

# RUNNING ON EMPTY

CARING FOR SELF  
WHILE CARING FOR THOSE  
WITH CANCER

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# Presenter Disclosure

- **Faculty/Speaker:** Rebecca Brown
- **Relationships with financial sponsors:**
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  - **Consulting Fees:** None
  - **Other:** None

# MITIGATING POTENTIAL BIAS

- Research and evidence sources are credited throughout presentation
- Personal and professional bias and opinions expressed by this presenter are identified throughout presentation
- No professional obligations or conflict of interest arise from this presentation

# LEARNING OBJECTIVES

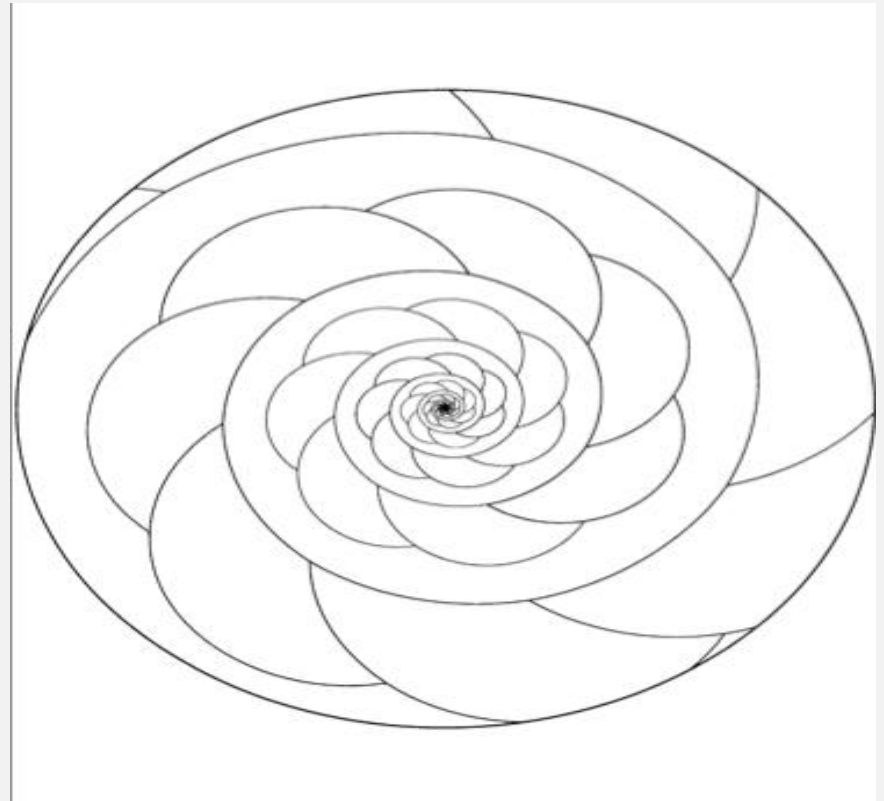
1. Define, describe and differentiate the terms PTSD, Vicarious Trauma/Secondary Stress, Compassion Fatigue, Burnout and Resilience
2. Recognize and effectively respond to signs & symptoms of above terms both personally & professionally
3. Develop strategies to create a Resilience Tool Kit to mitigate the impact on our personal and professional lives

# CARING FOR SELF....



...while caring for  
those with cancer  
Can we do that?

# RELAX & REJUVENATE





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# WE TEND

To individuals and organizations  
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# WHAT DO I KNOW?







I am a  
**Vicarious Trauma**  
and  
**Compassion Fatigue**  
**Survivor!**



Government of Canada



The Law Society of Upper Canada



Ontario Association of Children's Aid Societies



Canadian Mental Health Association

Association canadienne pour la santé mentale



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children's institute, inc.  
*safe children, strong families, healthy communities*

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ASSOCIATION DES  
INFIRMIÈRES ET  
INFIRMIERS DU CANADA



Canada

SickKids®

THE HOSPITAL FOR  
SICK CHILDREN



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CANADA POST POSTES CANADA



## GOALS OF KEYNOTE (MINI WORKSHOP)



- **Increase:** self awareness
- **Identify:** what you can change
- **Decide:** where to begin





Increase self awareness

Vicarious Trama,  
Compassion Fatigue  
and Resilience



# PROFESSIONS AT RISK

- Military
- 1<sup>st</sup> Responders  
(Police, Fire, EMS)
- Medical/Health Care
- Child Protection Workers
- Residential Staff
- Addictions Workers
- Foster Parents
- Seniors Caregivers
- Therapists
- Teachers
- Victims Services
- Lawyers/Court Staff
- Clergy
- Corrections/Probation
- Others.....

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

*Dr. Rachel Remen, “Kitchen Table Wisdom” 1996*



walking on water | isac goulart | july 2002

# REALITY OF YOUR WORK

- Cancer!!
- Death & fear of death
- Overwhelming and compromised systems
- Trauma exposure
- Difficult stories
- Grief & Loss
- Poverty/Despair
- Conflict
- Mental Health
- Crisis





# The reality is STRESS, STRESS, STRESS:

- Policy cuts
- Lack of resources
  - Constant change
  - Increased workload & shift work
  - Uncertainty
  - Resistance from patients/families
  - Death & loss of patients



# THE WORK THAT YOU DO....

- Where do those stories go at the end of your day?
- What are your vulnerabilities?
- How do you protect yourself?
- Were you trained to do this work?



Were you trained to  
*handle*  
the work you do?



## RESEARCH:

- Health care workers are in poorer physical & mental health than other occupations; 25% - 40% report being in poor overall physical health
- 60% report feeling “burned out” and high levels of stress
- 50% - 85% report symptoms of Compassion Fatigue & Vicarious Trauma
- 36% report high levels of depression

# RESEARCH

- Nurses are more likely to experience on the job violence than any other profession; more than one third report having been physically assaulted
- Palliative Care workers report higher levels of stress than patients newly diagnosed with breast cancer
- Physicians report “burn out” rates of 45% and approximately one in three may be clinically depressed
  - Oxygen for Caregivers, research results 2014

# DEFINITIONS

- Post Traumatic Stress Disorder
- Vicarious Trauma/Secondary Stress
- Compassion Fatigue
- Stress
- Burnout
- Resilience

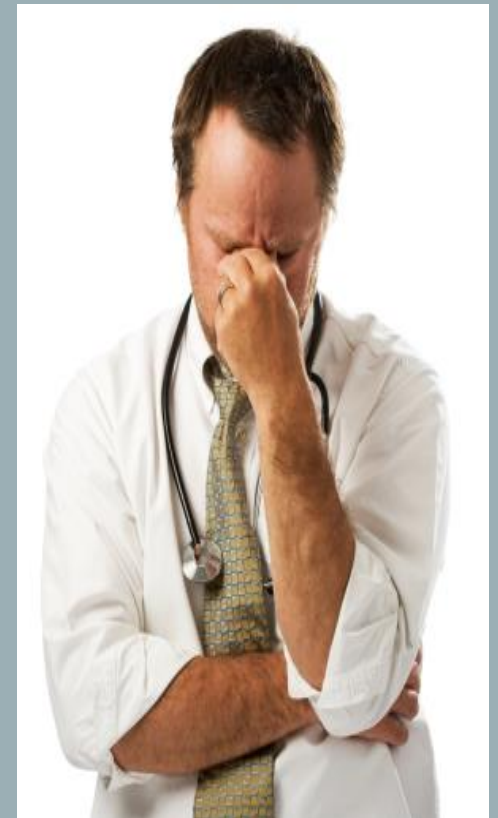


# POST-TRAUMATIC STRESS DISORDER

Post-Traumatic Stress Disorder is defined by the DSM IV as a diagnostic label for the constellation of emotional, behavioural and cognitive symptoms that may result from direct involvement in a traumatic experience

# VICARIOUS TRAUMA (SECONDARY TRAUMATIC STRESS)

Vicarious Trauma affects a person who was not directly involved in the trauma, yet the symptoms are similar to those of trauma survivors.





# VICARIOUS TRAUMA

- Acute “visceral reaction” to trauma exposure: *you feel it*
- Exposure to traumatic information causing nightmares, difficulty getting rid of certain images, an intense preoccupation with a particular story or event we’ve been exposed to, being *haunted* by images



# 'Tough forensic guy' John Bradford opens up about his PTSD

CHRIS COBB, OTTAWA CITIZEN | 11.10.2013

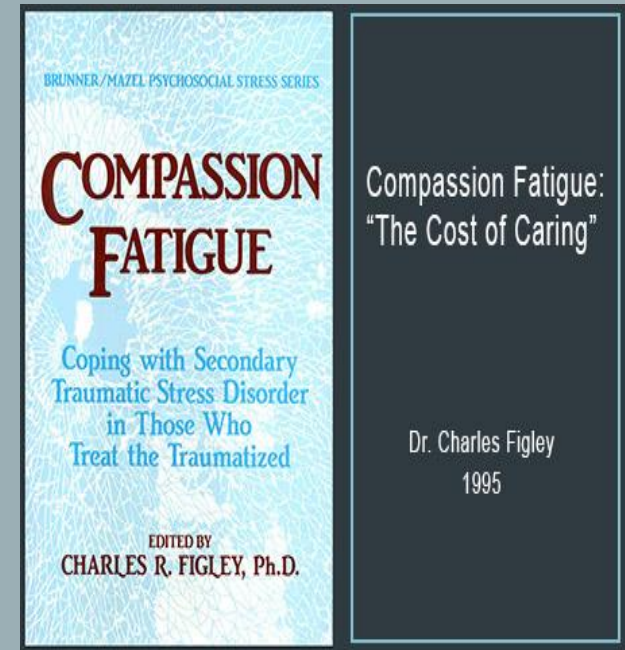
## Stigma & Shame

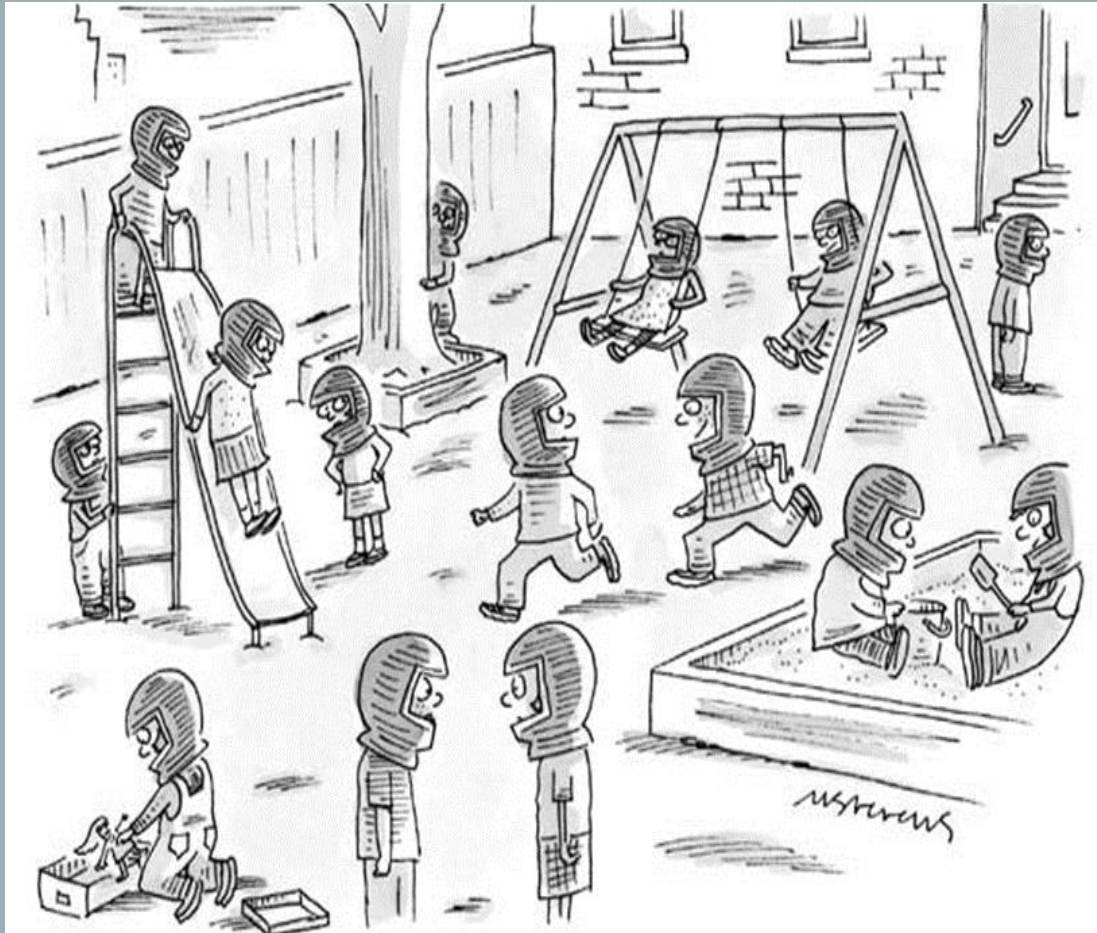
“I didn’t believe it could happen to me. I thought I was able to keep it all from getting to me. I should have known better.”



# COMPASSION FATIGUE

- The cumulative building up over time
- Erosion of the ability to be compassionate and empathic
- Sense of helplessness and hopelessness
- World view and sense of safety are altered





*"I liked recess a lot better before the safety helmets."*

How has  
your world  
view  
changed?

# COMPASSION FATIGUE

“As helpers, we can’t help but to take in some of the emotional pain victims have left with us. As they release some of their pain, we take it in. By the end of the day, we’ve collected *bits and pieces* of their accounts of trauma, and they have become our own.” -

- *Dr. Charles Figley*

# STRESS



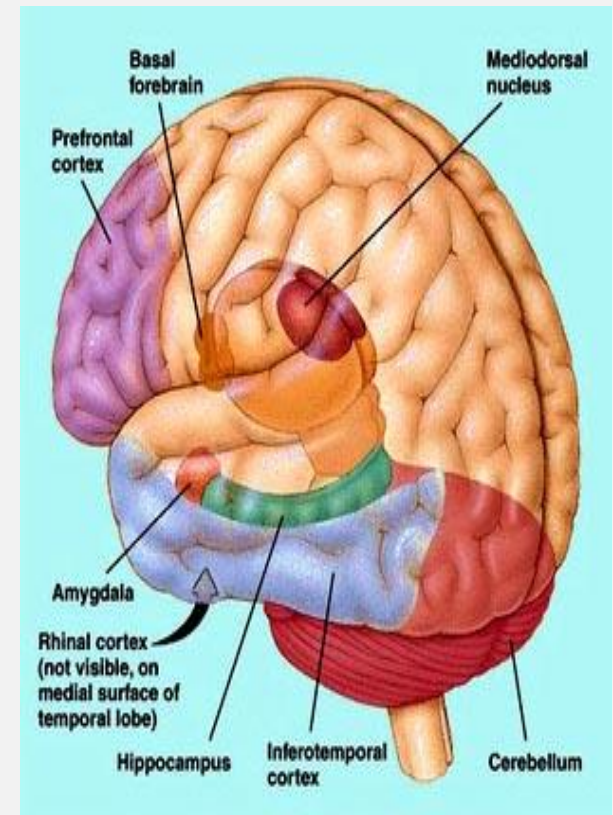
- Administrative demands
- Crisis work
- Suffering of others
- Cumulative over time
- Reviews & Audits
- Other...

# WHAT'S DRAINING YOU?

## Handout

# STRESS RESPONSE

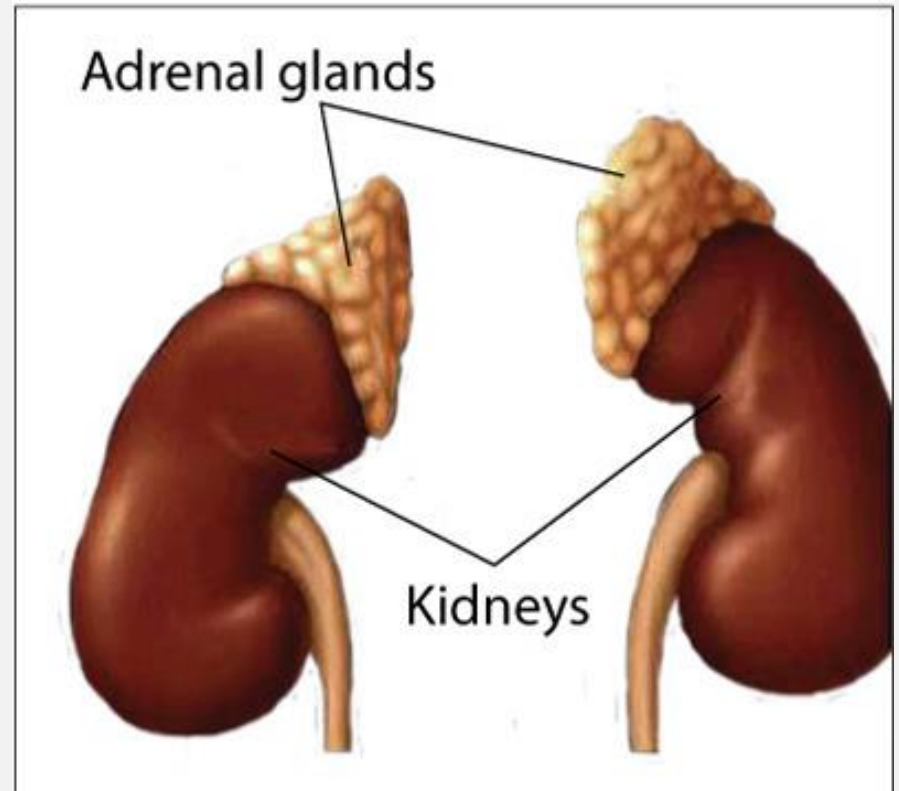
- Amygdala activates the “Fight, Flight or Freeze” reaction
- Stores both pleasant and unpleasant experiences through *Somatic Markers*
- Release of Cortisol & Adrenaline hormones into blood stream
- It remembers the *feel* of events; not the facts
- Triggers flashbacks



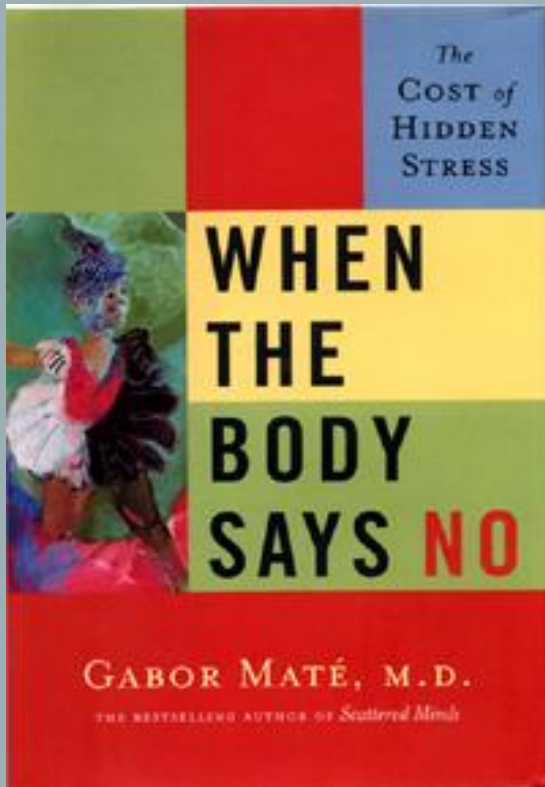


# EMOTIONAL & PHYSICAL REGULATION

Drinking water flushes  
Cortisol levels

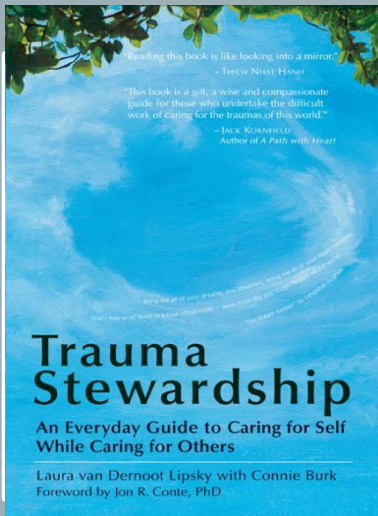
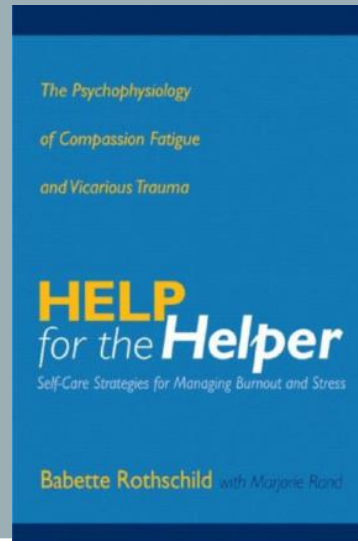


# PSYCHONEUROIMMUNOLGOY



- Science of the interactions of mind and body
- Connection of emotions and physiology in human responses to stress and the impact on health and illness
- *“Disease and illness result from suppressed emotional responses and chronic stress”*  
- Dr. Gabor Maté

# The Psychophysiology of Compassion Fatigue and Vicarious Trauma, “Help for the Helper” by Babette Rothschild



“Trauma Stewardship; an everyday guide to caring for self while caring for others”

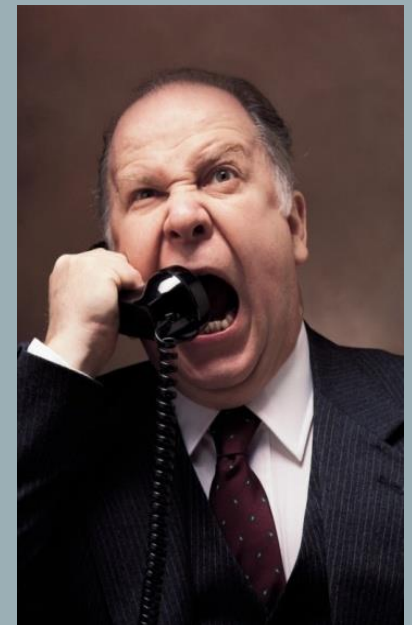
*Laura Van Dernoot-Lipsky*

“The Making of a Nurse”  
*Tilda Shalof*



# MORAL DISTRESS/CONFLICT

- From the field of medical ethics
- When policies or routines conflict with beliefs about patient care
- When we are told to do things that we fundamentally disagree with or are morally opposed to
- “When there are inconsistencies between a [helper’s] beliefs and his or her actions in practice” (Baylis 2000)



# DECISION FATIGUE

- Can happen even when someone is well rested
- Brain becomes fatigued by the cumulative cognitive demands of multiple, complex and difficult decisions
- Each decision expends energy from the executive command center of the pre-frontal cortex
- Results in lowering cerebral glucose and reducing decision making capacity

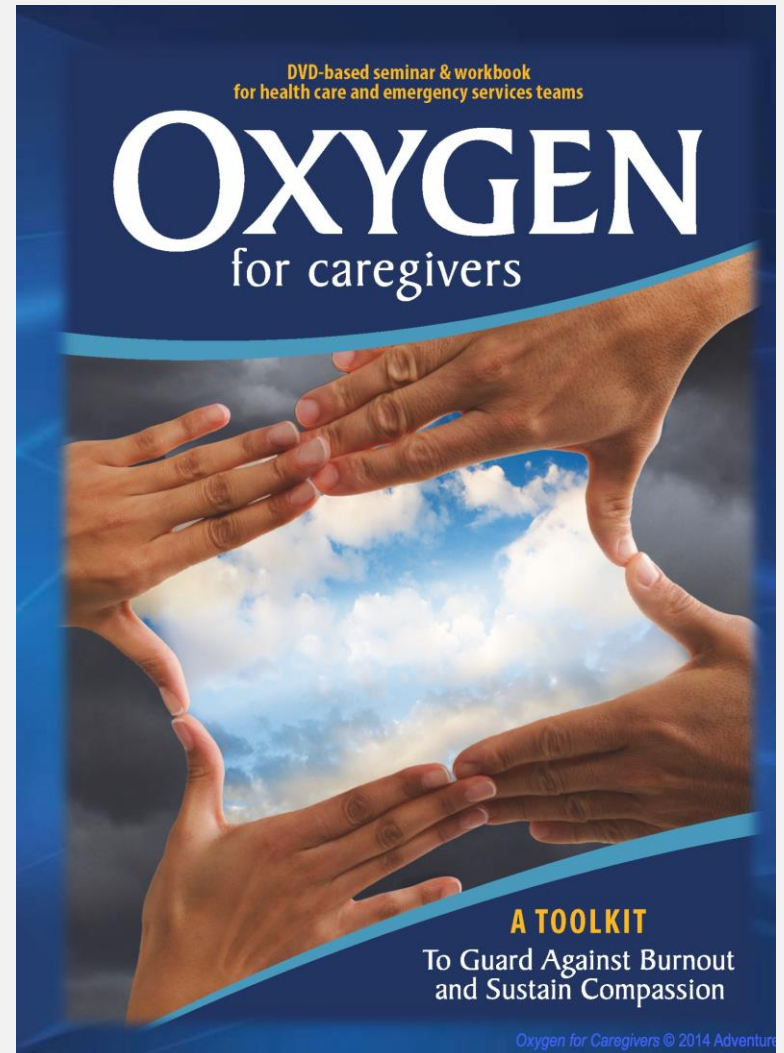
# BURNOUT

- Physical/emotional exhaustion, low job satisfaction, feel powerless and overwhelmed
- Depleted ability to cope with work demands
- Can happen in any occupation
- Change jobs/roles
- Doesn't affect world view

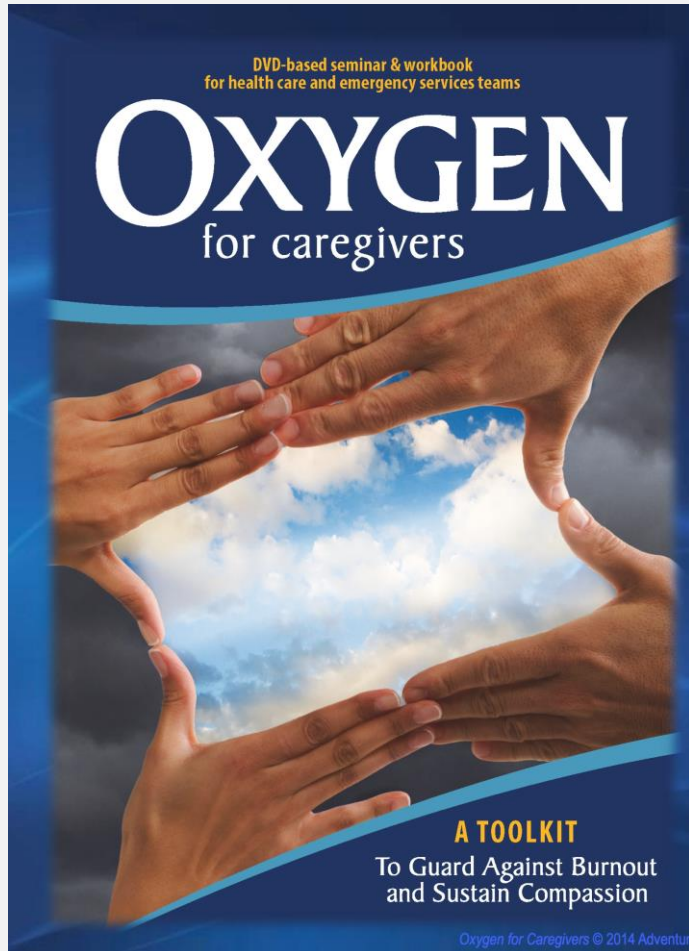


# OXYGEN FOR CAREGIVERS

Video



# OXYGEN FOR CAREGIVERS



- Self-care
- Work-life balance
- Insight
- Warning signs
- Training
- Narrative medicine
- Social support
- Empower co-workers
- Debriefing
- Resilience
- Outlets
- Faith



# 4A's of Self-Awareness

1. **Attention:** Mindfulness
2. **Acknowledgment:** Self-Knowledge
3. **Affection:** Self-Empathy
4. **Acceptance:**  
Contemplative Awareness

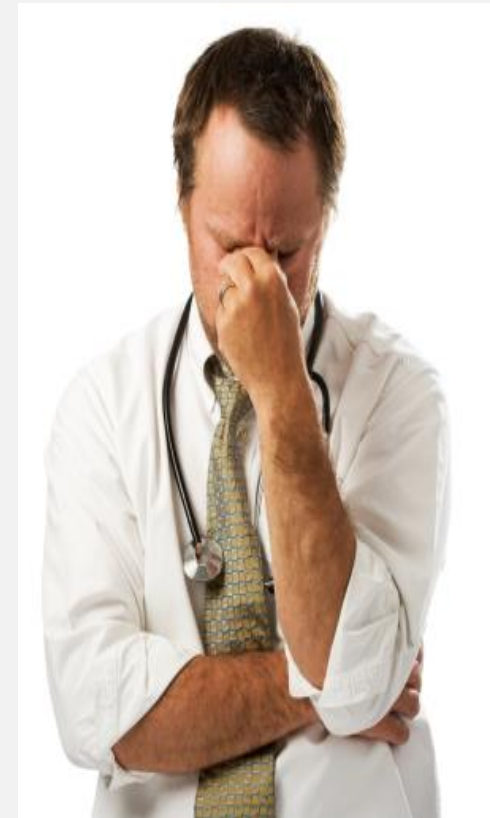


# INCIDENCE RATES

Physicians with highest rates of burnout:

- Emergency Dept
- Internists
- General Practitioners
- Neurologists
- Oncologists
- Obstetrics/Gynecologists

(Shanafelt, 2012)



# Shanafelt et al Arch Int Medicine, 2012

ORIGINAL INVESTIGATION

## Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population

Tait D. Shanafelt, MD; Sonja Boone, MD; Litjen Tan, PhD; Lotte N. Dyrbye, MD, MHPE; Wayne Sotile, PhD;  
Daniel Satele, BS; Colin P. West, MD, PhD; Jeff Sloan, PhD; Michael R. Oreskovich, MD

# RECENT DATA

Feelings of low personal accomplishment:

- 33% of Gynecologists & Specialists
- 50% Ontario Oncologists

Emotional exhaustion:

- 47.1% Oncology allied health care staff

(Grunfeld, 2010)

# SYMPTOMS OF COMPASSION FATIGUE

Headaches

Hypertension

Exhaustion

Anxiety &  
Depression

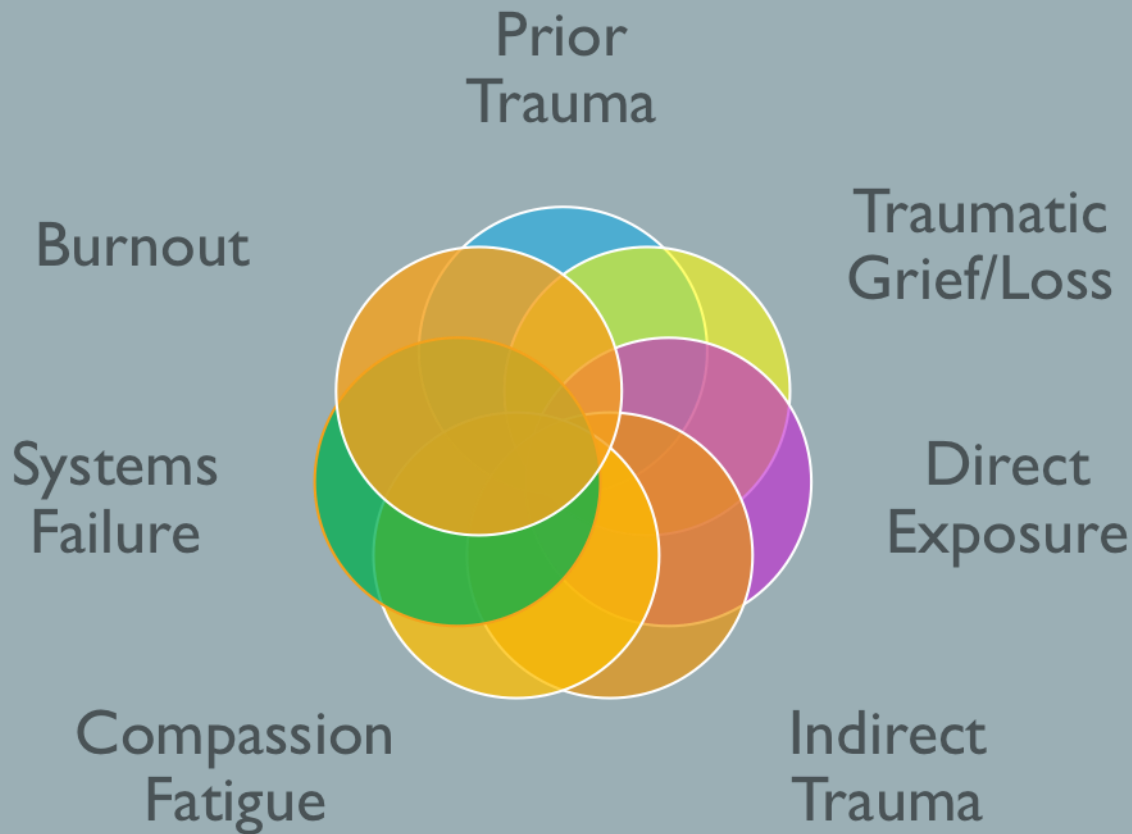
Increased illness

# CHRONIC STRESS? VICARIOUS TRAUMA OR COMPASSION FATIGUE?

- Lack of sleep
- Anxiety
- Depression
- Headaches
- Digestive/GI problems
- Back pain
- Eye twitch
- Bruxing (teeth grinding)
- Hives/Excema
- Anger/mood swings
- Poor concentration
- Hypertension
- Cardiovascular disease



# MULTIPLE EXPOSURE: INCREASED RISK



*Image courtesy of Dr Leslie Anne Ross, Children's Institute Inc. Los Angeles*

# Behavioral Signs & Symptoms

Increased use of alcohol or drugs	Anger and Irritability	Avoidance of certain clients
Absenteeism Avoidance Chronically Late	Impaired ability to make decisions	Problems in personal relationships
Hyper or desensitized to emotional reactions	Compromised care for clients or family	Perfectionism Multi-tasking Over compensating



# MULTI-TASKING GETTING OUT OF CONTROL?





## Self Medicating?



BUT SERIOUSLY, THIS IS NO JOKE

- Can you just walk into your local AA or NA?
- Addictions treatment & support programs for health professionals, police, high profile professionals can increase shame, fear & isolation

# PSYCHOLOGICAL & EMOTIONAL SIGNS

- Detached, empty
- Negative view of clients
- Depression; Anxiety
- Reduced compassion & empathy
- Cynicism & resentment
- Feeling professional helplessness
- Depersonalization



*Sources: Saakvitne, Figley, Gentry, Baranowsky & Dunning (1997)*

# EMOTIONAL SIGNS

- Problems with intimacy
- Defensive & blaming others
- Resentment of other's *easy jobs*
- Partner “doesn't understand”
- Professional inadequacy
- Question own abilities to cope



# ARE YOU ENOUGH?

Are you *cool* enough?

Are you *smart* enough?

Are you *brave* enough?

Are you *tough* enough?

Are you *clear* enough?

Are you *strong* enough?

Are you *calm* enough?

Are you *kind* enough?

Are you *real* enough?

Are you *good* enough?

ASSESS YOUR PHYSICAL &  
PSYCHOLOGICAL RESILIENCE

Handout #2

# WHAT'S IN YOUR CUP?







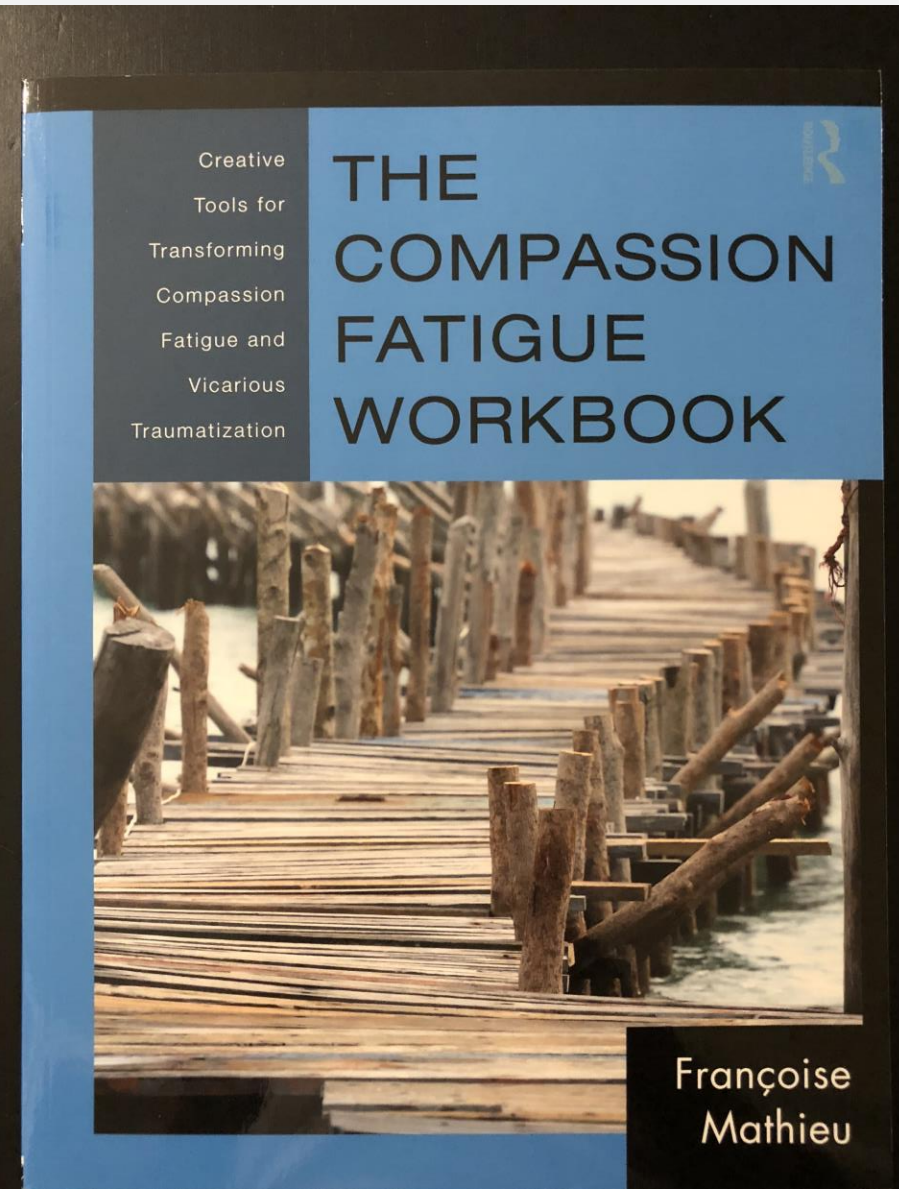
Identify what you can change

Vicarious Trauma,  
Compassion Fatigue  
and Resilience



# COMPASSION FATIGUE STRATEGIES

Two books  
available....



# COMPASSION FATIGUE STRATEGIES

4: Make changes

3: Develop a Resilience Plan

2: Enhance self care

1: Know your stressors

Grief &  
Loss

Finances

Primary  
Trauma

One: Know your stressors  
Take Stock of Stress  
(at home and at work)  
Know the risks...

Stresses

A.C.E

Vicarious  
Trauma

Relationships

Burnout

Direct  
Exposure

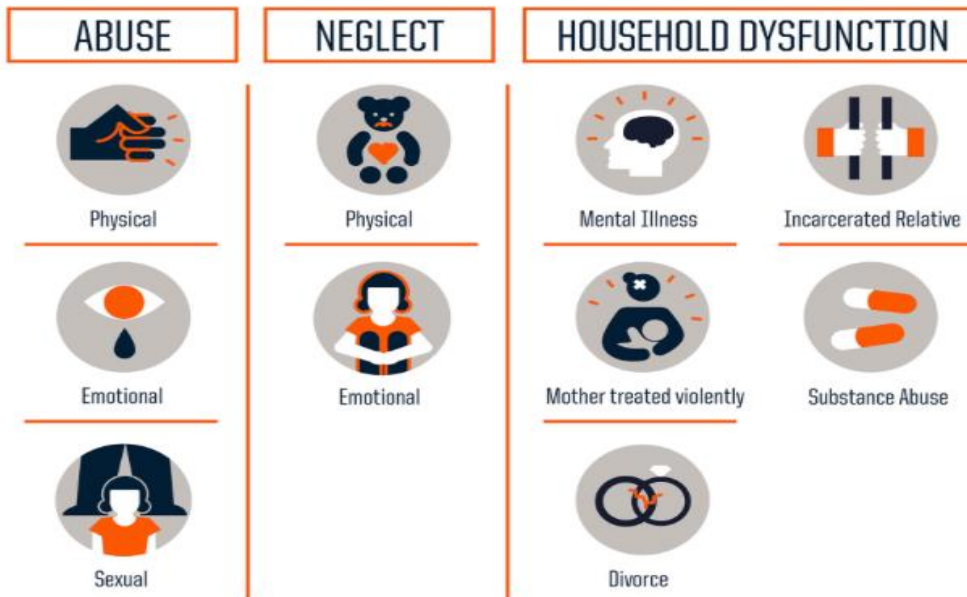
Divorce

Changes

Compassion  
Fatigue

# ADVERSE CHILDHOOD EXPERIENCES

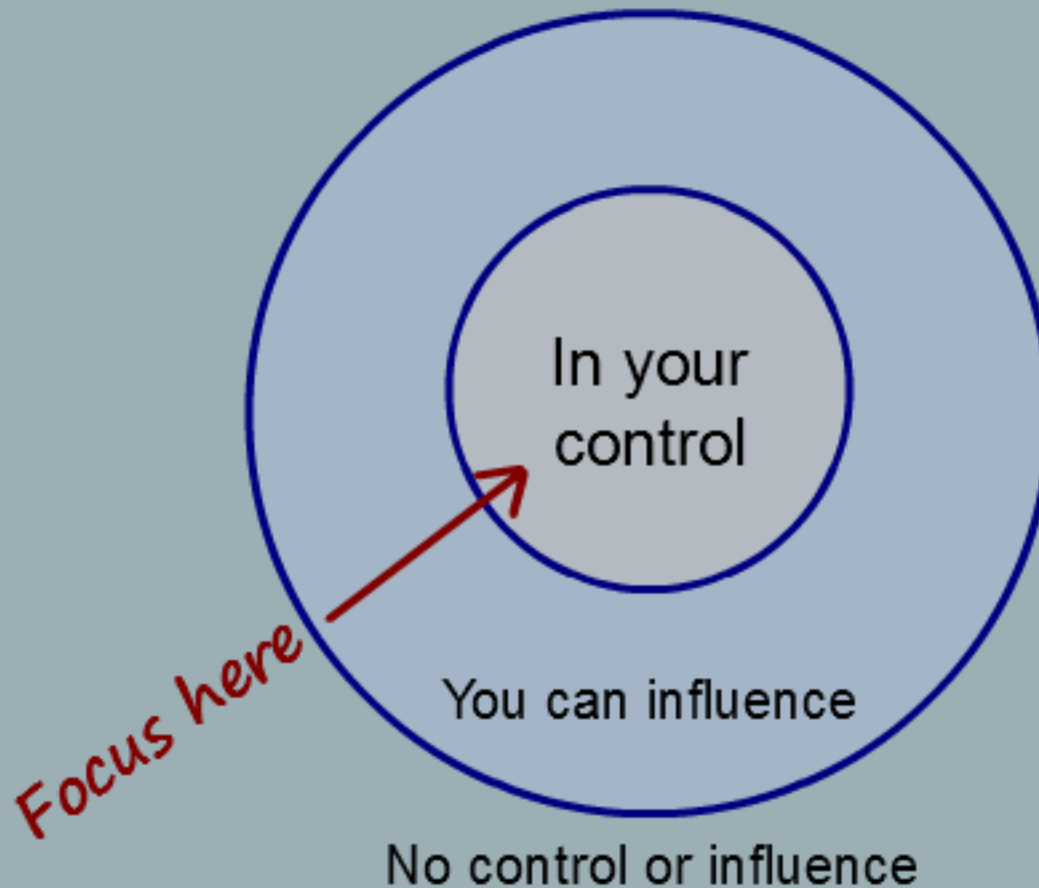
## Three Types of ACEs



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation



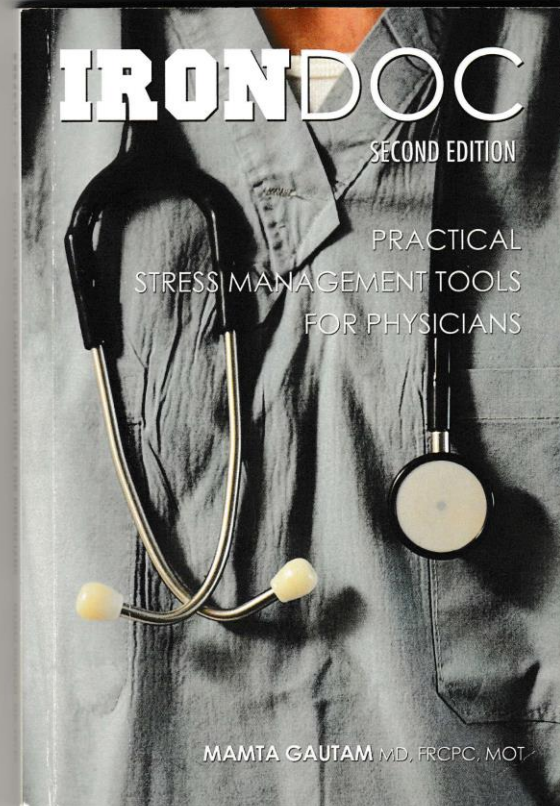
# WHAT WORKS?



# STRATEGIES FOR PHYSICIANS

## Practical Stress Management Tools for Physicians

By Mamta Gautam, MD,  
FRCPC, MOT



# Two: Enhance Self-Care

- Physical
- Emotional
- Spiritual
- Social Support





# FIND YOUR WAY TO....

## Talk it Out:

Colleagues/Peers

Friends

Partners

Journal

EAP

## Burn it Off:

Run/Walk/Bike

Gym

Yoga

Meditate

Others?

GLASBERGEN

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www.glasbergen.com



**“What fits your busy schedule better,  
exercising one hour a day or being  
dead 24 hours a day?”**

30 MINUTES  
A DAY  
PUSH  
PLAY

 Green Prescription

the active way to health te rongoa kakariki



MY STRESS LEAD ME TO....



The Boston Marathon

....twice!

# Three: Develop Resilience Plan

Develop *resilience* through  
relaxation training

*Deliberate  
intentional  
mindfulness*

# RESILIENCE:

“Resilience training is vital to enable us to  
*bounce rather than break*

under the pressure, stress, trauma and  
cumulative impact of the work that we do.”

Mayo Clinic 2009

# ~~SELF-CARE~~ VS “RESILIENCE BUILDING”

“Trauma workers have an ethical responsibility to be healthy, well & resilient”

-Green Cross Academy of Traumatology

What is your ~~self-care~~  
“resilience building” activity?

“STOP, BREATHE &  
THINK”

## Guided Mindfulness Meditation



# MINI MINDFULNESS

## “LIFE SAVER” EXERCISE



Slowly savour candy

Focus on breath and a sense of *being in this present moment*

Letting go of any intrusive thoughts, stresses, doubts or worries

Breathing slowly, calmly & intentionally

*Don't bite the candy!*



# Top Five Regrets of the Dying:

or

*(Rules to live by)*

*Bronnie Ware*



1 I wish I  
hadn't worked  
so much.

2

I wish I'd had  
the courage  
to express  
my feelings.

3

I wish I'd had the  
courage to live a life  
true to myself,  
not the life others  
expected of me.

4

I wish I'd  
stayed  
in touch with  
my friends.

5 I wish I had  
let myself  
be happier.

“Although the world is full  
of suffering, it is full also of  
the overcoming it.”

~Helen Keller

# ATTITUDE:

- Develop a mantra:
  - Life is not fair;
  - Bad and sad things happen
  - But life is still good...  
find your good!
- Learn to let go; emptying exercises
- Never lose your sense of humor
- Be aware of victim mentality



# GRATITUDE:

- “In trauma work, few things can sustain us as well as gratitude.”
  - *Trauma Stewardship, Laura van Dernoot Lipsky*
- “Gratitude is, in its purest sense, living in the moment. It is being attuned to all that is around you, and being at peace with it. Especially during the most difficult times.”
  - *Gratitude & Trust, Paul Williams*

## PRACTICE GRATITUDE

- Personally –
  - set a “gratitude alarm”
  - Reframe the difficult people as “teachers”
- Professionally –
  - “thanks-a-lot-box”
  - Random Acts of Kindness
  - Organizational culture of praise & respect
  - Say “thank you” often

# HUMOUR

- Laughter triggers healthy physical changes in the body.
- Humour and laughter strengthen your immune system, boost your energy, diminish pain, and protect you from the damaging effects of stress.
- Best of all, this priceless medicine is fun, free, and easy to use.
  - *Helpguide.org*

# FOUR: Commitment to Change

Build Your Own  
“Resilience Tool Kit”

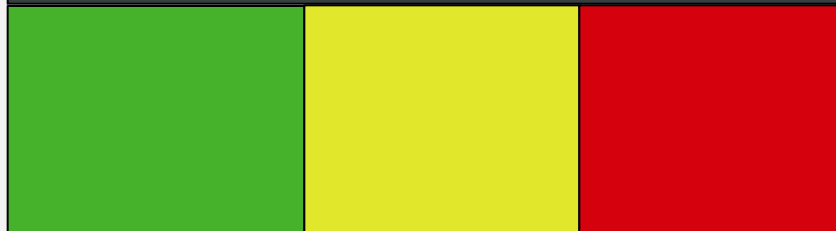
# 4A's of Self-Awareness

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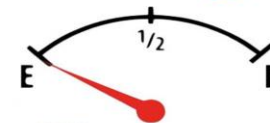


# STRESS ZONES

Stress Zones



Compassion  
Fatigue



# 4A's of Self-Awareness

1. **Attention:** Mindfulness
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Contemplative Awareness



Oxygen for Caregivers © 2014 Adventures in Caring Foundation

# RESILIENCE TOOL KIT

- What are my “Stress Zones?”
- What do I need in my “Tool Kit”?
- What can I do on my own?
- What do I need help with?





# TOOL BELT

Small

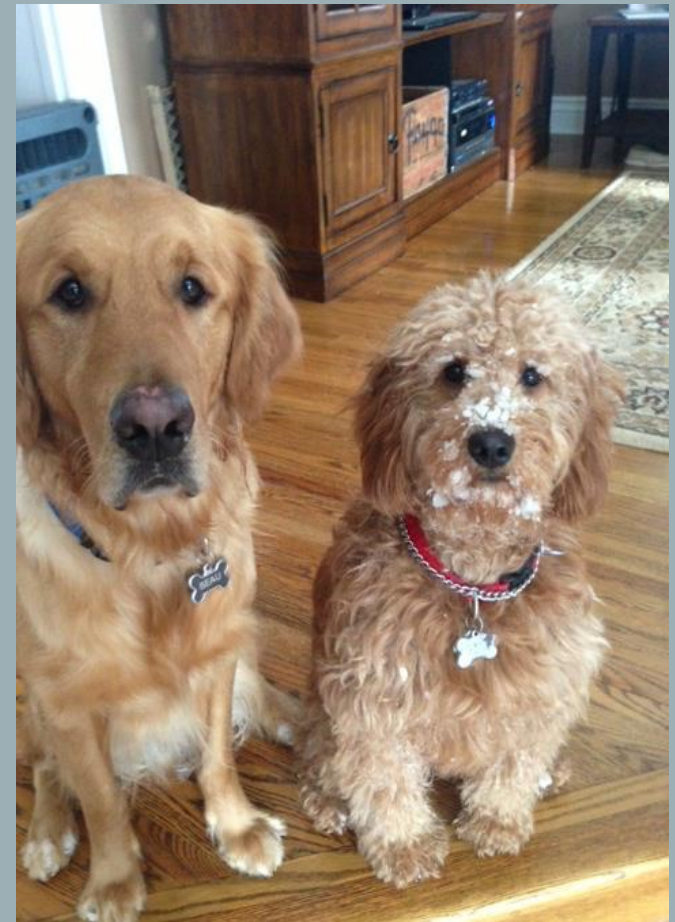
- Have on me at all times, just in case I need them
- Quick, easy, inexpensive
- Music (i-pod), CD's in car,
- Books
- Laughter/Gratitude
- Other.....



# POWER TOOLS

Medium

- Larger items (keep these at home)
- Gym membership; pets musical instrument; learn a new skill/hobby
- Running; yoga class; recreational activities; art class
- Scheduled and commitment
- May need other's support & involvement



# IDENTIFY WHAT YOU CAN CHANGE

© Cartoonbank.com



*"Boy, I'm going to pay for this tomorrow at yoga class."*

# TOOL BENCH

Large

- Planned event; social activities; date night
- Massage therapy, professional counselling
- Part time vs full time
- Canoe
- Vacation



# BEYOND KALE & FACIALS



**Will this really work?**

# Bober & Regehr Study, 2006

Brief Treatment and Crisis Intervention Advance Access published December 30, 2005

## Strategies for Reducing Secondary or Vicarious Trauma: Do They Work?

Ted Bober, MSW

Cheryl Regehr, PhD

Must be an organizational shift to recognize trauma

This cross-sectional design study sought to assess whether therapists believed and engaged in commonly recommended forms of prevention for secondary and vicarious trauma and whether engaging in these activities resulted in lower levels of distress. In this study of 259 therapists, time spent with counseling trauma victims was the best predictor of trauma scores. Although participants generally believed in the usefulness of recommended coping strategies including leisure activities, self-care activities and supervision, these beliefs did not translate into time devoted to engaging in the activities. Most importantly, there was no association between time devoted to coping strategies and traumatic stress scores. Intervention strategies for trauma counselors that focus on education of therapists and augmenting coping skills unduly individualize the problem.

KEY WORDS: secondary traumatic stress, vicarious trauma, coping, self-care, supervision.



“If you had better  
self care, and  
work-life  
balance...”

## BLAMING SERVICE PROVIDERS

Bober & Regehr (2005)

# THE TOXIC WORKPLACE

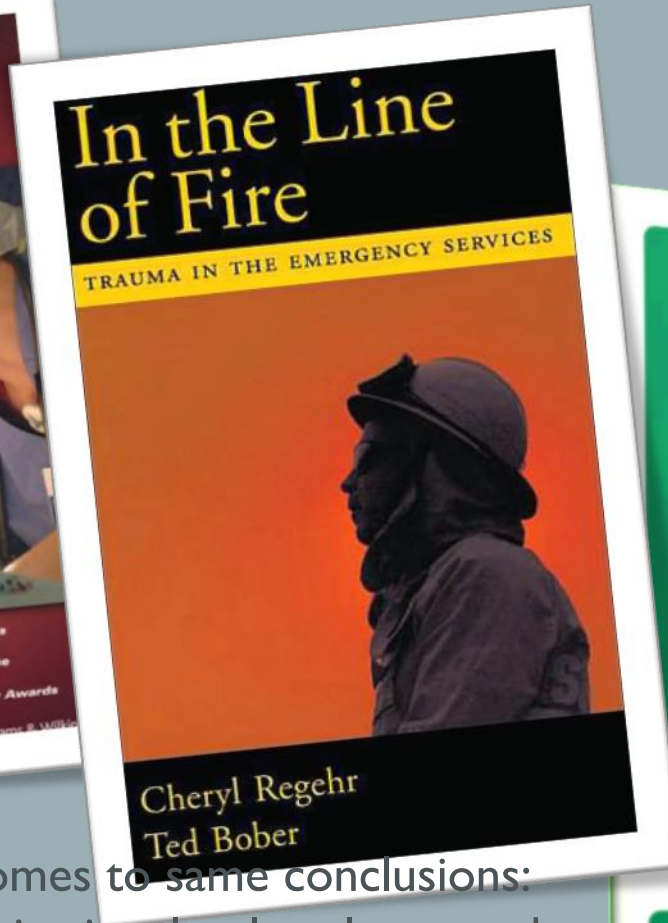
- Feeling wronged & bitter: A sense of helplessness, of persecution
- Are we “Sliming” each other?
- “We become convinced that others are responsible for our well-being and that we lack the personal agency to transform our circumstances”

~ *Laura van Dernoot Lipsky (2009) Trauma Stewardship*





# RESEARCH SHOWS....



All research comes to same conclusions:  
personal, organizational, cultural approach



# TRAUMA INFORMED CULTURE

“A trauma-informed organization will recognize stressors of the work as legitimate, provide a non-punitive work environment, and recognize the impact of occupational exposure to pain and trauma, rather than seeing it as individual weakness.”

~ *CW360 Secondary Trauma and the Child Welfare Workforce, 2012*

PRACTICAL EXERCISES AND APPROACHES

Patricia Fisher, Ph.D.

Facilitating Workplace Wellness & Organizational  
Health in Trauma-Exposed Environments

# BUILDING RESILIENT TEAMS

Designed for teams working in trauma-exposed fields  
such as health care, social services, policing,  
corrections, justice, emergency services,  
paramedics and the military

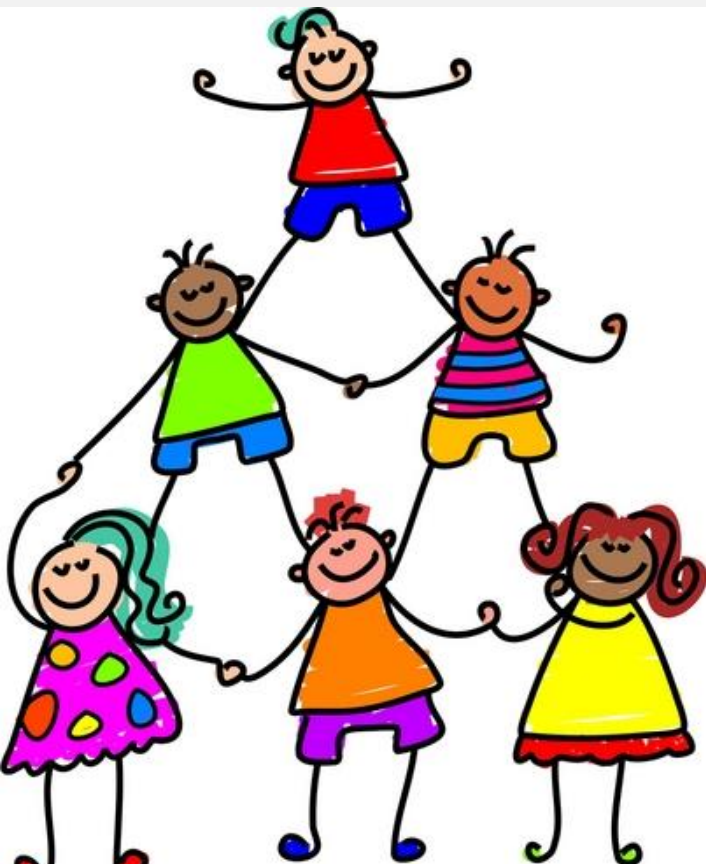
Dr. Patricia Fisher

3 Key Components:

- Individual
- Managerial
- Organizational

# WORKPLACE STRATEGIES

## Develop Strategic Alliances -Awareness & Support



*"the most significant factor associated with compassion satisfaction is support within the organization"*  
(Killian 2008)

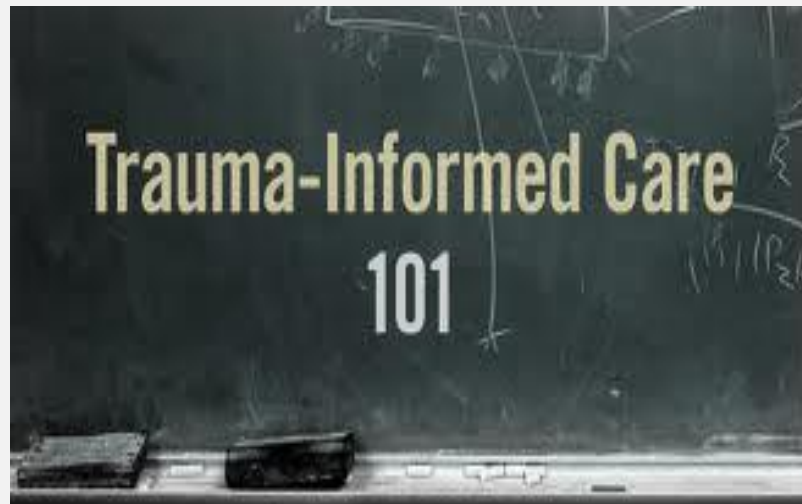
# START THE CONVERSATION

- Engagement
- Connection
- Support
- Supervision



# CONTINUE THE CONVERSATION

- What practices are we currently using in our agency to increase resiliency/protect staff?
- Are we really modeling resilience?



# TAKE HOME MESSAGE

You **MUST** care for yourself,  
in order to  
care for those with  
cancer



# TAKE HOME MESSAGES

Know your stresses

Enhance Self-Care

Build Resilience Strategies

Commitment to change

Seek support (prof & pers)

Find your outlet:

Talk it out

Burn it off

Cry

Laugh often

Organizational Support





# THE STAR FISH STORY



## CONTACT US:

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*Thank you!*