

PREVENTION OF BURNOUT IN PATIENTS AND PROFESSIONALS (Increasing Effectiveness)

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NO CONFLICT OF INTEREST

*Or financial interest to disclose
(BUT interested in helping you handle conflict,
said the psychologist)*

*WITH YOURSELF AND YOUR
RELATIONSHIPS....)*

....Don't just do something

- **SIT THERE**

- **(Sylvia Boorstein)**

- **Mindfulness in solving problems...**

- **Yours or Theirs**

PROFESSIONAL's Part

The Patient says: *“I refuse to test my blood sugars. I feel fine.”*

You **feel**:

- a. Angry, at the rejection of your expertise
- b. Annoyed, at the extra time required to solve the problem
- c. Defensive, at the hostility in the patient's voice
- d. Futile, as you've heard this before
- e. #\$\$%^//(**censored**)

EMPATHY AND SKILL CAN BE LEARNED

1. I feel like giving up

- “That sounds difficult. Tell me more” (*empathy and interest*)

2. I have no records

- “I am impressed that you came here anyway...lets figure out what is in the way of checking (*Positive reframe*)

3. I gained 10 pounds

- “I am glad for you that you are back before it was 15 (*positive reframing and perspective*)

DON'T BE SURPRISED AT NON-ADHERENCE (YOUR PATIENTS, YOURSELVES 😊)

- HUMAN NATURE
- COMPLEXITY OF REGIMEN
- CHRONICITY OF DIABETES/LIFE(thank goodness)
- TIME PRESSURES
- STRESS
- HEALTH BELIEFS
- MENTAL HEALTH STATUS
- VICARIOUS TRAUMA WITH OUR PATIENTS
- TRANSFERENCE

CONGRUENCE

- DO AS I SAY...NOT AS I DO
 - FASTEST WAY TO BURNOUT
 - IF YOU BELIEVE WHAT YOU ARE TELLING THEM IS GOOD THING...MAKE SURE YOU DO IT FOR YOU
 - (That way, at least one of you is successful😊...or at least you have EMPATHY for why it is difficult, what the barriers are...etc

BURNOUT PREVENTION

- (Our patients, ourselves...if we learn to do it...more likely to be **CONGRUENT** in what we teach)
- RELAXING RITUALS (*eat pray love*...gratitude, read sleep, exercise, be creative...writing...documenting difficult experiences improve mood and health)
- TAKE A **BREAK FROM TECHNOLOGY**
- **TIME MANAGEMENT**
- **DECLUTTER** (mentally and physically); TAKE **TIMEOUTS**
- **MANAGE STRESS** (there are skills)
- **BE PROACTIVE**-friends, professional friends, professional consultation, support and skill groups for professionals led by mental health professionals
- **BOUNDARIES**...understand and create them
- **RELAXATION** (meditation plus stop thinking and start writing...let the list and not you carry the weight)
- **RE-EVALUATE ROLES AND EXPECTATIONS**
- **CHOOSE GRATITUDE RATHER THAN FRUSTRATION OR CRITICISM**
- **FIND JOY**
- **HUMOR**

PLAN AHEAD to avoid BURNOUT

- THE 3 R'S
- RECOGNIZE (by understanding *emotional literacy*)
 - Self-awareness, understanding (you and them) and empathy (you and them)
- REVERSE
- RESILIENCE

- SIGNS, SYMPTOMS, CAUSES

Burnout..

- Name it..observe it
- Label resistance and try to understand it with compassion, empathy vs. anger and indifference
- Motivation for you and patients as CHOICE
 - Not divine inspiration
 - Springs from DECISION
 - Implementation from a plan
 - Take energy from others (friends, family, medical team, diabetes support group, ww, exercise plan..)
 - Discipline of the plan (specific goals, workout specific obstacles)
 - Don't lower expectations but let go of judgments, harshness, inner (or outer) critics

ANTIDOTE TO BURNOUT

COMPASSION

- Concern for others (empathy) that motivates a desire to help others
- *not*
- Take over

- Help stop self criticism
- Realize you are not alone
- Mindfulness
- *As much as I wish she could make changes, I get she can't right now*

SELF COMPASSION

- Concern for yourself
- *(If I am not for myself, who will be but if I am only for myself, who am I (Hillel)*

- Help stop self criticism
- Realize you are not alone
- Mindfulness
- *As much as I wish I could help her make changes, I get she can't right now and it feels good to be there for her*
-

ANTIDOTE: THE UPSIDE OF THE DARK SIDE (your patients/yourself)

- Anger , frustration, disdain is **information**
- **Identify** and know your “buttons” (complaining, selfish, rude, lateness, weight gain)...and catch it quickly
- **Honor** the feelings: what do you want and need
- Learn the **skills** (naming, take a time out, breathe, change aggression to assertion where you think of the other as well as yourself)
- Think **Resilience...overcome** adversity and negative feelings
 - Manage strong feelings
 - Find supportive relationships..seek help
 - Find positive meaning in your life
 - Communicate well to self and others

Competence and Mastery: physical mental and spiritual

- Physical: exercise, garden, martial arts, camping
- Mental: yoga, TV? (*social surrogacy*), massage, reading, therapy
- Spiritual: listening to music, painting, outdoor nature walk, organized religion, meditation

Giving to the Needy..you or she?

- The patient's hour-long appointment is at 2:00 pm. You really like this patient and find her motivated to following your suggestions.
- It's 3:10 pm and your next patient doesn't seem to be showing up.
- You're so involved and are so passionate about helping people with diabetes ... You teach, talk, listen, write, demonstrate, sympathize and provide
- END the session

THINK BOUNDARIES...*neither over involvement or detachment*

Change the patient's "job" from involuntary to *voluntary*

Be a mentor (not tormentor)...find their "best" **with** them..MOTIVATIONAL INTERVIEWING

SIGNS OF BURNOUT...EMOTIONAL

- FAILURE AND SELF DOUBT
- HELPLESS AND TRAPPED
- DETACHMENT
- LOSS OF MOTIVATION

SIGNS OF BURNOUT...BEHAVIORAL

- WITHDRAW FROM RESPONSIBILITY
- PROCRASTINATION
- ISOLATION
- LEAVE EARLY
- UNUSUAL DEPENDENCY ON FOOD, DRUGS OR ALCOHOL

STRESS

- Over engagement
- Hyper –emotional
- Loss of energy
- Anxiety

BURNOUT

disengagement
emotions blunted,
helpless
loss of motivation
detachment

- BURNOUT IS UNRELENTING STRESS

Mindfulness

- *Dance like no one is watching....*
- BUT WORK...LIKE SOMEONE WHO LOVES YOU IS WATCHING...

BOUNDARIES

- ***THEIR*** DIABETES
- ***YOUR*** INTEREST IN THEM, SKILLS, AND EMPATHY
 - MOTIVATIONAL INTERVIEWING
- ***BALANCE:*** COMPASSION/SELF COMPASSION
 - NOT TOO LITTLE
 - **NOT TOO MUCH**
 - *JUST RIGHT*
 - *HAVE NETWORK OF PERSONAL AND PROFESSIONAL FRIENDS*
 - *CONSIDER WORKING IN GROUPS*

PREVENTION OF BURNOUT

- MINDFUL OF HAVING **CONTROL** OVER YOUR WORK
- MAKING SURE YOU AND PATIENTS HAVE **RECOGNITION** OVER EFFORTS AS WELL AS OUTCOME
- TO AVOID “**MONOTONY**” OF WORK...**SEE** THE PATIENT AND LET THEM DO THE WORK
 - (FOR THEIR OWN SATISFACTION)
 - BE MINDFUL OF **BALANCING** WORK, FAMILY ,PERSONAL

USE GROUPS FOR PERSONAL AND PROFESS SUPPORT

HIGH RISK PERSONALITY (OUR PATIENTS, OURSELVES)

- PERFECTIONISTIC
- PESSIMISTIC
- NEED TO BE IN CONTROL
- RELUCTANCE TO DELEGATE
- HIGH ACHIEVING AND TYPE A

- **ON THE OTHER HAND**
 - **PEOPLE WITH THESE CHARACTERISTICS TEND TO DO BETTER (WITH MODIFICATION)**
 - **DID I MENTION MENTAL HEALTH REFERRAL *MANDATORY AND FOR PREVENTION***
 - **(FOR OUR PATIENTS, OURSELVES)**

MOTIVATIONAL INTERVIEWING

1. ASK PERMISSION: *Can we talk about*
2. QUESTIONS TO EVOKE CHANGE:
 1. *How can I help*
 2. *If you don't change, what is worst; if you do change what is best; picture 2 years, what would you want to see*
3. OPEN-ENDED: *What makes you think it might be time for a change*
4. REFLECTIVE LISTENING: *It sounds like*

Motivational Interviewing

- 5. NORMALIZING: *Many people feel as you do*
- 6. COLUMBO...*show discrepancies..good/bad*
- 7. SELF-EFFICACY...*Even though you have not tested everyday...take a look at what you have done*
- 8. AFFIRMATIONS...*would you agree that returning to the visit shows a commitment*
- 9. SUMMARY...*What do you think has happened today*

Empathy Exercise: stop selling start LISTENING

- Practitioner and patient
- Tune in to what it feels like being a patient:
 - having an illness, being obese, being an expense to your family,
- *Self-evaluation* multiple times a day, body image, peer and work relationships

EMPATHY AND SKILL...

You know what can happen to you if you don't take insulin....

vs. STRENGTH BASED AND POSITIVE REFRAME **You know what can happen to you when you take insulin (good mood, good health and pride)**

If you can hear yourself...

You can hear others

SKILL SET

During the discussion

E.g. Your patient doesn't talk..talks too much, interrupts you

- L.E.A.P

- Listen with sincere curiosity
- Empathize – explore and try to understand what matters to your patient
- Affirm that their feelings are common
- Positively reframe – share a more positive perspective
(from Roszler and Rapaport, *Approaches to Behavior...*)

Communication Skills

- **Validation and Empathy** : *Sounds like you've a lot on your plate without adding insulin*
- **Wonderment**: *"Tell me more" about why you don't want to take insulin*
- **Non- defensive Validation and Acceptance** : *I appreciate that you FEEL insulin means you are getting worse, even though that is not accurate.*
- **Positive reframing**: *Let me help you visualize insulin as lifesaver, prevention, magic life force, giver of energy and health*
- **Negotiation**: *We will show you how easy insulin is to use today. You make a return visit in two weeks with blood sugars that are improving with weight loss or exercise or with relief that they will improve with insulin. **Does that work for you?***

• EMOTIONAL LITERACY: our patients, ourselves

- The ability to RECOGNIZE, UNDERSTAND, and EXPRESS emotions (self awareness and self control)
AND
- Provide EMPATHY and interest in the emotions of others
- If we can do this, we can help our patients do this...it is the *missing link* in adherence
 - E.g. Your family says-*You work so hard, you never have time for me*...You say: *Tell me more about what you are missing...I know, I miss our time too...*

Make proactive **RERERRALS**: your patients, yourselves

- To a mental health professional as an important part of the health care team for **PREVENTION** (GRIEVING AND COPING FOR THE WHOLE FAMILY)
- “**NO, I DON’T THINK YOU’RE CRAZY; I THINK YOU’RE CRAZY *NOT TO GO*”...**
- **DON’T REFER WHEN THERE IS A PROBLEM; REFER IN THE *BEGINNING* SO THERE IS *NOT***

Professional's Goals

so much to do...so little time

- Obesity (weight loss, maintenance)...e.g. talk of using executive function.., to recognize internal and external cues, and exert control, monitor, and task shifting “Go/No go)
- Activity
- Stress reduction
- Adherence to medication, testing blood sugar, empowered knowledge of “numbers” (A1c, lipids,b.p.)
- Follow through with support team
- **SELF COMPASSION SKILL** (for yourself and patients).... acceptance and hence resilience to setbacks correlated with choosing healthy behaviors(*Health Psychology 2015*)

The Professional as “Antidepressant”

- Professionals as forum for emotions
- Grieve consciously
- Determine pre-existing coping (consider dx. and rx. of anxiety and depression)
- Include families
- Highlight positive self-talk, self-regulation, self-soothing, and self efficacy (intrapsychic emotional reg.)
- Action-oriented problem solving
- Interaction skills
- Cognitive therapy

USE HUMOR: “Now take my diabetes, please”FOR YOURSELF, FOR Patients

- *Laughter is effective way of relating to others...for you...for your patients...if you want someone to open up to you, make them laugh...HUMAN BONDING**
- Think about telling the situation later as stress is happening
- Find humor in everyday situations
- Humor can be learned: read a joke book, watch a funny movie, watch comedians and children
- *Gray, Alan. *Laughter's Influence on the Intimacy of Self-Disclosure*, Human Nature, 2015.

- **GRAB A PSYCHOLOGIST** (be careful where) and make them *yours* for your care and for your referrals to patients

- Insurance companies pay for your usage or patients (309.28 adjustment reaction or behavioral health codes)

Help patients find their *reasons*...conscious or unconscious for nonadherence...***intelligent nonadherence***

- Danger of *wanting to be liked*...can keep us from avoiding confrontation of naming the problem (“I see you are not testing and you must have a reason” or “your H_{A1c} is 10 and your blood sugars records are “normal”...I feel badly that you think you need to lie to yourself or me...your value as a person is not about your numbers”

Referrals to Therapy

1. Behavior change
(Motivational Interviewing)
2. Coping skills for dealing with chronic illness...Diabetes self esteem...mood issues
3. Family therapy issues(*When Diabetes Hits “home”*(parents cooperating, sibling issues)
4. *Grief* work
5. Ongoing motivation and maintenance (fine tuning as in sports psychology)

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