

## Using National Best Practices to Inform Mental Health Treatment for Delaware Healthcare Workers in the Wake of COVID-19

Healthcare workers (HCWs) are at risk of adverse psychological outcomes, including dying by suicide due to working in an environment in which they are constantly exposed to vicarious trauma (Dutheil, 2019; Frank & Dingle, 1999; Wu, 2000). Stressors include exposure to primary and secondary trauma, compassion fatigue, and the second victim phenomenon, all documented sources of mental health problems in HCWs. Clinician burnout is at epidemic levels (Committee, 2019), and higher levels of burnout are associated with a greater likelihood of making medical errors (Shanafelt et al., 2010).

Pandemics exacerbate these stressful conditions. Compared with HCWs who did not treat patients with SARS, HCWs on the frontline were more likely to develop post-traumatic stress disorder and maladaptive coping behaviors (Lancee et al., 2008; Maunder et al., 2006). HCWs experience moral distress when they are unable to provide the kind of care they want to for patients with COVID-19 due to the need to protect themselves from infection (Dzau et al., 2020; Maguen & Price, 2020). Community-driven fear and social stigma was also associated with increased compassion fatigue (Ramaci et al., 2020).

Current psychological treatment solutions for HCWs are inadequate. The training mental health providers typically receive does not focus on HCWs or the specific stressors HCWs encounter, much less how they are impacted by a viral pandemic. Together, ChristianaCare and Nemours employ almost 8,500 clinicians and have a shared urgent need to strengthen HCW wellbeing efforts with the goal of improving their ability to provide effective patient care. Both Nemours and ChristianaCare use an employee-assistance program (AETNA Resources for Living) that draws upon masters-level therapists, but these therapists are not likely to have received specialized training in providing treatment to HCWs.

Our team, composed of licensed psychologists who are experienced in the area of HCW wellbeing and developing psychoeducation (Van Horne et al., submitted), is uniquely situated to address this need by developing an education module for licensed mental health professionals that specifically addresses how to provide treatment to HCWs in the wake of COVID-19. To that end we aim to:

**Aim 1.:** Identify and compare the mental health needs of HCWs and the treatment strategies of licensed mental health professionals by conducting surveys and interviews of these two groups. We hypothesize that there will be a mismatch between the needs expressed by HCWs and the treatment approaches of mental health care professionals that serve them.

**Aim 2.:** To develop and refine an innovative education module to provide licensed mental health professionals with research-based strategies for providing treatment to HCWs in the wake of COVID-19. We will test the acceptability and suitability of the materials via focus groups (N=5).

**Aim 3.:** To evaluate the effectiveness of the educational materials by conducting a randomized controlled trial of mental health professionals (N=120). We hypothesize that those who receive the education will perceive that they are better able to treat HCWs than those in a delayed exposure arm.

Successful completion of these aims will result in a sustainable education module that is available to Delaware licensed mental health professionals and a cohort of 120 mental health professionals from Delaware who are better prepared to provide treatment to HCWs during COVID-19, thereby strengthening the resilience of the Healthcare workforce and enabling them to provide more effective patient care.

### **Community Impact**

This project is important for our community because Delaware needs a healthy workforce of HCWs to effectively address the ongoing COVID-19 pandemic. The project team involves Nemours and ChristianaCare, two major healthcare systems in Delaware who have experience supporting clinician wellbeing and who can expand the ability of licensed mental health professionals in Delaware to provide treatment to HCWs during COVID-19. Our team is well-positioned to engage with licensed mental health professionals from around the state and to help inform the community of licensed mental health professionals about how to best provide treatment to HCWs during the ongoing pandemic.

### **Innovation**

The work that we are proposing is innovative for several reasons. First, there is little if no training for counseling psychologists and other licensed mental health professionals who want to specialize in treating HCWs. Within the American Psychological Association, there is no designated division or organization group that is particularly for professionals who provide treatment to HCWs, much less for those who are treating HCWs who are experiencing trauma during the response to COVID-19. This program will bring a much-needed resource to licensed mental health professionals in Delaware.

### **Sustainability**

This project will be sustainable because the educational content will become continuing education that can be accessed by more licensed health professionals after the project. ChristianaCare is a CE-accrediting institution and will be able to ensure that the educational content is accessible and available. The Center for WorkLife Wellbeing will also be able to curate a list of resources for licensed mental health professionals to help them stay up to date on recent research and knowledge about best practices.

### **Project Activities**

**Baseline Survey and Interviews.** To inform the development of the education module, we will conduct a baseline survey with a sample of 100 national and 100 community psychologists and licensed mental health professionals to learn about what kinds of treatment or services they provide to HCWs and how they support HCWs who have been affected by the response to COVID-19.

Survey respondents who spend at least .2 FTE of time in the area of supporting the wellbeing of HCWs will be invited to participate in a semi-structured interview that will enable the research team to learn in-depth about how these licensed mental health professionals support HCW wellbeing and what strategies they find especially effective for treating HCWs who have been affected by the response to COVID-19.

We will also conduct surveys and interview a sample of 20 HCWs from ChristianaCare and Nemours to learn about their wellbeing needs as HCWs and how they perceive they can best be supported by a licensed mental health professional.

To analyze the interviews, our approach will be guided by naturalistic inquiry, which emphasizes developing an understanding of how research participants make sense of the world and their actions in it (Lincoln & Guba, 1985). The interviews will be transcribed, and we will use analytic techniques based on grounded theory to inductively develop categories related to the treatment strategies of licensed mental health professionals and the wellbeing needs of HCWs. As we make abstractions grounded in the data, we will develop an understanding the potential mismatch between the stressors faced by HCWs and the treatment strategies used by licensed mental health professionals (Strauss & Corbin, 1997).

**Development of Education.** The two psychologist researchers will develop an electronic, multimedia, enduring educational session targeted to masters and doctoral level mental health clinicians on the topic

of competencies and best practices in the emerging specialty of HCW wellbeing, with an emphasis on emerging needs of HCWs following the onset of Covid-19. The presenters will attain continuing education credit appropriate for the length of the session (1-2 hours). The content of the session will be informed by the qualitative interviews of psychologists working in healthcare systems in dedicated HCW wellbeing roles and will present an overview of common characteristics of and threats to those working in healthcare settings across a variety of roles. Topics will include exposure to trauma (Hobfoll et al., 2007), secondary vicarious traumatization (Baird et al., 2006), compassion fatigue (Nolte et al., 2017), burnout (Restauri & Sheridan, 2020), help-seeking stigma in medicine (Barney et al., 2006; Mortali & Moutier, 2018), perfectionism/high achievement, and will also cover institutional and organizational barriers to and facilitators of wellbeing for HCWs. Lessons learned from the nation-wide study of psychologists specializing in HCW wellbeing and mental health will be tailored for use by clinicians working in private practice and other treatment settings.

We will curate a list of resources about treating HCWs who may have experienced trauma during the response to COVID-19. These resources will be made available online and freely available to participants in the education module as well as advertised to licensed mental health professionals in Delaware.

Of the Delaware participants who were recruited for the study, we will randomly assign 60 to receive the education module. We will also randomly select 60 participants from the sample from other states to serve as a wait-list control and who will receive access to the education after the end of the study.

**Follow-up Survey.** Six months after completion of the education, we will administer the follow-up survey to both groups to learn about the effectiveness of the educational content. We will specifically examine whether participants in the treatment group perceive that they have more productive sessions with HCWs. We will seek to determine whether participants in the treatment had developed better therapeutic alliance and theoretical understanding of the client's problem (Stamoulos et al., 2016). Semi-structured interviews will be conducted with a sample of participants from the treatment group to learn about their practices and their perceptions of the education program.

### **Project Budget**

The total project budget is \$50,000.

We are requesting \$37,000 for the development of the multimedia educational content that will be delivered as continuing education in an online platform. Our estimate is based on previous experience with using a consulting firm for the development of multimedia psychoeducation content delivered on an online platform.

\$1000 – Consultant expenses for a group of N=5 psychologists who provide a review of the educational content.

\$8,000- Incentives for licensed mental health professional participants. In order to incentivize participation in the project, we are requesting We plan to recruit 200 participants and reimburse them \$15 for completing the baseline survey. We will reimburse 20 participants \$50 for participation in the semi-structured interviews. We will also plan to reimburse 200 participants \$15 for successfully completing the follow-up survey and 20 participants \$50 for participating in the final semi-structured interview.

\$2,000 – Incentives for N=20 HCWs who will participate in a survey and interview about their particular mental-health and wellbeing needs.

\$500 for mailing materials and supplies for participant recruitment.

\$1,500 for transcription services.

### **Project Personnel**

The project team is well qualified to carry out the proposed activity.

Sam Van Horne, Ph.D., is senior research associate in the Center for WorkLife Wellbeing at ChristianaCare. He is trained in quantitative and qualitative research methods and is experienced in conducting program evaluation. Dr. Van Horne facilitates the administration of the annual Provider Wellbeing Survey at ChristianaCare and is experienced in studying factors associated with the wellbeing of clinicians.

Dr. Vanessa Downing, Director of the Center for WorkLife Wellbeing at ChristianaCare, leads a group (including three licensed psychologists) who support the wellbeing of both clinical and non-clinical caregivers in the healthcare system. Dr. Downing has developed a curriculum of psychoeducation called OASIS (Opportunity to Achieve Staff Inspiration and Strength) that enables HCWs to improve their ability to be aware of and to attend to their emotions when working in the fast-paced environment of healthcare.

Megan Call, Ph.D., is a licensed psychologist and associate director of the Resiliency Center at University of Utah Health. Dr. Call facilitates a peer support program and is experienced in the area of supporting HCWs.

Maureen Leffler, DO, MPH is the Chief Wellness Officer for Nemours Children's Health System, a non-profit pediatric health system serving children and families in both the Delaware Valley and Florida, with approximately 8000 employees. Dr. Leffler's background in clinical medicine, public health and curricular design in experiential education will support all of the aims of this work. She leads a team of four licensed psychologists and two clinicians dedicated to the wellbeing of both clinical and non-clinical caregivers in the healthcare system.

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