

How to Emotionally Support Your Teams During and After Adverse Events

It's well documented that healthcare workers who are well supported following an adverse event (e.g., patient death, violence/aggression from patient, colleague loss) experience less trauma in the short and long term. Transparency and honesty that the event has occurred is an important first step.

In the first hour or two, people in shock find it hard to access language and speech so don't pressure them to talk. Acknowledge and validate feelings, emotions, and reactions. Try and help guide the person through a balance of providing information about the situation and having some time to process or think about something else. Be guided by the person's questions and reactions to strike this balance.

Over the longer term, stay in touch with the person and create space for them to talk about the event when they feel the time is right. Encourage them to keep to their normal routine. Encourage movement, exercise, and some time outdoors. Encourage the person to eat well and engage in good sleep hygiene. In the following weeks, try and help the person engage in the normal activities of life they enjoy. Reassure the person that recovery is the norm.

There's no clear framework for supporting team members in distress because everyone is different. What works for one person may completely shut down another person. However, there are some basic principles that may be of use.

FEELINGS VERSUS FACTS

If someone comes to you and is distressed, we often fail to acknowledge emotions and go straight to problem solving. This may leave our distressed colleague feeling unheard and further isolated. The intention to provide a solution when someone is hurting is well meaning, however, it doesn't provide reassurance, validation, or comfort to the person. Acknowledging the person and letting them know they've been heard is important for support. Once the emotion has been acknowledged, you may be able to return to the facts and a more cognitive approach to the event.

LISTENING TO UNDERSTAND RATHER THAN TO RESPOND

Listening is the most important skill in communication and supporting others. Most people have the intention to support their colleagues and offer wise counsel. It's a natural human response that when someone is upset, we start formulating our response and solutions, sometimes even before they have finished speaking.

Actively listening and being present for someone who's very distressed can be immensely powerful for that person. Listen carefully with empathy and sensitivity. Avoid the temptation to speak so that you optimize your understanding of what's happening for this person.

To demonstrate to someone that you're really listening, you can paraphrase what they've said. For example:

- "I'm hearing this was a really frightening event for you".
- "It sounds like this is your first near miss and it's really shaken you to the core."
- "Is this the first time you've felt like you were having a panic attack?"

Another technique to demonstrate listening is to provide verbal and non-verbal minimal encouragements. This is when you might say, "This is a strong reaction, tell me more about that..." or quietly saying "yes", "mmm," or "okay", maintaining eye contact, and nodding your head.

If someone says something to you that you don't understand or can't relate to, or simply have no response, pause. Don't just immediately try to say something to fill the silence. It's better to say, "That's really powerful, thanks for sharing. I actually need some time to think that over before responding". In any conversation where something profound or unexpected has been said, or when things are spiraling in the wrong direction, taking a moment to pause is critical. Pausing and silence are very important in supporting others and giving ourselves space to answer thoughtfully.

HELPFUL ENGAGEMENT FOLLOWING AN ADVERSE EVENT

The intention here isn't to take over or intimidate. The intention is to let your colleague know that however they're feeling at the moment is normal. You acknowledge and validate their experience. Here's some suggestions of helpful things to say:

- "That may have been new or a first for you. It would be normal to have an emotional reaction to that. Let's go and sit somewhere quiet for a moment."
- "That was very chaotic. You sit here and I'm going to get a coffee/water for you and let's talk about what just happened."
- "I just heard what happened. I'm here if you want to talk."
- "I don't know how you're feeling but if this was me, I would appreciate a friend."
- "I don't know what to say right now. I'm just so glad that you told me."

It's sometimes helpful to share personal anecdotes of your own critical incidents. If you choose to share, be mindful that you've given the other person space to talk. That it's not told in a competitive tone or with a message that your story was worse and so they're overreacting.



WHAT DO YOU DO WHEN SOMEONE IS CRYING?

Allow them to cry. Crying is an emotion and doesn't require an emergency response or panic. Crying is not failure, it's just an emotion. If the distress level matches the event, we can sit with it. If the distress appears disproportionate to the event (be careful this isn't just your assessment), you may ask if anything else is going on for the individual that you need to be aware of. Common questions people have when someone is crying:

- *Can someone who's cried go back to work?*
Yes, of course. Sometimes people have greater clarity and feel better after crying. Crying may be like a pressure valve, once it's released people feel much better. The decision to return to work should be led by the person who was distressed.
- *Does the person need to go home?*
Crying isn't a red alert to send someone home. Sit with someone when they cry. Normalize the emotion. If the person's distress is ongoing after some time, ask what they'd like to do next. If they're in crisis, you may need to gently guide decision making. Ask them if they'd like to stay at work and remain supported by colleagues or return home. If they live alone, home may not be a safe option and may escalate distress. If that's the case, create somewhere private where the person can stay at work, and you can check in on them. If the person goes home, have a clear plan of contact to check on them later in the day.

AVAILABLE RESOURCES

There are resources available and there is **no shame in asking for help**.

Optum – Employee Assistance Program (EAP)

Optum provides free, confidential services including management consultation, behavioral coaching, counseling/therapy, and more for a wide range of problems. You can talk to a Navigation Specialist 24/7. Call: 1-800-972-8976.

Behavioral Health Benefits Covered 100% In-Network

The Core and Standard PPO medical plan options cover behavioral health and substance abuse services at 100% in-network (across Tier 1 & Tier 2). Visit www.psychologytoday.com/us to explore providers based on a variety of factors.

Emotional Debriefings, Group, and Peer Support

The C.A.R.E. Program provides evidence-based support to teams to support emotional well-being. If you think your team would benefit from a group, you can request one via the C.A.R.E. Program website (<https://wellness.cooperhealth.org/>). Information about peer support can also be found on the website.

DISCUSSION POINTS

NAME IT

- Acknowledging our experience helps us calm our nervous system.
- Naming the emotions that many of us are experiencing (exhaustion, fear, anxiety, anger) helps us feel seen and heard.
- Be transparent and feel free to acknowledge our current situation in the broader context of things, but do not explain how everything will be better soon.
- Uncertainty remains regarding future disruptions.

BE REALISTIC

- Most of us are overwhelmed. We will not be able to hold ourselves to our usual standards. We can encourage people to do what they can—and that will have to be enough.
- Give people permission to not be perfect with every task

BE THOUGHTFUL

- Stop and pause. When crises occur, we tend to be reactive and try to fix as much as we can at once. This comes from a place of caring but sometimes makes things worse.
- Give yourself space to make thoughtful decisions when possible.

BE ACCOUNTABLE

- Even in a crisis, we can be accountable for our words and actions. Acknowledging when we've made a mistake and apologizing will go far. We will all mess up, especially when we're exhausted.
- Accountability is essential during a crisis, but it doesn't have to be punitive.

CONNECT WITH ONE ANOTHER

- Encourage people to check-in with one another to make sure they are doing ok and feeling supported.
- Model by listening and understanding the concerns of your team and, if possible, address their concerns.

CARE FOR YOURSELF

- It starts with you. To be maximally successful, we have to continue caring for ourselves. Share how you are taking care of yourself to give your team permission to do the same.
- Engage in discussion around selfcare to normalize behavior.

QUICK TIPS

As a priority, build **connection**.

Don't try to **fix** them or make them laugh.

Sit with the emotion and demonstrate that you have **no judgment** or **expectation**.

Provide tissues without making a big fuss of tears. Tears are just an emotion.

Have a **calm** presence.

Provide **privacy** and **confidentiality**.

Distress is a very **personal** experience; you can't compare your emotions with someone else's.

Distress can be **exhausting** for an individual.

Distress can co-exist with **coping** and **resilience**.

Distress is **not** weakness.

Try to **listen** twice as much as you speak.

At any point, if you don't know what to say, **pause**.

Silence is okay.

How someone exhibits distress can be based on many things (e.g., prior experience of grief, trauma, loss).

NORMAL EMOTIONAL RESPONSES FOLLOWING AN ADVERSE EVENT

AM I HAVING A NORMAL RESPONSE?

Individuals will experience a range of emotions following an adverse event. Some people may have little or no distress or disruption. Others may be completely overwhelmed and need time away from work. Initial emotional responses in the hours and days after an adverse event are not predictive of long-term outcomes. Try not to pathologize initial responses.

Common reactions to adverse events include:



Shock

Disbelief it has occurred, unable to consolidate the experience, or feeling numb



Fear

Feeling anxious and concerned about the event, worry that their career has ended, or doubting clinical skills and knowledge



Anxious

Concerned about returning to work, legal ramifications, personal vulnerability, or feeling panicked



Anger

Outrage at others, the situation, the system, or feelings of injustice



Powerlessness

Feeling helpless as to how to change the situation or gain control



Shame or Guilt

Professional credibility concerns, worried how you're perceived by the wider team, or threat to personal identity



Sadness

This may be a loss and grief event across many domains – personal, work, identity, or sadness for the patient and their family

All these symptoms are associated with acute critical stress and are very normal reactions to an abnormal event. Level of distress will be influenced by several factors – level of harm to a patient/colleague, previous experiences of loss, grief and trauma, the strength of an individual's support network, stage of career, and more.

Additional common symptoms following an adverse event:

- Sleep disturbances
- Intrusive thoughts or memories – reliving or having flashbacks to the event
- Social withdrawal – not wanting to engage with others
- Difficulty concentrating
- Physical symptoms may include headaches, nausea, restlessness and irritability, diarrhea or constipation, change in appetite (comfort eating or loss of appetite), fatigue, heart palpitations, or strong startle reflex

WILL I RECOVER?

Adverse events are a distressing and challenging reality for healthcare workers, but most individuals recover. It's important to know that despite feeling crippled by emotions and fear in the early days, the majority of healthcare workers do recover and resume full capacity work.

WHAT IF I (OR SOMEONE ON MY TEAM) IS REALLY STRUGGLING?

There are resources available and there is **no shame in asking for help**.

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Local & National Resources

- [National Suicide Prevention Lifeline](#) (free, 24/7): 9-8-8
- [NJ Suicide Prevention Hopeline](#) (free, 24/7): 1-855-654-6735 |Text “NJ” to 741741
- [SAMHSA’s National Helpline](#) (free, 24/7 support): 1-800-622-HELP (4357)
- [National Parent & Youth Helpline](#) (free, 24/7 support): 1-855-427-2736