

Self-Care While Supporting Distressed Clients: Tips and Tricks



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Agenda



- **MINDFUL STRETCHING**
- **MEDITATION**
- **STRESS /BURNOUT/ MORAL INJURY**
- **INTERNAL AND EXTERNAL PRESSURES**
- **SELF CARE AT WORK**
- **SELF CARE OUTSIDE OF WORK**

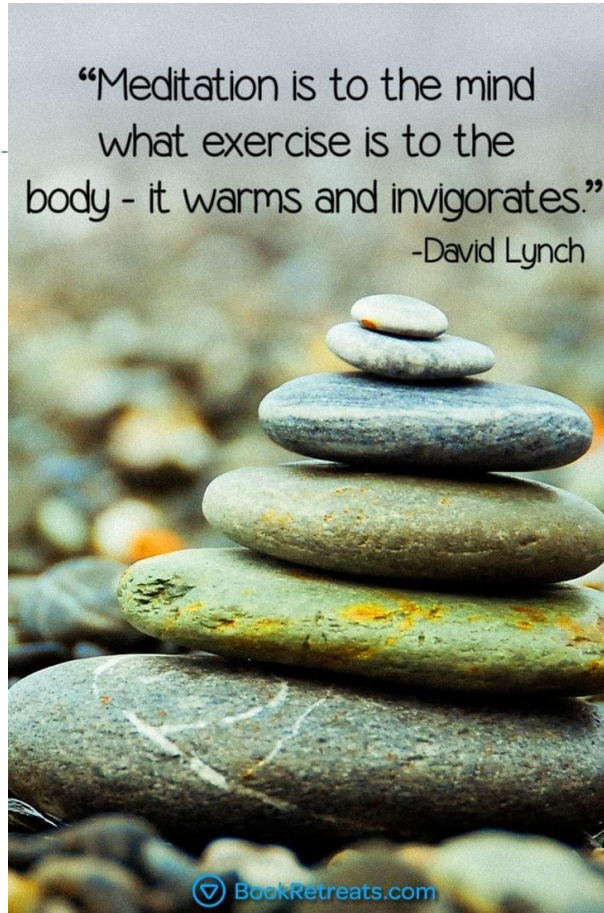
Stretch Break



Meditation

“Meditation is to the mind
what exercise is to the
body - it warms and invigorates.”

-David Lynch



Stress and Burnout



Stress

- Positive Stress – motivating, excites and energizes us.
- Negative Stress – Unpleasant experience and feels as though things are beyond our coping skills.
- Stress Reaction – physical response of hormones being released to respond to a potential threat (fight or flight response).
 - The body and mind gathers information to maintain stress reaction or activate a calming response.
 - Calming response is our body's way to return to balance
- The more often stress reaction is initiated, the more hypervigilant we get for other stressors. Long term pattern of this can lead to health issues.

Stress and Burnout



Burnout

- According to the American Medical Association “Burnout is a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.”

Linzer, M., MD, Guzman-Corrales, L., MPH, & Papalou, S. (2015, June 1). Preventing Physician Burnout. Retrieved from <https://edhub.ama-assn.org/steps-forward/module/2702509>

Internal and External Pressures



Internal Pressures

- High Expectations of Self
- Perfectionism
- Unrealistic Expectations
- Rumination (getting stuck in unhelpful thinking)
- Fear
- Anxiety
- Guilt

External Pressures

- Time Pressures
- Family Responsibilities
- Challenging Co-Workers
- High Expectations from Management to be at High Quality Performance while Giving More and More Tasks
- High Expectations from Clients/ Staff to “fix” the Situation

Altering Response to Internal Pressure



Let's Analyze our Negative Thoughts

- **Catastrophizing** – Making things out to be worse than they are
- **Over-Generalizing** – Turning one example of an experience into something that “always” happens to you
- **Mind-Reading** – Assuming we know what another person is thinking
- **Black and White Thinking** – Being overly judgmental and believing things are either right or wrong or good or bad
- **Crystal Ball Gazing** – Believing we know what will happen in the future (and assuming the worst).
- **Focusing on the Negative** – When we are down we are more likely to focus on anything negative that supports the way we are feeling

Think about how you think and what patterns have been created without judgment - **then gently challenge self to shift the pattern.**

Addressing External Pressures

External Pressures

- High Expectations from Management to be at High Quality Performance while Giving More and More Tasks
- High Expectations from Clients/ Staff to “fix” the Situation
- Time Pressures
- Family Responsibilities
- Challenging Co-Workers



Possible Responses

Communicate stress about external pressures to management

- Do this when calm rather than stressed – it will get you further to your goal
- Formulate your “ask” so it is a reasonable request

Be realistic with staff and clients about what you can and cannot do.

- Boundary setting is self care and important

Ask Management for support with time pressures and be clear with clients how much time you have with them at the beginning of the meeting.

Negotiate work and family responsibilities

- Be honest
- Ask for support

Consider why the coworker is challenging

- What could you do to support that person?
- What could you communicate to them about issue/concern in a constructive way?

Self Care at Work



- Morning Practice Development
- Before and After Encounter Practices
- Breaks – take them and make them worthwhile
- Check in with others (at jobsite or outside)
- Make time to debrief
- Move/Get Up/ Stretch
- Get outside when possible
- End of Day Practice Development

Before Encounter



- Take a moment and pause before each patient encounter for centering (can just be 20-30 secs)
- Prepare to: be present, listen, and validate patient's feelings
- Be mindful that we may not be able to change the client's situation/health crisis/depression, but providing support and listening in the moment **is an intervention that is felt by the patient**
- Be mindful of body language and eye contact
- Be clear on amount of time you have to meet

Scripting/Helpful Phrases



- “I hear you” versus “I understand”.
- Provide affirmation rather than apology “that sounds like a difficult situation...”
- Highlight strengths/resilience “...it sounds like you have resourcefully reached out to the right people”.
- “What support do you feel that you have within your community or from loved ones?”

After Encounter



- Take a moment and pause
- If a challenging encounter debrief with others and/or take more than a moment
- If possible, write down any tasks you need to do outside of the visit to support this patient
- And end of day have an ending ritual of closing things down/ putting things away so you try not to mentally bring things home

Dos/Don'ts with Clients



Dos

- Show Empathy
- Listen
- Normalize feelings
- Be Clear About Next Steps
- Set Boundaries
- Encourage them to ask for a social worker at the medical center they will get care
- Ask for support from coworker if need support with these stressful situations
- Ask for more support/ training from manager if needed.

Don'ts

- Tell them they will be ok
- Tell them you will do more than you realistically can
- Tell them you know how they feel
- Tell involved stories of how other clients coped or what their medical outcome was
- Give advice or suggest treatments
- Suggest lifestyle or choices led to medical issue
- Make light of situation/ tell them they are “lucky” to get an early diagnosis
- Offer to do things outside of your role (boundaries are ok to set up).

Working with People who Likely have Depression or Anxiety



- Provide Supportive Listening within set time available
- Know that this is an issue that will take time to address and you do not need to be their counselor
- Refer to counselors within PCP's clinic (if available)
- Refer to Counseling in the flyer Provided today
- Refer patient's with high level of depression/ anxiety talk to their PCP about possible Medications management.
- **If expressing thoughts of Harm to Self or Others, Refer to 911, ED, or Crisis Line**
- **Crisis Connections 24-Hr Crisis Line: 866-427-4747**

Cultural Diversity



- Individualism vs collectivism
- Definition of family and support system
- Communication (direct versus passive, verbal versus non-verbal)
- Religious/spiritual belief systems

Example of Cultural Response



- Ms. Castillo – Columbian female with recurrent metastatic breast cancer in her late 60s. Primary caregiver to older sisters and has daughter for support. Highly anxious/tearful at baseline. Chemo, radiation, getting treatment through BCCHP Medicaid
- “I don’t know what I’m going to do. I’m going to die. I don’t want to die. What about my sisters? Who will take care of them?” *Inquire about MH* “No I don’t want to be seen as crazy...”.
- Awareness of cultural stigmas and perceptions around physical and mental health.

(Continued)



- Mr. Tesfaye – Ethiopian male with colon cancer. Patient is a single father with a daughter in college and a son in middle school. Works full time while also receiving treatment. Has chosen not to disclose his cancer to his children or family members.
- “I do not want to burden my family. I want my children to be able to focus on school and not have this weighing them down. They do not need to know”.
- When patients respond stating they do not want to access support: “What would be helpful for you?”

Resources



Community Resources

- Asian Counseling and Referral Service
- Black Women's Health Imperative
- Consejo Counseling and Referral
- Chinese Information and Service Center
- El Centro De La Raza

Resources



Cancer Specific Support

- Cancer Lifeline
- Cancer Pathways
- Cervivor
- Cierra Sisters
- Colon Cancer Alliance
- Greater Seattle Ostomy Association
- Online Chinese language resources:
<http://spiral.tufts.edu/topic1.shtml#cancer>
- Susan G. Komen Foundation
- Washington State Chinese Cancer Association

Seeking More Support



- External Counseling
 - “People deserve Counseling – they don’t need counseling.”
- Reaching out to co-workers/staff to support each other
 - Examples: daily huddle/debrief, monthly happy hour
 - Establish your support system at work
- Asking supervisors for more support
 - Are there changes that could be made to support you in a different way or make a task less daunting

Self-Care Practices



- Mindfulness/ Meditation (start small)
 - Insight Timer <https://insighttimer.com/>
 - Calm <https://www.calm.com/>
 - Headspace <https://www.headspace.com/>
 - Stop, Breath, Think <https://www.stopbreathethink.com/>
- Exercise – mid day stretching, walks, gym, boxing, yoga, tai chi or martial arts.
- Adjust your schedule in some way that will be beneficial
- Think about reducing an unnecessary pattern such as having lunch at your computer.
- Schedule set lunch or a walk with coworkers
 - TAKE YOUR BREAKS AND LUNCH
- Review your self care practices – if you can't think of something you do, challenge yourself to try something.

In Closing



When Giving Is All We Have

[Alberto Ríos](#), 1952

*One river gives
Its journey to the next.*

We give because someone gave to us.

We give because nobody gave to us.

We give because giving has changed us.

We give because giving could have changed us.

We have been better for it,

We have been wounded by it—

Giving has many faces: It is loud and quiet,
Big, though small, diamond in wood-nails.

Its story is old, the plot worn and the pages too,
But we read this book, anyway, over and again:

Giving is, first and every time, hand to hand,
Mine to yours, yours to mine.

You gave me blue and I gave you yellow.

Together we are simple green. You gave me

What you did not have, and I gave you

What I had to give—together, we made

Something greater from the difference.

