

## Resilience, Grief, Trauma, and Self-Care in Palliative Care



*“We were not prepared for this level of suffering”*

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We in the care partnering communities  
frequently encounter people  
with life threatening illness  
at a point when they are  
*no longer who they have been and  
are not yet reborn into who they will be.*  
We meet them in a place between  
**“no longer” and “not yet”**

Joan Borysenko

One of the hardest things  
we must do sometimes is to  
be present to another person's pain  
without trying to "fix" it,  
to simply stand respectfully at the edge  
of that person's **mystery** and **misery**.  
Wholeness does not mean perfection:  
it means embracing brokenness  
as an integral part of life.

Parker Palmer



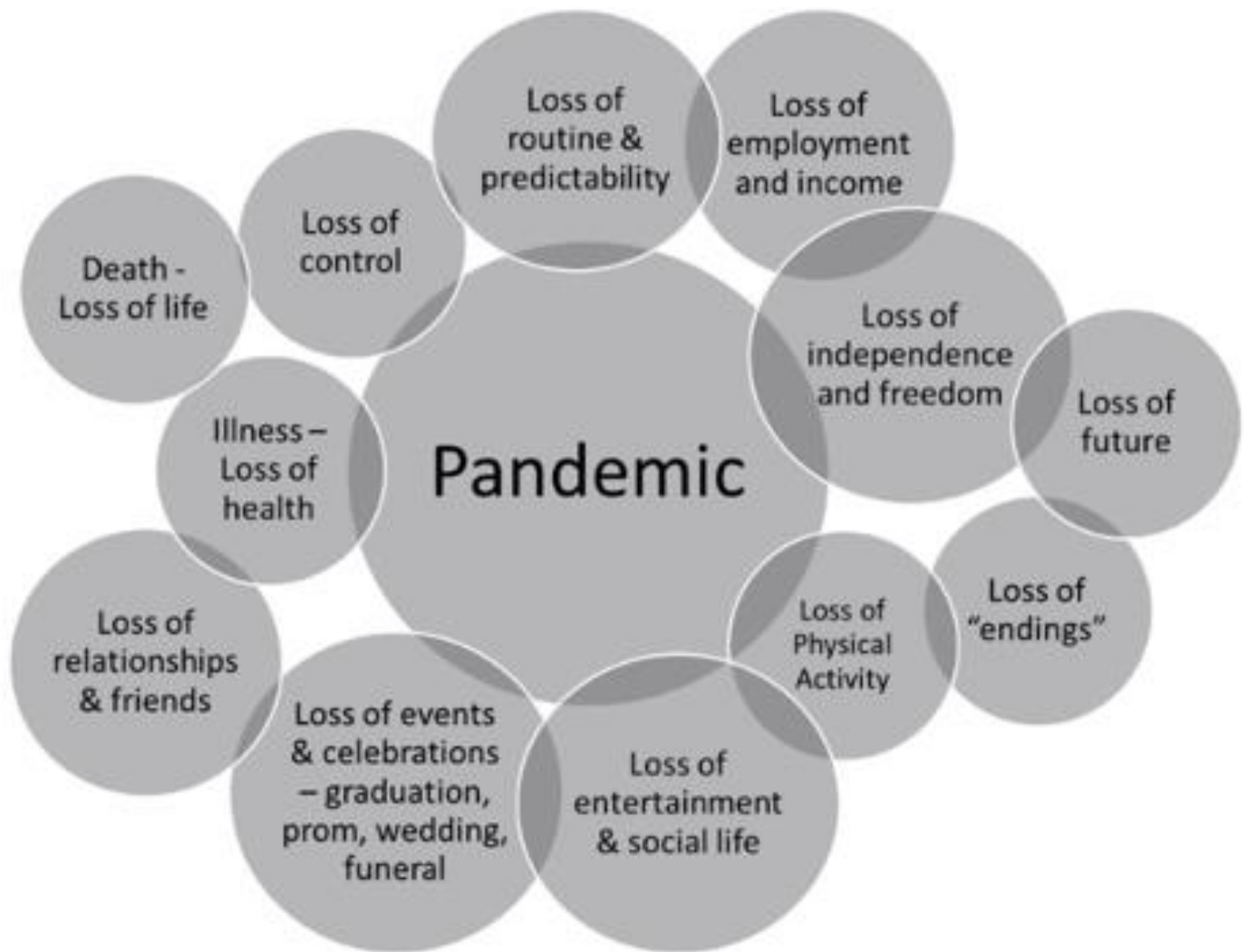
In Hospice Palliative Care  
we witness great woundedness  
but are also part  
of a great healing.

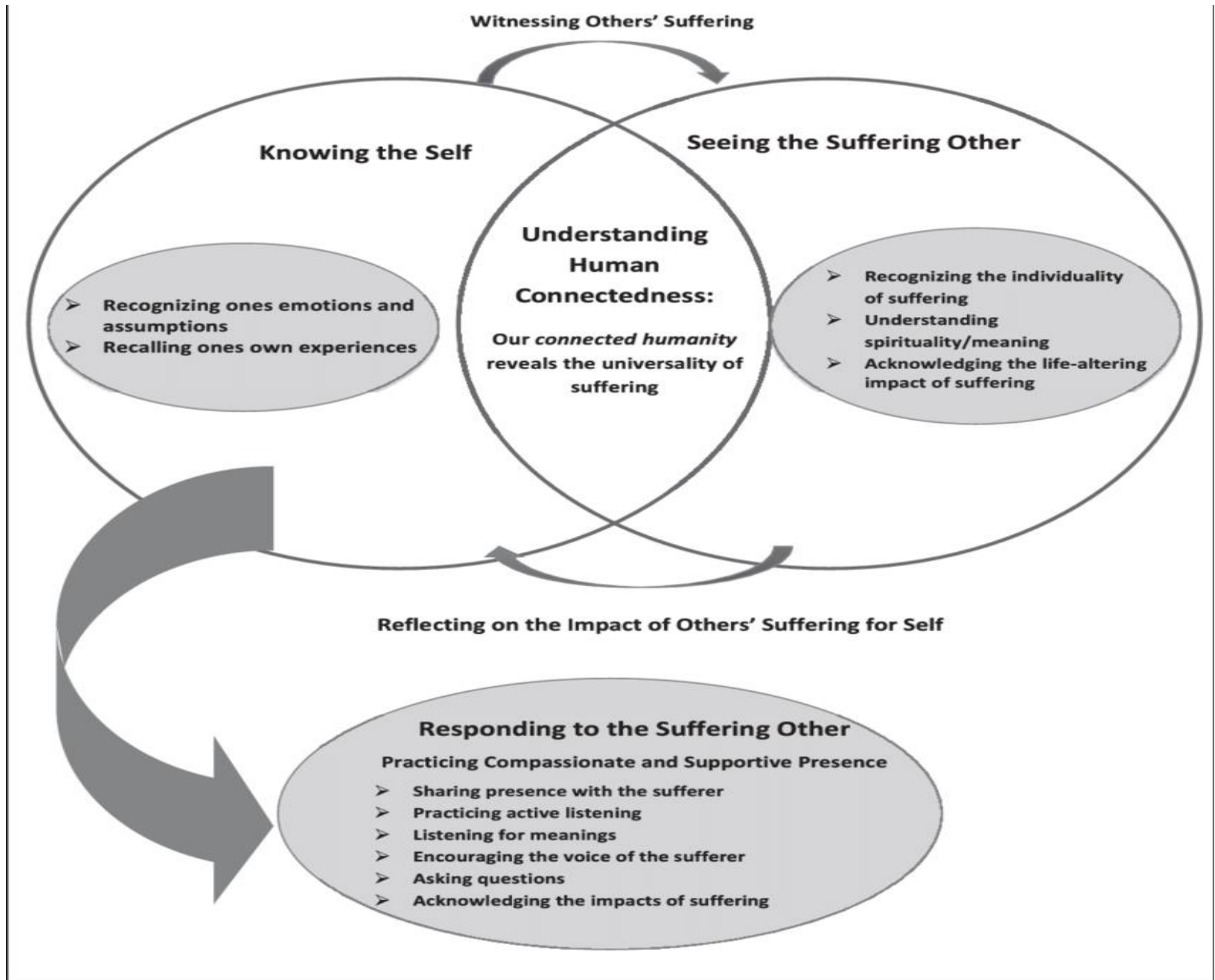
The truth you believe  
and cling to  
makes you unavailable  
to hear anything new.

Pema Chodron

## COVID - 19 and Complicated Grief

1. Isolated from loved ones before death.
2. Not being physically present during the last 48 hours.
3. Inability to participate in death bed rituals.
4. Witnessing personal suffering from a distance – helplessness.
5. Restrains of the time = loss of control and hopelessness.
6. Individual, family, cultural, social and faith bound rituals are hampered.
7. Witnessing mass suffering adds to the traumatic nature.
8. Grieving without “my people”.







## Moral Distress

Right course of action is known  
Unable to complete  
due to  
Institutionalized obstacles

## Moral Uncertainty

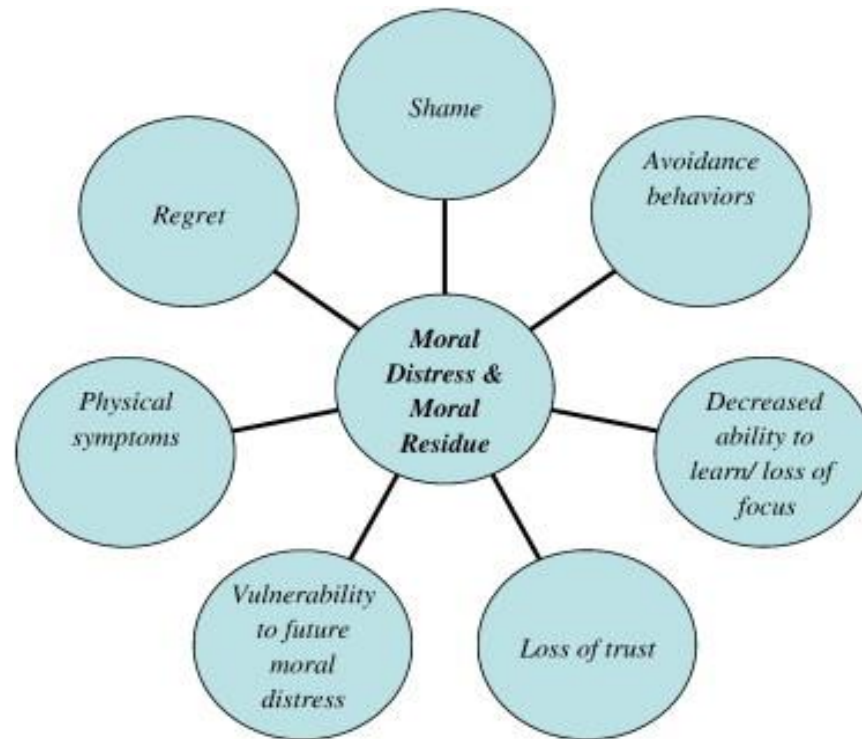
Unease  
Questioning  
Unclear right course  
of action

## Moral Dilemma

Multiple conflicting  
but morally  
justifiable courses  
of action  
Unclear course of  
action

DISCOMFORT

# Results of Moral Distress



## Complicated Grief

Complicated Grief also called:

- Chronic Grief
- Traumatic Grief
- Prolonged Grief
- Complex Grief
- Difficult Grief



- Is a form of grief which is prolonged, disturbed or extreme.
- It has a severe effect on a person's life affecting their employment or relationships as it is characterized by a severe longing for the deceased
- Never “Pathological” or a “disorder”.



## The Centre for Complicated Grief

### Key definitions

**Grief** is the response to loss that contains thoughts, behaviors, emotions and physiological changes; if the loss is permanent, so too is the grief, but its form evolves and changes as a person adapts to the loss

**Acute grief** occurs in the early period after a loss and often dominates the life of a bereaved person; strong feelings of yearning, longing and sorrow are typical as are insistent thoughts and memories of the person who died. Other painful emotions, including anxiety, anger, remorse, guilt or shame are also common. Activities are often focused on doing or not doing things to try to deal with the loss

# The Center for Complicated Grief

**Integrated grief** is the lasting form of grief in which loss-related thoughts, feelings and behaviors are integrated into a bereaved person's ongoing functioning; grief has a place in the person's life without dominating.

**Complicated grief** is a persistent form of intense grief in which maladaptive thoughts and dysfunctional behaviors are present along with continued yearning, longing and sadness and/or preoccupation with thoughts and memories of the person who died.

Grief continues to dominate life and the future seems bleak and empty. Irrational thoughts that the deceased person might reappear are common and the bereaved person feels lost and alone.

**Adapting to loss** entails accepting the reality of the death, including its finality, consequences and changed relationship to the person who died; adapting means seeing the future as holding possibilities for a life with purpose and meaning, joy and satisfaction.



Compassion Fatigue has been described as the  
“cost of caring” for others in emotional and physical pain. (Figley, 1982)

It is characterized by deep physical and emotional exhaustion  
and a pronounced change  
in the helper’s ability to feel empathy  
for their patients,  
their loved ones  
and their co-workers.

It is marked by increased cynicism at work,  
a loss of enjoyment of our career,  
and eventually can transform into  
depression,  
secondary traumatic stress  
and stress-related illnesses.

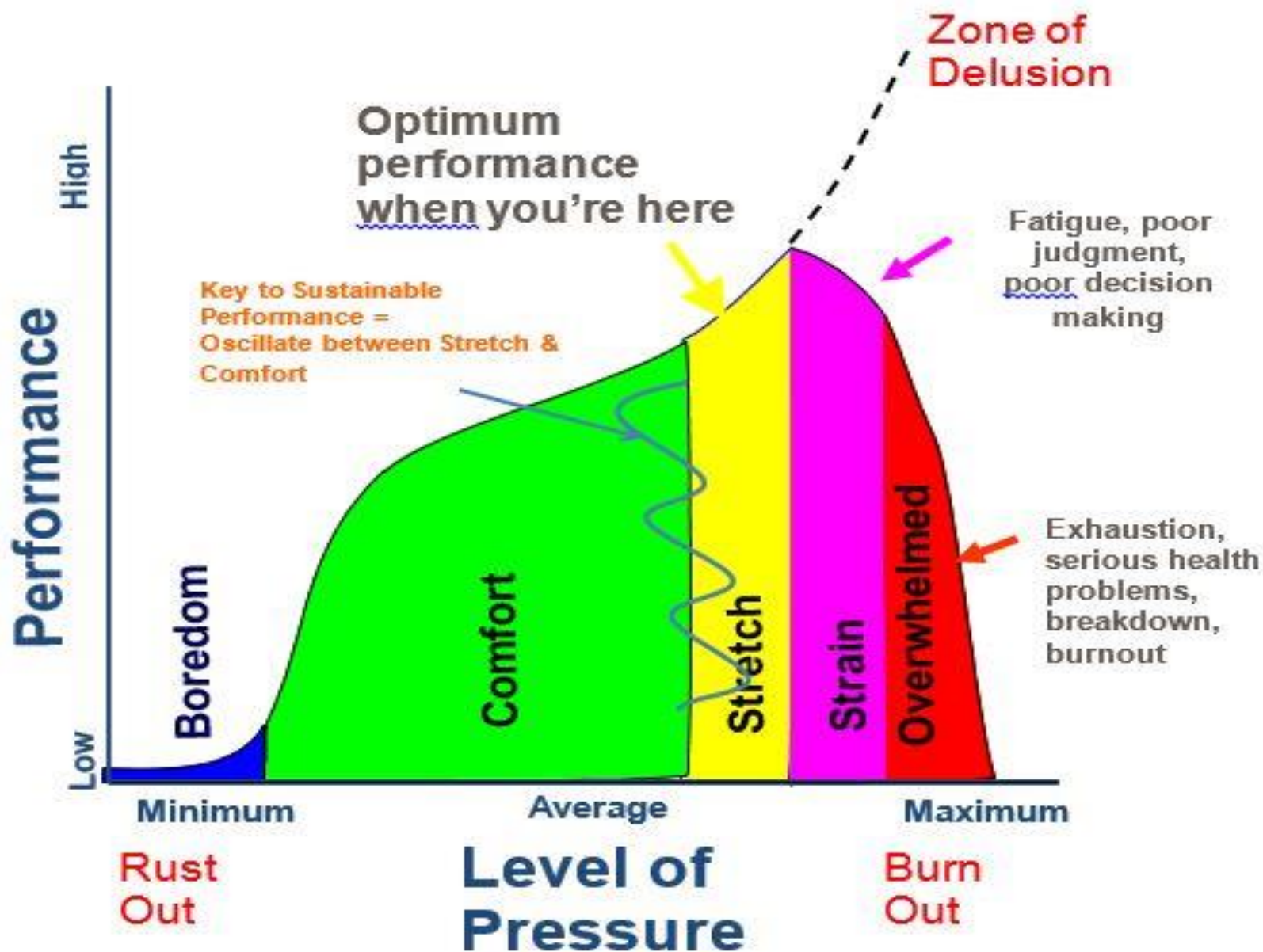
The most insidious aspect of compassion fatigue  
is that it attacks the very core of what brought us into this work:  
our empathy and compassion for others.

Françoise Mathieu, M.Ed., CCC. Compassion Fatigue Specialist

“Burnout is the index of the dislocation  
between  
what people are and  
what they have to do.  
It represents an erosion in  
values, dignity, spirit, and will –  
an erosion of the human soul”

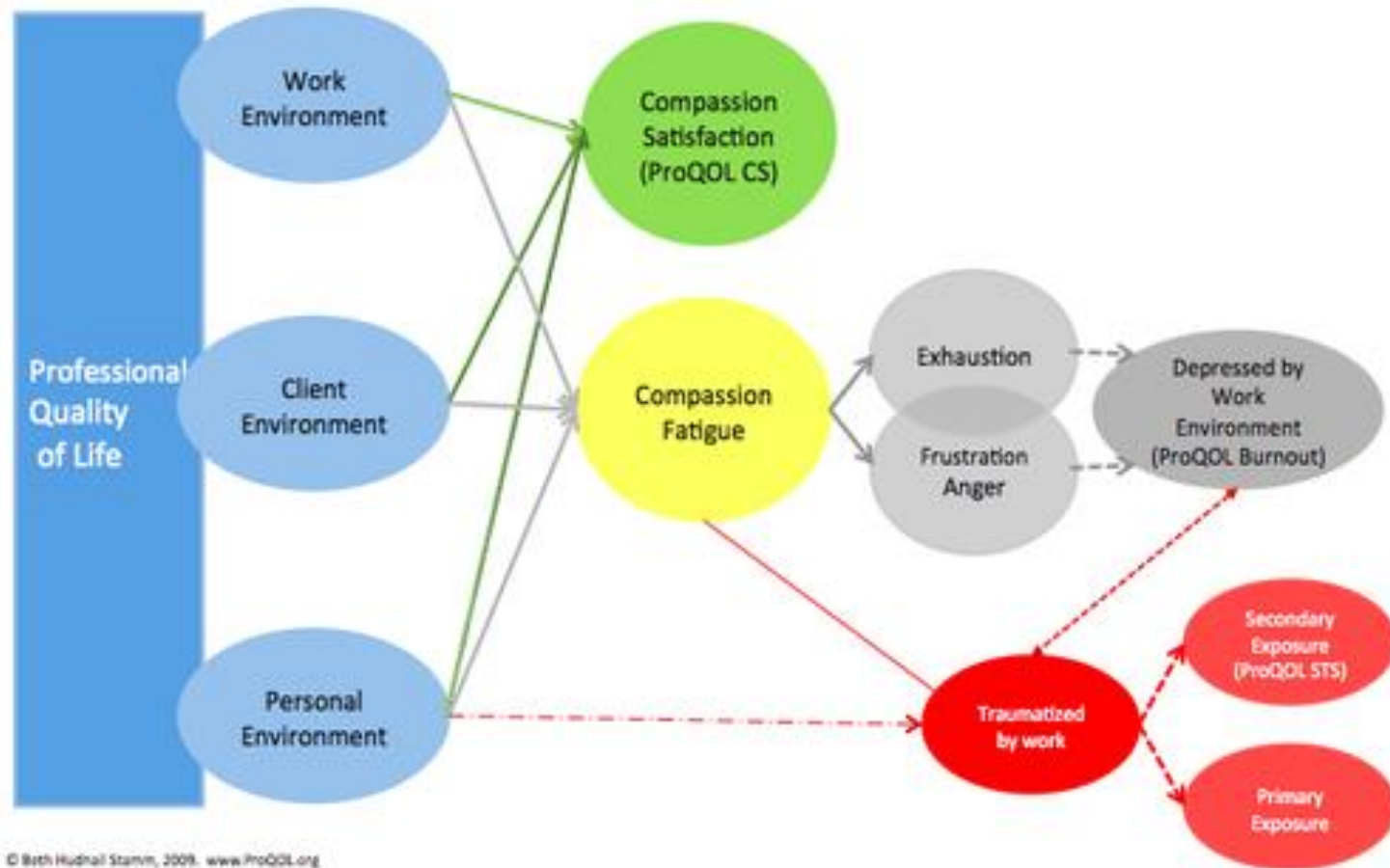
Burnout: The Cost of Caring – Christine Maslach





# Secondary Trauma

## Complex Relationships



## Burnout Creation

Work Overload

vs

Lack of Control

vs

Insufficient Reward

vs

Breakdown of Community vs

Unfairness

vs

Significant Value Conflicts vs

Lack of fit

vs

## Burnout Prevention

Sustainable Workload

Feelings of choice and control

Recognition and Reward

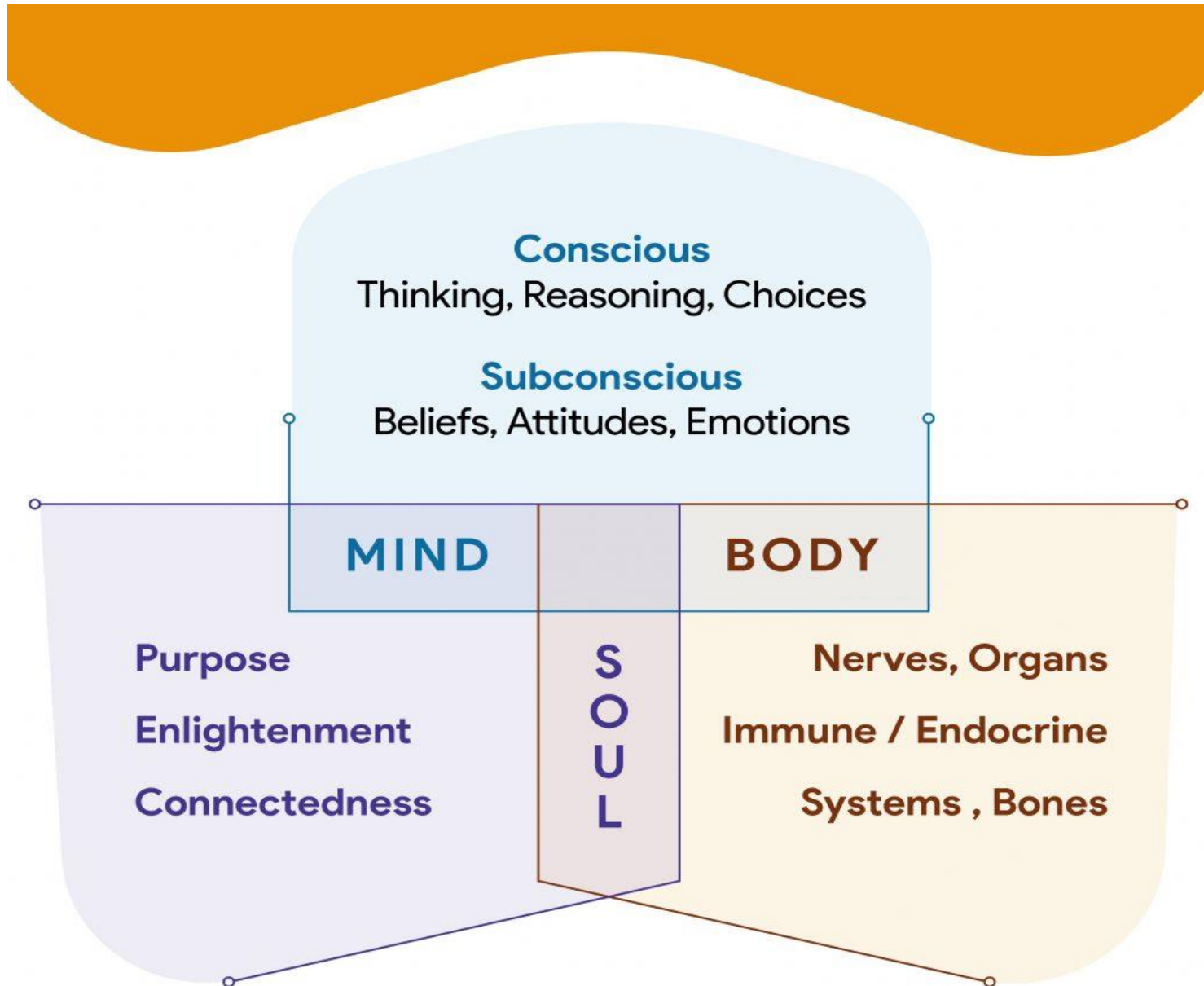
A Sense of Community

Fairness, Respect, and Justice

Meaningful, Valued Work

Right Job – Right Person

Burnout: The Cost of Caring – Christine Maslach



# Four Quadrants of Self Care

<b>BEFORE</b>	<b>DURING</b>
<p>Physical self-care Transitions to work Transitions to trauma Grounding self check-in Recognize and anticipate potential triggers</p>	<p>Focus on the task at hand Stay present and grounded Breath, posture, and body awareness Create distance or protection: A space around yourself, take a half step back; take a moment Mantras Limit imagery Notice reactions and plan for intervention later Leave the trauma when you leave</p>
<b>LATER/ONGOING</b>	<b>RIGHT AFTER</b>
<p>Regular practice of relaxation techniques and/or physical movement and exercise Build and use broad support Take care of your physical health Have a life outside of work Practice spiritual renewal Transforming meaning Transitions: to and from trauma; to and from work</p>	<p>Body awareness: relaxation or movement techniques Breathing exercises Visualization exercises Redirected thinking or reframing Utilizing support Transitions: from trauma Transitions: from work</p>



## Low Impact Debriefing

Françoise Mathieu is a Compassion Fatigue Specialist based in Kingston. Her paper "Running on Empty: Compassion Fatigue in Health Professionals" is an excellent and practical introduction to the topic.

Matthieu provides an approach to what she calls 'low impact debriefing' in which she differentiates between the immediate informal debriefing that we all do on the fly and the formal debriefing that often occurs long after the immediacy of the event in question has passed.



## Low Impact Debriefing

1. Start with an awareness of how and when you debrief
2. How much detail do you share when you debrief, at what point are those details vicariously traumatizing to someone else? How essential are they to the story? How central are they to you being able to talk about how the event/story affected you?
3. Let your listener know that there is a difficult story that you would like to tell.
4. Ask permission before you unburden yourself - get informed consent

# Companioning

*Wolfelt's Companioning model for grief is typically referenced for those helping someone grieving*

- Being **present** to another person's pain; it is not about taking away the pain
- Going to the **wilderness of the soul** with another human being; not thinking you are responsible for finding the way out
- **Honoring** the spirit; not about focusing on the intellect
- **Listening** with the heart; not analyzing with the head.
- **Bearing witness** to the struggles of others; not judging or directing these struggles
- Walking **alongside**; not leading or being led
- Discovering the gifts of **sacred silence**; not filling up every moment with words
- Being **still**; not frantic movement forward
- **Respecting disorder** and confusion; not imposing order and logic
- **Learning** from others; not teaching them
- **Compassionate curiosity**; not expertise



## VISION

- Purpose, goals & congruence

## COMPOSURE

- Regulate Emotions
- Interpretation bias
- Calm and in control

## REASONING

- Problem solving
- Resourcefulness
- Anticipate & plan

## HEALTH

- Nutrition, sleep & exercise

# THE SIX DOMAINS OF RESILIENCE

## COLLABORATION

- Support networks
- Social Context
- Manage perceptions

## TENACITY

- Persistence
- Realistic optimism
- Bounce back

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# 8 RESILIENCE PRACTICES

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Center for Creative Leadership®

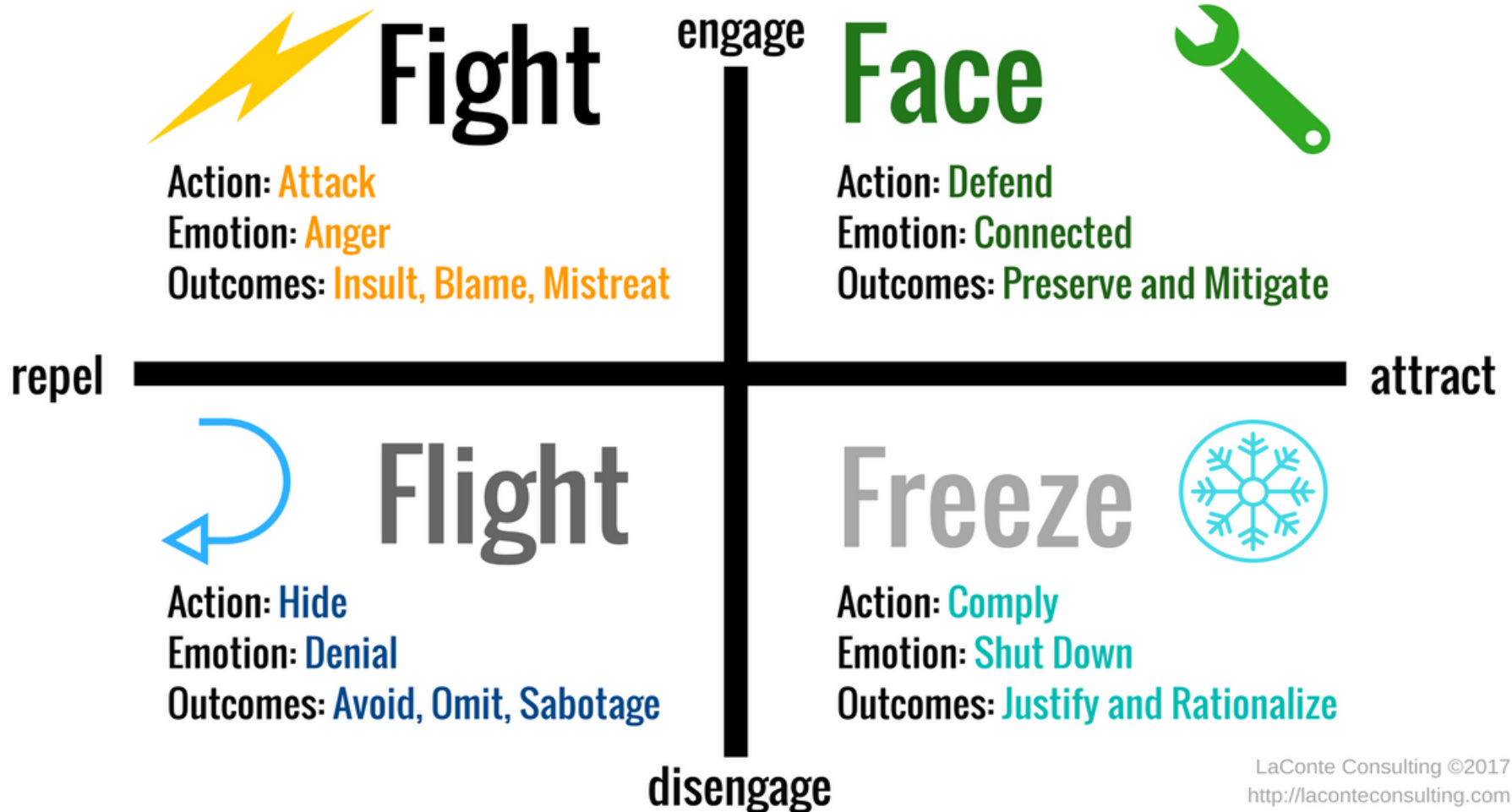


May I be a container for your \_\_\_\_\_?



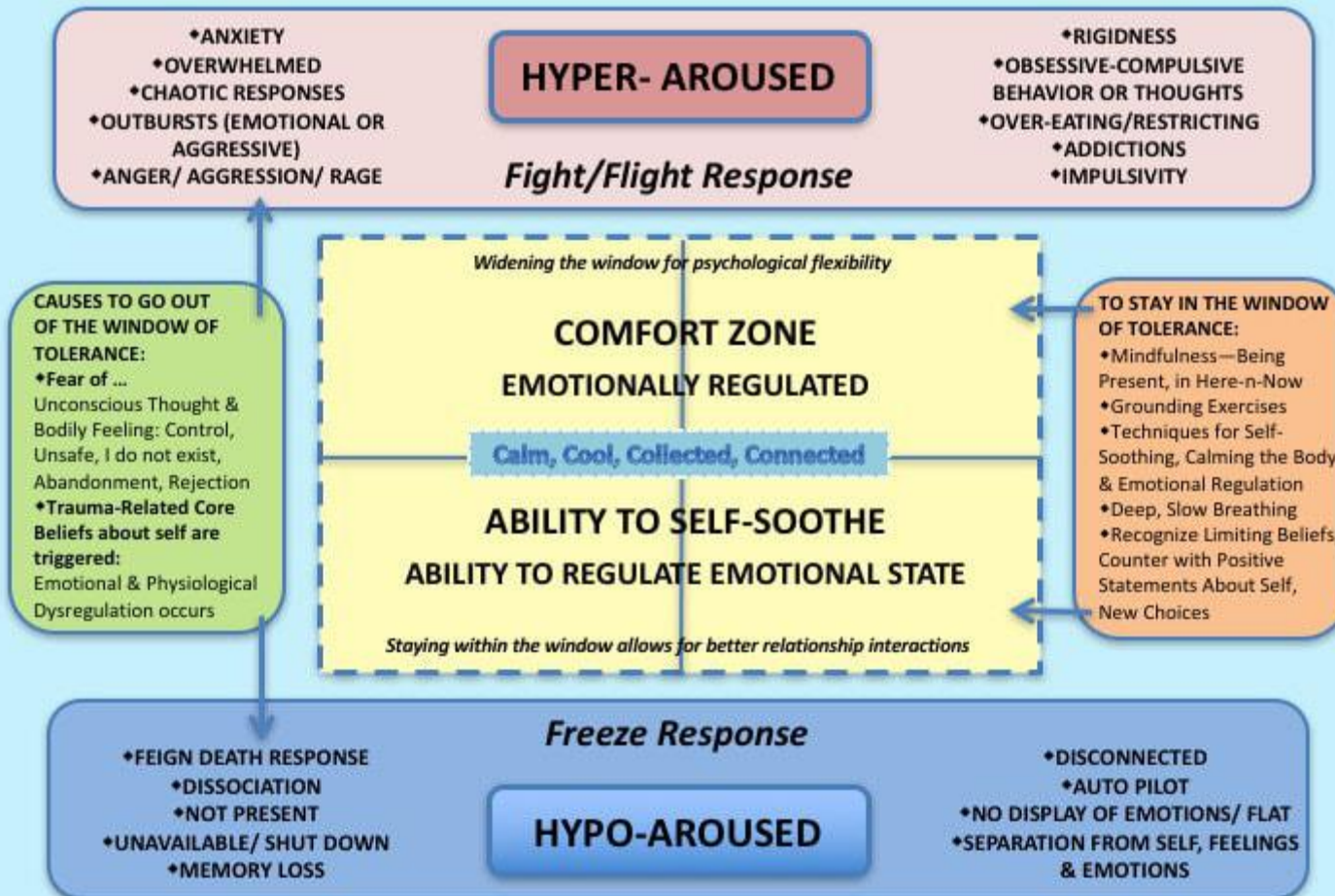
Grace LaConte's

# The 4 Responses to Fear

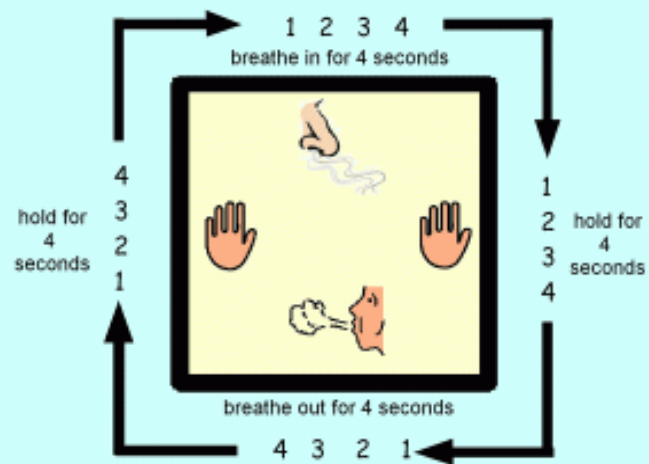




**WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES:**  
*Widening the Comfort Zone for Increased Flexibility*



## SQUARE BREATHING



# Sharing Our Woundedness

“We all leave childhood with wounds.  
In time,  
we may transform our liabilities into gifts.  
The faults that pockmark the psyche may  
become the source of a man or women’s beauty.  
The injuries we have suffered invite  
us to assume the most human of all vocations –  
to heal ourselves and others”

Sam Keen



Nobody escapes being wounded.

We are all wounded people, whether physically, emotionally, mentally, or spiritually. The main question is not, 'How can we hide our wounds?' so we don't have to be embarrassed, but 'How can we put our woundedness in the service of others?' When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers.

Henri Nouwen

Spiritual care (vital breath) is to devote  
**presence,**  
**attention,**  
and **respectful assistance**  
to helping people to **discern**  
what is the **meaning** in their life now,  
in this new **environment of pain;**  
and how they seek to live out that **meaning**  
as life unfolds.