

STOP HIV Team Retreat Day

Vancouver Coastal Health

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Outline

- Introductions
- Group/Team discussion
- Self-Introduction / Check-in
- Getting to know you questions
- Communication models
- Cohesion exercises
- Team Charter
- Check-out

Centre for Practitioner Renewal (CPR)

- 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?

Service, education and research/evaluation

Efficiency through relationship

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

Referral Reasons	Frequencies				Examples
	LC	MC	SC	Totals	
Emotional reactions about work	1	7	13	21	Sense of being overwhelmed by work after learning of colleague's severe criticisms
Family/relationship issues	6	1	10	17	Relationship issues related to 20-year marriage & whether to divorce or not
Miscellaneous	5	4	8	17	Feeling apologetic for living
Stress/cumulative stress	5	1	9	15	Stress at work from relationship with colleague
Critical incident	2		10	12	Difficult patient death that she is finding it hard to process
Grief & loss	2	2	3	7	Sense of betrayal "of my own hospital"; loss of faith in colleagues; anger
Work relationship issues	1	1	5	7	Dealing with complex issues & challenging team dynamics
Burnout/exhaustion		1	2	3	Sense of being exhausted & burned out
Communication	1		2	3	Needs to have a difficult conversation with a physician team leader
Self-awareness			2	2	Personal crisis
Self-care			2	2	Loss of self due to caring for others

Underlying issues	Frequency				Example
	LC	MC	SC	Totals	
Work-related incidents	20	8	70	98	Personal betrayal by the organization
Affect issues (work-related)	18	20	44	82	Distressed, anxious, & angry about staff complaints about leadership style
Client characteristics	33	30	16	79	Need for validation from others/Difficulty handling & expressing emotions safely & effectively
Working conditions	6	10	20	36	Several incidents recently where she felt shamed & belittled by her attending physician
Interpersonal challenges	10	2	19	31	Dual relationship between colleagues
Self-esteem/worth	8	8	7	23	Feeling “less than” when comparing himself to
Confidence/competence	4	8	7	19	Core issue of self-doubt
Agency/helplessness	10	4	4	18	Letting others decide her life for her
Expectations/values/cultural	8	2	6	16	Caught between 2 cultures & not sure which one to rely on for decision-making
Cognitive issues	4	4	5	13	Waking & night with thoughts of work
care for others vs. self-care	1	6	5	12	Putting others’ needs before own led to physical & emotional exhaustion
Safety issues/concerns	5	0	7	12	Fear of ongoing assaultive behaviour by co-worker
Failure	4	5	1	10	Afraid of appearing weak or as a failure
Trauma (includes PTSD)	2	3	4	9	Symptoms consistent with PTSD
Overwhelmed	1	3	5	9	Intense overwhelmed feeling from work & home
Perfectionism	3	2	2	7	Struggling with “good enough” & perfection
Boundary setting	2	4	0	6	Struggling to be all things to all people
Incongruence	3	2	0	5	Incongruence between what she is feeling on the inside & her smiling, laughing outer demeanour
Sleeplessness	0	0	5	5	Sleep disturbances and tiredness

Different Group's for Consideration

You and:

- yourself
- your work group
- your community working team
- patients/clients you will work with
- people you see outside

Group Development

Norms vs. Guidelines

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

Guidelines Help With

Safety

Inclusion

Trust

Guidelines

Confidentiality

Equal airtime

Non-judgemental listening

Timeliness

Right to pass

Engaged

Tuckman's Group Development

1. Forming
2. Storming
3. Norming
4. Performing
5. Adjourning

Task group, not ongoing team

Safety and What We Reveal About Ourselves

- Me
- Intimate Relationship
- Adult family
- Friends
- Colleagues
- Patient/Client
- General population



Team Charter

1. Leadership
2. Defined purpose, mission, goals and objectives
3. Job Descriptions (Contracts for each member)
4. Role Definitions (The work each person actually does)
5. Team Agreements
6. Regular Review
7. Communication
8. Dual Relationships
9. Skills and skill sets
10. Expressed Expectations (Hopes, wants and desires)
11. Beliefs

Guidelines

C onfidentiality (with standard limits)

E qual airtime

N on-judgemental listening

T imeliness

R ight to pass

E ngaged

Self-Introduction

1. My name is... (I prefer to be called...)
2. I am from...
3. One thing people may not know about me is....
4. One thing I need to leave behind to be present here today is...

Iclicker

I am from:

- A. Lower Mainland
- B. Elsewhere in BC
- C. Western Canada
- D. Eastern Canada
- E. Outside of Canada

Iclicker

In my family of origin I am:

- A. An only child
- B. The eldest child
- C. A middle child
- D. The youngest child
- E. Separated from my sibling(s) by more than 6 years

Iclicker

I first learned about drugs when I was:

- A. 0 – 10
- B. 11 – 15
- C. 16 – 20
- D. 21+
- E. I have never been exposed to drugs

Iclicker

I first learned about sex from:

- A. Family
- B. Friends
- C. TV
- D. From a difficult experience in my life
- E. I have never learned about sex

Iclicker

I first learned about HIV when I was:

- A. 0 – 10
- B. 11 – 15
- C. 16 – 20
- D. 21+
- E. I have never heard about HIV

Iclicker

How was feedback given to you during your education?

- A. Instruction
- B. Criticism
- C. Confronter sought understanding
- D. Shaming
- E. Supportive guidance

Iclicker

How was anger expressed in your family of origin?

- A. Silent treatment
- B. Violent outbursts
- C. Direct respectful communication
- D. Bullying
- E. Anger was not expressed

Iclicker

How was confrontation done in your family of origin?

- A. Instruction
- B. Criticism
- C. Confronter sought understanding
- D. Shaming (punishment)
- E. Supportive guidance

Iclicker

- A. Being liked by my patients is important to me.
- B. Being liked by my colleagues is important to me.
- C. Being respected by my patients is important to me.
- D. Being respected by my colleagues is important to me.
- E. Self respect is more important to me than being liked or respected by others

You and your work



Communication



(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

First Experience of 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?
- What affect did it have on you at the time?
- How might that experience affect your work today?

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)

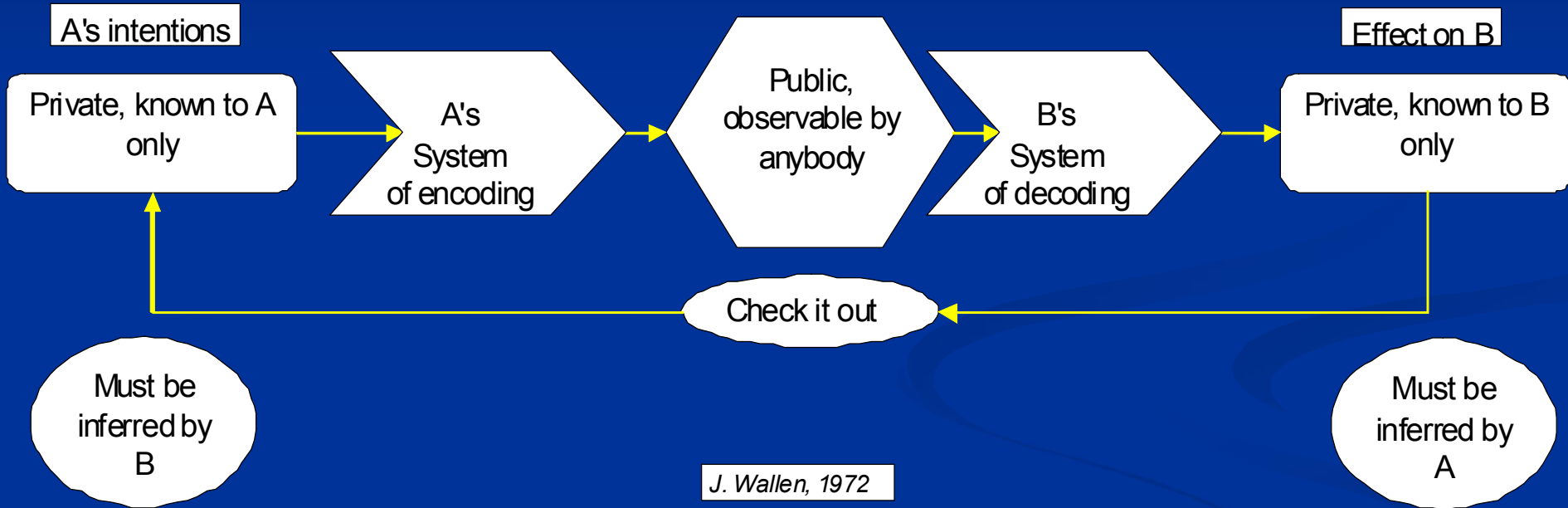
PERCEPTIONS (beliefs, assumptions, mind-set, subjective reality)

EXPECTATIONS (of self, of others, from others)

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

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

Interpersonal Gap



Shadow Exercise



Unfixable Suffering

Trauma: sense of helplessness in the face of
unfixable suffering

Judith Hermann

Vicarious Traumatization

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

Vicarious Traumatization

- A stress reaction experienced by therapists and researchers who are exposed to disclosures of traumatic images and materials by clients and research participants, in which therapists or researchers experience enduring changes in the manner in which they view self, others and the world. (McCann & Pearlman, 1990)
- Occurs over time
- Process of accumulation (sedimentary layers of horrible stories building until one cannot distinguish one from another)

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

Secondary Traumatic Stress Disorder (STSD)

A syndrome of symptoms nearly identical to PTSD, except that exposure to knowledge about a traumatizing event experienced by a significant other is associated with the set of STSD symptoms, and PTSD symptoms directly connected to the sufferer, the person experiencing primary traumatic stress.

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 (Cont'd)

I would stay at work as long as I possibly could to keep the dogs at bay—my workaholicism 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.

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

Burnout

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

Maslach, 1993

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

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

Personal Assessment

At the end of each day and that the end of your work week, how would you rate your emotional stress level? What do you notice in your body, your mind and your feelings as you leave your work?

How do you feel as you commute to work? As you commute home? When you arrive home? After an hour at home? As you fall asleep? Do you dream about your work? If so, what are the themes and imagery in these dreams?

First Team

Team Charter

1. Leadership
2. Defined Purpose
3. Job Descriptions
4. Role Definitions
5. Team agreement (How to be together at work)
 - What I bring is...
 - How we can be together is...
 - Decisions will be made by...
 - We will meet...

Team Charter

6. Enhanced Communication Skills
 - How I need feedback
 - How I can give feedback
7. Core Values
 - What I value the most is...
8. Expectations
 - What you can expect from me is...
 - What I hope from you is...
 - What I desire for us is...

Team Charter

9. Conflict Resolution (external help if needed)
 - Guidelines
 - Permission
 - I give you permission to...
 - I would like permission from you to...
 - Boundaries
 - What I cannot tolerate is...

Team Charter

10. Authenticity
 - You will know I'm being authentic when...
 - Congruence
 - Genuineness
 - Sincerity
 - Respect
 - Honesty
11. Frequency and Format of checking in with team

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

Closing

What I take from today's session is...