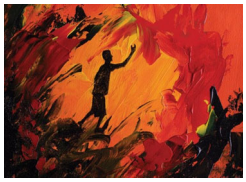
The Human Cost of Caring



PRESENTED BY
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PRONOUNS: HE/ HIM/ HIS

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Program Description

Relevant NASW Ethical Codes: 1.04 Competence; 2.05 Consultation; 2.08 Impairment of Colleagues; 3.01 Supervision and Consultation; 3.09 Commitments to Employers; 4.05 Impairment

The theme of cost proliferates throughout the world of healthcare. However, there is a ***human cost*** that draws little to not attention in a world dominated by cost effectiveness and efficiency creation. Yet, this human cost remains decidedly off the radar for whole industries. ***This session aims to draw attention to the critical roles played by burn out and by vicarious trauma sustained by healthcare professionals.*** This training also aims to raise the level of awareness about why organizations should prioritize the cost of caring in order to revitalize the field of healthcare.

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Learning Objectives

At the end of this session, attendees will be able to:

- Summarize key industry and organizational pain points within the world of healthcare
- Describe the employee crises that no one talks about
- Discuss the impact of policy, organizational stress, and vicarious trauma on whole person care
- Envision the culture change that needs to happen and is long overdue

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Before we get started let's review what the research shows about Case Management Work and workplace-related burnout.

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Simply put our work is hard work and the drive to do this necessary work comes almost 100% from within.

WHILE WE MAY HIDE THE IMPACT OF IT ALL WITH "GALLOWS HUMOR" AND A "TOUGH SHELL", THE STUFF OF WHAT WE DO ABSOLUTELY AFFECTS US.

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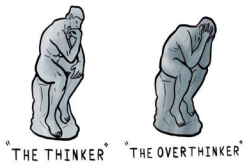
Some Questions to Consider

- How many of you in this room have physical scars?
- How many of you can readily tell the story of that scar to a stranger?
- How many of you have emotional scars from your work?
- How many of you can talk openly and talk just as readily about the scar from your work?



Why is there is a difference between the two?

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The Human Cost

There is a fundamental divide between the physical and emotional. Physical scars are:

- Credible
- Relatable
- Treatable
- Normalized
- Seen as a sign of healing

Physical scars are perceived as a natural consequence of life.

Not all scars show, not all wounds heal. Sometimes it's just not visible, the pain that someone feels.

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The Human Cost

In contrast, emotional injuries and scars are equally real but effectively dismissed. Individuals, groups, communities, and organizations often perceive them as:

- Extensions of poor motivation
- Impairment
- Weakness
- Liability

Social stigma plays a major role in recognition and validation of emotional wounds.

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The Human Cost

Aren't we supposed to know and understand these truths as helping professionals?

Don't we help our patients to reconcile some part of these truths every day?

Then why is that very same pattern of stigma and shame replicated in our practice spaces?

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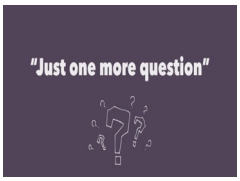

Just one more question … why are helping professionals like us so primed to be wounded by the work that we do?

I KIND OF THINK THAT WE ARE PRIMED TO BE WOUNDED BY THE WORK THAT WE DO BECAUSE THE WORK THAT WE DO IS PRETTY IRRATIONAL …

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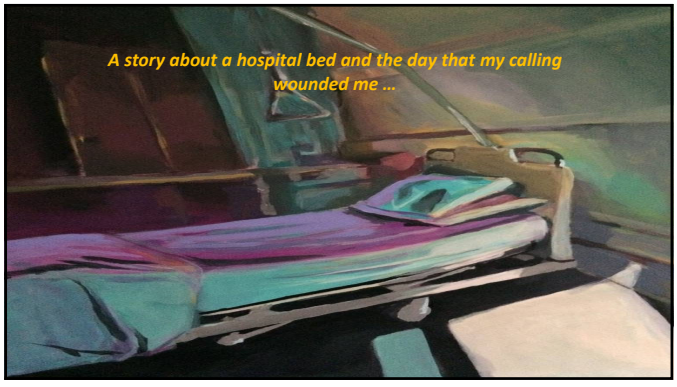

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So I recently discovered I am actually human … And I am quietly excusing myself from the role of superhuman.

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The Human Cost

In our work it is essentially our job to:

- Solicit the "messy" stories of our patients
- Assemble the pieces of disjointed and fragmented care system
- Hold the care team accountable for the well-being of our patients
- Advocate within and against the monolith that is our healthcare system

To accomplish this we have to care deeply about the stranger in front of us that we meet for a moment, a day, maybe even a week … and then we must do the same for the next person, and the next person, and the next …

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"There is no greater agony than bearing an untold story inside you."

MAYA ANGELOU

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Personal Confession: I am guilty of losing myself in the story. I do not believe that it is always a form of impairment. Rather it is essential to my practice and to my humanity. I am only truly struggling when I cannot readily resurface.

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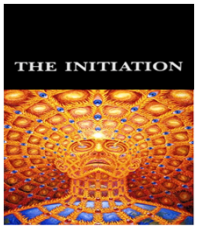
The Human Cost

"Do you not see how necessary a world of pains and troubles is to school an intelligence and make it a soul?" – John Keats

Story collection in many respects is a form of initiation into practice. The complexity and intensity of the problems that we work on in practice are often intricately connected with our:

- Skill level
- Autonomy
- Competence
- Circumstance
- Willingness to join
- Ability to develop trust



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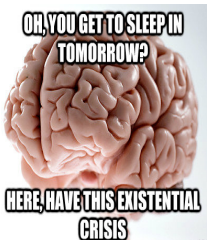
The Wounded Healer

However, this initiation into practice is not without risks. In fact there are four primary types of risks associated with practice:

- Physical
- Emotional
- Psychological
- Existential

It is often the acumination/ sequelae of these features that dictates our overall risk for vicarious trauma.



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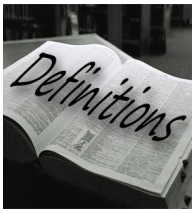
The Wounded Healer

"[VT], a disruption in schemas and worldview often accompanies by symptoms similar to those of posttraumatic stress disorder, occurs as a result of chronic secondary exposure to traumatic material" (Michalopoulos & Aparicio, 2011).

"[VT] has been suggested to involve 'profound changes in the core aspect of the therapist's self'" (Figley, 2015).

"[VT] refers to the taking in of the experiences, emotions, and reactions of trauma survivors by professionals working with them in the healing process" (Dombo & Gray, 2013).



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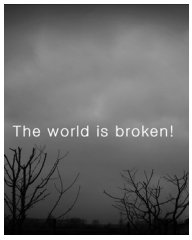
The Wounded Healer

VT is a person-specific phenomenon. A helping professional is more likely to develop VT when they:

- Are unable to integrate traumatic material
- Have low levels of power and control
- Low perceptions of safety and trust
- Have unaddressed personal trauma
- Occupy unstable environments that minimize the intensity of their experiences
- Are exposed to stories and material that directly assault one's sense of justice



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The Wounded Healer

Coined by Perlman & Saakvitne (1995), VT is the latest term that describes the phenomenon generally associated with the "cost of caring" for others (Figley, 1982). Contemporary work and research on VT utilizes:

- Evolving terminology (i.e. compassion fatigue, burn-out, secondary trauma etc.)
- A general forward-focus on resiliency
- Trauma-informed practice as a professional standard of practice
- Counseling, self-help, and mindfulness as primary modes of self-care

However, many myths persist about VT and little if any attention is paid to how helping professionals are "primed" to be traumatized.

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The Wounded Healer

Now, to dispel some myths about VT. It is:

- Not a lesser form of trauma
- Unrecognized within workplaces and whole industries
- A source of monumental organizational cost (i.e. turnover, liability, error etc.)
- Often manifested as poor performance
- The source of personal, relationship, and social ***mess making***
- A magnifier of mental health concerns
- Very likely to ***trigger*** old trauma

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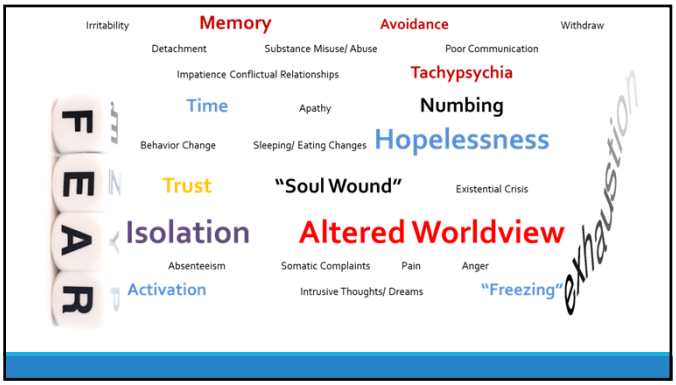

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<u>Some Questions</u>

In looking at the various effects that VT can have, which one(s) might:

Be most devastating to a helping professional and why?

Be most devastating to a patient and why?

Instigate ethical conflicts?

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The Wounded Healer

Additionally the nature of our daily work contributes to the cumulative effects of VT. There is no real and natural opportunity to:

- Fully process and integrate traumatic material
- Transfer unresolved trauma
- Engage in work that is separate from direct exposure
- ***Tell your patients to leave their baggage at the door for a change***

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Furthermore, ***mutual deceit*** is kind of necessary for human service organizations and health care organizations to exist and function … I mean what would happen if organizations actually told you what you were signing up for, and what if you actually told the organization who they were actually hiring …

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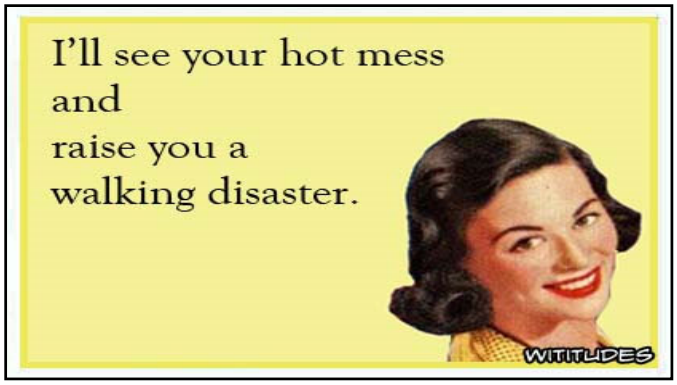

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The Wounded Healer

What emerges from this platform of mutual deceit and dismissal of valid emotions and human suffering, is this push toward function over soul. This push:

- Erodes the self
- Incentivizes repression and avoidance
- Prompts disillusionment

In this world of disillusionment we are at the greatest risk of losing sight of the nature of our work.

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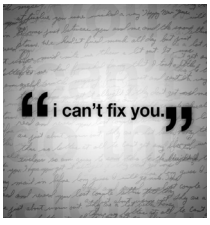
The Wounded Healer

In this place of disillusionment, we are no longer taking in the stories that we hear, we are taking them on. The stories we hear become:

- Triggers vs. honors
- Contracting vs. expansive
- Confirmation vs. affirmation

Not only do we become hardened, but the world also becomes an "unfixable place".



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Question: So how do we go about finding a personal solution to all of this?

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If everything that we encounter erodes away at our capacity to be open and at our ability to be vulnerable, then we must relentlessly pursue connection. Otherwise we will become a casualty of our calling.

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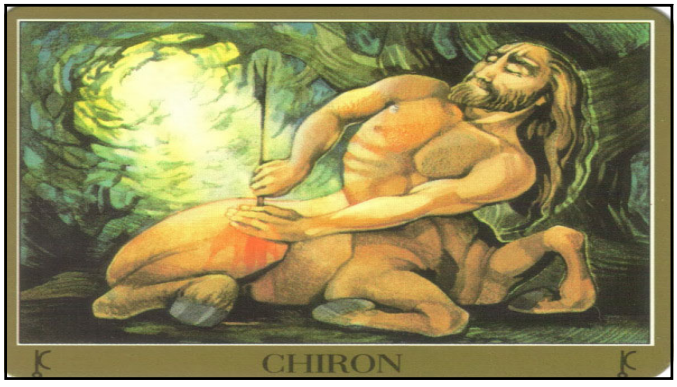

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there is you and you. this is a relationship. this is the most important relationship. - *home*

NAYYIRAH WAHEED

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Q&A

Let's discuss your thoughts and questions!

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THANK YOU ANSWERING YOUR CALLING TO SERVE AND TO HEAL!

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