



Institute of Coaching

McLean, Affiliate of
Harvard Medical School



“To emerge from this pandemic better than we went in, we must allow ourselves to be touched by others’ pain.” Pope Francis, 2020

As the COVID-19 pandemic enters yet another wave, our already overburdened and exhausted healthcare system – and its frontline providers – is completely swamped in many parts of the US. Healthcare professionals are emotionally and physically exhausted, drowning in both fear and fury. Yet they continue, daily, to suit up and return to the front line. Some say their oath compels them; others simply say they, like everyone, have bills to pay and families to support.

Unfortunately, pandemic trauma is only serving to exacerbate significant pain that has been building in the healthcare industry for years. For more than a decade, industry experts – and practitioners themselves – have been sounding the alarm about critical levels of burnout and toxic stress experienced by healthcare professionals.

Burnout often presents as intense anxiety, extreme mental and/or physical exhaustion, dissociation, detachment, and apathy or anger that colors interactions with colleagues, subordinates and patients. Joy, pride, social interaction and intellectual satisfaction – once hallmarks of the medical profession – were replaced with frustration, isolation, anger, dissociation and career dissatisfaction.

The frequency with which healthcare organizations are requesting “resiliency coaching” has certainly increased in recent months.

Learning to recognize, honor and tend to those habits of body, mind and spirit that increase individual resiliency is always a useful exercise for personal growth and professional development. In the current crisis, however, this well-intentioned idea to encourage increased individual resiliency as the countermeasure to pandemic fatigue, PPE shortages, hospital overload, mass casualty and daily death tolls is inadequate. In fact, some coaches report they are encountering pushback from healthcare practitioners at the perceived insinuation that they lack resilience.

Most in the coaching industry are familiar and comfortable with the idea of coaching through burnout. What we are encountering in physicians and other healthcare workers today, however, has crossed the threshold of even “severe” burnout into the realm of trauma, vicarious trauma and moral injury (Morgantini et al., 2020). The harm is real and worsening daily, and coaches have an important opportunity to learn and deploy skills that engage with clients in this space.

“Physicians are smart, tough, durable, resourceful people. If there was a way to MacGyver themselves out of this situation by working harder, smarter, or differently, they would have done it already.” (Talbot & Dean, 2018)

All trauma involves a real or perceived loss of control, and the 2020 pandemic has exposed how vulnerable healthcare workers can be to that loss. As we enter into what will unquestionably be a season of system overwhelm, we are seeing the natural and expected arc of pain and trauma to grief and despair.

Post-traumatic growth is a well-established concept. Less studied is the idea that there can be growth *during and through trauma*. Trauma-informed coaching in the midst of ongoing crisis may help prevent the embodiment of trauma, mitigate long term socioemotional and physical effects, and accelerate client movement into post-traumatic growth and healing centered engagement.

Facilitating this growth process can and should include a focus on resilience as a part of - not replacement for - trauma mitigation practices. Resiliency coaching in the face of trauma must be mindful and robust and should address more than just those strategies designed to replenish resiliency reserves. Eventually, the discussion should turn to *preservation* of resilience as well as *restoration*.

Recognizing choices and making decisions that help preserve resiliency is often a new concept for healthcare practitioners. Too often, resiliency is framed in a manner that leaves clients adding one more thing on their “to do” list. Reframing resilience as a balance between input and outflow can help shift the focus, putting clients into choice around output rather than feeling they aren’t “doing” enough to support their wellbeing.

Facilitated, trauma-informed coaching of groups comprised of same occupation healthcare peers who do not otherwise know or work together may be of particular value for trauma-mitigation and resiliency building. As part of their training, healthcare practitioners are taught that emotional detachment is necessary for sound clinical judgment. This detachment comes with a price. Creating and facilitating safe, shared spaces for emotions to be observed, named and then expressed without judgment is a powerful trauma-informed practice that allows clients to discover they are not alone in their feelings and experiences. When expertly facilitated, these spaces can also provide opportunity for practitioners to share and expand upon best strategies for coping and self-care, and foster joy and camaraderie.

The Yes/And of Coaching Through These Times:

Yes, coaching is not therapy, AND great coaching can be extremely therapeutic. This requires seasoned coaches who recognize a natural space exists in which coaching and therapy overlap, and who are skilled at making referrals, when needed, in a manner that does not leave the client feeling abandoned or further harmed. These are important skill sets coaches can begin honing now.

Healthcare workers are on the *battlefield*, experiencing primary and vicarious trauma real-time. The crisis will accelerate in the months ahead, and many will stagger out of the far side of the pandemic significantly injured. To date, almost all trauma-mitigation data look at healing or tempering the effects after the harm occurred and the experience is embodied as post-traumatic stress symptoms.

The coaching experience of being deeply and compassionately heard is a powerful trauma-mitigator, as are the skills of recognition, naming, and moving into choice and decision. And while the coaching industry has historically been reluctant to step into the space of “strong emotion” with clients, it is, in fact, a space in which experienced coaches can be particularly useful. Foundational coaching skills of perspective taking, appreciative inquiry, framing and facilitated movement into choice and decision are powerful trauma-mitigation techniques. Adding a trauma-aware lens that recognizes and holds space for points of acute harm when they arise is a natural expansion of scope of practice for mature coaches. Acquiring the trauma-informed skills to confidently step into and hold this space is a unique opportunity for coaches who are, themselves, looking for “what’s next” in our industry.

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informed coaching paradigm for her private coaching practice. She coaches physician and executive clients suffering from extreme burnout, vicarious trauma and moral injury. She is a much-sought keynote speaker, trainer and facilitator in meaningful resilience and courageous conversations. Dr. Sarraf and her senior team at Lodestar developed and co-teach a [Trauma-Mitigation Master Course](#), training other experienced coaches in trauma-mitigation strategies and the trauma-informed approach.

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