Emotional Impact and Response to Covid-19

A programme to support WUTH staff

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Version 1.0
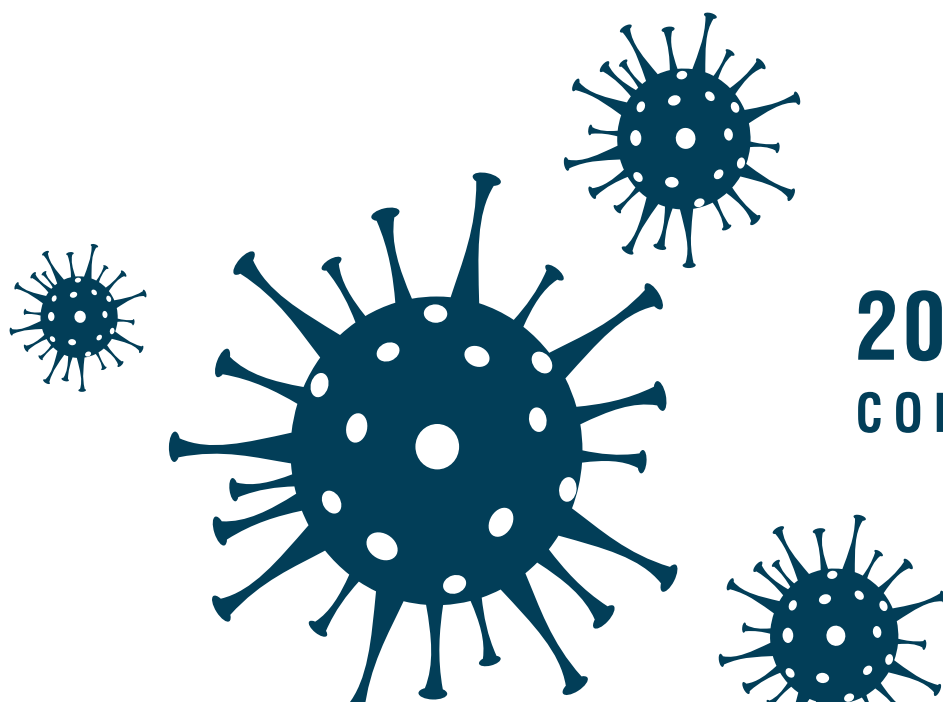**Date: April 2020**

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2019-nCoV
CORONAVIRUS

INTRODUCTION

When a contagious viral outbreak occurs, it overwhelms resources, produces fear in the community and alters the basic practice of medicine. This ignites uncertainty and confusion, with frontline and other healthcare workers reporting a diminishing belief in their clinical skills and capabilities to manage.

When such a crisis arrives, there may be little opportunity to develop carefully formulated and evaluated plans of action to support those on the front line.

Therefore, post-hoc reflection of prior incidents and action planning becomes an essential component of identifying helpful interventions to support the psychological wellbeing of NHS staff, during such unprecedented times.

Severe acute respiratory syndrome (SARS) was the first novel infectious disease to emerge in the 21st Century, and was initially recognised as a global threat in 2003 (WHO, 2004).

The Ebola virus was first discovered in 1976, with the 2014–2016 outbreak in West Africa being the most complex outbreak recorded (WHO, 2019).

Recent Ebola & SARS outbreaks have given rise to evaluative studies in infection control measures, medical practice and identification of healthcare workers emotional and psychological needs.

The outbreak of Covid-19, as a highly contagious novel coronavirus shares many of the challenges of Ebola and SARS viral outbreaks, due to the lack of information regarding the infectious vector and contagion.

During these previous outbreaks, health infrastructures were overwhelmed, information was limited, fear ignited and supplies scarce.

A review of the literature evaluating the impact of these outbreaks has identified four themes relating to the psychological response of frontline healthcare workers

Theme #1 Fear: Personal

Theme #2 Fear: Professional

Theme #3 Physiological Response

Theme #4 Evaluation and Learning

These themes and responses include

- *"State of anticipation and fear"*

- *"Suddenness of virus: out of the blue"*

- *"Concerns for safety of family and loved ones"*

- *"Overwhelmed: Provision of critical care to infected patients and other critically ill patients jeopardised"*

- *"Witnessing health deterioration and/or death of colleagues"*

- *"Questioning duty to care over personal risk"*

NHS ✔

nhs.uk/coronavirus

THE PROGRAMME AND MODULES

In response to these themes, this bespoke programme has been developed to help you to understand your emotional and physiological responses and to provide strategies for your self care that have been adapted to the challenges of Covid-19.

The programme consists of three modules:

Module 1
Facing Fear & Addressing Anxiety

Module 2
Raising Resilience

Module 3
Understanding Trauma and the pre-traumatic condition

And incorporates three components:

Webinar
An introductory presentation in the form of a webinar to orient you to the process

Manual
This manual outlining for each of the three areas an overview of theory, coupled with strategies to help you to manage anxiety and fear, and raise your resilience

Podcast
An audio recording to guide you through a brief Cognitive Behavioural Therapy (CBT) practice for addressing anticipatory anxiety

No formal guidelines exist for helping us to psychologically survive Covid-19. However, this programme is informed by the latest research in trauma and resilience, blended with the evidence-based practice of Cognitive Behavioural Therapy, and principles of self coaching. I hope these help you to feel equipped to respond to these unprecedented challenges.

Nicola Forshaw
April 2020

FACING FEAR AND ADDRESSING ANXIETY

Themes 1 & 2:
Personal and Professional Fear

Theme 3:
Physiological Response

These themes indicated that staff were adversely affected by fear of contagion and of infecting family, friends and colleagues, and subsequent stigmatisation. Caring for health care workers as patients and colleagues was emotionally difficult, and further reinforced fear.

During an infectious disease outbreak, fears about exposure are to be expected. Research suggests that biological hazards are feared more than any other risks, creating vivid and disturbing mental imagery, evoking high feelings of dread, and amplifying fear. Therefore a negative loop is activated by the sense of threat in the environment, generating the brain and body response to threat, which is reinforced by vivid mental imagery, thus creating a constant sense of fear.
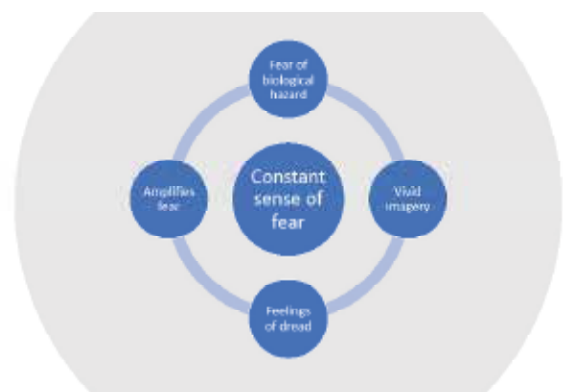
Remember

*It is **normal**
to feel fear and to be anxious
about Covid-19*

This is a hardwired 'survival response'

The first thing to remember is that it is perfectly *normal, and adaptive* to feel anxiety and fear when facing the threat of Covid-19.

Fear has been *hardwired* into all of us as an adaptive survival response to threat.

Anticipatory anxiety and potential threat

The perception of potential threat creates the emotional reaction of *worry*, often reinforced with *vivid imagery*, which creates a *preparedness* to take action and can activate the:

fight or flight mechanism

This leads to being in a state of *alertness* and *hypervigilance*. You will be familiar with the state of anticipatory anxiety if you have ever taken an exam, gone for a job interview etc.

In these circumstances anticipatory anxiety is fleeting and resolves once the stressor has been dealt with. However, with biological threats such as Covid-19, we can find ourselves in a *constant state* of what we might call anticipatory threat.

Cognitive Behaviour Therapy (CBT) is an evidence based psychological therapy that addresses (amongst other things) anxiety and panic.

Anxiety and panic protocols are predicated on the notion that we have to *face the situation* that we are fearing, *adapt our thoughts and beliefs* about the consequences and learn to *manage* the physiological response, thus leading to a *reduction in fear* when facing that situation again.

With the threat of Covid-19, we may need to look to adapted models of CBT to help us to face a valid, unknown threat that we are constantly exposed to.

A modified version of CBT has demonstrated effectiveness in reducing anticipatory threat in those facing a security threat in war-torn regions (Somer et.al, 2005). Within the framework of terrorism,

as with novel coronavirus, it is hard for people to establish what a normative reaction to the perceived threat is.

The modified CBT approach does not try to directly reduce the fear of the perceived threat, but instead offers skills training in emotional and cognitive responses by focusing upon 3 key areas:

Normalising the fear response when there is a perceived threat

Managing the physiological response by teaching slow, diaphragmatic breathing to ease the threat response, and to activate the coping state

Teaching worry modification and 're-scripting' exercises

Normalising #1
The physiological response: The Brain

What happens in our *brain* when we are exposed to a threat? When we see something which scares us, it's processed in the visual thalamus and then the visual cortex. These areas then sound the alarm in the amygdala. We are hard wired to avoid things which could do us harm. This happens even before we are conscious of the threat.
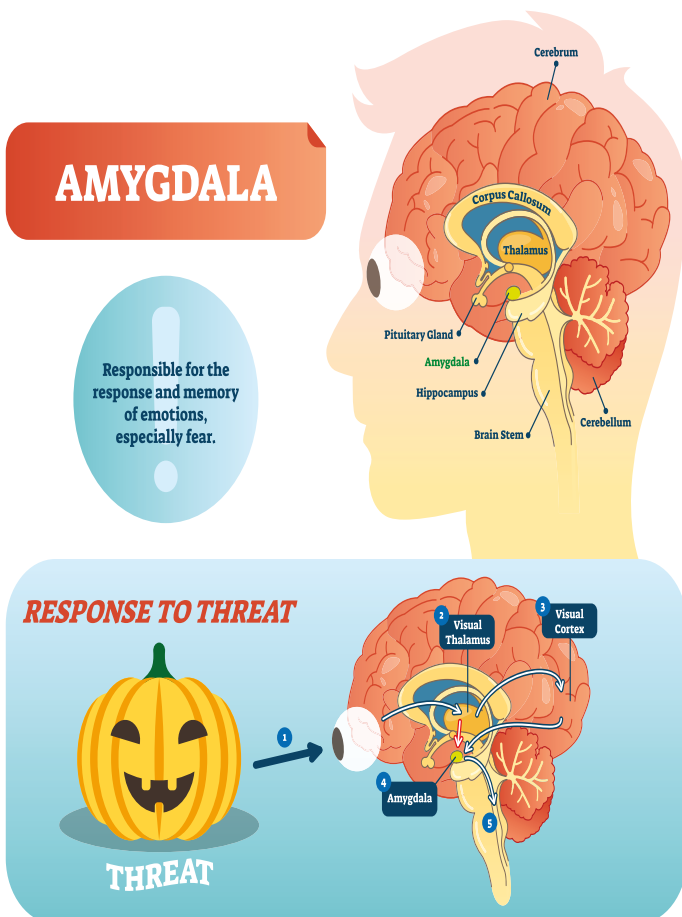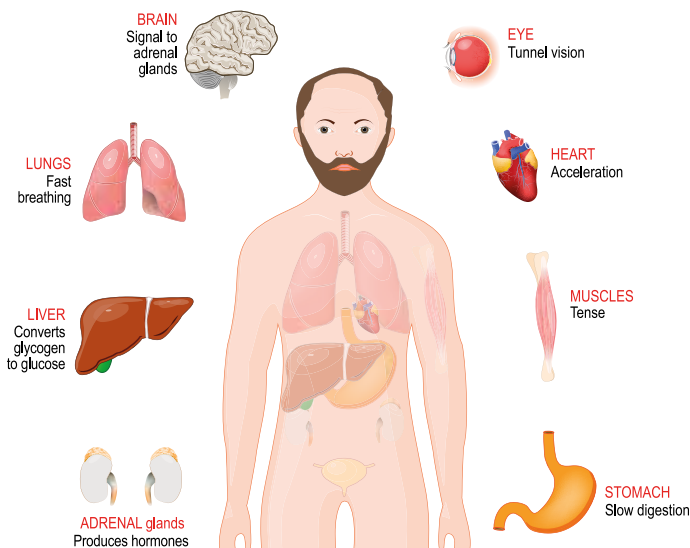
Normalising #2
The physiological response: The Body
What happens in our *bodies* when we are exposed to a threat? The brain then activates the sympathetic nervous system which triggers our 'get the hell out of here' response.

Fight-or-flight response

It does this directly and by increasing the production of adrenalin which affects various parts of our body We breathe faster, heart beats faster, our blood pressure and muscle tone increases and our eyes focus in the immediate vicinity, where the threat is likely to be. We've all been there and know the feeling.

Managing
The value of relaxation training

Deep, slow diaphragmatic breathing can reduce the physiological response of fear by reducing the response of the sympathetic nervous system and triggering the parasympathetic nervous system. This is a skill to be learned, and practiced daily and it really does work.

Learning to reduce the physiological response to threat breaks the loop of constant fear, it allows you to address the worrying thoughts and imagery and regain a sense of control.

Focusing on your breathing in this way also helps to orientate you back to the present moment. You will find a guided practice of diaphragmatic breathing by following the link below. Try to practice this daily.
https://www.healthline.com/health/diaphragmatic-breathing

Teaching #1
Addressing worrying thoughts and intrusive imagery: Rescripting

When we are in a state of fear, our thoughts are often laden with 'threat talk', and we have the potential to catastrophise, which undermines our belief in our ability to cope, thus creating more threat, and perpetuating the state of fear.

So if we can learn to regulate the physiological arousal of threat with breathing, we may be more able to challenge these thoughts and access our 'adaptive self'. This procedure is adapted from a programme called stress inoculation training.

We do acknowledge that there is real threat with Covid-19, nobody is trying to offer false reassurance, but if we can adapt to it, we will access our internal coping resources, and have some respite from that fear. This will address our threat related thoughts.

Threat Talk

Typical Covid 19 threat related thoughts could look like this:

- *"This can strike at any time, I have no control"*
- *"I could lose my family and friends"*
- *"I might infect them and they will die"*
- *"I would never survive that"*

These thoughts may be further reinforced by the reality of clinical exposure to seeing preventable deaths from Covid-19 and result in

- *Vivid imagery of deaths of loved ones* causing
- *Increased physiological response*

Firstly
Bring in your diaphragmatic breathing practice to reduce physiological response and so put you in a place where you can begin to address the threat talk.

Then
Start to modify the threat talk

"I feel frightened right now for the safety of those that I love and the horror I'm facing at work"

"This is a normal response to the threat of the virus"

Meanwhile
Continue to work on breathing whilst engaging with this modification.

Finally
Activate "adaptive self talk"

Based on what I know now they are safe."

"I am taking the best precautions I can, as are they"

"Nobody knows what might be ahead, but right now we are ok

"I can control my fear"

disciplined in making them stop at the agreed time! Furthermore, when worries intrude at other times of the day, instruct yourself to 'postpone' them to your scheduled worry window. This takes a bit of perseverance, but can have really good results.

In summary

Fear and anxiety are a normal and adaptive response to threat. By managing physiological arousal through diaphragmatic breathing we can regulate the constant state of anticipatory threat and give ourselves a break.W e can address threatening and intrusive worries and images through re-scripting and re-directing to the 'worry window'.

Teaching #2
Addressing worrying thoughts and intrusive imagery

The worry window

We know that we face very real and still unknown threat with the virus. However, spending hours in worry does not solve the problem, creates more stress and expends valuable energy.
Conversely, recurrent worrying thoughts can in fact are comforting as they give the illusion of control

"If I worry about it, I am preparing for it".

However, when worry takes over, it reduces our ability to cope, and we lose touch with our 'adaptive self'.

One way of reducing the free-floating and persistent worry whilst addressing the comfort of 'preparing for the worst' is to build in a daily 'worry window'.

The worry window should last for no longer than half an hour per day, and be designated a set time eg 3pm every day. At this point let your worries wander wherever they want to go, but you have to be

Something to do
I have recorded a podcast from the adapted CBT manual, with a guided diaphragmatic breathing exercise to help you to relax and then re-script your thoughts.

Something to read
To further develop your skills in relaxation training try the 'progressive muscle relaxation' technique. Again, to reap the benefits daily practice is recommended.

https://www.livingwell.org.au/relaxation-exercises/relaxation-strategy-5-progressive-muscle-relaxation/

For a more in-depth approach to cognitive re-scripting and following the steps of stress inoculation training I highly recommend the following reading:

Meichenbaum, D. (1985). Stress inoculation training. Allyn & Bacon. MA.

Something to watch
https://www.youtube.com/watch?v=R2825kDSo4M

RAISING RESILIENCE

Themes 1 & 2:
Personal and Professional Fear

Theme 3:
Physiological Response

(see table 1)

Some of the themes emerging from SARS and Ebola studies identified healthcare workers

"sense of being in a battlefield"

They reported becoming

- exhausted
- questioning professional commitment and duty to care over personal risk
- loss of hope
- sleep disturbance

Studies into resilience can help us to develop strategies to combat these challenges.

A definition of resilience within healthcare settings.

"A dynamic process encompassing adaptation within the context of significant adversity, is often considered an antidote to poor well-being, offsetting workplace stressors, setbacks and trauma, and buffering against adverse events"

(McAllister & McKinnon, 2009)

Resilience studies (Coutu, 2017) have identified the following three overlapping characteristics about the mindset and behaviour of resilient people (the same is true of resilient organisations)

Resilient characteristic #1
A staunch acceptance of reality

Interestingly, this does not mean being unrealistically optimistic, rather acceptance that "it is as it is". Neither does this mean being defeated or accepting that it is ok to for life to be like this. Instead, when facing overwhelming challenges, it is not about wasting energy in trying to change it, rather to accept what it is. This creates a cool sense of reality, which leads to a 'problem-solving' attitude.

If we return to module one, we can see how the skills of 'managing threat talk' and using breathing to manage the physiology of fear can help us to develop this attitude. The ability to problem solve under pressure is a key indicator of resilience.

Resilient characteristic #2
Having a deep belief that life/work is meaningful

Having a deep belief that our life or work is meaningful helps us to build a bridge from the present adversity towards a better future. Ultimately, finding meaningful belief in the value of our work having some sort of positive impact can help us to keep going even when facing adversity.

The opposite of resilience in this area is hopelessness, a finding of the impact on healthcare workers.

Within the current Covid challenge, it would be easy to solely focus on the despair and the loss of life. As we have already discovered in module one, this is a feature of being fearful, to be vigilant to the threat.

To overcome this, what else can we focus on in our daily activity - where is there good practice, hope, recovery? Are you paying attention to it?

Resilient characteristic #3
Uncanny ability to improvise

Being able to make do with what you have, an 'inventiveness' and ability to improvise a solution to a problem using only what is available. This skill is known as 'bricolage' the roots of this word literally are associated with 'bouncing back' a key aspect of resilience.

When situations get difficult 'bricoleurs' can imagine possibilities where others only see blocks and barriers.The opposite of this is rigidity, which is a feature of being in survival mode.

To be able to imagine possibilities you need to be able to free up your imagination. The Dutch verb "Niksen" means "to do nothing" and let your mind wander and your imagination flow. When we are in survival mode we keep ourselves in 'doing' mode, including doing the work of 'worry', as we learned in module one.

So to even contemplate allowing our minds "to do nothing" seems ridiculous! However, by managing our physiological arousal, to reduce our fear, we allow a window of opportunity for our minds to wander. Not only does this create a 'mental escape' from the constant state of threat, offering a respite, it also facilitates imaginative problem solving

Seven questions to ask yourself

What reality do I need to accept right now?
Prompt: what is the challenge?

Where is the meaning in my work?
Prompt: In regular circumstances, what usually provides this meaning?

Why am I enduring this current challenge?
Prompt: What does it give me in terms of meaning & purpose?

How might this meaning help me to find energy right now?

What other things can I identify
Prompt: in life not just work that give me meaning, sustenance and energy - as many as you can!

Of these things, if I want to engage more fully with them, how many need to be adapted to meet the restrictions.
Prompt: How can I improvise?

Which ONE (more if you like!) will I commit to giving more time and attention to so that I can re-energise my self and purpose?

Strategy #1
Self Coaching for Covid-19

To help us to return to the meaning and purpose in our working lives, we can engage in some self-coaching strategies, an activity which helps us to discover the answers within ourselves through the use of guided questioning.

We can do this exercise as an individual, but often it is more effective if done with someone else, as this helps to facilitate our exploration. This exercise can be used within teams, and adapted to acknowledge the social isolation measures brought about.

Strategy #2
Regulation

One of the first indicators of stress is sleep disturbance, and an inability to switch off.
This makes sense in a threatening environment, we need to remain alert. However, this alertness can lead to workaholism, and possibly a militaristic stance towards work, as a sign of 'grit' in times of adversity. Indeed themes arising from the literature described front line staff as being: "exhausted" and "on the battlefield". A militaristic stance is in fact the opposite of resilience, this behaviour leads to burnout.

We need to find ways to switch off, and restore ourselves. Yet when we go home the threat of the virus remains, it feels like there is no opportunity to take respite from the threat.

This can also lead to compulsive checking of the news, social media etc, and remaining in a state of vigilance. It may help to learn the art of "digital disengagement"

The average person checks their phone up to 150 times per day. (this statistic was pre-Covid-19 and has almost certainly increased). If every screen related distraction took only one minute this equates to 2.5 hours per day.

> ## *The average person checks their phone up to 150 times per day*

This heightens our sense of threat, does not help us to regulate and restore, and can contribute to ehaustion and sleep disturbance

1. How can you switch to 'airplane mode' for one hour per day?

2. What would you be doing instead with that time?

3. How can you limit your exposure and 'close your windows' to the news and constant stream of information relating to Covid-19?

The 'Do, read, watch' recommendations for each module in this programme may help you with some ideas of how to switch your attention away from the threat, and engage in meaningful activities to undertake whilst maintaining social restriction measures.

Strategy #3
Restoration and sleep

Being under threat is not conducive to sleep, yet we need sleep to remain functional, resilient and to ward off exhaustion. Yoga practice can help us to activate our parasympathetic nervous system (from chapter one we learned how relaxation training regulates fear by activating our para-sympathetic nervous system).

Yoga is not all about physical postures. A total practice combines breathing and meditation and contemplation too. Balancing our system in this way can help to aid sleep and there is a specific guided relaxation 'Yoga Nidra' which is often translated as

Yoga Sleep. Yoga Nidra can be helpful if you're feeling stressed or anxious to help calm the mind and body, particularly at bedtime.

You do not need to be experienced at all in Yoga to benefit from Yoga Nidra to help with sleep. Below you will find a link to a guided Yoga Nidra practice from Yogasmiths who are popular and friendly Wirral yoga teachers.

https://youtu.be/eikd0mGVOc4

In summary

Resilience is about adaptation to adversity, by accepting the situation as it is and flexing towards an approach of problem solving

Finding meaning in life's work and challenges can sustain resilience

We need to recover and re-charge so that we can adapt: we understand that this can be limited with social restrictions but we can self-coach to find solutions

Something to do

Yogasmiths.

www.yogasmiths.org

Local yoga teachers in West Kirby with lots of information about yoga and online classes available

Something to read

Jansenn. C. (2018). Niksen: The Dutch Art of Doing Nothing. Self published.

Reardon. P. (2010). Life Coaching activities and powerful questions. Labrador. Canada.

Something to watch

Viktor Frankl 'why meaning matters"

https://www.youtube.com/watch?v=BB8X-Go7lgw

"We must never forget that we may also find meaning in life even when confronted with a hopeless situation, a fate that cannot be changed"

(Viktor E Frankl, holocaust survivor)

UNDERSTANDING TRAUMA PRE-TRAUMATIC CONDITION

Themes 1-4

This module addresses sub-themes from each of the four header themes.

Responses to the sudden onset of the outbreak include:

• *feelings of it coming out of the blue*
• *fearing the death of loved ones*
• *isolation due to lockdown measures*
• *feeling 'stigmatised*
• *an overriding sense of "loss of control*
• *fear of contracting the virus*

Our only sense of being able to influence or control these events is to try to maximise our individual resources and coping responses.

What are the effects of being exposed to sustained traumatic circumstances?

Renowned PTSD expert Dr Bessel van der Kolk (2020) has described the impact of Covid-19 as putting us as a society into a:

'pre traumatic condition'
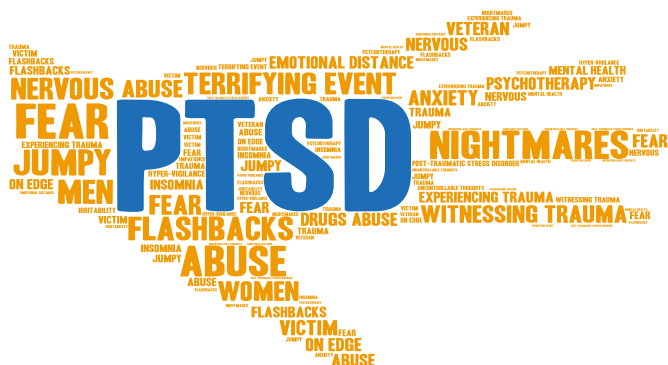
What is classed as traumatic?

Events are often considered to be traumatic if they occur "suddenly and out of the blue, are extremely distressing, overwhelming the resources of the individual and/or shatters their assumptive world"

(Horowitz, 1999, Janoff-Bulman, 1992)

There is no doubt that the impact of the Covid-19 outbreak is considered traumatic for healthcare workers.

At a global level Covid-19 appeared 'out of the blue', has created high levels of distress, has overwhelmed NHS resources, and shatters our assumptions about the safety and freedom of our every day world.

Although he laments the lack of evidence based practice to help us to respond to these current challenges, he defines the impact of the pre-traumatic condition in the following ways:

• *lack of predictability*
• *immobility*
• *loss of connection with others*
• *loss of safety*

The four flashcards produced (see appendix) offer some immediate and practical strategies to combat this perpetual sense of threatened loss.

We have to recognise that nobody can offer the reassurances needed right now, and that the risks are real.

However, combined with the strategies in Module One & Module Two we can develop

self-strategies to connect with our own sense of agency amidst the threat, and work on reducing the constant sense of fear.

Whilst these strategies are primarily individal, these principles can also be drawn upon to inform team meetings, de-briefing, peer support sessions, etc to promote a sense of community and acknowledgement of what, collectively, is being faced.

Shattered Illusions and the Professional Armour

I cannot emphasise enough the need for

reflective spaces

at work to be made available at this time. These spaces do not need to be provided at a formal 'supervision' level, rather they are are often more effective when they are informal:

- peer support
- buddying
- tea breaks
- space at team meetings
- ward rounds

These may all be used to encourage everyone at every level to reflect on the impact of the Covid-19 threat.

These spaces can also help to manage the fear of stigmatisation and can also be made available via online platforms.

As healthcare professionals we are usually protected by our 'professional armour'. We work with life-changing injury, illness, and death often on a daily basis.

We wear our 'professional armour', this allows us to maintain (an illusory) sense of separation from work and our personal lives.

During Covid-19 we must recognise that we have a potential 'breach' of our professional armour, the illusion has been shattered and there is less of a clearer distinction between the trauma we encounter at work, and the potential for trauma within our own lives.

Indeed being exposed to such traumas can heighten our own sense of not feeling safe.

Having safe spaces to reflect can significantly help with normalising and processing these fears, and off-set the potential for later trauma to develop.

Grief and Loss

The final word goes to grief and loss. We are living in fear of the death of our loved ones, our colleagues and ultimately ourselves.

One of the themes emerging from the Ebola and SARS literature was the helplessness and grief faced by healthcare professionals when witnessing the death of their colleagues, leading to heightened fear and a loss of purpose.

It is hoped that some of the resources offered in Modules 1-3 can help you with managing the fear associated with this threat, and enable you to find some quality of life within the shadow of Covid-19.

However, the reality of losing someone close is a different matter, particularly in such traumatic circumstances.

Grief is an extraordinarily painful process, no matter what. Sometimes we just get through it with the love and support of those around us. Yet in such exceptional times, it may be necessary to take time out, work this through, de-brief and possibly access counselling through Ocupational Health, and/or support through the wellbeing hub.

Don't be afraid to seek professional help.

You can find out more about trauma, grief and loss in the section below.

Remember

It's ok to say that you are not ok.

These are unprecedented times and we need to support one another.

Whilst there are strategies in here to give you some ideas, try not to put yourself under too much pressure to learn new things. One strategy may suit you that you can adapt to other situations - be a 'bricoleur'!

The strategies build on common sense principles, but we may lose touch with the simple things when we are stressed.Managing your psychological wellbeing is as important as taking care of your physical self and often something we neglect when in challenging times.Go easy on yourself & others. This is a time for self compassion and humanity.

In summary

It is acknowledged that the impact of Covid-19 is considered to be traumatic, prompting a sense of a loss of safety, heightened fear arousal and hyper vigilance.

We can engage in individual strategies to help us to regulate our fear. Additional reflective practice can help us to process our fears. We are fearing grief and loss. If the worst should happen we may need to seek additional help and support

Something to do

Guided Mindfulness Practice:

https://www.youtube.com/watch?v=B-Cb9RA-91wA

Learn how to self-massage:

https://www.psychologies.co.uk/body/the-benefits-of-self-massage.html

Something to watch

Bessel van der Kolk : Learn how 'the body keeps the score' in trauma, and also how to spot the signs of trauma:
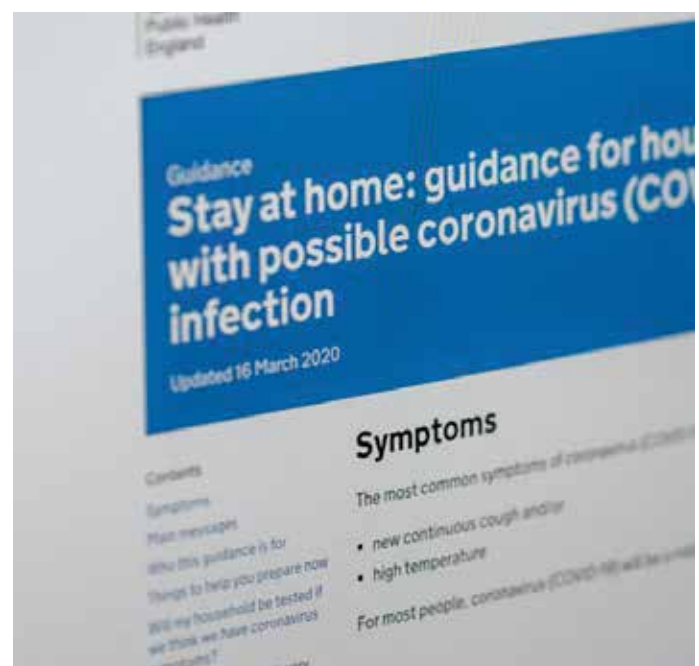
https://www.besselvanderkolk.com/

Something to read

Understanding grief and loss, and traumatic grief:

https://ninewellbeing.com/life-difficulties/grief-and-loss

STAY AT 🏠

PROTECT THE NHS

SAVE ♥

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About Nicola

This manual and the accompanying resources have been developed specifically in response to the Covid-19 outbreak, have been produced voluntarily and are provided completely free for the benefit of all WUTH and NHS staff.

The resources may be distributed freely, all that I ask is that you not alter the content, please let me know of any suggestions for improvement.

Nicola Forshaw is an accredited counselling psychotherapist who specialises in trauma, with an academic interest in resilience and post-traumatic growth and has an established counselling psychotherapy consultancy.

Nine Wellbeing in West Kirby, Wirral.
www.ninewellbeing.com
www.nineteaching.com

Nicola has worked very closely with WUTH for a number of years, offering coach training programmes externally validated by ILM,

Nicola consults with WUTH and other organisations around occupational growth and wellbeing as an advisor on coaching, leadership and resilience, supports the WUTH Palliative and End of Life and Cancer Nurse Specialist teams with external supervision and has experience of teaching within many settings, including further and higher education, private training and medical education programmes within the NHS.

Nicola also holds a strategic position with the UK's largest counselling and psychotherapy professional body, the British Association of Counselling and Psychotherapy (BACP), within Professional Standards.

Nicola and her partner host a free philosophy group which is open to all
www.ninephilosophy.com

You are very welcome to contact Nicola at
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Nine Teaching

TRAUMA FLASH CARD #1

Impact

Lack of predictability, caused by virus arriving 'out of the blue' and lack of clarity and inconsistecy with guidelines

Associated feelings

Anxiety, fear, sense of loss of control

Helplessness, apathy

Associated behaviours

Hyper-vigilance & Hyper-alert
Constant checking news, guidance etc
May also be linked to fear of contracting the virus.

Withdrawal from day to day life
"Loss of future"

Strategy

Relaxation training: module one
Digital Disengagement strategy "airplane mode": module two

Managing the physiology of fear can lead to re-establishing a sense of control.

Yes, this is a volatile, changing situation - particularly at work. However at an individual level:

Set personal schedules of daily planned activity: keep to a routine, set yourself a daily goal or 'to do' that will lead to a sense of achievement.
Forward plan and schedule activities that can connect with others (online and virtual)
This provides a sense of being able to anticipate and predict your own life, can help to counter-act 'loss of future', even if it is only the immediate future, and regain some control.

TRAUMA FLASH CARD #2

Impact

Immobility

Associated feelings

Helplessness, apathy

Is part of fear: the freeze response.

Immobility or 'freeze' gets activated when we cannot escape a threat by fighting or fleeing.

Associated behaviours

Lack of movement, disengagement, not being bothered. 'What's the point' thinking.

Often leads to over-indulging: over-eating, over-drinking, binge watching etc.

May also be linked to a helpless fear of contracting the virus.

Strategy

Freeze & immobilisation is part of the fight or flight repertoire and is activated when we feel overwhelmed and/or out of control, when facing a threat that we can't initiate the fight or flight response to escape from.

Addressing freeze and immobility requires a different response than counteracting the fight or flight response with relaxation training, as relaxation lowers our stress hormones.

To address the freeze response we need to MOVE. We need to activate the stress hormones through exercise.

Any sort of exercise or movement that appeals to you. Even in lockdown people have shown great creativity in running virtual indoor marathons and climbing Everest! What indoor or garden (if available) activity appeals to you? To help with motivation and connection, there are various live online classes that can be joined.

Yoga can really help here - engaging in powerful 'warrior' poses or simply adopting your own 'power pose' by lifting your arms and stretching gives your body (& ultimately your brain) the signal that you are FREE to move -even during strict lockdown measures.

TRAUMA FLASHCARD #3

Impact

Loss of connection with others

Associated feelings

Depression
Anxiety

Associated behaviours

Withdrawal

Strategy

We don't exist as individuals. For survival we need to be in synch with the 'group' whether that be our family group or social or work group (or both). We gain a sense of connection through familiar 'faces & voices' which helps us to soothe and regulate our emotional responses.

In the age of technology using virtual meeting rooms and online platforms can help us to remain connected (albeit in a different way) with our familiar faces & voices during lock-down measures. It can help to be a bit creative and conjure a sense of fun and combine it with activity and movement.

To connect with those we cannot be with, try scheduling a 'games hour' or a 'cook along' (I don't recommend an 'eat along' - try eating whilst on zoom and you will know what I mean!). Scheduling times to watch a programme or film 'together'. Take a virtual walk 'together' and compare the different scenery in the different places. Have a glass of wine 'together' or a virtual wine and cheese tasting session. Set up a reading group - read aloud to one another - there are lots of different ways to connect.

TRAUMA FLASH CARD #4

Impact

Loss of safety

Associated feelings

Fear

Associated behaviours

Intrusive images of death or illness of loved ones. Pre-occupation with own death. Aggression, anger, hostility, controlling behaviours, confronting or avoiding others.

Strategy

Facing Fear strategies in module one offers some strategies for managing fear of death of loved ones, and also self. We acknowledge that these fears are based within a context of genuine threat, one that is likely to be heightened by your exposure to death from the virus in the course of your work.

Fear needs to be counteracted with a sense of safety. The ability to establish a sense of safety is also required to soothe anger and aggression. Anger and aggression are natural responses to threat, and of course form part of the fight or flight response.

At an individual level we can engage with things that offer comfort and make us feel 'safe'. What is your personal preference for feeling safe? Some suggestions include:

music, literature, being wrapped in a blanket, lighting candles, taking a long bath, meditating.

Touch and contact are key factors in promoting safety, and providing calm. You may not be in proximity with anyone who you would want to touch you, which may lead to a heightened sense of not feeling safe.

Learning to 'self soothe' includes learning to self massage to promote inner calm and to regulate high emotion. You will find guidance in the 'some things to watch' section of this module.

Mindfulness practices can also help us to soothe by orientating us back into the present moment and making us aware of our senses so that we can access a sense that everything is ok right now.