

WITNESSING GRIEF + REMAINING RESILIENT

Dori Seccareccia
Palliative Care and
Psychosocial Oncology



Disclosures

None



Objectives

- Define grief
- Describe HCP challenges witnessing grief
 - Compassion fatigue (CF) and burnout (BO)
- Identify means to remain resilient
 - Self-awareness
 - Mindfulness meditation
 - Nurturing compassion

Mr. M



What is grief?

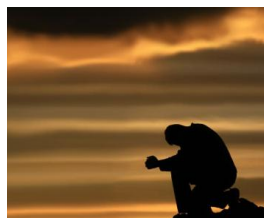
- Intense emotional and spiritual suffering caused by loss
- Part of the human condition
- Inherent in the roles of HCPs

• Rushton et al Pall Supp Care 2009

HCP

Witness grief and loss everyday

- Patients and families
- Colleagues
- Personally



Humanities: Art, Language, and Spirituality in Health Care

Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

Living Every Minute

Stuart Farber, MD

Department of Family Medicine, University of Washington, Seattle, Washington, USA

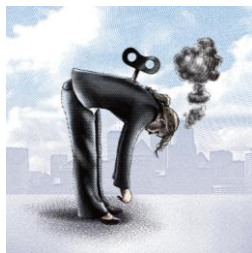
On Halloween 2013, I went to the emergency room with chest pain and shortness of breath. This began our odyssey with acute myelogenous leukemia (AML). I say "our" because this journey has emphasized how I live within a network of relationships that includes self, family, community, and colleagues. If I have learned nothing else, it is my interdependence with others that provides love, joy, and peace in my life. Much to my surprise, I chose to undergo eight months of aggressive chemotherapy and at the time was in "respite commission." As of January 2015, this

This article is an effort to share what I have learned over the past year both personally and professionally. In this effort, I use poetry to express complicated and often ineffable lessons I have experienced, often at the deepest levels of my being. I encourage you to read each poem to yourself and reflect on those lines that speak directly to your heart. Explore what is within you that connects strongly to these poems and to my comments. These are the lessons I wish to leave you with.

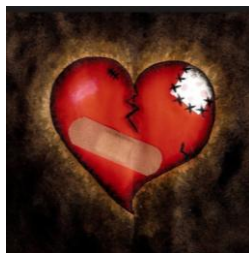
"Grief if neither a problem to be solved nor a disease to be cured. It is a process to be experienced and supported..."

Challenges

Burnout



Compassion Fatigue



PERSPECTIVES ON CARE AT THE CLOSE OF LIFE

CLINICIAN'S CORNER

Self-care of Physicians Caring for Patients at the End of Life

"Being Connected . . . A Key to My Survival"

<p>Michael K. Kearney, MD Raehle B. Weinger, MD, PhD Mary L. S. Vachon, RN, PhD Richard L. Harrison, PhD Balfour M. Mount, MD</p>	<p>Physicians providing end-of-life care are subject to a variety of stresses that may lead to burnout and compassion fatigue at both individual and team levels. Through the story of an oncologist, we discuss the prodromal symptoms and signs leading to burnout and compassion fatigue and present the evidence for prevention. We define and discuss factors that contribute to burnout and compassion fatigue and consider factors that may miti-</p>
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THE CLINICIAN'S STORY
 Dr C is a 45-year-old hematologist-oncologist in private prac-

JAMA
2009

Burnout

- Results from stresses related to HCPs interactions with their work environment

Compassion Fatigue

- Develops from the relationship between HCPs and their patients/families

Key Features of Burnout

- Exhaustion
 - Overextended and depleted of emotional and physical resources
- Depersonalization
 - Cynicism and detachment from the work
 - Treating patients/families as objects
- Sense of ineffectiveness
 - Feelings of incompetence and lack of achievement/productivity

Maslach and Leiter, *J Appl Psychol*, 93(3), 2008
 Maslach C. *Curr Dir Psychol Sci*, 12(5) 2003

Kearney et al. *Jama*, 2009



Maslach Burnout Inventory (MBI) Part A (exhaustion)

http://opencourses.emu.edu.tr/pluginfile.php/9241/mod_resource/content/1/Burnout-self-test.pdf

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Part B (depersonalization)

http://opencourses.emu.edu.tr/pluginfile.php/9241/mod_resource/content/1/Burnout-self-test.pdf

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION B	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Part C (personal achievement)

http://opencourses.emu.edu.tr/pluginfile.php/9241/mod_resource/content/1/Burnout-self-test.pdf

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

Negative outcomes

HCP

- Poorer health
- Suboptimal patient care
- Medical errors
- ↓ ability to express empathy/compassion
- ↓ decision making

Patients

- Lower patient satisfaction
- Longer post-discharge recovery of patients
- ↓ trust in HCP
- ↓ compliance

Shanafelt TD. JAMA. 2009
 Pereira et al. Nurs Ethics. 2011
 Shanafelt et al. Arch Intern Med 2012
 Krasner et al. JAMA 2009
 Krasner et al. JAMA 2009
 Perez et al. JourPaillMed. 2015

Pereira et al. Nurs Ethics. 2011
 Dunwoodie and Auret. Intern Med J. 2007
 Hu et al. Arch Surg. 2012
 Perez et al. JourPaillMed. 2015

How big is the problem?

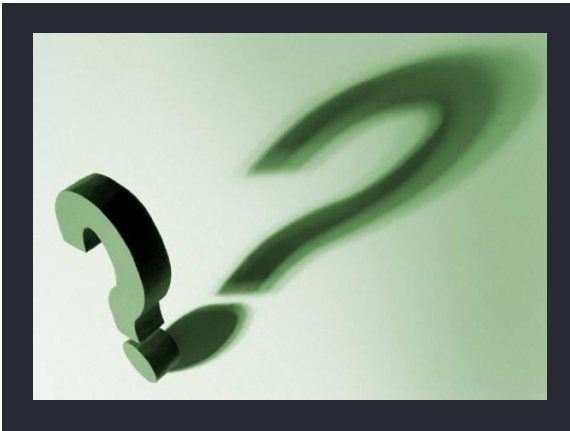
- HUGE
- All HCPs (nurses, social workers, MDs)
- Some studies report >80% moderate – high BO

Hooper et al. J Emerg Nurs. 2010 36(5)
 Krasner et al. JAMA 2009 102(12)
 Kim et al Social Work 2011. 56(3)

Compassion Fatigue (secondary / vicarious trauma)

- "Emotional cost of caring for others"
- Symptoms parallel PTSD
 - **Hyperarousal**
 - Physiologic distress to reminders of work with dying pt/fam
 - Irritability, outbursts of emotion, disturbed sleep
 - **Avoidance**
 - Avoiding thoughts, feelings, conversations related to patient pain/suffering
 - **Re-experiencing**
 - Intrusive thoughts/dreams of working with dying patients
 - Distress 2ndary to memories of the dying

Figley CR. In: Stamm B. Secondary Traumatic Stress... Sidran Press 1995 p3-28
Figley CR. J Clin Psychol. 2002
Kearney et al. JAMA 2009



Compassion Satisfaction (CS)

Emotional rewards derived from the work of helping others

Possible factor to counterbalance the risks of CF

May account for the "resiliency of the human spirit"



Stamm BH. Measuring Compassion Satisfaction as well as Compassion Fatigue
In: Treating Compassion Fatigue. New York, NY: Brunner-Routledge; 2002 Pg 107-119

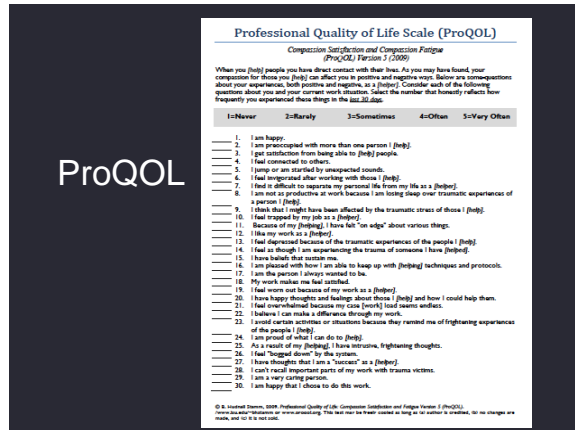
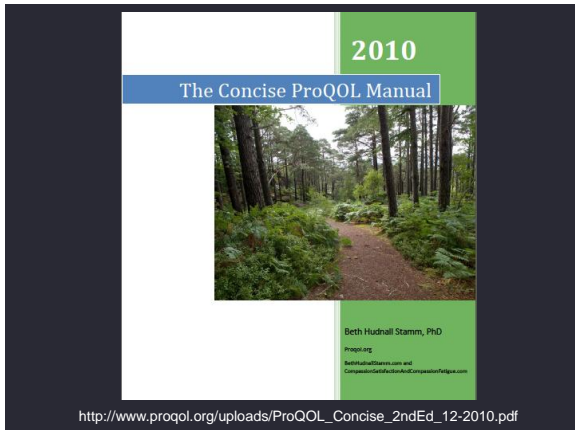
In palliative care...

- Burnout low compared with other specialties
 - Lepurum et al. Can J Psychiatry. 2009
 - Alsi et al. Psychooncology. 2007
 - Dunwoodie et al. Int Med J. 2007
- High levels of job satisfaction and meaning
 - International Association for Hospice and Palliative Care (IAHPC) Report 2010

Professional QoL Scale(ProQOL)

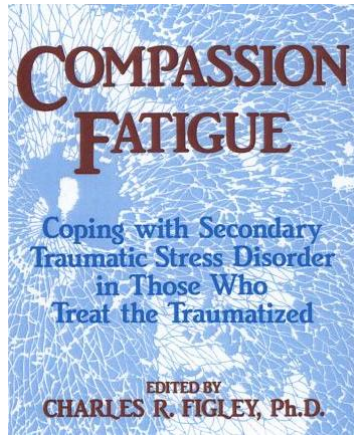
- Developed by Stamm in 2002
- Most recent – ProQOL 5
- Measures
 - Compassion Satisfaction (CS)
 - Compassion Fatigue (CF)
 - Burnout (BO)
 - Secondary Trauma Scale (STS)

Stamm BH: http://www.proqol.org/home_Pages.php
Stamm BH: http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf



An Important Question:

How do you manage to have CS and not CF when you witness, day after day, patients and families dealing with death and dying?



Is empathy a key causal factor and liability for CF?



“Exquisite Empathy”

- “...highly present, sensitively attuned, well boundaried, heartfelt empathic engagement”
- Invigorates rather than depletes
- Protects against CF and BO
- Facilitated through **self-awareness**

• Harrison R, Westwood M. *Psychotherapy: Res, Prac, Training*. 46(2) 2009



What is self-awareness?

- Innate psychological function
- Can be nurtured and cultivated
- In stressful times
 - Expands range of choices
 - Potential for creative responses

• Kearney et al. *JAMA* Oct 2009

Self-awareness

- Self-knowledge
 - "Know thyself"
- Dual-awareness
 - simultaneously attend to and monitor
 - needs of the patient and work environment
 - their own subjective experience

• Kearney et al. JAMA Oct 2009

"Know Thyself"

- Thales (Ancient Greek philosopher 800-500 B.C.)
 - Most difficult thing is **"To know thyself."**
 - Easiest thing is **"To give advice."**
- Benjamin Franklin
 - *There are three Things extremely hard, Steel, a Diamond, and to know one's self.*
- Shakespeare
 - *"This above all: to thine own self be true"*

< Self Aware

- Lose perspective
- Experience more stress
- Experience empathy as a liability
- ↑ risk CF

> Self Aware

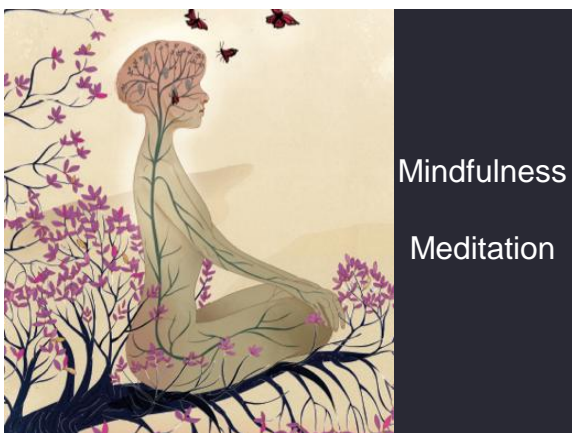
- > job engagement
- Experience less stress
- Experience empathy as a mutually healing connection with pts
- ↑ potential CS / vicarious posttraumatic growth

Kearney et al. JAMA Oct 2009

Self-care

- **Without** self-awareness
 - Some benefits but...
 - Less emotionally available to pts
 - Work is less rewarding
- **With** self-awareness
 - Emotionally available
 - Work is regenerative and fulfilling

Harrison R, Westwood M. *Psychotherapy: Res, Prac, Training*. 46(2) 2009
Kearney et al. *Jama* Oct 2009
Meier D, Back A, Morrison R. *Jama*. 286(23) 2001



Mindfulness Meditation (MM)

Process of developing careful attention to minute shifts in body, mind, emotions and environs

While holding a kind, nonjudgmental attitude toward self and others

• Kabat-Zinn J. *Clin Psychol Sci Proc*. 10(2) 2003
• Kornfield J. *The Wise Heart: A Guide to the Universal teaching of Buddhist Psychology*. New York NY: Bantam 2008

MM Benefits

- Decreases
 - Anxiety
 - Pain
- Enhances
 - Consciousness of inner and external reality simultaneously
 - Well being
 - Empathy
 - Self-compassion
 - Resiliency
 - Emotional regulation

Brown et al. *J Pers Soc Psychol* 2003
 Baer et al. *Assessment* 2008
 Creswell et al. *Psychosom Med* 2007
 Decety J. In: *Social neuroscience*. New York: Guilford Press 2007
 Shapiro et al. *Train Edu Prof Psychol* 2007
 Shapiro et al. *Int J Stress Manag* 2005
 Bedde A, Murphy S. *J Nurs Edu* 2004
 Wallace B, Shapiro S. *Am Psychol* 2006
 Shapiro S, Izett C. In: *Mindfulness and the Ther Relp* NY NY: Guilford Press 2008
 Neff et al. *J res Pers* 2006
 Kearney et al. *JAMA* 2009
 Hallfax J. *J Pain Symp Mngt* 2011

What's the neuroscience show?

and empathy); imaginal processes that track the psychophysiological aspects of dying; and open presence (panoramic nonjudgmental attention). Key to this curriculum is an introduction to different meditative practices.

In exploring compassion meditation, for example, we see that the base of compassion practice includes mindful attention to the present moment. The meditation teacher Jon Kabat-Zinn⁹ has defined mindfulness as "... moment-to-moment, nonjudgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible." Mindfulness is an increasingly more frequent meditation that is used in teaching compassion.

Mindfulness is associated with self-reported positive affect,¹⁰ less anxiety and depression,¹⁰⁻¹² greater relationship satisfaction and less relationship stress,¹³ and specific profiles of brain activity associated with greater emotion regulation during affect labeling.¹⁴ All these qualities form a base wherein compassion can unfold. We have seen through research, as well as our direct experience, that mindfulness is a process making the regulation of emotion possible. It cre-

Evidence Base for Compassion

In the extensive neuroscience research on meditation being done around the world, recent training has demonstrated that some meditative practices foster an increased ability to be attentive and have emotional balance and control over thoughts and behaviors. They also lead to greater stress reduction, enhanced immune responses, and decreased inflammatory responses. The three main types of meditative techniques currently studied in various neuroscience labs include Focused Attention (Concentrative) Meditation, Open Presence (Receptive) Meditation, and Compassion Meditation.¹⁵ In this article, we concentrate on research on empathy and compassion. Neuroscientists Klimecki and Singer¹⁶ found that a capacity to be aware of one's own visceral processes is related to empathy. Our ability to read our body's visceral experience, for example, sensing our heartbeat, our digestive processes, and so forth, appears to prime us to be able to feel into the experience of another. Singer's work on empathy was enriched by her investigation of alexithymia. Those who suffer

146 *Journal of Pain and Symptom Management* Vol. 41 No. 1 January 2011

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The Precious Necessity of Compassion

Joan Halifax, PhD
Upaya Institute and Zen Center, Santa Fe, New Mexico, USA


Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.¹

His Holiness the Dalai Lama

I'm up late admitting patients to the inpatient hospice unit. Just when I think I'm too old for these late nights without sleep, a person in all their rawness, vulnerability and pain lays before me and as my hands explore the deep wounds in her chest and my ears open to her words, my heart cracks open once again ... and this night a sweet 36-year-old


The term "total pain" refers to physical, psychological, social, and spiritual pain and is a term that was coined by the founder of Hospice, Dame Cicely Saunders. Saunders wrote "I realized that we needed not only better pain control but better overall care. People needed the space to be themselves. I coined the term 'total pain,' from my understanding that dying people have physical, spiritual, psychological, and social pain that must be treated. I have been working on that ever since."²

Caring for the seriously ill and dying is about alleviating the suffering or total pain of the



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How Does Mindfulness Meditation Work? Proposing Mechanisms of Action From a Conceptual and Neural Perspective

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Abstract
 Cultivation of mindfulness, the nonjudgmental awareness of experiences in the present moment, produces beneficial effects on well-being and ameliorates psychiatric and stress-related symptoms. Mindfulness meditation has therefore increasingly been incorporated into psychotherapeutic interventions. Although the number of publications in the field has sharply increased over the last two decades, there is a paucity of theoretical reviews that integrate the existing literature into a comprehensive

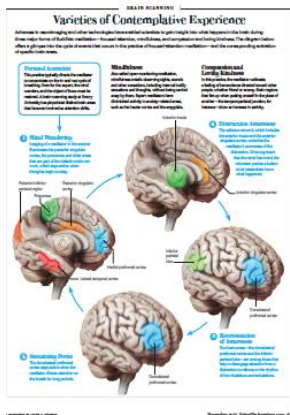


NEUROSCIENCE

mind of the meditator

Contemplative practices that extend back thousands of years show a multitude of benefits for both body and mind

By Matthew Ricard, Andrew Lutz, and Richard J. Davidson



Neuroimaging

Shows what happens in the brain when we meditate

Clinical Psychology Review 31 (2011) 1126–1132

Contents lists available at ScienceDirect

Clinical Psychology Review

ELSEVIER

Loving-kindness and compassion meditation: Potential for psychological interventions[☆]

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ABSTRACT

Mindfulness-based meditation interventions have become increasingly popular in contemporary psychology. Other closely related meditation practices include loving-kindness meditation (LKM) and compassion meditation (CM), exercises oriented toward enhancing unconditional, positive emotional states of kindness and compassion. This article provides a review of the background, the techniques, and the empirical contemporary literature of LKM and CM. The literature suggests that LKM and CM are associated with an increase in positive affect and a decrease in negative affect. Preliminary findings from neuroendocrine studies indicate that CM may reduce stress-induced subjective distress and immune response. Neuroimaging studies suggest that LKM and CM may enhance activation of brain areas that are involved in emotional processing and empathy. Finally, preliminary intervention studies support application of these strategies in clinical populations. It is concluded that, when combined with empirically supported treatments, such as cognitive-behavioral therapy, LKM and CM may provide potentially useful strategies for targeting a variety of different psychological problems that involve interpersonal processes, such as depression, social anxiety,



Mindfulness...

- **Activates** brain areas associated with
 - Emotional processing
 - Empathy
- **Increases**
 - Ability to be attentive
 - Emotional balance and positive emotional states
 - Control over thoughts and behaviours
 - Immune responses
- **Decreases**
 - Stress induced neuroendocrine changes
 - Inflammatory responses
 - Negative emotions



Stable mental state

Avoid empathetic over-arousal

Over-arousal leads to personal distress

Prevents healthy compassion

Halifax J. J. Pain Symp Mngt 2011
 Decety J. In: Social Neuroscience. New York: Guilford Press 2007



Equanimity

- Mental composure and acceptance of the present moment
- Stable base supporting kindness, compassion, empathy



Kindness => tenderness and genuine concern for others

Empathy => being emotionally attuned to another's pain and suffering

Compassion => aspire and are willing to act to alleviate that pain / suffering
 => not be attached to an outcome

When we feel compassion...

- ↑ in arousal => motivated to relieve suffering
- Unregulated arousal could => fear responses
 - fight – moral outrage (righteous anger)
 - flight – abandonment or avoidance
 - freeze – numbness
- When we quiet our mind...

Hallifax J. *J Pain Symp Mngt*. 2011
Hallifax J. *Curr Opin Support Palliat Care* 2012

↑ capacity to be fully present

↓ need “to do” or “to fix”

“Be present to all levels of suffering, to experience it, and to aspire or to act to transform it without being overwhelmed by emotions or circumstances”

Rushton et al. *Pall Supp Care*. 2009

Healthy compassion

- In the presence of suffering -> feels suffering more
- However, they return to baseline a lot sooner

Resilience

Joan Halifax. “Compassion and the true meaning of empathy”. Ted Talk. Filmed Dec 2010. https://www.ted.com/talks/joan_halifax

REVIEW



A heuristic model of enactive compassion

Joan Halifax

Purpose of review

This article is an investigation of the possibility that compassion is not a discrete feature but an emergent and contingent process that is at its core enactive. Compassion must be viewed through the cultivation of various factors. This article endeavors to identify interdependent components of compassion. This is particularly relevant for those in the end-of-life care professions, wherein compassion is an essential factor in the care of those suffering from a catastrophic illness or injury. The Halifax Model of Compassion is presented here as a new vision of compassion with particular relevance for the training of compassion in clinicians.

Recent findings

Compassion is generally valued as a prosocial mental quality. The factors that foster compassion are not well understood, and the essential components of compassion have not been sufficiently delineated. Neuroscience research on compassion has only recently begun, and there is little clinical research on the role of compassion in end-of-life care.

Summary

Compassion is in general seen as having two main components: the affective feeling of caring for one who is suffering and the motivation to relieve suffering. This definition of compassion might impose limitations and will, therefore, have consequences on how one trains compassion in clinicians and others. It is the author's premise that compassion is dispositionally enactive (the interactions between living organisms and their environments, i.e., the propensity toward perception/action in relation to one's surrounds), and it is a process that is contingent and emergent.

Curr Opin Support Palliat Care 2012, 6:228–235

Therapeutic Humility

“How can we relieve suffering and at the same time not be attached to an outcome?”

“We must accept that despite our best efforts, the eventual course of events may be swayed by influences that are beyond our control.”

Buddhist saying...

"It takes a strong back and a soft front."

Strong back of stability and resilience

Soft front of compassion

Joan Halifax. "Compassion and the true meaning of empathy". Ted Talk. Filmed Dec 2010. https://www.ted.com/talks/joan_halifax

Be a Turtle



Palliative and Supportive Care (2009), 7, 405-414.
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doi:10.1017/S1478951509990411

Impact of a contemplative end-of-life training program: Being with dying

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ABSTRACT

Objective: Health care professionals report a lack of skills in the psychosocial and spiritual aspects of caring for dying people and high levels of moral distress, grief, and burnout. To address these concerns, the "Being with Dying: Professional Training Program in Contemplative End-of-Life Care" (BWD) was created. The premise of BWD, which is based on the development of mindfulness and receptive attention through contemplative practices, is that cultivating stability of mind and emotions enables clinicians to respond to others and

The screenshot shows the website for the "Being With Dying" program. The header includes the Upaya Zen Center logo and navigation links for "About Upaya", "Teachings", and "Our Programs". There are also social media icons for Facebook, Twitter, and YouTube, along with buttons for "Donations", "Membership", and "Account". The main content area features the title "Being With Dying" and a subtitle "Professional Training Program for Clinicians in Compassionate Care of the Seriously Ill and Dying". A quote from the program states: "BEING WITH DYING: The Professional Training Program for Clinicians in Compassionate Care of the Seriously Ill and Dying has been dedicated to fostering a revolution in care of those who are seriously ill and those who are facing death. This unique program provides clinicians with essential tools for taking care of dying people and people suffering from serious illness with skill and compassion, as well as sustaining resilience and dedication as they serve others." The program is led by Roshi Joan Halifax, PhD, Project Founder & Director. A link is provided to read the 2015 Letter of Introduction for an overview of registration, housing, and contact information.

<https://www.upaya.org/being-with-dying/>

Main Themes

- Power of presence
- Cultivating balanced compassion
- Recognizing grief
- Importance of self-care

MCEOLC FACULTY



MINDFULNESS & COMPASSION IN END-OF-LIFE CARE CERTIFICATE PROGRAM

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MONICA BRANIGAN, MD, CORE FACULTY
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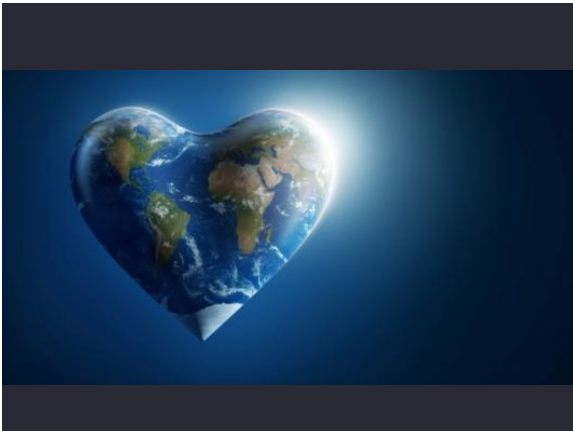
GUEST FACULTY: http://www.saranainstitute.org/saranainstitute.org/Faculty_Bios.html
ANDREA WARNICK, MA, RN
MICHELE CHABAN, PHD



Dalai Lama

"Love and compassion are necessities. They are not luxuries. Without them humanity cannot survive."

His Holiness the Dalai Lama. Mind and life meeting. Presentation in Dharamsala, India, 1992
fr: Hallifax, J. J Pain Symptom Mngt, 2011



Healthy compassion and resilience

Needs to be nourished

Mindfulness meditation

Self-awareness

