



TORONTO STUDY PATIENTS WITHOUT SARS

Hospital patients without SARS were concerned about becoming infected.

Restrictions on transfer to other institutions, cancelled procedures, the need for quarantine upon discharge or delayed discharge were common frustrations.

Patients deprived of family visits experienced insomnia, anxiety and interpersonal friction with staff.



TORONTO STUDY PATIENTS WITHOUT SARS

Limited access to external resources resulted in difficulty obtaining items that would usually provide comfort, such as books, music and toiletries.

Asian patients reported stigmatization and racist reactions in the community, because the outbreak was thought to have originated in China.



TORONTO STUDY HEALTHCARE WORKERS

Substantially changed working conditions

Perception of personal danger

Constantly changing modification of infection
control procedures and recommendations

Media coverage

Discouraged from interacting outside the hospital



TORONTO STUDY HEALTHCARE WORKERS

Eating and drinking alone or outside hospital
because of wearing masks

Staff not directly involved in patient care were
deemed nonessential and sent home

Fear, anxiety, anger and frustration

Conflict between roles as health care provider and
parent

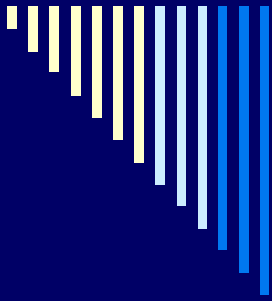
Compassion fatigue



COMPASSION FATIGUE SIGNS AND SYMPTOMS

Similar to the signs and symptoms of post-traumatic stress:

- ❑ *Nervousness and anxiety.*
- ❑ *Feeling anxious and in danger.*
- ❑ *Anger and irritability.*
- ❑ *Flashbacks.*
- ❑ *Difficulty concentrating.*
- ❑ *Lowered self-esteem.*
- ❑ *Feeling less trusting of others and the world.*
- ❑ *Withdrawing from others.*
- ❑ *Changes in appetite, sleep, or other habits.*
- ❑ *Physical changes.*
- ❑ *Depression.*



TORONTO STUDY PATIENTS WITH SARS

When indicated and desired, supportive psychotherapy was provided with a balance between a permissive approach to expression of feelings with pragmatic attention to the particulars of the patients' external reality.

In some cases, the simple presence of a person with the time and willingness to visit was identified as most valuable especially for patients with SARS who were "doing well" and getting less nursing contact.

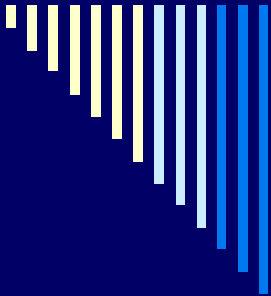


TORONTO STUDY PATIENTS WITH SARS

Pragmatic interventions – pizza delivery, trip to drug store, internet, telephone, newspapers, TV, books.

Identifying families' needs, offering an opportunity to express feelings, and supporting effective coping strategies helped to enhance the families' sense of competence and control.

Pharmacological and behavioral interventions to treat insomnia were used extensively.



Toronto Paramedic Mike Larson talks on his cordless phone from the balcony of his eighth floor apartment in Toronto on Friday, March 28, 2003. Larson is under a quarantine order after coming into contact with SARS victims.

(CP PHOTO/Frank Gunn)





TORONTO STUDY SUPPORT OF STAFF

On units with SARS patients, the initial reactions of uncertainty and fear of the unknown among the staff were met with immediate clear information in repeated, succinct messages, staff meetings, and provision of appropriate equipment and supplies.

Pamphlets identifying signs of anxiety and stress, and information about support resources.

Psychiatric staff made themselves available to chat with staff.



TORONTO STUDY SUPPORT OF STAFF

Drop-in support center was not used and replaced by a drop-in lounge in an open setting with soothing music, comfortable chairs and snacks. Senior staff acted as role models by making use of this service and bringing others with them.

Confidential telephone support line.

Informal network of mutual telephone contact and support among quarantined staff.

E-mail communications from the hospital



STUDIES OF SOCIAL ISOLATION AND SENSORY DEPRIVATION

Extremely frightening and anxiety provoking

Profound emotional, cognitive and perceptual alterations, hallucinations, non-compliant behavior, increased somnolence, confusion, restlessness, and anxiety

Intensive care syndrome – disorientation and defects in memory, attention, and concentration



LESSONS LEARNED

- People perform better and feel more secure if they are well informed
- Professionals are better able to do their jobs when they feel safe and well protected.
- People face challenge more effectively if they feel well supported, practically and emotionally



LESSONS LEARNED

- Communication is vital
- People perform better and feel less stress if they feel listened to and respected
- Professionals are good at what they do and will feel most confident if they are provided with an environment in which they can effectively do the jobs at which they are expert



Normal vs. Abnormal

- The event is **abnormal**.
- The individual's response is **expected** and **understandable** based on the situation.



PARALLEL PROCESS

Definition – when the worker’s dynamics mirror the dynamics of the client.

For example, in the initial phase of disaster both experience confusion, lack of information and a need to stay in survival mode.



ASSESSMENT

- Difficult to assess if stress reaction is severe enough to require clinical intervention
- Functional capacity is more important than symptoms
- Better to take a watch and wait attitude



ASSESSMENT

- Symptoms may initially look more severe, but may be a realistic coping reaction to the changed situation
- Some symptoms may be delayed and may be triggered by a reminder



RISK FACTORS FOR POOR ADJUSTMENT

- Any of us is vulnerable under the right set of circumstances.
- Children
- Elderly
- Persons with mental illness
- Persons with previous trauma experience
- Low socio-economic status
- Ethnic minority



RISK FACTORS FOR SEVERE REACTIONS

□ TRAUMA AND STRESS

- Severe exposure to the disaster, especially injury
- Threat to life
- Extreme loss including loss of a loved one
- Living in a highly disrupted or traumatized community
- High secondary stress



RISK FACTORS FOR SEVERE REACTIONS - Continued

□ SURVIVOR CHARACTERISTICS

- Female between ages 40-60
- Ethnic minority
- Low socioeconomic status
- Predisaster psychiatric history



RISK FACTORS FOR SEVERE REACTIONS - Continued

□ FAMILY CONTEXT

- If an adult survivor, having children in the home
- If female, the presence of a spouse
- If a child, the presence of parental distress
- A significantly distressed family member
- Interpersonal conflict or lack of support in the home



RISK FACTORS FOR SEVERE REACTIONS - Continued

□ RESOURCE CONTEXT

- Lacking belief in one's ability to cope
- Social resources
 - Few
 - Weak
 - Displaced
 - Missing
 - Or deteriorating



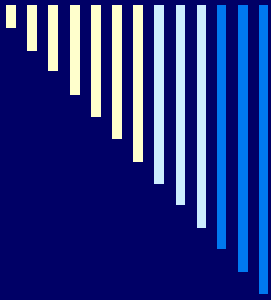
ATYPICAL GROUPS LIKELY TO SURFACE

- ❑ Family members of patients
- ❑ Family members of non patients
- ❑ Media
- ❑ Walk ins
- ❑ Drive ins
- ❑ First entry into mental health system
- ❑ Often present with physical symptoms (which need to be ruled out)



SEVERE REACTIONS

- Intrusive reexperiencing
- Extreme emotional numbing
- Extreme attempts to avoid disturbing memories
- Hyperarousal
- Severe anxiety
- Severe depression
- Dissociation



PSYCHOLOGICAL INTERVENTIONS

- ❑ Prevention of group panic
- ❑ Careful, rapid medical evaluation and treatment
- ❑ Avoidance of emotion-based policies (knee jerk reaction)
- ❑ Control and management of symptoms secondary to arousal – reassurance, pharmacological