
Promoting Trainee Wellness and Mental Health

Sharon L. Milgram, Director NIH OITE

www.training.nih.gov // Sharon.milgram@NIH.GOV

On Twitter [@NIH_OITE](https://twitter.com/NIH_OITE) // [@SHARONMILGRAM](https://twitter.com/SHARONMILGRAM)





**Cannot
Control**

**Wish to
Control**

**Can
Control**

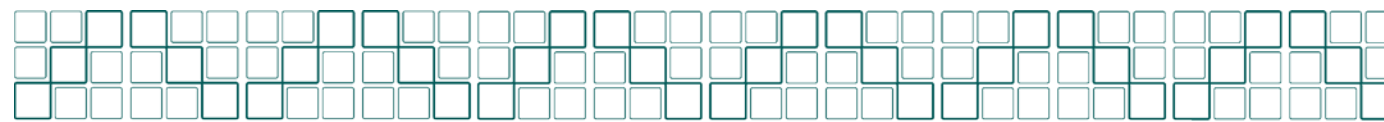


With Gratitude To....



Three Goals

- To help trainees appreciate the link between stress management/wellness and school/career/life success
- To help trainees work through acute stressors with minimal disruption of their academic and research progress
- To better support trainees with mental health concerns
- Requires:
 - That we frame this as a wellness, not an illness, issue
 - Collaboration between PIs, trainees and institutional resource staff
 - Substantial personal and culture change



For Personal Change To Happen We Need To Ask...

- Do I make it a priority to take care of myself?
- Do I support others in taking care of themselves?
- How much time do I spend time learning about wellness and resilience?
- Do I reflect on my biases (conscious and unconscious) around mental health and wellness?
- Am I willing to be vulnerable and share without making it about me?
- Am I willing to use my institutionally-derived power and social capital to advocate for needed resources and for attention to wellness issues?



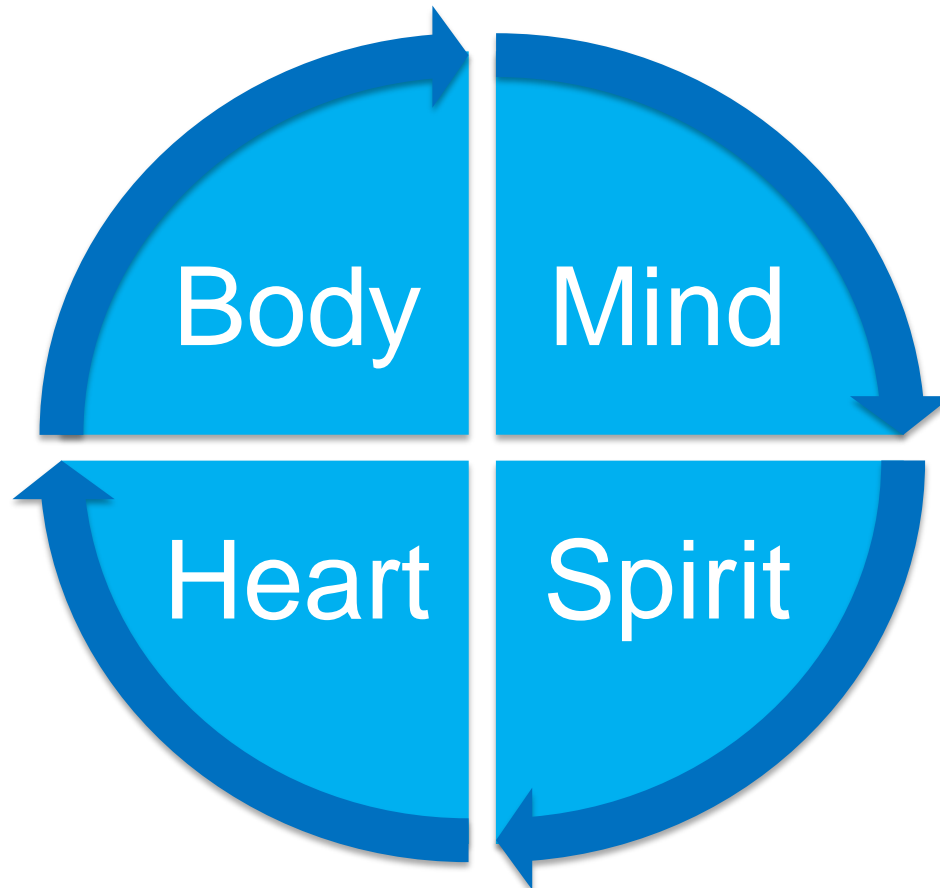
For Institutional Change To Happen We Need To...

- Articulate a conceptual model of “wellness” grounded in the view that
 - “to do well, we have to be well”
 - taking time for wellness is our right AND an expectation that we have of our community
- Develop programs to address all elements of your wellness model
- Provide resources and reward PIs/programs that buy-in and promote the model

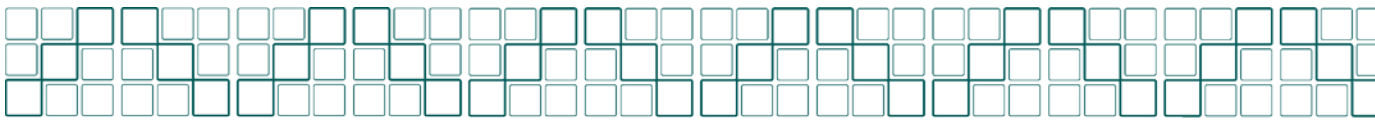


OITE Wellness Model

- The things we do, and don't do, to maintain our....



- Wellness is a foundation of resilience.
- Resilience is required for educational, science and career success



Resilience

- The ability to navigate difficult situations with intention and ease; the ability to adapt and grow through adversity
- To be resilient we need to:
 - Find community and engage authentically with peers and mentors
 - Use resources – proactively and in times of stress and setback
 - Find purpose day-to-day
 - Understand and acknowledge negative emotions
 - Have strategies for dealing with set-back and disappointments
 - Understand how distorted self-talk, cognitive distortions and imposter fears undermine our confidence and progress
 - Develop our growth mindset (the work of Carol Dweck)
 - Practice holistic self-care

Resilience = People + Process + Preparation



Important Point About Research Groups

- Organizational resilience = the way a team absorbs strain and...
 - continues to function effectively in the face of adversity
 - minimizes damage to team relationships for long-term effectiveness
- A group is only as resilient as the individuals that make up that group AND resilience starts at the top



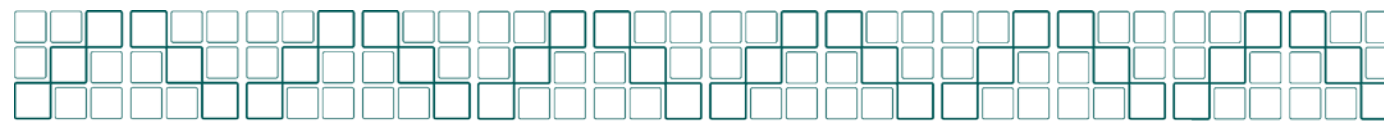
The Question I Ask Myself All Of The Time

- If money was not an issue, what would a top-notch wellness/resilience program for biomedical scientists look like?



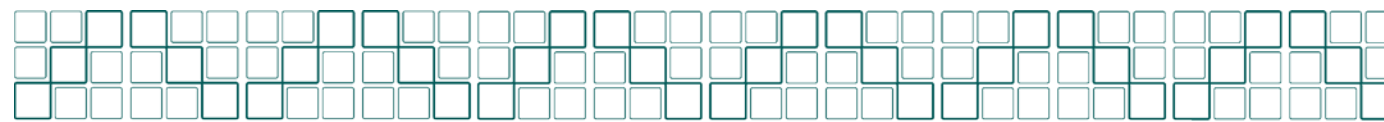
A Top-Notch Program Would

- Be designed specifically for the community, resonate broadly, and account for people with different lived experiences and views of wellness
 - hard-working, high knowledge individuals who are often more comfortable with facts than emotions
 - from many different cultures and communities
 - dealing with contextual factors that modify their experience



A Top-Notch Program Would

- Be designed specifically for the community and resonate broadly while accounting for people with different lived experiences and views of wellness
- Have multiple entry points for accessing wellness information
 - formal and informal activities including workshops, webinars, community gatherings, retreats, small group activities, and individual support
 - provide on-demand services to trainees, PIs, staff, research groups, programs, etc.



A Top-Notch Program Would

- Be designed specifically for the community and resonate broadly while accounting for people with different lived experiences and views of wellness
- Have multiple entry points for accessing wellness information
- Reduces barriers to accessing resources and taking time for wellness
 - by directly addressing stigma
 - by embedding information into the full training curriculum and life of the group/program/institution to normalize wellness



A Top-Notch Program Would

- Be designed specifically for the community and resonate broadly while accounting for people with different lived experiences and views of wellness
- Have multiple entry points for accessing wellness information
- Reduces barriers to accessing resources and taking time for wellness
- Provide (and require) training for PIs and staff who engage with trainees
 - in areas such as wellness, mental health first aide, adult learning, psychosocial elements that impact learning, conflict management, feedback, cultural humility, diversity and inclusion, group facilitation, career advising, etc



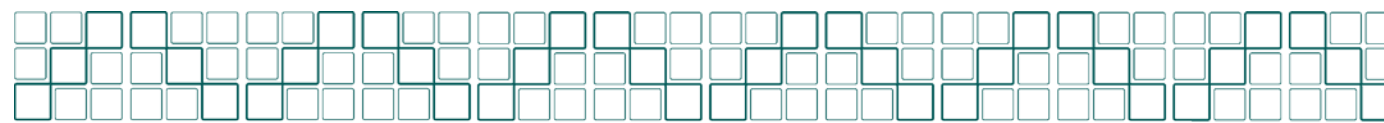
A Top-Notch Program Would

- Be designed specifically for the community and resonate broadly while accounting for people with different lived experiences and views of wellness
- Have multiple entry points for accessing wellness information
- Reduces barriers to accessing resources and taking time for wellness
- Provide (and require) training for PIs and staff who engage with trainees
- Be so well embedded into training and into the life of the organization that it would not be noticeable



What We Are Doing (I)

- Formal group activities
 - We offer a series of core offerings supplemented by other relevant material as needed
 - Piloting a resilience series of alternating lectures and small group discussion
 - An introduction to Resilience and Wellness
 - Understanding Cognitive Distortions and Imposter Fears
 - Self-Advocacy and Assertiveness
 - Developing feedback Resilience
 - Finding Mentors and Community
- Key Point – use captive audiences to attract people to core offerings
 - Embed material into orientation programs, core classes, career workshops, individual advising appointments, etc
 - Highlight wellness and resilience at all major events



What We Are Doing (II)

- Less formal group activities
 - Drop-in guided meditations
 - Wellness Wednesday lunch discussions
 - Resilience Discussion Groups
 - Special wellness/community building events
 - Support for affinity group activities and lunches
- Individual/small group wellness advising
 - First meeting with a focus on our wellness assessment and plan
 - placed in a group with trainees dealing with related contextual factors
 - trainees rotate in and out as appropriate
 - groups are not therapy groups; for some this is a gateway to therapy
- Note: there is no pattern to how people engage with the program the first time.



OITE Resilience Discussion Groups

- Facilitated by a therapist who understands NIH
- Popular topics (pre-pandemic)
 - Job search stress
 - Conflict and difficult conversations
 - PI and lab group challenges
 - Imposter fears, assertiveness and self-confidence
 - Dealing with cognitive distortions
 - Application anxiety/career decision making stress
 - For trainees....
 - navigating NIH and life while dealing with emotional or psychological challenges
 - who are also care-givers
 - living with chronic illness and disability
 - who are international
 - who are LGBTQ+
 - who are POC



Engaging PIs

- Resilience and wellness is now a part of the training we offer for PIs – from both directions
- Two activities to normalize wellness and provide support
 - A weekly PI resilience discussion group
 - A short-term coaching program for tenure-track PIs
- A successful new outreach - “Promoting the Mental Health and Wellness of Biomedical Trainees”
 - we talk about OITE services and ask that they reach out to us “early and often”
 - we also provide information on other NIH resources for trainees

To Build A Program, We Need

- To collect resources (internal and external) and develop relationships with key offices/service providers
- A willingness to learn about....
 - Mental health and wellness
 - Adult learning, life transitions and identity formation
 - How personality, communication, conflict and work-style differences effect the workplace and the ability of trainees to access services
 - Career decision-making and career advising
 - Institutional racism and barriers to the success of trainees from minoritized and marginalized communities
- SOPs for e/Emergency situations
- Ways to track wellness needs and provide follow-up
- To develop our communication skills around wellness and mental health



The Challenge

- Supportive language and the language of wellness does not come naturally to many scientists (at least not in the context of work)
- Stigma and discomfort surrounds discussions of mental health in many cultures
- Our belief that well meaning = skilled

“Ordinary people who lack professional training do most of the counseling every day and everywhere. A lack of professional training does not make them unfit or unable to respond effectively to the anxious and troubled people who turn to them for assistance.” Eugene Kennedy and Sarah Charles, *On Becoming A Counselor*



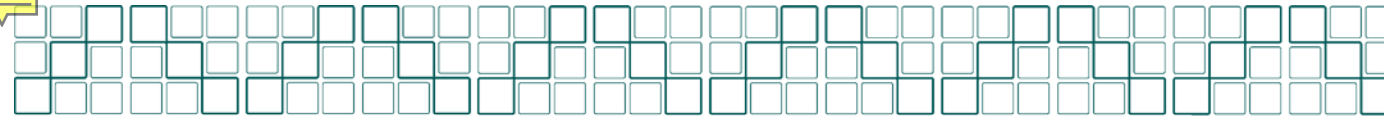
Things I Try To Keep In Mind

- Many problems can't be solved; therefore the goal is to..
 - kindly acknowledge what is happening
 - work together to mitigate concerns and address issues
- “Whoever does the work, does the learning”
 - Means putting aside my tendency to tell them what to do
 - Means letting them take indirect routes and make mistakes while being on the look-out for choices that can derail them quickly
- I never have all the relevant information at the outset
 - Slowing the conversation down and allowing silence (or time for crying) without jumping in
 - Paying attention to the whole trainee

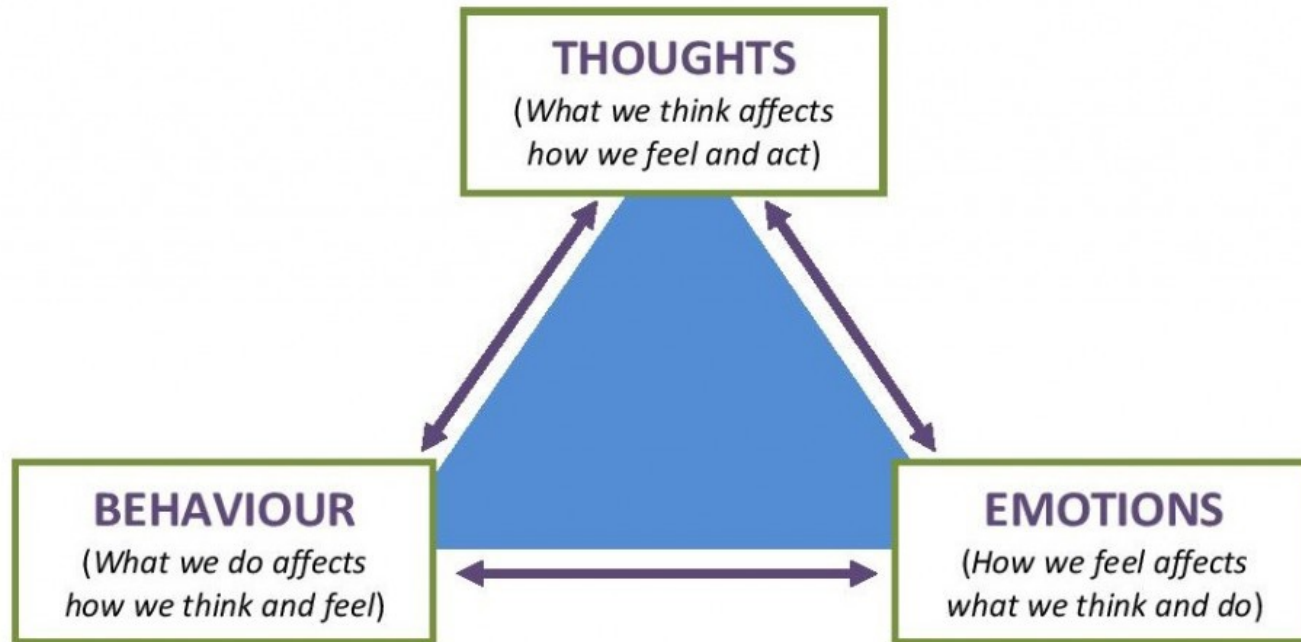


We Tend To Focus On Behavior

BEHAVIOUR

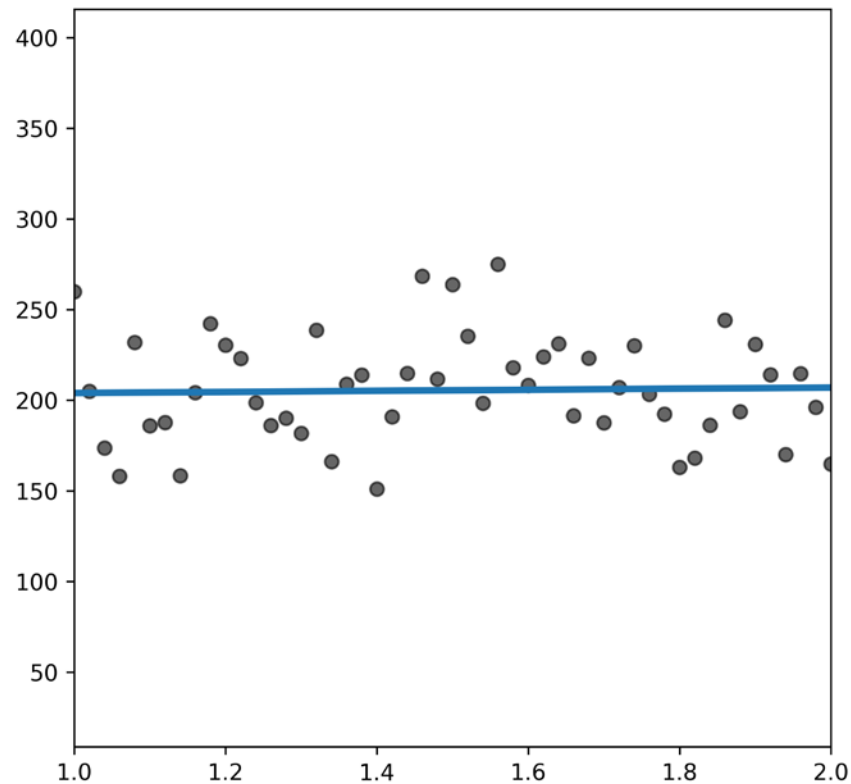


And Need To Zoom Out To See the Whole Person





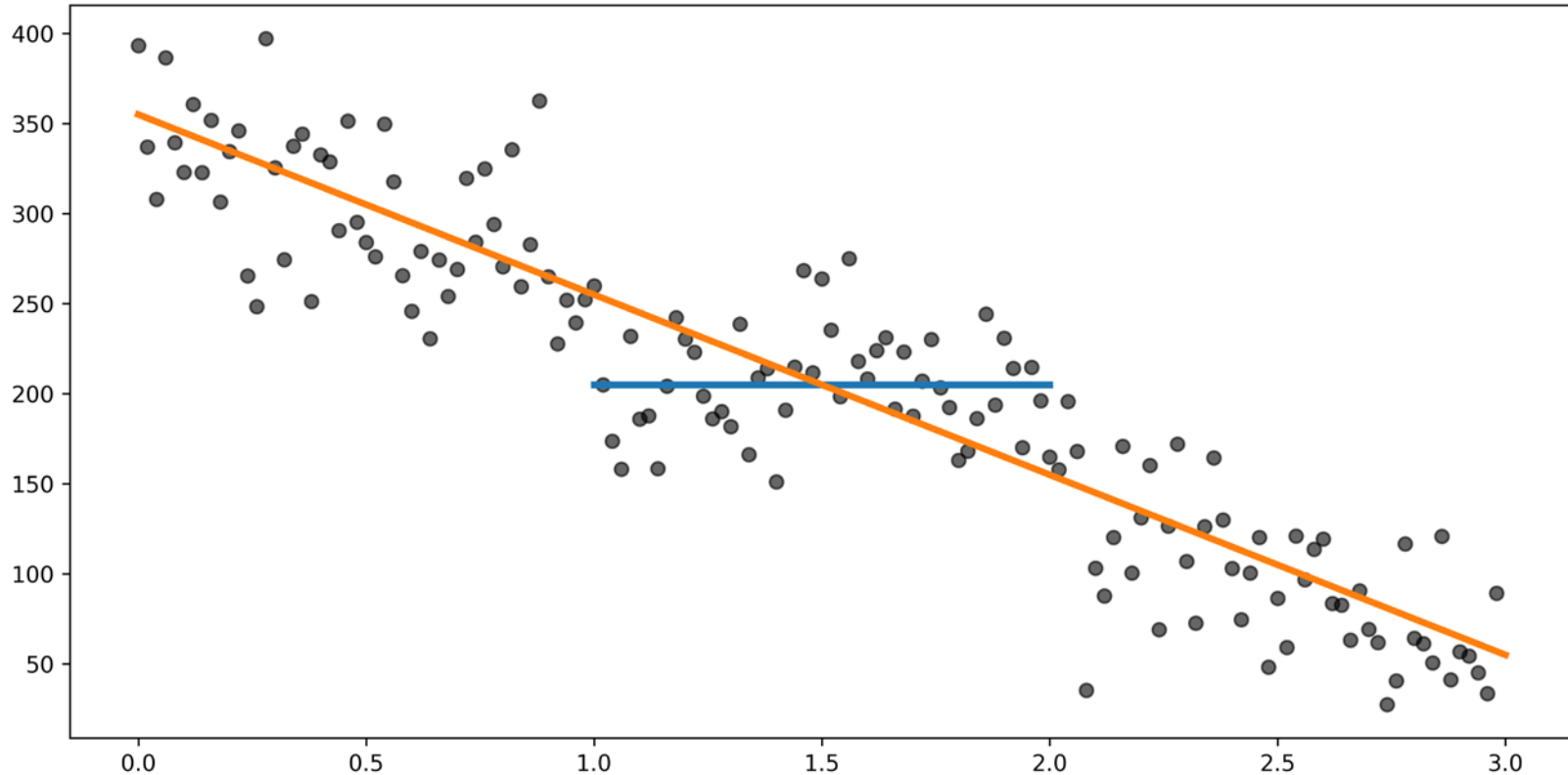
Look At the Data



With thanks to Dennis Mulligan



Look at All the Data...



to get a more accurate picture.



Tips For Supportive Conversations

- Take time to learn about and reflect on your go-to communication style and how it may be perceived by trainees with different styles
- Remember to:
 - Listen actively
 - Affirm feelings
 - Ask curiosity and not judgement questions (what and how, not why)
 - Find the successes (strengths-based questions)
 - Keep the focus on them and their experience
 - Slow down and give space
 - Be kind AND truthful AND avoid gratuitous positivity

<https://www.youtube.com/watch?v=f04f3ZYjU88>
Hacks for Effective Conversations in the Google Drive



A Short-Cut That Helps Me (And That Trainees Love)



Aggressive; tear-down



big-hearted; build-up

From the work Marshall Rosenberg and colleagues, Nonviolent Communication; www.cnvc.org



Talking About Counseling

- Perhaps the most important skill I had to develop
- Starts with some important self-reflection
 - What are my personal views and knowledge about counseling?
 - Do I feel comfortable talking with students about counseling?
Why? Why not?



PIs vs. Program Directors

- Different boundaries when it comes to discussing counseling and health/mental health concerns with trainees
- PIs should...
 - Listen, acknowledge the difficulty the trainee is facing, and expresses support
 - Explicitly encourage the use of resources and refer them to the appropriate staff in the program, or other resources in the University
 - Make it very clear that it is fine that they take time away from research responsibilities to attend to their health and well-being
 - Respect their privacy and do not share information with others in the group
- Program Directors should...
 - All of the above + a willingness to more deeply explore and support trainees in [quickly] finding mental health support



How I Talk About Counseling

- First, I acknowledge [again] that they are dealing with a lot of hard things
 - I do not use clinical terms, unless they do first
 - I try to mirror their language
- I use a question to introduce the topic of counseling
 - Are you open to....?; Would you consider talking with....?; Have you thought about.....? Do you think it might help to....?
- If they respond positively, I offer support in setting up a meeting (if internal) or finding a referral (external)
 - I ask directly about the expertise and identities that matter to them
- If they respond negatively, I offer to explore their reasoning with them (or back off if asked to)



Most Common Barriers I Hear About (I)

- Stigma (“oh, we just don’t do that”) – broadly, in their family, community and in the scientific community
 - I use other healthcare analogies
 - I often softly disclose
 - I switch from language about them to language about someone they care about (if your friend was struggling....)
 - I speculate that they might worry about confidentiality and how this might affect their training/career and offer to talk about it
- Time away from school/lab
 - I strategize with them about ways to make the time
 - I address talking with their PI or program director and offer to practice with them (and occasionally offer to reach out directly when I am very concerned)



Most Common Barriers I Hear About (II)

- Financial issues
 - I talk about on-campus resources
 - I explain how insurance work (in and out of network, deductibles, co-pays) and ways to find affordable therapy (sliding scale, group therapy, supervised counseling students)
- Lack of understanding about counseling in general
 - I offer to answer questions and give them some reading
- Overwhelmed to begin the process or a bad experience with counseling in the past
 - We explore the type of counselor they would like to find and strategies for finding potential “good fits”
 - I offer to help them set up appointment and/or find a therapist



Resources for Understanding Counseling

- <https://www.apa.org/helpcenter/understanding-psychotherapy>
- <https://www.goodtherapy.org/blog/faq/im-nervous-about-starting-therapy-is-that-normal>
- https://www.huffpost.com/entry/11-things-you-must-know-about-starting-therapy_b_12088830
- <https://www.buzzfeed.com/hnigatu/a-beginners-guide-to-starting-therapy>
- <https://nami.org/About-Mental-Illness/Treatments>
- And many articles at <https://www.psychologytoday.com/us>



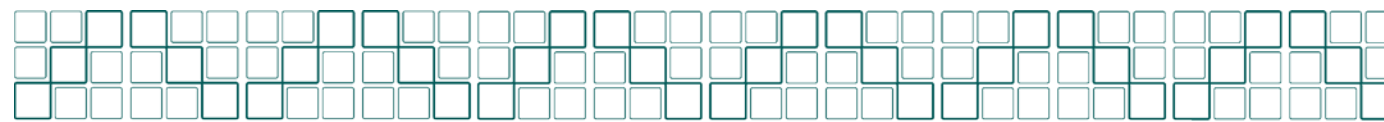
Finding Referrals

- Find any local therapist listservs and talk with the moderator about posting
- Visit practices near you (especially if they take relevant insurance)
- Talk with your student health/EAP staff
- Ask students who share they have a therapist about the experience and ask them to get a card for you
- I follow lots of therapists on Instagram and Twitter and visit the websites they recommend



One Final Question

If you build it, will they come? And does it matter anyway?



What We Have Learned So Far (I)

■ Resilience groups

- facilitate a sense of community for trainees experiencing similar issues.
- give participants valuable feedback and suggestions on how to handle challenging situations.
- demonstrate to trainees that OITE and the NIH administration care about their wellbeing.
- Help trainees accept the situation they are in and appreciate that it is not all about them.

■ Wellness advising

- teaches tools and solutions to issues, as well as space for trainees to discuss challenges.
- is easier for trainees uncomfortable in going to group activities
- holds people accountable



What We Have Learned So Far (II)

- The workshops are interesting/enjoyable and teach new skills
 - 99% would recommend to a peer
 - 79% are very likely or likely to attend another OITE workshop soon
 - Most important information: cognitive distortions, imposter fears, HATS, growth mindset, that it is OK to get help, meeting trainees
- Three most frequently identified resilience strategies that trainees plan to implement post-workshop
 - Proactively searching for resources for my career (65%); Focus on learning from previous experiences (62%); Proactively searching for self-care resources (57%)
- Three most frequently identified growth mindset strategies that trainees plan to implement
 - Believe in my ability to grow and learn (76%); Ask for help when I need it (75%); View mistakes as learning opportunities
- Many trainees leave wanting to implement new behaviors
 - some succeed; more do not –time is the most common barrier cited is time



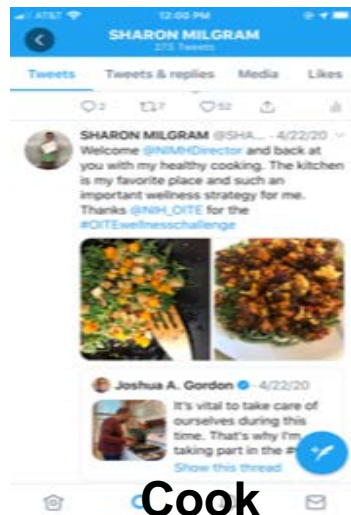
Do Not Underestimate the Power of the Small Gestures



#OITEWELLNESSCHALLENGE



Take in the good



Cook



Get active



Be Creative



Music!



Connect!



Practice Kindness



Be Mindful



Do Not Underestimate the Power of the Small Gestures



Katherine Polk @scientistkip · Mar 29
@NIH_OITE has been giving weekly wellness challenges to trainees. This week the #OITEWellnessChallenge was to do something creative so some of us postdocs had a virtual paint night! (socially distancing except for roommates)
thanks @zoom_us for letting us all get together!!



Be Creative

Recently, I decided to make this dance video that accurately depicts how I have been feeling working from home these past couple weeks when more vulnerable to distractions. I love dancing just as much as I love science, so being motivated by this wellness challenge to go ahead and do what I love outside of the lab was great. The link to the video is below! I hope you like this short Bollywood Jazz dance project I put together in an empty house in a matter of days!

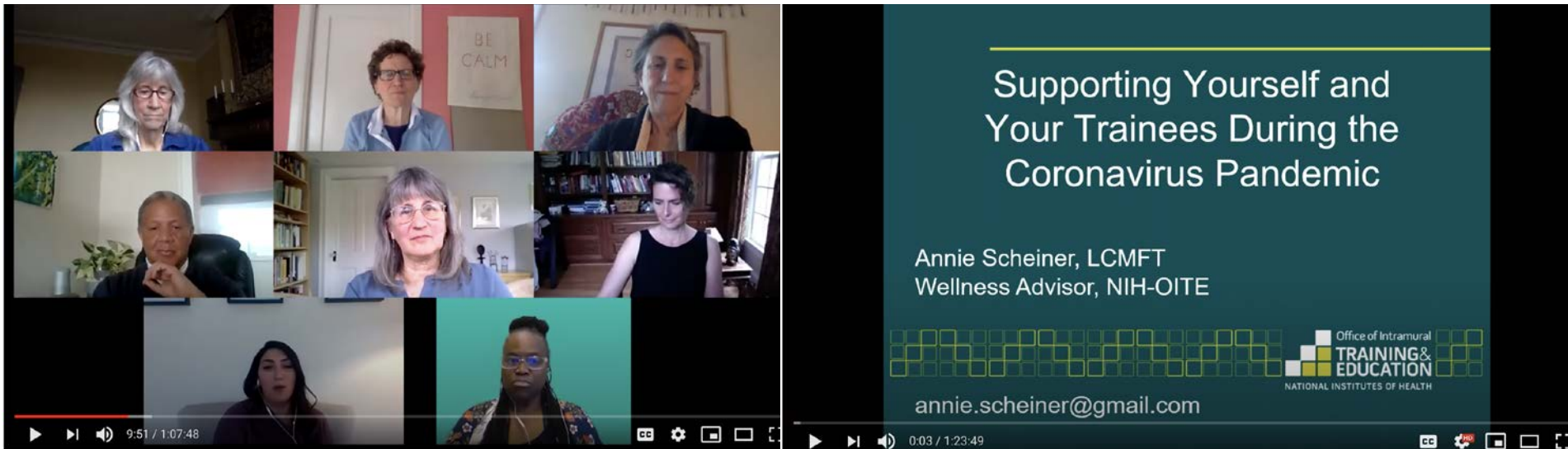
I just wanted to say this message of releasing expectations was very needed for me, so thank you for being intentional in keeping the community healthy because this message may not be coming from our PIs/supervisors.

I am a postdoc fellow, my wife works full time, we don't have childcare for our 6-year old due to COVID-19 shutdowns, we are expecting our second child in the next few weeks, and we bought a house three months ago that still needs a little work. Even without pandemics and very real problems of injustice in my surrounding community, this would be a challenging season of life.....





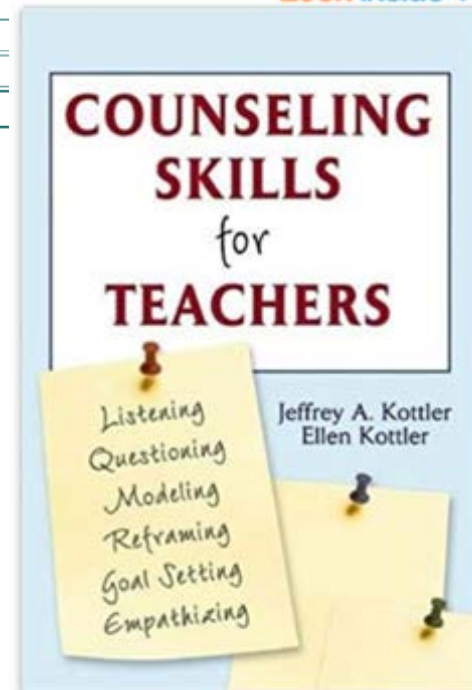
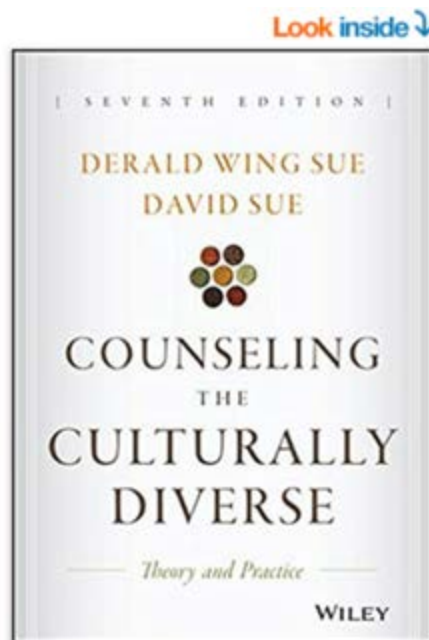
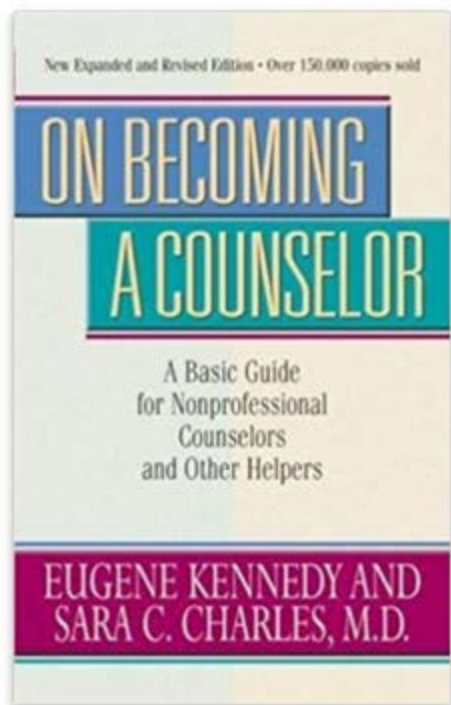
Helpful Resources



Supporting the Mental Health and Wellness of Biomedical Trainees

And many more on the NIH You Tube Channel

Helpful Books



“Whether you like it or not, whether you prepare or not, you will be sought out as a confidante by children who have nowhere else to turn...If you are equipped with some counseling skills, just some basic helping strategies...., you will be amazed at the services you can render....”

“Ordinary people who lack professional training....do most of the counseling every day and everywhere. A lack of professional training does not make them unfit or unable to respond effectively to the anxious and troubled people who turn to them for assistance.”