Caring for the Caregiver

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Please note:

As of September 9, 2016,
University Hospitals Case Medical Center
has a different name.

Our new name is
University Hospitals Cleveland Medical Center.

Presentation objectives:

1. Define vicarious trauma, as well as factors that can lead to it.
2. Use the ABCs of psychological first aid (Ask, Be There, Care) to mitigate the effects of vicarious trauma.
3. Learn strategies and tools to create an effective self-care plan.
Think of a time when you struggled at work:

What happened?
What made it difficult?
What was the hardest thing about this for you?

Difficulties at work often center around:

- Trauma
- Death
- Something that reminds you of a difficult situation you’ve experienced in the past

“All sorrows can be borne if you put them in a story or tell a story about them.”

—Isak Dinesen
What is the story behind our distress and sorrows?
- What is the reality of death and trauma?
- How do death, trauma, and grief impact us?
- What makes it so hard?
- How do we cope?
- How do we manage our stress?
- What do we need?
- How do we take care of ourselves?
- How do we support those around us?

The Death/Trauma Continuum
- Grief and bereavement
- Compassion fatigue, vicarious trauma, and/or burnout
- Coping strategies and support systems
- Wellness and self-care

The Reality
Grief and Bereavement

Trauma: A deep physical or emotional wound.

Grief: A deep and poignant distress caused by a loss of some kind, including death, traumatic injury (to yourself or to others), or even unfulfilled dreams. The depth of our grief correlates to the love and attachment toward the thing that is lost—the greater the love and attachment, the greater the grief.

Bereavement: A period of mourning after a loss.

What makes these difficult situations so hard?

- Close Relationships
- Identification with pain
- Failure
- Uncertainty in personal beliefs
- Our world view and assumptions about life are shaken
- Past losses
- Future losses

How it feels
### How does it feel to experience a traumatic event?
- Like standing under a funnel of crap
- Overwhelming
- Difficult
- Heartbreaking
- Hopeless
- Uncertain
- Tense
- Immobilized/frozen
- Lots going on, lots to de/manage
- Sometimes, we don’t feel at all in the moment; we defer feelings until later, when we have time to process the emotions associated with our grief—sadness, anger, shock, disbelief, confusion

### Contributing factors:

### Summary: Contributing Factors
- No time to debrief because of other work responsibilities
- No time to switch gears between work and home
- People at home don’t want to hear about your work
- Difficulty in maintaining work/life balance
- “Outsiders” don’t understand
- Difficulty in leaving work at work
- Blurred boundaries between work and home (e.g., thinking about work at home, and home at work)
- HIPAA
Exposure to patient death and trauma can be a critical incident

Critical Incident:
- An event that has significant emotional power strong enough to produce unusual or distressing symptoms and overpowers the usual coping abilities.

Critical Incident Stress:
- Acute or delayed stress reaction resulting from exposure to a critical incident. Reactions include physical, emotional, cognitive, and behavioral symptoms. Stress that is a normal reaction to an abnormal event.

Sharing critical incidents

After all...we are HUMAN
Critical incidence stress continuum

The nature and reality of caring for acute and chronically ill patients, especially children...

gives way to the increased likelihood of...

experiencing critical incidences

on a constant continuum

subject to associated

cumulative effects.

Consequences of cumulative stress:

Compassion Fatigue/Vicarious Trauma:

- Physical, spiritual, cognitive, and emotional stress
Symptoms:

- A state of profound physical, spiritual, cognitive, and emotional exhaustion.
- Physical and emotional exhaustion
- Depersonalization
- Decreased empathy
- Decreased sense of accomplishment
- Staff turnover
Factors contributing to chronic stress:

- Feeling overwhelmed
- The volume and magnitude of our losses
- Non-accidental trauma
- Not having time to process our losses
- Not knowing how to process our losses
- Denial of the effects of grief

Over time, these things add up ...

... And if we don't address them in a healthy way, they can lead to vicarious/secondary trauma.

Vicarious (secondary) trauma:

- A type of compassion fatigue (compassion fatigue is defined as "feeling stressed or depleted from caring for others")
- The trauma we experience after seeing the trauma of others
- Caused by exposure to ANY traumatic or shocking situation
Effects of vicarious trauma

- Symptoms of vicarious trauma mimic those of post-traumatic stress disorder (PTSD)
- It’s as if the trauma happened to you—
- Because, in a sense, it did. You experience vicarious trauma when you feel traumatized by your experience

Statistics about effects of vicarious trauma:

- Typical rates of PTSD in healthcare workers range from 6-50%
  (source: NCTSN.org)
- 60-50% of those exposed to trauma report varying levels of
cognitive, emotional, social, or psychological distress
  (source: Eversley, Johns Hopkins University, 2015)

Typical cognitive responses to trauma:

- Confusion
- Intuitive thoughts
- Mental slowness, “fogginess”
- General negative attitudes or thoughts
- Mind racing
- Difficulty concentrating, remembering
- Difficulty thinking in a logical sequence
- The sense that life is overwhelming; you can’t problem-solve
- Forgetfulness
- Unpleasant past memories resurfacing
- Self-blame
- Loss of a sense of order or fairness in the world; expectation of doom and fear of the future
- Anger towards religion or belief system; loss of beliefs
- Flashbacks—feeling like the trauma is happening now
- Worrying or rumination—intrusive thoughts of the trauma
Typical emotional responses to trauma:

- Shocked/insensitive
- Sadness/depression
- Feeling overwhelmed
- Irritability, restlessness
- Anger/offrage
- Fear/anxiety
- Guilt/self-blame
- Hopelessness
- Helplessness, panic; feeling out of control
- Grief
- Disorientation
- Hyper-alertness or hypervigilance
- Emotional swings (e.g., crying then laughing)
- Increased need for control
- Minimizing the experience
- Attempting to avoid anything associated with trauma
- Feelings of detachment/emotional numbing
- Shame
-Loathsomeness
-Suicidal thoughts
- Desire for revenge
-Loss of sense of humor

Typical behavioral responses to trauma:

- Withdrawal from friends and family
- Interpersonal conflict, at home and at work
- Diminished interest in everyday activities
- Failing to set aside times for relaxation through activities such as hobbies, music, art, or reading
- Substance abuse
- Self-medication

Typical physical responses to trauma:

- Fatigue
- Difficulty sleeping, nightmares
- Exaggerated startle response
- Headache, backache, muscle tension
- Increased heart rate
- GI symptoms: Stomach ache, nausea, diarrhea, constipation
- Crying
- Sudden sweating and/or heart palpitations (fluttering)
- Changes in appetite, interest in sex
- Increased susceptibility to colds and illnesses
ALL of these responses are NORMAL.
They are NORMAL responses to very ABNORMAL situations.

Conclusion:
Our work is difficult. Peer support is essential in coping effectively with our daily challenges.

What is psychological first aid?
Compassionate and supportive presence designed to mitigate acute distress, and assess the need for continued support.
Evenly and Flynn, Johns Hopkins University, 2005.
Effectiveness of psychological first aid:

"Numerous studies around the globe have shown that social support is the most powerful protection against being overwhelmed by stress and trauma."

—Bessel A. van der Kolk, MD
"The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" (2015)

What is "social support"?

"Being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart."

—Bessel A. van der Kolk, MD
"The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" (2015)

Talking to one another helps
The value of psychological first aid:

"Being able to feel safe with other people is probably the single most important aspect of mental health."

---Dr. Jerome Kagan, Harvard University

"The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" (2015)

Who needs psychological first aid?

Everyone. Depending on the day, the situation, the context, and what's going on in our lives, we ALL need psychological first aid from time to time.

Peer support is essential
The purpose of psychological first aid:
To cope effectively with our daily challenges by offering on-the-spot compassion and support to one another.

"Caring for the Caregiver" protocol: "ABC"
- Ask
- Be There
- Care

ABC
- Similar to critical incident stress debriefing (CISD), in that it provides acute care
- Differs from CISD, in that it happens right away, and anyone can do it
Objectives of ABC:

- To process and debrief what happened
- To stop emotional "bleeding" by providing on-the-spot (or post-shift) care for colleagues
- To reduce the risk of developing vicarious trauma and/or PTSD

ABC is NOT:

- Counseling
- Treatment for PTSD
- Cure for vicarious trauma/PTSD
- Substitute for therapy

ABC is, instead:

- The earliest point on a continuum of additional care options
- Caregiving by caregivers, for caregivers

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How we provide ABC:

1. Call an "ABC Huddle" (and anyone can call an ABC Huddle!)
2. Ask:
   - Ask, "Are you okay?"
   - Ask how everyone feels about what just happened. Note: This is a time to share feelings, not to evaluate performance or to analyze what could be done better next time. The focus is on staff support.
   - Give everyone who wants to talk a chance to share (but sharing is not required).
3. Be there:
   - Validate each other's thoughts and feelings (remember, they're all normal responses to abnormal situations)
   - Don't judge others' reactions. Recognize that not everyone processes things the same way—and that's okay
   - Keep it confidential

How we provide ABC:

3. Care:
   - Assess what your colleagues need (remember, needs are different for everyone!)
   - Meet needs, if possible, by offering care and compassion
   - Listen
   - Validate feelings
   - Offer a bathroom, food, or fresh air break
   - Offer additional resources:
     - EAP
     - CISO (critical incident stress debriefing)
     - Counseling/therapy
     - Spiritual Care

 Ideally, ABC should be done before the end of the shift—before everyone goes home
How ABC helps

Self-care is essential
- Before traumatic situations, to develop and strengthen your coping skills
- After traumatic situations, to help you heal

Camel Metaphor
Developing and Practicing a Self-Care Plan

Where do we start and what do we do?

- Recognize the importance of self-care in our work
- Assess where you are presently with self-care
- Make a commitment to self-care and be consistent with your plan
- Recognize that self-care plans ebb and flow, change and evolve over time
- Be patient with yourself

Domains of Self-Care

- Physical
  - sleeping, eating, exercise, healthcare
- Emotional/Psychological
  - vacations, reading, hobbies
- Spiritual
  - reflection, meditation, meaning/purpose
- Relationship
  - time with partners, family, friends, pets, connecting
- Workplace
  - taking breaks/lunch, peer support, supervision/mentoring, boundaries
The importance of self-care

Self-Care

Self-Care in Response to Loss and Grief
- Personalized practice
- Looks different for every individual
- Coping with loss and grief can be unique
- Openness without judgment
What about funerals?

Things to consider when creating a personal self-care plan:
- Laughter
- Know your own values
- Recognize what you can & can’t control
- Self-appreciation
- Involvement...not over-involvement
- Surround yourself with supportive people
- Escape in healthy ways
- Be spontaneous
- Be careful of negativity
- Balance
Sensory pathway to remembering experiences:

- At the most primal level in our brains, we experience life through our five basic senses – touching, seeing, hearing, tasting, and smelling.
- The senses are a pathway to remembering experiences, whether pleasant, comforting, stressful, or traumatic.
- We can also use our senses “choice-fully” to create experiences that are soothing, calming, relaxing.
- Practice in mindfulness.

Basic Sensory Self-care Kit:

Choose items in each of these sensory areas that soothe you or bring you comfort, and create a kit (bag, pouch, box, etc.) to keep them in, so you can access them whenever you need them:

- Touch: anything that touches – hugs, pets, fabrics, textures, relaxed stones, objects, etc.
- Sight: anything visual – photographs, special places, colors, artworks, faces, people, etc.
- Sound: anything audible – music, hymns, nature, birds, nature (rain, birds, rustling leaves), etc.
- Taste: anything you can taste – comfort foods, desserts, spices, teas, chocolate, etc.
- Smell: anything you can smell – aromatherapy, essential oils, spices, teas, candles, incense, etc.

Tips on developing a self-care plan
Questions?

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