

Psychological First Aid for Frontline Health Care Providers During COVID-19

A QUICK GUIDE TO WELLNESS



 **Medical
Team**

Prepared by

DR. MÉLANIE JOANISSE, C.PSYCH.
Clinical and Health Psychologist

ABOUT THIS WORKBOOK

Remember the end of February 2020? You were probably thinking of going on your well-deserved trip to Mexico, complaining about traffic, wishing you could spend more time at home, discarding gloves without an afterthought and making fun of preppers? Then, all changed, in a way that none of us had anticipated (ok well, maybe the preppers).

The idea for this workbook came to me after 2 days of information overload researching resources on how to psychologically support frontline workers, especially health professionals. While there is a plethora of excellent resources out there, the idea was to create a short, “one-stop shop,” workbook that can serve as a stepping stone to other more comprehensive resources.

This is the workbook you want to read if you are feeling overwhelmed, tired and in need of some humour. Yes humour. The COVID-19 pandemic we’re facing isn’t a laughing matter, but our ability to connect through humour is part of our humanity. Research has shown that laughter, especially for individuals working in emotionally charged environments, reduces their stress levels, increases their capacity to be present and their resilience. Seems fitting for health care professionals, don’t you think?

As in all current endeavours, this workbook tries to be as inclusive as possible. Information presented comes from a variety of evidence-based approaches and is not centred on a sole theoretical orientation. This is not the time for division but unity. Consequently, I have included helpful techniques from Emotionally-Focused Therapy, Emotion-Focused Therapy, Cognitive-Behavioural Therapy (including third wave), Acceptance-Commitment Therapy, Internal Family Systems, Positive Psychology and other relevant approaches. The key is to provide a menu of evidence-informed options; you can then decide which one to apply based on your preferences and context. You may choose to read the workbook all at once, or, if you are pressed for time, go to the sections that are most relevant to you (as you will see the notion of choice and flexibility will be present throughout this manual).

This workbook also could not have been developed without the help and wisdom of several of my colleagues. I would like to highlight the contribution of Dr. Anita Gupta, clinical, health and rehabilitation psychologist for her expertise and generosity.

TABLE OF CONTENTS

UNIQUE CHALLENGES OF HEALTH CARE PROVIDERS

- Common reactions of health care providers during a crisis
- Strengths and resilience of health care providers
- Common pitfalls for health care providers when attempting to cope

CHECK-UP AND STRATEGIES FOR WITHIN

- Mind, body and emotional check-up
- Quick and effective strategies to increase your personal well-being

CHECK-UP AND STRATEGIES FOR BETWEEN

- Relational and environmental check-up
- Quick and effective strategies to increase your relational well-being

OTHER IMPORTANT CONSIDERATIONS

- Last remarks
- List of helpful resources

TAKING CARE OF YOUR BOAT



I would first like to start with an image I use with my cancer patients to help reorient where we focus our energy in time of tremendous adversity (seems like facing a global pandemic applies).

Imagine that life is a journey on the ocean and you are the boat. Most of us spend our lives trying to control the waves. Unfortunately, while being quite compelling, this exercise is futile. We do not control the waves to come (size or frequency). If we spend most of our energy trying to prevent the waves from coming, we can get exhausted and disappointed. We become resentful when we compare ourselves to others who appear to have a calmer ocean to navigate or feel ashamed of ourselves for struggling with tidal waves. What I am proposing is not to become hopeless and defeated about the lack of control we have over the waves but to redirect our attention and energy towards the boat. You see, in this quest to control the ocean, most of us have forgotten to take care of **our boats**.

If you nurture your ship and invite others to join you on your journey, then when you hit a wave head on (not if, but when), you have a fighting chance to get through it, bounce back and potentially grow from the experience.

Now for frontline workers, I would like to add to this image:

A sinking ship can't help other vessels (patients, family, community) steer the course. A captain at the bottom of the sea seems far less helpful, don't you think? Taking care of yourself is not selfish but an act of kindness towards us all who depend on you.

UNIQUE CHALLENGES OF HEALTH CARE PROVIDERS

COMMON REACTIONS DURING CRISIS

Ramping up to crisis

- Anticipatory anxiety (what if ?)
- Feeling overwhelmed
- Frustrated with decision-makers (system)
- Irritation with communication issues
- Perceived lack of control
- Uncertainty about role, tasks or what guidelines applies (vs general public)
- Information overload/oversaturation
- Stress related to trial and error of dealing with an unprecedented event
- Sleep problems and anxiety

In the thick of it

- Feeling conflicted between responsibilities and obligations (professional, family, community)
- Tensions with coworkers (tension between professions, specialties, hierarchies)
- Us vs them (general public vs health care providers)
- Ethical and moral dilemmas
- Helplessness and exhaustion
- Difficulty meeting the demands of the workload
- Fear of infecting self or family members
- Anxiety related to knowing colleagues who are infected at work
- Being in "go mode" (task-oriented, survival mode)
- Feeling detached
- Increased irritability

When the dust settles

- Feelings of exhaustion
- Recovery period
- Potential for trauma-related reactions (for ex., PTSD, depression and anxiety)
- Potential growth and lessons-learned

The main takeaways from this page are the following:

- If you are experiencing stress and exhaustion, you are most likely a normal human being with a nervous system and a brain (welcome to humanity).
- Your reactions to COVID-19 are most likely not going to be linear or static. You may experience a back and forth of these experiences (sometimes feeling on top of it and sometimes feeling like you are struggling to catch-up). Hence, the importance of checking-in with yourself (see next sections).

UNIQUE CHALLENGES OF HEALTH CARE PROVIDERS

STRENGTHS AND RESILIENCE

While it seems crucial to highlight the common negative reactions health care workers may experience in a time of crisis to validate, normalize and hopefully bring some self-compassion, it is important to recognize that health care providers are a force to be reckoned with.

When we struggle, it does not mean that our inner resources are gone (although it may feel like it). Yes, in a time of increased stress and when our limbic system is constantly being triggered by signs of threats and danger, our lovely prefrontal cortex (involved in planning, future-oriented thinking, actions and emotion regulation) tends to go *off-line*. This makes sense, if a tiger is running after you, you do not have time to wonder what motivations or intent this tiger has for you or spend some time pondering about the best course of action. Your limbic system takes over. You automatically go into one of these four stress response modes: fight (get angry, fight back), flight (run away, avoid), freeze (disengage and immobilize) or fawn (comply to save yourself). During this global pandemic, these same survival responses are getting evoked by someone coughing in their bare hands at the supermarket, standing less than 2 m away from you, news feeds about the lack of PPE or seeing your neighbours not complying with Public Health Agency recommendations while you are driving to work.

Consequently, you may be experiencing a wide range of emotions and reactions that are not typical of your calm and perspective-taking nature. Be reassured, this individual is still in you. By being able to slow yourself down, connect with others, you will find your way back. Human beings, especially health care workers, are quite resilient. It is important to remember that you have experienced struggles and hardships in your lifetime and you survived. These experiences allowed you to build tools, resources, perspectives that can be useful today. You also are well trained. Yes, you may not know everything there is to know about COVID-19, but you are a health care **professional**, that means something. Remember that (until your limbic system takes over again).



UNIQUE CHALLENGES OF HEALTH CARE PROVIDERS

COMMON PITFALLS: THE BURDEN OF THE SUPERHERO



The only mask you should be wearing is a medical mask; please discard the infallible mask, as research has shown it suffocates its users.

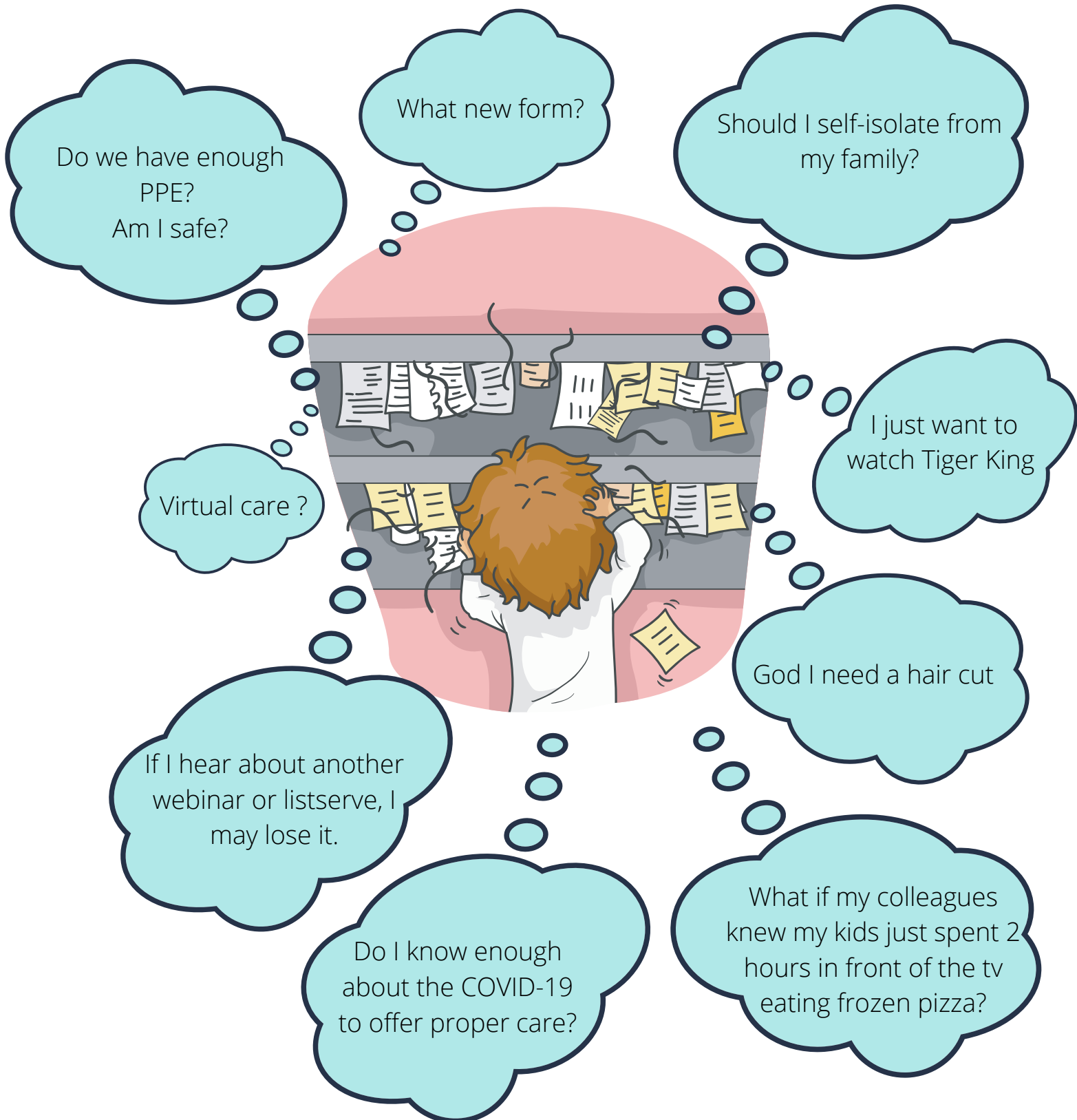
Now this will seem completely contradictory to the last page, but it is not. Yes, you are a resourceful human being and it is important to feel empowered during a crisis. This being said, being a superhero does not mean being infallible. If you are a human being with a brain (and for the purpose of my argument, I will assume this to be true), you are vulnerable.

Health care providers are taught to put the needs of their patients first, to push through, to value achievement and excellence, but these "teachings" often come at a cost. It has almost become a badge of honour to be chronically exhausted, selfless and have the capacity to go through a full day of work without eating or taking a bathroom break. I would encourage you to be mindful of this as this "health care culture" often can make you believe that somehow, when you struggle, when you hurt, when you can't cope on your own, that you are failing (or worse, a failure). And this feeling of failure or imposter syndrome can become heightened at a time when the demands clearly exceed the resources (inner and outer). The worst part of it all is when we feel we are failing, we hide from others (shame protects us from being exposed and rejected from the pack) and we may not seek support. All superheroes have their own insecurities and need to lean on someone. Batman had Robin, The Avengers clearly had to succeed by working as a group and Elsa desperately needed the help of Anna (if you did not get this last reference, you do not have a child under the age of 10).

“WHEN I SEE PEOPLE STAND FULLY IN THEIR TRUTH, OR WHEN I SEE SOMEONE FALL DOWN, GET BACK UP, AND SAY, ‘DAMN. THAT REALLY HURT, BUT THIS IS IMPORTANT TO ME AND I’M GOING IN AGAIN’—MY GUT REACTION IS, ‘WHAT A BADASS’”

BRENÉ BROWN

HEALTH PROVIDER'S MIND DURING COVID



CHECK-UP AND STRATEGIES FOR WITHIN



WHAT'S YOUR MENTAL BANDWIDTH?

At a time of virtual care, you hear a lot about your internet bandwidth, but what about your mental bandwidth? The next section is dedicated to exploring where you spend your mental energy.

Q1. DO YOU HAVE ANY TIME IN YOUR DAY THAT IS NOT FILLED WITH THINKING ABOUT OR TALKING ABOUT COVID-19?



What is the first thing you do when you wake-up ?

- Do you wake-up staring at news updates on your phone?



Do you spend any time during the day doing non-COVID-related activities?

- Do you spend time discussing non-COVID-related events and news?
- Do you engage in pleasurable and self-care activities?



When socializing with colleagues, friends or family, how much time is spent on COVID-related issues?

HELPFUL STRATEGIES

- Wake-up with an old-fashioned alarm clock instead of your phone (if you do not have an alarm clock ask a Baby Boomer near you) to avoid checking messages or seeing news alerts as soon as you wake-up.
- Try to do your morning routine (for ex, personal hygiene and breakfast) without consulting news feeds. Basically, when you take a shower in the morning, try to stay "in the shower," what is the sensation of the water on your body ? Smell of the soap ? You can't solve a pandemic in your shower.
- When driving to work, consider putting on music that makes you feel good, empowered or allows you to positively reminisce.
- Protect some time at the beginning of a virtual social gathering (especially if your friends tend to be health care providers) to discuss anything but COVID. By protecting time at the beginning, it allows you to have the option of signing off once the conversation steers to the virus.
- If need be, make requests to loved ones to have some non-COVID-19-related conversations and explain why that would be helpful for you. Friends and family may appreciate the opportunity to be supportive in this way and are likely unaware of the impact that focusing only on COVID-19 may be having on you.

CHECK-UP AND STRATEGIES FOR WITHIN



WHAT'S YOUR MENTAL BANDWIDTH?

Q2. WHAT IS YOUR MOTIVATION TO SEEK INFORMATION?

If you are feeling oversaturated but can't seem to stop yourself from reading research articles, COVID statistical reports, emails and registering for webinars, just take this moment to take a breath, ground your feet on the floor and kindly check-in.

1. DO YOU NEED THIS INFORMATION TO DO YOUR JOB TODAY OR TOMORROW?

Will this information make a difference in how you are going to treat patients today or tomorrow?

- Does knowing the statistics about the number of COVID-19 cases in the world change your practice?
- If you do not have this information, will it put your patients at imminent risk?

IF THE ANSWER IS NO, YOU MAY WANT TO LET GO AND DO AN ACTIVITY THAT BRINGS YOU MEANING OR PLEASURE.

IF NECESSARY, BOOKMARK THE INFORMATION AND TELL YOURSELF THAT IF NEED BE, YOU CAN GO BACK TO IT. ITS OK TO LET GO FOR NOW.

2. ARE YOU ON AUTOMATIC PILOT?

Sometimes when we are in survival mode, we go on "automatic pilot" and become less mindful of where we spend our time and energy. Remember the time that you drove home from work without truly being behind the wheel? It may sound contradictory. If I am exhausted why am I not slowing down? Likely because you have trained yourself to "push through" and disconnect from yourself. All humans can be susceptible to this, especially under stress. It can be a useful strategy in the short-term, but as with driving, if you do not pay attention you may hit a wall.

IF THE ANSWER IS YES, JUST TAKE A MOMENT (15 SECS) BEFORE SEEKING COVID-19 INFORMATION, TO SLOW DOWN YOUR BREATH AND GROUND YOURSELF USING ONE OF YOUR 5 SENSES:

- Notice the sensations of your feet on the floor, feel your back on your chair, describe the taste of your coffee in your mind, notice the colours on your screen or pay attention to sounds around you.

CHECK-UP AND STRATEGIES FOR WITHIN



3. ARE YOU GETTING HIJACKED BY PERFECTIONISM?

This is the section where we will be discussing “your friend John” as surely this does not apply to you. You are just someone with high standards, who strives for excellence. Right? Nonetheless, I invite you to review this next session just in case you recognize yourself.

You are allowed to want to succeed or be competent at your job. All patients appreciate this about you. The problem arises when the main motivator behind the behaviours (for ex., reading on or preparing for COVID-19) mostly resides in wanting to avoid feeling like a failure, incompetent or not good enough, instead of conscientiousness or a realistic appraisal of the situation. Given that your mental bandwidth may be currently compromised, it seems important to get curious about yourself. Are you adding too much pressure out of perfectionism?

EXERCISE:

Let’s just imagine you are at work and your colleague Mary says: “I just spent the whole evening reading on the new research related to COVID-19. There is so much to know.” What’s your first reaction?



- OMG what new research? I need to catch-up on my reading tonight. I will cancel my virtual social gathering.
- I am feeling so exhausted, I would never have time to do this, what is wrong with me? I am not as competent as Mary.
- Good, someone has done all the hard work for me! I should ask her to summarize.
- I wish I had the time to do the same, but I don’t and that’s ok.
- Mary should get a life. She is so annoying. Can’t wait to complain about her at lunch break.

CHECK-UP AND STRATEGIES FOR WITHIN



3. ARE YOU GETTING HIJACKED BY PERFECTIONISM (CONTINUED)?

In short, did hearing Mary talk about her reading performance made you feel good or bad about yourself? If it triggered thoughts related to your lack of ability or competence or generated some anxiety or anger, you may have a perfectionistic side to attend to.

Not convinced? Here are other examples of potential perfectionism:

- Even in the crux of a global pandemic, you still hold the same strict standards for yourself (i.e., you aren't adapting your expectations to the context).
 - I should be able to get the job done, be as efficient as before in all spheres (work, family).
- Your mind is dragging your body on most days.
 - When your body sends clear signs of exhaustion or other cues that basic needs are not attended to, you refrain from making adjustments.
- Your mind is full of signs that you are failing, and evidence of your successes or competence are not at the forefront.
- When you make a mistake or your performance is not flawless, you feel ashamed and embarrassed and fear being alienated from your peers.
- When things don't go as planned, you often get irritable or blaming.



SELF-REFLECTION (MIND)

After reading the last section you may want to take some time to reflect on how the information presented applies to you.

A. WHAT ARE YOU ALREADY DOING WELL?

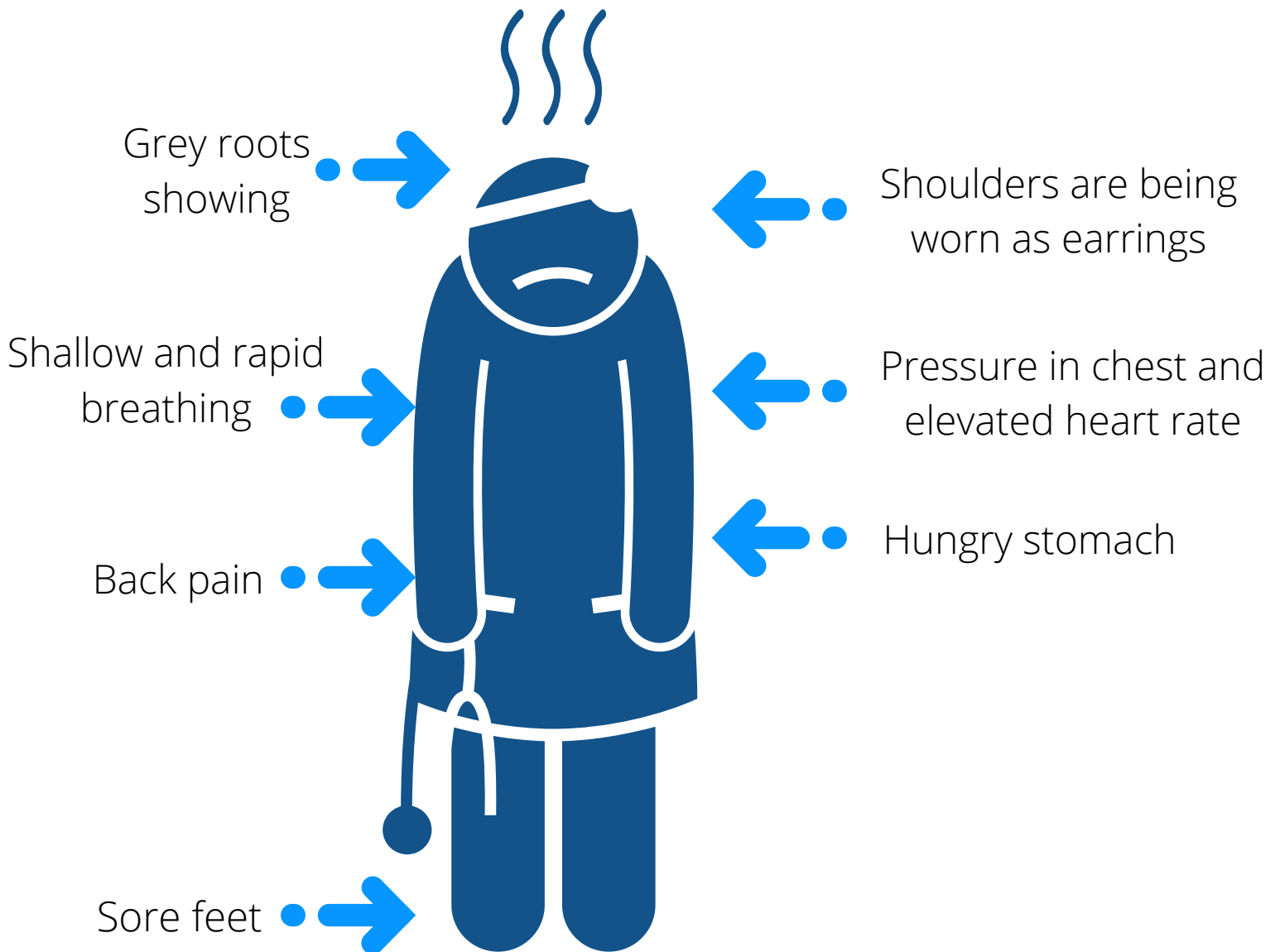
Can you identify (even if only 1 thing) something you are doing well? Maybe you already try to minimize the time you read COVID-related information or have started to set more realistic expectations for yourself given how long this pandemic is lasting.

B. WHAT COULD YOU START TO IMPLEMENT?

This will be reinforced throughout this workbook. This isn't the time to try to change significantly. Try to focus on small steps. They may seem like nothing at the time, but it is best to cumulate small steps and achieve gradual, incremental benefit than to try to implement big changes, get overwhelmed and quit.



HEALTH PROVIDER'S BODY DURING COVID



CHECK-UP AND STRATEGIES FOR WITHIN



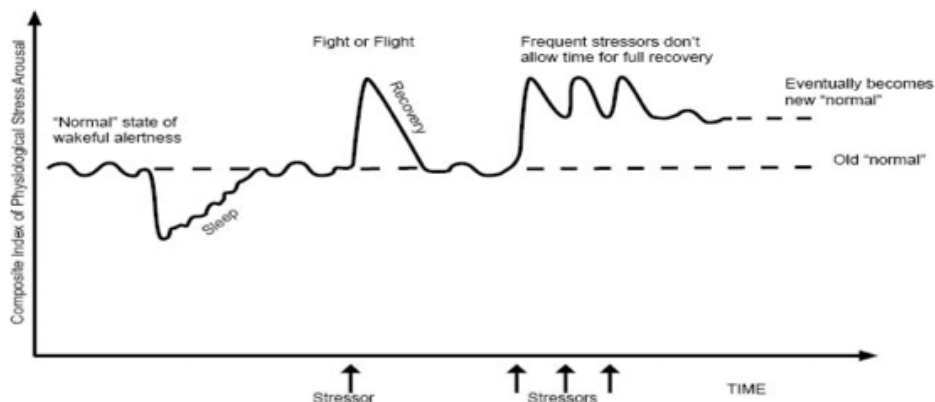
WHAT IS YOUR BODY TELLING YOU?

YOUR NEW NORMAL

When our brain perceives a threat, our nervous system responds accordingly. Automatically, a cascade of physiological, psychological and emotional changes occur to increase your chances of survival. These evolutionary responses were historically characterized as fight or flight. Now we know that the picture is a little more complex and other defensive strategies can also be activated by your nervous system, such as the freeze response (play dead) and fawn response (I will give you what you want so you will stop and go away), but for now let's focus on fight or flight.

These defensive reactions were meant to help us respond to acute stressors. For example, your heart may start to beat faster to increase the flow of oxygen and blood to important muscles in your body, your breathing will become shallow and rapid to increase the intake of oxygen, your muscles will get tense to get you ready to act. You may start to feel more alert and stronger. You may get scared of these changes, but know that all of these reactions are adaptive and not dangerous. But what happens when the stressor is ongoing or multiple stressors are present and your body does not go into a full recovery period to recharge? As in a global pandemic?

You may start to experience this increased state of arousal as your “new normal” and potentially lack awareness of the shift that has occurred. The following conceptual model for workplace stress experienced by health professionals gives a good visual representation. This means that increasing your awareness of your “new normal” and taking extra steps to calm your nervous system may be warranted during this pandemic.



CHECK-UP AND STRATEGIES FOR WITHIN



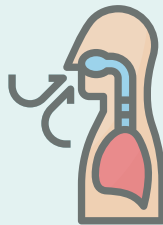
HOW TO CALM YOUR NERVOUS SYSTEM DOWN?

Breathing

It's quick, effective, free and you should always have your lungs with you.

Take some time during the day (before doing a task, before entering your home) to do a breathing exercise, such as this one:

- Sit comfortably with feet on the floor
- Inhale deeply for 4 secs
- Hold for 2 or 3 seconds
- Exhale slowly through your mouth (6 secs)
- Repeat 4x
- Notice your body



Nutrition

Try to eat balanced meals to get the right "fuel" to your brain.

It is tempting to skip meals, but think of nutrition as a performance enhancing strategy. Your concentration level, energy and mood are all dependent on what goes into your body.



Try to eat mindfully: savour the taste,, listen to your body.

Hydration

How often are you peeing during a work day?

If the answer is almost never, you may want to try to increase your water intake. Dehydration is not good for concentration and energy levels.



Stretching and relaxation

Take a moment to stretch (for ex., in-between patients). If possible, incorporate yoga into your self-care routine.



- Try the following:
- Progressive muscle relaxation*
- Body scans*

*see resources at the end of this workbook

Sensory grounding

- Put an ice pack on your chest and feel the cold.
- Stop and notice the sounds around you.
- Concentrate on the soap and water when you wash your hands.
- Hold a mug of coffee or tea and feel the warmth.
- Smell something that triggers positive memories/states (candle, essential oils).
- Look around you and name 5 things.
- When sipping your water, notice the taste and describe sensations in your mind.



Physical exercise

You are not able to go to the gym, but there are multiple creative ways you can get regular exercise in your routine.

- Go on Youtube and find a free 10-min workout.
- Take the time to go for a run or a walk.
- Check with your gym membership. A lot of gyms are offering virtual workouts.
- Take the stairs at work instead of the elevator .
- Dance in your living room or ICU.
- Play outside with your children.



CHECK-UP AND STRATEGIES FOR WITHIN



HOW TO CALM YOUR NERVOUS SYSTEM DOWN?

Sleep

During a time of crisis, sleep disturbances are to be expected. Sleep difficulties can especially be present for individuals who work shifts, like some health care workers.

The main objective in this moment could be trying to minimize developing performance anxiety over your sleep or catastrophize over the lack of sleep. The reframe is the following : sleep deprivation is your friend. If you are deprived of sleep, your brain and body will adapt and give you deeper (restorative) sleep on the next night. Therefore, on a bad night, instead of focusing on all the negative outcomes of your lack of sleep on your day tomorrow, focus on how your sleep will be amazing the following night.

You may also want to try to limit engaging in behaviours that are incompatible with sleep. You will find below a list of such behaviours and potential strategies, but more comprehensive resources are available and listed in the resource section of this workbook.



Even on days off, try to wake-up at the same regular time (and try to go to bed around the same time too). If not possible, try to aim for smaller windows of when you go to bed and when you wake-up.



You want to train your brain to associate your bed with sleeping. To optimize this, when you are in bed, you should be sleeping and avoiding doing activities (other than sex).

- Try to refrain from reading or watching t.v. before bed
- Try to limit intense conversations about anything (but especially COVID-19) in bed.
- You may want to turn off all devices (yes ,even your phone) 30 min before bed. Screentime can interfere with your ability to fall asleep.
- If you wake-up during the night and can't fall asleep in approx 20 or 30 min, go to another room, do an activity that is not too exciting (I won't judge if you read this workbook), and only go back to bed when you are **sleepy**.
- Avoid "snoozing" in bed (I know this one is so hard, believe me, but it's effective).

Other tips: make sure your room is dark (cavern-like), between 15 and 22 C & before bedtime, avoid activities that may increase your body temperature (exercise, bath) or eating a heavy meal.

Keep on your radar

When we aren't sleeping well, we may be tempted to turn to alcohol as it helps you fall asleep. The drawback is that alcohol usually impedes on your quality of sleep. You may wake up feeling less rested. If you are already not getting a lot of sleep because of your work schedule, it would be great if the time you spent sleeping was restorative.

CHECK-UP AND STRATEGIES FOR WITHIN



HOW TO CALM YOUR NERVOUS SYSTEM DOWN?

Social connection

While there is a specific section on relationships in this workbook, it is worth mentioning repeatedly: relationships matter. Especially during a time of crisis: your body/nervous system needs them.

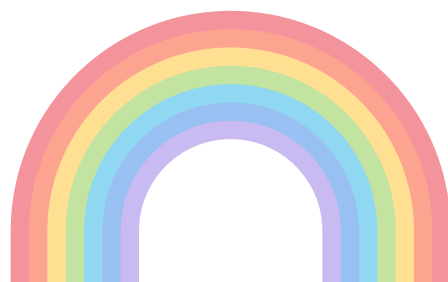
Yes, we have to PHYSICALLY distance from one another but that doesn't mean we have to SOCIALLY distance ourselves.

Our brains are wired for survival. Consequently, we tend to pay more attention to negative or threatening cues in our environment than cues of safety. This makes sense, as ignoring a shark or a snake would likely represent a greater risk to your survival compared to overlooking a goldfish or a flower.

This wiring also means that we may overestimate the presence of negative or dangerous events and quickly activate our defensive responses, especially if we're going through a global pandemic and are bombarded by negative information in the news (for ex., lack of PPE, politicians making confusing statements or individuals taking advantage of the situation).

In these times, cognitive reframes or behavioural strategies may not be sufficient to calm our nervous system down. We need to use something else we are wired for : connection! No pun intended.

Human beings are social mammals. We need emotional connection as much as we depend on water and food. Cues of safety from others (for ex., soft tone of voice and kind smile) can help us modulate our fight and flight responses. Being touched by a loved one (that lives in your household, that has washed their hands ... we now have to specify ... this is the new COVID reality) can also reduce your stress levels.



SELF-REFLECTION (BODY)

After reading the last section you may want to take some time to reflect on how the information presented applies to you.

A. WHAT ARE YOU ALREADY DOING WELL?

B. WHAT COULD YOU START TO IMPLEMENT?

Again, just try to see if you could start to slowly shift something in the following areas:

I will attempt the following strategie(s) to calm my nervous system down at work:

Is there any sleep-related improvement that I can make?

What does my support system look like and am-I reaching out enough?



HEALTH PROVIDER'S EMOTIONS DURING COVID



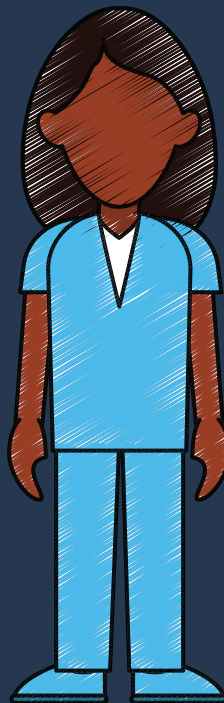
Why are we not getting more supplies ? Why are these people not staying home? Do you know what I would pay to binge on Netflix and complain about my kids?!



I don't want to be exposed or expose someone I love. I am afraid to lose people I love. There is so much uncertainty.



I miss my friends and family. All this suffering is a lot to cope with. I care so much for my patients.



All those signs of support from the public and my family make me proud. I am happy to be contributing. Let's do a happy dance, someone has recovered!

CHECK-UP AND STRATEGIES FOR WITHIN

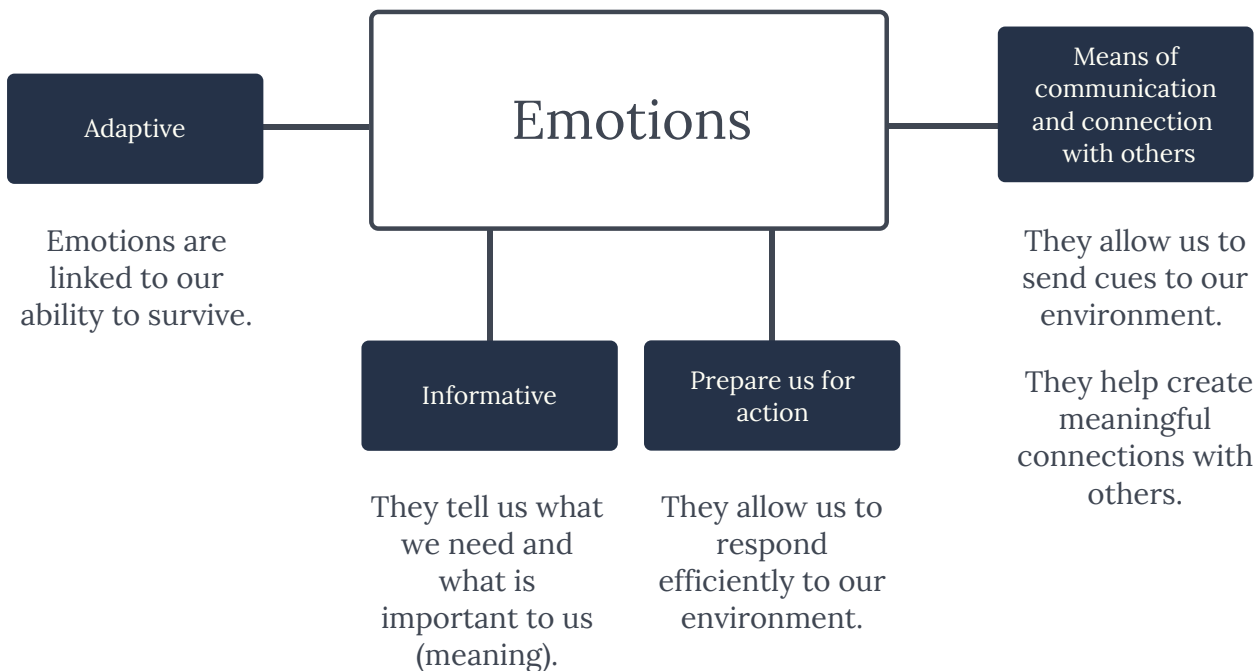


WHAT IS YOUR EMOTIONAL BANDWIDTH?

HOW ARE YOU?

Health care workers are especially good at asking others how they are doing, but how often do you ask yourself the same thing?

While this workbook is not meant to be academic, let's spend some time discussing emotions, as they tend to get a bad reputation or be misunderstood. How often do we hear : this person is too "emotional," as if being "emotional" is second best to "rational?" As a health professional, you may have learned to disconnect yourself or "compartmentalize" from your emotions to do your work effectively and put the needs of others first. This makes sense, no one wants an ICU doctor who is expressing their self-doubt about their ability to treat you, a respiratory therapist who is telling you about how scared they are of being infected or a pharmacist crying as they are filling your prescription. However, when your emotions do not get enough "air time" they may start to show up in unexpected places; others may see you as cold or difficult to connect with and you may start to engage in behaviours to manage or suppress your feelings that lead to other difficulties (for ex., addiction). If you are shutting down your emotions, you are also missing out on a lot of interesting information about yourself.



CHECK-UP AND STRATEGIES FOR WITHIN



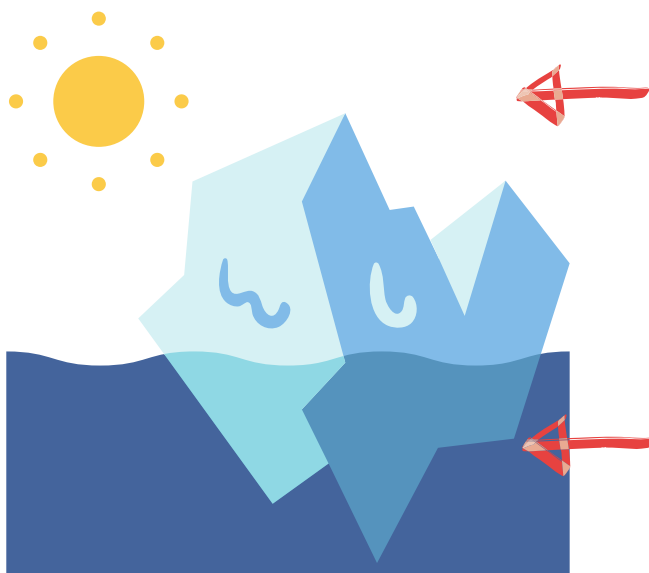
WHAT IS YOUR EMOTIONAL BANDWIDTH?

WHERE ARE YOU AT AND WHERE DO YOU GO?

Emotions are complex and include several components and systems (for ex., cognitive, perceptual, and motivational).

Simply said, when you are feeling afraid, your mind is full of frightening thoughts derived from how you perceive yourself and the world; your body reacts accordingly (for ex., elevated heart rate, pressure in the chest, gut acting out) and you are compelled to go into action (fight, flight, freeze or fawn). Understanding how you feel means understanding all of these facets.

To add even more complexity, what you experience as your main emotional experience may actually be a “reactive feeling” to a more vulnerable one that is not as accessible to you. For example, you may show anger (secondary), when you feel sad (primary). Let’s take the image of the iceberg to illustrate the concepts of secondary and primary emotions.



What you show: Secondary emotions

- Your reactions towards your primary emotions.
 - For ex: getting angry when scared
- How you cope with your vulnerability.
- What you show the world.

Under the surface: Primary emotions

- Your "gut" response to what is happening.
- Usually leaves you feeling more vulnerable (for ex., fear and hurt).
- Related to your needs, especially attachment needs (to be seen, comforted, reassured).

If you want more information, watch the short youtube video: Alfred & Shadow - A short story about emotions (education psychology health animation. <https://www.youtube.com/watch?v=SJOjpprbfE>)

Source Elliott et al. (2004)

CHECK-UP AND STRATEGIES FOR WITHIN



WHAT IS YOUR EMOTIONAL BANDWIDTH?

WHERE ARE YOU AT AND WHERE DO YOU GO?

WHY DOES IT MATTER TO DIFFERENTIATE MY PRIMARY FROM SECONDARY EMOTIONS?

- 1) Your primary emotions hold important information about yourself. If you lack awareness of what's under the surface and are stuck in your secondary emotions, you may direct your actions toward something that is not satisfying or truly aligned with your values and needs.
- 2) If what you show others (communicate verbally and nonverbally) is often related to a secondary emotion, it is more difficult for others to give you what you need and be responsive to you.

SOME EXAMPLES

- If you are feeling afraid and scared regarding the lack of PPE and you start telling your manager that she is a complete idiot, she may not be as collaborative.
- If you are sad and feeling overwhelmed but you are telling others that you are fine because you feel embarrassed or ashamed, then others are less likely to try to comfort or reassure you.

CHECK-UP AND STRATEGIES FOR WITHIN



WHAT IS YOUR EMOTIONAL BANDWIDTH?

WHERE ARE YOU AT AND WHERE DO YOU GO?

EXERCISE:

Take a breath and ask yourself:

- 1) What is going on inside of me?
 - What is my body telling me (am I tensed, relaxed, agitated)?
- 2) What does it feel like inside of me?
 - Does it feel good/bad inside? Comfortable/uncomfortable?
 - Try to see if you can connect a word, image or even colour to your inner experience
 - Notice what happens when you do so (do you get calmer/agitated)
- 3) Try to see if you can identify if this is a reactive experience (secondary emotion) or a primary one.
 - What is really going on inside of me?
 - Am I reacting to something deeper? Am I being triggered by a raw spot for me?
 - What do I truly need in this instance?
 - Is what I am showing others consistent with what goes on inside of me?
- 4) Offer yourself compassion, kindness and acceptance (this can be tricky for most, the next section will address this)

Research has shown that just by slowing down and labelling emotional experience, we can feel some release of tension. Once you start to calm down, you can explore what is going on (differentiate secondary from primary and identify your needs and actions that need to be undertaken).

A word of caution

There are moments when engaging in deeper exploration of your emotional world may not be appropriate. While not a complete list, here are examples:

- 1) If you are in crisis mode or emergency;
- 2) If you are emotionally overwhelmed;
- 3) If you have experienced traumatic experiences and connecting with your body and emotions is threatening or overwhelming;
- 4) If you tend to engage in self-harming or impulsive behaviours.

*For these situation distress tolerance tools and support from mental health professionals is more appropriate.

CHECK-UP AND STRATEGIES FOR WITHIN



WHAT IS YOUR EMOTIONAL BANDWIDTH?

BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

When we identify what goes on inside of us, it may also be interesting to explore from what vantage point this exploration takes place. Are you critical or judgmental about your experience (for ex : what is wrong with me, I should get a grip, if others see me like this, they will think I'm weak)? Do you tend to catastrophize (OMG, if I let myself feel sad, I will get depressed or others will reject me)? Do you shut it down right away (OK, enough, let's move on)? Are you kind and curious about your experience (oh, look at that, I am feeling sad today, that makes sense, there is so much going on, what does this sadness tell me I need, I'll go share this with Pat)?

If you are laughing or rolled your eyes at the last one, I invite you to get curious about this reaction. Isn't it interesting that most of us think it's foreign or silly to be kind and compassionate to ourselves, but have no problem being harsh, critical and fearful towards our inner worlds? Isn't it interesting that if a good friend or patient were experiencing the same feelings, we would have a kinder outlook on them?

While the reason for this is outside the scope of this workbook, it's important to understand that human beings are highly dependent on their attachment figures (usually the primary caregivers, such as the parents) to develop their emotion regulation capacities. By their responses (or lack of response), our attachment figures lay the foundations for how we will relate to ourselves (inner world) and others (environment). In an optimal scenario, our primary attachment figures are a: 1) safe haven and 2) secure base.



Safe Haven
The nest is safe

Comfort
Love
Safety



Secure Base

Leaving the nest is encouraged

Promotes exploration,
growth and curiosity.

CHECK-UP AND STRATEGIES FOR WITHIN

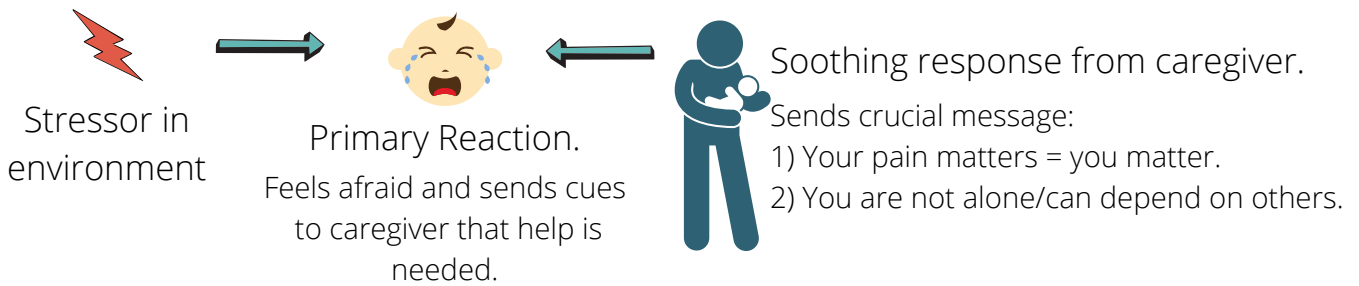


WHAT IS YOUR EMOTIONAL BANDWIDTH?

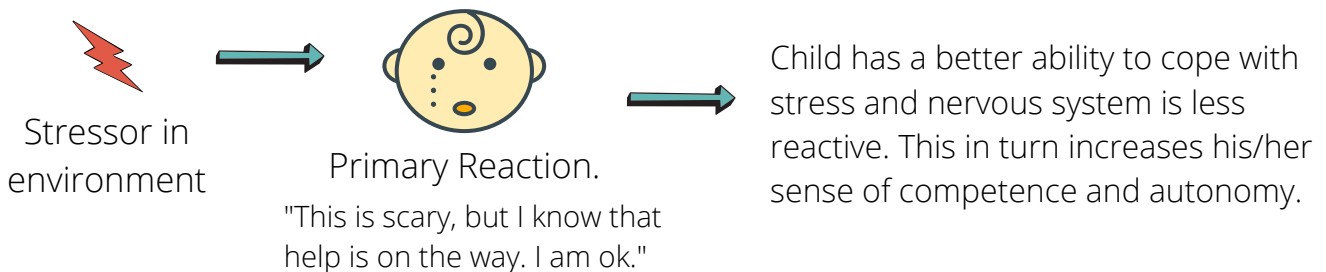
BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

Here is an oversimplification of what happens when safe haven and secure base are consistently (not perfectly) present:

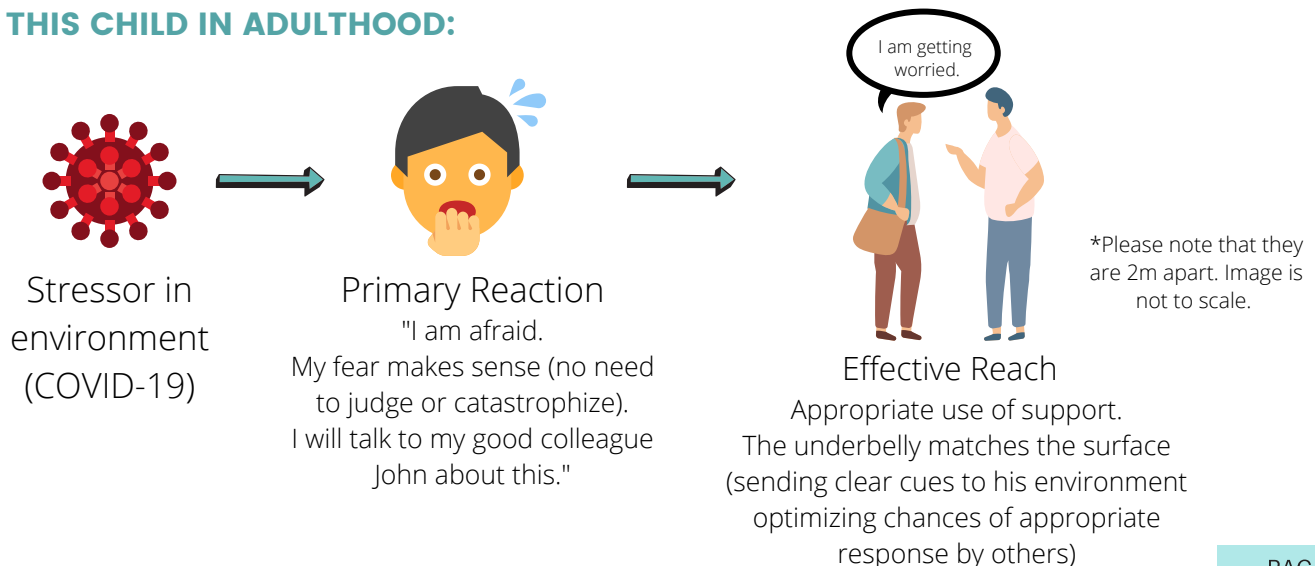
IN CHILDHOOD:



Over time (after 1000 stressors and consistent soothing of caregivers)



THIS CHILD IN ADULTHOOD:



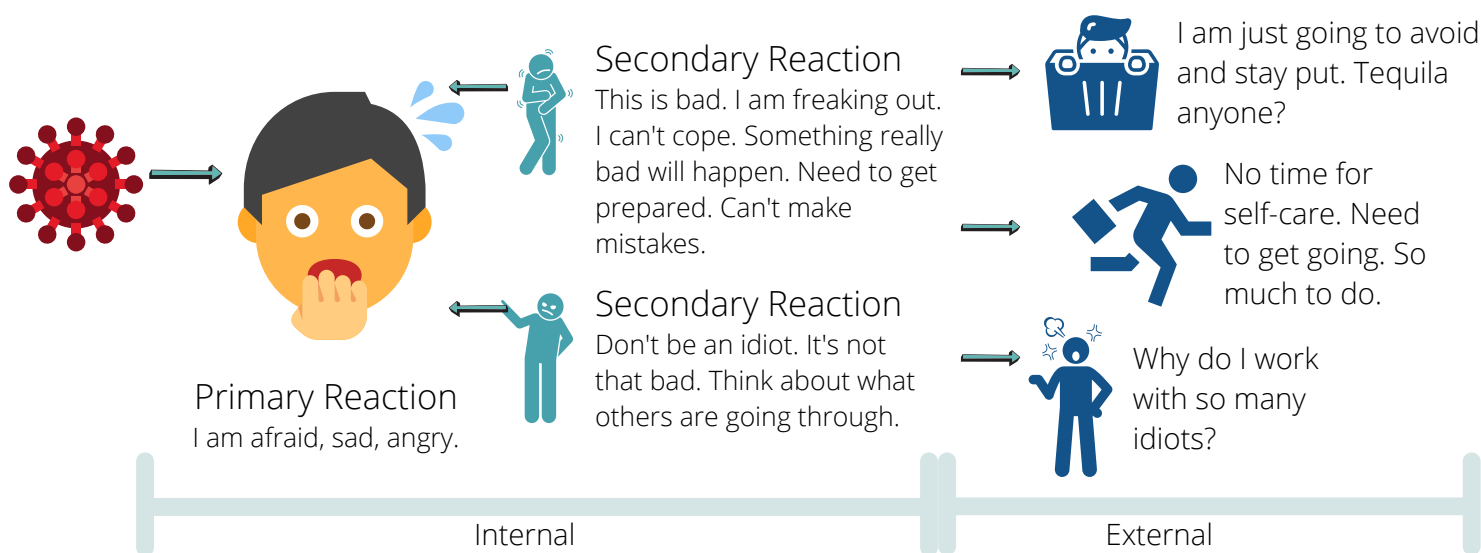
CHECK-UP AND STRATEGIES FOR WITHIN



WHAT IS YOUR EMOTIONAL BANDWIDTH?

BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

If instead of offering secure base and safe haven, your primary caregivers were consistently critical, invalidating, absent, neglectful, or abusive, you may have internalized these reactions towards you and look like this in adulthood:



This is not the “blame the parents” section of the workbook, but it highlights that for a lot of individuals, parents—for often very valid reasons—did not have the opportunity, experience or capacity to offer a consistent safe haven or secure base to their children. Caregivers themselves are quite vulnerable to external factors (familial, cultural, economical, societal) that may have influenced how they empathized with their own children’s vulnerabilities. The main objective of this section is to optimize your curiosity about how you relate to yourself, offer some ideas on what could have contributed to how you cope, and hopefully increase your self-compassion.

While it is easy to judge our secondary reactions, they once served us well. For example, if you had no one to turn to when you were growing up, it fits that you’ve learned to disconnect from your feelings and hide them from others. If people were not attentive to your needs, it is congruent to amplify or demand that your needs be met. If you were raised by parents who were critical, it makes sense that you internalized high standards for yourself to maintain a good relationship with them.

CHECK-UP AND STRATEGIES FOR WITHIN



WHAT IS YOUR EMOTIONAL BANDWIDTH?

BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

Now that you are aware of what goes on inside of you and potential ways that you relate to your pain and struggle, "what next", you say? For most health professionals, a ballistic approach to difficulties has been so engrained, given your training, that you relate to your inner experience the same way. The idea of lingering on your experience to increase your awareness, acceptance and compassion may seem like a futile exercise. Most health professionals are trained to identify a problem, make a diagnosis and fix it!

This is where I refer to two of my favourite quotes from psychologists:

"The curious paradox is that when I accept myself **just as I am** , then I **change**"

-Carl Rogers

"One cannot **leave** a place until one **has arrived** at it"

-Leslie S. Greenberg

Acceptance does not mean the same thing as "not caring" or "not trying" or "giving-up". Quite the opposite, acceptance is difficult, requires practice and is a life-long journey (even for psychologists). Acceptance means that I make space for all parts of myself (the ones I like and those I feel less comfortable with). If shame or anxiety prevents us from fully looking at who we are, then we can't make changes or act in a way that feels fulfilling and meaningful. We get stuck.

Sometimes we can feel at war with ourselves or hold very conflicting views. Instead of trying to "figure it all out" or "fix it", acceptance invites us to get curious and notice the complexity within us. The important part here is to do it from a place of curiosity and compassion (vs judgment). If this seems too complicated for you, watch the movie Inside Out (yes it's a children's movie, but all adults should watch it).

CHECK-UP AND STRATEGIES FOR WITHIN



BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

I SEE YOU AND YOU ARE OK

To cultivate a stance of curiosity and acceptance towards yourself, it may be useful to consider yourself as a human being with different parts. This is not equivalent to having a split personality! It's a suggestion on how to relate to yourself. Parts language (i.e., **part of** me is feeling X vs. **I am** feeling X), can be useful for two reasons:

- 1) The human experience is complex; we can hold different, even conflicting views/feelings about the same event (for ex., a global pandemic);
- 2) Vulnerable **parts** do not seem as overwhelming (i.e., if part of myself is sad then other parts may be happy or nurturing vs. I am all sadness).

This language gives us the working inner space to be curious. Said differently, if you are feeling like you are drowning, you may not get too curious about the water or why you decided to go swimming during a storm on your own. In contrast, if you look at **a part of** yourself that seems to be drowning **from another vantage point** (i.e., a nice comfortable boat), you may be more willing to explore why you went swimming and are now drowning. It will still be uncomfortable to observe, but it seems more manageable.

EXERCISE: SELF-COMPASSION

- When it feels appropriate to do so, sit comfortably.
- See if you can slow down your breath and close your eyes (if possible, if not, that's fine).
- Then, try to connect with a wise, nurturing, and compassionate part of yourself. You may want to evoke it by thinking of someone you love or a time in your life where you felt grounded. For others it may come when imagining a nature scene (water, forest).
- Imagine that you're sitting on a bench or in a comfortable, safe place of your choice (real or imagined). Notice the sounds, colours, and smells. Make it as vivid as possible.
- Then invite a part of you that seems to be struggling (for ex., a part that is afraid, sad, overwhelmed). It may be useful to view this part as a small child or younger part of you.
- At first, just let this vulnerable part know that you see them. Don't try to rush into a full-blown dialogue at this point. Just notice what happens inside when this part feels acknowledged/seen
- If it feels comfortable to do so, you may want to share your kindness and compassion to this part by saying what feels congruent/authentic at the time (for ex., I get it, your pain moves me, it's OK that you are struggling, I am here with you, you matter to me, what do you need right now from me)?
- Check-in to see what this feels like in your body.
- End when it feels OK to do so and thank the part that is struggling for showing up.

CHECK-UP AND STRATEGIES FOR WITHIN



BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

SUFFERING IS A COMMON HUMAN EXPERIENCE

If you struggle to offer yourself self-compassion at this point (that's OK) you may want to try the previous exercise but imagine bringing in people that were or are caring and nurturing to you. They can be from your past, your present, even symbolic or religious figures. Cherished pets are also welcome. The objective is to bring "inner allies" that will help you soften and soothe difficult and uncomfortable feelings (instead of going into judgment or catastrophizing).

Now, I know some of you may be saying: when do I have time for this ?! Here are some other exercises that are less time consuming and more suitable for the context of health care workers (although I would argue that if you have time to criticize yourself in a day, even during a pandemic, you have time to be kind, but I digress).



Put your right hand on your heart/chest and gently rub in small circles. Feel the heat that gets generated. Try other nurturing gestures (rubbing your arm, hugging yourself).



Take a self-compassion break* and say to yourself:

- This is a moment of suffering
- Suffering is part of the human experience (I am not defective for feeling this way, all human beings have moments of suffering)
- Express kindness to yourself (may I be kind, patient, understanding with myself).



Before a difficult task or work activity, bring to mind one or several of your personal allies (your inner gang members). Remind yourself that you are loved and that others have your back.

CHECK-UP AND STRATEGIES FOR WITHIN



BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

SPECIAL FOCUS ON ANXIETY: INVITING MARA TO TEA

I am not a Buddhist and Dr. Tara Brach explains this much better than me, but here is the main take away from the story. Mara, the Demon God, tried to prevent Buddha from reaching enlightenment. He pulled out all the stops (greed, jealousy, lust). Mara was not afraid to play dirty. Despite his efforts, he was unsuccessful and the Buddha found enlightenment. This defeat did not deter him from coming back from time to time to tease or distract Buddha. Buddha's allies pleaded with him to banish Mara or fight back, but in his infinite wisdom, the Buddha would only say: I see you Mara. Eventually, he even invited Mara to tea as a welcomed guest. Interestingly, Mara continued to come, have tea, but would not overextend his stay, allowing the Buddha to continue on his journey.

This story captures the essence of acceptance of all of our inner experience (radical acceptance). Nonetheless, I particularly like it for helping people deal with anxiety differently, which I assume some of you are experiencing (or at least, let's say your colleague, John). Often, when we are anxious, we just want to "get rid of it". We get scared about being scared, which fuels avoidance reactions. We avoid thinking or talking about what makes us anxious, we try to avoid the physical sensations related to the anxiety or refrain from exposing ourselves to situations, places or people that trigger it. Additionally, we may try to engage in behaviours to prevent the worst from happening because we believe that engaging in such behaviours will protect us (for ex., over-preparing, being overly cautious, repeatedly checking to avoid mistakes). While these avoidance and safety-seeking strategies provide relief in the short-term, they can contribute to maintaining the anxiety.

In short, if you do not invite your anxiety to tea, it may bother you for longer periods of time. If you do not allow it to enter, you can't experience seeing it leave. You get stuck in the anticipatory fear (what if??) and retain the belief that it would be unbearable should it come for a visit.

We have explored strategies that could help manage your anxiety (acceptance, self-compassion, reframes, calming your nervous system down), but the following page offers other interesting tools. They take a little more time but can be valuable to try.

CHECK-UP AND STRATEGIES FOR WITHIN



BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

SPECIAL FOCUS ON ANXIETY

EXERCISE: catastrophic scenario

- Quickly identify on a scale of 0 (no anxiety) to 10 (extremely anxious). How anxious are you before starting the exercise? /10. This will serve as your baseline.
- Now take the time to write on a piece of paper your worst-case scenario. Focus on one theme. What you are most afraid of. To help elaborate your scenario ask yourself: If this happens, what would happen next, then what? What would it mean about me/others? How would I feel? Try to use first-person present tense. Make it as realistic as possible (for ex., what would you see, smell, body sensations). Avoid including reassuring statements in your scenario.
 - For ex: *I am at work. I am seeing my first patient. I am unaware that this person has COVID-19. I give them proper care. I go to the next patient and I infect him. I do this all day. In the evening. I get a call: three of my patients have died. It's my fault. I am the one that infected them. I feel awful and ashamed. My stomach aches. My boss tells me I am fired and she will contact my college to report my negligence. I panic. I am found to have been neglectful. I lose my job. My husband can't stand to be with me. I get divorced. I am left alone. All my colleagues and friends think I am the worst person and they abandon me. I am broke in a small apartment with white walls. I am feeling depressed.*
- After writing this scenario, how anxious are you /10?
- Try to read it several times slowly and with intensity (you can also record yourself and listen to it). Stay in the catastrophic scenario, don't find solutions or analyze it (for now). Do not try to calm yourself down. The goal is to tolerate the anxiety and discomfort, immerse yourself in it. After each time, rate your anxiety.
- You can stop, when after reading the scenario, your anxiety has returned to your baseline (number you were on 10 before starting this exercise). What do you notice? Did your anxiety decrease each time you read the scenario?
- Following this exposure (and only after returning to your baseline), you may spend some time looking at your scenario and asking yourself:
 - How likely is it that all of these consequences/events happen to me?
 - Am I minimizing my ability to cope? At some point in the scenario, could I have intervened and modified the outcome? What resources do I have to cope with this scenario?

CHECK-UP AND STRATEGIES FOR WITHIN



BEFRIENDING YOUR EMOTIONS AND VULNERABILITY

SPECIAL FOCUS ON ANXIETY

EXERCISE: Postponing your worries

This exercise can be especially useful if you are struggling to fall asleep because you are worrying about something that is not under your control (for ex., what you said or did that day at work or worries related to the potential consequences of COVID-19).

- Every day, try to set some time to worry. That's right, it's called "worry time". You decide when and for how long. Taking 15 min is a good start, but you can take less time.
- When you start to feel overwhelmed with excessive worries (for ex., before going to bed or in the middle of the night), tell yourself: I will worry about this tomorrow during my "worry time." You can even write some words on a piece of paper on your nightstand. Then let it go. Ground yourself and breathe. If the anxious thoughts come back, tell yourself: Thank you mind, I will get worried about this tomorrow during my "worry time". The next day at 10 a.m., worry about what was bothering you for the allotted time.
- What do you notice? Are you as worried about this as you were last night?

Source Worry time is often used in Cognitive-Behavioural Therapy. Psychology Tools has an excellent workbook on how to manage uncertainty during this pandemic and includes postponing worry instructions. See end of this workbook for link.

EXERCISE: Thought Defusion

- When bothered by anxious thoughts, close your eyes or if this does not feel comfortable, stare at an area in front of you.
 - Each time a thought occurs in your mind you can imagine:
 - That you are in front of a stream full of leaves. Each time a thought emerges (even if positive or calming), just place the thought on a leaf and watch carefully as the leaf goes down stream.
 - That you are on a beach staring at the sea. Each time a thought occurs, give it to the sea, watch as the waves take it further and further away.
 - Putting your thoughts in an envelope and mailing them.
 - Putting your thoughts in a box, and closing the box, then opening a new one for new thoughts and closing it again until you feel calm and grounded or just short of thoughts.
 - You can do these exercises for a couple of minutes or more. The goal is to try to anchor yourself in the imagery.

Source These thought defusion activities are a shortened version of exercises derived from Acceptance-Based Therapy developed by Dr. Stephen Hayes. See end of workbook for more resources.

SELF-REFLECTION (EMOTIONS)

After reading the last section you may want to take some time to reflect on how the information presented applies to you.

A. WHAT ARE YOU ALREADY DOING WELL?

B. WHAT COULD YOU START TO IMPLEMENT?

If you want, try to pick 1 or 2 strategies to implement on a daily basis.

- Ask myself how I am doing and try to label or symbolize my experience.
- Try to be more mindful of where I go (reactive strategies/secondary emotions) when I feel vulnerable.
- Take a moment for a self-compassion break.
- Take a moment to think of people who love me and support me no matter what.
- Implement worry time or postponing worries.

If you have a bit more time, what other strategies could you try (for ex., self-compassion dialogue and exposure to catastrophic scenario)?



“

**WE ARE HOMO VINCULUM – THE
ONE WHO BONDS...CLOSE
CONNECTION WITH OTHERS IS
THE SURVIVAL CODE OF OUR
SPECIES AND OUR GREATEST
RESOURCE. ”**

DR. SUSAN S. JOHNSON

HEALTH PROVIDER'S RELATIONSHIPS DURING COVID



Yes mom, I do wash my hands and I am being careful. Yes I have the necessary PPE. No I am not lying.

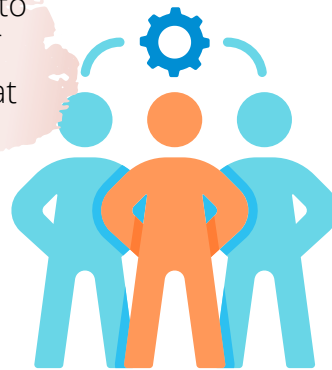
No cousin Bob, coughing once in 2 weeks does not mean you should get tested.



I don't know why we decided to have three kids either.



I am proud to be part of such a great team.



CHECK-UP AND STRATEGIES FOR BETWEEN



IMPORTANCE OF RELATIONSHIPS

As mentioned earlier, relationships are good for your nervous system and emotion regulation. In this section, we will discuss how to capitalize on your relationships and navigate common relational pitfalls.

INCREASING COHESION

Even if you have the most effective individual coping abilities, feeling “a part of” can have even more positive impacts on your well-being and work performance. It can help buffer the detrimental consequences related to exposure to highly stressful events, such as the one we are facing today. Resilience is not an individualistic characteristic, it’s a fundamentally relational one.

HELPFUL STRATEGIES

- When you arrive at work, take 2 min to connect with someone. It could even be just with a smile.
- The internet is full of clips depicting health care workers showing their support to one another. It may be helpful to watch these clips to feel a part of the “greater health care family.” You are not alone.
- Watch clips or read about members of the public who are showing their support, instead of news feeds about members of the public who are not adhering to the social distancing policy.
- If you are working from home, try to connect with others to avoid feeling isolated.
- Be playful (while still being safe) at work. I love the funny and creative dances health care workers are doing these days.
- Send hearts (formed with hands) or rainbows to your colleagues (other units, other hospitals/clinics).
- Have formal and informal peer check-ups.
- Try to avoid attitudes or behaviours that promote and reinforce the “us vs. them” mentality.



CHECK-UP AND STRATEGIES FOR BETWEEN



IMPORTANCE OF RELATIONSHIPS

SHARING THE LOAD: SOCIAL BASELINE THEORY

Dr. James Coan developed the Social Baseline Theory which posits that our brain **EXPECTS** access to others. "The brain construes social resources as bioenergetic resources, much like oxygen or glucose" (Coan and Sbarra, 2015, p. 2). By having someone standing there with us (or if we perceive this person as being capable of being there if need be), the brain perceives the task at hand to be less effortful metabolically and feels safer in the environment.

In contrast, if isolation and loneliness are perceived, the brain needs to deploy more energy/effort to cope with the outer and inner world (for ex., spend energy scanning the environment for threats or regulating emotions). This can eventually lead to detrimental health consequences.

To illustrate this, Dr. Coan refers to a study by Schnall, Harber and Proffitt (2008) that showed that if you are standing alone at the bottom of a hill, it will seem steeper than if a friend is standing next to you. When accompanied, the hill seems smaller and more manageable.

HOW THIS APPLIES TO YOU?

If the hill of COVID-19 seems steep and insurmountable, instead of reaching for a sugary beverage to elevate your glucose levels, find a trusted colleague that is committed to the same goals as you. Your brain and waistline will thank you.



Source Coan, J. A., & Sbarra, D. A. (2015). Social Baseline Theory: The social regulation of risk and effort. *Current opinion in psychology*, 1, 87–91. <https://doi.org/10.1016/j.copsyc.2014.12.02>.
Schnall S, Harber K.D., Stefanucci J.K., & Proffitt D.R. (2008). Social support and the perception of geographical slant. *Journal of Experimental Social Psychology*. 44:1246–1255.

CHECK-UP AND STRATEGIES FOR BETWEEN

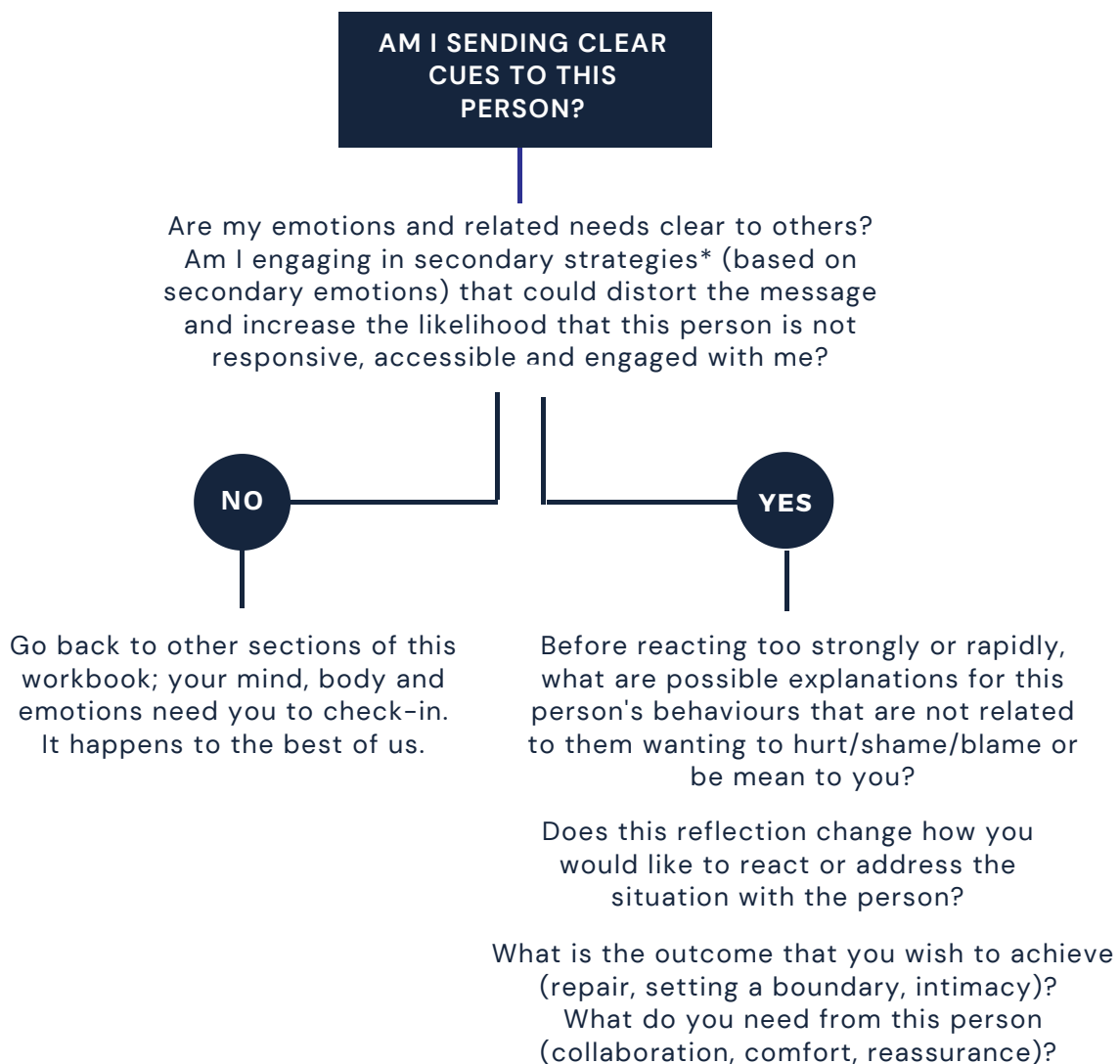


IMPORTANCE OF RELATIONSHIPS

NAVIGATING PITFALLS IN RELATIONSHIPS

During a period of uncertainty and high levels of stress, all of us may not be as "regulated emotionally" as we would like and be prone to getting caught in our defensive and reactive strategies. We have to adjust our expectations towards ourselves and others.

If you are experiencing difficulties in a relationship that is meaningful to you, before addressing the situation with the person, ask yourself the following questions:



CHECK-UP AND STRATEGIES FOR BETWEEN



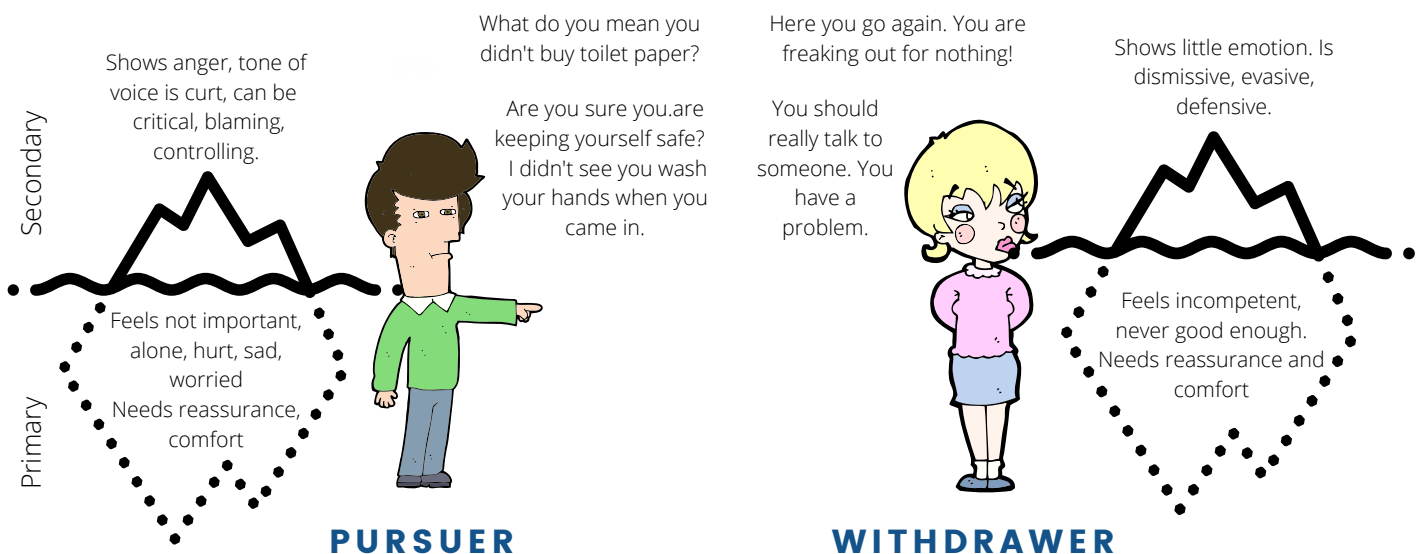
IMPORTANCE OF RELATIONSHIPS

NAVIGATING PITFALLS IN RELATIONSHIPS

Dr. Sue Johnson has done a tremendous job at understanding the common “dances” couples and families get caught in. The examples below will focus on intimate relationships, as they can trigger us the most, but her work can be extrapolated to other types of relationships (friends and colleagues).

THE PURSUE-WITHDRAW DANCE

In this dyad, there is one pursuer and one withdrawer who get caught in a dance (or demon dialogue/cycle/negative pattern of interactions). When a relationship is in distress and important attachment needs are not met, the pursuer tends to go into "fight" mode to reconnect with the other person. On the other hand, the withdrawer goes into retreat "flight" or even "freeze" to try to protect the relationship and themselves from the difficult and uncomfortable emotions. The more the pursuer moves forward, the harder the withdrawer retreats, sometimes stonewalling, which only fuels the pursuer. And around and around they go. This is why the infinity symbol is often used to depict common "dances" that overtake couples. No one is to blame. This is bigger than them.



CHECK-UP AND STRATEGIES FOR BETWEEN

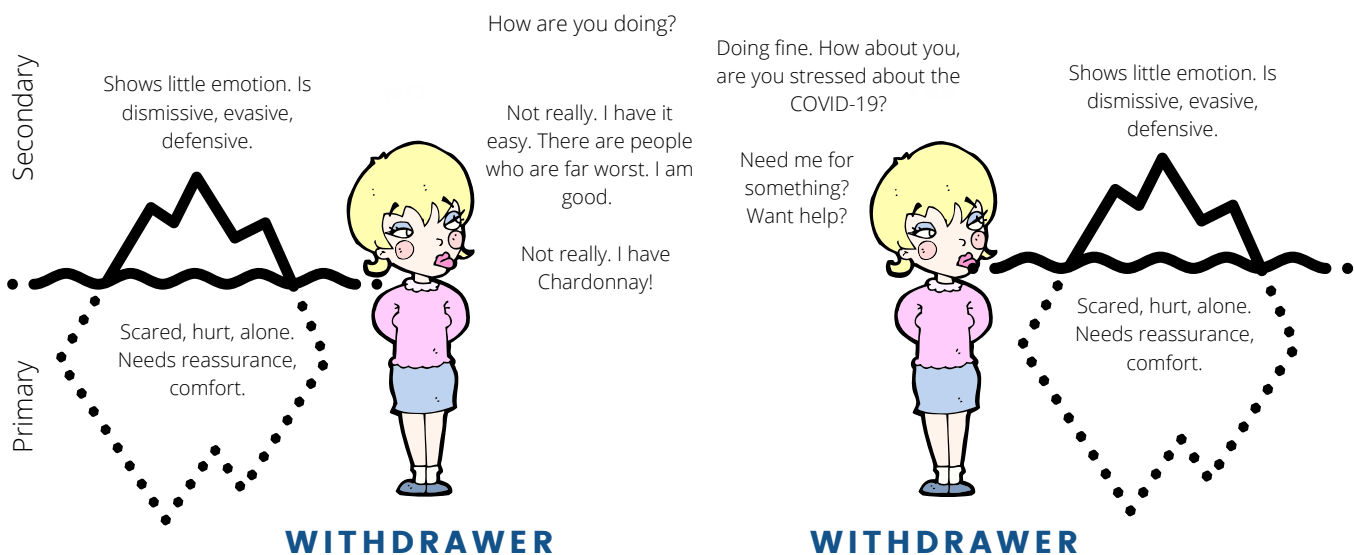


IMPORTANCE OF RELATIONSHIPS

NAVIGATING PITFALLS IN RELATIONSHIPS

THE WITHDRAW-WITHDRAW DANCE

In this dyad, there are two withdrawers. They have very few conflicts but struggle with allowing the other one in. They both prefer to avoid difficult conversations. Both want to protect themselves and the relationship by not going deeper into primary emotions, which are perceived as dangerous or not useful. On the surface, it may seem as if everything is fine, but underneath, both frequently feel alone, anxious and dissatisfied.



THE PURSUER-PURSUER DANCE

In this dyad, there are two pursuers. In contrast to the withdraw-withdraw, their interaction in times of distress can be volatile and escalate quickly. This last one won't be illustrated, but you get the picture. Both are blaming, critical and harsh with each other, there is little emotional safety and they have to be "on guard."


ATTENTION: we may dance differently with different people, but interestingly, akin to dancing, we tend to have a favourite dance move (attachment style).

CHECK-UP AND STRATEGIES FOR BETWEEN



IMPORTANCE OF RELATIONSHIPS NAVIGATING PITFALLS IN RELATIONSHIPS

Now let's explore how each dyad could communicate differently. From an attachment and emotion regulation perspective, the focus is not as much on "what" needs to be said, but from "where" you are saying it. If you are telling your partner that you are fine, but your voice, body language and visual expression sends cues that you are infuriated with him or her, they will pick up on it. If you tell someone that you care with a flat face, they won't believe you. What Dr. Johnson calls **Hold Me Tight Conversations**, are conversations where we go deeper into our primary emotions, connect with our vulnerabilities and reach through the fear to share them. In turn, this person is accessible, responsive and engaged.




When I feel like my needs are not on your radar, I feel not important to you.

I don't like to have to nag all the time. I just want to know that you care, that what I think matters and that you are taking this seriously.

Okay, I will try. But seriously, we do need toilet paper.


PURSUER



I get it. I do take it seriously. It's just when you start being critical just as I walk in the house, I get defensive.

I need to feel that you trust me to keep you and our family safe.

WITHDRAWER




How are you doing?

I get it. I get worried about it too. Must be hard on you. Anything I can do to help?

Of course. But please do not keep me in the dark. When I know where you are at and what you need from me, it's easier.

WITHDRAWER



I am getting worried about the lack of organization at the hospital. Makes me feel tense.

For now, I just want you to come and watch T.V, with me and cuddle.

Sounds good. Do you still have the Chardonnay?

WITHDRAWER

CHECK-UP AND STRATEGIES FOR BETWEEN



IMPORTANCE OF RELATIONSHIPS

NAVIGATING PITFALLS IN RELATIONSHIPS

- **You may not want to engage in the same level of vulnerability with everyone**
 - Maybe your boss does not need to know about your deepest fears and sorrow. The context and nature of the relationship does matter and will influence what and when to share.
 - Other times, you may perceive that the person, even if a close relative or a friend, is unable to receive you with care and compassion. In these instances, you can consciously choose to set boundaries, refrain from discussing certain topics or emotions. You may choose not to answer the phone or schedule a virtual meeting. Give yourself permission to do so.
- **Timing is important**
 - If you are feeling stressed or if the other person seems overwhelmed, this may not be the time to go into more vulnerable conversations. Wait until the moment seems more suitable (but do not use this as an excuse to NEVER try).
 - It may be important to give others advance warning that you are attempting to show more vulnerability. If you've never spoken to others about how you feel and one day you walk into the kitchen and start spilling your guts to your partner, they may give you a "deer in the headlight" reaction instead of a nurturing response.
- **Start slow and make gradual changes**
 - We are in a global pandemic, befriending your vulnerability is a great task and therefore, being patient and flexible is key. Start slow, maybe just start by talking to others about your need for support.
 - Try allowing others to help you. Instead of perceiving accepting help as being a burden on others, consider the following: by allowing others to help you, you are helping them (they feel useful and important in your eyes, which is crucial for their own coping with the pandemic). This is why, every night I let my husband do the dishes, this is my gift to him. You are welcome.

SELF-REFLECTION (RELATIONSHIPS)

After reading the last section you may want to take some time to reflect on how the information presented applies to you.

A. WHAT ARE YOU ALREADY DOING WELL?

B. WHAT COULD YOU START TO IMPLEMENT?

- Am I sending clear cues to important people in my life?
- Is there anything I haven't shared with someone that could be beneficial to share? If so, to whom?
- Is there someone in my environment with whom I should set more boundaries (even if temporary)?
- Am I making an effort to connect to others at work and at home?



OTHER CONSIDERATIONS AND CLOSING REMARKS



OTHER CONSIDERATIONS

It seems clear now that I lied. This is not a short workbook, but I now consider it a quick description of A LOT of strategies. I may have gotten caught in my perfectionism or was wanting to avoid doing my income taxes, but mostly I felt compelled to bring to the forefront, and in one document, the work of others that I have found useful in helping health professionals cope with the current COVID-19 pandemic.

I hope that you find this workbook useful, or, at the very least, entertaining. My hope is that you will find some "golden nuggets" and take the time to digest them. Be playful and flexible with yourself. Should you find that some exercises are not helpful or too much right now, give yourself permission to refrain from doing them. Think slow and steady. This is a marathon, not a sprint.

If you find, however, that this workbook highlighted areas where you need support, please do not hesitate to reach out to a psychologist, another mental health professional or your primary provider. It's OK to be on the receiving end of care, even for health professionals.

You all have my admiration and sincere gratitude.

HELPFUL RESOURCES

This list is not exhaustive. The attempt is to give you a snapshot of more comprehensive resources on particular topics that are covered in this workbook.

I am focusing on resources that are free and easily accessible.

Like this workbook, these resources should not be seen as the equivalent to psychological services. They are an aid and I still urge you to seek professional help if need be.

INTERESTING RESOURCES SPECIFIC FOR HEALTH PROFESSIONALS

Dr. Anita Gupta has done a quick fact sheet for frontline health care workers: CPA “Psychology Works” Fact Sheet: Emotional and Psychological Challenges Faced by Frontline Health Care Providers During the COVID-19 Pandemic (2020). Visit: https://cpa.ca/docs/File/Publications/FactSheets/PW_COVID-19_FrontLineHealthCareProviders.pdf.

Other resources:

Health Care Toolbox from the Children's Hospital of Philadelphia (2020) has a set of interesting tools for children, families and health care workers. Visit: <https://healthcaretoolbox.org/tools-and-resources/14-health-care-toolbox/tools-and-resources/599-covid19-resources-for-healthcare-staff.html>

Oxford Centre for Anxiety Disorders and Trauma developed the Guidance for Frontline Healthcare Workers: Evidenced-based Tools to Support your Health and Well-being (2020). Visit <https://oxcadatresources.com/wp-content/uploads/2020/04/Working-with-frontline-staff-v2Apr2020.pdf>.

Williams R, Murray E, Neal A & Kemp V. (2020). Top ten messages for supporting healthcare staff during the COVID-10 Pandemic: A discussion document. Visit: https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/top-ten-messages-williams-et-al.pdf?sfvrsn=990e3861_0.

HELPFUL RESOURCES

WORKBOOKS OR RESOURCES THAT COVER DIFFERENT STRATEGIES TO DEAL WITH COVID-19 PANDEMIC

Dr. Sachiko Nagasawa, an Ottawa-based psychologist developed a wonderful workbook with emotion regulation strategies, tolerance to uncertainty and mindfulness and self-compassion techniques (2020). It is available for free on her website or go to <http://mncfn.ca/wp-content/uploads/2020/03/Tolerance-for-Uncertainty-COVID19-Workbook.pdf>.

Psychology Tools developed a workbook with helpful strategies to manage your worries and tolerate uncertainty that is also available for free:

https://www.psychologytools.com/assets/covid-19/guide_to_living_with_worry_and_anxiety_amidst_global_uncertainty_en-us.pdf

The Centre for Clinical Interventions has a great website and workbooks that are available for free on various topics (anxiety and stress management, distress tolerance, assertiveness, sleep). Visit: <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself> for a complete list.

HELPFUL RESOURCES

SLEEP

The sleep foundation has a great website :

<https://www.sleepfoundation.org/articles/healthy-sleep-tips>

Books :

Overcoming the Enemies of Sleep by Dr. Charles M. Morin

Sink into Sleep: A Step-by-Step Workbook for Reversing Insomnia by Dr. Judith Davidson

BREATHING AND RELAXATION

Here are links to step-by-step guide to progressive muscle relaxation

<https://www.healthlinkbc.ca/health-topics/uz2225>

<https://www.anxietycanada.com/articles/how-to-do-progressive-muscle-relaxation/>

Here are links to breathing exercises for relaxation

<https://www.healthlinkbc.ca/health-topics/uz2255>

<https://www.drweil.com/videos-features/videos/breathing-exercises-4-7-8-breath/>

PERFECTIONISM, SHAME AND RESILIENCE

<https://brenebrown.com/>

You can also watch her Netflix special : The Call to Courage.

I would highly recommend any of her books.

See Centre for Clinical Intervention for workbook on perfectionism:

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Perfectionism>

MINDFULNESS, SELF-COMPASSION AND RADICAL ACCEPTANCE

Free mindfulness resources: <http://www.freemindfulness.org/download>

Dr. John Kabat-Zinn's website <https://www.mindfulnesscds.com/>

Dr. Tara Brach's website : <https://www.tarabrach.com/>

Dr. Kristin Neff's website: <https://self-compassion.org/>

Acceptance-commitment strategies can be found here:

https://contextualscience.org/resources_for_the_public

HELPFUL RESOURCES

RELATIONSHIPS

Books

- Hold Me Tight by Dr. Sue Johnson
- Love Sense by Dr. Sue Johnson
- The Seven Principles for Making Marriage Work: A Practical Guide from the Country's Foremost Relationship Expert by Dr. John Gottman and Nan Silver.
- An Emotionally-Focused Workbook for Couples: The Two of Us by Veronica Kallos-Lily and Jennifer Fitzgerald.

On-line program

Dr. Sue Johnson has an Hold Me Tight program on-line that can be accessed here : <https://holdmetightonline.com/>. Fees do apply but at a reduce rate during pandemic.

REFERENCES

Brach, T. (2003). *Radical Acceptance: Embracing Your Life With the Heart of a Buddha*. New York: Bantam Dell.

Boivin, I. & Marchand, A. (1996). Le perfectionnisme et les troubles anxieux. *Revue Québécoise de Psychologie*, 17 (1), 125-154.

Brown, B. (2018). *Dare to lead: Brave work, though conversations and whole hearts*. New York: Random House.

Coan, J. A. & Sbarra, D. A. (2015). Social baseline theory: The social regulation of risk and effort. *Current Opinion in Psychology*, 1, 87-91. <https://doi.org/10.1016/j.copsyc.2014.12.02>.

Dugas, M. & Ngô, T. L. & coll. (2018). *Guide de pratique pour le diagnostic et le traitement cognitivo-comportemental du trouble anxiété généralisée*. Éditeur Jean Goulet: tccmontreal. Retrieved from : <https://tccmontreal.files.wordpress.com/2018/09/guide-de-pratique-tag-isbn-2018.pdf>.

Earley, J. (2012). *Self-therapy: A step-by-step guide to creating wholeness and healing your Inner child using IFS: A new, cutting-edge psychotherapy* (2nd Ed.). Larkspur: Pattern System Books.

Elliott, R., Watson, J. C., Glodman, R. N., Greenberg, L. S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. American Psychological Association. <https://doi.org/10.1037/10725-000>.

Fursland, A., Raykos, B. and Steele, A. (2009). *Perfectionism in Perspective*. Perth, Western Australia: Centre for Clinical Interventions. Retrieved from <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Perfectionism>.

Gupta, A. (2020, April 8). *Psychological care of frontline health care providers during the COVID-19 pandemic: Issues to consider* [Webinar]. CPA Webinar. <https://cpa.ca/cpa-webinar-psychological-care-of-frontline-health-care-providers-during-the-covid-19-pandemic-issues-to-consider/>.

REFERENCES

Gupta, A. (2020). CPA “psychology works” fact sheet: Emotional and psychological challenges faced by frontline health care providers during the COVID-19 Pandemic. Prepared for the Canadian Psychological Association. Retrieved from https://cpa.ca/docs/File/Publications/FactSheets/PW_COVID-19_FrontLineHealthCareProviders.pdf.

Highfield, J. (2020). Advice for sustaining staff-wellbeing in critical care during and beyond COVID-19. *Practitionerhealth.nhs.uk*. Retrieved on April 10, 2020 from <https://www.practitionerhealth.nhs.uk/media/content/files/Sustaining%20wellbeing%20COVID19.pdf>.

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. New York: Guilford Press.

Johnson, S. M. (2019, 3rd E.). *The practice of emotionally focused Couple therapy: Creating connection*. New York: Brunner-Routledge.

McCann, C. M., Beddoe, E., McCormick, K., Huggard, P., Kedge, S., Adamson, C., & Huggard, J. (2013). Resilience in the health professions: A review of recent literature. *International Journal of Wellbeing*, 3(1), 60-81. doi:10.5502/ijw.v3i1.4.

Miller, A. R. (2020, April 4). CBT for front-line medical professionals: brief interventions during time of crisis [Webinar]. Beck Institute for Cognitive Behavior Therapy.

Morin, C., M., & Espie, C. A. (2003). *Insomnia: A clinical guide to assessment and treatment*. New York: Kluwer Academic/Plenum Publishers.

Norcross, J. C. & VandenBos, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care*. New York: Guilford Press.

Schnall S, Harber K.D., Stefanucci J.K., Proffitt, D.R. (2008). Social support and the perception of geographical slant. *Journal of Experimental Social Psychology*, 44 (5), 1246-1255.

Shaver, P. R., & Mikulincer, M. (2009). An overview of adult attachment theory. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (p. 17-45). The Guilford Press.

Sisley R., Henning M., Hawken S., & Moir F. (2010). A conceptual model of workplace stress: The issue of accumulation and recovery and the health professional. *New Zealand Journal of Employment Relations*, 35(2), 3-15

ACKNOWLEDGMENTS

THANK YOU / MERCI

First off, I want to thank the many psychologists whose work has made this workbook possible. I did not invent anything; I just picked from the best. Thank you Dr. Anita Gupta, Dr. Sue Johnson, Dr. Michel Dugas for their generosity and support.

A special thanks to Dr. Marlene Best, Dr. Natasha Carrero, Dr. Rebecca Halchuck, Dr. Jean Grenier and Dr. Anita Gupta for reviewing the content of this workbook and giving me suggestions.

Many thanks to my amazing colleagues at the Orleans Psychological Health Team (Dr. Héloïse Drouin, Dr. Véronique Franche, Dr. Sabrina Fréchette, Dr. Monic Gallien, Dr. Marie-Pier Leclerc, Dr. Patricia Montembeault, and Dr. Caroline Séguin-Leclair) for their support, comments and for tolerating my moments of extreme enthusiasm.

I dedicate this workbook to all of my colleagues at Hôpital Montfort who are being extremely courageous. A special "shout out" to Anik Pitre, occupational therapist, and Maxine Rodier, social worker, for their input and hard work.

To all the other superheroes who get less attention in the news (i.e., physiotherapists, occupational therapists, social workers, respiratory therapists, pharmacists, administrative personnel, technologists, laboratory technicians, hospital housekeeping staff, and many others), thank you.

To my mother who is currently working 12-hour shifts as a nurse in long-term care to help out during the pandemic instead of enjoying the slower pace of preretirement. You make us proud.

Finally, I would like to thank my husband, Norm. When I told him I was going to spend several hours developing a free workbook at a time when our family, like so many others, was trying to stabilize emotionally and financially, his reaction was: "Go for it but don't forget to mention me in the acknowledgment section". So there you go, secure attachment in a nutshell. Merci to my 3-year-old daughter Emma. Amidst this crisis, she always reminds me to marvel at the simple things in life and to remain playful.

If you have comments or suggestions for this workbook, please do not hesitate to reach out to me. For all complaints, please contact any of my colleagues.

Thank
you

Regardless of your role in helping with the COVID-19 pandemic, please know that it is important. You matter and we thank you for your work and commitment.

**You got this.
We are in this
together.**



© Dr. Mélanie Joannis, 2020.

“Psychological First Aid for Frontline Health Care Providers During COVID-19” is licensed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

**PSYCHCOVID19GUIDE4HCW@GMAIL.COM;
HTTPS://BIT.LY/2YV99QE**