

# Transcript

## **00:00:09 – 00:00:48 Gabby Bolanos**

Welcome listeners to the NYU Langone Health Nursing Station podcast. This series will highlight nurses coming together to share information about daily professional practice and initiatives to improve patient outcomes. This session is eligible for contact hours and disclosure: in compliance with the ANCC Commission on Accreditation. This educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest. My name is Gabby Bolanos. I'm a nursing professional development specialist here at NYU Langone Orthopedic Hospital, and I'm joined by my colleague Julie Wan.

## **00:00:48 – 00:01:25 Julie Wan**

Hi. I'm Julie Wan and I'm the nurse manager of nursing quality over in Brooklyn. And in today's episode, we will be discussing the topic of behavioral health management in the acute hospital setting. According to the American Medical Association, one in five adults in the US have a clinically significant mental health or substance use disorder, and many people are not able to receive treatment for many varied reasons. Today we want to talk about: de-escalation training for our staff, Behavioral rounds, Behavioral emergency response teams, and Ways to support nursing Wellness.

## **00:01:25 - 00:01:34 Gabby Bolanos**

Thank you, Julie. So, to start off our session, I would like to introduce our guest speakers. Speakers, can you go and introduce yourself?

## **00:01:34 - 00:01:42 Vanita Morris**

Hi. My name is Vanita Morris. I'm the nurse manager of the emergency department at the Long Island campus at NYU Langone.

## **00:01:42 - 00:01:53 Christopher Campbell**

Good morning. My name is Christopher. I'm a registered nurse here in the Brooklyn campus and I'm the inaugural boost nurse on our behavioral rounding team.

## **00:01:53 - 00:02:09 Francesca Jean**

Hi everyone. My name is Francesca Jean. I'm a nurse practitioner over at the Tisch Kimmel campus. I work very closely with the BERT team, as well as workplace safety in Manhattan initiatives, Quality Improvement initiative.

**00:02:09 - 00:02:23 Darah Salmaggi**

Hi. I'm Darah Salmaggi. I am the program manager of the Department of Integrative Health and Learner Health promotion programs, and I specialize in building programs for employee Wellness.

**00:02:23 - 00:02:51 Althea Mighten**

Hello. Good morning, everyone. Nice to be here. Thank you for inviting us. I am Althea Mighten, Senior Director for nursing innovations and inquiry in the Center for Innovation and Advancing of Care. My previous role, which was about seven months ago, I was a senior director at NYU Langone Orthopedic Hospital. And I oversaw the behavioral emergency response team as well as Team Lavender -which we'll be talking about today. Nice to meet everyone.

**00:02:51 - 00:03:20 Gabby Bolanos**

Thank you, panelist, for introducing yourself. So, we have a few questions for you all regarding this very important topic for our clinical nurses and we're going to start with you, Vanita. So, are you able to tell us a little bit more about the de-escalation training that you have been providing to your staff at the Long Island campus? And expand on why is this such an important education and training for those that are working in an emergency room setting?

**00:03:20 - 00:06:23 Vanita Morris**

Thank you, Gabby. So, at the Long Island campus and actually we've aligned with all the campuses at NYU Langone, we offer a 60 minute in person and a hybrid Webex version training on de-escalation and crisis management. So, we talk a lot about the factors behind every person's interaction, every conversation you have with a patient, and we fairly try to hone in on biological, psychological, environmental factors that may cause someone to behave in a particular manner. And this is so important because it helps us to realize that many interactions are not personal. Once we depersonalize that interaction, we will be able to maintain our professionalism. And help to deescalate it. Because we take our emotions out of every interaction when we realize it's not about us. We also talk about our response to agitated interactions and aggressive interactions and how it's OK to be upset and to feel our emotions and how to manage those emotions appropriately and professionally. We also talk, which is so important, we talk about some early behavioral warning signs. We talk about how we would identify when an interaction is going to escalate to something that we will not be able to manage and Would need to now contact our resources to better deescalate. Unfortunately, sometimes our interactions might put

us as the primary target for untoward interaction. We have to be able to recognize when we need to take ourselves out of the situation and get some help. So we talk about safety tips, how we should be standing, what our gestures are, our verbal communication, our nonverbal communication, and then we spend a lot of time talking about some de-escalation interventions, being: de-stress tolerance techniques for our emotions; verbal calming techniques to deescalate the interaction; and some non verbal calming techniques. We talk about pharmacological management and work as a nurses and as providers we would need to anticipate, might get involved with that interaction. And some physical techniques. How our posture should be; where we should be in the room so that we always have situational awareness. We talk about some really important case studies. We try to engage with some of the experiences we've learned in emergency nursing and emergency medicine. It's a hotbed for agitation just from the environment that it sits in. So understanding from our experience and engaging our nurses and our nursing staff in some of our experience so that they can learn from that, so the they don't use the same errors that we had is very important. So we talk about some case studies as well and we talk a little bit about what the crisis team leader or the team leader in that de-escalation rule, what their role is and how they play an important part in DE escalating the situation. So that's in a nutshell about that de escalation class - 60 minutes in person.

**00:06:23 - 00:07:08 Gabby Bolanos**

Thank you for sharing. I think you really highlighted a lot of important things that I'm sure we're going to continue to talk about throughout the rest of this episode. When you're talking about having to remove or check our own anxiety and stress when dealing with a behavioral emergency in front of us. You know, I first thought about something that gets covered in our Crisis Prevention Institute training, which is rational detachment, you know, because behavior influences behavior. So, as the healthcare provider we also have to make sure that we are not influencing the patient or family member, whomever is having a crisis, causing them to have worsening anxiety from our own display of our own personal anxiety. Thank you so much for sharing that.

**00:07:08 - 00:07:30 Althea Mighten**

That's what the need is that in terms of taking yourself out of that, it's so very important because one behavior to your point in terms of the integrated experience, one behavior, one emotion, can also ignite another behavior or emotion in another person. So that is so key. Thank you.

**00:07:30 - 00:07:50 Gabby Bolanos**

Thank you for sharing. Yeah. And in Vanita one last question for those that are interested in kind of bringing this de-escalation training to their units, if they feel like it is something worth wild for their staff, can you recommend any specific resources that you use are incorporated in the training you provided at Long Island.

**00:07:50 - 00:09:06 Vanita Morris**

Absolutely. So, our FOCUS education platform and the [NYU Langone] Academy is very underutilized. We have so many workplace safety tips that come from the focus modules that are offered. Currently we have a 15 minute focus course that we offer and that's was pushed out to every direct patient care employee in our organization: The foundation of Crisis management and de-escalation training, and that takes that 60 minute class and brings it and condenses it to a very high level overview in 15 minutes. Something that they want a quick understanding and some safety Tips. There are so many more classes as well. We have diffusing conflict in different locations; Your front desk, your basic environment, corporate environments because de-escalation is needed in multiple phases and in multiple areas, so it is not just in the clinical setting. If they would like the de escalation class that 60 minute in person class; they're going to start offering it through focus. So everyone has an opportunity to participate and then we also have active shooter participation. And that you can engage our Emergency Management and EMER department and actually schedule an effective shooter training for your clinical setting.

**00:09:06 - 00:09:40 Gabby Bolanos**

Thank you for sharing that, Vanita. You know, I think that's also highlights another big resource for the staff listening out there is that you know the FOCUS learning management system is a good library to you know looking to see what other resources are out there because not only do we have our own home grown modules for mandatory education. But we have a lot of resources through LinkedIn and other third-party vendors that provide a lot of additional resources that the staff could benefit from. Thank you again so much, Vanita, for sharing your expertise in this subject.

**00:09:40 - 00:09:58 Julie Wan**

So, I'm going to switch over to Chris for a little bit to ask him over here at NYU, Brooklyn campus. We have something called the Boost team, which stands for behavioral optimization and Outcome Support team. It's a mouthful, so we call it boost for short. And Chris, could you tell us a little more about boost?

**00:09:58 - 00:12:54 Christopher Campbell**

Of course, I would love to. So, boost it was just started in September 2023. It was me, another nurse and. Creative arts therapist. We were here from 9:00 in the morning to 9:30 at night. And the main thing for my day is when we start off, when we come in, we get a list that we round on. We call it proactive rounding and on this list, we have criteria for certain patients we. So these patients with behavior flags; patients on a 1:1 for suicide, agitation, impulsivity, and certain things like that. We go around and we meet these patients. The one thing I noticed the most we do a lot of communication. There's a lot of things because the nurses will what I know from my background being in the psych most of my career. Just that the medical nurses on the units are overworked and there's a lot of things. It's not their fault because it's so busy, but there's sometimes there's certain things they miss on. Then we open up the communication with the patient. Find out little things to help improve communication for the patient and the treatment team while they're here. So that's the first part of the proactive rounding. After that we have our other components, which is the BERT response, the behavioral emergency response. And with that, usually somebody will call 33-911. They activate the boost team; the boost nurse and Creative arts therapist will respond to where the patient is. Security comes to for backup. And what I noticed the most in a lot of these situations is the best example I could say for it is like on a medical floor when a patient becomes unstable or is in a critical situation you call rapid response. The Boost team activates as like the behavioral RRT. So a lot of times the one thing we notice, when you go into these crisis is like it's so many people and nobody knows how to take charge. What happens is the boost nurse will step in and be the crisis leader and delegate resources thought deescalating usually the first person to start to control the communication. Between the patient and different people just jump in and then comes chaos. So there's the one thing we noticed, that it's the good thing for the Boost team is to take charge. That's like the first thing we do: take charge and then in the situation try to deescalate. If it comes to a point where the de escalation doesn't work, then we implement [other interventions]. Then this is the time when medication might be needed. Restraints, or anything else needed for the situation. The one thing I have noticed in the last 7 months since we've been using BOOST is that here's been a lot of decrease of security having to put their hands on patients and in a lot of situations like this, we walk into a crisis and it's like this toll stands down like the patient's so aggravated or agitated and there's no communication. And then the BOOST team will come in and we'll come talk to the patient, deescalate them. And a lot of times we never get to the point where we have to medicate a patient. We've taken patients off 1:1s. That's the one thing I've noticed too, and we see with the RN, the doctors and security. They like it now more because, like I was saying before, when we first come into these situations, nobody know who to take charge. Now that you have a boost team: we can go right to the source, right to the problem, and take care of it

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**00:12:54 - 00:13:56 Julie Wan**

Thank you for sharing that, Chris. What I like so much about the boost team is that it, like you said, a couple of time that it's proactive. So it's not a reactive response where we go straight to the behavioral emergency response team. So what's great is you've been able to see some of these patients and not have to resort to, you know, further medications and things like that. So that that's a really great help here at this campus. The other thing I wanted to mention too is just how you said that the boost team helps you to organize a code and I mean, I think that's so important because really when I look back at like what I learned from nursing school is that, you know, you learn about running a cardiac arrest code and things like that, but you never think about like in a behavioral emergency. You're right, like who is helping you to manage a crisis? And if you're a med-surg nurse or an ICU nurse, we're not always thinking in that mode. So having the Boost Team resource is really helpful.

**00:13:56 - 00:14:36 Vanita Morris**

This is very similar to on the Long Island campus, on all the campuses, we have a clinical alert team which assesses and detects early intervention of patient deterioration from a clinical aspect and the boost team is from the behavioral aspect and it's so important because our nurses are trained to look and to assess in one way; and having that subject matter expert to come and assist and give you in time real time tips and ways to look at a patient from a different perspective. It's so important to early identify potential escalation so that our patients stay safe and our staff stay safe. This is fantastic. Thank You, Chris.

**00:14:36 - 00:14:43 Julie Wan**

Chris, was there any other feedback that you've received from clinical staff or teams about the value of the Boost Team?

**00:14:43 - 00:14:58 Christopher Campbell**

To be honest, even my own expectations, as soon as we hit the ground running - it blew up. Everybody loves us. That's the one thing we're working on now is trying to make the team 24 hours.

**00:14:58 - 00:15:06 Julie Wan**

That's great because like you just said, you have some of that data. So it's great that you guys are trying to make it a 24 hour service.

**00:15:06 - 00:15:30 Gabby Bolanos**

So I'm going to pivot over to now to the Tisch/Kimmel campus with Francesca Jean. So we talked about what we're doing at Long Island and Brooklyn, but Francesca, can you share about your role with the behavioral emergency response team at Tisch, along with the Workplace Safety Committee, is helping to support the nurses at the main campus in managing these behavioral emergency crises.

**00:15:30 - 00:18:31 Francesca Jean**

Sure Gabby. I have been with the Bert team as a Bert nurse since its inception, actually. We became a 24 hour service in 2017 and prior to that our role, it was after Sandy that we actually became an unofficial Bert team, and we have focused on collaboration with our other colleagues from the get go. And it's been a service that has just enriched myself personally, my practice, but also I feel has enriched the Medical Center. We are now having conversations about the de-escalation basically every day, every hour, every floor. So the escalation training we started out in classroom settings where we're doing didactics, we did some hybrid courses. We also have done mock codes on the unit where the Bert nurses were leading those mock codes. We have now with the workplace safety and manual role as a nurse practitioner, we have identified workplace safety champions. We are giving them, empowering them, with the same skills that we actually have given our Bert nurses, like psychiatric nurses and that they are becoming CPI certified. So the nurse managers and how did we identify the high risk units we reviewed the BERT data And we recognize that there were some units that were having higher BERT incidents than others. That's how we identified them and also our colleagues in the emergency room joined with us as well. We have people from Cobble Hill, the charge nurses on all shifts have been designated by their director and nurse manager. And also in the Perlman Center, we have some of the charged nurses there also have joined us. So, we have trained about 95% of the Champions so far, about 65 of them out of 69 have been trained so far. We are moving on to our monthly meeting starting this month, which is the model we've decided to base on the literature review and all you know, we know that sitting in the classroom works, right, going through the skills work, but we also know that we need to meet regularly to discuss. To debrief, we will be also having mock codes day and night on the units and those mock codes will be led by those champions, not the BERT nurses. We will be the coaches and join those simulations and further meetings to discuss how we are doing skills that they want to review the modules; the CPI modules will be reviewing them every Month and Keep collaborating right. In addition to the proactive rounding that the BERT nurses do, we do proactive rounding as well. So, the collaboration continues, and it goes to the next level.

**00:18:31 - 00:19:15 Gabby Bolanos**

Thank you so much for sharing. I think you really highlighted a lot of great points regarding just the great work and resources that we're putting in to just really helping to provide this resource to staff. And you know, throughout this conversation was so far, we've really highlighted the importance of proactive approach to de-escalation, proactive approach to managing behavioral emergencies. But in the event that, you know, we aren't able to be as proactive as we ideally would like to: Francesca can you touch upon the protocol regarding when staff should activate a BERT and just kind of going through, you know, from your expertise what are some clinical scenarios where a BERT really needs to be called.

**00:19:15 - 00:21:19 Francesca Jean**

Thanks Gabby. I also want to mention that we do Bert consult also. By the way, they can call the consult phone or send an epic chat to the Bert Nurse 24 hours a day on any patient, that's still part of the proactive process. But again, to your point, sometimes we can do all that all we can - Behavior escalates. The patient or the person, they need to communicate and somehow, they feel like whatever they are communicating is not getting through. They need to take it to the next level okay, which then can endanger themselves, can endanger the staff, endanger visitors, right? And becomes disruptive to the environment. So these are the instances where a clinical incidence where patients where staff can call a BERT. Anytime that someone feels that the feeling that the environment is being disrupted or the care of the patient is being disrupted by a behavioral event, or a patient engages in any type of self harming behavior or threatens another staff member or threaten another patient - they can call a BERT. And sometimes people also, we encourage people that even in instances where someone may not per se slam an IV pole or but they make a threat, right. May say something that they call you something besides your name, right? Or They threaten to hurt you when you go outside. Call a BERT. We can talk about that and discuss how we can deal with the situation. So these are some clinical scenarios where someone called a Burt beside these, maybe someone wants to leave the Medical Center and you know staff think that it's against medical advice- a BERT can be called. Someone pulls out their IV and says that they refusing treatment and saying "I don't want to participate anymore in this. I know I came here to get help, but I don't want to" – they can call a BERT. Think these are pretty much a few of the ones that I can think of.

**00:21:19 - 00:21:56 Gabby Bolanos**

Thank you, Francesca, for sharing. I think the clear message here is just that, you know, whenever the staff does feel that they are unsafe or their safety or the patient's safety is at risk, they should feel inclined to call a BERT (If that code response is available at their campus). I just want to pivot over now, since we kind of talked about this throughout our conversation so far, but doctor Althea Mighten and can you share with our listeners how

you discovered and brought Crisis Prevention Institute or CPI to NYU Langone Health when you were a director of professional Development here at the orthopedic hospital.

**00:21:56 - 00:25:35 Althea Mighten**

Hey, thank you for the question, Gabby. Well, I can't take all the credit for discovering and implementing CPI training at the orthopedic Hospital was certainly a team effort and the team effort was among nursing, rehab and security. The reason why we implemented CPI training was because there was - we saw overtime, a gradual increase in staff assaults (primarily in our neuro rehabilitation unit), the assaults were also occurring in other areas, but not as frequently as the neuro rehab unit. Very well, you know, knowing that these patients they were on the neuro rehab unit because of some neuro assault. We knew of course we had to do something about it, because these assaults sometimes would be pretty bad, and our staff would be out for a long period of time, and we also did not want that to happen, right? So, we went on, I like to call it, the discovery journey. This included several meetings with the Inter professional group of professionals as well as staff, and it included also doing a SWAT analysis of our current state. We looked at the literature, looking at some best practices, and we also consulted with various organizations to find out what they were doing. Now remember we are an orthopedic hospital, we are not full service and of course we did not have the luxury of having psychiatry present all the time and an alert team or behavioral emergency team at the time like on all the campuses. Through this work, we learned about the crisis prevention institute which is incorporated, which is CPI and it's an internationally known organization and it's considered to be the leader in evidence based the escalation and crisis prevention training. You know, I like to take this moment to acknowledge Mary Ann Loftus who was a huge player in actually working alongside me and being a Co leader and to actually bring this program to the orthopedic hospital. We learned about the Organization through a conference and the offerings and we agreed that that the education, their programs would certainly help. With the support of executive leadership, four of us became structure certified in CPI nonviolent crisis intervention. And the intent there was so that, you know, we became instructor certified. We would of course. It's like the trainer approach. We would go back to the organization. And certainly, educate and train the rest of the staff. We actually began all of this training back in 2010. So, at the orthopedic hospital, we have been doing CPI training, we have various programs or various iterations of the program, we have the entire whole day certification program, we have 4 hours recertification, we have one hour de-escalations you're aware Gabby at the orthopedic hospital. So, we have been working at this for quite some time, and it really has helped definitely. Definitely folks are more educated and now have more skills. And like yourself, Gabby, you are now a CPI instructor and are taking that baton forward. So, I am absolutely delighted to see that folks have

learned this. They have a new skill set, if you will, right that they can definitely pull out and intervene in these moments of crisis that they experience.

**00:25:35 - 00:26:06 Gabby Bolanos**

Thank you for. I think you actually answered my follow up I was planning to ask you about: what has going through this training really improve, how has going through CPI, learning about their best practices has improved your own knowledge and skill set on behavioral emergencies. I know for myself going through the training: It really allowed me to improve my day-to-day management of distress and anxiety that I was going through. You know, regardless of it being involved in a crisis or not, and I think that's a really good benefit of the CPI training and education for, you know, all staff members, regardless of if you're, you know, nursing patient care facing or not. There are a lot of pearls of wisdom that you can retrieve from that.

**00:26:21 - 00:27:43 Althea Mighten**

Absolutely. Gabby and I agree with you. A lot of people don't realize or don't know that I'm. A Psychiatric nurse practitioner board certified. I do not practice as much, but I use my knowledge in terms of education and professional development and definitely being a CPI certified instructor has given me the boost in my confidence, the Knowledge in de escalating the situation. Also boosted my confidence in quickly identified a situation that may get out of control or escalate. Prevention is really the key is a key where. Is concerned. Better understanding of how to intervene at different stages of crisis development. The disengagement skill should, in case you find yourself in a situation, if you're too close to, for example, someone a patient, and then you are grabbed or your ponytail is pulled, how to disengage from those situations. And of course, having a heightened awareness of the integrated experience that. Talked about before. Behavior influences behavior in another, and of course it is increased collaboration. In terms of how to de escalate, how to manage these stages out of how to intervene before a situation gets out of control?

**00:27:43 - 00:27:45 Gabby Bolanos**

Thank you so much for sharing.

**00:27:45 - 00:29:14 Francesca Jean**

I just wanted to add for me with the CPI part, the Rational detachment part has been invaluable. Exactly for me. Because particularly in psychiatry and also to my collaboration with our medical colleagues, is to highlight that right. It's like it's almost seems counterintuitive - What we learn right is that you know empathy and you listen with empathic listening, as you are absolutely with the person putting yourself in their Shoes.

But the rational detachment helps me to hone in on basically meeting myself exactly with that one. It's an alignment right where I can be there without me being completely imposing for lack of better word, my own personal. Right, it's that I'm really into what's happening with you without it being about me. But it's about you are the center of that. Are you trying to tell me? How can I understand you? How can I deliver what you want, even if it's counter to what I may think you should have? Example, someone wants to leave ama. It's completely counterintuitive for us because we want to help them, but they may not want to be helped at this moment. There might be something else that's more pressing they need to take care of and then they'll come back to us.

**00:29:14 - 00:29:15 Althea Mighten**

Absolutely.

**00:29:15 - 00:30:07 Julie Wan**

Thank you for sharing that, Francesca. You know, we talked about the importance of de escalation training for the staff and proactive rounding and we talked about, you know, how to manage some of these behavioral emergencies. So I do want to shift gears a little bit and talk about how nursing Wellness is supported after experiencing some of these overwhelming and stressful events with the patient and or you know if a family member or caregiver. Just as Francesca had said, you know, we're trying to have that rational detachment, but sometimes it's difficult because if you're engaging with a patient and they're using some language that's really verbally threatening to a person. We want to make sure our clinicians and our nurses are taken care of as well, so I really want to invite Althea and Darah to share some of the ways we try to support nursing Wellness.

**00:30:07 - 00:32:32 Althea Mighten**

Great. Thanks. For that Julie and this is actually absolutely wonderful what we're doing across NYU Langone health system. Lavender response is what we're talking about here otherwise known as Code Lavender is really a term that pioneers by Cleveland Clinic is a crisis intervention tool to support people after a stressful event such as in any kind of death Or any kind of trauma. It is absolutely wonderful and awesome that I think that Doctor Kathleen DeMarco and her team on the integrated health team in establishing a couple of years ago, lavender response teams across the NYU Langone system in my previous role at the orthopedic hospital, I was responsible for establishing the lavender response Team. Basically, the lavender teams consist of professionals, and providers that are truly dedicated to supporting the Coworkers during times of crisis, Stress or trauma. You are having a response that is often referred to as a psychological first aid kit. What we mean by that is that we provide. Real support in real time, if you will, in a manner that you're actually

there and in one with a person who's experiencing the trauma at that time, that you can help them to de-escalate. You can help them to reduce anxiety. As a responder, you may offer, you can do a number of things. Sometimes it is as simple as being physically present. And just knowing that someone is there to stick with you and just to listen to you a little bit in terms of what's going on, can help to reduce the anxiety and help that person to get back into emotional control of oneself. Just offering the tea, taking them to a quiet place so that they can be stressed and engaging. In mindfulness activities such as guided imagery or blending exercises, you know and I know that Sarah is going to be talking a lot about that, but it is so wonderful to have that at your fingertips if you're experiencing some type of crisis. So, it is really a wonderful thing that NYU Langone has lavender team across the organization to be the frontline support for all of the care providers. Everyone in the organization, as a matter of fact, so hats off to our colleagues in integrated health for leading the charge.

### **00:32:32 - 00:40:56 Darah Salmaggi**

I would love to sort of jump on that too, ALTHEA and say I think what's most powerful about lavender response is the acknowledgement that something really terrible happened to you. And we know that it happened. See you. We hear you. We feel you. And even if that's, I think that that's. Everything else that we could provide is icing on the cake, but just acknowledging like this never should have happened to you, and we're sorry that it did. It means so much, right? It's just that compassionate care that we provide to others we're providing. Own and I really think that's where a lot of the work with integrative health comes in is that we are making tremendous efforts to try to fill our Staffs cups up while they're working understanding that self care, our time is so limited in general. Our time when we're at work or time when we're at home, everybody has such limits and priorities. So self care has historically taken a back seat and I think that COVID just really highlighted the need to take care of ourselves while we're working and to professionalize self-care and I think that under the nursing Wellness and resiliency umbrella, led by Doctor Kathleen DeMarco, we have this opportunity to build these very specific and intentional programs that address these needs. And to that point, this is a good opportunity to talk about our website that we just launched and I wanted to share about our new catalog page and it's [nursingWellness.NYULangone.Cme.org](https://nursingWellness.NYULangone.Cme.org). On this new catalog page, we have all of the integrative health course offerings that we have built and these are mostly all CEU courses for staff to take, ranging from there is Reiki which is a relaxation a Japanese relaxation technique which we have been teaching for almost three years actually wanted to thank you, Althea. Remember when I work with you many years ago, building that CE for that so Reiki is a self-care technique. Actually, I think it's one of the best self-care techniques and it's a great way to fill your own cup back up. But that's just an example of one of the

courses that we offer. We also have something that is brand new this year. Called empowered relief and it's a 2 hour pain management intervention. It's offered right now to staff, so any staff that are seeking relief from acute or chronic pain, as well as to our patients. We have in the same vein of building resilience. And understanding that we all experience trauma, whether it's personally or definitely professionally, we have a training called mind body medicine. And it's just normalizing trauma. It's helping us understand how to move trauma. The energy of trauma through the body, and that is also CEU offering for our nurses. And then we have some more like playful things we have. Palette and pen, which is a fusion of writing and art making. We now have a poet on staff who is working 1 to one with people or can come and provide poetry or writing groups for your entire unit. We have our thrive program, which is also a wonderful way to help people prioritize their self-care and understand how to integrate self-care into their work day and then something that I think is fabulous and I believe many of you here on the call have actually attend. We have our therapeutic floral Design and it is gorgeous. So. It's a wonderful way to creatively express some of the stress that you're having and sort of channel that into a useful channel for releasing that type of energy from your body and So those are just a few examples of some of the courses that we have through this catalog page. I also wanted to inform you of some of the other resources that the department has put together. We have reiki and Therapeutic touch volunteers that offer sessions every single week to staff on some locations. So in the Brooklyn hospital, as well as in Tisch Kimmel Pavilion, we have Reiki and Therapeutic Touch weekly. And then I have a Reiki practitioner offers remote. So it is through zoom and that's wonderful and wonderful feedback, very positive. Experience with. She's actually a retired nurse, so that's a great opportunity, especially if you've never had Reiki before you can receive it virtually in the comfort of whatever space you're in. So instead of scrolling during your lunch break, you could actually get a Reiki treatment and fillet yourself back up. Another resource I wanted to share on. These are offered on the Brooklyn, Manhattan and soon to be Long Island campuses. It's called the self-care resource cart. And this was actually born during Covid. We again acknowledged, Hey, our teams really need. They can't get off the floor and you know also when they do have a moment, they might not necessarily take it taking care of themselves. Oftentimes we see people. Unfortunately, just eating lunch at their desks and really not doing what they could be doing. Perhaps for a variety of. So we wanted to bring some resources to the unit to help people understand that we prioritize you and we care and value your well. So we have 25 unique integrative health kits, and what's involved in a kit would be a tangible resource. So for example. Maybe a stress ball? And then there is also a breathing. So these two combined together are mindfulness technique combined together? Create one kit. The resource carts are led by volunteers, so volunteers will arrive on the unit. Cart will be preferably booked so that the unit's ready for the cart to arrive. Have a specific designated

area. And either the volunteer will share in a huddle or they can meet with someone individually in the room, or a group of people in the room, and it's two to five minute exercises so that mindfulness technique with the stress ball is then demonstrated by the volunteer everybody in room also engages with the practice and then we have just taught hopefully a whole unit 25-30 people how to calm themselves with this new technique. And as I shared earlier, there's 25 of these, so these carts can be booked. We have almost three to four times a week. Nights we have weekends. The volunteers are phenomenal, a lot of them are students pre-Med students, so they're really engaged in the practices, and it's been very successful. So that's another resource that we like to bring out. And make people aware of. And lastly, I wanted to just promote something that I do every year. Every week on Wednesdays, from 10:30 to 10:45, I run a weekly live meditation that's called Mindful Moments. And I just want to share. We started out also during COVID with three people and now last week we had the highest number with 45 people. And it is enterprise wise. It is so fun to see all of my colleagues on there. Everyone just taking 10-15 minutes to engage in a practice and take care of themselves. Valuing their self-care, and I always say, and this might sound corny or cheesy, but self-care really does promote everyone else's helping because when you take care of yourself, everyone else in your life benefits. And just acknowledging that and taking time for you is really a gift to everybody else too.

**00:40:56 - 00:41:01 Althea Mighten**

Thank you so much and you are fantastic at this. So, thank you.

**00:41:01 - 00:41:20 Darah Salmaggi**

Thank you, Althea. I am blushing. Thank you so much. So much. I love. I'm passionate about it. I care so much about our staff because if the staff aren't well, nobody else really can be. We have to start there. We have to have that foundation and professionalism, self-care I think is pivotal to that.

**00:41:20 - 00:42:52 Gabby Bolanos**

Thank you so much Althea and Darah for touching upon this topic that a lot of times we forget to also invest in ourselves, you know, and utilizing resources that are so heavily prevalent out there and even you know I think our listener just the emphasis on how accessible it can be. You know, you don't have to go somewhere separate to receive these resources. It can be done virtually and I have myself can attest that the virtual sessions you know do provide a lot of comfort. have helped me throughout the years of managing my own stress and anxiety. Again, there, thank you so much for sharing all those resources.

So that is all the time we have for today's episode. Thank you again to all of our panelists and content experts for sharing your expertise. Thank you so much to our listeners for joining us today and being a valuable resource. We hope that you found this discussion helpful. And useful to your practice, I think the message is clear that you are not alone in handling these behavioral emergencies. Are countless. Resources and content experts across the system that you can reach out to if you have any questions or need any guidance and how you can support your colleagues in managing behavioral emergencies or patients or staff members in crisis. For listeners, you can find our links to the resources on our website and any questions or comments you can e-mail them at [#nursingstationpodcast@nyulangone.org](mailto:#nursingstationpodcast@nyulangone.org).

**00:42:52 - 00:43:04 Julie Wan**

And also, as a reminder, this session is eligible for .5 contact hours. A survey will be posted with the recording, so please access and complete the evaluation to obtain the certificate.

**00:43:04 - 00:43:11 Gabby Bolanos**

And until next time, thank you so much.