

When Life Bites...

Eden Mental Health Centre

Winkler, Manitoba

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Providence Health Care/University of British

Centre for Practitioner Renewal (CPR)

Health care is about curing and healing; art and science, mind and heart, skills and knowledge, technology and 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 sacrificed to action and efficiency

Centre for Practitioner Renewal (CPR)

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

Centre for Practitioner Renewal

- 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

Objectives

Do good/ Do no harm--Do no self harm

- Deepen mindfulness of yourself
- Describe the impact of relationships in the work we do
- Explore how to sustain our sense of meaning purpose and value in our work

Guidelines

Confidentiality

Equal airtime

Non-judgemental listening

Timeliness

Right to pass

Engaged

Effective Group/Team

Safety

Inclusion

Trust

*The secret of the care of the patient is in caring for
the patient.*

Dr Francis W. Peabody

Another secret of the care of the patient is in caring for the health care provider.

Ultimately, the richest source for meaning and healing is one we already possess. It rests (mostly untapped) in the material of our own lifestory, in the sprawling, many-layered 'text' in the depths of, and as, our life.

Kenyon and Randall

A story is not just a story. In its most innate and proper sense, it is someone's life. It is the numen of their life and their first hand familiarity with the stories they carry that makes the story 'medicine' ...a medicine which strengthens and rights the individual and the community

Clarissa Pinkola Estés

Only what is truly oneself has the power to heal.

*The psyche [soul] moves naturally toward
wholeness.*

Carl Jung

If you bring forth what is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you.

The Gospel According to Thomas

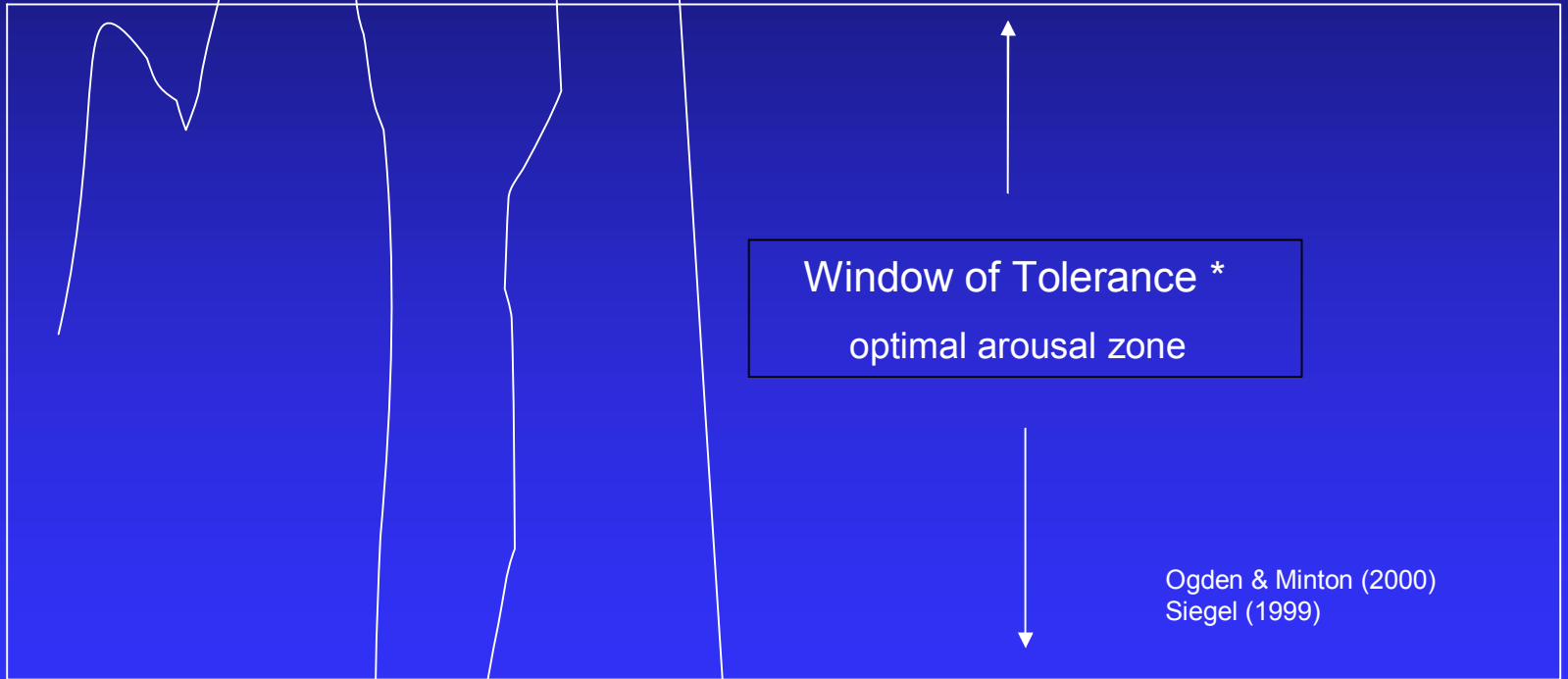
In the stories we hear...

- Grief
- Anger (smiling rage)
- Distress
- Moral distress
- Anxiety
- Ambivalence
- Confusion
- Depression
- Suicidal ideation
- Burnout
- Vicarious trauma
- Fatigue
- Frustration
- Isolation

Window of Tolerance

Hyperarousal: too much arousal to integrate

A



Hypoarousal: not enough arousal to integrate

Signs of Hyper/Hypoarousal

Hyperarousal

- Energy in upper body
- Faster breathing
- Faster speech
- Escalating emotion
- Increased heart rate
- Panic/anxiety
- Losing social engagement
- Fast pace

Hypoarousal

- Flat affect
- Foggy or spacey
- Can't respond to questions
- Can't think clearly
- Can't feel body
- "leaving" the room
- Losing social engagement
- Loss of contact with self & environment

Grounding Techniques

- Breathing
- Eye contact
- Hand on heart & belly
- Standing
- Self hug at elbows
- Pushing knees together with palms of hands together between knees

Mental Health & Psychological Well Being in Health Care (Nurses)

- Reported in 2002 that the rate of absenteeism and work loss (due to illness, injury, burnout & disability) among Canadian nurses was almost double that of the general labour force.
- It is estimated that over the course of a year 16 million nursing hours are lost to injury & illness (= 9,000 FTE positions).

Advisory Committee on Health & Human Resources
Final Report of the Canadian Nursing Advisory Committee
2002 <http://www.hc-sc.gc.ca>

Mental Health & Psychological Well Being in Health Care (Physicians)

Significantly higher levels of burnout than the general population - 46% of respondents to the CMA 2003 Physician Resource Questionnaire reported experiencing an advanced stage of burnout.

- ◆ Lost productivity, depression, addictions
- ◆ Higher rates of suicide than the general population
- ◆ Distress in physicians' family lives
- ◆ Sub-optimal medical care & increased patient suffering

CMA Guide to Physician Health and Well-Being:
Facts, Advice and resources for Canadian Doctors
Canadian Medical Association, 2003

Challenges to Well Being in Health Care

- Economic restraint & restructuring
- Rapidly developing technologies
- Increased access to information (and misinformation!)
- Increased patient complexity & an aging population
- Shortage of practitioners & multigenerational issues
- Decreased numbers of beds
- A more critical & litigious social climate

Challenges to Well Being in Health Care

- Demands to work faster & harder
- Adjust to changes that are out of their control
- Experience reduced social support

**THE IDEAL RECIPE FOR
BURNOUT**

Challenges to Well Being in Health Care

“High demand/low control is bad enough; high demand/low control/low support can be deadly.”

Sotile W.M. and Sotile, M.O. (2002) *The Resilient Physician*.

Systemic barriers to well being

- Heavy physical & emotional demands coupled with consistent exposure to suffering
- A culture of stoicism, self sufficiency and silence
- Stigma persists around mental health issues and help seeking

Systemic barriers to well being (Cont'd)

- Perfectionism & compulsiveness are sanctioned and reinforced by work pressures & societal expectations
- Reluctance to disclose personal or a peer's distress
- Lack of sufficient & easily accessible resources

Personal barriers to self care

- Internalized stigma
- Too busy – overburdened and lacking peer support
- Denial or minimization
- Prior experience of being “shamed & blamed”

Personal barriers to self care

(Cont'd)

- Unwillingness to become a patient and/or challenges in being treated as a patient
- Fear of loss of license and livelihood
- Fear of possible diagnosis
- Concerns about family/friends/colleagues not accepting or negatively judging them

Communication

Speech is a mirror of the soul: as a man speaks so
is he. Publius Syrus, 1 BC

There are tones of voice that mean more than
words. Robert Frost

First, do no harm. Hippocrates

Communication

Iatrogenic Suffering

Oh by the way, we were wrong. It is cancer. I have made an appointment for you to see the oncologist in a few days.

The way in which the doctor talked with me caused me more pain than the pain from the disease itself.

Iatrogenic Suffering

Iatrogenic: originating from the treatment

Dorland's Medical Dictionary

Suffering: a perceived or real threat to the sense of one's intact self

Eric Cassel, MD

The Nature of Suffering

Communication

Family satisfaction with care in the intensive care unit: Results of a multiple center study

Daren K Heyland, Graeme M Ricker, Peter M Dodek, et al, Critical Care Medicine 2002; 30:1413-1418

Family perspectives on end-of-life care at the last place of care

Joan M Teno, Brian R. Clarridge, Virginia Casey et al, Journal of American Medical Association, 2004; 291:88- 93

Communication

Missed opportunities during family conference about end of life care in the ICU

Missed opportunities to:

- ◆ Listen and respond to the family
- ◆ Acknowledge and address emotions
- ◆ Pursue key principles of medical ethics and palliative care (patient preferences, surrogate decision makers, affirmation of nonabandonment)

Curtis JR et al

AmJRCCM 2005; 171:844-849

(Poor) Communication

- Lower levels of patient satisfaction
- Higher rates of complaints
- Increased rates of malpractice claims
- Poorer health outcomes

Tamblyn, R et al

JAMA 2007, Vol. 298, No. 9, pp. 993-1001

Iatrogenic Suffering (Cont'd)

Who Suffers?

Who Suffers?

(Toxic*) Shame/Failure

I/Thou (Martin Buber)

An emotional need is met with a cognitive response.

*Toxic shame: a rupture of the self with the self
(Bradshaw)

Death Anxiety

- Grief to relatives and friends
- All plans and projects come to an end
- Process might be painful
- No longer able to care for dependents
- What happens if there is life after death?
- Fear of what might happen to my body after death

J. Diggory and D. Rothman, "Values Destroyed by Death,"
Journal of Abnormal and Social Psychology 63 (1961):205-
10

Grief

- Grief is wanting more of what one will never get again.
- Grief begets grief (Grief of the past creeps into the present)
- Variable in duration

Grief

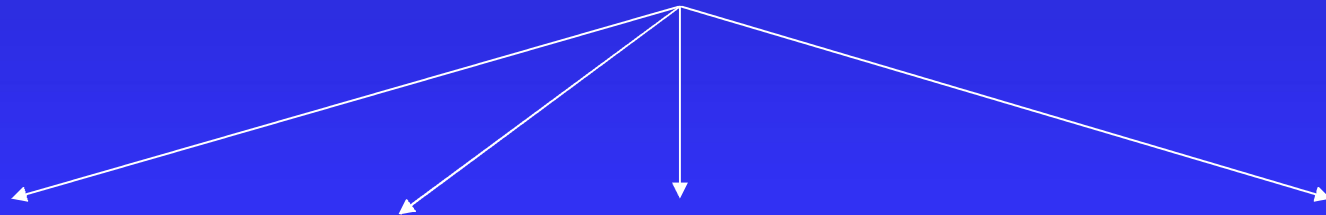
Change



Loss



Grief



Anger/Rage

Sadness

Fatigue/Lethargy

Isolation

Unfixable Suffering

Trauma: sense of helplessness in the face of
unfixable suffering

Judith Hermann

Vicarious Traumatization

Long-term, inevitable, expectable consequence of working with suffering people.

Causes:

- A transformation of the system of meaning in the sufferer
- A darkening of one's worldview, spirituality and relationships (Pearlman and Saakvitne, 1995)

Vicarious Traumatization

- Vicarious Traumatization (McCann & Pearlman, 1990)
- Secondary Traumatic Stress (Stamm, 1995)
- Compassion Fatigue (Figley, 1995)

Metaphors of Secondary Traumatic Stress

- *There were days when I just didn't have my being with me when I went to work.*
- *Coming home from work I would feel that dark, heavy cloak come over me and I would just be draped in despair.*

Metaphors of Secondary Traumatic Stress (Continued)

- *I would stay at work as long as I possibly could to keep the dogs at bay—my workaholism was my coping mechanism and it was killing me.*
- *I isolated myself socially. No one, not my family or friends could understand what I had witnessed, nor could I tell them. I didn't want to make my home toxic.*

Post Traumatic Stress Disorder

- Three symptoms
 - ◆ Hyperarousal
 - ◆ Avoidance and/or numbing
 - ◆ Reexperiencing
- Causing
 - ◆ Distress
 - ◆ Disengagement from the world
 - ◆ Decrease in functioning (marked)

Hyperarousal

- Insomnia
- Decreased concentration
- Increased startle response
- Irritability
- Anger
- Hypervigilance (always scanning the environment for danger)

Avoidance

- Withdrawal from life or things one previously enjoyed
- Depression
- Shunning anyone, anything, or anywhere that reminds you of the traumatic event

Reexperiencing

- Intrusive recollections of the event
- Nightmares
- Dreams of the event
- Reactivity to triggers
- Flashbacks
- Traumatic memory replaying itself in your mind as if it were happening in the present

Impaired Domains (VT & PTSD)

- Safety
- Trust
- Esteem
- Intimacy
- Control
- Sensory intrusion

Most common signs

- Increased rates of illness
- Cynicism
- Sadness
- Intolerance of emotion
- Addictive responses
- Exhaustion
- Depression
- Loss of efficiency
- Judgment errors

Impact of VT on Patient Care

- Iatrogenic Suffering
- Team dynamics
- Boundary Issues

Burnout

- Emotional exhaustion
- Depersonalization
 - ◆ A negative attitude towards clients
 - ◆ Personal detachment
 - ◆ Loss of ideals
- Reduced 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

Addressing STS/VTS

Coping

- Self care
- Self nurturance (rest/play)
- Escape

Addressing STS/VTS Transforming

- Self-awareness: strengths, vulnerabilities, needs
- Continuing growth – personal & professional
- Connection
 - ◆ To self (time for self-reflection)
 - ◆ Work related support
 - Effective debriefing procedures
 - Supervision/Mentorship
 - Collegiality
 - ◆ Social support
 - ◆ Spiritual connection

Positive Transformation

- Personal growth
- Deeper connection with others
- Deeper appreciation of the human journey
- Greater awareness of the natural world and their place within it
- Meaningful sense of the transcendent

Sork, J. (2005). A study of health care professionals experiences of witnessed suffering.

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

Effective Coping Strategies

- Work related support (effective debriefing procedures)
- Social Support (not isolating self)
- Commitment of a Self Care Plan
- Spiritual Connection

Effective Coping Strategies

- Cumulative Critical Incident Stress Management
- Individual Counselling
- Team Agreements
- Communication Skills (Difficult Conversations)
- Addressing the Conspiracy of Silence
- Forgiveness and Reconciliation
- Laughter, fun

Relationships

- Self
- Other
- OTHER

■ www.practitionerrenewal.ca

Remember a significant branching point in your
life.

When did you last receive bad news? How did you learn about it? What effect did it have on you?

Remember the last time you were in pain.

Remember a moment in time when the touch of another person seemed essential to your sense of well-being.

What is your grief?

What is the proudest moment of your life, your greatest achievement, or one of the moments you most celebrate?

What do I need to know about your family of origin to understand who you are? What is one of your family secrets?

If you were completely free of living up to the expectations of others who would you be? Is there anything you would do differently?

What does spirituality mean to you?

Your Time Line



Your Time Line (Cont'd)

Birth-----Death

Your Time Line (Cont'd)

Birth-----X-----Death

Your Name

Your Time Line (Cont'd)

Birth-----X-----Death

Your Name

1

2

3

4

5

Your Time Line (Cont'd)

Birth-----X-----Death

Your Name

1

6

2

7

3

8

4

9

5

10

Your Time Line (Cont'd)

Birth-----X-----Death

Your Name

1

6

2

7

3

8

4

9

5

10

As I complete this time line I feel _____

Life Altering Event

Life Altering Event

Birth-----Death

Life Altering Event

Birth-----X---Death

Your Name

Birth-----X---Death

Your Name

1

2

3

4

5

Birth-----X---Death

Your Name

1	6
2	7
3	8
4	9
5	10

Birth-----X---Death

Your Name

1

6

2

7

3

8

4

9

5

10

As I complete this time line I feel _____

Longing to Belong

Birth-----X---Death-----

Your Name

Longing to Belong

Other

Birth-----X---Death-----

Your Name

Longing to Belong

Other
Birth-----X---Death-----
Your Name

As I complete this time line I feel _____

Truth

Birth-----X---Death-----

Your Name

Truth

Estranged Other

Birth-----X---Death-----

Your Name

Truth

Estranged Other

Birth-----X---Death-----

Your Name

As I complete this time line I feel _____

Who am I?

-----Birth-----X---Death-----

Your Name

Spirituality

-----Birth-----X-----Death-----

Your Name

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you
meaning

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things for which you are thankful.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things for which you are thankful

Name 5 things that give you hope.

Spirituality

-----Birth-----X-----Death-----

Your Name

Name 5 things that you have done that are good.

Name 5 things that you have done that give you meaning

Name 5 things you do for fun.

What are the values on which you base your life?

Name 5 things for which you are thankful

Name 5 things that give you hope.

Name 5 ways in which you want to give back to the
world

THE PERSONAL ICEBERG METAPHOR OF THE SATIR MODEL



BEHAVIOUR (action, storyline)

COPING (stances)

FEELINGS (joy, excitement, anger hurt, fear, sadness)

FEELINGS ABOUT FEELINGS
(decisions about feelings)

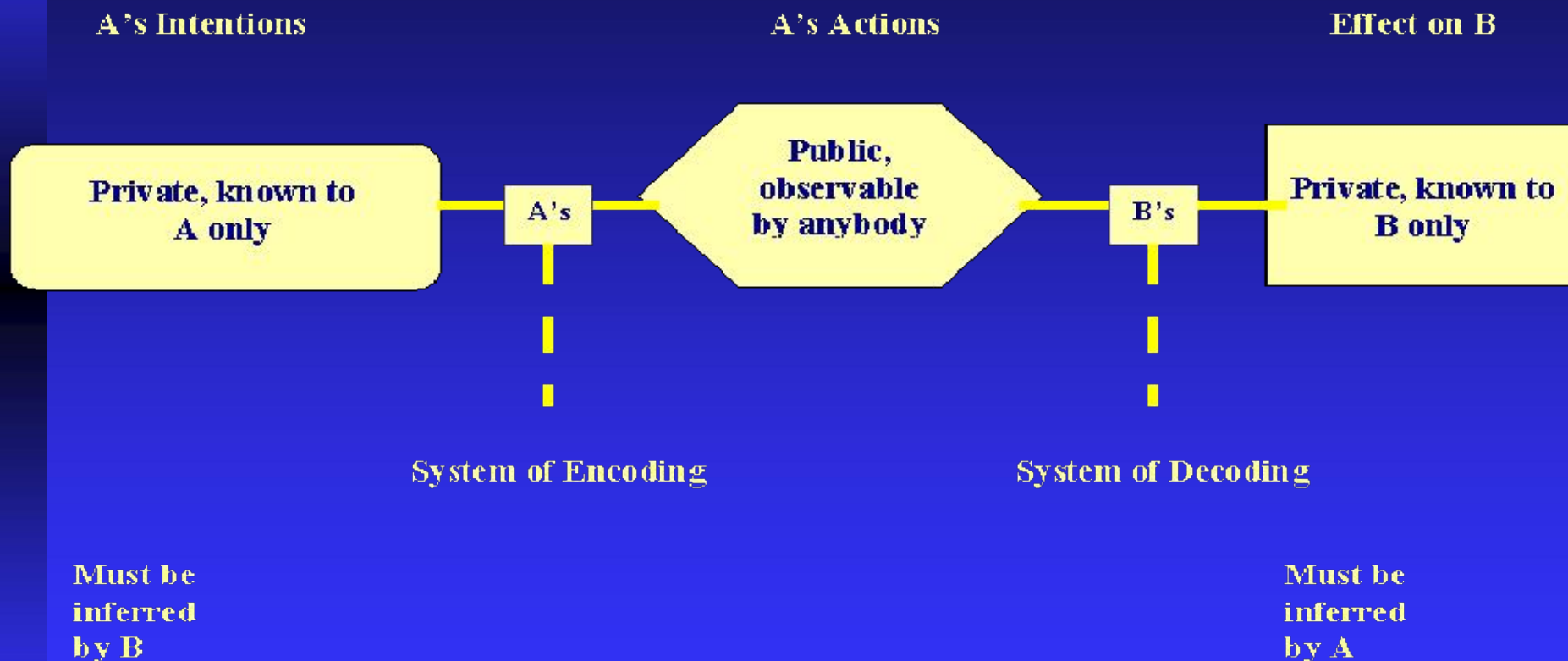
PERCEPTIONS (beliefs, assumptions, mind-set,
subjective reality)

EXPECTATIONS (of self, of others, from others)

YEARNINGS (loved, lovable, accepted, validated,
purposeful, meaning, freedom)

SELF: I AM (life force, spirit, soul, essence)

The Interpersonal Gap



J. Wallen (1972)

Group Process (Cont'd)

Every family has dysfunction in it!

Serious/terminal illness exaggerates and exacerbates family dysfunction.

We bring our own family dysfunction and death anxiety to the decision making process.

Group Process (Cont'd)

- Remember: the most anxious person speaks first!
- Remember: this is usually the family of origin—the dynamics of that family is present, even though they may not have been together for many years.
- Remember: Speak to the emotion!

Carl Rogers

- Unconditional positive regard
- Expressed empathy
 - ◆ Responding to the experience of the patient
- Authenticity
 - ◆ Self-actualization
 - ◆ Individuation

Team Charter

1. Job Descriptions
2. Role Definitions
3. Team Agreements
4. Annual Reviews
5. Relationships

First Experience of Team

(Your family of origin)

- Who was in your family?
- What was your birth order?
- Who was in your extended family?
- What were 2 of your family values?
 - ◆ Do you hold them today?
- Who were/are you close to?

First Experience of Team

(Your family of origin)

- How were decisions made?
- Who was present?
- How were differences of opinion expressed?
- Who held the power? Who had control?
- How was anger expressed?
- What affect did it have on you at the time?
- How might that first team affect your work today?

First Experience of Physical Illness, Mental Illness, Death, and/or Suffering

- What was your relationship to the person?
- What do you remember?
- Who was present?
- How did the illness, death or suffering affect the people around you?
- If in your family, how did they organize around the person with the illness?
- What affect did this experience have on you at the time?
- How might that experience affect your work today?

Expressed Empathy

Your expression of your understanding of the other person's

- Experiences
- Behaviours
- Feelings

“You feel _____ because _____.”

Empathy vs. Identification

Your Work

- Why did you chose the work you are doing?
- What has been most rewarding about doing this work?
- What is a recent example of when you found satisfaction in your work?
- What has been most challenging about doing this work?

Best and Most Challenging Teams

- What has been the best team you have ever been part of?
- What were the features that made that team great?
- What has been the most challenging team you have ever been part of?
- What were the features that made that team challenging?

Best and Most Challenging Teams

What 5 ingredients are essential to effective team work?

Shadow Exercise

Transference and Mindfulness

Transference is an unconscious displacement of feelings, attitudes, expectations, perceptions, reactions, beliefs and judgments that were appropriate to former figures in our lives, mostly parents, onto people in the present.

David Richo

Transference and Mindfulness (cont'd)

- Transference can be baggage (impedimenta). Unconscious transferences give power to the past. They fuel the potential of engaging in repetition in the false hope of completion.
- Awareness of our transferences gives power to the present. It can act as a guidepost to growth, a signal of what needs healing or integration.

Transference and Mindfulness (cont'd)

Mindfulness is attention to the present moment and an awareness/acceptance of flow and change.

Transference smuggles the past onboard the present, and mindfulness escorts us safely to the port of the present, our illicit and burdensome cargo now cast overboard.

David Richo

Life Review

- Branching Point
- Family
- Career
- Stress, distress and bearing witness to the suffering of others
- Meaning

Pearson, Hilary *Exploring Group-Based Life Review with Family Physicians: Constructing Narratives of Experience and Meaning*

University of British Columbia, 2004

Themes

- Struggling with Constraints to Self-care and Professional Support
 - ◆ Time
 - ◆ Stigma
- Experimenting Safely with Self-disclosure among Colleagues
 - ◆ Concerns about professional norms.
 - ◆ Personal control about the degree of self-disclosure
 - ◆ Witnessing other risk self-disclosure

Themes (Cont'd)

- Expert Group Facilitation
- Isolation, Relationship and Collegial Support
- Normalizing Concerns and Frustrations
- Affirming Vocational Commitment and Esteem
- Sharing the Burden of Pain Events and Witnessing Trauma

Themes (Cont'd)

- Sharing the Distress of Potential or Perceived Mistakes
- Personal and Interpersonal Learning
 - ◆ Integrating life experiences and expanding self-understanding
 - ◆ Learning from other's experiences and life stories
 - ◆ Keeping a journal amplified personal learning
- Promoting Professional Sustainability and Self-Care

Commitment

- One thing I will take from today is....
- What will I commit to do for myself when I leave?

One Stick, Two Stick
The Way of the Old African Kings

Clarissa Pinkola Estés

Women Who Run With the Wolves

*We are strong when we stand with another soul.
When we are with others, we cannot be broken.*

Clarissa Pinkola Estés

Women Who Run With the Wolves

Spiritual Connection

- Be Still
- Suspend judgment
- Listen
- Be silent
- Pay attention
- Be awake
- Know yourself...Know an-Other