

Running on Fumes: A guide to guarding against compassion fatigue and promoting self-care for HIV care providers

A Women as the Face of AIDS Summit Workshop

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Agenda

- ▶ **Self awareness exercise – questionnaire**
- ▶ **Stress for people living with HIV**
- ▶ **Stress for the HIV care provider**
- ▶ **Definition and impact of compassion fatigue**
- ▶ **Warning signs of compassion fatigue**
- ▶ **Compassion fatigue resilience**
- ▶ **Managing stress and recharging**
- ▶ **Mindfulness and self-awareness**
- ▶ **Benefits of mindfulness**
 - **Experiential**
- ▶ **Introduction of Tibetan Tonglen practice**
 - **Experiential**

Stress for people living with HIV

- ▶ HIV management – going to appointments, taking daily medications and coping with any medication side-effects or opportunistic infections
- ▶ Stigma associated with HIV and LGBTQ identities
- ▶ Confusion about disclosure – when, how, to whom
- ▶ Dating stress and the rebuilding of one's sex life after diagnosis
- ▶ Family discord – dealing with rejection by family members
- ▶ Social isolation
- ▶ Religious conflicts – wanting to belong
- ▶ Financial stress and unemployment
- ▶ Homelessness and housing issues – working with HASA (SSI application requirement)
- ▶ Fear of death and dealing with lifelong illness
- ▶ Coping with watching and grieving the deaths of other HIV+ people/friends
- ▶ Survivor guilt and internalized pressure to do something "great" with one's life

Stress associated with HIV – co-occurring conditions

People living with HIV have increased risk for the following co-occurring medical and mental health conditions:

- ▶ Substance abuse and dependence
- ▶ Nicotine dependence – ~40% of Americans living with HIV currently smoke (as opposed to 15-19% of American adults)
- ▶ Hepatitis A, B, & C
- ▶ Cardiovascular disease
- ▶ Some types of cancer (e.g., lung, anal, liver, melanoma, throat cancer, lymphoma, colorectal cancer)
- ▶ Depression, anxiety, and insomnia
- ▶ PTSD – 30% of people living with HIV meet currently meet criteria for PTSD (as opposed to 8% of the general population)
- ▶ Histories of trauma - 62% of HIV positive adults endorse traumatic experiences, including high rates of childhood sexual abuse

These conditions can increase stress for people living with HIV because they lead to additional medical appointments and possible additional medications.

Stress for the HIV care provider

In trying to provide comprehensive and compassionate care to people living with HIV, providers face some of the following stressors:

- ▶ Managing large caseloads and coping with a high severity of illness and substance abuse
- ▶ Trying to help clients with treatment adherence (appointments, medications)
- ▶ Coping with the death of clients
- ▶ Installing hope and motivation for continued treatment
- ▶ Feeling powerlessness about helping clients find housing in New York City
- ▶ Witnessing delays in symptoms improvement due to unstable housing (e.g., sleep disturbance, substance use)
- ▶ Internalizing the frustration and hopelessness clients feel
- ▶ Bearing witness to current and past traumas of clients
- ▶ Maintaining healthy boundaries in professional and personal lives (figuring out personal limits to taking care of others)
- ▶ Finding time and energy for self-care
- ▶ Commuting stress
- ▶ Managing paperwork and other administrative duties

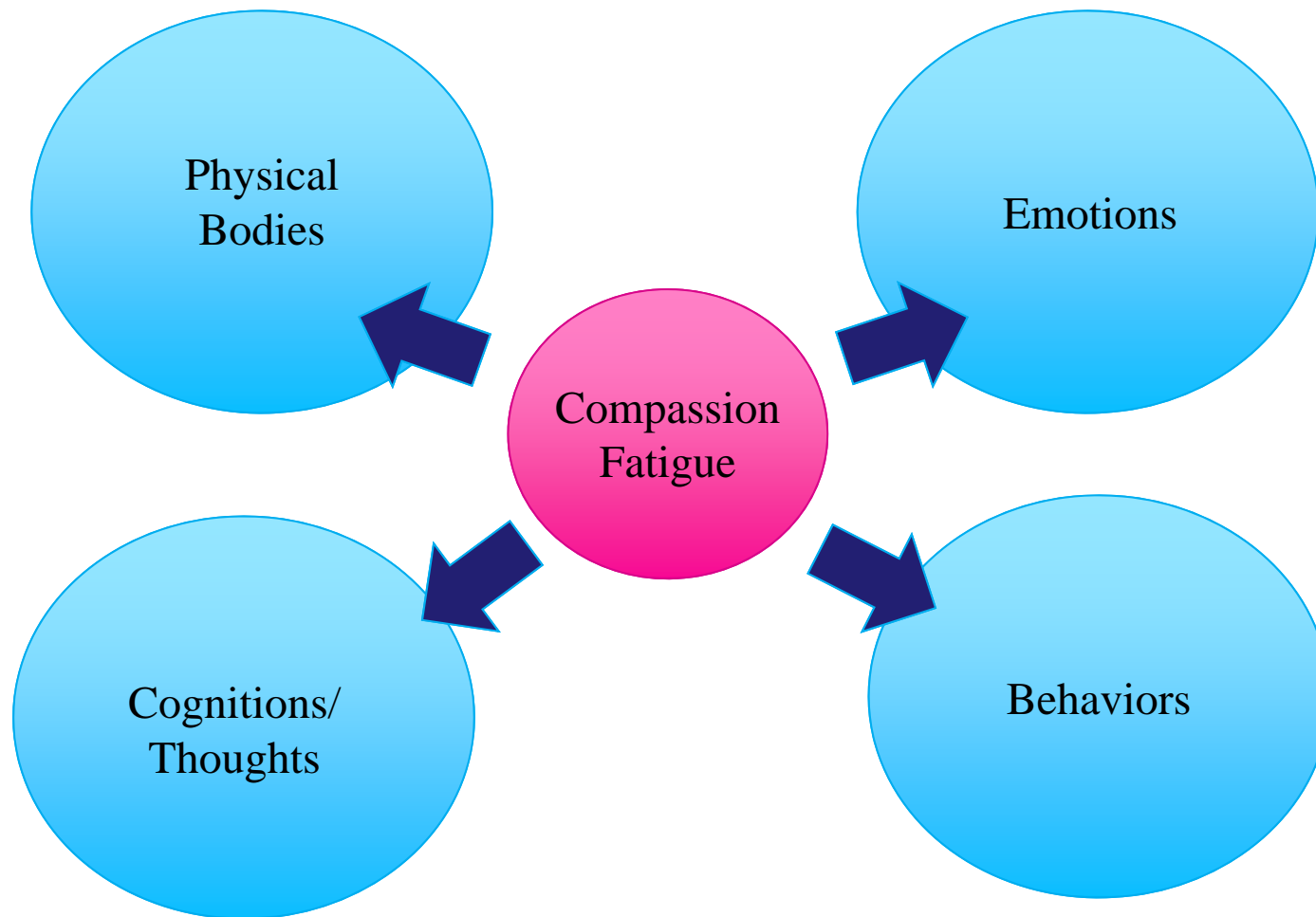
Compassion Fatigue

While stress is a normal part of every job, it can sometimes lead to compassion fatigue. Compassion fatigue refers to the emotional and physical erosion that takes place when helpers are servicing clients with high levels of trauma and stress and are unable to refuel and regenerate.

Compassion fatigue can result from the following:

- ▶ Direct exposure to traumatic events (e.g., working as a paramedic, police officer, emergency hospital worker)
- ▶ Secondary exposure (e.g., hearing clients talk about trauma they have experienced, helping people who have just been victimized)
- ▶ Working with clients who struggle with ongoing hardship and difficult life circumstances that can trigger feelings of powerlessness or helplessness in care providers

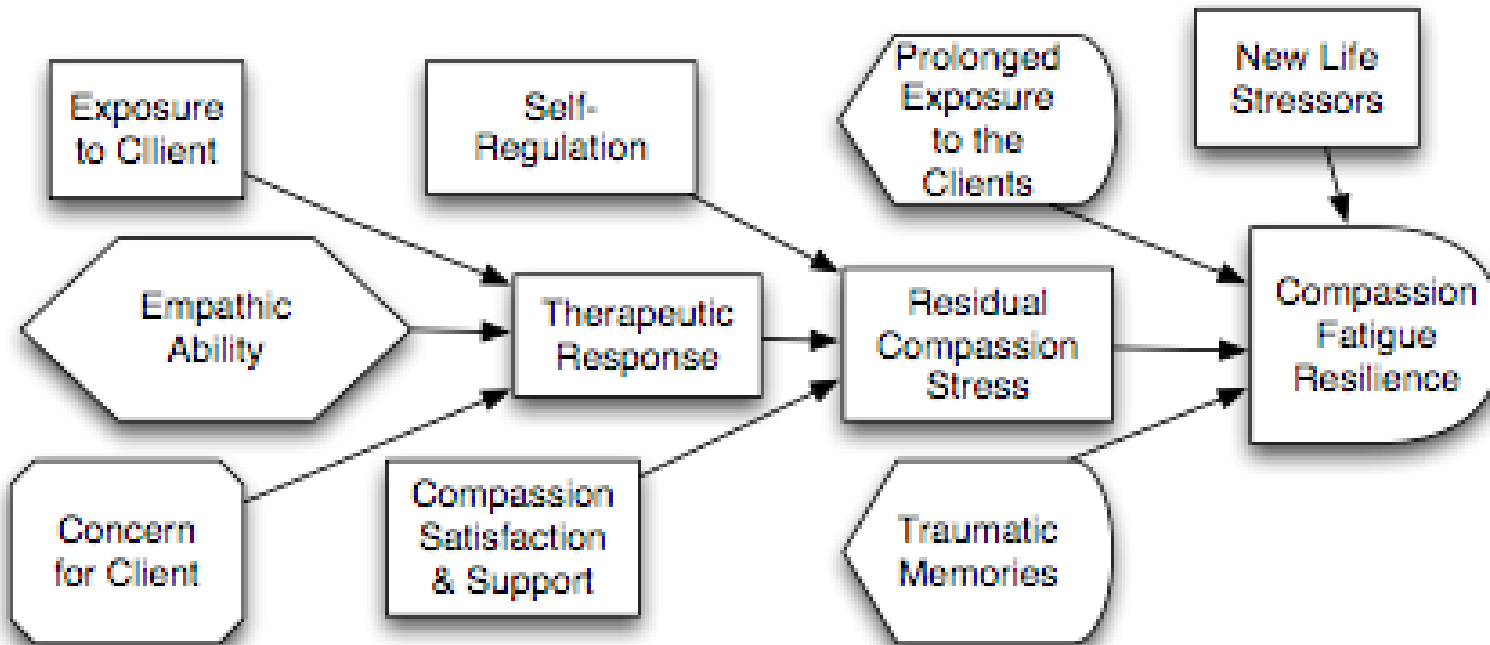
Impact of Compassion Fatigue on Providers



Signs of Compassion Fatigue

| Physical | Emotional | Cognitive (thoughts) | Behavioral/Social |
|--|---|--|--|
| <ul style="list-style-type: none"> • Exhaustion • Insomnia • Headaches • Muscle tension • Digestive problems • Teeth grinding • Back/shoulder pain • Hypertension • Increased susceptibility to illness | <ul style="list-style-type: none"> • More easily angered • Increased irritability • Depression • Numbness • Reduced ability to empathize • Hopelessness • Helplessness/impotence • Increased worry • Dread of working with certain clients • Loss of compassion for co-workers and/or clients • Difficulty holding emotional space for clients | <ul style="list-style-type: none"> • Pessimism/cynicism • All-or-nothing thinking • Loss of perspective • Mistrust of others • Intrusive thoughts/imagery • Discouraged about the world • Difficulty separating work from personal life • Difficulty concentrating • Decrease in motivation | <ul style="list-style-type: none"> • Absenteeism/Lateness • Increased use of alcohol/drugs • Distancing from clients • Procrastination • Avoidance • Frequent illness • Withdrawal from social support • Low job satisfaction • Failure to nurture/develop non-work parts of life • Poor work outcomes • Silencing Response |

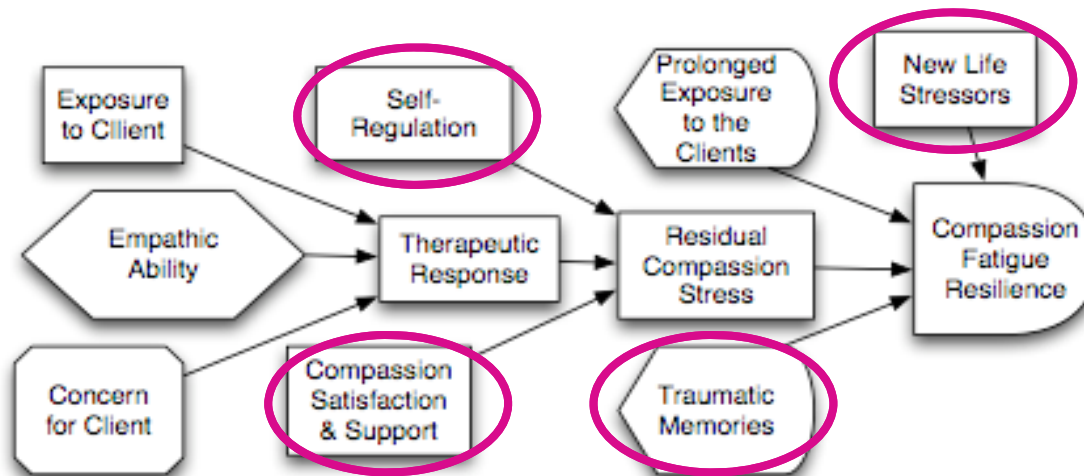
Compassion Fatigue Process



Compassion Fatigue Resilience Process (Figley, 2014)

Compassion Fatigue Resilience

A provider can reduce risk of compassion fatigue by addressing the following:



1. Self-Regulation – Learning to separate work from personal life and finding ways to recharge when not working (e.g., reflecting on where stories go at end of day)
2. Support – Developing a strong support system and learning to take in more support from coworkers and family/friends
3. Provider’s Traumatic Memories – Processing own past traumas in order to reduce risk of being triggered by client’s traumas
4. Stress Management – Developing healthy ways to cope with current personal and professional stressors

Managing Stress and Recharging

1. Implementing 1 to 5 minutes activities in the day that can reduce stress (e.g., setting alarm on phone with reminders to take a few conscious breaths, taking small breaks to walk around the workplace, stretching at desk)
2. Developing ways/rituals to “leave your work at work” (e.g., reading a book or doing a puzzle on the train, lighting incense, changing clothes when returning home, not checking work email after work hours or on vacation)
3. Doing Low-Impact Debriefings about difficult patient sessions/appointments:
 - ▶ Asking self: “What do I need about this session/client (e.g., to vent, empathy, advice, validation)?”
 - ▶ Giving colleague or support person a fair warning: “I need to debrief a challenging patient encounter, are you available for that?”
 - ▶ With support person’s consent, focus on the impact of the session/patient’s story (e.g., how you felt during the session) and less on all of the details of the traumatic story

Mindfulness and Self-Awareness

In addition to processing one's own traumatic memories, continuing to develop mindfulness and self-awareness can improve resilience to compassion fatigue:

- ▶ Learning to stay mindful of what you bring to the room and how it can impact your work with clients and your lives outside of work
- ▶ Learning to better understand what you feel, why you feel it, and why you behave in a particular way (e.g., responses to stories of violence or trauma, responses to sadness, aggression, discomfort in others)
- ▶ Learning to recognize what kinds of clients and situations are especially hard for you and seeking support around these cases
- ▶ Learning to set realistic expectations about what you can offer clients and aiming to be “good enough”
- ▶ Recognizing losses in your life and finding ways to process past losses (e.g., personal losses, client deaths, employees who have left)
- ▶ Recognizing your ways of numbing out (e.g., retail therapy, smoking/alcohol/drugs, overeating, overworking, watching 7 hours of Netflix) and developing other coping skills
- ▶ Continuing to ask yourself what you need to improve compassion fatigue resilience and communicating those needs to your supervisor and coworkers²

Benefits of Mindfulness

Brain and Immune System:

- Meditation is shown to have a direct impact on the neural system. Brain images show differences in the brain structures, such as thicker cortical regions related to attention and sensory processing. More advanced meditators show increased activation in areas related to emotional cues, demonstrating higher empathic awareness. (Lutz, A., et al. 2008).
- A 2003 study focused on how meditation affects the brain and immune system indicates increased activation of regions of the brain with positive affect, as well as increased immune function (more robust antibody production) after an 8-week training (Davidson, R., et al., 2003).
- Another study showed better stress regulation, decrease in cortisol following a stressful laboratory task after a 20 minute training for 5 days. These students also reported less anxiety, depression and anger than a group of students who received relaxation training (Tang, Y., et al. 2007)

Benefits of Mindfulness, cont'd.

Relationships – bringing awareness + non-judgment to interactions with others

- UNC study demonstrated correlation between mindfulness practice in couples and improved closeness, acceptance of one another, autonomy and general relationship satisfaction (Carson, J., et al, 2004).
- Parents of children with developmental disabilities increased satisfaction with their parenting, more social interactions with children and less parenting stress as a result of mindfulness training (Singh N, et al., 2007)

Clinical Workplace:

- A study of healthcare professionals going through the 8-week MBSR program showed increased self-compassion and reduced stress (Shapiro, S., et al, 2005).
- Another study indicated that after the course, nurses demonstrated more empathy and a decrease in taking on another's negative emotions (Beddoe, A. & Murphy, S., 2004).

****Self-care practices are shown to improve upon the quality of relationships between professionals and their clients or in other personal relationships.****

Cultivating Compassion

- ▶ Compassion is the wish for ourselves and others to be free from suffering
- ▶ Feeling overwhelmed by the suffering of others, not attending to our own suffering, and getting caught up in the habit of self-preoccupation can limit access to our innate compassion
- ▶ As human beings, we have a habit of resisting what is unpleasant, seeking what is pleasurable, and ignoring what is neutral. We habitually resist and avoid people, situations, and feelings we consider to be painful, unpleasant, or uncomfortable, and we are naturally attracted to people, situations, and feelings we consider pleasant, comfortable, and gratifying
- ▶ We all want to be happy and free from suffering. It is our shared human conditioning. We sometimes forget this truth when interacting with others, especially when dealing with people that evoke unpleasant feelings

Using Tonglen to Cultivate Compassion

- ▶ Originated in India and was brought to Tibet in the 11th century
- ▶ *Tonglen* is a Tibetan word, which means “giving and taking”
- ▶ During Tonglen, we practice taking in the suffering of ourselves and others on the in-breath, mix it with our own inner resources, and then give back whatever is needed to reduce the suffering on the out-breath
- ▶ This does not mean we burden ourselves with the suffering of the world. Rather, we acknowledge and accept the truth of suffering
- ▶ Benefits of the practice:
 - Learn to embrace suffering with openness, compassion, inclusiveness, and understanding, rather than denial, aversion, and resistance
 - Dissolve and transform the armor of self-protection
 - Decrease the sense of isolation that often accompanies pain
 - Cultivate realistic empathy, that is, not mere sympathy, from which we can respond to suffering more skillfully
 - Can be done as a formal meditation and also when we’re with patients

Questions or Comments?