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Telehealth-Enabled Mental Health SBIRT for Healthcare Workers Toolkit



PURPOSE

A Toolkit for developing a Telehealth-enabled Mental Health Screening, Brief Intervention, and Referral to Treatment/ Intervention (SBIRT) for healthcare workers

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Overview

Responding to the COVID-19 pandemic had a significant mental health impact on healthcare workers (HCWs) including increased anxiety, depression, moral distress, burnout, compassion fatigue, trauma symptoms, and insomnia.

It has been clear over the past several years that not only did the pandemic have a significant impact on HCWs but also there were additional ongoing mental health concerns of HCWs in present day healthcare. As noted in the literature HCWs suffers from significant rates of anxiety (Pappa et al., 2020), depression (Pappa et al., 2020), burnout, (Shanafelt, Ripp, and Trockel, 2022), substance use (West, Dyrbye, and Shanafelt, 2018), sleep difficulties (Zhang et al., 2020), and suicidality (Dutheil et al., 2019). In addition, HCWs in rural hospitals are at increased risk for mental health difficulties due to provider shortages, geographic isolation, and cultural stigma (Bennett et al., 2021; Andrilla et al., 2018).

Hospitals often implement workforce experience surveys that include well-being and burnout measures. Most mental health screening tools that are deployed within hospital systems are system centered meaning their purpose is to gather data from HCWs to inform the broader institution. The goals of a system-centered screening approach are essential for supporting organization strategies that support the overall culture of well-being. However, most do not provide immediate feedback on screening results or provide immediate resources and referrals.

Therefore, in addition to a system-centric well-being assessment, we recommend hospitals develop and implement a HCW-centric mental health and well-being screening tool for the direct benefit of the HCW to provide personal feedback and information and connect to in-house and/or external resources. Offering mental health screening tools with real-time feedback, opportunity for weekly monitoring of symptoms, and referral to a well-being clinician serves as a needed resource to assist HCWs to increase their awareness of their current mental health, connect those in significant distress, and empower those at risk of on-going struggles to reach out to resources.

This Toolkit offers recommendations and considerations for hospitals and EAP/well-being organizations that support hospitals in the development of in-house screening tools and interventions strategies as well as how to capitalize on technology-facilitated approaches to mitigate HCW distress. Further, we provide a case example of the establishment of the Medical University of South Carolina (MUSC)'s *4Rs for Me* screening, brief intervention, and referral to treatment/services approach.



Strategies for Fostering Well-being

When considering strategies to mental health screening and intervention, it is important to ensure that this approach is imbedded in a larger well-being strategy for the health system that is multi-faceted in its approach to the wholistic well-being of HCWs. There are several models that currently exist within the HCW well-being arena. For the purpose of the development of our screening and intervention tool and this toolkit, we are using the Stanford Model of Occupational Well-being (2025). This Model includes three domains that foster professional fulfillment of an individual HCW: Culture of Wellness, Workplace Efficiency, and Individual Factors. Offering a mental health screening tool and intervention and referral options is in line with the domain of person resilience which aims to foster Individual awareness of distress, improve coping strategies, and connect people with the appropriate resources. However, it also fosters culture of wellness as when an institution acknowledges the importance of screening for your own mental health and offers free supports, the health system is sending a message that mental health well-being is important, reduces stigma, and raises awareness of benefits. Again, this screening tool is just one aspect of what should be a larger strategic initiative of culture of wellness within an institution.

Creating a technology- facilitated mental health screening, brief intervention, and referral to services may benefit in identifying HCWs in distress quickly and connecting them with the appropriate resources.



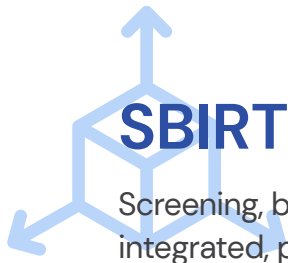


MUSC Well-being Program

Because many healthcare providers are at significant risk for long-term trauma-related difficulties, MUSC's Department of Psychiatry & Behavioral Sciences created a COVID-19 Resiliency Program to promote resilience through early mental health interventions. The program was developed with input from trauma and disaster response experts at Stanford, Indiana University, and the National Child Traumatic Stress Network.

This program initially provided volunteer support by psychiatry faculty and trainees offering brief individual interventions and has now grown to a Center for Workplace Well-being headed by a Chief Well-being Officer and includes a well-being team of ten individuals: Director of Mental Health and Well-being Programs, Operations Director, Director of Postgraduate Well-being Program, Well-being Clinicians Manager, Stress First Aid/Peer Support Manager, Efficiency of Practice Manager, Programs Coordinator, and three full-time Clinicians that provide a more strategic approach in evidence-based resiliency programming for individuals, hospital units, ambulatory clinics, and entities across MUSC and MUSCHealth. Our Well-being Clinicians offers support to individuals struggling with burn-out, stress, and mental health difficulties by providing brief counseling sessions and referrals to EAP and/or longer-term mental health therapy if needed.





SBIRT Model

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It was originally developed for persons with high levels of risk for substance use difficulties. SBIRT is an intervention that includes: Screening: Universal screening for quickly assessing levels of risk, Brief Intervention: Education, motivation, awareness-raising intervention and resources given to at-risk individuals, and Referral to Treatment: referrals to services for individuals with elevated screening scores. SBIRT has been demonstrated to be effective in intervening with individuals with various behavioral health issues such as substance use, smoking, (Hersi et al., 2024), and other health-related behaviors. The SBIRT model has been expanded to other health related outcomes including intimate partner violence (Lenert et al, 2024), depression (Sweeney, 2020; Parthasarathy et al., 2021), anxiety (Reif et al., 2025), and pain management (Martino et al., 2020). As such, we lean on this model as a framework to assist in identifying HCWs who may be struggling with mental health difficulties, providing brief information in real time about their screening results, offering weekly monitoring and additional informational tips on managing distress in the workplace and referral to a well-being clinician for those who screen positive.



Integration of Technology

When determining in-house screening and intervention strategies, programs need to consider the cost, functionality, and customization of different technology platforms. There are existing companies that offer such full-service screening and interventions for a fee usually part of EAP offerings. Some of these programs may be cost-prohibitive. With the use of technology-based platforms that may already be available in-house, developing a brief in-house tool may be a more feasible option. We capitalized on technology-based resources to expand the reach of behavioral health screening (i.e., on-line survey link emailed and text-based weekly follow-up tailored screening), tailored education videos offered via text-based, and triage for appropriate care (i.e., connection with well-being clinician, mental health referrals via telehealth platforms). We also leveraged telehealth to expand reach to our regional hospitals. For our screening tools we used REDCap survey and institutional email listserves. For follow-up text-based screening and informational videos we used Twilio, and we used Microsoft teams for video conferencing with providers.



Mental Health Screening Selection

A wide variety of free mental health screening tools are available. Considerations of screeners should include attending to higher specificity vs brevity to best detect mild disease in a number of different areas (trauma symptoms, anxiety, depression, alcohol misuse, sleep, and burn-out) as well as screening that is geared towards HCWs more specifically. Our multidisciplinary team of physicians, residents, clinical psychologists, and technology experts reviewed existing screening tools in trauma and disaster literature and selected measures that were free, fairly brief, and were psychometrically sound especially with HCW populations. Our initial screening tool includes a total of 61 items which includes behavioral health measures of sleep (PROMIS), trauma symptoms (PCL-5), depression (PHQ-9), anxiety (GAD-7), alcohol use and misuse (AUDIT-C), sleep (ISI), burn-out (OBI), resiliency (CD-RISC-10). This screener takes on average 10–15 minutes to complete in one sitting.

Tool	Number of Questions	Duration of Administration	Score Range
PROMIS	8	Last 7 days	8–40
PHQ-9	9	Last 2 weeks	0–27
GAD-7	7	Last 2 weeks	0–21
PCL5	8	Last 30 days	0–80
CD-RISC-10	10	Last 30 days	0–40
AUDIT-C	3	Last 1 year	0–12
OBI ¹⁷	16	N/A	16–64

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To ensure confidentiality only well-being clinician team members and our technology support member had access to the information. Limiting access to screening information is essential for HCW's understanding of confidentiality. These screening tools were coded in an online REDCap survey and were pushed out to HCWs through internal email listserve. Below is a sample email that was distributed. Of note, to encourage folks to take the survey, we were able to offer incentive.





MUSC Well-being Program along with an interdisciplinary team of expert frontline clinicians recently developed a brief self-screening and resource tool to assist you in understanding your own mental health and stress, provide brief text-based tips, and connect you to resources.

Assessing your own mental health well-being is an important part of caring for our patients. Take a brief survey (5–7 minutes) of common difficulties of healthcare team members with real-time feedback and tailored recommendations now and again in 3 months. You will be provided with a \$10 Amazon gift card for your first survey, and a \$10 Amazon gift card after completing the 90-day survey. As part of the survey, you will have the option to receive weekly very brief (1 min) text message screening updates and well-being tips to help you stay in tune with your own well-being. Of note, this is not a research study but rather an opportunity for self-monitoring, feedback, and connection to resources. All information obtained is confidential. Please click ‘Next’ or scan QR CODE to start 4Rs.

MUSC HEALTHCARE WORKER WELLNESS SCREENER

In this section, we will ask about your behavioral health using different validated measures. Some of these measures have different time frames (e.g., past 7 days, past 2 weeks, past month) because they have been validated in these ways, so please consider this when answering.

Please respond to the questions below based on your feelings over the last 7 days.

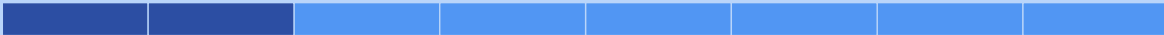
IN THE PAST 7 DAYS

Question	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was refreshing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Never	Rarely	Sometimes	Often	Always
I had trouble staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Very Poor	Poor	Fair	Good	Very Good
My sleep quality was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRESS



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Brief Intervention Approaches

Brief intervention can begin at the time of the screening with providing immediate scoring results with automated explanation of scores depending on results, words of encouragement and if positive for distress on any scores providing information about resources available (see referral to treatment/intervention). We used real-time response scoring by programming in the back-end analytics in REDCap so at the completion of the screening, HCWs were provided with tailored responses to each of their scores.

Your struggles are real and valid. Results indicate that you are experiencing significant distress. It may be challenging to manage these struggles on your own. We strongly recommend that you set up a time to meet with our MUSC Well-being Clinician.

Would you like to set up a time to meet with MUSC Well-being Clinician? ☐ Yes ☐ No

Thank you, we will use your previously entered contact information to reach out to you.

Additionally, we would like to offer voluntary customized weekly check-ins focusing on areas of displayed below to help you track your progress and provide additional support. Please see below and select if you would like to receive weekly customized brief screening check-ins.

AUDIT-C: Your scores indicate you may be consuming alcohol in ways that may put you at risk for long-term negative health outcomes. Sustained alcohol use can lead to increased risk of several physical and mental health issues including liver disease, depression, anxiety.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

OBI: Your scores suggest you may be feeling burnout in your current position at work. Sometimes when people experience burnout, they disengage in work-related activities or feel exhausted from responsibilities. Burnout is associated with adverse patient outcomes, increased risk of anxiety, depression, and PTSD.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

Of note, determination of assessing suicidal ideation (which often is included on depression screeners) needs consideration as a plan is needed to address positive scores on suicidal ideation items. Our program did choose to keep the suicidal ideation item from the PHQ-9 as we integrated in the coding of our survey of immediate flag and reporting to our Well-being Clinician of positive suicidal ideation item. We included in our protocol an immediate response to the individual that included hotline information and notification that our clinician would respond within 24 hours.





Example language for positive suicidal ideation item:

You reported that you sometimes have thoughts that you would be better off dead, or about hurting yourself in some way. A mental health professional from the MUSC Well-being Program will be reaching out to you within 24 hours. In the meantime, we encourage you to call the national suicide hotline (988), call Trident United Way Hotline at 211, call 911, or go to the nearest emergency room if are at risk for harming yourself.

At the end of the screener and providing overall results of the scores, consider additional follow-up options for ongoing support and intervention. Based upon feedback from HCWs, we offered an opt-in/out 12-week-long weekly text-based brief screener that is tailored programmed based on the initial baseline screening results. We chose the following brief screeners: sleep (SCI, 2 items), depression (PHQ2, 2 items), anxiety (GAD-2, 2 items), PTSD (PCL4, 4 items), burnout (MiniZ, 1 item), resiliency (CD-RISC-2, 2 items). Only weekly screening items were implemented via text-based for positive distress areas. For instance, if a participant scored high on the initial sleep PROMIS and anxiety GAD-7, their weekly text-based screener would include only the sleep SCI and anxiety GAD-2. Immediate feedback is provided via text of scoring results and referral to treatment/intervention is offered if scores are elevated. Again, this weekly screening tool is HCW-centric, meaning it is a tool solely for the individual to monitor and tend to their own distress.

Additionally, we would like to offer voluntary customized weekly check-ins focusing on areas of displayed below to help you track your progress and provide additional support. Please see below and select if you would like to receive weekly customized brief screening check-ins.

AUDIT-C: Your scores indicate you may be consuming alcohol in ways that may put you at risk for long-term negative health outcomes. Sustained alcohol use can lead to increased risk of several physical and mental health issues including liver disease, depression, anxiety.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

OBI: Your scores suggest you may be feeling burnout in your current position at work. Sometimes when people experience burnout, they disengage in work-related activities or feel exhausted from responsibilities. Burnout is associated with adverse patient outcomes, increased risk of anxiety, depression, and PTSD.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No





Lastly, as part of brief intervention, consider offering brief tips on coping to take care of self and peers. We offered 12 brief tips on the following topics: self-awareness, self-regulation and breathing, self-regulation and muscle relaxation, intentionality and values, intentionality at work, affirmations, enhancing positivity, building connections, physical self-care, psychological self-care, emotional selfcare, spiritual self-care. These tips were sent via text-message on a weekly basis with a link to a video describing the tip.

STRESS

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Problem	Not at all	A little bit	Moderately	Quite a bit	Extremely
B1 Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="checkbox"/>				
E4 Feeling jumpy or easily startled?	<input type="checkbox"/>				

WEEKLY CHECK-IN

Please complete the survey below.

MOOD
Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Feeling down, depressed or hopeless

☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day



Referral to Treatment/Intervention

At any time that a HCW scored either moderate or high on any distress measures, an offer to connect with resources is essential. This could be within your organizations in house resources such as well-being coach, clinician, or EAP as well as external resources that may be available in your community. Having readily available telehealth connection to resources can be integral for HCWs given the demands on time and accessibility to resources. Our Well-being Clinicians were available to HCWs either in person, by phone or via telehealth options through Microsoft Teams. Below are two examples of how we offer referrals to HCWs who score high on the initial screening or during any weekly check-ins.

During the initial screening if a HCW's scores on any of the measures were elevated the following response within the survey was provided:

Your struggles are real and valid for a healthcare provider. Results from your scores indicate that it may be challenging to manage these struggles on your own. We strongly recommend that you set up a time to meet with our MUSC Well-being Clinician. Would you like to set up a time to meet with MUSC Well-being Clinician?

☐ Yes ☐ No IF NO: Check all that apply indicating reason

- + I already am connected with a provider
- + I do not have time right now
- + I do not think it will help
- + It is not a current priority
- + Other reason

IF YES: Please provide the best contact information for our MUSC Well-being Clinician to reach you: Name, Email, Telephone

IF NO: OK, you can change your mind at any point and contact [NAME OF CLINICIAN] from the MUSC Well-being Program at [PHONE NUMBER].

Your struggles are real and valid. Results indicate that you are experiencing significant distress. It may be challenging to manage these struggles on your own. We strongly recommend that you set up a time to meet with our MUSC Well-being Clinician.

Would you like to set up a time to meet with MUSC Well-being Clinician? ☐ Yes ☐ No

Thank you, we will use your previously entered contact information to reach out to you.





For Text-based weekly follow-up screenings, if a HCW's score were elevated the following text message was sent:

It appears that you are experiencing moderate distress this week. Our MUSC Well-being Clinician can support you during this difficult time. Contact [NAME OF CLINICIAN] at [PHONE NUMBER] or [EMAIL]@musc.edu for additional tips or services.



Lessons Learned

When we launched our initial mental health screening, we had a longer initial screening tool and pushed out a re-assessment of the same longer screening at baseline, 30 days, 60 days, and 90 days in addition to a weekly broad distress screener. We conducted interviews with HCWs who completed the screening and intervention to gather feedback on recommendations for changes.

Those that provided feedback indicated that they found the screening to be helpful to foster self-insight and connection to resources. They noted areas of improvements included: the more comprehensive screening to be not as frequent. Therefore, we removed the 30-day and 60-day follow-ups. HCWs also noted they preferred weekly screenings to be tailored to their initial results so it is more relevant to their potential areas of distress or struggles. They also noted coping tips in the form of videos as opposed to texts. Therefore, we revised our weekly screenings to be tailored and programmed based upon initial screening results as well as offered links to video tips. Future considerations would be to tailor tips to potential areas of distress that HCWs are reporting or asking why types of tips they would like to get weekly reminders about. Further, choice matters so allowing HCWs to opt out of screening and tips at any time is essential.



Appendix

Full Red Cap Survey

In this section, we will ask about your behavioral health using different validated measures. Some of these measures have different time frames (e.g., past 7 days, past 2 weeks, past month) because they have been validated in these ways, so please consider this when answering.

Please respond to the questions below based on your feelings over the last 7 days.

In the past 7 days

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with my sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was refreshing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
I had trouble staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Poor	Poor	Fair	Good	Very Good
My sleep quality was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving or speaking so slowly that other people could have noticed OR being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being so restless that it is hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid as if something awful might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then select one of the answers to indicate how much you have been bothered by that problem in the past 30 days.

In the past 30 days, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing and unwanted memories of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very upset when something reminded you of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest in activities that you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having difficulty concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please indicate how much you agree with the following statements as they apply to you over the last 30 days. If a particular situation has not occurred recently, answer according to how you think you would have felt.

Based on your experiences in the last 30 days answer the following questions

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to bounce back after illness, injury or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Answer the following questions based on your alcohol use patterns in the last 1 year.

How often did you have a drink containing alcohol in the past 1 year?

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

How often did you have six or more drinks on one occasion in the past year?

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Below you find a series of statements with which you may agree or disagree. Using this scale, please indicate the degree of your agreement by selecting the response that corresponds with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I always find new and interesting aspects in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tolerate the pressure of my work very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my work to be a positive challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After working, I have enough energy for my leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is the only type of work that I can imagine myself doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually, I can manage the amount of my work well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more and more engaged in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I work, I usually feel energized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are days I feel tired before I arrive at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It happens more and more often that I talk about my work in a negative way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After work, I tend to need more time than the past in order to relax and feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lately, I tend to think less at work and do my job almost mechanically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During my work, I often feel emotionally drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over time, one can become disconnected from this type of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I feel sickened by my work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After my work, I usually feel worn out and weary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Scoring summary

Your struggles are real and valid. Results indicate that you are experiencing significant distress. It may be challenging to manage these struggles on your own. We strongly recommend that you set up a time to meet with our MUSC Well-being Clinician.

Would you like to set up a time to meet with MUSC Well-being Clinician? ☐ Yes ☐ No

Additionally, we would like to offer voluntary customized weekly check-ins focusing on areas of displayed below to help you track your progress and provide additional support. Please see below and select if you would like to receive weekly customized brief screening check-ins.

PROMIS: It appears that you are experiencing severe problems with sleep. Sleep difficulties can impact our lives in a variety of ways, including our physical health, psychological wellbeing, job performance, and patient care.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

PHQ-9: Your scores suggest you may be experiencing moderate to severe depression, which may be interfering with your ability to function.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

GAD-7: Based on your scores, you may be experiencing moderate to severe anxiety, which may be interfering in your ability to function.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

PCL-5: Your scores indicate that you may be experiencing a clinically significant level of posttraumatic stress disorder, or PTSD. You are not alone. Higher scores on from this screener are associated with the presence of PTSD but are not a substitute for diagnosis by a trained clinician.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

OBI: Your scores suggest you may be feeling burnout in your current position at work. Sometimes when people experience burnout, they disengage in work-related activities or feel exhausted from responsibilities. Burnout is associated with adverse patient outcomes, increased risk of anxiety, depression, and PTSD.

Would you like to receive weekly customized brief screening check-ins? ☐ Yes ☐ No

Continued on next page



What is your discipline?

Do you work in shifts?

☐ Yes ☐ No

What is your age group?

What is your Sex?

Are you of Hispanic or Latino ethnicity?

What is your race? Please check all that apply.

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

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Submit



Weekly Check In Survey

Please complete the survey below. Thank you!

Sleep

Thinking about the past month, to what extent has poor sleep troubled you in general?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Much
- ☐ Very much

Thinking about a typical night in the last month, how many nights a week do you have a problem with your sleep?

- ☐ 0-1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5-7

Mood

Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Feeling down, depressed or hopeless

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Anxiety

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Not being able to stop or control worrying

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Continued on next page



Alcohol

How often did you have a drink containing alcohol in the past 1 year?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times/month
- ☐ 2-3 times/week
- ☐ 4 or more times/week
- ☐ Prefer not to answer

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7-9
- ☐ 10 or more
- ☐ Prefer not to answer

How often did you have six or more drinks on one occasion in the past year?

- ☐ Never
- ☐ < monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Burnout

Overall, based on your definition of burnout, how would you rate your level of burnout?

- ☐ I enjoy my work. I have no symptoms of burnout
- ☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion
- ☐ The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot
- ☐ I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or may need to seek some sort of help

Administrative

If you no longer wish to receive these texts, please go here to opt-out: [Click Here](#)

Continued on next page





Resiliency

For each item, please select the answer below that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

I am able to adapt when changes occur.

- ☐ Not true at all
- ☐ Rarely true
- ☐ Sometimes true
- ☐ True nearly all the time

I tend to bounce back after illness, injury, or other hardships.

- ☐ Not true at all
- ☐ Rarely true
- ☐ Sometimes true
- ☐ True nearly all the time

Stress

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
B1 Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2 Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2 Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4 Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Scripts for Weekly Well-being Tips

Week 1

Self-awareness of your emotional and behavioral health is very important and can help you make timely decisions about what needs to be changed and when. Your reaction to stressful situations is called your stress response. This reaction typically occurs when you feel that the demands you are facing exceed your perceived ability to manage them. One of the first steps to managing stress is to pay attention to it and how it affects you. Make a list of all the stressful things you are experiencing right now and how each one impacts your body, mind, mood, and behavior. Once you have completed the list, write out things you have done that you know have been helpful and have not been helpful, as well as things you have considered, but not tried.

Week 2

Self-regulation is the ability to interrupt your body's physiological response to stress while still being engaged in daily activities. This is important because it helps you become more comfortable, attentive, relaxed, resonant, and efficient even when you encounter stressors throughout the day. Two ways to consciously control your physiological response while being exposed to a stressor are breathing and muscle relaxation. Here is a very simple breathing technique that can be used for acute relaxation and improved cognitive functioning. Measured breathing. This method is done by breathing in through your nose for 4 counts and, next, by holding your breath for four counts and then exhaling through your mouth pushing as much air out as possible for four counts. You should repeat this process until your body feels relaxed and comfortable. It will also be beneficial to practice this technique even when you are not having a physical stress response.

Week 3

Muscle relaxation is the second self-regulation skill. To use this skill, pay attention to how much distress and discomfort you are feeling right now. Rate it on a scale of 0-10, with 0 being none and 10 being the most distress and discomfort you have ever felt. Next, take five seconds to completely relax your muscles in your body, by first tightening them as much as you can while sitting or standing and then immediately relaxing them as if they were like wet spaghetti noodles. Repeat 5x. Then re-evaluate how much distress and discomfort you are feeling now using the same scale. Did it decrease?





Week 4

Setting specific goals and clarifying your values and intentions are important practices that can help you maintain and improve your professional quality of life. It allows you to bring focus and intentionality, and may help you become more deliberate in your responses towards stressors and challenges. Here are a list of common work values and principles: efficient, resilient, compassionate, healer, respectful, helpful, tolerant, teachable, precise, passionate, honest, team-player, leader, undeterred, focused, positive, selfless, graceful, relaxed, authentic, fun, respectful, decisive, thorough, trustworthy, kind. Choose 3 that are important for you this week and write out 2 specific activities, behaviors and actions that you will do to focus on these in your daily work.

Week 5

A good intentionality exercise is to start your workday by acknowledging (1) what's happening at work that is distressing and out of your control (2) what strengths you bring to the team today and (3) what you hope will be true as a result of your work today. At the end of your work day, write out how you were able to fulfill those strengths to be there for the team today. Do this each day before and after your work day.

Week 6

Perceptual maturation is an important resilience skill that focuses on evolving your perception of yourself more so than your environment. State these affirmations out loud daily:

- + "There are no demands on me. I am always able to choose my reaction and response."
- + "I choose to do all work-related tasks, especially the undesirable ones because I want to live my values, not because someone is saying I have to."
- + "I have lots of strengths and even though this day might be challenging, I am going to get through this."
- + "I do my best and it is always good enough for today."
- + "I will maintain my integrity."
- + "I am in no danger when the system wants more from me than I can give."

You can also add others to this list.





Week 7

We tend to develop negativity bias by looking for, reacting to and storing negative information before we look for, react to and store positive information. You can overcome your negativity bias and look for positive information first which could increase your chances of obtaining goals and feeling happy. For the next 21 days do the following things:

- + Write down 3 things (small or big) that you are grateful for each day
- + Write for 2 minutes before going to bed describing one positive experience you have over the past 24 hours at work.
- + Exercise for 10 minutes a day. This trains your brain to believe your behavior matters.
- + Meditate for 2 minutes a day by just focusing on one thing during that time and connecting to your senses.
- + Write one quick email or text at the start of your work day expressing appreciation or praising a member of your team.

Week 8

Building connection and support to people who feel “safe” to you is useful in being your eyes and ears. They can assist you in monitoring yourself and notifying you when you begin to show signs of stress. You give these individuals power to “call you out” in a loving and supportive way; hold you accountable for your behaviors and actions and to facilitate the safe resolution of your accumulated stress responses. So, identify 3 or more co-workers to serve as a support for you. They need to be educated by you in how to best help you and listen to you without judgment.

Week 9

Self-Care and Revitalization is about providing yourself with the fuel to power yourself through your challenging day and fueling yourself at the conclusion of your day to repair and restore yourself to keep performing optimally. Here are a few suggestions to build up physical energy:

- + Rest
- + Hydrate– drink a glass a water first thing in morning and throughout the day.
- + Eat mindfully
- + Stretch your body daily





Week 10

Self-Care and Revitalization is about providing yourself with the fuel to power yourself through your challenging day and fueling yourself at the conclusion of your day to repair and restore yourself to keep performing optimally. Here are some activities to build your emotional energy.

- + Reduce exposure to negative people
- + Evaluate your expectations
- + Look for small joys
- + Get closure by finishing things and conversations that need to be finished

Week 11

Self-Care and Revitalization is about providing yourself with the fuel to power yourself through your challenging day and fueling yourself at the conclusion of your day to repair and restore yourself to keep performing optimally. Here are some activities to build your emotional energy.

- + Reduce exposure to negative people
- + Evaluate your expectations
- + Look for small joys
- + Get closure by finishing things and conversations that need to be finished

Week 12

Self-Care and Revitalization is about providing yourself with the fuel to power yourself through your challenging day and fueling yourself at the conclusion of your day to repair and restore yourself to keep performing optimally. Here are some ways to build your spiritual energy:

- + Be clear about what you value by listing out the most important things in your life
- + Get to know your character strengths (viacharacter.org) and build one each week
- + Seek feedback regularly about how you are showing up to other's lives

Telehealth Centers of Excellence



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