



Continuing Education
and Professional Development



PCIEF Palliative Care
Interdisciplinary Education Funding

Recognizing Burnout and Post-COVID PTSD

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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

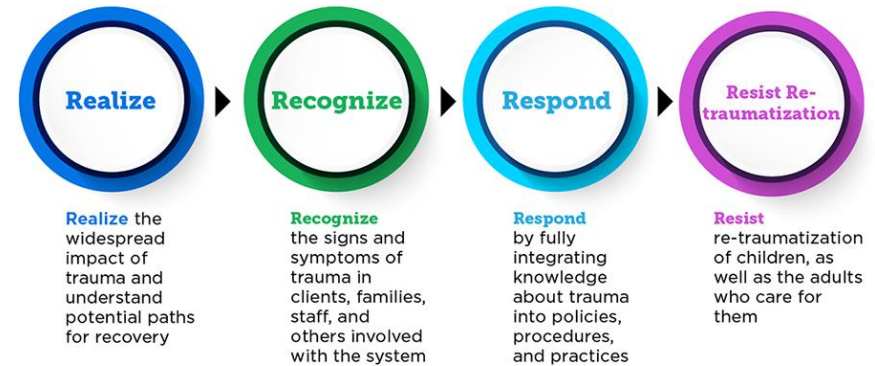
One of the hardest things
we must do sometimes is to
be present to another person's pain
without trying to "fix" it,
to simply stand respectfully at the edge
of that person's **mystery** and **misery**.
Wholeness does not mean perfection:
it means embracing brokenness
as an integral part of life.

Parker Palmer

Trauma Informed Care



The Four Rs of Trauma-Informed Care



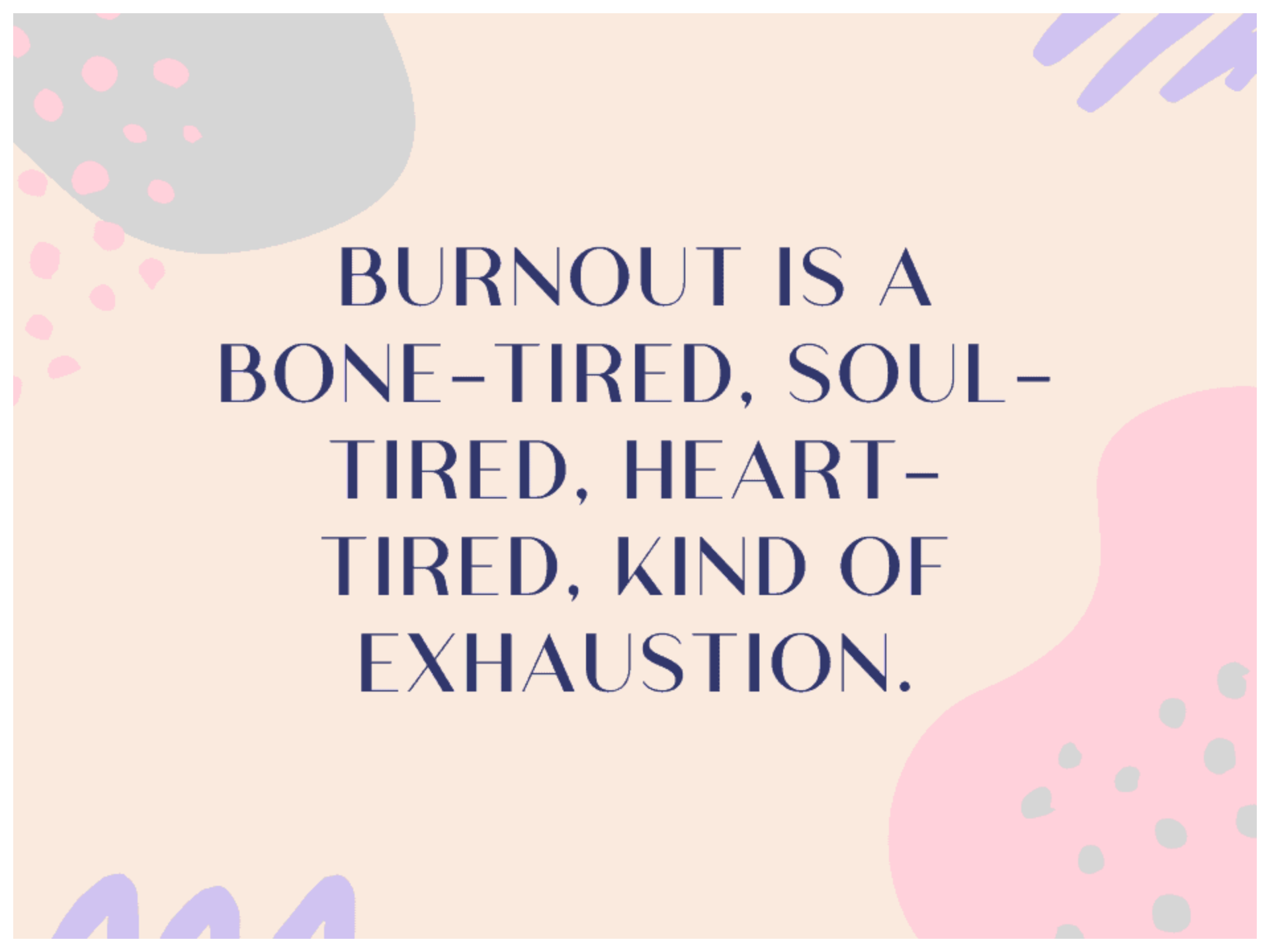
This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



“The soul speaks its truth only under
quiet,
inviting,
and trustworthy conditions.”

Parker J. Palmer, [Let Your Life Speak: Listening for the Voice of Vocation](#)



The background is a solid light orange color. It features several abstract shapes: a grey semi-circle with pink dots in the top left; purple brushstrokes in the top right; a large pink shape with grey dots in the bottom right; and purple brushstrokes in the bottom left.

**BURNOUT IS A
BONE-TIRED, SOUL-
TIRED, HEART-
TIRED, KIND OF
EXHAUSTION.**

BURNOUT IS NATURE'S WAY OF TELLING YOU,
YOU'VE BEEN GOING THROUGH THE
MOTIONS YOUR SOUL HAS DEPARTED.

SAM KEEN

Your tango

Recognizing Burnout and Post-COVID PTSD

Learning Objectives

1. Recognize burnout and COVID-related PTSD in self and colleagues
2. Apply tools and resources
3. Disseminate the tools and knowledge to support vulnerable colleagues



Falling In The Pit

1. Stress
2. Physical symptoms
3. Sense of being overwhelmed
4. Compassion Fatigue
5. Brown Out
6. Burn Out
7. PTSD
8. CPTSD

Depression

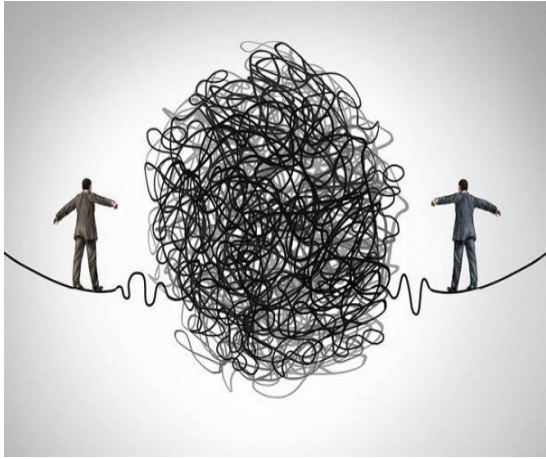


Self-care for health care workers can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs.

Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of health care providers without making them feel unrealistically responsible for the lives of patients. For instance, during work shifts, providers should engage in these behaviors:

- self-monitoring and pacing
- regular check-ins with colleagues, family, and friends
- working in partnerships or in teams
- brief relaxation/stress management breaks
- regular peer consultation and supervision
- time-outs for basic bodily care and refreshment
- regularly seeking out accurate information and mentoring to assist in making decisions
- keeping anxieties conscribed to actual threats
- doing their best to maintain helpful self-talk and avoid overgeneralizing fears
- focusing their efforts on what is within their power
- acceptance of situations they cannot change
- fostering a spirit of fortitude, patience, tolerance, and hope

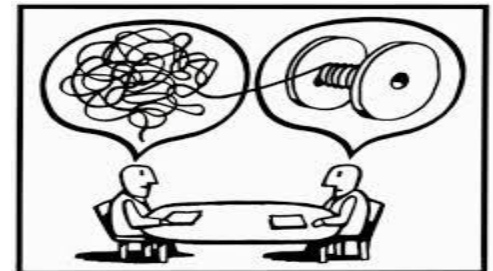




DEEP LISTENING:

How to connect with and take seriously people who are suffering

- Listen to understand – not...listen to respond.
- Be aware of the bias many of us have and our culture has toward redemptive stories.
- Do not try to change, rewrite, reframe or invalidate the person's non-redemptive, non-happy ending stories.
- Give credit for small or large efforts, endurance or strength in facing challenges without being patronizing.
- Keep one foot in acknowledgment and one in possibilities, but do not insist on always speaking the possibilities.
- Be willing to do nothing, just be with, acknowledge, and honor the person's pain.
- Sit with the persons' pain and suffering with compassion.
- Be aware of your desire to eliminate the pain.
- Look for opportunities to plant the seeds of hope.



Suffering & Spirituality

The Depths

The Outcomes

Meaninglessness.....	Significance
Isolation.....	Relationship
Powerlessness.....	Empowerment
Chaos.....	Reorganization
Loneliness.....	Presence
Emotional Hurt.....	Reconciliation



COMPLEX PTSD VS. PTSD

#2

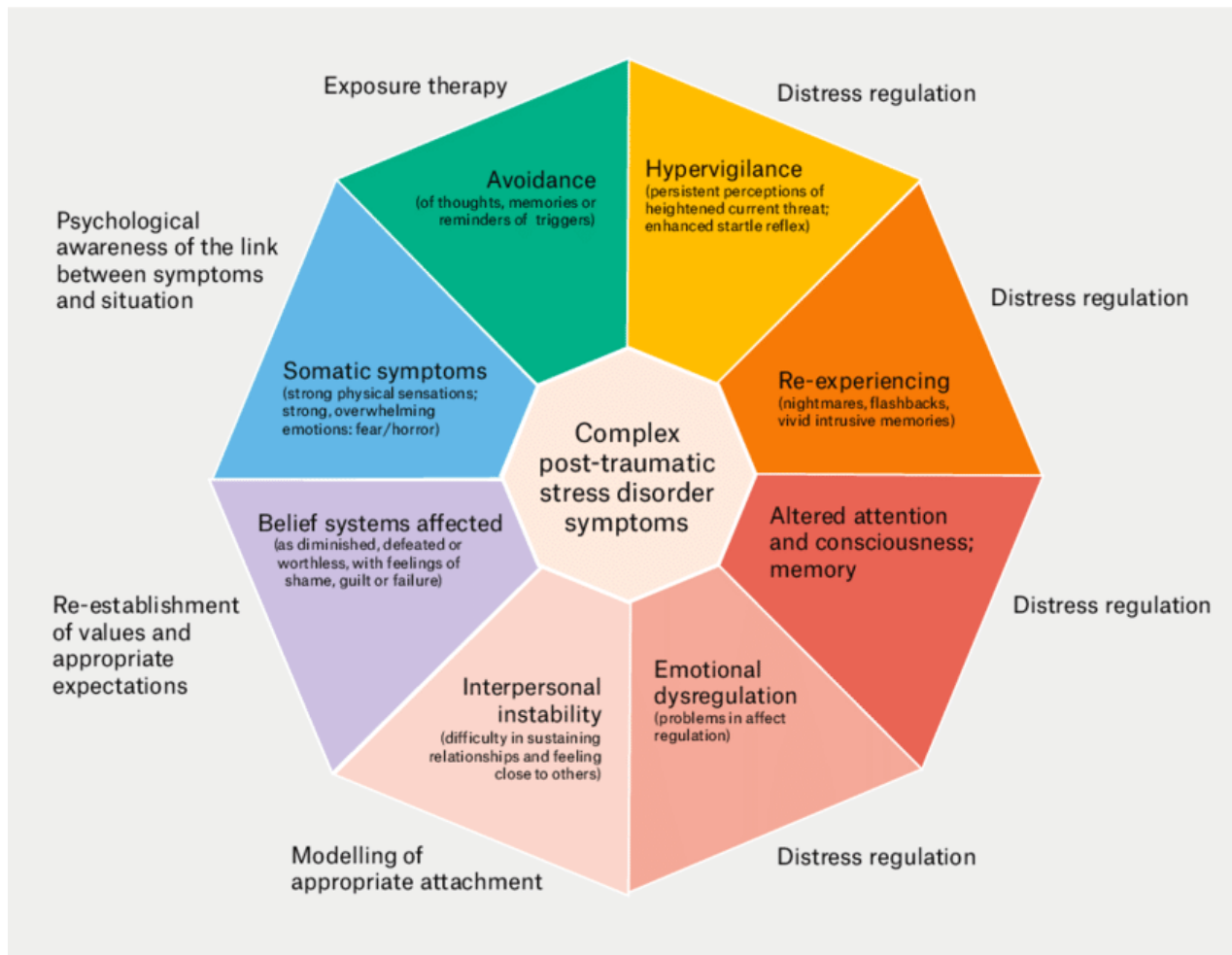
The causal factors are not all that separate PTSD from C-PTSD - how their symptoms manifest can tell you even more. PTSD is weighted heaviest in the posttraumatic symptoms: nightmares, flashbacks, hyperarousal/startle response, paranoia, bursts of emotion, etc.. C-PTSD includes all of those **as well as** a change in self-concept - how one sees themselves, their perpetrator, their morals and values, their faith in others or a god. This can overhaul a survivor's entire world view as they try to make sense of their trauma and still maintain a belief that they, and the world around them, could still be **good** or **safe**.

When the alarm bell of the emotional brain keeps signaling that you are in danger,
no amount of insight will silence it.

Bessel van der Kolk, MD. The Body Keeps the Score

Why this quote helps:

This quote explains why talking, reassurance, pointing out the positive and other cognitive-based strategies will not work when the amygdala and related brain structure are firing. Of course, when language is a main tool of communication, the alarm bell of the brain clanging creates challenges for relationships. This quote can also guide you when seeking clinical treatment. As mentioned, it is important to inquire about treatment addressing the neurobiological aspects of trauma.



IF YOU HAVE CPTSD



Find people who will allow you to talk openly about your triggers and emotions.



Work with a Trauma Informed Professional who understands emotional flashbacks.



Create routines and minimize unnecessary stressors.



Remind yourself often that triggers are related to past events to help you stay oriented to time and space.



Think ahead of the types of things that trigger you to help you NOT feel off-guard by sensory overload when and if the brain and mind get triggered.



Remind yourself that CPTSD is a normal response related to traumatic events you were powerless to control. CPTSD is not your fault.

www.lisaaromano.com

COVID 19 Response To A LTC Facility



Dealing with Stress in the Aftermath of the Outbreak

After a period of caring for those with COVID-19

Health care workers will need to commit to making personal reintegration a priority. This includes:

- seeking out and sharing social support, which may need to occur virtually
- checking in with other colleagues to discuss work experiences
- increasing supervision, consultation, and collegial support
- scheduling time off work for gradual reintegration into personal life
- preparing for worldview changes that may not be mirrored by others in one's life
- avoiding negative coping strategies such as:
 - use of alcohol, illicit drugs, or excessive amounts of prescription drugs, which all - with sleep cycles and prolong recovery
- suddenly making big life changes
- negatively assessing their work contributions
- keeping too busy
- viewing helping others as more important than self-care
- not wanting to talk about work experiences with others

The responses collected from the 1,119 healthcare workers surveyed indicated that they are:

Stressed out and stretched too thin: 93% of health care workers were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed.

Worried about exposing loved ones: 76% of healthcare workers with children reported that they were worried about exposing their child to COVID-19, nearly half were worried about exposing their spouse or partner, and 47% were worried that they would expose their older adult family member(s).

Emotionally and physically exhausted: Emotional exhaustion was the most common answer for changes in how healthcare workers were feeling over the previous three months (82%), followed by trouble with sleep (70%), physical exhaustion (68%) and work-related dread (63%). Over half selected changes in appetite (57%), physical symptoms like headache or stomachache (56%), questioning career path (55%), compassion fatigue (52%) and heightened awareness or attention to being exposed (52%). Nurses reported having a higher exposure to COVID-19 (41%) and they were more likely to feel too tired (67%) compared to other healthcare workers (63%).

Not getting enough emotional support: 39% of healthcare workers said that they did not feel like they had adequate emotional support. Nurses were even less likely to have emotional support (45%).

Struggling with parenting: Among people with children, half reported they are lacking quality time or are unable to support their children or be a present parent.



On the outskirts of Otsuchi, a town battered by the 2011 tsunami, a rotary phone is a gathering place for people to recall loved ones lost.

On the outskirts of Otsuchi, Japan a town battered by the 2011 tsunami, a rotary phone is a gathering place for people to recall loved ones lost.



Deer Lake, Newfoundland



Wind Phone in B.C.



Though I've lost you,
I can hear your voice
in the silent echoes of your absence.
You speak to me through rustling leaves,
whistling wind and bowing branches.

Though I've lost you,
I feel you here
in this shrine of trees
in nature's sanctuary.

This Wind Phone is for all who grieve.
You are welcome to find solace here.
Please use it to connect with those you have lost.
To feel the comfort of their memory.
May you hear their voices in the wind.
May you be at peace with your losses.

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



Pema Chodron



COVID-19–

Experienced the Multiple Waves of The Infection.

Increased in Infection Rate

Hospitals reaching capacity and over capacity.

Health Care Staff are exhausted but keep up the pace.

Increase in Health Care Infection Rate.

Family Members in the Hot Spots.

Same Storm – Different Boat.

Those that are affected financially.

Death rate increasing = 3% of those infected will die.

Influence of Suffering In India, Brazil.....

Fear of Deployment.

Deployment – Long COVID

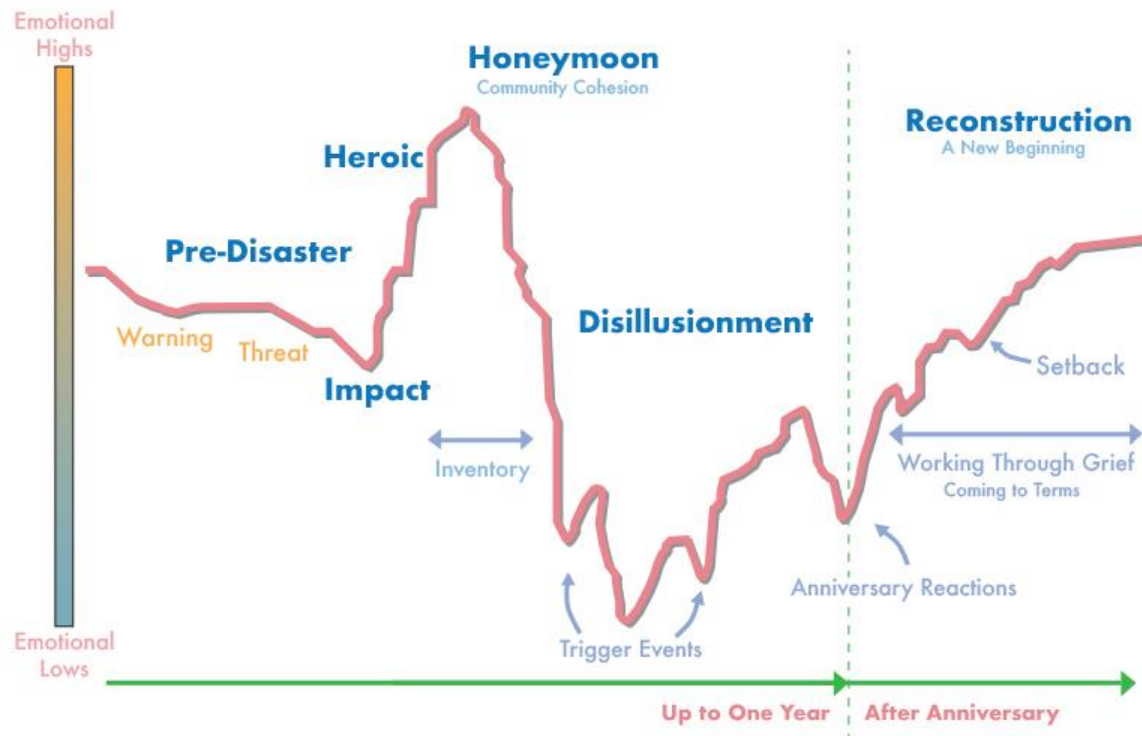
3 years of the Pandemic

Complicated Grief – COVID-19

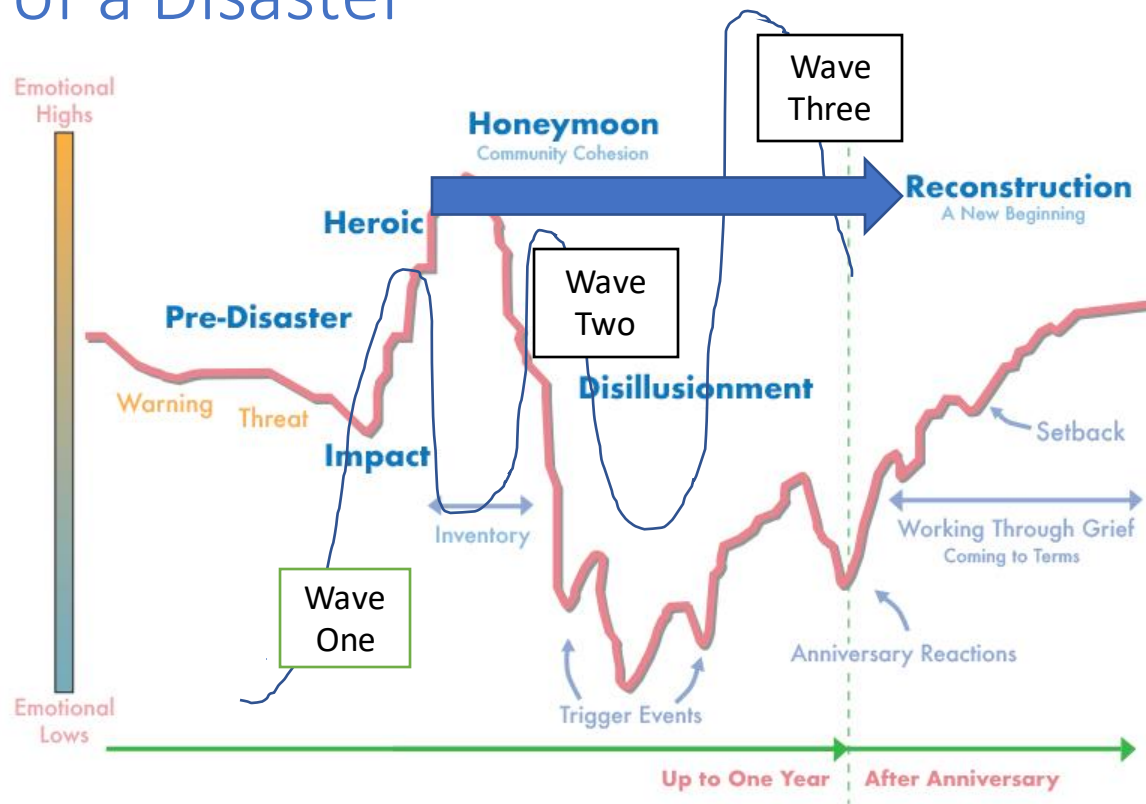
The root word for the word “Bereaved” means “to be robbed”.

1. Death bed rituals.
2. Complicated final goodbyes.
3. Restricted funerals and visitations.
4. Difficult ICU Deaths.
5. Difficult LTC and Retirement Home Deaths.
6. Grief overload – us – you – me!

Phases of a Disaster



Phases of a Disaster



Stress and “Being”

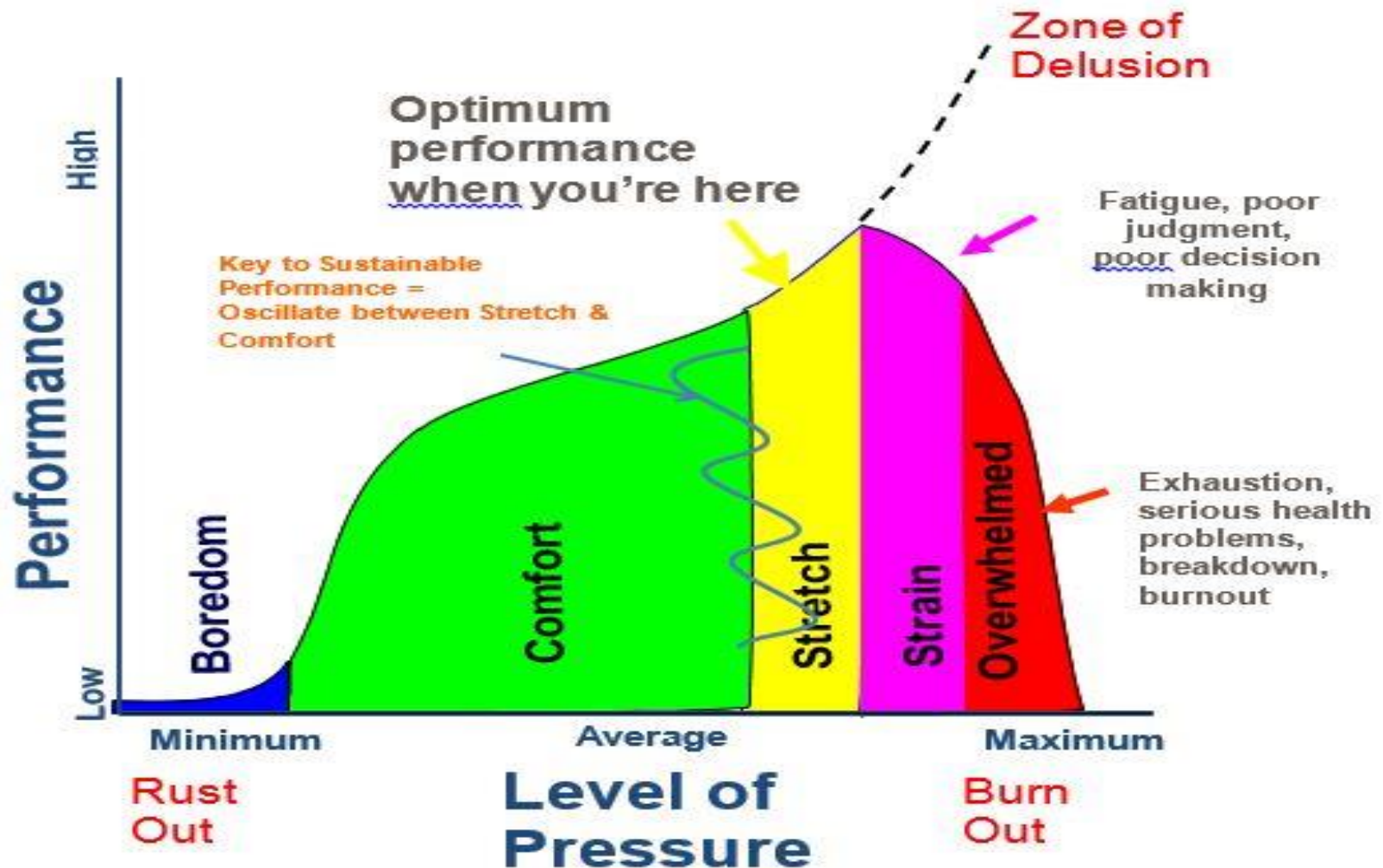
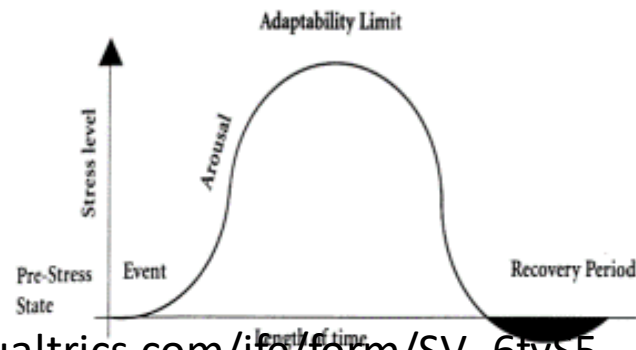


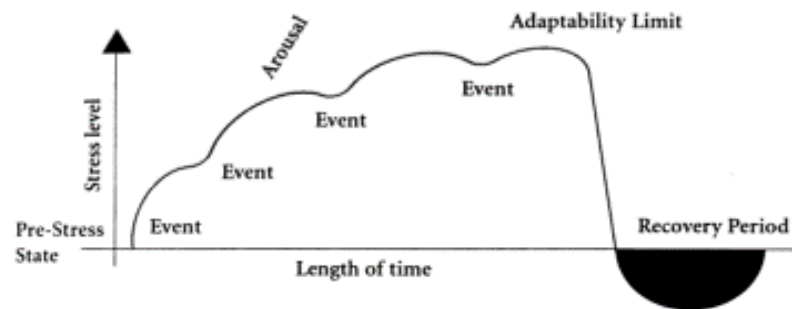
Figure 1.3 Recovery Periods for Short- and Long-Term Stress

Short - Term Stress



https://nasm.qualtrics.com/jfe/form/SV_6fyS5CMBYAc5VaK

Long – Term Stress



Definitions: Burnout, Secondary Trauma, Vicarious Trauma, Compassion Fatigue.

Burnout is a term that describes the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work. However, burnout does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others.

Secondary Trauma is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event.

Vicarious Trauma describes the profound shift in world view that occurs in helping professionals when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

Compassion Fatigue refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.

Moral Distress – Moral Uncertainty – Moral Dilemma

Complicated Grief

STRESS

VS.

BURNOUT



Characterized by
over-engagement



Results in a
loss of
energy



Primarily takes a
physical toll



Characterized by
disengagement



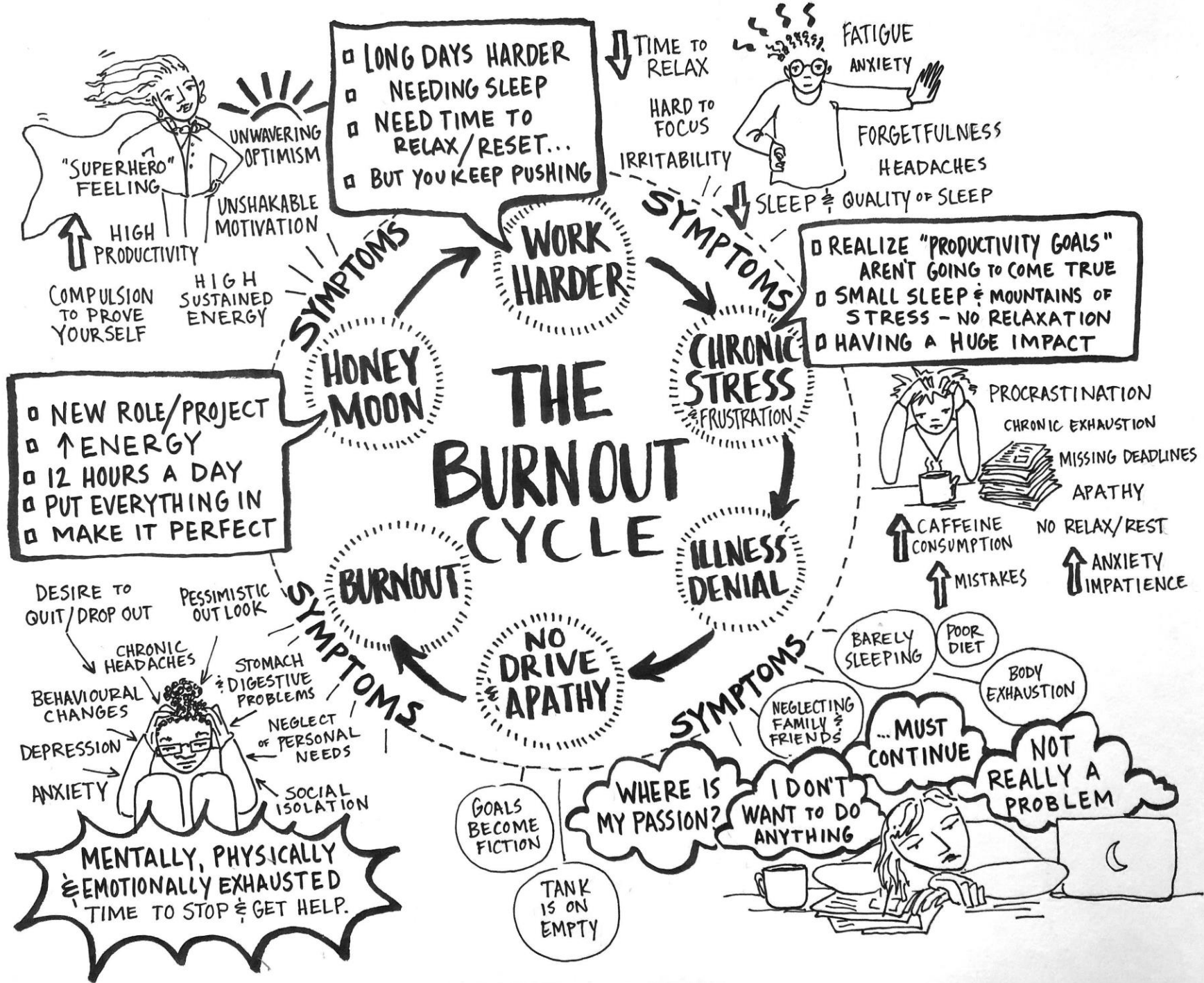
Results in a
loss of
motivation



Primarily takes an
emotional toll



Burnout is the accumulation of unchecked stress over long periods . You can have stress without burnout, but you cannot have burnout without stress



Summary
of an article of
the same name,
authored by:
ALEXANDRA
MICHEL

BURNOUT AND THE BRAIN

visually translated by
@LINDSAYBRAMAN

WHAT IS BURNOUT?

chronic psycho-
social stress.

in
1974 HERBERT
FREUDENBERGER
coined the
term
'BURNOUT'

BURNOUT
can cause a



in a person's
sense of
PROFESSIONAL
COMPETENCY

burnout affects
the



} BODY
& THE

BRAIN



STRESS

is a workplace
safety issue..

BURNOUT CAN DESTROY:

AMBITION IDEALISM
SENSE OF WORTH

SYMPTOMS

- ✓ loss of motivation
- ✓ growing emotional depletion
- ✓ cynicism & depletion
- ✓ fatigue

TAKEAWAYS:

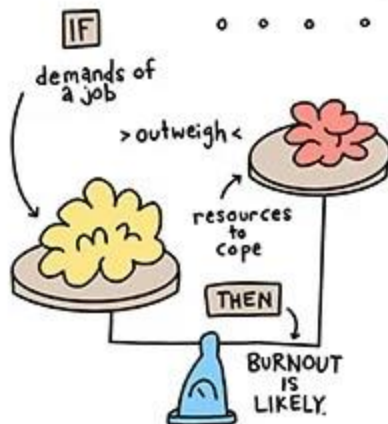
1 burnout won't look
like what we expect.

burnout will tell us:

I'm bad
at this

& I don't
even like
it or care.

this can cause
people to abandon a
career instead of
seeking rest & SUPPORT.



OFTEN
Burnout
gets mis-
diagnosed
as depression.

2 say it with me...

STRESS DOESN'T CAUSE BURNOUT!

stress + inadequate
support resources
causes burnout.

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

Spirit and Soul

The English word *spirit* comes from the Latin – spiritus – meaning *breath*.

The word soul is derived from the Greek word which refers to *vital breath* –
from the depth of your person

Speaking about the soul of a person refers to their *vital breath* – that which makes them ultimately unique.

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.

The Heart of Spiritual Care:

- Intention
- Attention
- Presence
- Respectful assistance
- Discernment
- Meaning and Purpose
- Suffering
- Compassionate Care
 - “you hurt – I feel – I am called to take action”.
- Sharing “Your Vital Breath”.



THE FIVE. INVITATIONS. Discovering What Death. Can Teach Us About Living Fully. FRANK OSTASESKI.

1. Welcome Everything, Push Away Nothing;

2. Bring Your Whole Self to the Experience;

3. Don't Wait;

4. Find a Place of Rest in the Middle of Things;

5. Cultivate a Don't Know Mind

- show how death can be the guide we need to wake up fully to our lives.

Relationship Completion

What to Say to a Dying Person
and
What to Say to Yourself

Please forgive me.

I forgive you.

I love you.

Thank you.

Goodbye