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PANDEMICS AND EPIDEMICS: APPLYING EVIDENCE-BASED PSYCHOLOGICAL INTERVENTIONS TO PROMOTE RESILIENCE

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Pandemics and Epidemics: Applying Evidence-Based Psychological Interventions to Promote Resilience [video transcript]

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Our presenter today, Dr. Richard LeBeau. To get started. Thank you so much. Welcome, everybody. Thank you for spending your noon hour with me. The title of my talk today is pandemics and epidemics applying evidence based psychological interventions to promote resilience. I have no financial disclosures to report. But let me tell you a little bit about the learning objectives for today and what my professional background is just so you have a sense as to who this is talking to you. So the goals for today are one to describe a psychological framework for understanding emotional and behavioral responses to the ongoing and emerging pandemics and epidemics with a specific focus on burnout, and feeling overwhelmed in response to the concurrent and prolonged public health crises. Number two, is to understand at least four evidence based psychological skills for managing ongoing stressful situations. And three is to list at least two evidence based easily accessible online tools and resources that can be used for ongoing support and further skill development. So the third one, I think, is especially important, because there's nothing I can tell you in 45 to 60 minutes, that's going to you know, change the trajectory of your mental health and stress coping for the rest of your life. But there are this is meant to be a primer. And it ends with lots of resources that are great, free online tools that have been well vetted, and give you really useful skills and information to get more information. If at any point during the presentation, you have questions, or comments, don't hesitate to raise your hand or even just take yourself off mute. If it's pressing and can't wait until the end, I'm happy to answer them. I have the chat box up here. But I can't guarantee I'll notice everything that comes up in the chat. So a little bit about me, I was born in Rome, New York, and grew up in upstate New York, and went to Colgate University where I studied psychology in English literature. After that, I worked at Mass General Hospital for a couple of years getting research experience, because I decided that even though I really liked, you know, more academic experimental psychology that I was doing, and undergraduate, I really wanted to learn more about the clinical application of it how we were treating, diagnosing treating mental health disorders. So I went to work at the Center for anxiety and traumatic stress at Mass General Hospital, and then went to graduate school at UCLA, where I worked with Dr. Michel Kraske, who is a world renowned expert in anxiety disorders. And got a lot of experience over the six years of my PhD program, including getting the opportunity to work on helping my advisor, revamp the anxiety disorder section of the DSM, which you all might be familiar with is the Diagnostic and Statistical Manual for mental disorders. Afterwards, though, I decided I worked at the VA for a couple of years doing my clinical training. And I said, you know, I'm I really have always been interested in the experience of marginalized populations. And I haven't gotten to do enough of that. So actually returned to UCLA and helped Dr. Kraft and other colleagues with this really ambitious initiative that was developing a cost effective, evidence based, tiered treatment system for mental health problems. And we piloted at UCLA and then we got funding to roll it out to highly underserved community colleges in Los Angeles. Our first community

college was East Los Angeles College, which has nearly 40,000 students is 2% White and had one social worker. So there was like a lot of unmet need there. And recently, just in the last month, I actually transitioned from UCLA to Lira Health. As much as I love UCLA, being on soft money grants was a hard thing to sustain. Lira Health is a private company, a late stage startup that is partnered with huge companies all over the United States like Facebook, and Starbucks and Google to provide high quality mental and behavioral health services to all their employees through their insurance program, so Lira is really trying to figure out how do we get high quality evidence based mental health care to the most people possible through partnering with their employers to give them high quality benefits. And for any of you who have ever tried to access mental health services, you know that our system is a broken one, it is a very hard one. So I'm very interested in working with large organizations that are trying to get mental health care to more people in an easier and more effective way. So that's just like a little bit about my background, just so you know, where I'm coming from. I am a licensed clinical psychologist in the state of California. And I also do have a small private practice. So I am a practicing clinician, as well, in addition to the research and other things that I've done. So first, I want to put a note about what this presentation is and what it isn't. This presentation is an overview of evidence based evidence based skills for handling common mental health issues with a focus on those experienced by healthcare professionals, and an emphasis on the stress of the current pandemics and epidemics. What it's not, though, it's not intending to add things to your plate and give you more things that you should be doing. Nor is it meant to detract from the need for major systemic change in the field of health care. So I'm all too aware that typically, when you attend, you know, these types of presentations, or when there's a new initiative at the various places you work, they're usually just telling you to do more, without taking anything away, right? They're just saying, Oh, well, in addition to working 70 hours a week, you should probably also start exercising, and you should start meditating. And you should start going to therapy. And you should start doing all of these things. Oh, and you should watch these seven or eight wellness webinars that we have. But they don't give you any time to do it. Right. And they don't release you from any time to do it is the typical role. Hopefully some of you have institutions that do but the ones I have been in, certainly do not. So what I want to emphasize here is that I'm not going to be talking about these like big skills and big initiatives that are going to take like hours out of your day and week, I'm talking about smaller evidence based skills that you can use in the moment in different ways of responding, or, you know, small things that you can incorporate into your day that when practiced over time can have positive effects on mental health. The other thing I want to make clear is that we need major systemic change for health care workers, I'm not going to sit here and say, Oh, the onus is on you to just handle the stress better, right? There are very real things that need to change in the healthcare system. And while we wait for and advocate for that change, these are some ways to kind of make your day to day life more peaceful and kind of increase your resiliency to that onslaught of stress. So I don't want to belabor this and raise everybody's blood pressure. But I do want to set the stage for why there is such a mental health crisis on health care workers right now here in 2022. First of all, over 1.1 million people have been confirmed dead from COVID-19. And even though the media and politicians seem to be acting like it's completely over, it is very much not. Last week, there were 253,000 confirmed cases and 13,105 deaths in the US. So you as healthcare professionals are

not only shouldering this burden, but also dealing with the fact that the rest of the world is pretending like it's not even happening, right. And emotional responses to you know, what you've all been dealing with, with COVID-19. I mean, they're they can range from a lot of things like fatigue, anger, grief, for those who've lost loved ones and patients. Numbness after all of this suffering and chaos these last few years, and an experience of gaslighting, right, like you know, everyone's telling me this is over, but I'm seeing it and living it every single day. Right. Then on top of that, of course, we had the monkey pox or n pox outbreak this year. Although it looks estimated I saw online about 30,000 cases this year, but we had no way of knowing how bad the epidemic was going to get. So There was a lot of fear, traumatic, a lot of traumatic reminders for people who saw parallels to the the

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social political response that was reminiscent in some ways of the early days of HIV, the way it preyed on marginalized communities, the limited ration originally of vaccines, these are all extremely stressful things that could lead to guilt, frustration, traumatic reminders for people. Of course, now we're struggling with a triple Demmick of RSV, flu and COVID that's leading to surges in healthcare utilization, including inpatient admissions, and anxiety, burnout, guilt, can come up from having to ration care, being overwhelmed with the number of patients and also anxiety about with how communicable these diseases are every time you go into work, are you going to get sick? Or are you going to bring it home to your family, it's very stressful. And then, of course, animosity toward health care providers. So distrust of science, the anti vaccine movement, homophobia, and transphobia, especially for those of you involved with gender affirming care, and inflamed controversy surrounding reproductive health care are contributing to an increasingly hostile environment for providers. Even though the base rates of aggression and violence toward health care professionals is low, it is a real threat that I know affects, you know, the mental health and well being of many, many health care providers. And it's natural to fear, feel fear, anxiety, anger, and hopelessness. So, this is all also occurring against a stressful backdrop, right? We're in the midst of a recession. There's political instability, social unrest, racial unrest, climate change, leading to more weather disasters across the United States, and there's a major mental health crisis. Right? So other people's mental health affects your mental health, right. And all of these people who you encounter at work, whether they're your patients, your co workers, whether it's your mom, whether it's your cousins, whether it's your friends, or significant others, your children, other people struggling with their mental health makes your mental health worse, right? So I'm saying this not to create doom and gloom, but to show you that it makes complete sense that you're experiencing burnout and these conditions. So I'm going to actually ask you to drop in the chat right now. They did a study in late 2020, early 2021. And they looked at 13,000 health care professionals in the United States. And they categorize people into kind of low, medium and extreme burnout. So burnout is, you know, feeling numb, detached, completely overwhelmed to the point that it's interfering with your ability to do your job. I'm curious, what percentage of people do you think fell into the extreme burnout category of these health care workers? So what percentage of health care workers surveyed in late 2020, early 2021, were experiencing extreme burnout, like a clinically significant level that we're seeing at 8840 6070. So love this. Thank you all. It was between 50 and 60% 49, and 58%. But

there were a lot of moderates as well, people who were kind of on the cusp, and almost everyone was experiencing burnout. Now, I want you to think about the fact that this was two years ago, you know, this was still when COVID was the you know, in its earlier stages, right before it became kind of a way of life. We've adapted to the last couple of years. So I suspect that two years more of that in the numbers are actually up to where you're probably listing here like 70 and 85%. I'm also curious I listed while you're all on the chat, I listed all of these things, the triple Demmick, the ongoing COVID animosity toward health care providers and POCs and all these stressful things going on. Is there anything I've missed? What are some other things that are contributing to burnout in general for you and your co workers? Feel free to drop anything in the chat that I may be missing? Because I will say it's not also the case that stress for healthcare workers began When the pandemic began, it's been going on for a long time. Okay, so I'm seeing staff shortages is a recurrent theme. Dangerous patient ratio is dissatisfaction. So a lot of what I'm getting the sense of is systemic things, thing, institutional things.

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public backlash. Yeah. It's a really tough time to be a healthcare worker.

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Not that it was ever an easy one. Okay, feel free to keep putting ideas in the chat here. So, first of all, what is burnout? So burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of it are overwhelming exhaustion, feelings of cynicism and detachment, and a sense of ineffectiveness and lack of accomplishment. So it's a syndrome, that one thing that I have just throw out here, I mentioned this to Dr. DeMarco, when planning this in Scandinavian countries, which tend to be very liberal and progressive when it comes to workers rights and how mental health they actually have burnout, professional burnout as a mental health disorder listed in the ICD, the International Classification of Diseases. And the treatment for it is getting like a nine month or 12 month leave of absence from your job, because they actually see it as distinct from depression or anxiety, where you kind of like need therapy or meds, when the only real cure for burnout is a chance to separate from your job for a while. And, you know, there's mixed reactions to whether that is actually the correct thing to do from a mental health and behavioral perspective. And obviously, in the United States, with our economic system and lack of social welfare net, it's not something we're going to start soon. But I did want to highlight that for you that like there are America tends to have a tough it out mentality, you know, it's good for you pull yourself up by your bootstraps face that it makes you stronger. But there are many places in the world who are, you know, governments in the world and places that are realizing that actually no, like burnout is a massive mental health crisis. And it needs to be dealt with in a different way other than telling people to buck up, right? As I mentioned, burnout was identified and 49 to 58% of healthcare workers. And when I say burnout here, I mean, meaning clinical criteria for like a significant burnout, burnout was identified in almost all of them. But this is refers to clinically significant burnout in need of mental health intervention urgently. In research, on burnout, in the current climate, of what healthcare workers are experiencing, it's still ongoing.

But factors associated with COVID. Related burnout include being a frontline worker, being female, being young, and having a high intolerance of uncertainty. Now, I think it makes sense that the more of a frontline worker you are, the more burnout you might be experiencing. In terms of being female and young. There are some evidence that this also has to do with caregiver responsibilities, that the more people are responsible for having to care for children care for spouses care for sick relatives, that the demands of being a health care worker during a pandemic, or public health crisis is understandably higher. And intolerance of uncertainty is a psychological construct that I'll talk a little bit more about in a bit. But it is really growing in popularity among psychologists and other mental health care folks to discuss. And what it is, is, it is a personality trait, so to speak, or emotional state where people are strongly averse to uncertainty. So the idea that they don't know what to expect, they don't know when the pandemic is going to end. They don't know if they're going to get sick today, when they go into work. They don't know if their co workers are going to be in a good mood. They don't know, if their time off is gonna get approved. They find this highly aversive. And what ends up happening to folks is they might worry excessively, seek excessive reassurance. Avoid novel situations. And it makes sense that we don't like uncertainty as humans, but there are many people who develop it to kind of a pathological degree. And we'll talk about How that plays a role here and how it might be combated. So how do we address burnout? Right? Well, factors associated with less burnout are better boundaries between work and non work. And these boundaries include physical, temporal and knowledge based, so allowing people to leave work at work, you know, decreasing the kind of crisis aspect of work so that they're not taking it home with them, those kinds of things. High levels of social support are associated with less burnout. So the more people feel supported, both at work and in their home life, people tend to report less burnout. Remember, these are correlational, not causation, not causal, and access to an engagement in effective mental health care, right. So Dr. Murthy wrote in the first name, wrote in the New England Journal of Medicine, a kind of a call to action about addressing burnout among healthcare workers earlier this year. And one of the quotes that really stuck with me was the time for incremental, the time for incremental change has passed, we need bold, fundamental change that gets at the roots of the burnout crisis, we need to take care of our health care workers and the rising generation of trainees. So he went on to list several things that needed to be done. And I imagine that you have not experienced them in the places you work because amidst also the economic recession and staff shortages, it's very hard to do the things that he was recommending, such as higher wages, more time off, more access to high quality, mental health care, all of these things. So it's a conundrum a little bit. I want to do a brief note, for those of you who aren't as familiar with kind of psychology, mental health, research all of that. And just do a quick note on what normal versus pathological emotions are, I'm going to put all these in air quotes, is, you know, people tend to say they're depressed when they're feeling sad, down or tired. But just like people refer to saying, Oh, that was traumatic or their behavior is kind of psychotic or manic. clinical psychologists have very different specific definitions of these terms that evolved over time. Figuring out what point emotions, thoughts or behaviors become pathological or clinically elevated or in need of treatment is tricky. And not everyone agrees. But it usually comes down to the distress and impairment people experience. So for example, if someone has a panic attack a few times a panic attack a few times a year, so panic attacks,

when kind of out of the blue, you get a surge of intense anxiety, and lots of physical sensations come with it. If you have a couple of those a year, but you recover after 30 minutes, and it doesn't really bother you, we probably wouldn't consider you having a mental health disorder. But if you have a couple of year and you can't do anything the rest of the day, and then you spend the next several weeks worrying that you're going to have another one and out of fear of having another one you stopped drinking coffee and you stop exercising and you stopped doing anything, stop traveling, stop doing anything that kind of brings up your anxiety to cope with it, well, then maybe we would write. So I just wanted to highlight first of all, that all of these things exist on a continuum. And that not only do they exist on a continuum, but that the terminology is often misused colloquially. So I think both of those things, the misunderstanding of those things can contribute to confusion and mental health stigma. So for example, here, you know, somebody will say like I'm depressed today, but what do clinical psychologists actually refer to depression? Well, this is the entry from the DSM that says that it has to be for two weeks, it has to be a change from previous functioning, and it has to include at least five or nine, five out of nine of these symptoms. So just kind of highlighting that distinction there. I also want to highlight that the skills I'm going to go through today in this presentation can be effective, regardless of clinical severity. You don't need to have major depressive disorder for the skills that I'm talking about to be helpful. These are things that are actually responses to specific emotions, not clinical syndromes. So let me tell you a little bit about the kind of the class of skills that I'm going to talk to you about today. Cognitive behavioral therapy for those of you who don't know, it's the gold standard psychological intervention for many mental health problems, including depression, anxiety, PTSD, and so on. Nia, an eating disorders. It's actually a broad category of evidence based psycho therapies that seek to change the way we think and act by using specific scientific principles of cognition and behavior. So it really arose kind of in response to more insight or relationally oriented psycho therapies like, say, the work Freud, Sigmund Freud was doing back in the early 1900s, which was really focused less on science and more on oh, here's the things I'm noticing in my patients and kind of developing theories from that.

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One of the things about CBT that makes it the treatment of choice nowadays is that not only is it evidence based, it's much more rooted in science than other therapies in the past. But that it's designed to be problem focused and short term, which is actually a really good fit for our kind of medical and health care model that we're currently working in. CBT is part of a broad class of different disorder, sorry, treatments, including mindfulness based therapies, exposure therapy for anxiety and obsessive compulsive disorder, acceptance of Commitment Therapy, which is all about mindfulness and values based work. And dialectical behavior therapy, or DBT, which is originally developed by Marsha Linehan for folks who have chronic suicidality, but has since been adapted for use for a number of mental health problems. It's a fantastic skill based intervention. For many, not all, but many mental health problems. DBT performs equal to or better than psychiatric medications in randomised controlled trials. There's certain disorders like many anxiety disorders, where it's actually the preferable intervention, because the effects of cognitive behavioral therapy tend to last much longer than medication. Typically, when people go off anxiety medication, they experience kind of a return to symptoms in a way that they don't

as much with CBT. I'm highlighting this not to discourage anyone from going on or being on meds, I recommend it for my many of my patients, but nearly to also just say that they're not always necessary for all people to experience change, and that there are alternatives or complimentary interventions out there. I also want to note that working with a professional is necessary for complex problems and severe problems. But for many self guided CBT is actually very effective. There's a number of well controlled research studies showing that people who engage with evidence based self help materials are actually end up doing very well. And I'm going to give you some examples of those later. So the basics of CBT. Basically, it's that our thoughts, feelings, or emotions and behaviors interact with each other. And they create a feedback loop. So what we think affects how we act and feel what we do affects how we think and feel and how we feel affects what we think and do. So for example, let's say I'm, you have had a really bad night of sleep. And you think to yourself, Oh, my God, I'm never going to be able to get back to sleep. And it's going to make tomorrow awful. So that's the thought that pops into your head. Well, any anxiety you were feeling, once you have that thought, it's probably going to amp up, you're going to get more tense, maybe a little panicky thinking, Oh, my God, I have to take care of all these patients tomorrow, and I'm going to be so sleep deprived, there isn't enough coffee in the world. So what's your behavior? Well, oftentimes people will check their phone or, you know, start engaging in worry behavior or get up and pace around, right, which actually leads you to feel more awake, and to have more thoughts about oh, my god, tomorrow is going to be terrible, right? And we intervene in this cycle, though, and teach alternative thoughts, and teach ways to decrease physiological arousal and behaviors that promote rest and sleep as opposed to work against them, we can actually interrupt the cycle so that maybe you can get back to sleep for an hour or at least get some rest. So that rather than, you know, going on a downward spiral that actually makes you more exhausted the next day, we can try to, you know, stop or reverse that negative cycle. Okay. So now I'm going to go into some skills that are from the cognitive behavioral therapy family that can be used in situations that healthcare workers frequently experience The first thing I'm going to talk about is acceptance versus control. So, oftentimes we find our distressed about ourselves distressed about something that is occurring or worrying that something negative is going to occur in the future. And I think that it is really important to ask yourself, Is this problem the thing that's distressing me? Or the thing that could distress me in the future? Is this a problem that I can realistically solve? Because if so, then let's do some problem solving, and take control of the situation. But if it's not, then maybe it's time to practice some acceptance and redirect our attention to things that we actually do have control over. So what I mean by this is, if you have a thought that comes up that says, Oh, my God, I'm going to have to work late with this patient today, and my daughter needs to be picked up from school. Well, that's a solvable problem, maybe not easily solvable. But you can kick into gear, you can start texting people that could pick your daughter up, or you could call the school and ask if they could stay with her a little bit longer. Or you could ask your co workers to cover for you and see if you might be able to leave early to pick up your daughter, right? There might not be a perfect solution. In fact, there usually isn't. But there are ways to problem solve this. However, if the thought comes up that says, What if COVID doesn't end? And I'm stuck in this position for years and years and years? And I just get so burned out? I can't function, right? Is that a problem that you can realistically solve?

In the moment? Do you really have control over whether this pandemic ends? We'll probably not, that's probably not actually a super useful thought right now. And it might be better to engage in some acceptance and redirection. So how do we effectively problem solve? Now you are all smart people. You're all smart, hardworking people. And this may seem, you know, a little I don't know what the word is condescending. But it's actually the case that even brilliant people oftentimes aren't very effective problem solvers, especially when they're in periods of high negative emotion. And the issue is very personal to them. So a good evidence based approach to solving problems that come up in the moment is writing out or articulating verbally a clear and specific description of the problem. Who, what, where and when, then brainstorm as many solutions as possible, consider all options, then rate the solutions, considering the pros and cons of time, effort, cost, possible negative consequences, how much effort you need from others, and simply choose the solution that has the fewest cons and can be done quickly. And then make an action plan with steps including who, what, where, when, and how. So this helps people get unstuck from the spiral that can happen when you're faced with a major problem right? Now. You know, going back to our example before, you know, might say oh my god, there's no one to pick up my daughter from school. So let's write out a clear and specific description of the problem. The issue is that I have to work and can't pick up my daughter from school at 4pm. Okay, now let's brainstorm as many solutions as possible, I gave a bunch of examples before I could call my mom, I could call my neighbor, I could call the school I could ask my co workers now go through and say, Oh, God, it'll be a big drama, if I call my mom. So I'm not going to do that. The school yelled at me the last time and said I have to pick her up on time. So maybe the best thing to do is ask this other nurse if she would be willing to cover my last patient so that I could go. And once you've kind of developed that, rather than second guessing it or analyzing it, or going back through this process, you did your problem solving kind of approach, pick the pick that option and make an action plan. Okay, I'm gonna go ask her, I'm gonna go text her right now. And if that doesn't work, I'm going to move on to a second option. So this is a way also to kind of take charge of the situation, rather than get stuck in it, which many of us, myself included,

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do. Now, if it's something that you don't have control over, or maybe we need to increase acceptance of the fact that it exists and you don't have control over it. A great way to do that is to practice mindfulness. And I want to spend a minute talking about what mindfulness isn't. A lot of people have misconceptions about mindfulness. And not all of them are misconceptions. But the way we use mindfulness and psychology is not The same way everyone else uses mindfulness. So some people think of it as a religious or spiritual practice. Some people think of it as a as a way of life. And we in psychology, acknowledge those things and acknowledge it, you know, a spiritual approach to it and a lifetime commitment to it can be very helpful for some people. But we see it is an actual skill, it's a state of being that one can practice and use in the moment, in a stressful moment, to improve their well being. So the actual definition of mindfulness from, you know, mindfulness guru Jon Kabat Zinn is that mindfulness is awareness that arises through paying attention, on purpose, in the present moment, non judgmentally. So those are the four qualities. So they try to get us to pay attention to what's going on in the here

and now with deliberate focus, and try to observe things as they are, without all those judgments that come into our head and all those intrusive thoughts and cynical and critical comments. developing mindfulness skills can be done formally or informally, it can be something where you attend a meditation, mindfulness meditation class and sit with a bunch of people and have an instructor. That could also be something where you practice paying more attention to what you're doing while you're cooking dinner, or doing the dishes. And every time a thought comes up, that you know, gets you stuck in your head, say, let's refocus on what I'm doing. Let's pay attention to the present moment. It can be done in a large group of people or it can be done alone. It can be done in long 30 to 60 minute meditative practices, or it can be done in a minute, two minutes of just grounding yourself and reorienting your attention to the present moment. But what it cannot be done is be done quickly or without any practice. You know, this is something that is a different way of interacting with your thoughts and interacting with the world around you. And it will take some practice, the practice doesn't have to be formal or long at each time. But it does have to be something that you revisit and do deliberately. At the end of the presentation, I have some self help resources that are great and free. If should you want to learn more about mindfulness? So then approach combating negative thinking. So negative thoughts are normal, especially during stressful periods. However, they're also often inaccurate, unhelpful and distressing. So thoughts like I'm a terrible person, I'm incompetent, I'll never recover from this humiliation? Well, they tend to decrease our productivity, worsen our mood, and make us distance ourselves from others. So how do we combat them? Well, thought challenging is a skill that helps us do more rational and evidence based thinking, as opposed to thinking that is based on our current emotional experience. I really want to emphasize here that a lot of pop psychology and self help emphasizes positive thinking, right, looking in the mirror and saying, I'm a great person, today's gonna be a great day. That's actually not what this is. The goal here is not necessarily positive thinking against positive thinking. But it's realistic thinking. Right? So not allowing the emotional state that you're in to dictate your emotions, right? I mean, for example, being a psychotherapist in Los Angeles, I have a lot of people with anxiety about driving driving on our massive, stressful freeways, and a person with panic attacks, who's very scared of driving, if I said to them, okay, let's, you know, what is your mind telling you? What is the likelihood if you get on the freeway and drive to exits that you'll get into a serious accident? Patients will say 90% 100%. And I'll say, so, every single time you get on the highway, there's going to be a major accident and that you're going to be in, right? What's happening there is that their emotion is driving their thoughts, right? They're feeling such anxiety about it, that they're not really thinking rationally. When you work with these people say, Well, how many times have you been on the freeway before? How many times have you ever actually gotten into an accident? You know, what are the statistics of how many people get into accidents on the freeway in a given day or year? And then they look at it, they realize, oh, it's not 90% it's actually 0.0001%. Right? So that's the kind of basis around negative thinking. Our goal isn't for to convince them that they will always be safe, that there's no risk. It's to convince them that actually, their emotional state has contributed to their mind. massively distorting or overestimating what the real risk is? So how do we do thought challenging? Well, I'm going to walk you through an example here. So the situation is that a healthcare worker had a patient who just died from COVID. And the worker is convinced that if she'd done things differently, the

patient still might be alive. First, you want to identify the specific thought accompanying the negative emotion. In this case, I'm angry with myself because I should have done more. And then consider evidence for and against. So for awhile, the patient was under my care and they died. But against, even though they died, I actually did everything I was able to do, and I did everything consistent with protocols, then consider the missing information. What is your mind leaving out? Well, I was one member of a patient care team, it's not all my responsibility. Sometimes tragic things happen, no matter how well we did our job. I helped say five other people this week, I didn't actually have access to everything I needed, that might have resulted in me being able to save the person. So I have limited ability of what I could do. And then step four, create a more balanced thought that takes all this evidence into consideration. It's normal to feel angry, and when something terrible happens, but realistically, there's nothing more I could have done to save this person. And if you compare this thought that comes up in number four to the thought that comes up in number one. In many ways, it's equally sad or negative, but it's much less personal, and it's much more balanced. Okay. So this is a step by step approach you can take when you have, you know, negative thinking, negative thoughts that are intruding and hurting your energy. So number three, drawing boundaries and asserting your needs, whether it's a request for a significant workplace accommodation from your boss, or simply asking a co worker to be a little quieter, so you can concentrate, it can be extremely difficult for many people to assert their needs and desires to others. And it's especially difficult during periods of stress. And when you're experiencing strong emotions. As a result, many people suffer in solitude instead. But this usually leads to the person's needs not getting met, and negative thoughts and feelings to fester. So there are many CBT skills for effective communication that can help people reach out and get the help they need. So I'm going to walk you through a brief DBT skill here called the dear man. And it is an approach to having an assertive conversation that helps people who struggle with assertiveness and boundary setting, make sure that they're kind of doing everything they can to effectively assert those needs. So dear man is an acronym. And it asks you to define and describe the situation. So you know, Joe keeps taking really long, extending his lunch breaks, and I have to cover for him. And it's frustrating, right? That's the situation, express how you feel about it. So tell Joe, this is how what's happening, you're, you know, start by describing the situation, Joe, this is the eighth day in a row, you've taken an hour instead of a half an hour for lunch? How do I feel about it? Well, it's very frustrating to me, because I'm already very busy and overwhelmed. And I ended up having to cover for you an extra half an hour, so I'm very frustrated. So assert yourself, what do you want, I would like you to limit your lunch hour to half an hour, so I don't have to cover for you. Okay, reinforce or reward the poor person by explaining the positive aspects. If this is a part, a lot of us forget, if you did that, it would make my life a lot less stressful, and I'd be able to leave work earlier or get my my work done on time. And I would really appreciate it.

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And be mindful of your goals and stay on topic. Don't start saying everything that you dislike about Joe or working with Joe Oh, and by the way, you know, I don't like the way you listen to your music so loud or I don't like the way you talk to me the other day about that, then try to stay on topic and avoid it turning into a spiral where people get defensive. A act competent by

communicating directly with a firm tone and good eye contact. If you look away and say, Joe, I'm really sorry to do this, and I know I'm being a huge bitch, but please, can you just know, look straight in the eye and say, This is what I need. And this is how it's affecting me. And this can take a lot of practice for some people and be willing to negotiate because sometimes we need to compromise to get what we need. Say for example, he says, Okay, well, some days I actually need more than 30 minutes because I have to do some stuff on my lunch break. What if I'll let you know on days when I need a little bit more time, and then I'll cover for you and give you a little bit more time on other days, something like that, right. And if the person you contacted won't or can't give you what you need, try another person. So for example, if Joe says, screw you, you're going to cover for me, maybe it's time to go to your manager. And also try it to your man, with your manager to describe what you need the manager to do to intervene with Joe. Practicing self compassion. So when we experience negative emotions, like sadness, and fear, we often engage in negative self talk that is highly critical. I've decided to keep this one even though I was considering removing it, because I think that there's a tuffet out or snap out of it mentality, that leads us all to think leads many of us to think that if we just worked a little harder, or if we just you know, were a little bit stronger of character, somehow we would be able to fix the situation. But this type of self talk actually tends to make us more mood worse, and thus make us less productive. So telling yourself, you're gonna buckle up and be strong today. And you're going to take all this over, and you're going to do it on the matter how you're feeling. Well, then when you can't, because that wasn't a realistic expectation, you then feel like even more of a failure, right? So practicing self compassion can be a really useful tool. Some brief steps to self compassion. Think of a situation in life, that's your that's causing you stress and notice what happens to your body. Right? Even just thinking about the stress can bring on negative emotions. Label what you're feeling. That's what stress feels like, God, this hurts. I feel awful when I think about that. But then remind yourself that having moments of suffering is part of the human universal human experience. Everyone struggles at times, I'm not alone in feeling this way. Suffering is part of life. More specifically, in the healthcare setting, everybody's struggling right now everybody's overwhelmed. We're all in this kind of together, right? And then ask yourself, what do I need to hear right now to express kindness to myself? You know, it can be something like, may I be patient with myself today? And may I be forgiving of myself today? Maybe kind with myself today. And even though the word may sounds oddly formal or Gooey, gooey, saying, May I instead of I should, you're telling yourself that it's something to work towards, not telling yourself that it's yet another thing you're supposed to do to be better do better. And with all of these exercises, but especially the self compassion exercises, figure out what works for you in terms of your kind of terminology, and what words resonate the best with you. The final skill I want to touch on before I give you some self help resources is a major limitation of therapy and medication traditionally, for mental health is that they tend to be effective for reducing negative emotion. But I've limited impact on enhancing positive emotion. So we can make people feel less anxious or less depressed, but we don't normally necessarily through our interventions make people have more joy, more gratitude, more serenity, more excitement. And those things are associated with greater well being stress, resiliency, and overall physical health. So two skills that can be helpful here. The first is what they call opposite to emotion action. So if you're feeling angry, and getting ready to attack, right, and you don't

want that emotion to dominate you, but one thing to do is to do the opposite, show kindness or concern, or simply walk away instead of fighting. Similarly, fear tells us to run and hide. And the opposite thing to do would be to go toward it approach build strength, right? We have very limited control over the thoughts that come into our head and the feelings that occur in our body, but we actually do have considerable control over how we behave. Now sometimes it feels like we don't because we're so overwhelmed that we get impulsive, but we actually do have a lot of control over our behavior. So opposite to emotion action helps to break that link between how we're feeling and how we're behaving so that everything doesn't feel like a knee jerk reflex. And then finally is savoring so arm, one of my instructors had a cheesy saying that I'm going to tell you and you'll probably roll your eyes but it's true, even though it's cheesy, which is our minds are like Velcro for the bad stuff and Teflon for the good stuff. after millions of years of evolution, our brain Instead of evolved to always look for threat, and always try to preserve ourselves. But the result of that is that when really good things happen, we don't actually encode them, we don't really think about them and really resonate on them. So there's a skill called savoring the moment where you try to pick out one positive thing that happened, whether it was a nice moment with your child or a friendly thing your coworker said, or a moment when you helped get a patient better. And rather than just send it into the back of your memory bank, you actually engage in withdraw, replay it in your mind, talk about it in the present tense, use details, and show how it affects your mood and helps you kind of for even just a brief moment, interrupt that cycle of negativity and cynicism and looking for threat. And think about the positive. So few resources. First of all, while I was at UCLA, we developed a program called Stand together during COVID-19. And even though a lot of the tools were developed with an eye toward how do we deal with lockdown, and returning to work amidst a mental health crisis, a lot of them are still really, really useful. In the current stage that we're in, the online materials are designed to lift moods and ease anxiety and stress. There's videos from experts, there's written overviews of how to do the skills downloadable worksheets. And this was funded between UCLA Jack Dorsey, the former CEO of Twitter, and Beyonce is charitable foundation. So it's a really exciting initiative. And I just really encourage you to go to this website and see what's applicable for you. Other free online mental health resources, UCLA is Mark is the mindfulness awareness Research Center. It is a organization of people who are very passionate about and experts in the application of mindfulness to mental well being. And they have free online resources, free guided meditations, they have virtual classes you can attend, and most of the things are free. So it's a really great resource. If you think you might be interested in learning more about mindfulness meditation, or even just want to try it out. That's a great way to go. ABCT fact sheets, I'm a member of an organization called The Association for behavioral and cognitive therapies, and they have a great section of their website that has fact sheets about all sorts of different mental health issues. So you want to understand like, what does the science say about trauma? What does the science say about sleep disorders? What does the science say about anxiety or OCD or eating disorders? And what are the evidence based interventions to help with those, these are well vetted fact sheets by experts in the field that are designed for consumers, you know, non, you know, lay people who aren't necessarily experts in this to get the real facts in there's dozens and dozens of topics and links to resources in there. And I highly, highly recommend it. Another organization I'm involved with the anxiety and depression Association of

America has a YouTube page that has brief like one to three minute videos that are done by members of their organization that just teach you different skills or teach you what different disorders are those types of things. So for people who are more visual and like things, kind of like in a bite size, Tiktok type format, they're really building out this this video

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series. I want to take a moment and tell you about the one mind cyber guide. So the one mind cyber guide is an initiative put together by researchers and clinicians in our fields to help you navigate the hundreds, if not 1000s of self help apps and online modules that have proliferated online. Self Help apps, like you may have heard of like calm or you know, all sorts of different ones. Some of them are really excellent and well vetted in the evidence base and some of them are not some of them are just made by some tech people without very little involvement from mental health professionals. So this cyber guide is designed to review all of the apps that it tells you. How safe is this from an evidence based perspective, how much vetting did it go through, what does it do and what doesn't it do? Will they try to hooks you into paying for it? How well do they are there security policies that it's going to kind of protect your data, all of that stuff? It's free. So if you find yourself wanting to download an app and use an online tool, but you are incredibly overwhelmed, then this is a great place to go because you could look it up and get more information. And if what you're looking for isn't good, maybe find a good alternative. And then, of course, a quick plug for some mental health crisis resources, as I hope you many of you are all of you know 988 went live earlier this year. So that is our suicide attack nationwide suicide prevention and crisis lifeline. And since many of you work in the fields of sexual health, with sexual and gender minorities, I always put in a plug for the Trevor projects, a great work for sexual and gender minority youth in their lifeline. All right, thank you, everybody. All right. Thank you so much, Dr. LeBeau.

[End Transcript]