

Knowing Yourself, Caring for Others

St. Paul's Hospital
ICU

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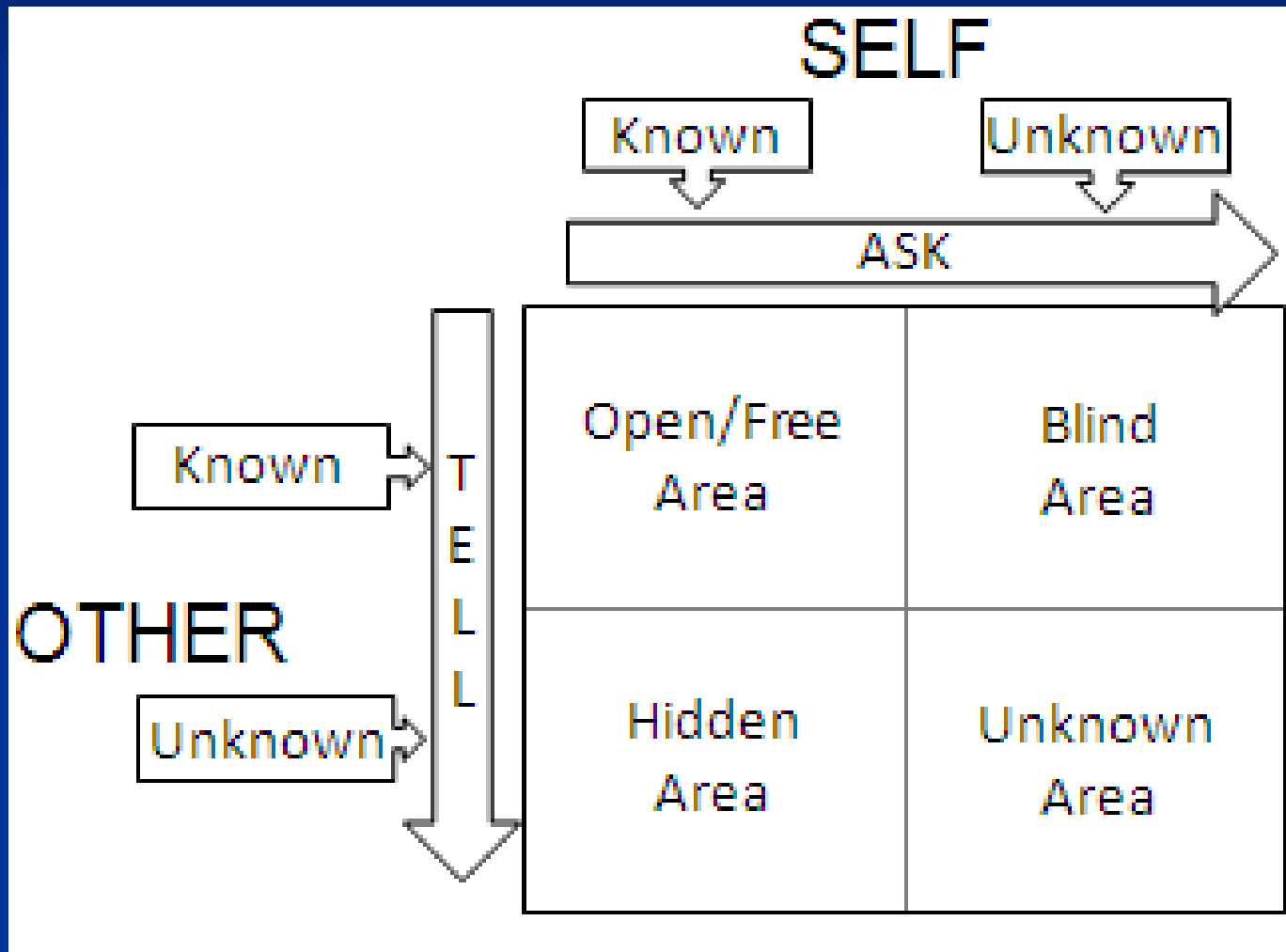
- How do we sustain health care providers in the work place?
- What is the effect of being in the presence of suffering?
- What would be reparative, healing or restore resilience for health care providers?

Efficiency through relationship

Core Messages

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

Johari Window: Expanding Self Knowledge



Guidelines for Safer Self Exploration and Expression

- 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

FIFE yourself

Feelings

What do you feel right now?

Impression (thoughts)

What is occupying your thoughts?

Function (behaviour)

What effect does your state have on you?

Expectations (meaning making)

What expectations do you have of yourself?

Satir Iceberg



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)

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 Reflection (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?

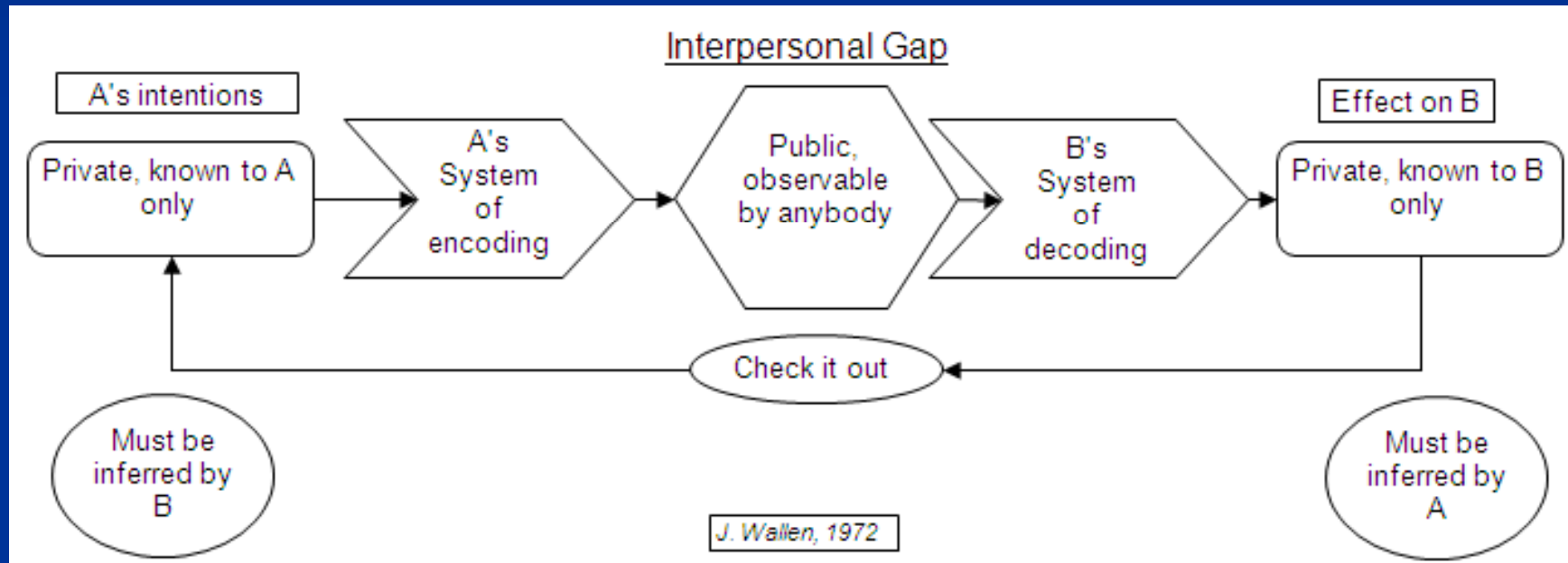
Self Reflection (cont.)

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

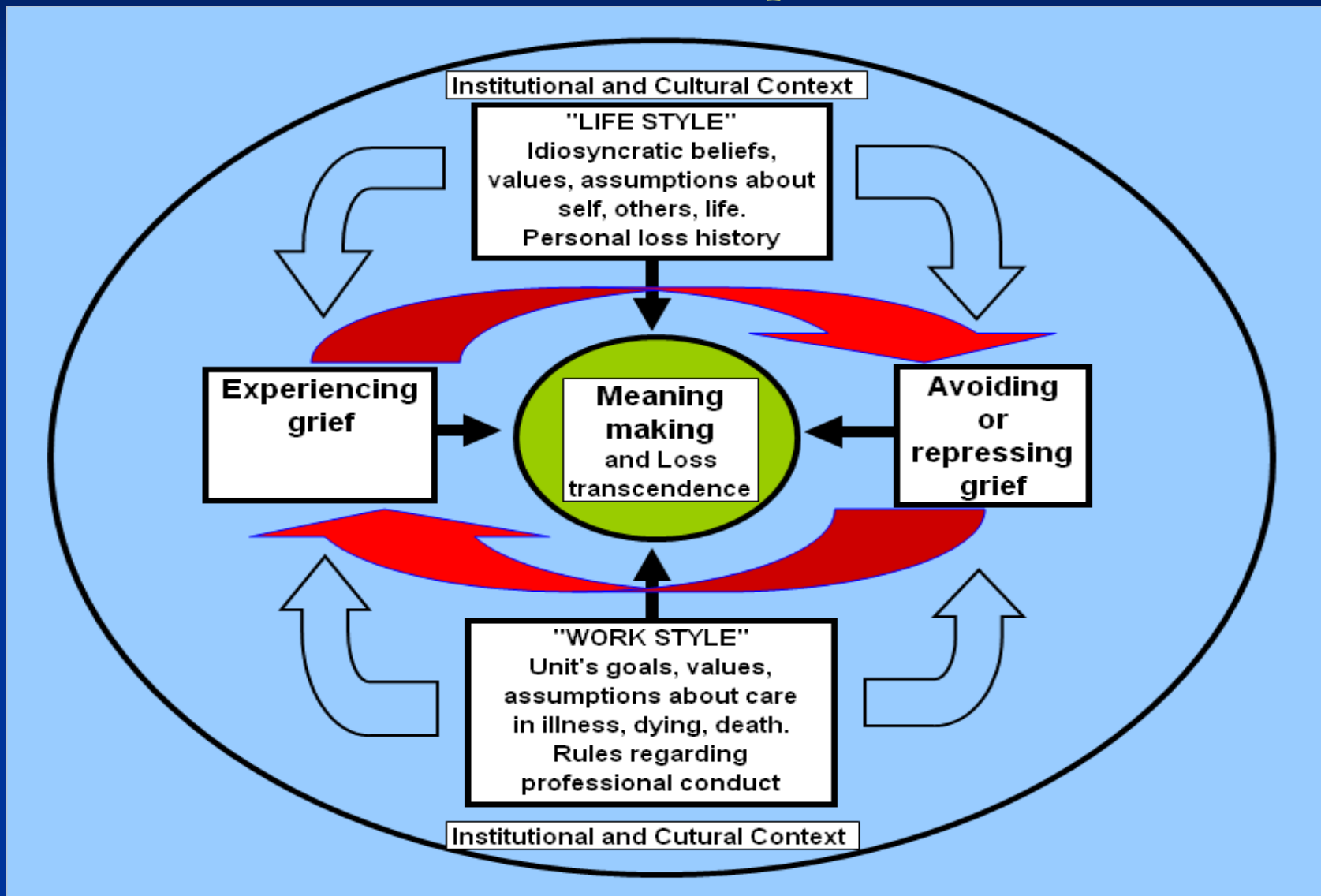
What do you notice when you arrive home? After several hours at home? How much do work-related thoughts intrude?

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?

Interpersonal Gap



Emotional Processing for HCPs: Grief Model (Papadatou, 2000)



Lateral Stress: Accumulated stress discharged between colleagues

Smiling Rage

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

Grief

Change



Loss



Grief

Anger/Rage

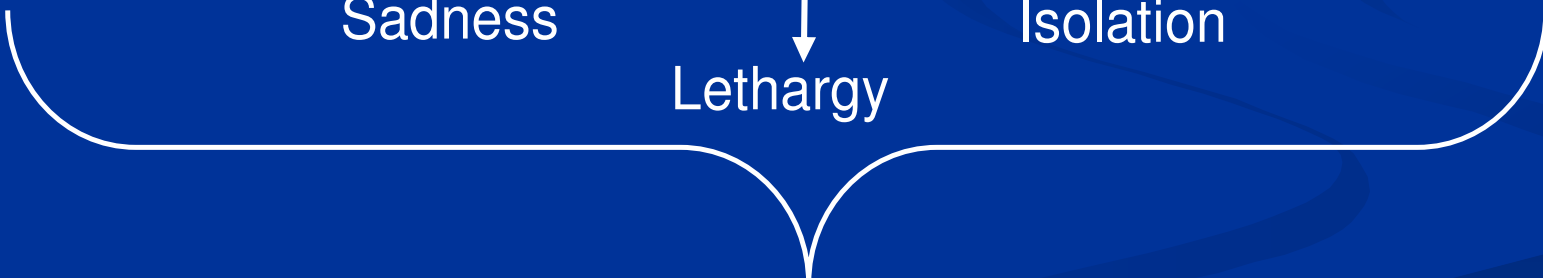
Sadness

Lethargy

Isolation

Uncertainty/Fear

Impact on Relationships



Unfixable Suffering

Trauma: sense of helplessness in the face of
unfixable suffering

Judith Herman

Lateral Stress:

Accumulated stress discharged between colleagues

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

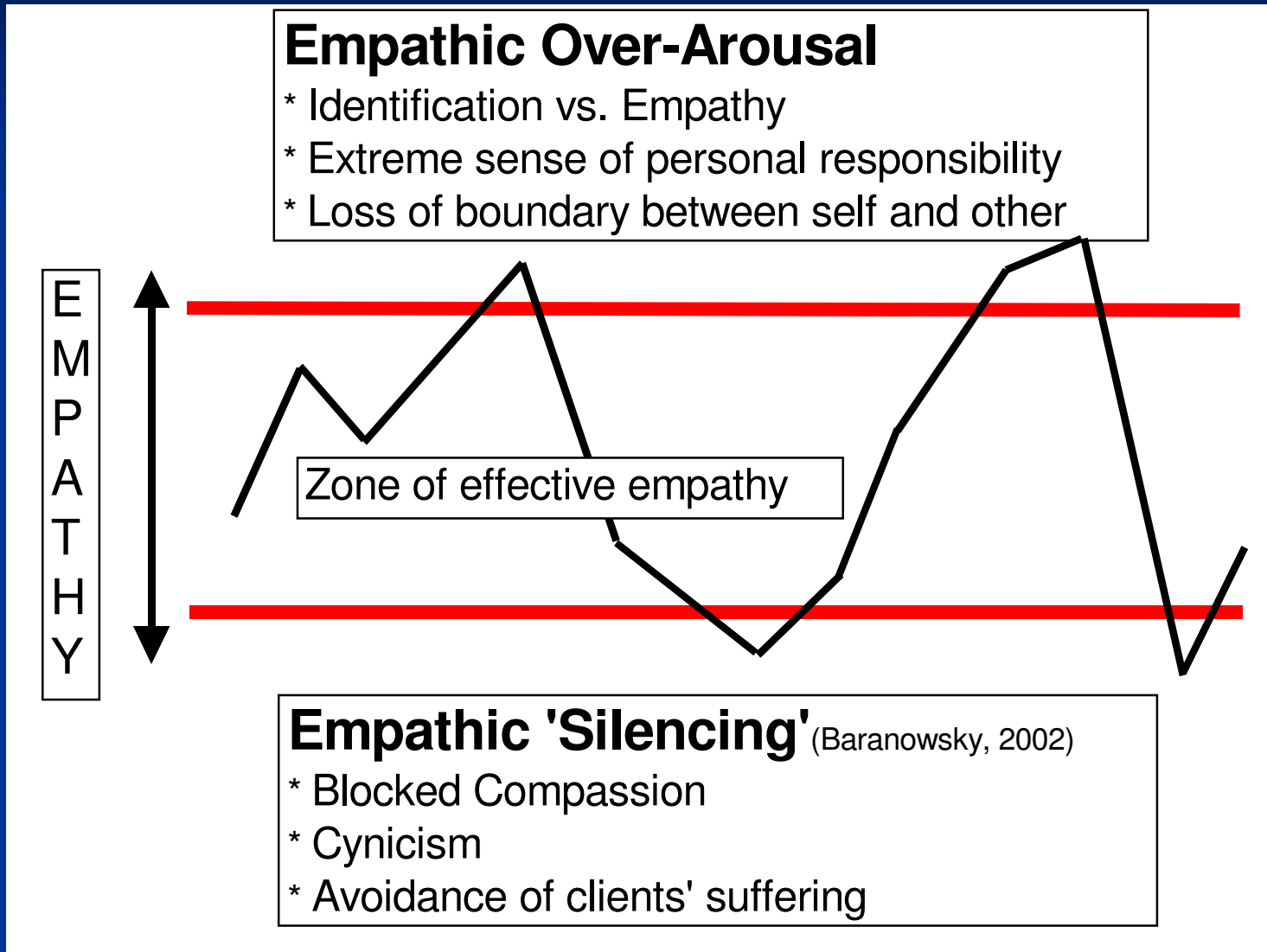
Most Common Signs of Distress

- 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

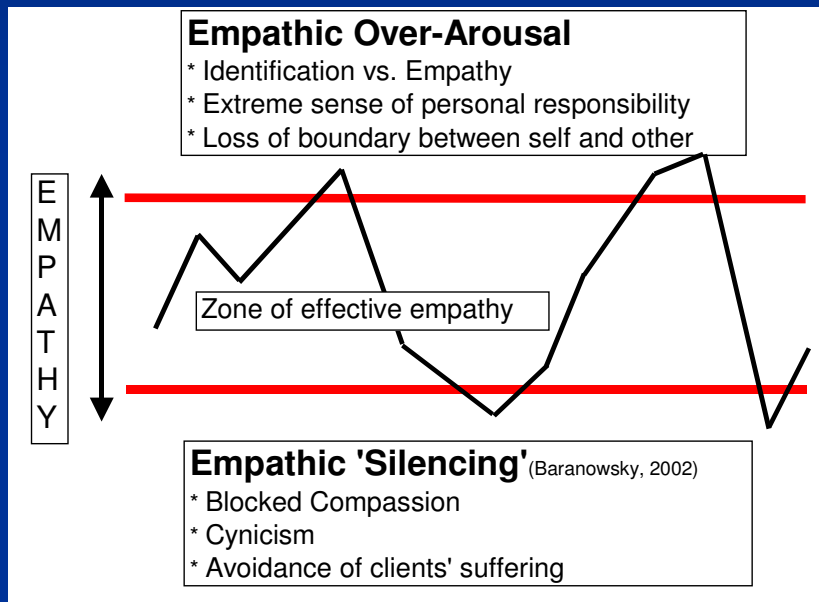
The Risks

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

Window of Effective Empathic Engagement



Window of Effective Empathic Engagement



Over-Arousal

- Activation of personal trauma history
- Transfer of intensity/anxiety from self to other

Silencing Response

- Minimizing others' distress
- Avoiding the topic/Fearing what the other person has to say
- Blaming others for their experiences
- Feeling numb

Window of Effective Empathic Engagement: Mediating Factors

Self

- Life stage
- Current personal stressors
- Stress Hardiness
- Spiritual Connection
- Resolution of personal trauma history

Work

- Supervision: Skill based/Support based
- Role: Degree of isolation/Agency
- Experience: History/Training/Skill Level
- Quality of working relationships
- Ecological context

Basic Human Needs

- Exist
- Relate
- Grow

Alderfer, 1969

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

Client-Centered Approach

- Accurate expressed empathy
- Unconditional positive regard
- Genuineness

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

Physicians Dealing with Patient

Death (Whitehead, 2012)

Key Theme: Action versus Presence

- Action Mode
 - Acute situations – Life or Death
 - Focus on pre-established protocols or pathways
 - Reduced personal/emotional experience
- Presence Mode
 - Calmer situations – No immediate intervention needed
 - Focus on mindful awareness of self and other
 - Greater receptivity to new information/connection

The “Functional Disconnect”

(Whitehead, 2012)

- Emotional Disconnect – a part of
 - Burnout
 - Compassion Fatigue
 - Vicarious / Secondary traumatic stress
- Functional Disconnect
 - *Functional* because of a balancing “emotional re-connect”
 - Allows emotional distance as a tool to remain functional
 - Disconnect can be generated by focusing on protocols
 - Reconnect can be generated by focusing on mindfulness

Intentional Connection and Disconnection

Intentional disconnect may keep you safe from the harmful effects of difficult behaviours.

1. Understand (empathy) experience of listener
2. Understand (self compassion) own triggers
3. Disconnect from the personal emotional relationship
4. Reconnect with your compassionate and empathetic self

Individual Functional Disconnect on Team

- If my colleague is disconnected I may feel unheard
- If I am disconnected my patient and their family may feel unheard
- Therefore I need to notice my level of connection (incl. transference)

Debriefing

- Create agreement about how to debrief
- Focus is impact rather than content

End of Day Ritual

- Leaving work and reconnecting to yourself

Communication Template

*A*ttend

*B*ridge

*C*omment

*D*evelop Relationship / Plan

Communication Template

“A”ttend

- Self: What am I experiencing? What am I aware of?
- Other: What is the other person experiencing?

“B”ridge

- Introduce topic (broadly)
- Introduce subject (specifically)
- Relationship awareness (dr/pt, colleagues, etc.)

“C”omment:

- Say message
- Ask for what you need
- Check for understanding

“D”evelop Contract:

- Acknowledge impact on patient (includes feelings, experiences and behaviours)
- Establish timeline/follow-up
- Immediate Plans (safety)

Practice

- Think of a common interaction when you have something to say and you feel unheard or misunderstood

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