

Endurance: Strategies for Survival in Extreme Conditions

Jack Rozel, MD, MSL, DFAPA

Medical Director, resolve Crisis Services of UPMC Western Psychiatric Hospital

Co-director, UPMC Systemwide Threat Assessment and Response Team

Past President, American Association for Emergency Psychiatry

Associate Professor of Psychiatry & Adjunct Professor of Law, University of Pittsburgh



1

Disclosures



- No payments or gifts from pharma, industry, or other ACCME-defined commercial interests since 2007
- Part of my time is funded by US DHS Center for Prevention Programs and Partnerships
- I receive payments from government agencies, nonprofit organizations, and non-healthcare businesses for consultation, training, and expert witness work

2

American Association for Emergency Psychiatry

www.emergencypsychiatry.org

We are champions for the advancement of evidence based,
compassionate care for behavioral emergencies through
research, education, and interdisciplinary collaboration.

National Update on Behavioral Emergencies

Las Vegas, Week of December 4, 2023

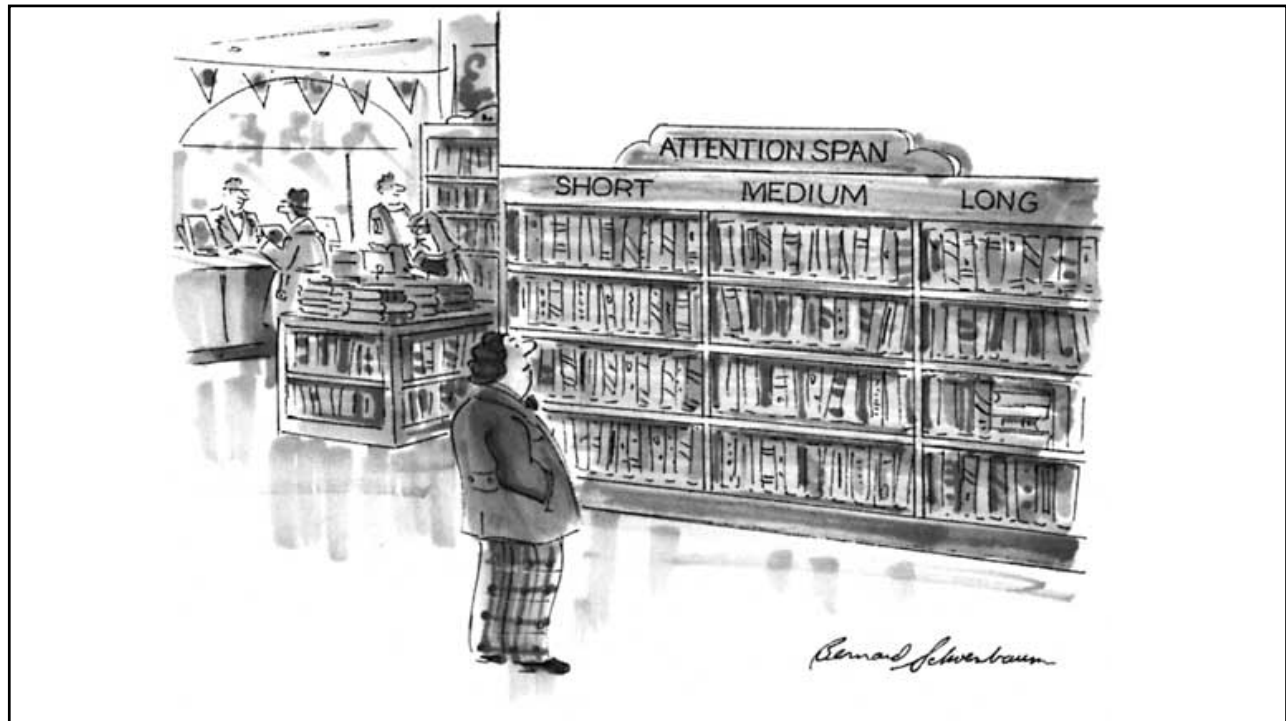
www.behavioralemergencies.com



3



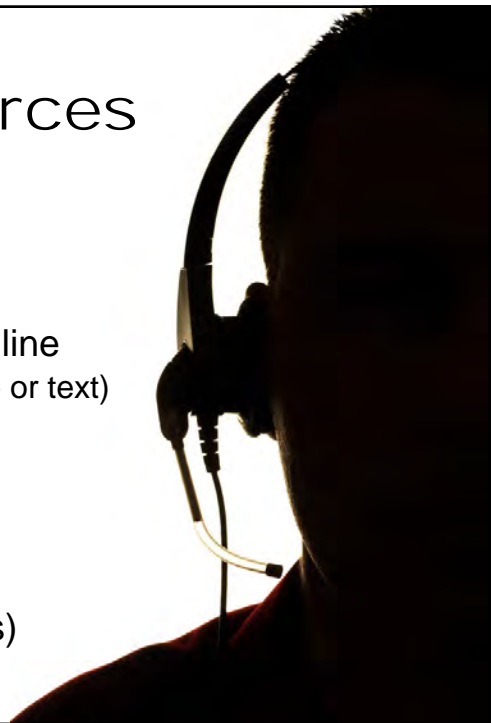
4



5

National Crisis Resources

- Disaster Distress Helpline
 - 800-985-5990
 - Text Help to 66746
- National Suicide Prevention & Crisis Lifeline
 - 988 / 800-273-TALK / 800-273-8255 (phone or text)
- Crisis Text Line
 - 741741
- Physician Support Line (M-F, 8A-MN)
 - 888-409-0141
- Emotional PPE (free MH care for HCWs)
 - <https://www.emotionalppe.org>



6

Well-Being Resources for UPMC Attending Physicians

<p>Physicians Assistance Program: 866-918-1594 www.lifesolutionsforu.com (Corporate Login: UPMC)</p> <ul style="list-style-type: none"> ✓ Free, 24/7, confidential support for UPMC physicians (and household members) ✓ Counseling in person or by phone (6 sessions per issue) ✓ Support for stress, depression, anxiety, substance misuse, relationship concerns, domestic violence, etc. ✓ Personalized resources (e.g. child- or eldercare, housing, legal, finance, test-taking, career development, etc.) ✓ Beating the Blues US™ is an online evidence-based cognitive behavioral therapy tool with free private access via: https://infocast.upmc.com (HR Direct > MyHealth Online > Resources for Healthier Living > Manage Stress) 	Life Solutions Physicians Assistance Program
<p>Confidential Referrals for Behavioral Health: 1-833-231-1575</p> <ul style="list-style-type: none"> ✓ Free, discreet, personalized mental health referral service for UPMC physicians and their family members 	CuRBSide
<p>CISM ASAP Program: 1-833-823-ASAP (2727)</p> <ul style="list-style-type: none"> ✓ Free, 24/7, confidential individual and/or group support for any work-related event by the Critical Incident Stress Management (CISM) ASAP multi-disciplinary team 	CISM ASAP
<p>PAP Program: 412-647-3669</p> <ul style="list-style-type: none"> ✓ Free, 24/7, confidential, 1-on-1 peer support with a UPMC physician for any work-related stressor or adverse event 	Physicians for Physicians
<p>Call 1-877-983-8442 or email PSPhysicianRelations@upmc.edu</p> <ul style="list-style-type: none"> ✓ Contact HR for support regarding professionalism concerns by an individual or program. Anonymous option available. 	Compliance Helpline
<p>Access RiskMaster via Epic or Career</p> <ul style="list-style-type: none"> ✓ Report near-misses, medication events, medical errors, etc. 	Patient Safety
<p>UPMC Threat Assessment and Response Team</p> <ul style="list-style-type: none"> ✓ Call 412-647-4969 or email threat@upmc.edu for support to reduce risk of violence in the workplace ✓ resolve Crisis Services: 1-888-7-YOU-CAN (796-8226) ✓ Local, free, 24/7 hotline, mobile team, and walk-in center <p>National Suicide Prevention Lifeline</p> <ul style="list-style-type: none"> ✓ Call 1-800-273-TALK (8255) or Text HELP to 741-741 	Crisis Resources

To learn more, please visit: <https://infocast.upmc.com>. For more information on UPMC Physician Thrive initiatives please visit: <https://www.upmc.com/healthcare-professionals/physicians/physician-thrive>

CuRBSide

CONFIDENTIAL REFERRALS FOR BEHAVIORAL HEALTH

As a busy physician, you may have struggled to find private and convenient psychiatric or behavioral health care for yourself or your family members.

CuRBSide can help.

CuRBSide—Confidential Referrals for Behavioral Health—is a discreet mental health referral service for UPMC physicians, physician trainees, and their families. It is being offered in partnership with **Physician Thrive**, an initiative that aims to promote improved well-being and professional fulfillment among physicians.

When you call CuRBSide, you will be connected with a trained consultant who has access to local psychiatrists, psychologists, and other mental and behavioral health providers in your network. Your use of this service will not be shared with your leadership or HR.

Through CuRBSide, you can connect with a provider for help with these and other concerns:

- Anxiety, depression, or substance use
- Marriage and/or relationship difficulties
- Grief and loss
- Compassion fatigue and burnout
- Children and/or family member concerns
- Communicating effectively with members of your team
- Handling adverse events or outcomes

You spend your days and nights taking care of others. Let CuRBSide help take care of you.

Call **1-833-231-1575 (TTY: 711)** for assistance. CuRBSide's referral service is available Monday through Friday from 8 a.m. to 5 p.m. **at no cost to you.**

PHYSICIAN THRIVE
Powered by UPMC

UPMC_HAMOT_LIFE_LINE_SVC_CuRBSide_A

7

Agenda

- Our brain in crisis
- If it was only COVID
- Strategies for survival
- Getting help
- Moving forward

8

Endurance: Our brain in crisis

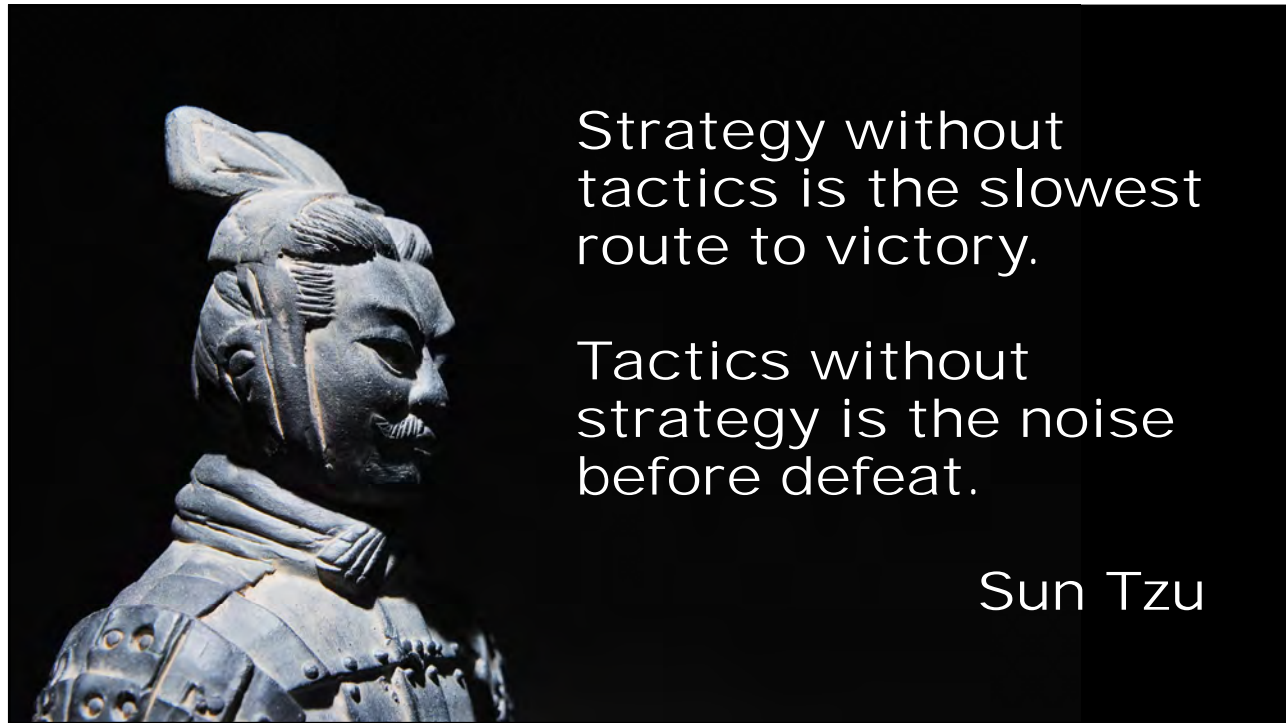


9

Which hat should you be wearing?



10



11



12

Stress & Trauma



- Psychological Trauma:
 - An individual threshold, an individual experience
 - When experiences or the environment jeopardize our physical safety or psychological sense of self
 - When our natural coping capacity and our support network is overwhelmed
- Pushes us to pathological or healthy responses
 - Fight, flight, or freeze
 - Fawn
 - Function
 - Flourish

13

Crisis Brain: Reactive, not responsive

- Distracted
- Impulsive
- Emotional
- Forgetful
- Error prone
- Biased
- Irritable



14

The resilience paradox



15

Timing matters



16

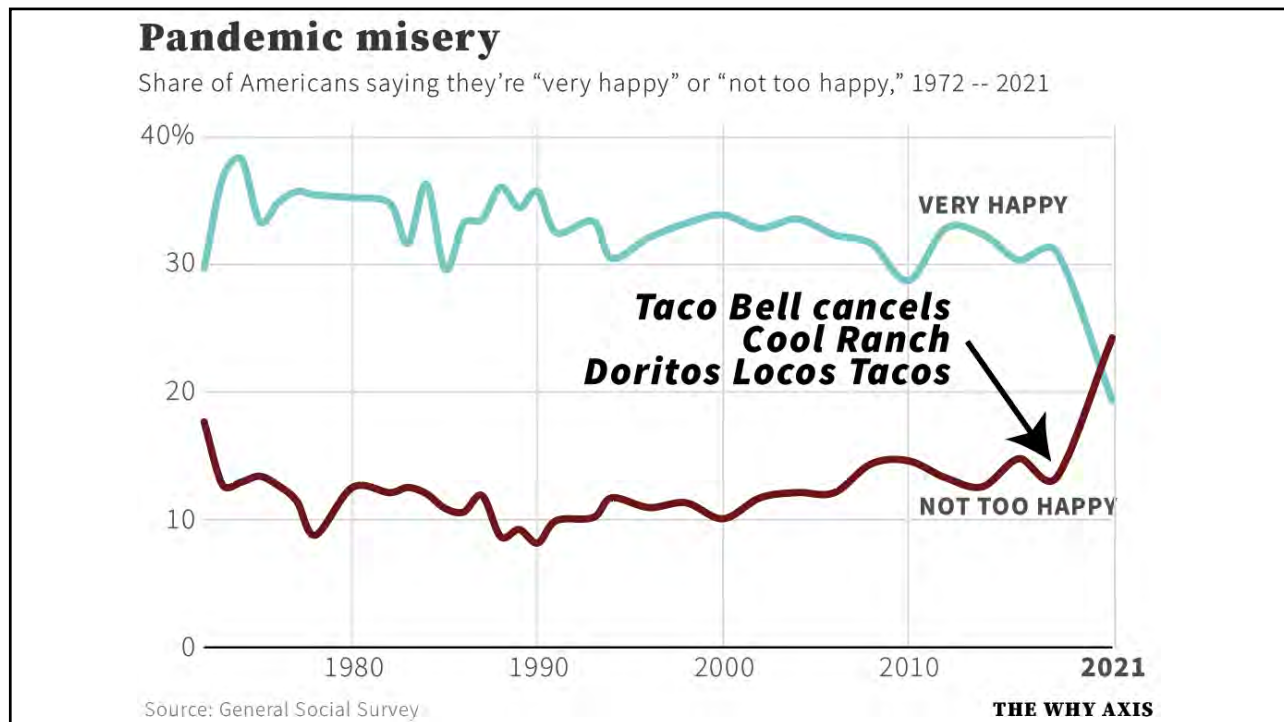


17

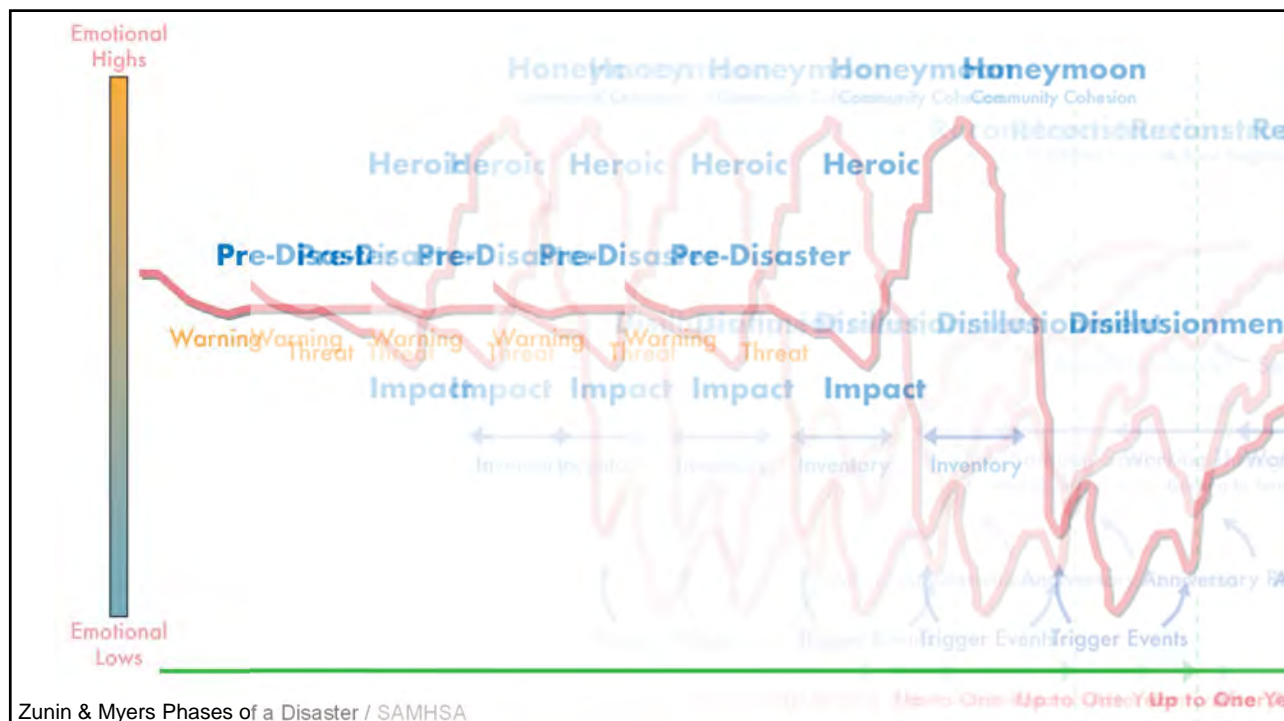
Endurance:
If it was only
COVID...



18



19



20

Aggravating Factors

- Duration, sequence, and repetition
- Complexity and uncertainty
- Personal vs routine
- Causality (manmade vs natural)
- Lack of recovery periods
- Impeded recovery routines
- Social isolation and exclusion
- Fear of punishment for expressing feelings
- Concurrent substance misuse
- Pre-existing fatigue and vulnerability

21



EVERY DATA TABLE FROM NOW ON

Discarding some models

Finding unexpected,
novel applications for
other models

22

Endurance: Strategies for survival



23

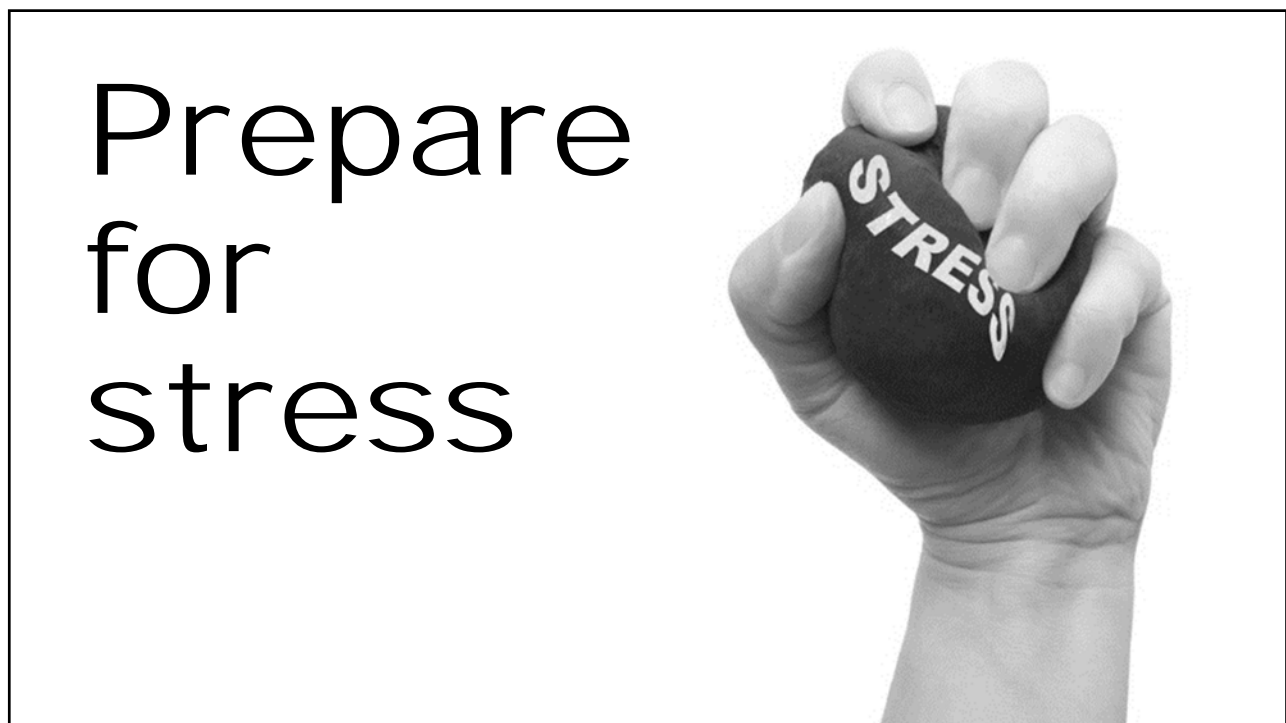
Put your own oxygen on first



24



25



26



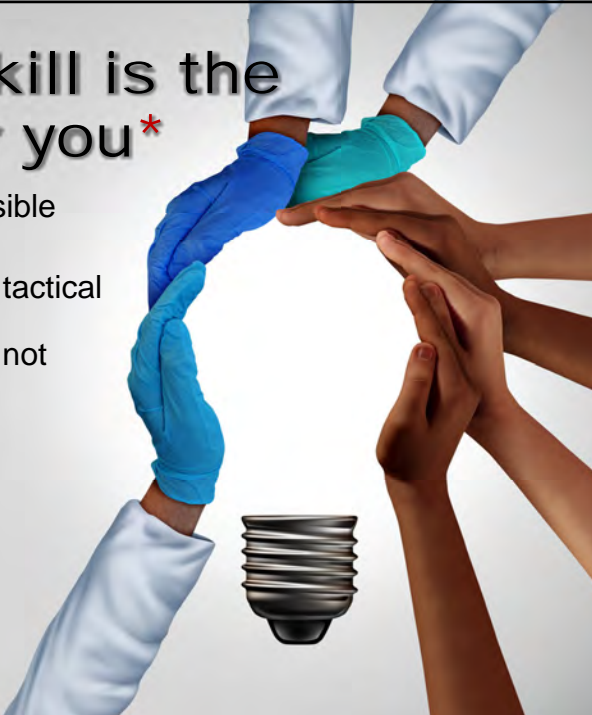
27



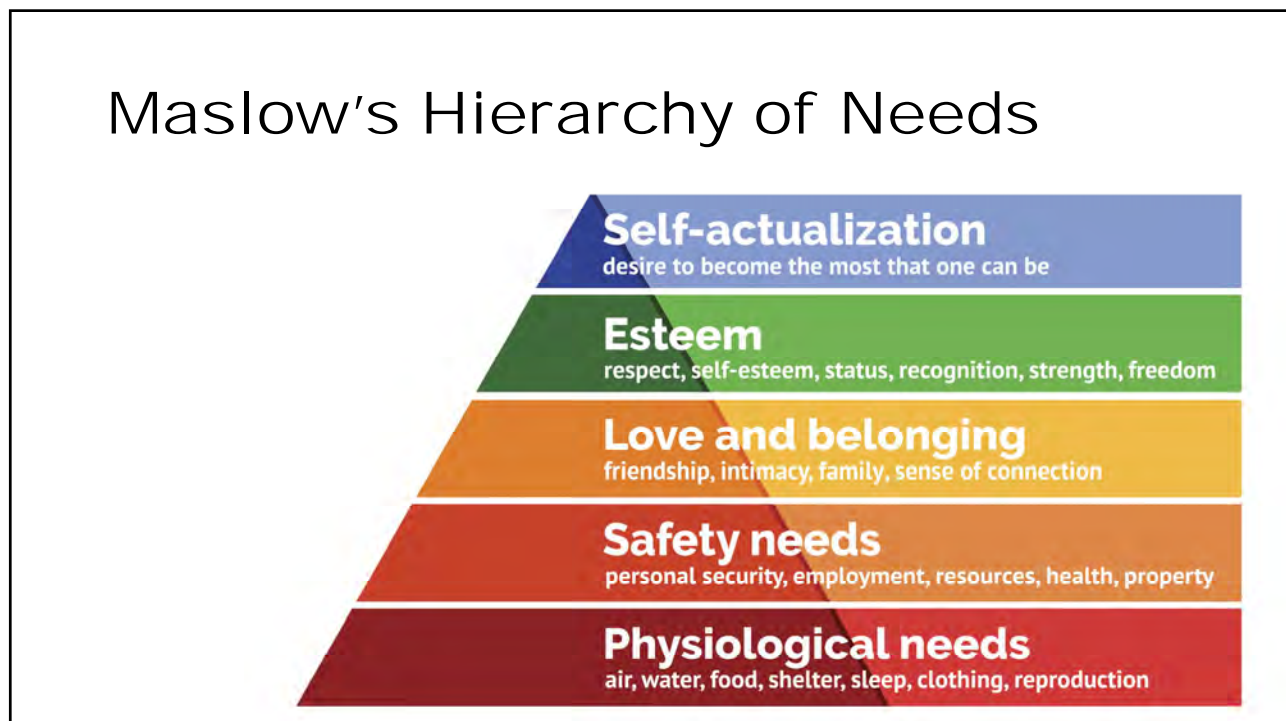
28

The best coping skill is the one that works for you*

- Healthier eating and drinking when possible
- Exercise when possible
- Deep breathing (circle breathing, 4-4-8, tactical breathing)
- Schedule positive activities (distraction, not avoidance)
- Connect & check / reconnect & check
- Positive reinforcers and rewards
- Normal schedule when possible
- Psychotherapy
- Massage therapy
- Mindfulness practice

An illustration showing several hands of different skin tones and wearing blue gloves, reaching up to hold a glowing yellow lightbulb. The hands are arranged in a circle, symbolizing support and collective effort.

29



30

Recovery time may not be easy or convenient, but it is essential



31

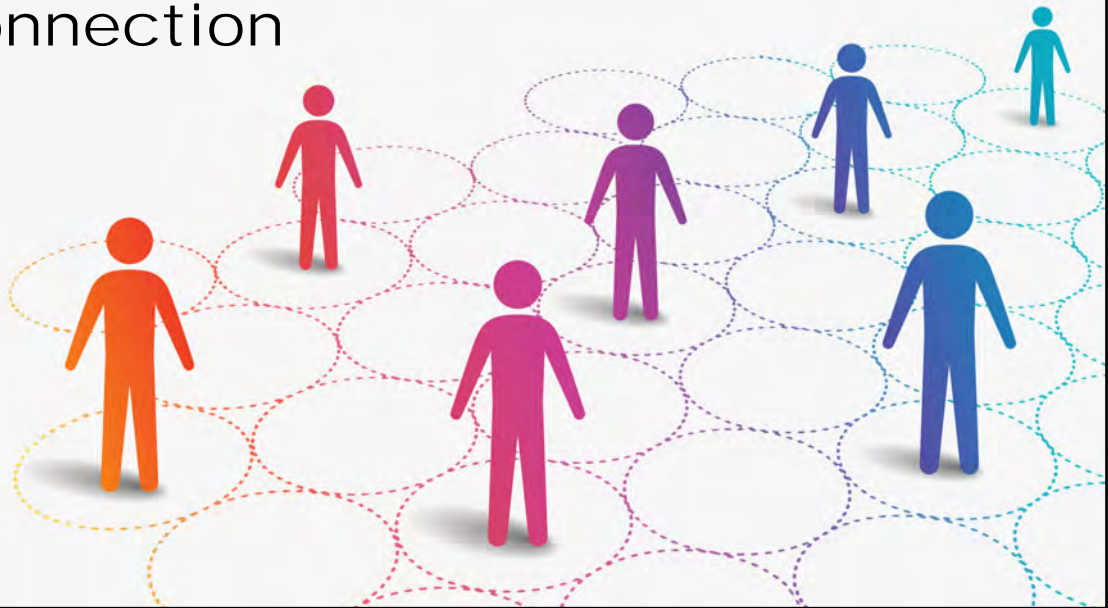
Nurture Your Network

- Expectations for work friends, “outside friends”
- Seek support on emotions, not details
- Be careful about sharing facts (cross contamination)
- Mutual wellness checks
- Social accountability
- Trusted limit setter – pulls us back when we are gazing too long into the abyss



32

Physical distance but social connection



33

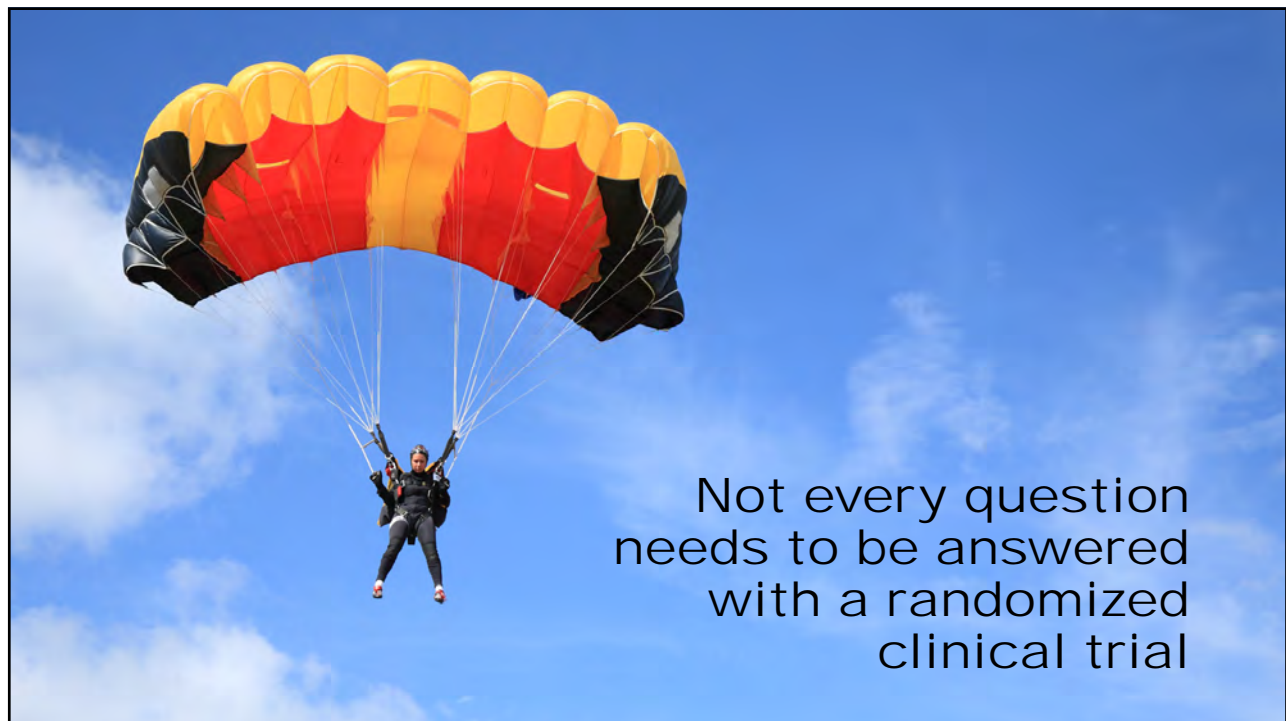
Endurance: Getting help



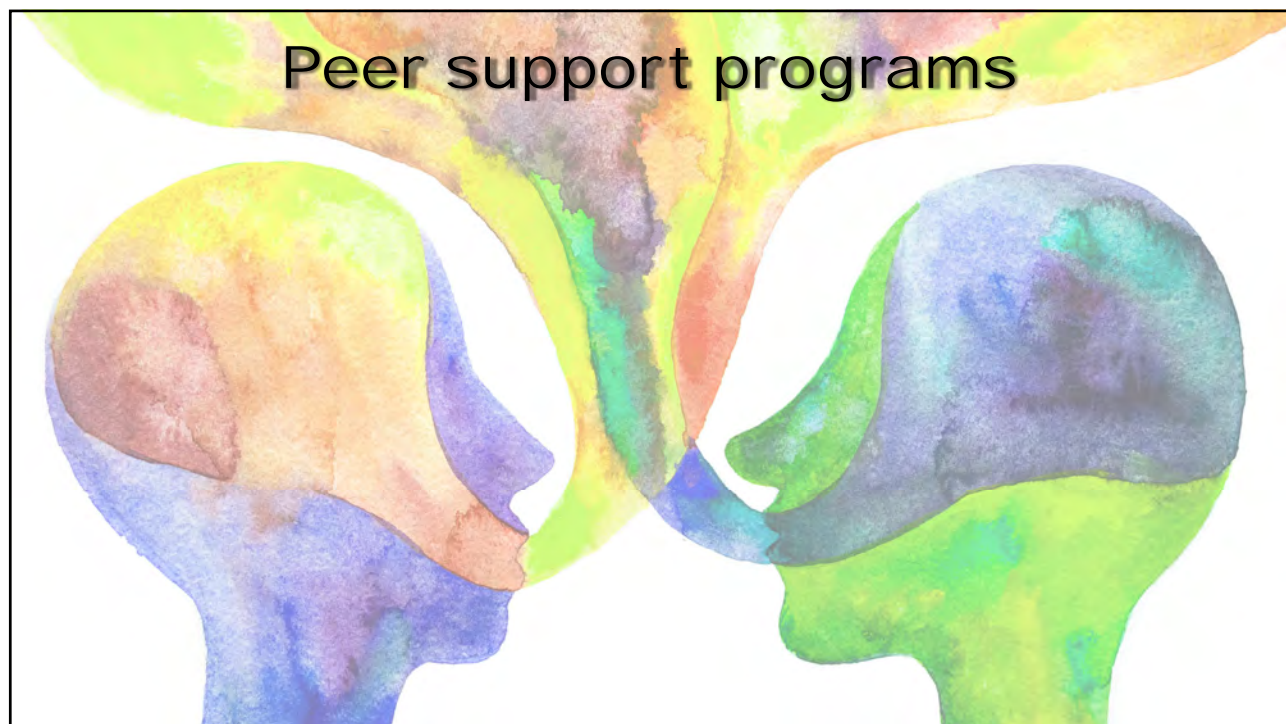
34



35



36



37

Warning Signs

- Decreased functioning in personal life or work
- Feeling out of control
- Numbness and dissociation
- Escalating substance use
- Angry at patients
- Excessive risk taking / recklessness
- Hopeless, helpless, unhelpable
- Getting worse, not better as the situation improves
- Physical symptoms, psychosis or bizarre behavior, suicidality

38

Asking about
suicide will
not increase
the risk of
suicide



988 SUICIDE & CRISIS
LIFELINE

39

Self awareness
& self care



Team awareness
& team care

40

Endurance: Moving forward



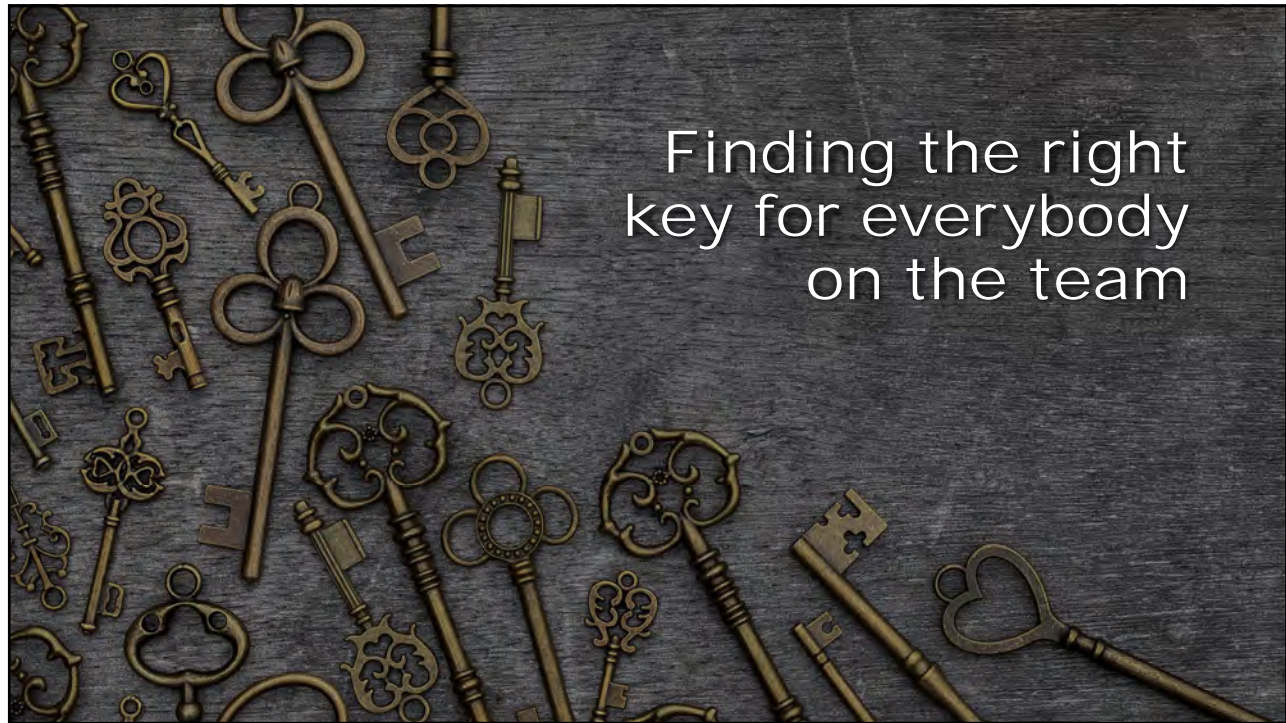
41

Effective Team Leadership in Crisis

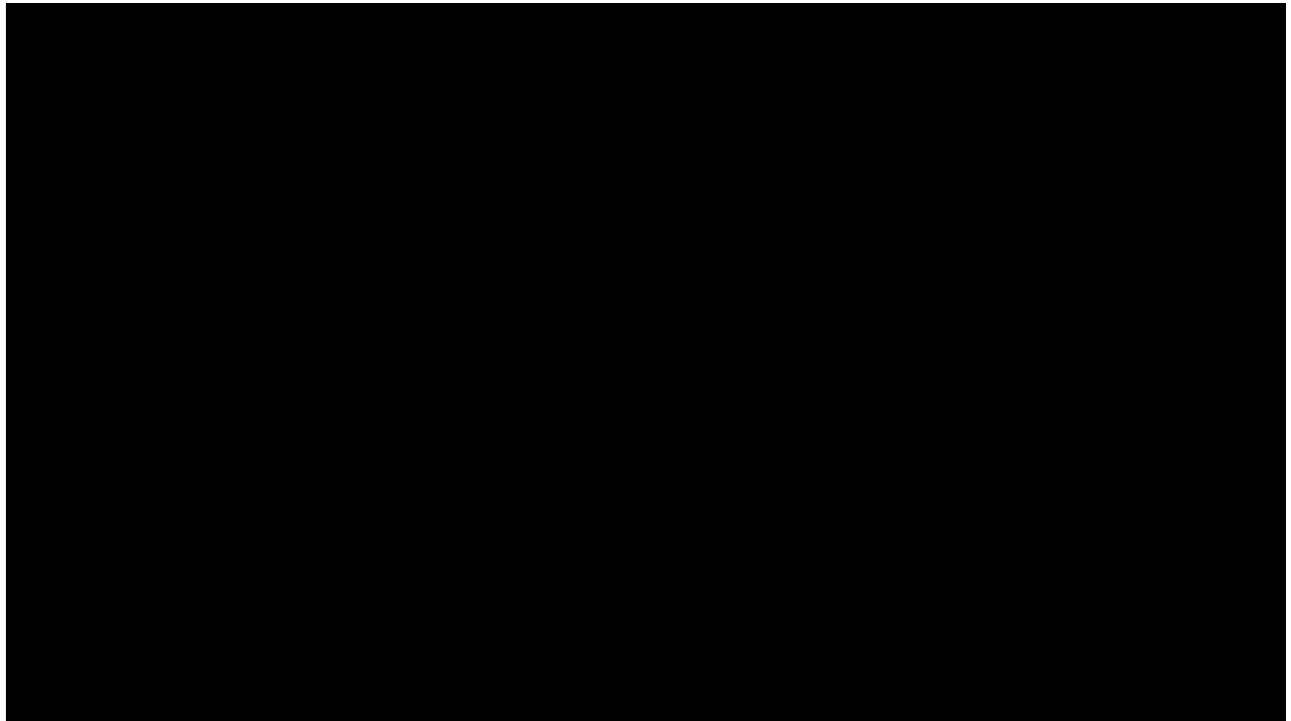
- Communicate a compelling, understandable mission
- Transparently share relevant information
- Compassionate, addressing fear and danger
- Facilitates SMART goals for teams and team members
- Nurtures diversity
- Use positive reinforcement, identification of desired behaviors
- Fosters resilience and coping



42



43

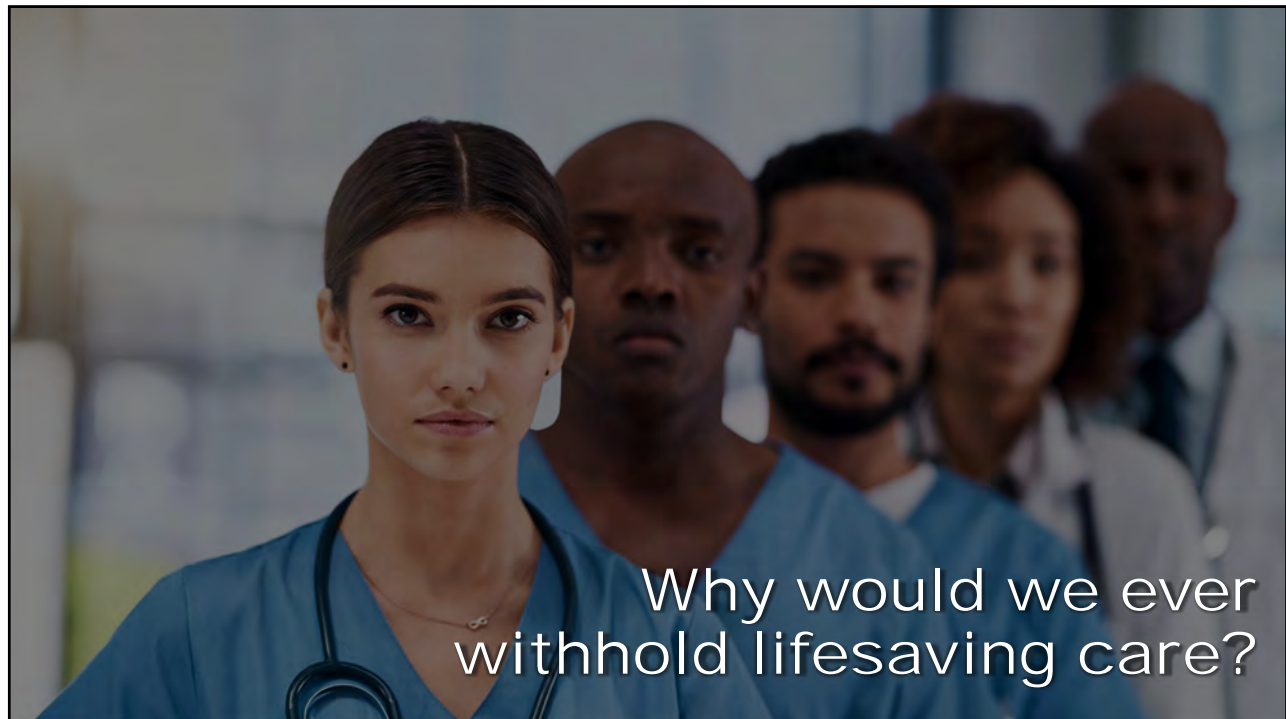


44

Everybody's got a plan until they get punched in the face

- Disasters and crises amplify underlying faults and exploit pre-existing vulnerabilities
- Most of our best models and interventions are based on punctuated events
- We knew from the beginning, that COVID* was going to be a novel biopsychosocial disaster
 - Psychological injury traumatic → coping and crisis support
 - Moral injury → re-envisioning personal / organizational mission
 - Extended and exhausting → staff preservation, HR processes
 - Geographically distributed and staggered → Shared staffing, tele
 - Prolonged, intermittent → timed wellness interventions
 - Politicized → Transparent, evidence-based leadership at any level

45



46

Joint Statement Supporting Clinician Health in the Post-COVID Pandemic Era

- Physicians and other clinicians must be able to safely secure treatment for mental or other health issues, just as any other individual. A provider's history of mental illness or substance use disorder (SUD) should not be used as any indication of their current or future ability to practice competently and without impairment.

JOINT STATEMENT

Supporting Clinician Health in the Post-COVID Pandemic Era

The COVID-19 global pandemic is an unprecedented modern public health crisis. The extent and nature of lingering health effects of the pandemic on providers, whether or not they themselves have been infected, are not yet known. In order to minimize the loss of life from COVID-19 and its sequelae, and from other current and future public health threats, and to ensure future patients access to medically necessary care, it is vital that we work to preserve and protect the health of our medical workforce.

Optimal physical and mental health of physicians and other clinicians is conducive to the optimal health and safety of patients. The wellness of our medical workforce, physical and mental health, is necessary to ensure patient care.

Physicians and other clinicians must be able to safely secure treatment for mental or other health issues, just as any other individual. A provider's history of mental illness or substance use disorder (SUD) should not be used as any indication of their current or future ability to practice competently and without impairment.

Discrimination based on disability, as defined by the [Americans with Disabilities Act \(ADA\)](#), is prohibited under federal law and applies to professional licensing bodies. We therefore support states that ask questions that do not violate the intent of the ADA not to discriminate against individuals. We strongly urge states that ask inappropriate questions to immediately modify them to be consistent with the principles of the ADA. Specifically, we recommend states and position statements of the [American Medical Association \(AMA\)](#), the [Society of General Internal Medicine \(SGIM\)](#), [American Psychiatric Association \(APA\)](#), [American College of Physicians \(ACP\)](#) and the [American College of Emergency Physicians \(ACEP\)](#).

Licensing and credentialing applications by current entities should only employ narrowly focused questions that address current functional impairment.

Additionally, we strongly support The Joint Commission (TJC) statement on [Reducing Barriers to Mental Health Care for Clinicians and Health Care Staff](#). TJC "supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services." TJC also encourages organizations not to inquire about previous history of mental health conditions or treatment.

For most physicians and other clinicians, seeking treatment for mental health triggers legitimate fear of resultant loss of licensure, loss of income or other career setbacks. Such fears are known to deter physicians from seeking necessary mental health care. Seeking care should be strongly encouraged, not penalized.

Additionally, we support the use of non-clinical mental health supports, such as social or peer support. Social and peer support provide a sense of belonging to those with shared experiences. Individuals who are able to express frustrations and share coping strategies to address mutual challenges and provide hope to one another are inevitably healthier than those without such support. Social support systems of all types are useful adjuncts that associations can provide to their members.

Additionally, credentialing agencies should support and expand access to treatment programs, such as including the ability of a physician to self-refuse, without fear of reprisal.

* Americans with Disability Act, 28 Code of Fed. Reg. 9.25.103



47



48



49

Resources

- Albott CS et al. Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic. *Anesth Analg*. 2020 May 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199769/>
- Dean W, Jacobs B, Manfredi RA. Moral Injury: The Invisible Epidemic in COVID Health Care Workers. *Ann Emerg Med*. 2020 Oct;76(4):385–6. <https://doi.org/10.1016/j.annemergmed.2020.05.023>
- Shanafelt T, Ripp J, Trockel M. Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. *JAMA*. 2020. doi:[10.1001/jama.2020.5893](https://doi.org/10.1001/jama.2020.5893)
- Stehman CR et al. Wellness: Combating Burnout and Its Consequences in Emergency Medicine. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*. 2020;21(3). <https://escholarship.org/uc/item/7db1d0gn>
- Wuthnow J et al. Implementing an ED Critical Incident Stress Management Team. *Journal of Emergency Nursing*. 2016;42(6):474-480. doi:[10.1016/j.jen.2016.04.008](https://doi.org/10.1016/j.jen.2016.04.008)
- www.ICISF.org - more information on CISM including finding local teams, trainings, etc.

50