a culturally sensitive framework

SAMHSA: <http://www.samhsa.gov/nctic/trauma-interventions>

Who's Got Trauma?

At Least One Trauma in Lifetime

- Nationally representative sample
- Ages 18 to 99 years
- Most conservative definition of trauma

USA
82.7%








Virtually all of your residents

Virtually all of your staff

Stress & Trauma Matter for Medical Patients

From the Research -

**Symptoms of Stress Injury
predict...**

-  **Perceived Pain**
-  **Anxiety, Depression, Distrust, Anger**
-  **Avoidance** of trauma reminders
 - including medical settings and medical personnel
-  **Patient-staff collaboration**
-  **Patient care**

Stress & Trauma at End-of-Life

Older

- ❖ Losses
- ❖ Reactivation of trauma memories

Older + Sicker

- ❖ ++ Reactivation of trauma memories
- ❖ Intensive medical intervention

Older+Sicker+Dying = End-of-Life

- ❖ Disease progression
- ❖ “failed” intensive medical intervention

LOCUS of medical trauma,
re-activated trauma, and
stress injury





The Trauma-Informed Organization

- **Realizes** the prevalence & impact of trauma
- **Understands** how to assess and treat the signs & symptoms of trauma
- **Integrates** this information into its policies and practices
 - **To Prevent** client and staff re-traumatization (& new trauma)
 - **To Promote** client/staff empowerment in a culturally sensitive framework

SAMHSA: <http://www.samhsa.gov/nctic/trauma-interventions>



VA



U.S. Department
of Veterans Affairs

Stress First Aid



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

Stress First Aid: The Stress Continuum Model

READY Green zone	REACTING Yellow Zone	INJURED Orange zone	ILL Red zone
<ul style="list-style-type: none"> • Optimal functioning • Adaptive growth • Wellness • At your best • Motivated • Calm & steady • Physically, mentally, emotionally, spiritually fit • Having fun 	<ul style="list-style-type: none"> • Mild or transient distress/impairment • Always goes away • Low risk • Irritable, anxious 	<ul style="list-style-type: none"> • More severe and persistent distress or impairment • Leaves a scar • Higher risk 	<ul style="list-style-type: none"> • Unhealed stress injury causing life impairment • Symptoms reach clinical levels • Symptoms get worse over time • Severe distress or impairment in job or personal life

Name It to Claim It

- Reduce fight/flight reactions
- Increase prefrontal control

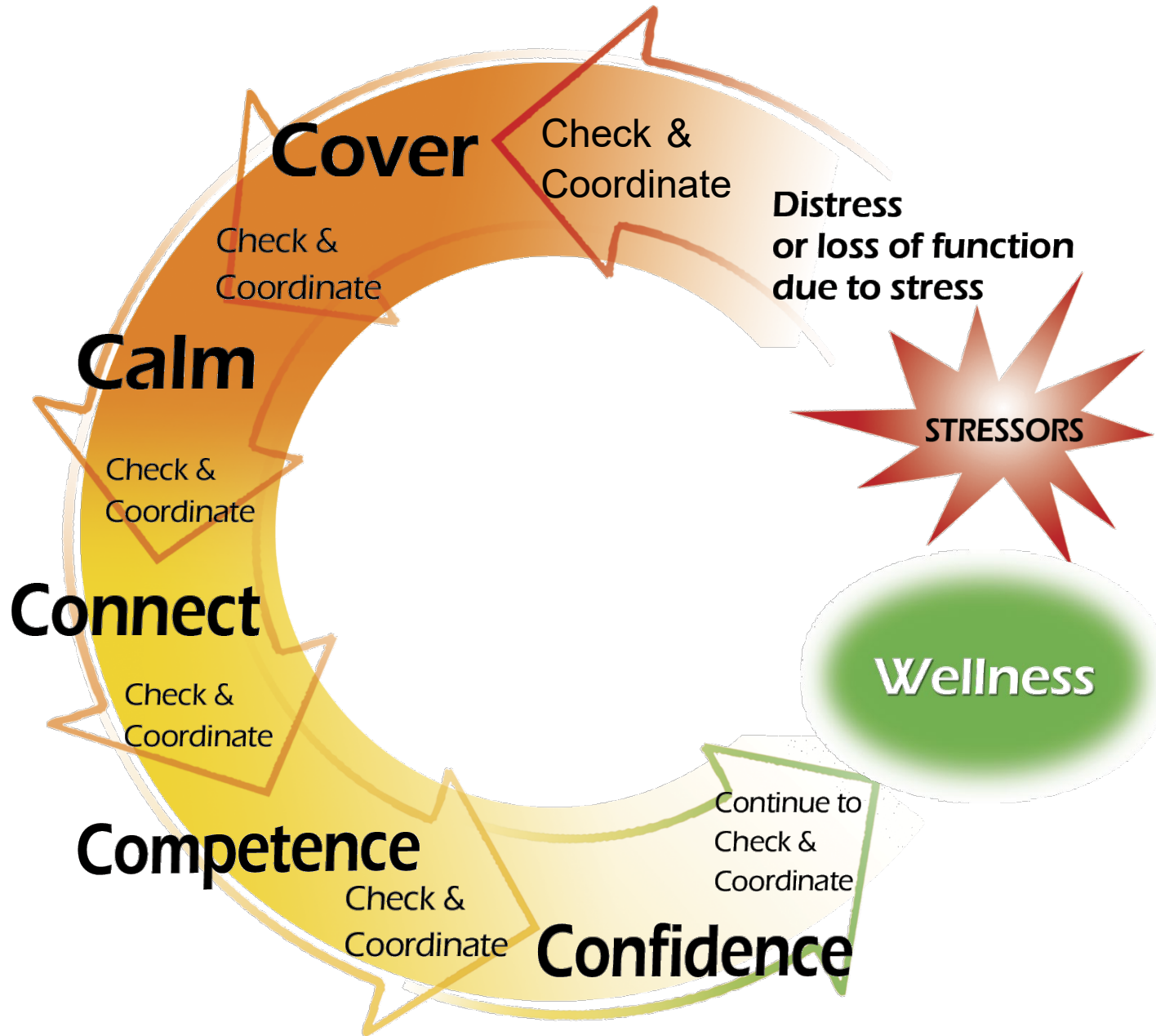
© National Center for PTSD

Poll:

Where are you on
the stress continuum
today?

- Green Zone**
- Yellow Zone**
- Orange Zone**
- Red Zone**

Seven Cs of Stress First Aid:



1. CHECK

Assess: observe and listen

2. COORDINATE

Get help, refer as needed

3. COVER

Get to safety ASAP

4. CALM

Relax, slow down, refocus

5. CONNECT

Get support from others

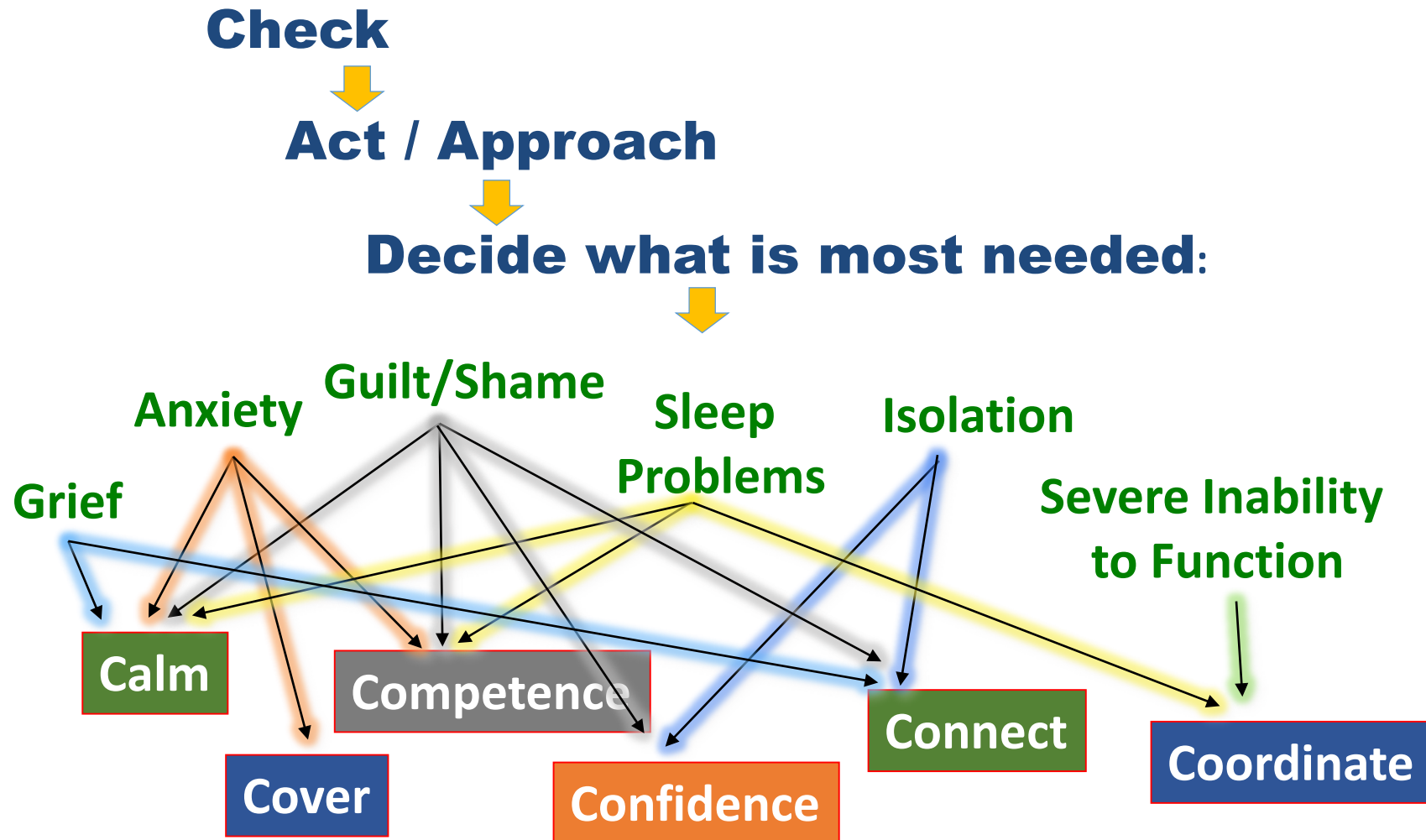
6. COMPETENCE

Restore effectiveness

7. CONFIDENCE

Restore self-esteem and hope

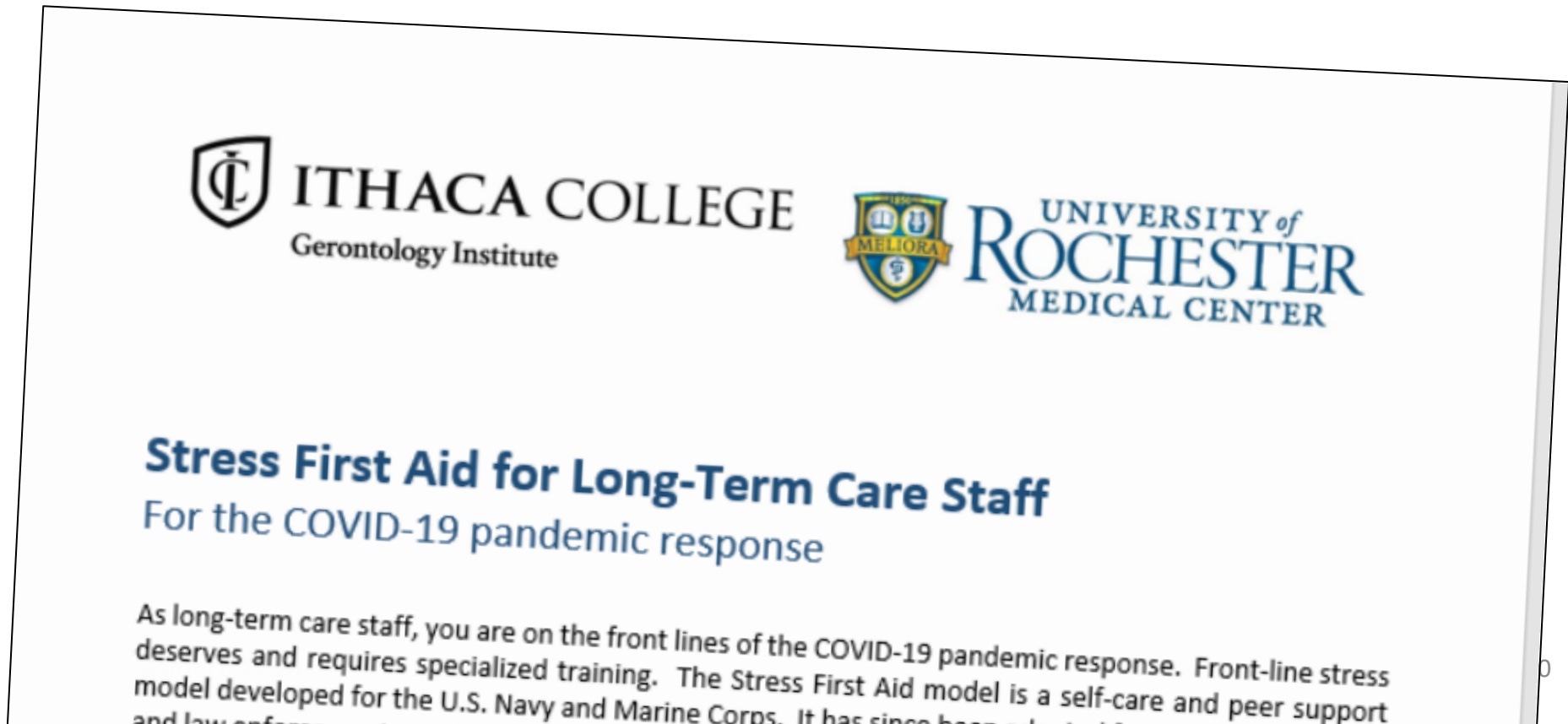
How Can You Use SFA?



See the Stress First Aid Toolkit

<https://www.nhpco.org/wp-content/uploads/Stress First Aid for Toolkit Long-Term Care COVID.pdf>

- More on Stress First Aid actions
- Examples
- Stress First Aid for groups





Patricia Watson, Ph.D.

- National Center for PTSD
- Department of Psychiatry, Dartmouth Medical School



Nash, W., Westphal, R., Watson, P. & Litz, B. (2010). ***Combat and Operational Stress First Aid (COSFA) Field Operations Manual***, Navy Bureau of Medicine & Surgery -- in cooperation with the Combat Operations Stress Control, Marine Corps, and the National Center for PTSD.



Thank You

hospice, palliative care,
and long-term care workers

Barbara Ganzel
bganzel@ithaca.edu

<https://terranceosborne.com/product/front-line/>

Diane Snyder Cowan, CHPCA, MA, MT-BC



Director of Western Reserve Grief Services
Hospice of the Western Reserve, Inc. | Cleveland, OH



Grief and Trauma



Loss of the Assumptive World



Aspects of Grief

- Compounded grief
- Secondary Losses
- Disenfranchised grief
- Ambiguous Grief
- Delayed Grief
- Cumulative Grief/Multiple losses

Potential triggers

Multi – sensory (light, sound, smell, touch, taste)

Inner and outer physical sensations (e.g. heat, pressure, constriction)

Memories, thoughts or images

Emotional states (e.g. fear or helplessness)

Situations (e.g. being crowded or immobilized)

Grief and Trauma

Generalized reaction is SADNESS	Generalized reaction is TERROR
Grief reactions stand alone	Trauma reactions generally include grief reactions
Can generally talk about what happened	Do not want to talk about what happened
Pain is the acknowledgement of the loss and loss of safety	Pain triggers tremendous terror and overwhelming sense of powerlessness
Anger is generally non-destructive and non-assaultive	Anger often becomes assaultive even after non-violent trauma

Grief and Trauma

Guilt says: “I wish, I would not havebeen	Guilt says, “It is my fault. I could have prevented it” and “It should have been me instead”
Does not harm self image	Distorts self image
Dreams tend to be of deceased	Dreams are bout self as potential victim
Does not involve trauma reactions like flashbacks, startle reactions, hyper vigilance, numbing	Trauma involves grief reactions in addition to trauma reactions

What can help

- Validation and normalization
- Self compassion
- Mindfulness/breathwork/relaxation
- CBT/DBT/EMDR
- Safe social support
- Rituals



Post traumatic growth

- Renewed spirituality
- Greater appreciation of life, relationships & priorities
- Growth in character,
- Existential awareness
- Skill development
- Changes in life style



Carla Cheatham, MA, MDIV, PHD, TRT



Volunteer
Capitol Hospice | Austin, TX



**Understanding and Addressing Sources of Anxiety Among Health
Care Professionals During the COVID-19 Pandemic**

by Tait Shanafelt, Jonathan Ripp, & Mickey Trockel

JAMA Published online April 7, 2020

<https://jamanetwork.com/journals/jama/fullarticle/2764380>

Table. Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Healthcare professionals are often self-reliant and many do not ask for help. This trait may not serve them well in a time of burgeoning workload, redeployment outside of a clinician's area of clinical expertise, and dealing with a disease they have not previously encountered.

Leaders must encourage team members to ask for help when they need it and emphasize that health care professionals and leaders need to rely on each other. Leaders should ensure that no one feels they must make difficult decisions alone. Healthcare professionals should also feel empowered to defer less important and time-sensitive activities.

The **importance of simple and genuine expressions of gratitude** for the commitment of health care professionals and their willingness to put themselves in harm's way for patients and colleagues cannot be overstated.

Shanafelt, Ripp, & Trockel JAMA, 2020

A **final overarching request** of healthcare workers—even if only implicitly recognized—is “**honor me.**” The genuine expression of gratitude is powerful. It honors and thereby could serve to reinforce the compassion of healthcare workers who risk their lives to help patients infected with this deadly disease.

Reinforcing health care professional compassion helps them overcome empathetic distress and fear to provide care under extraordinarily difficult clinical circumstances every day.

Organizations need not and should not outsource gratitude entirely to the public. This process starts with leadership. Yet, gratitude from leaders rings hollow if not coupled with efforts to hear, protect, prepare, support, and care for health care professionals in this challenging time.

Shanafelt, Ripp, & Trockel JAMA, 2020

Resilience

Resilience occurs when a person is able to evolve beyond adversity to an increased level of practice wisdom, while experiencing a continual or expanding capacity for compassion

(Kapoulitsas & Corcoran, 2015)

How People Learn to Become Resilient

Maria Konnikova

The New Yorker, February 11, 2016

<http://www.newyorker.com/science/maria-konnikova/the-secret-formula-for-resilience>

Protective Factors

Resilience

Perceptions & Meaning-Making—The stories we tell ourselves

Internalized Locus of Control vs. Learned Helplessness—What CAN we do

Connection & Community—Social contact theory

Adaptability, Flexibility, Coping—Requires creativity and safety

Self-Care (including boundaries)—Greatest clinical competence

Gratitude & Hope—Practices, not feelings

Protective Factors

Emotional Intelligence

Self awareness (**most important, AKA mindfulness**)

Managing disruptive emotions

Empathy—for self and others, perspective-taking

Handling relationships

Mindfulness—“Moment to moment non-judgmental awareness...paying attention on purpose in the present moment.”

~John Cabot Zin

Empowerment Practices

Thoughts—Befriend and witness crazy inner roommate

Self-energy—*calm, curious, clear, compassionate, confident, courageous, creative, connected* (8 C's, IFS—Richard Schwartz)

Words—Don Miguel Ruiz, *The Four Agreements*

Be impeccable with your word

Breath—Polyvagal Theory 4-7-8

Mindful practices—Badge ritual, hand washing--grounded, doorway waterfall



Call to Action

“You can have many great ideas in your head, but what makes the difference is the action.

Without action upon an idea, there will be no manifestation, no results, and no reward”

(Ruiz, 1997)

Plan of Care

Assessment

Mind

Body

Spirit

Behavior



Plan of Care

Interventions

Mind

Body

Spirit

Behavior



And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure whether the storm is really over.

But one thing is certain.

When you come out of the storm, you won't be the same person who walked in.

That's what the storm's all about.

~ Haruki Murakami

Perhaps the most important thing we bring to another person is the silence in us. Not the sort of silence that is filled with unspoken criticism or hard withdrawal. The sort of silence that is a place of refuge, of rest, of acceptance of someone as they are. We are all hungry for this other silence. It is hard to find. In its presence we can remember something beyond the moment, a strength on which to build a life. Silence is a place of great power and healing. Silence is God's lap.

Many things grow the silence in us, among them simply growing older. We may then become more a refuge than a rescuer, a witness to the process of life and the wisdom of acceptance.

A highly skilled AIDS doctor once told me that she keeps a picture of her grandmother in her home and sits before it for a few minutes every day before she leaves for work. Her grandmother was an Italian-born woman who held her family close. Her wisdom was of the earth.

Once when Louisa was very small, her kitten was killed in an accident. It was her first experience of death and she had been devastated. Her parents had encouraged her not to be sad, telling her that the kitten was in heaven now with God.

Despite these assurances, she had not been comforted. She had prayed to God, asking Him to give her kitten back. But God did not respond.

In her anguish she had turned to her grandmother and asked, "Why?" Her grandmother had not told her that her kitten was

in heaven as so many of the other adults had.

Instead, she had simply held her and reminded her of the time when her grandfather had died. She, too, had prayed to God, but God had not brought Grandpa back. She did not know why. Louisa had turned into the soft warmth of her grandmother's shoulder then and sobbed. When finally she was able to look up, she saw that her grandmother was crying, too.

Although her grandmother could not answer her question, a great loneliness had gone and she felt able to go on.

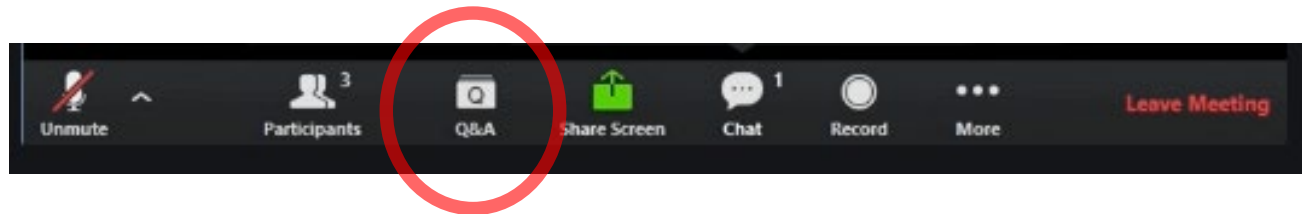
All the assurances that Peaches was in heaven had not given her this strength or peace.

"My grandmother was a lap, Rachel," she told me, "a place of refuge. I know a great deal about AIDS, but what I really want to be for my patients is a lap. A place from which they can face what they have to face and not be alone."

Taking refuge does not mean hiding from life. It means finding a place of strength, the capacity to live the life we have been given with greater courage and sometimes even with gratitude. (*A Place of Refuge by Dr. Rachel Naomi Remen*)³²

Questions?

Submit a question using the “Q&A” feature



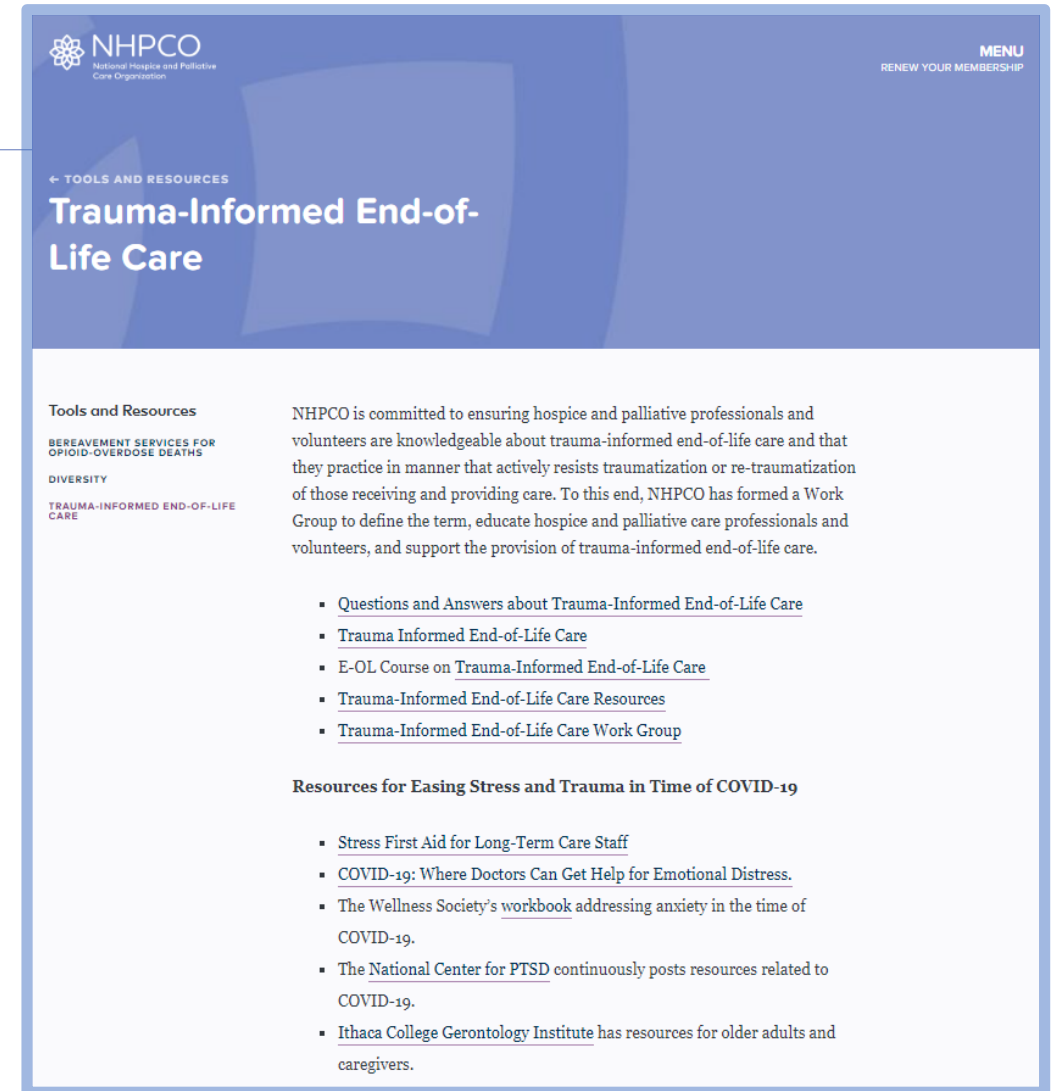
Thank you for your participation

CE/CME Credit – link will be sent via email

1. Identify the type of credit you want to receive
2. Evaluate the webinar by **July 3, 2020**
3. Print or email your CE/CME Certificate or Certificate of Attendance

Trauma-Informed End-of-Life Care Resources

www.nhpco.org/education/tools-and-resources/trauma-informed-end-of-life-care



The screenshot shows the NHPCO website page for Trauma-Informed End-of-Life Care. The page features a blue header with the NHPCO logo and a 'MENU' link. Below the header, the page title 'Trauma-Informed End-of-Life Care' is displayed. The main content area is divided into two columns. The left column lists 'Tools and Resources' with sub-sections: 'BEREAVEMENT SERVICES FOR OPIOID-OVERDOSE DEATHS', 'DIVERSITY', and 'TRAUMA-INFORMED END-OF-LIFE CARE'. The right column contains a paragraph of text and two bulleted lists of resources. The first list includes links to 'Questions and Answers about Trauma-Informed End-of-Life Care', 'Trauma Informed End-of-Life Care', 'E-OL Course on Trauma-Informed End-of-Life Care', 'Trauma-Informed End-of-Life Care Resources', and 'Trauma-Informed End-of-Life Care Work Group'. The second list, titled 'Resources for Easing Stress and Trauma in Time of COVID-19', includes links to 'Stress First Aid for Long-Term Care Staff', 'COVID-19: Where Doctors Can Get Help for Emotional Distress', 'The Wellness Society's workbook addressing anxiety in the time of COVID-19', 'The National Center for PTSD continuously posts resources related to COVID-19', and 'Ithaca College Gerontology Institute has resources for older adults and caregivers'.

NHPCO
National Hospice and Palliative
Care Organization

MENU
RENEW YOUR MEMBERSHIP

← TOOLS AND RESOURCES

Trauma-Informed End-of-Life Care

Tools and Resources

- BEREAVEMENT SERVICES FOR OPIOID-OVERDOSE DEATHS
- DIVERSITY
- TRAUMA-INFORMED END-OF-LIFE CARE

NHPCO is committed to ensuring hospice and palliative professionals and volunteers are knowledgeable about trauma-informed end-of-life care and that they practice in manner that actively resists traumatization or re-traumatization of those receiving and providing care. To this end, NHPCO has formed a Work Group to define the term, educate hospice and palliative care professionals and volunteers, and support the provision of trauma-informed end-of-life care.

- Questions and Answers about Trauma-Informed End-of-Life Care
- Trauma Informed End-of-Life Care
- E-OL Course on Trauma-Informed End-of-Life Care
- Trauma-Informed End-of-Life Care Resources
- Trauma-Informed End-of-Life Care Work Group

Resources for Easing Stress and Trauma in Time of COVID-19

- Stress First Aid for Long-Term Care Staff
- COVID-19: Where Doctors Can Get Help for Emotional Distress.
- The Wellness Society's [workbook](#) addressing anxiety in the time of COVID-19.
- The [National Center for PTSD](#) continuously posts resources related to COVID-19.
- [Ithaca College Gerontology Institute](#) has resources for older adults and caregivers.

Free or Low-Cost Resources for Front-Line Workers during the COVID-19 Pandemic

- **New York:** Free telephone helpline for all essential workers 1-844-863-9314
- **New York:** Free 24/7 text helpline: text NYFRONTLINE to 741-741
- **National:** Free 24/7 telephone helpline 1-800-662-4357
- **National:** NAMI HelpLine 1-800-950-6264
- **National:** Therapist access for all essential workers
<https://www.coronavirisonlinetherapy.org/> (sliding scale)
- **National: 7 Cups** - Free online text chat with a trained listener for emotional support and counseling. Also offers fee-for-service online therapy with a licensed mental health professional. Service/website also offered in Spanish.

Resources for Supervisors & Administrators

Schwartz Center *Compassion in Action* Archive (free webinars)

Leading with compassion: Supporting healthcare workers in a crisis -

<https://www.theschwartzcenter.org/webinar/leading-with-compassion-supporting-healthcare-workers-in-a-crisis>

Caring for yourself and others during the COVID-19 pandemic: Managing healthcare workers' stress

<https://www.theschwartzcenter.org/webinar/caring-for-yourself-others-during-the-covid-19-pandemic-managing-healthcare-workers-stress>

Caring with compassion: Supporting patients and families in a crisis -

<https://www.theschwartzcenter.org/webinar/caring-with-compassion-supporting-patients-and-families-in-a-crisis>

Recognition & gratitude: Why it matters to patients, families, & healthcare

<https://www.theschwartzcenter.org/webinar/recognition-gratitude-why-they-matter-to-patients-families-healthcare>

Help for GRIEF



Grief Resources

Grief during COVID-19 pandemic

(article): [https://www.jpsmjournal.com/article/S0885-3924\(20\)30207-4/pdf](https://www.jpsmjournal.com/article/S0885-3924(20)30207-4/pdf)

Chaplaincy Innovation Laboratory:

<https://chaplaincyinnovation.org/2020/04/chaplaincy-coronavirus>

Funerals and Dying in

Absentia: <http://www.orderofthegooddeath.com/funerals-dying-in-absentia-inspiration-tips-during-covid-19>

The Discomfort of Grief: <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>

Thanks to Kathleen Bickel, MD, for these resources

More

National Center for PTSD Coronavirus Websites

https://www.ptsd.va.gov/covid/list_healthcare_responders.asp (for healthcare)

https://www.ptsd.va.gov/covid/list_employers_leaders.asp (for employers, leaders)

<https://www.ptsd.va.gov/covid/index.asp> (for everyone)

Apps

Headspace - Free Access to US healthcare professionals through 2020 <https://www.headspace.com/health-covid-19>

COVID Coach - https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp (free)

Mindfulness Coach - <https://www.mobile.va.gov/app/mindfulness-coach> (free)

Gratitude apps <https://www.happierhuman.com/gratitude-app/>

Mindfulness apps <https://www.mindful.org/free-mindfulness-apps-worthy-of-your-attention/>

Meditation https://play.google.com/store/apps/details?id=com.meditation.elevenminute&hl=en_US

<https://www.stopbreathethink.com/> <https://insighttimer.com/>

Thanks to Kathleen Bickel, MD, for these resources

nhpco.org/coronavirus

← EMERGENCY PREPAREDNESS

COVID-19 Information

Emergency Preparedness

COVID-19 INFORMATION



Receive NHPCO's COVID-19 Updates: [please complete this form](#).
[COVID-19 Updates Archive](#) – PDFs by date.

[COVID-19 Member-Only Resources](#) – exclusively for NHPCO members.

[Faces of Caring](#) – Showcasing positive stories from providers in the field coping with COVID-19.

- ▼ NHPCO Webinars on COVID-19
- ▼ Information/Tools on Coronavirus (COVID-19)
- ▼ CARES Act Information – for hospices
- ▼ NHPCO Letters to CMS, legislators, and the Administration
- ▼ Updates About Coronavirus (COVID-19)
- ▼ Resources for Healthcare Provider Operations on COVID-19
- ▼ 1135 Waiver and Medicaid Information for Providers
- ▼ Resources Related to Medical Supplies
- ▼ Resources on Community Infection Prevention & Control
- ▼ Helpful Contacts for Providers
- ▼ Resources from Other Organizations
- ▼ Resources for Your Patients and Families

[NHPCO Members](#)

Thank you for your participation

Contact us:

- covid19@nhpco.org
- 800-646-6460