Grief and the Professional…

A Presentation by Bill Bakalars
Viterbo University
For
Inclusa Inc.

January 2021

Medical Professionals are Expected To:

- "Emotionally Removed" ("Objective")
- Avoid Getting Wrapped Up in Client Emotion
- Walk out of heartbreaking and traumatic situations and go to the next appointment unaffected
- Juggle Man Hats At One Time (Helper vs. Employee) and Keep This Out Of The Room
- Most of you are in the client environment…no "professional buffer"
- Lose Some Client for Good…….

Ways Client Loss Affects Professionals

- Loss of relationship with the client
- Loss related to our identifying with client families
- Loss of our comfort with worldview as helpers
- Triggering personal losses
- Our own mortality
- Loss of feelings of competence with professional competency….

Types of Loss - Traditional

- Death of a loved one
- Loss of own future, due to terminal illness
- Loss of physical health or mobility, due to illness, accident, aging
- Loss of cognitive function, mental health
- Loss of partner due to divorce, breakup
- Loss of family due to divorce/parent moving away
- Loss of home – involuntary displacement due to immigration, political conflict, disaster
- Loss of a dream
- Loss of trust / faith / belief in a just world

Grief……..

- **"Grief is the emotion people feel when they experience a loss. There are many different types of loss, and not all of them are related to death. For example, a person can also grieve over the breakup of an intimate relationship or after a son or daughter moves away from home. It can involve a change in status, a change in how you see your future, or when you lose an object important to you" Grief is a natural reaction to the loss of someone important to you.**
- **Grief is also the name for the healingprocess that a person goes through after someone close has died. The grieving process takes time, and the healing usually happens gradually**
- **Values exercise…..**

Another Description:

DEFINITION:

A normal complex process that includes emotional, physical, spiritual, social, and intellectual responses and behaviors by which individuals, families, and communities incorporate an actual, anticipated, or perceived loss into their daily lives

Grieving

- Grief: emotional numbness, disbelief, separation anxiety, despair, sadness, and loneliness that accompany the loss of someone we love
  - Grief is a complex, evolving process with multiple dimensions
  - More like a roller-coaster ride than an orderly progression of stages
- Cognitive factors are involved in the severity of grief
- Good family communications and grief counselors can help grievers cope with feelings of separation and loss
- **Prolonged Grief:** approximately 10%–20% of survivors have difficulty moving on with their life after 6 months have passed
- **Disenfranchised Grief:** an individual's grief involving a deceased person that is a socially ambiguous loss that can't be openly mourned or supported
  - Examples: ex-spouse, abortion, stigmatized death (such as AIDS)

Kubler-Ross Classic:

- **Denial/Shock** – initial reaction, may feel numb, refusal to believe what has happened. Engaging in rituals that were shared, set an extra plate, "accidently making a call to the client's home, expectation that person will be coming as usual, flashbacks.
- **Anger** – common, feeling resentful, blaming others, search for the guilty, rumination and questions, easily agitated, or self anger.
- **Bargaining/Guilt** – Why? Why not? I wish…, make deal, wish to have things back the way they were before.
- **Depression/Sadness** – most common feeling, intense, listlessness and fatigue, tearfulness, loss of purpose, feel unfairness or punishment, joy is very hard and feels undeserved.
- **Acceptance/Resignation** – sense of balance, knowing you have to go on, not a great feeling.

The Mourning Process:

Shock…..

- Occurs between the time of death and time of the final arrangements.
- During "Shock" one may even deny that the death has occurred.

Intense Feeling of Loss/Pain…

- Usually for two or three months after the loss
- Sometimes people withdraw…sometime the "cling"

Resolution…

- Person starts living and adjusted/"regular" life

Foundational – Psychological First Aid

- Providing comfort and care for clients and co-workers
- Address "basic needs" and help solve problems
- Validating clinician and patient thoughts and emotions
- Connect to support systems
- Provide information of grief and the professional
- Educate about stress
- Reinforce strengths and existing coping strategies.

Clinician/Patient experience:

- **Objective:** Changes in activity level, Changes in dream patterns, Changes in immune function, Changes in neuroendocrine function, Changes in sleep patterns, Disorganization, Making meaning of the loss, and sometimes Panic behavior.
- **Subjective:** Anger, Blame, Detachment , Despair, Experiencing relief, Pain, Personal growth, Psychological distress, and Suffering.

Clinician/Patient Goals and Evaluation Criteria - Coping

- Patient successfully resolves Grieving, as demonstrated by successful Adaptation to Physical Disability, Coping, Family Coping, Family Social Climate, Grief Resolution, and psychosocial Adjustment: Life Change.

- Patient/Clinican demonstrated Coping. As evidenced by the following indicators (specify 1-5: never, rarely, sometimes, often, or consistently demonstrated):
  - Identifies effective coping patterns - Uses effective coping strategies
  - Seeks information concerning illness and treatment
  - Uses available social support
  - Seeks help from a health care professional as appropriate
  - Reports decrease in physical symptoms of stress and in negative feelings

Clinician/Patient Goals and Evaluation Criteria - Resolution

- Patient/Clinician demonstrates Grief Resolution, as evidenced by the following indicators (specify 1-5: never, rarely, sometimes, often, or consistently demonstrated):
  - Resolves feelings about loss
  - Verbalizes reality of loss
  - Participates in planning funeral
  - Shares loss with significant others
  - Progresses through stages of grief
  - Maintains grooming and hygiene
  - Reports decreased preoccupation with loss
  - Reports adequate nutritional intake
  - Reports normal sexual desire

Tasks (Worden):

- Accept the reality of the loss
- Experience the pain of grief
- Adjust to an environment in which the person is missing
- Re-direct emotional energy into other relationships

Assisting the Bereaved: Developing Alternative Rituals

- Once you've figured out what you're feeling and thinking about the missing ritual, consider ways you might substitute alternative practices that address your needs, such as:
  - Developing an alternative way to honor the loss, like making a video tribute or scrapbook you can share digitally
  - Finding an outlet for your sadness or disappointment, like writing it in a journal or letter
  - Seeking social support (at least remotely) from the people you feel comfortable opening up to
  - Cooking the deceased person's favorite meal and talking or thinking about them while you eat it
  - Finding safe ways to resume or simulate fun activities, like setting up a backyard beach with a wading pool for kids, or organizing a socially distanced barbecue with friends

- **Cultural Diversity:**

  - Some cultures emphasize the importance of breaking bonds with the deceased and returning quickly to autonomous lifestyles
  - Beliefs about continuing bonds with the deceased vary extensively
  - There is no one right, ideal way to grieve

Don't Say/Do:

- You'll be all right
- You have to be strong
- This too shall pass
- I know how you feel
- It could have been worse
- At least you had ____ together
- At least ANYTHING
- He/She is in a better place
- It was God's will

Do Say/Do:

- I'm so sorry for your loss
- I can't imagine what it's like I'm just so glad you are telling me
- What can I do to help?
- "Thinking of you" note
- Good qualities before the loss
- When you're ready I'm here for you.
- Be there when everyone else disappears…..

Compassion Fatigue

- Burnout - physical and mental exhaustion leading to reduced ability to cope with your environment.
- Secondary traumatic stress - stress you may experience due to empathy with others you see going through trauma, including physical trauma such as serious injury, illness, or death.

SAMHSA, 2020

Facilitate Advance Directive & Living Wills When Possible…

LIVING WILL

I, _____, of _____, being of sound mind, do hereby willfully and voluntarily make known my desire that my life not be prolonged under any of the following conditions, and do hereby further declare:

1. If I should, at any time, have an incurable condition caused by any disease or illness, or by any accident or injury, and be determined by any two or more physicians to be in a terminal condition whereby the use of "heroic measures" or the application of life-sustaining procedures would only serve to delay the moment of my death, and where my attending physician has determined that my death is imminent whether or not such "heroic measures" or life-sustaining measures are employed, I direct that such measures and procedures be withheld or withdrawn and that I be permitted to die naturally.

2. In the event of my inability to give directions regarding the application of life-sustaining procedures or the use of "heroic measures", it is my intention that this directive shall be honored by my family and physicians as my final expression of my right to refuse medical and surgical treatment, and my acceptance of the consequences of such refusal.

3. I am mentally, emotionally and legally competent to make this directive and I fully understand its import.

4. I reserve the right to revoke this directive at any time.

5. This directive shall remain in force until revoked.

IN WITNESS WHEREOF, I have hereto set my hand and seal this _____ day of _____, 20___.

Signed: _____

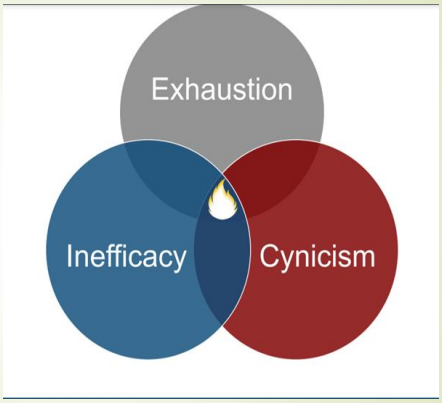
Declaration of Witnesses

The declarant is personally known to me and I believe him to be of sound mind and emotionally and legally competent to make the herein contined Directive to Physicians. I am not related to the declarant by blood or marriage, nor would I be entitled to any portion of the declarant's estate upon his decease, nor am I an attending physician of the declarant, nor an employee of the attending physician, nor an employee of a health care facility in which the declarant is a patient, nor a patient in a health care facility in which the declarant is a patient, nor am I a person who has any claim against any portion of the estate of the declarant upon his death.

Signed: _____

https://www.texaslivingwill.org/

What is burnout?



Mack, Torey 2020

Causes of provider burnout

Mack, Torey 2020

Systemic Issues in Burnout and Self-care

- Too often clinicians experience the self-care "double bind."
- "Take care of yourself….but dammit don't reduce your client load, fall behind in paperwork (that we all hate anyway), coordinate with insurance companies, and then complete continuing education.
- Most solutions (EMR) just create more space for doing more
- Major stressors include role ambiguity, role conflict, role overload, challenges to personal and professional integrity, and difficulty managing professional/personal boundaries, and staff turnover (White and Garner, 2011).
- All of these are related to systemic expectations…..NOT personal ability to cope

Systemic Issues in Burnout and Self-care

Data suggest that:

- 76% of clinicians will leave their current position
- 36% are leaving the field completely.
- Average turnover rates is 33.2% for therapists and 23.4% for their supervisors (White and Gardner, 2012)
- I posit that often these are our best clinicians….the most dedicated and competent clinicians are affected most by burnout conditions in many agencies.
- Most prominent is that in many systems the biggest reward for a job well done….is more work.
- Some clinicians are rewarded by promotion to administration….which often does not go well.

Systemic Issues in Burnout and Self-care

The major organizational factors contributing to intention to quit within addiction treatment institutions include perceived:

- Ambiguity or organizational mission
- Inadequacy of salaries and benefits
- Inadequate frequency and quality of clinical supervision
- Lack of access to training and professional development
- Excessive caseloads and paperwork
- Lack of autonomy and control
- Unfairness of supervisory/administrative decision-making
- Role-person mismatch and other work-related stressors (e.g., role overload, role ambiguity, role conflict) (White and Gardner, 2011).

All of these are systemic issues

Systemic Issues in Burnout and Self-care

Advice to Providers:
Decreasing the Risk of Secondary Trauma Grief, and Promoting Self-Care

- **Peer support. Maintaining adequate social support will help prevent isolation and depression. This must be programmed in to avoid the double bind!**
- Supervision and consultation. Seeking professional support will enable you to understand your own responses to clients and to work with them more effectively.
- Training. Ongoing professional training can improve your belief in your abilities to assist clients in their recoveries.
- Personal therapy. Obtaining treatment can help you manage specific problems and become better able to provide good treatment to your clients.
- Maintaining balance. A healthy, balanced lifestyle can make you more resilient in managing any difficult circumstances you may face.
- Setting clear limits and boundaries with clients. Clearly separating your personal and work life allows time to rejuvenate from stresses inherent in being a professional caregiver.

Systemic Issues in Burnout and Self-care

Systemic Issues in Burnout and Self Care
One More Way to Avoid the Double Bind….

- Programmed "Therapy for the Therapist"
- This needs to be part of the treatment….as essential as case formulation!

Therapist consultation team: Working with BPD and other hard-to-treat conditions can be challenging for therapists. Therefore, the therapy team typically meets weekly for support, training, and feedback. This ensures that the therapists remain capable and motivated.

Systems need to program this in as part of care……

Strategies to Reduce Burnout and Promote Engagement

- Acknowledge and assess the problem
- Cultivate community at work
- Promote flexibility and work-life integration
- Harness the power of leadership
- Use rewards and incentives wisely
- Provide resources to promote resilience and self-care
- Develop and implement targeted work unit interventions
- Align values and strengthen culture
- Facilitate and fund organizational science

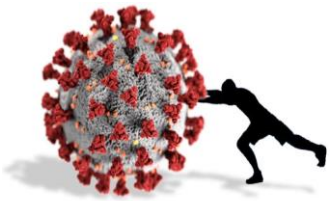
Shanafelt, TD, and Noseworthy, JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, January 2017;92(1):129-146

HRSA Health Workforce

10

COVID-19's Stress on Providers

- **Prolonged Uncertainty**
  - Magnitude Duration Effects
- **Concerns about Preparedness**
  - Personal Organization Public
- **Lack of Needed Supplies**
  - PPE Equipment Tests
- **Potential Threats**
  - Self Loved Ones Coworkers



HRSA Health Workforce