



Self Care for Providers: Authenticity, Resiliency and Healing Strategies in working with individuals with SUD

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Susan Painter DNP,-C-CNS C

Lead Faculty

Family Systems Psychiatric

Nurse Practitioner Program



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Objectives

- Participants will learn ways to enhance effective communication strategies in working with diverse patients and families.
- Participants will identify ways to embrace and strengthen our authentic selves to engage in ways that reduce stress on providers.
- Participants will increase their awareness regarding the importance of applying self-care practices to their daily lives.



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Working with SUD Populations

“...providers working with those struggling with addictions and within the field of addictions must manage, in their own unique and appropriate way, their own grief responses experienced at work—about work” (Anderson et al, 2022).

Provider Stressors

Providers working in addiction treatment are impacted by the magnitude of patient needs, substance lethality, job and site demands, and quality of life. (Stelson et al, 2022)

The Demands are Great

- Providers work in scenarios of *one-way caring* expressing compassion, understanding and patience, without receiving the same courtesy and graciousness reflected towards us from our engagement with patients. (Guy, 2000; Skovholt et al. 2001)

Provider Impact when Self-Care is Lacking

- Poor ethical judgment/boundaries
- Negligence in practice
- Impact on clinical decision making
- Consequences to physical and mental health
- Affect on personal and family lives
- Burnout and increased stress levels

(Campoli & Cummings, 2024)

Self-Care Imperatives

- “Self-care is not a luxury but is a clinical and ethical imperative in the mental health professions...” (Norcross & Guy, 2007; Posluns & Gall, 2019)
- “...awareness, balance, flexibility, physical health, social support, and spirituality” (Posluns & Gall, 2019)

Self Care as an Ethical Guideline

- “The American Nurses Association Code of Ethics for Nurses is unique in that it states explicitly that nurses must adopt self-care as a duty to self in addition to their duty to provide care to patients” (Linton & Koonmen, 2020).
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- Yet, 68% of surveyed nurses “*place their patients' health, safety, and wellness before their own*” (Linton & Kooman,2020).

Provider Responsibilities

- “To be effective in providing mental health services, practitioners must develop a professional alliance or working relationship with clients that maintains appropriate boundaries and levels of emotional or psychological involvement, and to do so consistently from one client to another”

(Skovholt & Trotter-Mathison, 2011; Poslins & Gall, 2019).



Authenticity

- Quality of being “genuine, or real”.
- Essence of truthfulness
- Maintain true self and values

“To be authentic, we must cultivate the courage to be imperfect-
and vulnerable” (Brene’ Brown)



Advocacy

- Acknowledging stigma and bias within ourselves
- Be open to utilizing colleagues/peers for discussion and support.
- Understanding patients' perspective and lived experiences and advocating based on that

“Advocacy is empathy, compassion and community at work”
(Janna Cachola)



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Reflection

- Take moments at work for self reflection
- Carve out glimmers of time and minimize interruptions and let your mind and body reconnect

Stay in Your Lane

- Do your best to pay attention to what your body is telling you.
- Honor your experiences.
- Be mindful of your needs and limits.

Limits and Boundaries

- Give yourself permission to leave a room when overwhelmed and “take five”.
- Stay present and discern your responsibility into the issues of others.

Eliminate Unnecessary Stressors

- Have a plan for what you can do to slow the crazy train down.
- Learn to listen when the whistle is blowing, before the train runs you over. Take action, before it is too late.
- If the train is not yours stay composed and let the train go on by.

Balance

- Dialogue and support colleagues after a critical incident
- Spend lunch break time on you and do your best to not discuss patients' cases
- Utilize your time off to replenish and take mental health days
- Find passion outside of work and allow yourself time to enjoy them
- Practice ways to ground in the simplest of moments

Find your Joy

- Everyone is responsible for their own healing
- What resonates with you for self care needs?
- Follow what inspires you
- Find the humor in it all
- One cannot be fully present when your well is completely dry. Refuel



Support your Peers and Colleagues

- Avoid throwing colleagues under the bus.
- Do your best to avoid gossip at work.
- When you see a colleague in a conflict with a patient or family member “show up” and provide support.
- Validate one another experiences as often as you are able.

Critical Incidents

- Overdose and death by overdose
- Suicide attempts/death by suicide

Provider Support Overdose Death

- Most of the literature regarding provider support after overdose death stems from what was learned regarding patient suicide research. The unexpected and sudden nature of the death, secrecy and stigma.

(Yule & Levin, 2019; Yule, et.al., 2023)

- The literature is not deep regarding emotional support for providers, but the reality is the toll of patient death on providers is real.

(Urmanche, 2020)

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Future Research

- “The processes to address the bureaucratic aspects are well-defined, but the emotional aspects in the literature are lacking, and we may find ourselves “on our own” in navigating through the process of healing”
(Dr. Mark Hurst, 2024)
- Literature relative to clinician support after death by overdose is sparse, in comparison to that addressing family support. (Urmanche, 2020)



Preparedness for Providers: OD Death

- *“Across professions, physicians and nurse practitioners/physician assistants/nurses reported much lower preparedness for a patient OD death, with only 20.1 % (N = 42) of physicians and 19.2 % (N = 25) of nurse practitioners/physician assistants/nurses reported feeling at least very well prepared to cope with a patient OD death; on the other hand, a significantly higher 39.4 % (N = 71; $p < 0.001$) of social workers/counselors/psychologists/others reported feeling at least very well prepared.”*

(Yule, et.al., 2023)

Preparedness for Colleague Support

- *“The same pattern was observed regarding preparedness to support a colleague, with only 19.8 % (N = 41) of physicians and 20.6 % (N = 27) of nurse practitioners/physician assistants/nurses feeling at least very well prepared, and a significantly higher 43.0 % (N = 77; $p < 0.001$) of social workers/counselors/psychologists/others reported feeling at least very well prepared. “*

(Yule, et.al., 2023)

- *“Grief reactions in HCP’s are often masked by professional endurance and composure.”* Ask colleagues directly and privately how they are managing after a critical incident. (O’Callaghan, & Lambert, 2024)

SUD Stigma and Overdose

- “...there are three features which can be particularly difficult for those left behind; namely, stigma, the often traumatic circumstances of the death, and the resulting disenfranchised grief because the bereaved do not feel, and/or are given the impression by others, that they have the right to grieve or receive sympathy from others” (Chapple, et al., 2015; Guy, 2004; Templeton, et al., 2016).
- Additional intensity of guilt and self blame may ultimately prolong the grieving process.

(Templeton, et al., 2016)

Colleague Support

- *“Many patient OD deaths were not discussed by providers with other colleagues, but when providers did discuss these deaths providers identified colleagues as being very helpful.”*
- *‘...49 % of study participants with a history of patient drug OD death reported the emotions they were experiencing after a patient drug OD death affected their relationships with other patients “somewhat or a lot”.’*

(Yule, et.al., 2023)

Providers Experiences after an Overdose Death

- “The most common feelings identified were sadness (83%), guilt (40%), and anger (37%) about the death of their client” (McAuley & Forsyth, 2011).

“After an adverse outcome such as death from drug overdose, providers may assume that families will blame them, and they may feel reluctant to reach out to or meet with the patient’s family” (Yule & Levin, 2019).



Family and Friends Support after Overdose

- *"Five themes describe the core experiences of this group of bereaved people: drug use, the death, official processes, stigma, and overdose awareness and prevention."*
- *"Together, these findings offer new insights into the key features of this type of bereavement; for example, living with substance use including previous overdoses, difficult circumstances surrounding the death, having to negotiate the complex procedures involved in processing the death, the stigma such deaths attract, and feelings of guilt, self-blame and an unworthiness to grieve."*

(Yule, et al., 2023)

Remedies

- “...integrating self-care directly into clinical training programs and into the quality assurance processes of professional organizations within the field of mental health” (Poslums & Gall, 2019).
- Combine efforts with other colleagues to devise a “self-care plan” to bring about change to clinical site.

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