

# Emotional and Organization Support

## Session 2 – The Connection Between Emotional Intelligence and Stress Response

# Objectives for this Session:

- Define emotional intelligence and the relationship to the biological stress response.
- Explain how the stress response is connected to wellbeing.
- Describe the concept of intentional noticing how it impacts wellbeing.
- Hear improvement questions designed to collect feedback during huddles and rounds.
- Learn the domains and requests that matter most to staff, especially communication, teamwork, and resident care.

# Emotional and Organization Support Module

## 5 Critical Change Opportunities

- Introduce participants to two of the principles of trauma informed care, safety and trust.
- Expand emotional intelligence by recognizing one's stress response.
- Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.
- Integrate a mourning practice into facility culture via team-based processes, such as rounds and debriefs.
- Support psycho-emotional growth by building attuned active listening, debriefs, and learning into daily activities.

# New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

## *Chat Waterfall:*

How would you describe the biological stress response?



# Why are these topics important?

Kaiser Family Foundation (KFF) and The Washington Post Health Care Workers Survey of 1,327 frontline healthcare workers



62% report worry or stress related to COVID-19 has a negative impact on their mental health



13% have received mental health services

18% report they think they need services (reasons reported included too busy, afraid or embarrassed, couldn't afford it, couldn't get time off work)



Many are experiencing:

Trouble sleeping: 56%



Frequent headaches / stomachaches: 31%



Increased alcohol / drug use: 16%



58% of staff report their employer is "falling short" when it comes to additional pay for employees working in the most high-risk situations



55% feel "burnt out"



46% feel "anxious"



21% feel "angry" when they go to work

KFF/The Washington Post Frontline Health Care Workers Survey | KFF

# What is emotional intelligence?

- The ability to understand and manage your own emotions.
- The ability to communicate, read and navigate social situations and conflicts.

How do we increase our emotional intelligence?

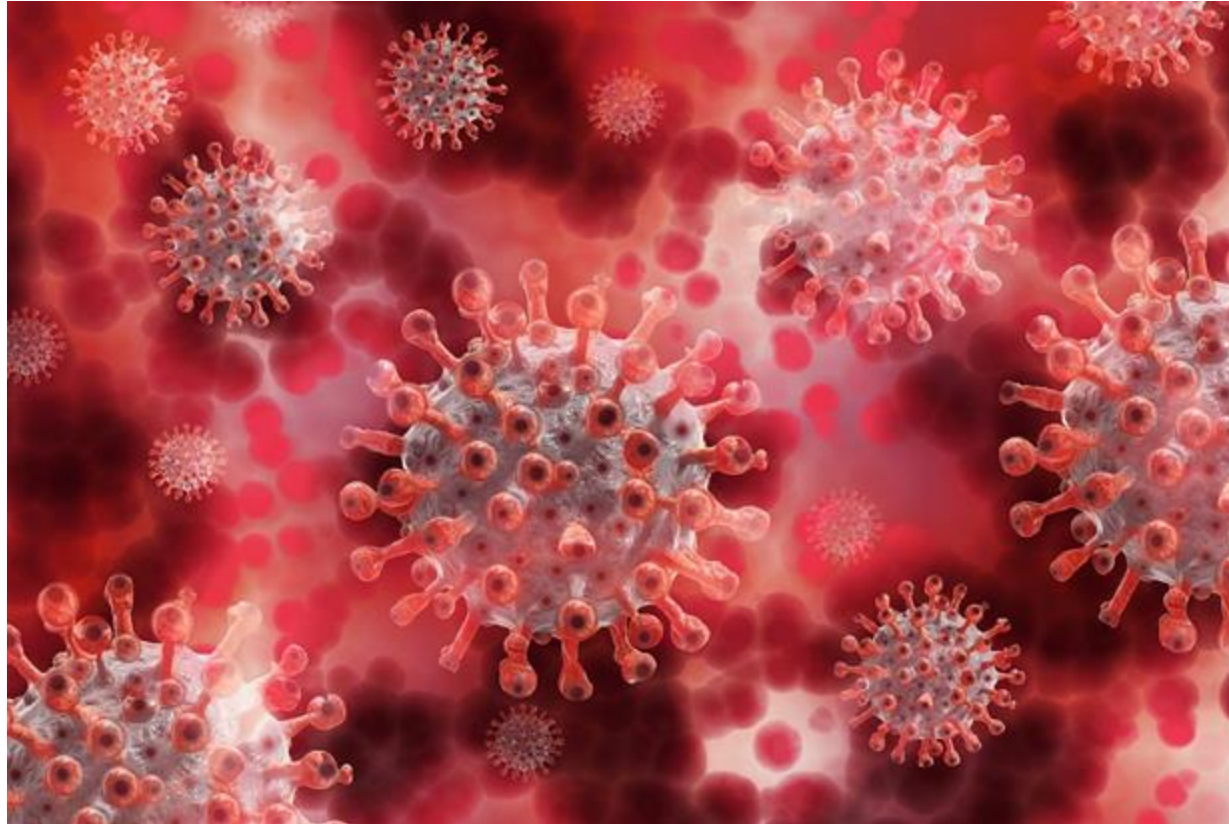
7 Tips to Raise Your Emotional Intelligence  
<https://www.psychologytoday.com/us/blog/liking-the-child-you-love/202101/7-tips-raise-your-emotional-intelligence>

What You Need to Know About Emotional Intelligence,  
<https://www.healthline.com/health/emotional-intelligence>

# Stress response and our body

- Understanding what happens to our bodies when we are stressed or experience a potentially traumatic event can help increase our awareness (emotional intelligence) which impacts our ability to choose how to respond

This is what our threat looks like. We can't even see it without an electron microscope.



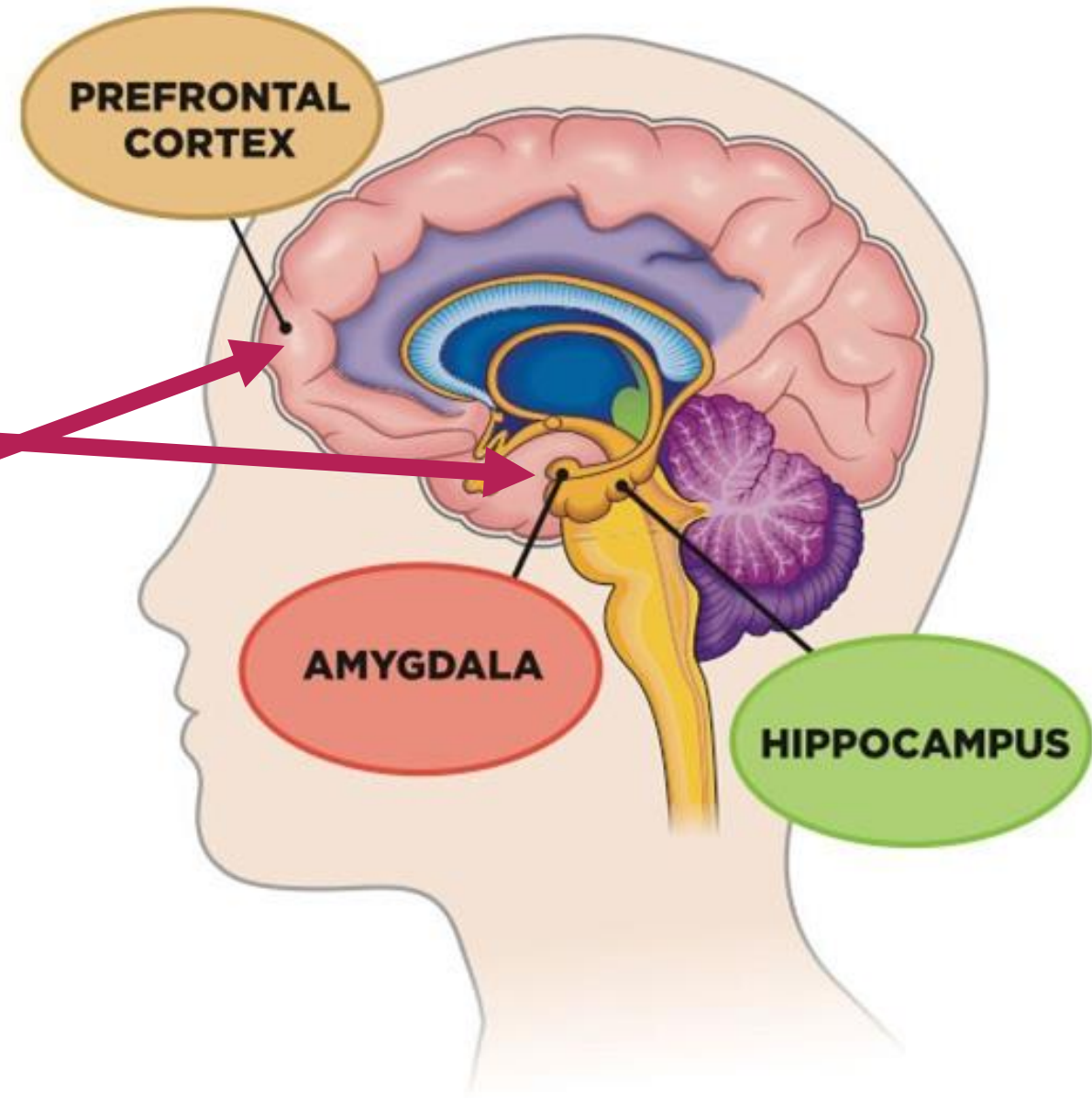


## AMYGDALA

The part of our brain that keeps us safe. It is considered our emotional brain and when we are stressed, anxious or angry, it TAKES OVER. It turns on flight, fight or freeze states. You CAN'T control it!

## PREFRONTAL CORTEX

The logical part of our brain that helps us with decision-making. But, it goes "off-line" when the amygdala is in charge. It SHUTS down!





We receive input from the environment



# Thoughts and sensations are triggered



Stress!



Anxiety!



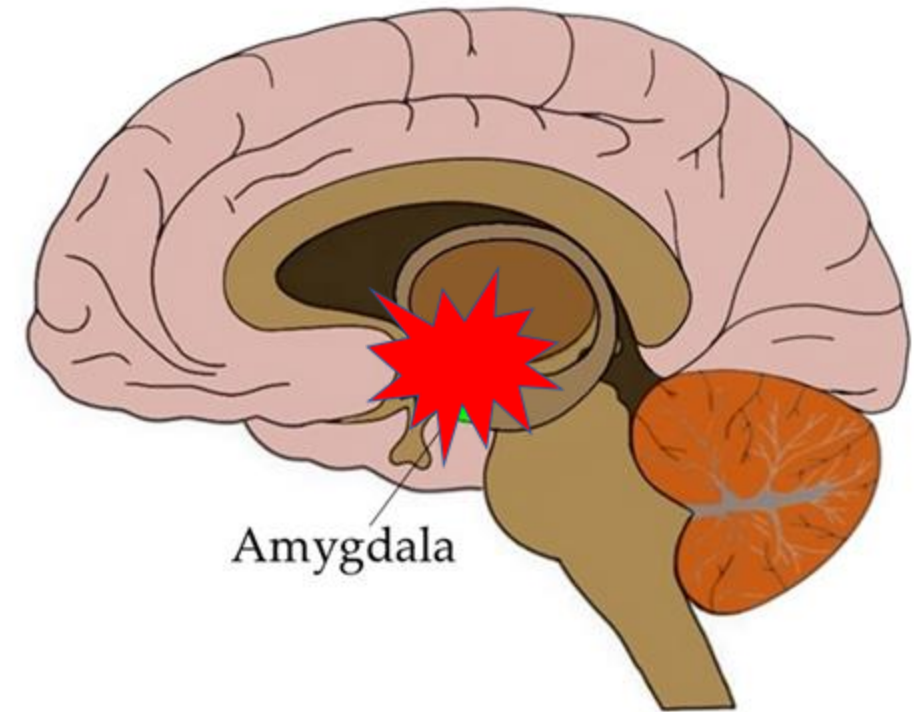
Anger!



Fear!

# The amygdala BURSTS into action when it perceives a threat (a trigger in the environment)

- Our Biology REACTS the SAME, no matter if the threat is perceived or real.





**Fight**



**Flight**



**Freeze**

Biological stress response takes over

# The sights and sounds of stress

- What stresses you out at work?
- How do you know you are stressed?
- How do you know others are stressed?
  
- These emotions and sensations “live” in the lower functioning part of the brain.

# Intentional Noticing (analogy of a body scan)

## Where is the discomfort showing up?

- “Catching” your stress response. Intentionally paying attention to your body.
- We can’t change what we don’t notice. Need to become more aware of what we are feeling at any given moment.
- When these signs of discomfort/overwhelm are “caught”, consider it like a yellow light at an intersection.
  - They are a **SIGNAL** to slow down, to be aware and to be prepared to stop

# How does YOUR body communicate overwhelm or distress? (self-awareness)

## ▪ Physical

- Shallow breathing
- Increased heart rate
- Clenched teeth
- Upset stomach, nausea
- Headache
- Shoulders at “your ears”
- Creased facial expression
- Tense muscles

## ▪ Behavioral and Emotional

- Anger
- Blame
- Fear
- Irritability
- Frustration, impatience
- Exhaustion
- Hopelessness
- Edgy, jittery

COVID-19 Anxiety Workbook

<https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf>



# Cognitive symptoms of overwhelm or distress

- Fear of losing control, being unable to cope
- Fear of physical injury or death
- Frightening thoughts, images or memories
- Poor concentration, confusion, distractibility
- Narrow attention, hypervigilance for threat
- Poor memory
- Difficulty in reasoning

COVID-19 Anxiety Workbook

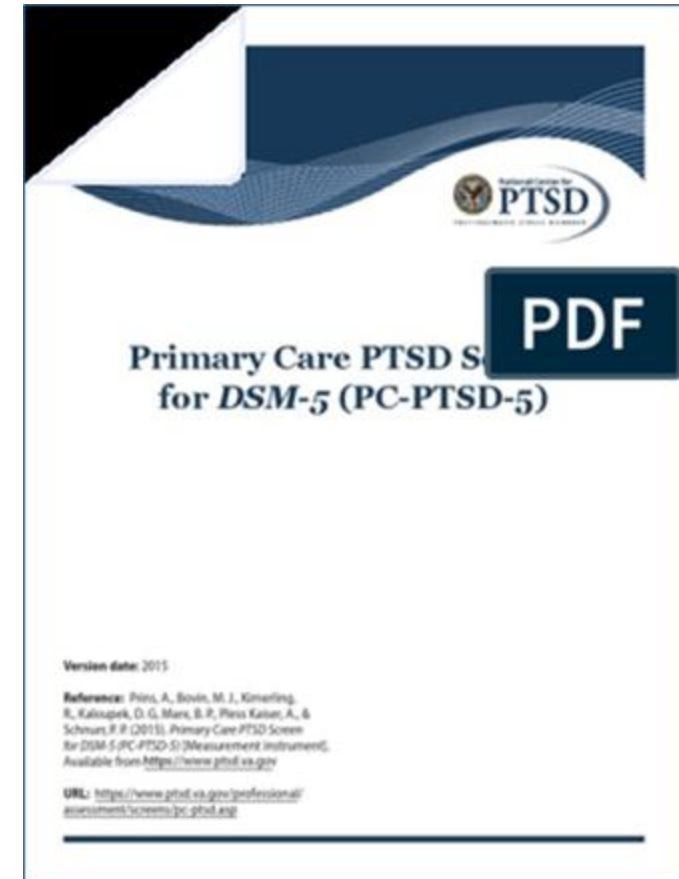
<https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf>

# After you “catch” your stress response, what’s next?

- In next week’s topic, we’ll talk about the correlation of your stress response with the language of nonviolent communication. In the last topic, we’ll bring everything together and discuss ways to use this awareness for your wellbeing.

# Screening for CURRENT Symptoms

- The Primary Care–Posttraumatic Stress Disorder–5 (PC-PTSD-5)
- Screening tool for residents, can also be used for staff



**In the past month, have you ...**

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
<b>Total score is sum of “YES” responses in items 1-5.</b>	<b>TOTAL SCORE</b>	

# Worksheet to supplement the PC-PTSD-5

<b>Box 3.9</b>	<b>DELAYED REACTION TO TRAUMA</b>
<b>Signs &amp; Symptoms of Posttraumatic Stress</b>	
<b>Possible Delayed Emotional Reactions</b>	<b>YES/ NO</b> source _____
Irritability; Aggression; Negative affect; Distress at trauma reminders; Fear of trauma happening again; Negative thoughts about self; Detachment; Feelings of vulnerability; Mood swings; Grief reactions.	
<b>Possible Delayed Physical Reactions</b>	<b>YES/ NO</b> source _____
Nightmares; sleep disturbance; Hypervigilance/Heightened startle; Persistent fatigue; Changes in appetite or digestion or cortisol levels; Lowered immune function/more colds and infections; Focus on aches and pains	
<b>Possible Delayed Cognitive Reactions</b>	<b>YES/ NO</b> source _____
Intrusive memories; Flashbacks; Exaggerated self-blame or blame of others about the event(s); Difficulty concentrating; Belief that avoidance or other behaviors will protect them from trauma; Avoidance of trauma-related feelings or memories or preoccupation with the event; Panic & phobia-like behavior in response to trauma triggers; Inability to remember key features of the trauma	
<b>Possible Delayed Behavioral Reactions</b>	<b>YES/ NO</b> source _____
Avoidance of event reminders ; Decreased interest in activities; Risky or destructive behavior; Isolation/withdrawal; Disrupted social relationships; History of abuse of alcohol or drugs	
<b>Possible Delayed Existential Reactions</b>	<b>YES/ NO</b> source _____
Questioning (“why me”), disillusionment, cynicism; Loss of purpose or faith; Hopelessness; Also potential adaptive responses such as re-establishing priorities, redefining meaning and importance of life, reviewing life assumptions to accommodate trauma.	
Adapted from HHS (2014). <i>TIP-57</i> , pp. 61-62.	

# Thank you!

**AHRQ ECHO National Nursing  
Home COVID-19 Action Network**



# Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

Session 2 – Use Conversations to Listen, Build Trust, and to Create an Emotionally Safe Environment *Together With Staff*

# What are the Characteristics of an Emotionally Safe Culture?

- **Trust**-- between staff, administrator, residents, and families
- **Collaborative**-- mutuality, respect, and teamwork is expected and modeled through communication and processes
- **Communicative**-- all voices and ideas are valued and heard--clinical and operational staff; encouraged to share feelings which are heard with attuned listening
- **Inclusive**-- Empathy and respect are extended between staff; **Supportive**-- provides flexibility and structures to seek out and honor staff requests and needs-- professionally and personally-- and their families
- **Safe**-- physically and emotionally
- **Improvement-oriented**-- staff, resident, and family voices impact change



# What are the Barriers to Creating an Emotionally Safe Environment?

- **Perception of lack of time** and constantly-changing procedures and priorities
- **Lack of trust and support** from administration, “the system”, surveyors, etc.
  - Punitive audit culture prior to and during COVID-19
- **Stress--at work and at home**
- **Lack of teamwork and bi-directional communication**
  - Processes are not interdisciplinary, staff and systems are siloed
  - Culture of blame and fear to express voice/opinion
  - Lack of professional development pathway

# Ask, Listen, Do: Build Confidence, Trust, and Support Through Conversations

- What existing processes can we **observe actions, share feelings, and notice behaviors** that indicate what matters most to staff--clinical and operational?
  - Rounds
  - Huddles
  - Town Halls



**ASK** “What Matters...Now?”



**LISTEN** to “What Matters...Now.”



**DO** “What Matters...Now.”

# What Can We Do This Week?

- Have a conversation with 5 staff members in different roles to ask what matters most to them?
  - How might we address what matters to this individual?

# Additional Resources

- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5),  
<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>
- Worksheet to supplement the PC-PTSD-5,
  - Perley, R. (Ed.). (2021). Managing the long-term care facility: Practical approaches to providing quality care (2nd ed.). Jossey-Bass/Wiley.

# Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

# Thank you!

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