Implementing peer support resources for physicians in the context of the COVID-19 crisis

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Learning objectives of the two Zoom webinars

1. Briefly define the foundations of a psychological support/resilience program during a time of crisis combining:
   a. Peer support
   b. Taking psychological vital signs on a regular basis (short periods of mindfulness)
   c. The neuroscience approach of compassion
2. Illustrate all of the above with examples and questions
3. Provide simple protocols to guide the approach.

Strategy #1: Peer support

Definition of peer support

- *An approach based on 85 years of testing.*
- *"Peer support is*
  a. *a system of giving and receiving help*
  b. *founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.*
  c. *not based on psychiatric models and diagnostic criteria.*
  d. *about understanding another's situation empathically through a shared experience of emotional and psychological pain." (Mead, Hilton, & Curtis, 2001, p. 135)*

Definition of peer support

- Peer support is psychological support and, because it is provided by a person whose experience is similar to ours, it generally resonates and impacts us more than another type of support provided by a health professional.
- It is a type of support we turn to more spontaneously when we experience distress.
- *Peer support alleviates stigma and fosters more effective coping strategies, including help-seeking behaviour.* *(O'Hagan, Cyr, McKee, et Priest, 2010)*

What is not peer support?

Peer support is not group therapy, sessions to “vent” about our frustrations, nor a time to answer very technical questions.

Why peer support?

- Because during a time of crisis, mutual support is crucial.
- Because short periods of time dedicated to team interactions have proven to have the following benefits:
- On a personal level, it allows to:
  - Reduce high levels of stress and restlessness
  - Step back
  - Share one's concerns
  - Develop better adaptive mechanisms

Why peer support?

- It allows a team to:
- Benefit from structured and supervised interactions (to replace with: semi-structured interactions with clear boundaries) to avoid things getting out of control.
- Cultivate a constructive perspective despite the scale of the challenge.
- Strengthen group cohesion.
- Increase creativity/problem-solving in unexpected situations.

Peer support principles 1/2

- It is not about saving others: it's simply about being there for one another, giving and receiving support.
- It is not about solving clinical, logistic or technical issues: those issues belong to regular team meetings. It is rather about *helping each other out regarding emotions caused by clinical, logistic, technical or other issues (work-life balance...)*
- We put aside our desire to be perfect and welcome others and ourselves as we are and without "putting on a mask." We accept to show ourselves vulnerable.

Peer support principles 2/2

- We already have what is required to be a good supporting peer:
  - We know how to be a genuinely good listener.
  - We know how to put on hold judgemental attitudes and conflicts. (to delete: our judgment and our conflicts.)
  - We can see the good in others
  - we know not to define others based on their distress or pain.
  - We know how to be open.
- All this is already part of our lives: we simply make it explicit.
- We emphasize the positive, kindness and things we can change, even if those are limited.

Peer support meetings

Function:

Mutual psychological support, sometimes linked to technical, clinical or logistic issues. The emotions linked to those issues are addressed, but not the issues themselves.

Preparation:

A 30-minute webinar for all previous to the meeting on:

- The peer support approach
- Neuroscience foundation of a compassionate posture
- Its implementation principles (delete: of application)

Regular meetings

Function:

Discussion of clinical cases, including their technical and logistic aspects

Strategy #2: Taking psychological vital signs

What does “taking psychological vital signs” entail?

- A short pause, a moment of mindfulness, which allows to step away from the sense of urgency and get in touch with one’s inner feelings.
- These sessions aim to monitor one’s psychological health in order to rectify certain aspects when indicators showing a lack of balance arise (constant restlessness, irritability, insomnia etc.).
- Taking these vital signs can be done in less than one or two minutes and may allow to significantly reduce slipping into states of anxiety.

Psychological vital signs: along a continuum

1. Stable or irritable mood (short-tempered)
2. Tolerant or cynical attitude (only sees the negative) (to delete: villain)
3. Liveliness (to delete: Lightness) or heaviness/depression
4. Focused or scattered mind
5. Sociability or isolation (delete: Social or withdrawn
6. Creative or passive behaviours

Strategy #3: Compassion: the unexpected variable in resilience (delete: a compassionate approach, a variable found in the resilience equation)

The Importance of Inner Speech

(Bernhard et Singer 2012; Singer et Tusche, 2013; Singer et Klimecki, 2014; Klimecki, Leiberg, Ricard, Singer, 2014; Engen et Singer, 2015, 2016; Hildebrandt, McCall, Singer, 2017; Preckel, Kanske et Singer, 2018; Singer et Engert, 2019)

The dominant factor of burnout : a lack of meaning as well as a lack of meaningful and nurturing relations at work, as opposed to the exposure to pain.

(Even though exposure to pain may have an effect if it is not counterbalanced by kindness and collegiality.)

Please use this slide: I've deleted the other one)

Singer's Sympathy-Empathy-Compassion Continuum (2018)

Sympathy: to suffer with

Empathy: to relate to the suffering we witness

Compassion: to relate to the suffering we witness

And to act, even if the action seems minimal

Empathy mode

(Singer et Tusche, 2013; Engen et Singer, 2015, 2016; Ashar et al, 2017; Preckel, Kanske et Singer, 2018; Singer et Engert 2019)

- Acknowledging the other person's pain
- Wishing (delete: The desire) to mitigate or put an end to this pain
- Activating neuronal circuits of pain (*anterior insula and cingulate cortex*)
- Falling into (delete: Empathetic) Empathic distress
- Leading to fast burnout

Compassion mode

- Acknowledging the other person's pain.
- Wishing to mitigate or put an end to the pain.
- A sense of **kindness** emerges, which is focused on the well-being I wish others and not on the present pain.
- The central question isn't about ***knowing how I can mitigate the suffering***, but rather ***what type of well-being, even minimal, I can provide.***
- Activating neuronal centres closely involved with love, maternal love, deep satisfaction and the sense of being positively linked to someone (median orbitofrontal cortex, ventral striatum, ventral tegmental area, brainstem nucleus, nucleus accumbens, median insula, pallidum and putamen).
- Producing positive affects conversely associated with burnout.

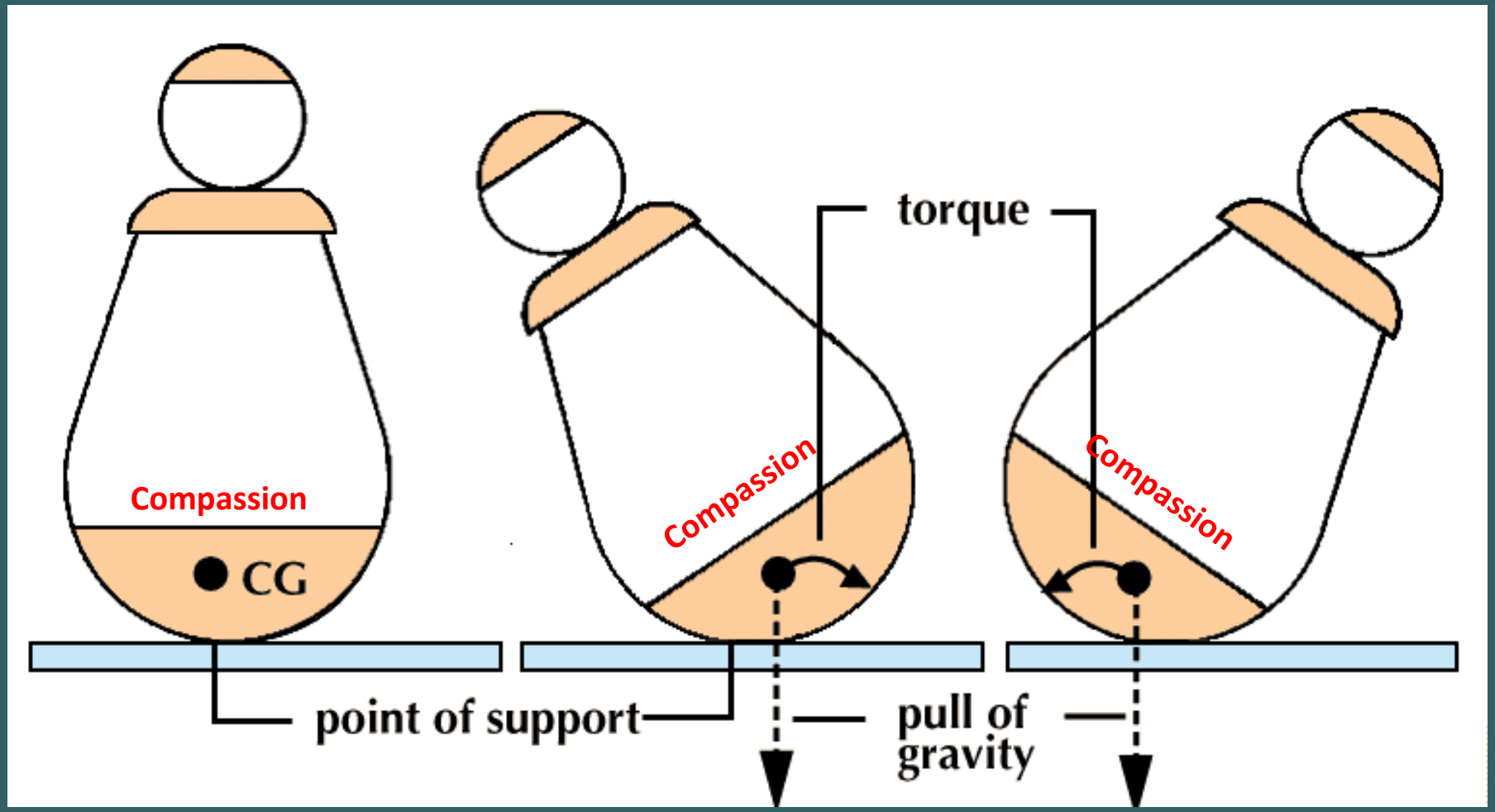
The difference between the compassionate/kindness approach and the empathy approach:

The idea is to generate (delete: aim for an increase in) well-being (positive, health, etc.) rather than to mitigate pain.

It is a semantic difference which could seem trivial but it changes things neurologically because the mental space is not inhabited only by the pain but by compassion (delete: the notion of kindness).

- Empathy leads to (delete: empathetic) empathic distress and to burnout.
- Compassion is a protection factor.
- The compassionate approach has been widely validated in neuroscience for the last 3 years (including in the Oxford Handbook of Compassion Science, 2017).

Compassion and self-compassion stabilize the mood when we are upset/shaken up: postures of strength



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7 key points of the compassion protocol – briefly summarized

- **Psychologically prepare for the encounter : (delete: Be psychologically prepared) : (delete: adopt) cultivate a receptive posture by listening to music that helps you be centred, by taking a few deep breaths, by cleaning up...**
- **Pay enough attention so that you can recognize the other person's emotion.**
- **Name the emotion and normalize it explicitly.**
- **See what's positive in others – do not let their distress define them for you.**
- **Offer some sort of support, well-being (even minimal) here and now, display kindness.**
- **Ensure a continuous presence.**
- **Respect your limits.**

Consequences of inadequate adaptative mechanisms

Some principles of “psychological safety” recommended in crisis situations appear to be harmful in the long run.

Since you must act fast:

- Learn to take it upon yourself and deal with things on your own.
- Leave no room for compassion to prevent being invaded.

These principles trigger behaviours that aim to contain stress and distress.

But the dam eventually yields under pressure, often with little warning.

Lessons learned based on scientific evidence: favour a river mode rather than a dam mode.

- Taking psychological vital signs stabilizes the mood.
- Mutual support expands our support base.
- The compassionate approach places us in a position of psychological strength.
- There will be floods, but never as destructive as a collapsed dam.

An important point: our idea of resilience

Research has clearly demonstrated that it is our notion of resilience that determines to a large extent our reaction to adversity. If I agree with the idea that resilience is the ability to resist adversity without being destabilized, I will not forgive myself any unsteadiness (and even less so a breakdown) and my recovery will be unlikely.

On the contrary, if I understand that resilience is a dynamic phenomenon which always includes some destabilization, I will normalize my unsteadiness, I will acknowledge it is natural and temporary, I will draw the resources I need and I will bounce back.

One of the main challenges to come: move past the idea of perfection and the usual level of rigour

Physicians are trained to be perfectionist and meticulous, which is both admirable and necessary. Unfortunately, in times of crisis, difficult choices are needed and one of them is to put perfection aside. In order to address the increasing number of needs, it is crucial to reassess the usual approaches. This goes as far as constituting a moral imperative because, without it, services are not optimized. From a psychological standpoint, it is one of the most painful challenges for physicians during times of crisis and the best comfort is to recall that the goal is to save the greatest number.

A realistic vision

- Even the best strategies might not prevent us from being psychologically destabilized. We must recall that it is not the breakdown that is critical, but the absence of rebound. And bouncing back remains the most likely outcome, when we use the tools at our disposal.
- Nothing can erase painful images or memories we carry within, but implementing sound strategies ensures that the emotions associated with painful images or memories no longer hinder us.

So, to respond to present challenges, we recommend combining:

a. Peer support
b. Taking psychological vital signs on a regular basis (short periods of mindfulness)
c. The neuroscience approach of compassion

And we are here to guide you through this process.

How to go about meetings 1/4

Structure

- Number of participants: ideally 4-8
- Duration and frequency: 20-30 minutes, once a week (or more if needed), at a time that is convenient for the group
- Facilitator: by rotation or a permanent facilitator can be designated

How to go about meetings 2/4

Timing:

Before the meeting

- Take 5 minutes alone before connecting to the meeting to focus and gather yourself to avoid contaminating the interactions with your own restlessness.

During the meeting

- The facilitator reminds that it is a psychologically “safe” place, that team members shouldn’t fear being judged when they express themselves genuinely.

How to go about meetings 3/4

Go around the table : the facilitator asks the following question first:

Question 1: What do you find most difficult?

- Each person takes a few minutes to talk.
- Important: we recognize, we name, and we normalize the emotions that were expressed.

Question 2: What helps you or may help you now?

Question 3: have you noticed positive things through the chaos? Something you are grateful for today?

How to go about meetings 4/4

Check out:

Question 4: What support have we generated together?

Clearly state that the members commit to be there for one another.

Take-home message:

It is normal for painful emotions to remain, but we aim for them to disrupt us less thanks to each other's support.

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