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Wellness and Self-Care for the Veterinary Professional:
Navigating Work-Life Integration and Cultivating Hardiness and Resilience

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Session Description: Seeking the holy grail of happiness, satisfaction and balance across our life experiences sometimes can feel like an epic quest. In this session's section we will explore concepts, challenges and opportunities related to work-life integration and balance, including some proven and adaptable options for navigating along the way, and improving personal resilience and hardiness.

Definitions and Concepts:

Work-Life Balance vs. Work-Life Integration:
Terminology helps us categorize, classify, define, learn, and establish shared understandings. While these are important purposes, sometimes complexity cannot be defined in one term or phrase. This is particularly true when discussing the breadth and depth of experiences throughout a lifetime.

Terminology and definitions provided here are meant to help frame a complex topic and provide a basis for exploration of what a fulfilling, happy, healthy, safe, connected, productive, meaningful existence "looks like" for each person. Although we use "work-life" to define a separation between "work" and the rest of our lives, work is obviously a significant component and is inextricably woven into the fabric of our lives as a whole. Regardless of whether or not we prefer the term "work-life balance," or "work-life integration," it is likely we can agree that our general goals are to increase comfort and decrease suffering whilst navigating our individual and shared experiences.

Domains: the "separate" *areas* of our lives: work, family, community and "personal time" are some.

Role: Particular *functions* we perform (e.g. mother, veterinarian, receptionist, father, spouse, child)

Other Theories:
Work-Family Border Theory[i] and Boundary Theory[ii]: frameworks to explore the meaning attributed to, ability to move between, and satisfaction derived from experiences in different roles and domains. Researchers aim to identify contributors to "satisfaction and good functioning at work and at home, with a minimum of role conflict" (Clark, 2000, p. 751).

Integration and boundaries: it is posited that integration is influenced through two mechanisms. *Flexibility* refers to "plasticity" of boundaries when navigating shifting needs across different domains or roles. *Permeability* refers to the degree of "porosity" of boundaries—the degree to which those boundaries allow behavioral and psychological "seepage" from one domain or role into another. For instance, Clark found that high flexibility and low permeability were associated with the lowest levels of work-family conflict. Other researchers have found levels of work-family conflict influence worker preferences for flexibility or adjustments to work schedules and locale (flex-time, tele-working, on-site working, for instance) were influenced by the levels of work-family conflict. While these theories provide a framework for ongoing research into satisfaction across domains and roles, more practically they provide workers and management deeper understanding of some of the factors that influence stress in the workplace.

Work-Life Balance through a Western economic business-model lens (such as that which dominates in the U.S.) appears to pose an organizational systems challenge to worker health, happiness and quality of life. All that we do to cultivate and maintain that balance plays out within the systems in which we live. Westernized,

industrialized, economically –driven, hierarchical work systems cause stress by limiting or restraining, and under- or misusing skills, talents, perspectives, creativity and innovation of workers. This stress then translates into other domains and negatively impacts quality of life.

While this prominent business culture requires that we learn how to function within flawed systems, we can try to foster change within our organizations that allows for individuals to fully contribute, develop, and innovate. Most organizational theory is economically focused, and falls short in addressing loss in productivity and health that is attributed to hierarchical constraints on the contributions employees could, and would, like to make. Likewise, this increases stress on managers and leaders who are tasked with responsibilities that could be better distributed to and managed by "lower-ranking" employees.

Changes to this long-standing construct will come with time, and some discomfort. Navigating and flourishing at work can benefit by engaging skills and attributes developed in our personal lives and other domains, and vice versa. This is one reason there is such emphasis placed on work-life balance and work-life integration. Ultimately, this balance reduces stress, and improves resilience.

Complex adaptive systems: we live, work, experience, learn and interact within complex adaptive systems, where "perfect understanding of the individual parts does not automatically convey a perfect understanding of the whole system's behavior" (Wikipedia, 2017). In simplistic terms, this means that concepts, theories, and current knowledge about "what is" and "what works" iterate over time because of iteration within the systems, changing external influencers, and new knowledge that is gained.

Work Life Integration: an effective and efficient coordination of efforts, energies and transitions between personal, work, family, and community obligations (Morris et al., 2007)

Domains: the "arenas" where we live our lives individually and in relation with others. These include work, family, self, and community.

Resilience: the ability to adapt to, bounce back from, and even grow in the face of difficulties and stress. Individuals are born with varying degrees of resilience. Regardless of the level of inherent resilience and individual possesses, increased resilience can be developed over time. Dr. Al Siebert has identified **five levels of resilience** that impact our ability to navigate, withstand, recover from, and grow in the face of stress:
1. Maintaining your emotional stability, health, and well-being as a basic foundation for wellness
2. Focus Outward: Good problem solving skills. Problem-focused coping is more effective for developing resilience than is emotion-focused coping
3. Focus Inward: Strong inner "selfs": includes attribute such as "strong self-esteem, self-confidence, and a positive self-concept".
4. Well-developed resiliency skills: attributes and skills
5. The Talent for Serendipity: the highest level of resilience—the ability to see challenge as serendipitous opportunity—"making lemons from lemonade."

Psychological Hardiness: the ability to withstand stress. Dr. Salvatore Maddi identified three characteristics of psychological hardiness through which we can frame stress, and build hardiness. Maddi describes "The Three Cs of hardiness" as a way to understand how people experience stress, and how they can flourish in the face of adversity:
1. Challenge: seeing problems as challenges vs. threats, and seeking solutions rather than avoiding, retreating, ignoring or disengaging.
2. Control: In the face of challenge, be able to recognize and take action to "gain control" where you can, rather than become overwhelmed or helpless. It is an orientation to hopefulness, possibility and the realization that while not all circumstances can be controlled, intentional positivity and optimism can improve our ability to navigate stressors.

3. Commitment: "stick-to-itiveness." The ability to stay the course, focused on outcomes and goals in the face of "set-backs, obstacles and discouraging news."

Work-life balance has been defined as "an individual's ability to meet their work and family commitments, as well as other non-work responsibilities and activities" (P. Delecta, 2011)[iii] and "satisfaction and good functioning at work and at home with a minimum of role conflict" (Greenhaus, 2002)". This balance is subjective and individual..."allocating available resources like time, thought and labor wisely among the elements of life (P. Delecta)."

This also can be viewed as a "mind-set spectrum" ranging from "working to live" to "living to work," with time, attention, effort, tangible resources and energy allocations changing with things such as life and career stage, personal circumstances and preferences, and shifting demands of life.

Components of Work Life Balance: In their study, Greenhaus et al.[iv] examine work-life balance through an organizational lens assessing three components of work-family balance:
1. Time balance (an equal amount of time devoted to work and family roles)
2. Involvement balance (an equal level of psychological involvement in work and family roles
3. Satisfaction balance (an equal level of satisfaction with work and family roles

They found that those investing significant time in both family and work, but relatively more time on family compared with work, experienced higher quality of life, and both higher involvement and satisfaction balance. As well, balance reduces conflict and stress, and improves work productivity.

Other life domains: Of course there are components of life beyond work and family. Things such as leisure, recreation, personal development, and community engagement also require time, consideration, and resources, and are figured into the work-life balance and integration equations.

Diversity of Roles: Involvement in diverse roles in life appears to offer protection from negative impacts of experiences encountered in any one role.

High-risk occupations and stress: veterinary medicine has been identified as a high-risk occupation, and medical practice is considered to be a high-risk enterprise (harm to workers, patients and public health). Employing principles and practices of high-risk organizations can minimize harm, allow for surveillance, recognition, response, and recovery from untoward events, and improve organizational safety, outcomes and psychological wellbeing of workers[v].

Psychological health and Cognitive "energy":
Life and work stress can impact psychological health. In turn, psychological consequences of stress (depression, fatigue, anxiety, sleeplessness) can negatively impact personal relationships. Likewise, physical and psychoemotional fatigue can negatively impact cognitive functioning, impairing our ability to navigate, maintain and deepen significant relationships.

Cognitive reframing: "a way of viewing and experiencing events, ideas, concepts and emotions to find more positive alternatives" (Wikipedia, 2017).

Eight-Dimensional Model of Self-Care Extrapolated:
1. **Physical** (please consult your licensed medical care provider for individualized advice as needed)
   a. Strength
   b. Stamina/cardiovascular fitness
   c. Flexibility
   d. Balance
   e. Nutrition

2. **Psychological/Emotional**
   a. How are you feeling?
   b. What do you need?
   c. Do you need support*? If so, what kind*?
   d. Enlist your "buddy" to help remind you when you're "off center" (i.e. "when I'm getting stressed, I get more irritable/withdrawn/etc.) and what might help (i.e. a walk around the building or a moment outside in nature)
   *It's always best to see a licensed mental health care provider if there is any question, or even for prevention and strategizing to maintain psychoemotional health and relationships.

3. **Spiritual**
   a. Finding meaning and purpose in one's life and work, especially as they relate to a larger, sometimes non-tangible experience of connectedness
   b. Living with balance in relation to an "ultimate or immaterial reality...which can encompass an experience of an immanent or transcendent nature of the world,"[vi]
   c. Seek support from a spiritual care provider. Practitioners span all faith, wisdom and belief traditions, *including for those who do not identify as spiritual or religious.*

4. **Intellectual**
   a. Learning, growth and development in areas related to personal and professional life
   b. Ongoing cultivation of interests and skills that stimulate the mind, and keep one stimulated and engaged.

5. **Financial**
   a. Financial security (near- and long-term)
   b. Sufficient income to meet basic needs without
   c. Legal documents in order (consider including an "Ethical Will"[vii] for your practice if applicable)

6. **Social**
   a. Your "outer circle" of friends, acquaintances, organizational connections (professional, charitable, religious, or other social or support groups)
   a. Evaluation of where/with whom you have fun, rejuvenate, laugh, relax
   b. Assessment of social support and engagement

7. **Family**
   a. Your "inner circle" of relatives, those with whom you live, or others with whom you have developed intimate relationships
   b. The trusted people you can safely and reliably turn to for support and nurturance

8. **Occupational**
   a. How you spend your time "giving back," providing income, etc.
   b. Can be professional work, or volunteer in nature

Gratitude: taking time each day to identify things for which we are grateful has been shown to increase happiness (see Robert Emmons in Resources). Starting our days by noting five things for which you are grateful accomplishes several things:
1. Orients us to look for "good things."
2. Makes it easier for us to notice "good things."
3. Reminds us that, even in the face of disappointment and diversity, there are good things in our lives.
4. Releases neurochemicals that enhance our psychoemotional well being.

Mindfulness: life happens, and memories are made in the moments we are engaging with life. "Future tripping," and worrying are the ways we create narratives for things that have not yet happened, and can add unnecessary stress. Likewise, dwelling on the past in a way that is unproductive can take our time and attention away from the opportunity to be fully present to what is happening now. While there is value in reviewing the past for lessons learnt and as a way of moving forward in greater happiness and health, merely reliving unpleasant experiences

adds stress. "Be here now" is a simple phrase we can use to bring ourselves back to the present. In the present, we can enjoy, manage, learn and make memories.

One simple mindfulness exercise is to breathe slowly and fully into and out of the nose, simply focusing on how the breath moves in and out. Some studies show that doing this for one minute every hour is just as effective as 20 minutes of the same type of mindfulness "meditation."

Positive Psychology: Taking notice of, and building on what we accomplish and do well. This has been shown to be very effective in improving mental health and positive self-concept.

Positive Intelligence: "When your mind acts as a friend far more than as your enemy.[viii]

Relationship Management: Time, Quality, Quantity, Frequency and "Health"
Humans and many other animals are hardwired for connection and safety. "Significant Other" is a term classically used to describe a particular individual with whom a person is in a committed romantic relationship. As a cognitive reframe, I invite you to think of "significant others" more broadly, and extend the sense of what it means to have significant others in your life. Significant others can be any person or being you deeply care about, and with whom you want to spend time and make memories. In our popular culture, the term "work wife," "BFF," "soul mate," "travel companion" "companion animal" are a few examples of the types of the varied and important relationships that provide variety, richness, support, fun, and companionship.

Sometimes, it can be difficult to find time to nurture these important connections. Likewise, it can be difficult to understand and accept changes in the quantity, quality and frequency of our interactions with those we care about. Connections are made, lost, or put on the backburner depending on where we "are" in our lives. Some will serve us at some times in our lives, not in others. Sometimes, relationships become unhealthy and making a decision to step away can be difficult. In the latter case, doing so with civility and grace maintains the possibility for future healthy engagement, and can lay the groundwork for an understanding that, with time, hurts can heal and perspective can shift.

Options for Engaging with Self and Significant Others:
1. Each day, spend 15 minutes in conversation. No phones, no interruptions, no going over "issues" or problem solving…just undivided shared attention.
2. Review of the day: Each person takes a few minutes to look back on his or her day. What went well, brought joy or happiness, was satisfying, fulfilling or made them feel loved? What did not go well, or brought experiences of fear, upset, frustration, etc.? Allow some time for the person sharing to reflect on they are impacted by, and can manage or navigate the range of experiences encountered in the course of the day, as well as over time. With this intentional review, patterns (both productive and counterproductive) can be revealed that move us forward toward greater life satisfaction. In sharing these experiences (uninterrupted, active listening) and "holding a space" for those you care about, we are growing in companionship, and learning how to stand with others "through thick and thin." Likewise, we can see the places we are most aligned with what brings us happiness, as well as gain understanding about the things that diminish our happiness and satisfaction.

Stewardship of "Stuff": Downsizing vs. "Right-sizing"
Optimizing the physical spaces where we live and work can help reduce stress, and allow for more time to fully enjoy what we're doing, when we're doing it. Clutter, disorganization and "stewardship of stuff" gobbles up a lot of time, and can cause stress in the following ways:
1. Lost time trying to find things
2. Frustration in not being able to find things
3. Interference with our ability to fully enjoy the things we've worked to build or have acquired because we are so busy taking care of those things.

4. Stress resulting from feeling as if there is always too much to do/take care of/maintain, and not enough time to do it. This can seep into and interfere with our ability to be present to and enjoy other things we are doing.

-->**Solutions:**

1. Find a good resource for gradually downsizing or right-sizing. There are often psychological reasons behind why we collect, obtain and cling to things that no longer serve us. Rather than criticize ourselves about the clutter and excess, it is more effective to understand our personal motivators and gradually move towards understanding the *why* while we are addressing the nuts and bolts of clearing and organizing. Importantly, this process should not be an unpleasant mandate we add to our "to do" lists, but rather a skill where tangible results should be celebrated and built up. There are several good online resources, books, online courses, and "organizing professionals" that can help you.

Information and Communications Management:
Boundaries: Knowing when to say "yes" or "no," and who, how much or what we want to allow into our lives and experiences. Healthy boundaries can be maintained, restored and strengthened over time, with practice, patience and sometimes the support of professional mental health care providers.

Limiting "electronic time": Time and cognitive and physical energy are limited. Defining boundaries around when and how much we engage on texts, phone calls, emails and social media can help us find more time for things that may have greater value or need. Before making a phone call to that long-winded client or friend, decide if there is a better time, or state up front something like, "I have 15 minutest to give you my undivided attention, then I have to go" to manage expectations. Then, follow up with "I have 3 minutes left" and take some of that time to agree upon future plans for continuing the discussion if needed. No explanation is necessary as to *why* you have time limitations.

Full Engagement:
When you are engaging in any activity or interaction, practice being fully present. In conversation, this means listening to focus on what the other person is saying in order to gain full and accurate understanding. This is also a way to build relationships. It is easy to lose that attention and instead fall into planning a response, or "mind-wandering" onto an altogether different imagining. If you find your mind wandering, just notice that it's wandering and refocus on the conversation. Simply noticing when your mind is wandering cultivates the ability to remain better focused over time.

Resources:

1. Sandra Martin- YouTube video, "Care for the Caregiver," On the Eight-Dimensional Model of Self-care: https://www.youtube.com/watch?v=6YtjAQNlGUU
2. Ed Batista, Executive Coaching: http://www.edbatista.com/2017/05/investments-not-indulgences.html
3. Al Siebert on Resilience: http://resiliencycenter.com/the-five-levels-of-resiliency/
4. Robert Emmons, The Emmons Lab: http://emmons.faculty.ucdavis.edu/
5. Martin Seligman on Positive Psychology: https://www.ted.com/talks/martin_seligman_on_the_state_of_psychology
6. Shirzad Chamine on Positive Intelligence: https://www.positiveintelligence.com/
7. Salvatorre R. Maddi on Hardiness: http://www.hardinessinstitute.com/?page_id=1020
8. Carrie La Jeunesse on Compassion Fatigue. The Compassion Fatigue Podcast: http://thecompassionfatiguepodcast.libsyn.com/the-human-animal-bond-with-dr-carrie-la-jeunesse
9. Thich Nhat Hahn on mindlfulness as one opportunity to cultivate happiness and peace: https://plumvillage.org/about/thich-nhat-hanh/

[i] Clark, S. C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations, 53*(6), 747-770

[ii] Zedeck, S. (1992). Introduction: Exploring the domain of work and family concerns. In S. Zedeck (Ed.), *Work, families and organizations*. San Francisco: Jossey-Bass, pp. 1-32.

[iii] Delecta, P. (2011), Work Life Balance, *International Journal of Current Research* 3:4, 86-189.

[iv] Greenhaus et al. The relation between work–family balance and quality of life, *Journal of Vocational Behavior,* 63, 510–531

[v] https://psnet.ahrq.gov/primers/primer/31/high-reliability

Wellness and Self-Care for the Veterinary Professional:
Flourishing in the Face of Profession-Related Stress

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Session Description
Regardless of "area of practice," the veterinary profession demands interaction, caring and effort that can be both rewarding and stressful. In this session's segment we will demystify "professoinal stress and wellness," and discover useable strategies and resources for promoting health for ourselves and others with whom we interact professional communities and ourselves.

Wellness---What is it?
Working definition (Merriam-Webster): "the quality or state of being in good health *especially as an actively sought goal* (emphasis mine)"

How do you start your own self-care, or maintain your own wellness? Awareness, Assessment, Accountability
1. Acknowledge that our work exposes us to stress that can negatively impact our clinical and ethical functioning if that stress is not recognized and managed over time.
2. Understand where you are "now," and where you would like to be over time.
3. Take action and be accountable for you own self care.

What can you do to advance this in the veteirnary profession?
1. Share what you learn
2. Know the limitations on your own knowledge. Advancing or promoting incorrect, non-validated, or incorrect theories and practice can cause harm. Be respectful of your "power position" and tread carefully and lightly.
3. Advocate for increased inclusion and resources of the profession: For instance, since the veterinary profession is mandated to, and contriubes significantly on overal human and public health, our wellness could be seen as a "public good." You may be interested in learning from, and advoating for inclusion of the veterinary profession in the National Acadmy of Medicine's Action Collaboartive on Physician Well-being and Resilience: https://nam.edu/initiatives/clinician-resilience-and-well-being/
4. Step up: work to create systems that support wellness-promotion efforts within various professional arenas, and hold yourself and leadership accountable for modeling, practicing, refining and iterating wellness "practices" and "policies" over time.

Terminology: Terminology is meant to provide a basis for shared understanding. In situations where discovery is ongoing, and multiple disciplines weigh in on interpretation of research and "best practices," finding that shared understanding can be difficult. If we focus on the *outcome* we hope to accomplish (healthier, happier, ethical, maximally functioning, effective people doing good work), let us use terminology to advance those laudible goals. Likewise, let us not advance uproven terms or random theories as "facts," or disparage or discredit the good work of experts and others who have pioneered and adhered to the highest scientific standards in order to accurately advance the body of knowledge. In short, don't believe everything you're told. Question, verify, hold accountable. Most of the best work on wellness comes from outside the veterinary profession.

Some terms you may encounter:
1. Compassion stress
2. Compassion fatigue
3. Secondary traumatic stress

4. Vicarious traumatization
5. Primary traumatic stress
6. "Stress" vs. "Syndrome"
7. Ethical fatigue
8. Empathy fatigue
9. Burnout

Definitions and Concepts: For purposes of this audience, "client" will be used to denote owners or agents of animals being cared for, and "patient" will denote the non-human animal patients under our care.

1. **Compassion Fatigue (adapted from Charles Figley):** Compassion fatigue is a secondary traumatic stress disorder resulting from prolonged or intense exposure incurred while helping those who are in distress. Compassion fatigue is characterized by a variety of symptoms in the caregiver, most notably a general state of exhaustion and anxiety.

    Why does it matter?
    1. As a particular category of caregiver, veterinarians have been identified to be at high risk for developing CF
    2. Those who are most empathetic, and often deliver the best/most compassionate care, are at highest risk for developing CF
    3. Conversely, veterinarians are identified as being at extremely low to moderate risk for burnout and enjoy particularly high potential for compassion satisfaction.
    4. Compassion Fatigue has been correlated with ethical lapses and decreased clinical competency
    5. Compassion fatigue adversely affects caregivers' overall health (psychoemotional, physical, spiritual/existential) as well as relationships
    6. Compassion fatigue lowers ability to experience compassion satisfaction
    7. It is considered unethical to ignore the self-care that is necessary to avoid the untoward consequences of compassion stressors that we encounter
    8. CF is a major cause of attrition from the "helping" professions

    →*Side note: It has been estimated that people routinely "review" unpleasant experiences five times, while experience positive experiences (i.e. positive case outcomes, establishing accurate diagnoses, etc.) only once.*

2. **Empathy:** Our "felt responses" to the stories, circumstances and emotions of others.

3. **Compassion:** "A feeling of distress…for the suffering or misfortune of others, often including the desire to alleviate it."[i] For our purposes, compassion is the action we wish to take, based on our empathetic understanding of another's distress.

4. **Resilience:** The ability to recover, or even benefit, from the effects of stressful or challenging events. Innate resilience, but also can be learned/cultivated.

5. **Hardiness:** "the capacity for enduring or sustaining hardship, privation, etc.; capability of surviving under unfavorable conditions."[ii]

6. **Compassion Satisfaction (CSat):** The degree of fulfillment derived from helping others[iii]. This is largely what contributes to our sense of work satisfaction, contributes a sense of purpose and gives a sense of meaning to the good work we do.

    Compassion satisfaction provides a counterbalance to compassion stress/fatigue. This is one reason it is so important to stop and give ourselves (and others, including clients) recognition for our efforts, positive

outcomes and the ways we benefit those under our care.

7. **Burnout:**
    a. Has been defined as "exhaustion of physical or emotional strength or motivation, usually as a result of prolonged stress or frustration" [iv]
    b. For purposes of this session, will be defined as related to systems, organizational and situational influences (vs. related to experiencing the distress of clients, patients, co-workers, etc.)
    c. Generally builds over time until critical point is passed
    d. Contributed to by all types of job-related sources, not just interactions with clients and patients.
    e. *Simple "sniff test" for burnout. "Do you like your job?" If answer is "no," it is more likely to be burnout.*

8. **Compassion Stress (CS) or Secondary Traumatic Stress:**
    a. As "caregivers" (and this includes those who "care about" beings that they may never directly encounter…wildlife and conservation professionals, for instance) **no one is untouched by STS**
    b. CS is an expected, natural, and unavoidable stress experienced when helping those in distress or harm's way…a consequence of the sense of responsibility to help, and efforts to alleviate, the suffering of others
    c. It occurs in professional care providers as well as volunteers and family caregivers
    d. Symptoms experienced are global in nature (psychoemotional, physical, spiritual/existential, and social) CS can progress to Compassion Fatigue

9. **Compassion Fatigue (CF):**
    a. Sometimes termed "Secondary Traumatic Stress Disorder"
    b. Severe exhaustion of body, mind and spirit resulting from accumulated or intense exposure to compassion stress that results in decreased functioning.
    c. CF is easier to recover from than burnout.
    d. In contrast to burnout where caregiver becomes less invested in care, those suffering from CF continue to "give when the well is dry," sacrificing self-care in order to continue to serve their clients/patients.
    e. Caregiver is unable to detach or obtain perspective in order to heal self.
    f. *Those suffering from CF generally still like their jobs*

10. **Ethical Fatigue, Moral Stress, and Empathy Fatigue:** various terms invented by individuals (and advanced by some groups and organizations) to try to make sense of the components of the stress encountered by caregivers under various circumstances. These terms have not been scientifically evaluated for validity. While there is no doubt that there are many facets to caregiver stress, there is danger in representing these concepts as validated "truths" rather than understanding how they already fit within the context of highly validated frameworks for understanding, protecting against, mitigating and recovering from caregiver stress.

11. **Countertransference:** first defined by Freud[v], and subsequently refined over ensuing years by various researchers, primarily in the area of psychoanalysis. Countertransference can be conceptualized as follows:

    a. The totality of feelings experienced by the caregiver in response to working with a client/patient.
    b. Originally thought to be "unhealthy" and "unprofessional" and was the concept sighted to encourage caretakers to avoid becoming "emotionally involved" with their patients.
    c. Caregiver may or may not be aware of their reactions/feelings as being countertransference
    d. Triggered by what is shared by the client or seen in the patient (stories, emotions, physical conditions, etc.) or by the caregiver's personal experiences, background, issues, etc.

e. Born of the empathetic response, countertransference is an expected and necessary phenomenon required to establish a relationship of trust between client and caregiver that is necessary in order to provide compassionate, and effective care.

12. **"Contagion Effect":** Tertiary traumatization of those close to/living with CF affected caregiver as a result of caregiver's lack of availability (emotionally, physically). This can extend outwards to the communities, similar to the ripples created when a rock is thrown in calm water.

13. **Primary Traumatic Stress (PTS) and Primary Traumatic Stress Disorder (PTSD):**
    a. PTS is the constellation of reactions (somatic, psychoemotional, social, spiritual/existential) to a traumatic event, or events.
    b. First identified in trauma survivors (natural disasters, war veterans, victims of violence, genocide survivors, etc.), PTS is now known to occur in a variety of settings, including serious illness, and any other event experienced by an individual as being significantly traumatic.
    c. PTSD occurs when responses to the stressors are not affectively managed or addressed, and a syndrome of symptoms develops which requires specific interventions.
    d. It can occur from a one-time intense exposure, or exposure to "milder" traumatic stresses over time (e.g. intensity and/or frequency or accumulation).

The Compassion Fatigue Model (C. Figley, 2001)
This will be the model referenced for this session. Other models include the Empathic Response Model (Figley, C. and Radey, M., 2007) and the Caregiver Resilience Model (Figley, C. and Figley, K, 2008)

The Role of Ethical Principles[vi]: Traditional ethical principles, a foundation for biomedical ethics
1. **Nonmaleficence:** "First, do not harm"
2. **Beneficence:** "Do good." Doing something to help or improve someone's situation
3. **Autonomy:** Respecting person's right to self-determination
4. **Justice:** treating with equitability and fairness
5. **Fidelity:** Honoring an individual's trust with confidentiality, loyalty, honesty and integrity

Standards of Practice: Green Cross Academy of Tramautology[vii]

"II. Ethical Principles of Practice (CTSN, modified)

2. "…dedication to the service of others imposes an obligation to sufficient self-care to prevent impaired functioning (see Figley, 1995; Pearlman & Saakvitne, 1995)"

The ProQOL: http://www.proqol.org
The "gold standard" for assessing the positive and negative effects of professional care giving, the sub-scales address burnout, compassion fatigue, and compassion satisfaction.

What can we do about it?
Awareness and assessment of one's own compassion stress, and planning and implementation of self-care is necessary to prevent the progression of CS to CF in caretakers.

"An ethical professional or paraprofessional caregiver recognizes that one's personal life has an impact on professional functioning, and vice versa. One's personal life must be a priority, nurturing oneself to maintain physical health, leisure activities, and spiritual and psychological well-being." [viii]

1. **Awareness:**
   a. Recognize that CS will occur and that CF *must be prevented* (for both self and colleagues/peers)

     b. This destigmatizes and demystifies CS and CF, decreases shame and isolation that comes from lack of awareness of the problems, and provides hope for colleagues who may be experiencing CS or CF.

     c. Understand how you respond to CS and employ suitable coping strategies to counteract reactions to stress

2. **Assessment:**
   a. Figure out where you are now, what you're happy with, and where you'd like to be using established and personally determined self-measures
   b. Self-assessments are personal and confidential and for the use by the individual only. They should never be part of an employment record.
   c. Self-assessments should, however, be encouraged by management as part of an overall goal of providing the highest quality, most compassionate and ethical care.
   d. Use to help assess eight dimensions of self-care
   .
3. **Accountability:** Understand that ignoring self-care is unethical because the care you provide can be compromised by CF
   a. Develop and maintain a self-care plan, based on you self-assessments in various areas of personal and professional life.
   b. Plan addresses both "growth" and "maintenance" goals for the eight dimensions of self-care.
   c. It is often the case that strengthening of an area in your personal life can make it easier to effectively address work-related issues, and vice versa
   d. Plan should be a "whole-of-life" approach that addresses the psychological/emotional, physical, social and spiritual/existential.
   e. Determine when you might benefit from other resources (professional counseling, compassion fatigue workshops, etc.).
   f. Identify a professional buddy and a "personal life buddy" with whom you agree to implement and monitor your self-care plans, share moral support, and celebrate progress.
   g. Make a personal commitment to share your knowledge about compassion stress and compassion fatigue to increase awareness within your profession.

Eight-Dimensional Model for Self Care
In each area, assess where you are currently, and decide if you are *personally* satisfied with your status in each area.
1. Physical
2. Psychological/Emotional
3. Spiritual (note: this word often holds negative connotations. I use it here to denote the universal human experience of existential meaning making, and not specific religiosity, although religiosity can be part of the spiritual dimension)*
4. Intellectual
5. Financial
6. Social
7. Occupational

Nine Dimensions of Wellness: The concept there are nine inter-connected aspects of wellness.
Here's one link from Auburn University:
https://cws.auburn.edu/studentaffairs/healthandwellness/about/?NineDimensions

1. Physical
2. Emotional
3. Intellectual (mental)

4. Interpersonal (social)
5. Cultural (diversity)
6. *Spiritual
7. Environmental
8. Occupational

Caregiver reactions and Coping Strategies (Yassen[ix])

Reactions to stressful interactions (STS) with those we are helping have been identified for centuries, however were first clearly elucidated in a trauma care model first proposed by Charles R. Figley. Since that time, various studies have further explored etiology (work-related and personal caregiver reactions), reactions of caregivers, and adaptive coping strategies. The work is ongoing, and there is much overlap between disciplines (psychology, sociology, thanatology, traumatology, philosophy, medicine, neuropsychology, etc.). Because so many factors influence CS and CF, it is important to realize that we bring with us to our daily interactions all of who we are…our past experiences and traumas, our knowledge and skills, our assumptions, prejudices, humor, and personal abilities to navigate life and respond to circumstances. Some of us are more prone to self-reflection than others; some of us have healthier ways of coping than others. The point is to understand at least enough to move forward in awareness of STS reactions, assess where you are, develop a plan of care for yourself, and hold yourself accountable in a way that honors the importance of the work that you do, and celebrates the unique gifts you bring to your work.

Think about your situations and your responses:

Reactions to stressful events (personal and professional)	What you do that seems healthy and helpful	What you do that seems unhealthy or counterproductive
i.e. euthanasia that causes grief	Take a moment to honor feelings, acknowledge the loss	Move immediately on to the next case and forget to address the grief later

Healthy Coping Strategies:

1. Adaptive strategies and behaviors you establish in your personal life often translate to you professional life as well.
2. Remember "moderation in all things," including what you do with regard to coping.
3. Some strategies will work for you, some will not. Some will work during some times or situations, and not at others. Some may appeal to you, and some may not. Try something new from time to time to see what benefit you may derive.
4. Recognize and act on the importance of seeking help

Self Care at Work:

- **BREATHE**. And if you're not sure if you are, BREATHE AGAIN!
- **Notice** how you're doing during the day. Check in with yourself and take a moment for a self-care treat both *before* there is a problem, and when you notice internal indicators of stress.
- **Talk** (professionally, kindly and concisely) about what support you might need from co-workers, or communicate if you need to take a moment to take care of yourself. This is particularly important before (if you can predict) and after euthansias or intense cases/crises, or when interacting with challenging clients or patients.

- **Organize** time to finish all of your work
- **Be cognizant** of trying to be all things to all people (i.e. taking every walk-in, emergency, tech-turned-doctor appt, phone call, etc.). This "perfectionist" effort increases stress (not enough time, concern about not doing all things well).
- **Schedule appropriately** to allow time for callbacks, literature searches, referral calls, review of diagnostics, review of progress notes, etc.
- **Limit availability** after hours ("after hours" includes breaks while at work)
- **Set *specific* times** to answer e-mails and telephone calls
- **Delegate** what you do not need to do.
- **Empower** team members to explore, develop and apply their skills and talents
- **Get out** so you can live fully: Family time, personal time, social time is sacred and foundational, but often are the first things to go
- **Tweak your work environment**: lighting, noise, comfortable work stations, flooring, air quality, comfortable ambient temperature
- **Maximize comfort** wherever you can (comfortable clothing and shoes, slippers for "desk time", music, candle, green plants, etc.)
- **Maximize "ease of access"** to frequently used resources (phone, reference books, charging materials, etc.)
- **Employ Humor** (yes, even "gallows" humor discharges stress). Be respectful and appropriate, and avoid "humor at the expense of others."
- **Take breaks.** Get out of office/clinic for breaks/lunch. Eat sitting down, and mindfully.
- **Eat** healthy periodic snacks and full meals when appropriate founded on diverse, healthy food as nutritionally complete as possible.s
- **Nutritional support:** supplements as needed to fill nutrient and micronutrient to support optimal physiologic function (including in the face of stressors)
- **Drink** plenty of "water." Caffeinated, high sugar or diet beverages don't qualify. Water, herbal teas, etc., do.
- **All things in moderation:** cut yourself some slack and realize that a periodic indulgence can be "good for the soul." You will know by your "self-talk" whether or not you have acted in moderation.
- **Mindfulness minute:** take 60 seconds each hour to simply close you eyes and notice the sensation of breathing…air moving in and out of your nose.
- **Health benefits of contact with the earth and interacting with Nature:** emerging area of scientific research. Here are two publications: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378297/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709294/

<u>Self-Compassion:</u> Positively correlated with psychological well being; not associated with narcissism. Compassion for self precedes the ability to be compassionate with others.
→See http://www.self-compassion.org for self-assessment and additional information

<u>Hardiness:</u> In this course, is defined as one's personal resources (reactions, responses, personal framing, sense of purpose, ability to "grow" through adversity) that are the underpinnings for resilience. Salvatore R. Maddi, PhD contributed significantly to the body on knowledge on cultivating hardiness. He suggests the following factors in hardiness are foundational to recovering, processing, and even benefiting from exposure to traumatic, troubling or challenging life events (personal or professional):

1. **Commitment**: the effort to remain engaged in ongoing work, rather than pull away, avoid or isolate
2. **Control:** Active striving to influence outcomes rather than become discouraged, demoralized and passive.
3. **Challenge:** the ability to view stressors, or resultant situations, as opportunities for "new learning".

<u>**Resilience:**</u> The ability to effectively adapt to, or recover from, change, challenge and difficult life experiences. There is ongoing debate as to the relative efficacy of various self-reporting measures for resilience[x].

1. Resilience: Several models exist. Self-assessment in this area can offer measurable indicators of our innate (trait) resilience, vs. acquired ("state" resilience) responses and coping strategies.
2. Resilience impacts the experience of stress, and how we process and integrate stressful experiences.
3. Innate components (trait resilience) and acquired (state resilience)
4. Can be learned/cultivated
   - An adaptive response allowing modulation of control as situations dictate
   - "Adaptive flexibility" associated with higher likelihood of positive feelings/emotions (affect)
   - Potential for increased self-confidence, better psychological adjustment[xi,xii,xiii]

See http://www.resiliencycenter.com for Dr. Seibert's articles related to resiliency.
→See resources for online link to resiliency self-assessment

See Ego Resiliency Scale self-assessment and scoring. Developed by Block and Kremen (1996), this scale **m**easures ego-resiliency that is a stable indicator of innate resilience ("trait" resilience)that is present from birth. This PDF also includes a Secondary Traumatic Stress assessment tool. http://ja.cuyahogacounty.us/pdf_ja/en-us/defendingchildhood/drcharlesfigley-scoring-scalesheets.pdf

<u>**Novel Approaches and Reframing for the Future in Veterinary Medicine:**</u>

Professional "cultures":
1. Psychological safety
2. Culture of safety
3. High Reliability Organizations

Medical Communications (Outcomes-based) Skills: One of four core clinical skills, employing validated medical communications skills has been shown to increase compliance, decrease stress for both care providers and patients (human medicine) and clients (veterinary medicine), improve care provider satisfaction, and lead to better outcomes in care. See the Calgary Cambridge Framework and Guides, recently adapted and validated for applications in the veterinary profession.[xiv]

Get out of your head and into your body: As professional caregivers, by necessity we spend much of our time "in our heads." Sometimes this will get us the answers and insights we need with regard to our personal stress and wellness, but many times it will not. Practices and therapeutic approaches that primarily engage deeper, intuitive, embodied wisdom can be highly effective. For instance, Sensorimotor Psychotherapy: https://www.sensorimotorpsychotherapy.org/home/index.html and Focusing: https://focusingresources.com/

Mentoring: "Pay it forward," and renew your passion for what you do. Can help you evaluate what's working, what's not, what you would change, how you put into practice the lessons you've learned, and recognize and celebrate how much you have accomplished and contributed.

Continuing Education: Dale A. Moore[x] demonstrated that veterinarians participate in continuing veterinary medical education (CVME) in part, "to rejuvenate their enthusiasm for practice, prevent practice burnout, and provide a sense of veterinary community." In addition, CVME is designed to enhance knowledge and skills. CVME is not just a legal requirement of licensure, but also another "self-care" option that could be employed to enhance compassion satisfaction and stave off compassion exhaustion/fatigue and burnout.

Supervision: Peer or professional venue for discussing your personal "stuff" that can impact or interfere with your work. When working with clients, you may notice issues arise that are "yours," not "theirs." Supervision is the place to discuss these issues for insights as to underlying personal life experiences, fears, behaviors, etc., that

can impact your functioning, ability to be fully present to clients, and ultimately to establish trust and provide compassionate care.

Social Media: Can offer tremendous support, especially in area of psychological, emotional, spiritual and social health. Remember to be appropriate, "trust and verify," and not put anything online that you wouldn't want your mom to see (the "stink test). Similarly, do not engage in criticism of others, especially when you don't know "all the details" of situations. *And do not advance or promote information that you are not qualified to represent (i.e. a current common practice is for people to ascribe causality to the comparatively high rate of suicidal ideation among veterinary professionals when no specific causality other than general mental health risks have been identified).*

Borrowing skills and approaches from the fields of psychology and sociology, including Positive Psychology, Focusing, Projective Dream Work (Jungian), and cultivating "appropriate vulnerability" (see Brene Brown's many discussions on this at her website or in her books: https://brenebrown.com/)

<u>**Self-Assessments and Resources:**</u>

https://cws.auburn.edu/studentaffairs/healthandwellness/about/?NineDimensions: Nine dimensions of Wellness

http://www.proqol.org: Exceptional overview of current theory and practice with regard to compassion fatigue/satisfaction and burnout measures. Access the classic self-assessment tool used as the standard for assessment of compassion fatigue, compassion satisfaction and burnout (personal use and in research setting for different cohorts)

http://www.stresstips.com/lifeevents.htm: Life Events Stress test. Evaluation of health risk based on tabulation of values for various life-event stressors experienced over the preceding twelve months.

http://www.self-compassion.org: *"How Self-Compassionate are you?"* Access the self-assessment for self-compassion (psychological/emotional dimension of self-care). Also find information about self-compassion, exercises to improve, and importance of cultivating self-compassion

http://www.resiliencycenter.com: Website for Al Siebert, PhD, author of the *The Resiliency Advantage.* Site contains articles regarding resilience theory, and a resiliency self-test that scores online.

How Vulnerable Are You To Stress? *University of California, Berkeley Wellness Newsletter*, (August 1985). Scale Developers: Lyle Miller and Alma Dell Smith of Boston University Medical Center. →**Online version with automated scoring can be found at:** http://www.thebody.com/content/art32281.html

http://www.hardinessinstitute.com: Website for Salvatore R. Maddi, Ph.D., psychologist/researcher whose work posits hardiness as an underlying factor influencing resiliency.

http://www.dbking.net/spiritualintelligence/sisri.htm: Self-test for "Spiritual Intelligence" to assess spiritual/existential dimension of self-care. Results are interpreted as your personal satisfaction with your abilities in each of the four core areas of "spiritual intelligence"

Books:
- *Thanks! How Practicing Gratitude Can Make You Happier* (and other books) by Robert Emmons
- *When Professionals Weep: Emotional Countertransference Responses in End-of-Life Care:* Renee Katz and Therese Johnson (Eds.)
- *Teaching and Learning Communication Skills in Medicine* by Kurtz, Silverman and Draper

- *There's no Such Thing as a Dragon:* stories and pictures by Jack Kent
- *Relax and Renew: Restful Yoga for Stressful Times* by Judith Lasater
- *Meditation as Medicine* by Dharma Singh Khalsa, MD, and Cameron Stauth
- *Food as Medicine* by Dharma Singh Khalsa, MD
- *The Pain Cure* by Dharma Singh Khalsa, MD and Cameron Stauth
- *How Good People Make Tough Choices* by Rushworth M. Kidder
- Any books by Jeremy Taylor related to Projective Dream Work
- *The Power of Focusing: A Practical Guide to Emotional Self-Healing* by Ann Weiser Cornell
- *Focusing* by Eugene Gendlin
- *How to go on Living When Someone You Love Dies* by Therese Rando
- *Please Understand Me: Character and Temperament Types* by David Keirsey and Marilyn Bates
- *Compassion Fatigue in the Animal-Care Community* by C.R. Figley and R.G. Roop
- *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder:* Charles Figley (Ed.)

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[i] Collins English Dictionary - Complete & Unabridged 10th Edition 2009 © William Collins Sons & Co. Ltd. 1979, 1986 © HarperCollins Publishers 1998, 2000, 2003, 2005, 2006, 2007, 2009

[ii] Dictionary.com Unabridged. Based on the Random House Dictionary, © Random House, Inc. 2011.

[iii] Figley, C.R. and Roop, R.G., *Compassion Fatigue in the Animal-Care Community*, Humane Society Press, Washington D.C., 2006

[iv] Merriam-Webster's Medical Dictionary. Retrieved September 14, 2008, from Dictionary.com website: http://dictionary.reference.com/browse/burnout

[v] Freud, S. (1959-a). The future prospects of psychoanalytic therapy. In E. Jones (Ed.), *Collected Papers of Sigmund Freud* (Vol. 2, pp. 285-296). New York: Basic Books. (Original work published 1910).

[vi] Beauchamp and Childress, American Psychological Association, 2010

[vii] Ethics of Self Care, adapted from Green Cross Academy of Traumatolgy Standards of Practice. https://www.ncbi.nlm.nih.gov/books/NBK207194/box/part2_ch2.box30/?report=objectonly Retrieved February 9, 2018 http://www.greencross.org

[viii] Kathleen Figley, PhD, Figley Institute CSM 103, 2010

[ix] Yassen, Janet: "Preventing Secondary Stress Disorder" in *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder*, Charles Figley (Ed.), Brunner/Mazel, Florence, KY 1995

[x] Moore, Dale A., et. al. JAVMA, Oct 2000, Vol. 217, No. 7: 1001-1006

[XI] Adams, C.L., and Kurtz, S. (2016). Skills for Communicating in Veterinary Medicine. Dewpoint Publishing.