~ When Their Stress Becomes Yours ~
The Price We Pay for Caring

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Disclosure

I declare that neither I, or my immediate family, have a financial interest or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed at the conference.
Learning Objectives

- Define trauma, toxic stress, and adverse childhood experiences
- Discuss risk and protective factors regarding trauma and toxic stress as they apply to clinical practice
- Investigate personal and systemic strategies for coping with compassion fatigue and burnout
Outline

- Breakthroughs in medical knowledge
- Meaning for clinical practice
- Meaning for provider
Adverse Childhood Events

Faletti et al
Adverse Childhood Events: Household Dysfunction

- Substance abuse 27%
- Parental separation / divorce 23%
- Mental illness 17%
- Battered mother 13%
- Criminal behavior 6%
Adverse Childhood Events: Neglect and Abuse

- **Neglect**
  - Emotional 15%
  - Physical 10%

- **Abuse**
  - Psychological 11%
  - Physical 28%
  - Sexual 21%
More than half have AT LEAST one ACE

If one, there is an 86% chance of having another

<table>
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<tr>
<th>ACE Score</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>0</td>
<td>48%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
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<tr>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
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<tr>
<td>4 or more</td>
<td>7%</td>
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Increasing ACE Scores Increase Risk for...

- Developmental delays / Behavior problems
- Smoking / COPD
- Alcohol dependence / Liver disease
- Illicit drug use
- Heart Disease
- Sexual activity
- Early initiation / STD
- Adolescent pregnancy
- Fetal death
- Intimate partner violence
- Depression
- Suicide attempts
ACEs Impact Multiple Outcomes

Risk Factors for Common Diseases
- Smoking
- Alcoholism
- Promiscuity
- High Perceived Risk of HIV
- Obesity
- Illicit Drugs
- IV Drugs
- Poor Perceived Health
- Multiple Somatic Symptoms

Prevalent Diseases
- Cancer
- Liver Disease
- Chronic Lung Disease
- Skeletal Fractures
- Ischemic Heart Disease

General Health and Social Functioning
- Difficulty in job performance
- Married to an Alcoholic
- High perceived stress

Mental Health
- Depression
- Anxiety
- Panic Reactions
- Memory Disturbances
- Poor Anger Control
- Poor Self-Rated Health

Sexual Health
- Teen Paternity
- Teen Pregnancy
- Fetal Death
- Unintended Pregnancy
- Sexual Dissatisfaction

Sexually Transmitted Diseases
- HIV

Other
- Hallucinations
- Sleep Disturbances
- Early Age of First Intercourse
- Smoking
- Alcoholism
- Promiscuity
- High Perceived Risk of HIV
- Obesity
- Illicit Drugs
- IV Drugs
- Poor Perceived Health
- Multiple Somatic Symptoms

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How early experience gets into the body
A Biodevelopmental Framework

Foundations of Healthy Development and Sources of Early Adversity

Environment of Relationships
Physical, Chemical & Built Environments
Nutrition

Gene-Environment Interaction

Cumulative Effects Over Time

Physiological Adaptations & Disruptions

Biological Embedding During Sensitive Periods

Lifelong Outcomes

Health-Related Behaviors
Physical and Mental Health
Educational Achievement & Economic Productivity

Center on the Developing Child HARVARD UNIVERSITY
Toxic Stress

- **Positive:**
  Brief increases in heart rate,
  mild elevations in stress hormone levels

- **Tolerable:**
  Serious, temporary stress responses, 
  buffered by supportive relationships

- **Toxic:**
  Prolonged activation of stress response systems 
  in the absence of protective relationships
The Limbic System

cingulate
Orbito-frontal
amygdala
hippocampus
Practice Implications

- “Social determinants of health”
- “Trauma-informed” care
  (“Meaningful care”)
- Underlying cause of other problems
- Underlying cause of other behaviors
Take Home Points

- Personal experience becomes imbedded biologically
- Adversity affects health
- Adversity affects ability to plan / care for self
- Adversity affects self-regulation
- New opportunities for effective healthcare
- New opportunities for prevention and resilience
What does this mean for professionals?

- Professional practice?
- Personal response?
- Personal impact of professional practice
Stress in Systems of Care

- More patients in less time
- Depersonalization / Technology
- More complex patients
- Poverty / Loss of resources
- Workforce issues...
Stress affects:

- Competency / quality of care
- Professionalism
- Career satisfaction
- Motor vehicle accidents
- Substance abuse
• Half of physicians experience burnout
• Half of medical students experience burnout by 3rd year
• Strong association between burnout and suicidal ideation
“Toxic” Stress for Professionals

- Professional demands / time
- Uncertainty / conflict
- Over-stimulation / hyper-alertness
- Sleep, meals, physical activity
- Spirituality and relationships
- Career satisfaction
Additional Stress for “Caregivers”

- Compassion fatigue
- Secondary trauma
- Re-traumatization
Professionals are people too!

Current culture of practice expectations can be quite toxic

The provision of care to those with adversity poses unique considerations for the protection / health of the provider

Lack of self-care is epidemic, dangerous, and can’t be ignored
Consider how stress in your environment may affect you

Put a name to what you are experiencing

Recognize symptoms of distress as biologic warning signs, not character weakness or signs of failure (and recognize this in others as well)

Sleep, meals, and uninterrupted personal time are absolutely not optional

Target the problem
Understanding Risk Factors

- Patient factors
- Provider factors
- Systemic factors
Patient Population

- Abuse, neglect, poverty, illness, grief, depression, “difficult”...
- Homogenous populations
- Specialty populations
- Community-wide events
- Needs and expectations
Implications for Provider Well-being

- Be aware of what you will have to deal with
- Prepare as much as possible, and reassess needs frequently
- Identify additional resources for patients
- Don’t try to do it all alone
- Have realistic expectations
“God grant me...
the Courage to change the things I can
the Serenity to accept the things I cannot change
the Wisdom to know the difference”
Self-reflection

- Personality style / adaptability
- Past history
- Life stressors / supports
- Professional and personal goals
Self-reflection
Personality Traits

- Altruistic and compassionate / burn out and depression
- Perfectionistic / frustration and insecurity
- High achievers / unrealistic expectations and effort
- Independent / loss of perspective, isolation
- Gratification delay / lack of self-monitoring
Lessons from Therapy

- We all need to feel that we have value and are safe
- Most things that upset us threaten one or the other of these
- Value isn’t all (perfection) or nothing
- Don’t minimize OR catastrophize problems
- Balance the acknowledgement of mistakes / shortcomings with the acknowledgement of what you do right
- Don’t perseverate on past distress or worries for the future
Take Home Points

- Individuals function with different styles, abilities, and vulnerabilities
- Individuals may be affected differently
- Much stress is self-generated by deep-seated (yet often unrecognized) self-doubt, which contributes to misinterpretation of others and unrealistic expectations
- Self-doubt can be a strong deterrent for asking for help, which is interpreted by self as weakness
Implications for Provider Well-being

- Do your best, and be transparent and timely when you need help – practice without shame
- Examine your strengths and vulnerabilities – no one is perfect (and others struggle with the same things)
- Intentionally schedule recurring times for reflection / reassessment
- Be mindful of your distress (and its meaning)
- Be realistic with goals, pace, disclosure
Where Are You?

- What brings out your best?
- What part of your work rejuvenates you?
- What can you share?
- What do you need help with?
- What threatens you? Why?
- What are realistic expectations?
- What can you change? Where will you start?
Tools

- Abbreviated Maslach Burnout Assessment
- Wheel of Life – Whitworth et al
  - Self-care
  - Relaxation techniques, mindfulness, creativity
  - Relationships!
Resiliency – Resistance to Adversity

- Interpersonal relationships
- Internal locus of control – purpose, optimism
- Care for self – aware and insightful, can ask for help
- Flexible and open
- Problem-solving skills
- Realistic, goal-oriented
Top Tips

- Set up realistic expectations / don’t try to do it all
- Work as a team / support each other
- Don’t take things personally / don’t sweat the small stuff
- Celebrate small victories
- Practice gratitude / pass on thanks
- Practice mindfulness and spirituality
- Take breaks, do something physical, eat, SLEEP!
Systemic Factors

- Workplace stressors / supports
- Validation / collegiality
- Targeted practices
Elements of a Healthy Workplace


- Personal control
- Alignment of values
- Social support / lack of role conflict
- Sense of fair treatment / reward
Elements of a Healthy Workplace

GALLUP Q12 – Buckingham and Coffman 1999

- Defined expectations
- Adequate resources
- My work matters, is encouraged and recognized
- Shared values and commitment
- Career development
- Someone cares
Elements of a Healthy Workplace


- Dignity and respect
- Asks opinion and keeps informed
- Inspires, encourages, empowers
- Provides helpful feedback, career development
- Recognizes my work
Workplace toxicity can be mitigated and minimized by good leadership.

Employees have less burnout and better productivity with good leadership.

Good leadership results in better staff retention.
Implications for Provider Well-being

- Are you in a healthy work environment?
- Can you improve your work environment?
- Can you assist with or provide leadership?
- Can you be a resource within your environment?
ACGME competencies

- Reflective practice
- Self-regulation

Professional organizations
Workplace stress and burnout, already a severe problem, leave providers especially vulnerable to the adverse effects from the stress of caring for those with trauma and ongoing toxic stressors.

However, recognition, correction, and mitigation of the contributory factors provides an unprecedented opportunity to heal ourselves and redesign a “healthier” and more effective healthcare culture.