Bouts with Burnout

MANAGING WORK-RELATED STRESS ACROSS THE SUICIDE PREVENTION FIELD

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The Uniquely Wonderful and Challenging Role of a Suicide Prevention Coordinator

Monireh Moghadam, LCSW
Lead Suicide Prevention Coordinator
VA Portland Health Care System
“What do you guys do exactly?”

Role of a VA Suicide Prevention Coordinator (SPC)
- Consultant
- Educator
- Clinician
- Subject-matter expert
- Liaison and partner to community entities
- Outreach worker

Why do this work?
- VA as a Suicide Prevention field pioneer
- Passion for the mission
Unique Stressors of an SPC

- Work with near exclusively high risk individuals
- Provide postvention support to clinicians and patients’ loved ones bereaved by suicide loss
- Meet expectations of facility, VISN, and VACO leadership
  - Implementation of SPP directives
  - Responsibility for performance measures
  - Lead facility suicide prevention efforts, drive cultural shift
Unique Stressors of an SPC

- Often under-valued and/or poorly understood role
  - Increasing workload
  - Limited recognition of support needs: “Who’s got our back?”
  - Limited promotional potential, given increasing program management responsibilities

- Siloed work environment
  - Limited understanding of role by non-SPC peers and leadership
    - Narrows options for support, peer consultation

- Limited resources for identifying and managing the emotional impact of the role
Signs and Symptoms of Burnout and Compassion Fatigue

- Feelings of helplessness
- Fatigue (physical and/or emotional)
- Inability to maintain empathy and objectivity
- Emotional numbing and detachment
- Less engagement with colleagues
- Insomnia
- Low morale
- Feelings of failure
- Reduced productivity
- Increased changes to mood and/or anxiety
Strategies for Managing Stress and Burnout

• Connecting/debriefing with SPC team
• Consulting with VISN and national SP colleagues
• Prioritize self-care
  • Basics: Exercise, get enough sleep, proper nutrition
  • Taking breaks during work hours, “unplugging” from work after-hours
  • Connect with family and friends
  • Consider seeking therapy
  • Make time for what brings you joy
    • Travel, running, house projects
Strategies for Managing Stress and Burnout

Future Considerations:

• More research is needed in this highly specialized area
• Pathways for more support are necessary
  • Facility/VISN/VACO levels
One Burned Out Peer and What Helped

Aaron D. Barrow, QMHA
Peer Support Specialist
RRTP Program
VA Portland Healthcare System
Who Am I?

- **AARON IS A PEER SPECIALIST**, a veteran who is in active recovery and working to support and enhance the recovery journeys of his fellow veterans.
- **AARON HAS BEEN WORKING AT THE VA FOR 8 YEARS** in a residential treatment program for veterans.
- **AARON WORKED IN THE PRIVATE SECTOR FOR 4 YEARS** as a skills trainer.
- **AARON EARNED HIS BS IN PSYCHOLOGY IN 2006**
The Causes of Burnout

- **Flood of Veterans**
  - Constant influx of new stories and issues

- **Negative Events**
  - Death of some veterans
  - Trauma caused by confrontation
  - Watching people return to drinking and using
The Causes of Burnout

- Watch Revolving Door Process
  - Often the veteran with the best presentation would get hit the hardest
  - See the failures of the system in addressing the flood of veterans

- Not Taking Care of Myself
  - Practicing a lot of negative behaviors that were lowering my own quality of life
Burnout...
How it feels and felt

- Constantly felt overwhelmed, vastly unprepared and frustrated at the people I was working with
  - Self-confidence eroded over time
  - Lost faith in the system
  - Was having a lot of negative dreams centered around work
  - Dreaded going to work in the morning

- Began to use a lot of harmful coping strategies
  - Binge eating
  - Smoking
  - Often upset while at home
  - Excessive drinking and using drugs
Burnout…
How it feels and felt

- Reveled in the negative
  - Was quick to point out negative interactions to fellow staff members
  - In team meetings I would be quick to tear down a veteran and focus on what they were doing wrong
  - Began having a lot of negative dreams

- Did a lot of avoidance behaviors at work
  - Spent an excessive amount of time in the smoke shack
  - Tried to hide in my office and get lost online
  - Always leaving work early
How Did I Get Better?

OR, AND INJECTION OF POSITIVITY
Found Healing in My Community

- Change of Perspective
  - Realized that people are going to be people, no matter what I do
  - Started focusing on the positive instead of the negative
    - Practiced gratefulness in my own life

- Started Attending Self-Help Groups
  - Found safe spaces to share with understanding people
Found Healing in My Community

- Leaned on Coworkers, Friends and Family
  - Asked for Advice
  - Shared Challenges

- Began to Learn New Coping Mechanisms
  - Practiced Deep Breathing
  - Scheduled Time for Walks
  - Avoiding Isolating at Work
  - Making Quiet Times a Priority
    - Being Open to Getting Rid of Distractions
Wellness in Suicide Research

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Limited evidence base for current interventions
- Critical Incident Debriefing → iatrogenic effects

Key components from the literature
- Developing procedures throughout the research process
- Helpfulness of social support
- Promoting adaptive, personalized coping
- Empowering staff to implement coping strategies
Systems Engineering for Patient Safety
(SEIPS; Holden et al., 2014)
It’s Not Easy: Staff Well-being in Suicide Prevention Research
Staff Well-being in Suicide Prevention Research

- **Incorporate Safety Procedures**
  - Build procedures into research timeline
  - Secure permission from stakeholders

- **Brief Staff on Safety Procedures**
  - Plan for distressing events
  - Attend staff wellness groups
  - Reach out in the moment
  - Reflect on research process

- **Conduct Staff Wellness Groups**
  - Check-in and Introductions
  - Staff-led conversation
  - Feedback on Safety Procedures

- **Debrief with Facilitators**
Vicarious Trauma and Wellness in Suicide Research

Kyla Tompkins, MA
HSR&D Center to Improve Veteran Involvement in Care (CIVIC), VA Portland Health Care System
Studying Veterans with Recent Suicide Attempts

- Population: Veterans who have attempted suicide within the past 6 months*
- Sample: 50 Veterans (25 men and 25 women)
- Method: open-ended interviews using a modified grounded theory approach

*6 months from screening participant
Studying Veterans with Recent Suicide Attempts

- Topics of the interviews: military background and experiences, reasons for suicide attempt, VA healthcare experiences, and implications for change and suicide prevention

- Interviewer background: MA in sociology, focus on qualitative methods, gender, race, class, inequalities, and intersectionality
Experiences as an Interviewer

- **Aim:** move suicide prevention forward and collect rich data on gendered experiences

- **Knowing your role:** research and not providing care
  - Feeling empowered through research

- **Problem:** Looking for resources, vicarious trauma and moral injury prevention strategies with little guidance
Experiences as an Interviewer

Lessons learned:
- Discussing self-care and appropriate sharing in the workplace
- Awareness of the risks: harm to mental wellbeing (stress, lessened attention), moral injury, or burn out
- Wellness group and mindfulness
  - Taking care of yourself at home and at work
Questions/Discussion