Psychological PPE: Enhancing Resilience in the Face of Crisis

Carol A. Bernstein, MD
Department of Medicine Grand Rounds
Albert Einstein College of Medicine Montefiore Medical Center
April 14, 2020
Carol A. Bernstein, MD

Departments of Psychiatry and Behavioral Sciences and Obstetrics & Gynecology and Women’s Health

Albert Einstein College of Medicine

Montefiore Health System

Bronx, NY

Past President, American Psychiatric Association

Professor and Vice Chair, Faculty Development and Wellbeing
**Date:** April 14, 2020  
**Presenter:** Carol Bernstein, MD  
**Activity Title:** Medicine Grand Rounds: Psychological PPE: Enhancing Resilience in the Face of Crisis  
**Location:** Zoom Conference

**DISCLOSURES**

**Course Director’s/Moderator’s**  
Dr Elizabeth Kitsis has no relevant financial relationships with an ACCME-defined commercial interest within the past 12 months.

**Presenter’s**  
Dr Bernstein has no relevant financial relationships with an ACCME-defined commercial interest within the past 12 months.

**OBJECTIVES**

- Identify key factors contributing to stress, burnout, wellbeing and resilience as they particularly affect physicians during CoVid
- Identify practical experiential techniques that enhancing wellbeing
- Increase knowledge of different strategies to support themselves, their colleagues and their families in the midst of an infectious disease outbreak
“Now is not the end. It is not even the beginning of the end, But it is perhaps, the end of the beginning.”

Winston Churchill, 1942
“One of the sayings in our country is *Ubuntu*—the essence of being human. *Ubuntu* speaks particularly about the fact that you can’t exist as a human being in isolation. It speaks about our interconnectedness. You can’t be human all by yourself, and when you have this quality—*Ubuntu*—you are known for your generosity... you are connected and what you do affects the whole World. When you do well, it spreads out; it is for the whole of humanity.”

— Archbishop Desmond Tutu
Self Reflection

Who am I now?

Who do I want to be?
Where do I want to be? Now? Future?

Fear Zone:
- I hoard food & other goods
- I complain all the time
- I point the finger at others
- I transmit my fear & anger to others
- I share unverified info, or info that will create fear in others
- I acknowledge that we are all doing our best
- I practice self care, calmness, patience, creativity

Learning Zone:
- I find meaning and purpose in the situation
- I don’t compulsively consume harmful news & opinion
- I let go of what I can’t control
- I try not to worry about things that are unlikely to happen
- I recognise, notice and identify my emotions
- I make myself aware and think about the best way to react
- I verify info before I share it
- I acknowledge that we are all doing our best
- I practice self care, calmness, patience, creativity

Growth Zone:
- I think of how I can help others
- I use my skills in service of those in need
- I live an active life at home and outdoors
- I show empathy to myself and others
- I REST, RECOVER, RESTORE
- I live in the present and focus on the future
- I find ways to adapt
- I keep myself emotionally stable and transmit HOPE
- I show gratitude
- I build stronger relationships and trust

Original source unclear possibly: Adriaan Groenewald
Redrawn and updated by @haleylever
Guided Meditation with Dr. Sheira Schlair

Associate Professor of Medicine
Co-Director, Introduction to Clinical Medicine Program
Albert Einstein College of Medicine
Montefiore Health System
Bronx, NY
Objectives

Identify

- Identify key factors contributing to stress, burnout, wellbeing and resilience as they particularly affect Medicine staff during COVID

Establish

- Establish practical experiential techniques that enhancing wellbeing.

Increase

- Increase knowledge of different strategies to support ourselves, our colleagues and our families in the midst of an infectious disease outbreak.
Disclosures

None
Moral Distress

- This is like WAR
- “Moral injury”: soldiers’ response to actions in war that pierce identity, morality and relationship to society
- Physicians enter medicine as a calling – religious zeal, lost sleep, lost years of young adulthood, financial and family strain, disregard for personal health
- Being unable to provide high-quality care and healing in the context of health care
- And we are always being told what NOT to do.
- Challenges to the Hippocratic Oath
Bodily Signs of Moral Distress

- Stomach pain or discomfort
- Chest tightness
- Back or shoulder tension
- Headaches
- Trouble Sleeping
- Acting in ways that don't feel good to you.
How Can I Cope with Moral Distress?

- Acknowledge
- Regulate your body
- Connect with others – colleagues, friends, etc.
- Be Kind to Yourself
- “The Perfect is the Enemy of the Good”
The Doctor’s Personality:
*The Compulsive Triad*

- Doubt
- Guilt
- Exaggerated sense of responsibility

Gabbard. *JAMA*, 1985
<table>
<thead>
<tr>
<th>Adaptive</th>
<th>Maladaptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to patients</td>
<td>Difficulty:</td>
</tr>
<tr>
<td></td>
<td>- allocating time for family</td>
</tr>
<tr>
<td></td>
<td>- setting limits</td>
</tr>
<tr>
<td></td>
<td>- differentiating healthy</td>
</tr>
<tr>
<td></td>
<td>self-interest from “selfishness”</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic rigor</td>
<td>Difficulty relaxing</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughness</td>
<td>Sense of “not doing enough”</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire to stay current</td>
<td>Sense of ”not knowing enough”</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledgement of responsibility for the</td>
<td>Sense of responsibility for what</td>
</tr>
<tr>
<td>trust of our patients</td>
<td>cannot be controlled</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physicians Are Vulnerable

- Response to chronic job stress
- An occupational hazard

2nd Victim Syndrome
- Response to acute job trauma

Burnout

Depression
- A pervasive, miserable and disabling medical disorder

Suicide
- “Physician factors” influence risk
COVID-19 AND US
Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

<table>
<thead>
<tr>
<th>REQUEST</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hear me</strong></td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td><strong>Protect me</strong></td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td><strong>Prepare me</strong></td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts</td>
</tr>
<tr>
<td><strong>Support me</strong></td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together</td>
</tr>
<tr>
<td><strong>Care for me</strong></td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
</tbody>
</table>

JAMA. Published online April 07, 2020. doi:10.1001/jama.2020.5893
Specific Challenges for Healthcare Personnel

- Surge in care demands
- Co-morbidity of patients we serve – the poorest, with most co-morbid conditions, highest risk of death
- Personal risk of infection and infecting your family
- Equipment challenges, rationing and shortages (respirators, meds, PPE)
- Providing support as well as medical care
- Psychological stress: fear, grief, frustration, guilt, insomnia and exhaustion
Specific Challenges for Healthcare Personnel

- Surge in care demands
- Co-morbidity of patients we serve – the poorest, with most co-morbid conditions, highest risk of death
- Personal risk of infection and infecting your family
- Equipment challenges, rationing and shortages (respirators, meds, PPE)
- Providing support as well as medical care
- Psychological stress: fear, grief, frustration, guilt, insomnia and exhaustion

What Else?

Please share your challenges in the chat box
What Matters to You?
Reflections
The stress, fear and uncertainty of Coronavirus (COVID-19) requires special attention to the needs of healthcare personnel.

Taking care of yourself and encouraging others to do the same sustains the ability to care for those in need. This includes both meeting practical needs as well as physical and emotional self-care.

Because everyone is impacted by this event, emotional support must be widely available for all.
BURNOUT: Three Components

1. Overwhelming exhaustion

2. Depersonalization: Feelings of cynicism and detachment

3. Sense of ineffectiveness and lack of accomplishment

The antithesis of burnout: engagement
- High energy
- Strong involvement
- Pride and a sense of efficacy

A psychological syndrome emerging as a prolonged response to chronic stressors on the job

NB: In a review of 182 studies involving 109,628 physicians from 45 countries, 142 unique definitions of “burnout” were used, resulting in overall burnout prevalence ranging from 0 to 81%

-Rotenstein et al JAMA, 2018

Maslach WP 2016
## General Risk Factors for Burnout and Distress


<table>
<thead>
<tr>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep deprivation</td>
</tr>
<tr>
<td>High level of work/life conflict</td>
</tr>
<tr>
<td>Work interrupted by personal concerns</td>
</tr>
<tr>
<td>High levels of anger, loneliness, or anxiety</td>
</tr>
<tr>
<td>Stress of work relationships/work outcomes</td>
</tr>
<tr>
<td>Anxiety about competency</td>
</tr>
<tr>
<td>Difficulty “unplugging” after work</td>
</tr>
<tr>
<td>Regular use of alcohol and other drugs</td>
</tr>
</tbody>
</table>
Signs of Burnout and Secondary Traumatic Stress

- Sadness, Depression or Apathy
- Feeling Easily Frustrated
- Feeling Isolated and Disconnected from Others
- Feeling Tired, Exhausted or Overwhelmed
- Excessive Worry or fear about something bad happening
- Feeling like a Failure
- Being easily startled or “on guard” at all times
- Racing heart
- Nightmares
Resilience

- The capacity to bounce back, to withstand hardship, and to repair yourself
- Positive adaptation in the face of stress or disruptive change

Based on a combination of factors:
- Internal attributes (genetics, optimism)
- External (modeling, trauma)
- Skills (problem solving, finding meaning/purpose)

Wolin 1993, Werner & Smith, 1992
Can We Build Resilience?

- Realistic recognition (Overcoming denial/culture)
- Exercise, sleep, nutrition
- Supportive professional relationships/talking things out with others
- Personal relationships
- Boundaries
- Humor
- Time away from work/Hobbies
- Passion for one’s work

Swetz, J Palliative Med 2009
Altruism may help protect against the development of post traumatic stress

Self Reflection

Where am I now?

Where do I want to be?
Normal Responses including Anxiety

- Feelings of satisfaction and meaning by helping.
- Fear, grief, frustration, guilt, sadness, irritability.
- Chest tightness, GI distress, pain, insomnia, and exhaustion.
- Difficulty concentrating.
- Increased monitoring of physical symptoms.
- Thoughts of avoidance or escape, urge to withdraw to safety
- Helplessness or feeling no control over what is happening.
There are things we **CAN** do!

- **Establish safety**
  - Identify safe areas and behaviors

- **Maximize your ability to care for yourself and your family**
  - Keep in touch with colleagues and people you care about

- **Take advantage of calming skills and maintenance of natural body rhythms**
  - Eg, nutrition, sleep, rest and exercise – there are many two minute “apps” to help with this

- **Maximize & facilitate connectedness to family and other social supports to the extent possible**
  - “Zoom” is your friend!

- **Try to be hopeful and optimistic while not denying risk**
Self-care is **Not in Conflict with Altruism**

"Secure your own oxygen mask before assisting others"
Tips for your Families

- Your families are just as concerned about YOU as you are about THEM.

- Remind your family that the situation is temporary.

- Titrate information to each family members’ readiness.
Helping Your Families

- Provide accurate ongoing information about what you are doing and how you are – they are worried about you.
- Don PPE that fits you and follow guidelines for disinfecting yourself when you go home.
- Develop your own family rules including living arrangements. (Find the balance between safety and connection)
- Use time “off” to take care of yourself.
- Do things that you can control that make you feel better.
- Share calming strategies and maintain family rules.
This is a “critical” mission, similar to a military deployment

Be proud of your family’s role in supporting you so you can help them have a sense of meaning and purpose as well.

Maintain telephone and on-line communication as you can.

Take advantage of assistance that is offered from all your friends and families – you are strong, but you don’t have to go it alone.

Tell them sometimes you may be having a difficult day and won’t want to talk. . . And that’s ok.

What you can tell your families
How can you be a good doctor in a bad situation?

Core Ethical Principles

1. Provide best possible care in circumstances
2. Crisis standards of care are necessarily different
3. Not ethically required to offer futile care
4. Tell the truth
Cure sometimes, treat often, comfort always

Hippocratic Oath → Humbling → As true now as then

Most patients survive COVID → But COVID has high mortality rate → Comfort is right goal for many patients
Rationing can be ethical!

- Save the most lives possible
- Provide care that will benefit
- Use objective criteria
- Avoid discrimination
  - No social worth
  - No bias against disability
  - Careful consideration of SDOH
  - Consistent
<table>
<thead>
<tr>
<th>Icon</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>🏥</td>
<td>Disaster highlights social determinants of health disparities</td>
</tr>
<tr>
<td>🏙️</td>
<td>Highest COVID mortality Queens, Bronx</td>
</tr>
<tr>
<td>📊</td>
<td>Lowest Manhattan</td>
</tr>
<tr>
<td>⬇️</td>
<td>Higher mortality for minorities, poor</td>
</tr>
<tr>
<td>🏥</td>
<td>Care in disaster should not increase inequities</td>
</tr>
<tr>
<td>☢️</td>
<td>Cannot prevent excess deaths</td>
</tr>
<tr>
<td>🧐</td>
<td>Political action is part of the “treatment” for Social Determinants of Health disparities</td>
</tr>
</tbody>
</table>

Health disparities contribute to the ethical challenge.
## Disparities in NYC During COVID

<table>
<thead>
<tr>
<th></th>
<th>Total Cases</th>
<th>% of Total NYC cases</th>
<th>Total Deaths</th>
<th>% of Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan</td>
<td>9,691</td>
<td>14%</td>
<td>348</td>
<td>15.1%</td>
</tr>
<tr>
<td>Queens</td>
<td>23,083</td>
<td>33%</td>
<td>1033</td>
<td>32.2%</td>
</tr>
<tr>
<td>Bronx</td>
<td>13,680</td>
<td>19.8%</td>
<td>850</td>
<td>26.5%</td>
</tr>
<tr>
<td>All of NYC</td>
<td>68,776</td>
<td></td>
<td>2303</td>
<td></td>
</tr>
</tbody>
</table>

nyc.gov data 4/7/2020

For example: While 19.8% of the cases are in the Bronx and 14% in Manhattan, 26.5% of the deaths are in the Bronx compared with 15.1% in Manhattan. We can also look at the zip code level data. See links below.
What Matters to the patients and families you are working with?

What’s important to you
What Matters May Include. . .

What Matters to You?

My husband is dying alone

Who will take care of my children?

I am afraid my son will relapse on drugs

I’ll infect my family

I lost my job. No money for rent and food!
“Maintaining a What Matters to You? mindset during this crisis can help us preserve our humanity and perspective”

Damara Gutnick, MD
What We Think

Should I “follow orders” or listen to my instincts?

Should I take more responsibility or take care of myself/family?

Should I stay at work or go home?

Am I furthering oppression and inequality?

Should I focus on what is better for me, my loved ones, my patients, and/or my community?
Managing Grief

- Acknowledge Grief – tears are good
- Share your grief
- Avoid blame: It is not a failure of care, it is a failure of cure
- Give your superego a break
- Practice self-compassion
“There is a sacredness in tears. They are not the mark of weakness, but of power. They speak more eloquently than ten thousand tongues. They are the messengers of overwhelming grief, of deep contrition, and of unspeakable love.”

— Washington Irving
## Strategies for Sustaining Wellbeing

<table>
<thead>
<tr>
<th>Meet</th>
<th>Meet Basic Needs (eat, drink, and sleep – being biologically deprived puts you at risk and may compromise your ability to care for patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take</td>
<td>Take Breaks – talk a walk, listen to music, talk to a friend</td>
</tr>
<tr>
<td>Connect</td>
<td>Connect with colleagues – complement each other = share your frustrations – problem solve together.</td>
</tr>
<tr>
<td>Contact</td>
<td>Contact your loved ones (?once during a shift?)</td>
</tr>
<tr>
<td>Respect</td>
<td>Respect your differences – some people like to talk, others need to be alone</td>
</tr>
<tr>
<td>Monitor</td>
<td>Yourself for signs of depression (sadness, insomnia, hopelessness) and consider talking to a peer, supervisor, professional</td>
</tr>
</tbody>
</table>
Stay Connected

To Friends & Family

To your sources of spirituality

Check CDC and state websites regularly

Limit Exposure

To the Media

To your devices (screen time)
Guidance for Leadership

- Transparent and thoughtful communication
- Ensuring that people get adequate rest
- Provision of food, rest breaks, decompression time and adequate time off
- Allow as much opportunity for “local” control as possible.
Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic

Requests From Health Care Professionals to Their Organization During the Coronavirus Disease 2019 Pandemic

<table>
<thead>
<tr>
<th>Request</th>
<th>Principal desire</th>
<th>Concerns</th>
<th>Key components of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hear me</td>
<td>Listen to and act on health care professionals’ expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able</td>
<td>Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses</td>
<td>Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process</td>
</tr>
<tr>
<td>Protect me</td>
<td>Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members</td>
<td>Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed</td>
<td>Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions</td>
</tr>
<tr>
<td>Prepare me</td>
<td>Provide the training and support that allows provision of high-quality care to patients</td>
<td>Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges</td>
<td>Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts</td>
</tr>
<tr>
<td>Support me</td>
<td>Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients</td>
<td>Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur</td>
<td>Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together</td>
</tr>
<tr>
<td>Care for me</td>
<td>Provide holistic support for the individual and their family should they need to be quarantined</td>
<td>Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection</td>
<td>Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary</td>
</tr>
</tbody>
</table>

JAMA. Published online April 07, 2020. doi:10.1001/jama.2020.5893
Hear Me

- Create an array of input and feedback channels
  
  (listening groups, suggestion boxes, email, town halls)

- ACTIONS TAKEN

  - We want to hear from you and have created multiple bidirectional communication channels
    - Dr. Ozuah answering staff questions and soliciting solutions
    - Department Town Halls
    - Daily Department and Systems Updates
Protect Me/ Prepare Me

- ACTIONS TAKEN
  - PPE availability and fit
  - OHS
  - Employee Testing if symptomatic
  - Information on best practices to protect you and your families
  - Best practice updates
  - Training and education
  - Grand rounds
Support Me / Care for Me

- **ACTIONS TAKEN**
  - Food & Parking
  - Housing options to keep families safe
  - Medical Student Volunteers
  - Paid sick time
  - Emotional Support Resources
    - Multiple programs (see details)
    - SMART / MESA Programs
    - Grand Rounds
    - Zoom Groups
  - Provide Holistic Support for Staff and Families
National Resources

- Center for the Study of Traumatic Stress: www.cstsonline.org
- Center for Disease Control and Prevention www.cdc.gov
- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- American Psychiatric Association: www.psych.org
- American Psychological Association: www.apa.org
- American Academy of Pediatrics: www.aap.org
- American Red Cross: www.redcross.org
- What Matters to You www.montefiorehvc.org
Tipping the Balance from Burnout to Burning Bright
Please share one strategy or thing you may try this week

Use time off to care for ME!

Talk to someone from the MESA program

Limit exposure to media

Please share via text...
“Somebody has to do something, and it's just incredibly pathetic that it has to be us.”

Jerry Garcia
Montefiore Emotional Support Allies (MESA)

- Each health care frontline clinician is being paired with a mental health professional (ally) who will “check in” with them several times/week: text, phone – entirely voluntary

SMART (Swift Montefiore Associate Response Team)

- 2-12 intensive, brief focused psychotherapy or medication evaluation by telehealth for Covid related stress or anxiety provided by psychiatry faculty: email mepa@Montefiore.org with your name, dob and your chief complaint
Montefiore Emotional Support Resources

*Montefiore COVID-19 Emotional Support Line: 718-920-8844 (Daily 8am - 10pm)* 7 days per week, 8am -10pm you can be connected by phone to a Montefiore psychiatrist, psychologist, or social worker for peer support.

Staff Support Centers Monday to Friday: Moses (8 to 8), CHAM (11-5), Weiler (11-5), Wakefield (11-5): quiet space, food and drink, peer to peer support, art-based relaxation materials, massage chairs.

Non-1199 Carebridge Employee Assistance Program (EAP) provides non-1199 associates and their household members with telephonic and video, counseling and personal care services (such as assistance related to childcare or financial concerns), with the first 5 initial confidential sessions included. Call 844.300.6072 or visit www.myliferesource.com and use access code C4NKN. Available 24/7/365 days.

Supportive Wellness: Free, telephonic confidential appointments with Montefiore’s Associate Wellness Wellbeing Manager for stress management and emotional wellbeing consultations. Contact Dr. Brenda Boatswain, a licensed psychologist, at bboatswa@montefiore.org.

“Montefiore Together” Daily Broadcast (in development)
Montefiore Resources continued

- **Relaxation Tracks**: Montefiore’s recorded relaxation tracks that provide gentle music or guided relaxation exercises via the phone or internet. The hotline and website are available 24/7, at 718.920.2256 or online at www.montefiore.org/healingarts-relaxationtracks.

- **Creative Wellness**: Free individual telephonic creative wellness consultations with Montefiore’s Associate Wellness Program Manager, a licensed art therapist for stress management and mindfulness techniques. Contact Stephanie Saklad, M.A., ATR-BC, LCAT at ssaklad@montefiore.org for an appointment.

- **NYC Well**: can be reached 24 hours, 7 days/week by phone at: 1-888-NYC-WELL (1-888-692-9355), by texting “WELL” to 65173; or Chat at: https://nycwell.cityofnewyork.us/en/get-help-now/chat-with-a-counselor-now/.

- **NYS COVID Emotional Support Helpline**: 1-844-863-9314, 8am-10pm, 7 days/week for mental health counseling

- **Westchester County Department of Community Mental Health**: 7 days per week, 8am-8pm you can be connected to mental health services. Call 914-995-1900.

- **Meditation Apps**: Headspace is providing free subscriptions to New Yorkers during the pandemic at: www.headspace.com/nv. Other free apps are also available for associates through their phone app stores, such as Insight Timer and Calm.
Helpful Apps

**Depression CBT Self-Help Guide** helps you understand the causes of depression, explains self-help behaviors you can adopt to reduce symptoms, and provides useful self-management tools.

**Headspace / Headspace Plus** is a meditation tool with hundreds of sessions on physical health, personal growth, stress management, and anxiety relief.

**PTSD Coach** provides users with education about PTSD and tools that can help users manage the stresses of daily life with PTSD.

**7 Minute Workout** is the #1 fitness app in 127 countries with 12 high intensity exercises, 30 seconds per exercise, 10 seconds rest between exercises.
YOU HAVE 48 HOURS TO REGISTER AND COMPLETE EVALUATION FORM FOR THIS ACTIVITY

PASSCODE for this RSS Activity Event is:

98GNAW

Albert Einstein College of Medicine designates this live activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Albert Einstein College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.