

Care for the Caregivers: Seeking to maintain resilience of those who help others

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Learning Objectives

Do good/ Do no harm Do no self harm

- Gain understanding of compassion fatigue and other forms of work related stress
- Appreciate inherent risks of exposure to suffering and deepen mindfulness in self
- Explore how healthcare providers can sustain sense of meaning, purpose and value in connection to their work

Centre for Practitioner Renewal (CPR)

Health care is about living/dying, curing/healing;
art/science, mind/heart, skills/knowledge,
technology/compassion

Health care is based on a business model of efficiency, the
work we do is about relationship—relationship with
self, other and Other

Relationship is often sacrificed to action and efficiency

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- How do we sustain health care providers in the work place?
- What is the effect of being in the presence of suffering?
- What would be reparative, healing or restore resilience for health care providers?

Efficiency through relationship

Core Messages

- Relationships can sustain if they are maintained (self, other and Other)
- The past is always present

Wisdom

In examining disease, we gain wisdom about anatomy and physiology and biology. In examining the person with disease, we gain wisdom about life.

Oliver Saks

Self Knowledge

Many people miss out on themselves as they journey through life. They know others, they know places, they know skills, they know their work, but tragically, they do not know themselves at all.

John O'Donohue: Anam Cara

Why Guidelines?

- Creating safety makes experience predictable
- Safety comes from predictability
- If we don't establish predictability explicitly, then it will happen implicitly

- We are more likely to negotiate ground rules with intimate partners
- We are more likely to apply rules set by family/culture

Group Guidelines

C onfidentiality

E qual airtime

N on-judgemental listening

T imeliness

R ight to pass

E ngaged

Check-in

What is catching your attention this afternoon?

How helpful or hindering is the distraction?

If it is hindering, what do you need to make it less distracting?

Challenges to Well Being in Health Care

- Economic restraint & restructuring
- Rapidly developing technologies
- Increased access to information/misinformation
- Increased patient complexity
- Shortage of practitioners
- Decreased numbers of beds
- A more critical & litigious social climate

Our Experience at CPR

Sustaining Healthcare Providers in the workplace:

Burnout / Compassion Fatigue / Vicarious
Trauma / Moral Distress / Grief / Depression
/ Anxiety

and

“Lateral Stress” among colleagues

Unfixable Suffering

Trauma: sense of helplessness in the face of
unfixable suffering

Judith Herman

Grief

Change



Loss



Grief

Anger
Rage

Sadness

Fatigue

Fear

Isolation

Grief

- Grief is wanting more of what one will never get again
- Grief begets grief
(Unresolved grief from the past creeps into the present)
- Variable in duration – Grief does not follow a schedule

Lateral Stress:
Accumulated stress discharged
between colleagues

Smiling Rage

Lateral Stress:

Accumulated stress discharged between colleagues

- Irritability, frustration, lack of patience
- Intolerance of difficult emotion
- Silencing response
- Scapegoating /bullying/incivility

Referral Reasons	Frequencies				Examples
	L	M	S	Total	
Emotional reactions about work	1	7	13	21	Overwhelmed by work after learning of colleague's severe criticisms
Family/ relationship issues	6	1	10	17	Relationship issues related to 20-year marriage
Misc.	5	4	8	17	Feeling apologetic for living
Stress/ cumulative stress	5	1	9	15	Stress at work from relationship with colleague

Underlying Concerns					
Intrapersonal	Frequencies				Examples
	L	M	S	Total	
Work-related incidents	20	8	70	98	Personal betrayal when told to remove praying people
Stress/cumulative stress	5	1	9	15	Stress from relationship with colleague
Disengagement/estrangement	8	9	12	29	Isolation at work and home
Self-esteem/worth	8	8	7	23	Feeling “less than” others
Family of origin	13	12	16	41	Fear of letting anyone close and want to prevent same hurt from family of origin

Underlying Concerns					
Interpersonal	Frequencies				Examples
	L	M	S	Totals	
Romantic relationship	13	9	23	45	Frustration with spouse & work situation
Collegial challenges	10	2	19	31	Dual relationship
Family/personal	4	10	13	27	Family of origin issues
Communication	13	9	7	29	Ineffective skills
Family of origin	13	12	16	41	Isolated to prevent hurt from others like from family of origin
Stress/cumulative	5	1	9	15	Collegial relationship stress

Self Reflection

Think back to a recent work day.

While you travel to work, what do you notice in your body, your mind and your feelings? As you get to work what do you notice? What is the environment like? What impact does that environment have on you? Who is there with you? What is your confidence in the support those people provide?

Self Awareness (cont.)

While you're at work, how would you rate your emotional stress level? How often do you pause to unburden from stresses?

As you leave your work, what do you notice in your body, your mind and your feelings? What do you take with you and what do you leave behind?

Self Awareness (cont.)

As you commute home, how do you feel? How do you unpack your day?

What do you notice when you arrive home? After several hours at home? How much do work-related thoughts intrude?

As you fall asleep do thoughts of work or work relationships intrude? Do you dream about your work? If so, what are the themes and images in these dreams?

Burnout

- Emotional exhaustion
- Depersonalization
 - A negative attitude towards patients/clients
 - Personal detachment
 - Loss of ideals
- Reduced sense of personal accomplishment and commitment to the profession.

Maslach, 1993

Moral Distress

- The negative feelings resulting from a situation in which moral choices cannot be translated into moral action
- Associated with experiences of anger, frustration, guilt, and powerlessness

Jameton, 1984; Rodney and Starzomski, 1993

Vicarious Traumatization

- Vicarious Traumatization (McCann & Pearlman, 1990)
 - incomplete empathic engagement and sense responsibility to help)
- Secondary Traumatic Stress (Stamm, 1995)
 - knowledge of, experienced by other)
- Compassion Fatigue (Figley, 1995)
 - preoccupation with individual or trauma)

Compassion Fatigue

- Three symptom clusters similar to PTSD:
 - Hyperarousal
 - Avoidance and/or numbing
 - Reexperiencing-Intrusion

Most Common Signs of Distress

- Increased rates of illness
- Withdrawal - Isolation
- Cynicism - Sadness - Depression
- Exhaustion - Presenteeism
- Addictive responses
- Loss of efficiency - Judgment errors
- Challenging team dynamics
- Impaired boundaries - Identification vs.
Empathy

Shadow Exercise

Shadow Exercise

1 _____ _____ _____	6 _____ _____ _____
2 _____ _____ _____	7 _____ _____ _____
3 _____ _____ _____	8 _____ _____ _____
4 _____ _____ _____	9 _____ _____ _____
5 _____ _____ _____	10 _____ _____ _____

1 _____ _____ _____	6 _____ _____ _____	_____
2 _____ _____ _____	7 _____ _____ _____	_____
3 _____ _____ _____	8 _____ _____ _____	_____
4 _____ _____ _____	9 _____ _____ _____	_____
5 _____ _____ _____	10 _____ _____ _____	_____

Key Themes in Caregiver Resilience

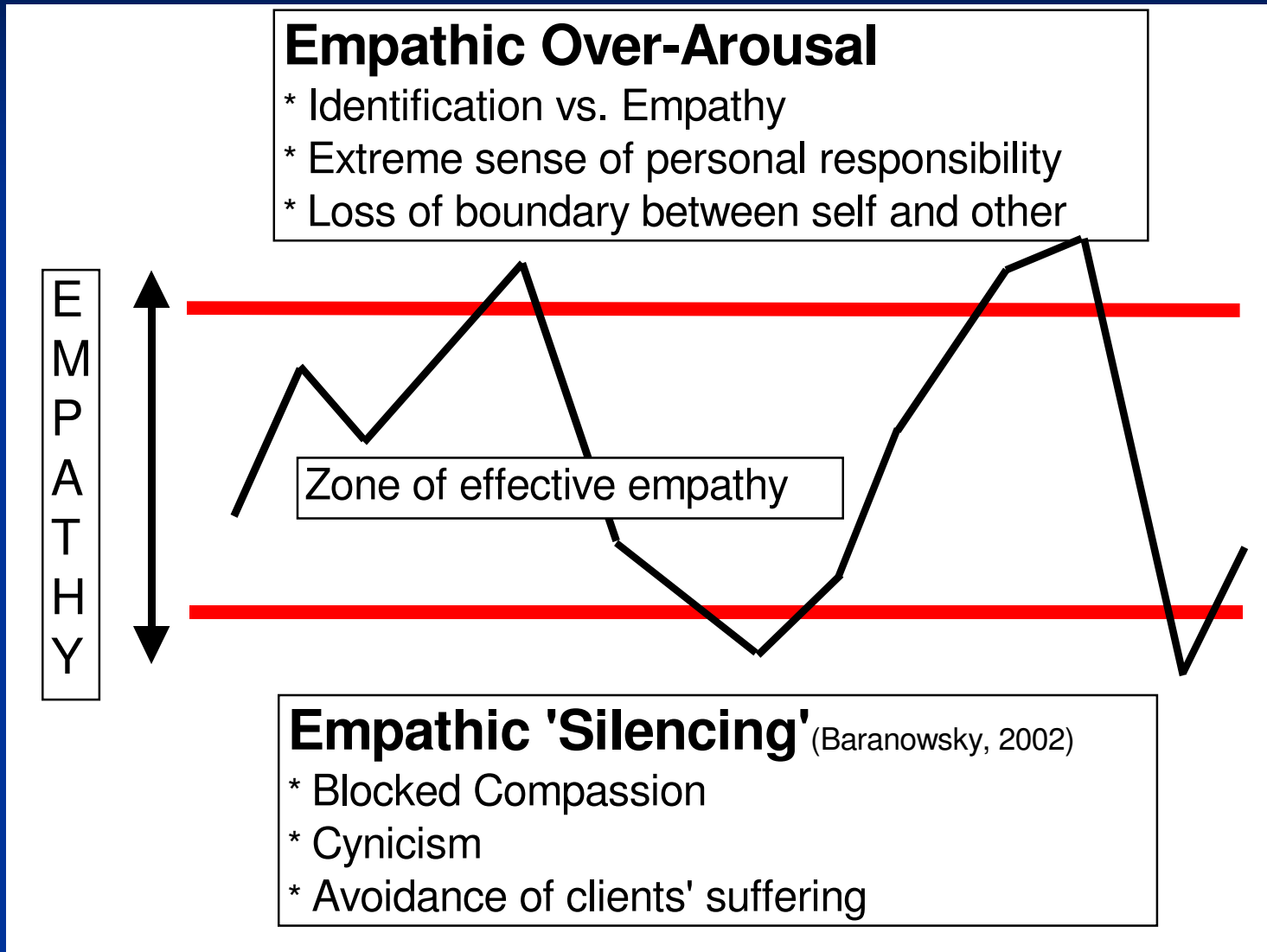
Restorative

- Long-term relationships
- “Healing connections” (Mount, Boston & Cohen, 2007)
- Sense of meaning, purpose or service to a ‘higher good’
- Embracing Life

Challenging

- Long-term relationships
- Identification
- Death out of time
- The paradox of a “chronically terminal” disease

Window of Effective Empathic Engagement



Addressing Caregiver Distress:

Coping

- Self care (physical needs)
- Self nurturance
(forgiveness/connection/tranquility/play)
- Escape

Addressing Caregiver Distress:

Transforming

- Self-awareness: strengths, vulnerabilities, needs
- Continuing growth – personal & professional
- Connection
 - self (time for self-reflection)
 - work related supports
 - social supports
 - spiritual connection

Self Knowledge and Connection

*To understand ourselves we have to be understood by another.
To understand another we have to understand ourselves.*

Watzlawick, Bevan & Jackson

Basic Human Needs

Exist

Relate

Grow

Alderfer, 1969

First Team/Group

- Describe your first team/group experience?
- How were decisions made?
- Who had the power? Who had control? How was this decided?
- How did people express anger?
- How did people address difficult topics?
- How did people listen and understand each other? Did you feel heard and understood?

Effective Group/Team

Safety

Inclusion

Trust

Guidelines

Confidentiality

Equal airtime

Non-judgemental listening

Timeliness

Right to pass

Engaged

Resilience

1. Motivation to self-reflect and develop insight
2. Memory cues as a reminder to emerge from daily routines
3. A tool to help self-reflection/self-awareness

Resilience

Performance = $f(\text{Ability} + \text{Motivation} + \text{Environment})$

Memory Cues

- Hand washing
- Going to the toilet
- Closing the office door at the end of the day
- Sitting in a particular chair
- Pulling a chart out of the door holder
- Checking off a patient's name on the day sheet
- Logging into or out of the EMR program
- Placing a chart into the folder for filing

Maintaining Yourself FIFE yourself

Feelings

Impression

Function

Expectations

Cave, 2009

Maintaining Yourself

FIFE yourself

Feelings

What do you feel about yourself/patient/colleague?

Impression

What is your impression (judgment) of yourself regarding your patient/work/colleague?

Function

What effect does this patient/work colleague have on you?

Expectations

What expectations are you expressing in how you are communicating?

End of Day Ritual

- Leaving work and reconnecting to yourself

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