Mindfulness for Occupational Therapists:
Managing the Complex Roles of Fieldwork Educator and Practitioner

Emily A. Zeman, MS, OTR/L

New England Occupational Therapy Education Council Annual Conference

Introduction

"The awakening to a full meaning of time as the biggest wonder and asset of our lives, and the valuation of opportunity as the greatest measure of time: those are the beacon lights of the philosophy of the occupational worker."

Adolf Meyer (1922)

Workshop Objectives

1. **Identify the symptoms of stress, burnout and compassion fatigue**

2. **Determine the signs of compassion satisfaction**

3. **Compare/contrast self-assessments available for measuring components of burnout, compassion fatigue, and compassion satisfaction**

4. **Share positive coping strategies to mitigate and manage stress**

5. **Evaluate Evidence-Based Practice (EBP), and best practices supporting mindfulness as an effective intervention for reducing BO/CF**

Workshop Objectives

6. State theoretical constructs linking mindfulness, self-care and resilience

7. Participate in simple, basic, exercises specific to health professions

8. Demonstrate awareness of resources (assessments, books, news, research, social media)

9. Discuss possible implications for fieldwork education

Meditation #1

Emily A. Zeman, MS, OTR/L

6/5/2014

Professional Quality of Life

"Professional quality of life is the quality one feels relating to their work as a helper.
Both the positive and negative aspects of doing one's job influence ones professional quality of life."

(Stamm, 2010, p.8)

Professional Quality of Life

- Health practitioners are recognizing their own mental, physical, spiritual, and emotional well-being is just as important as all the dimensions of client care

- Practitioner health is the management of one's stress responses, potential for burnout, health, and overall well-being

- The professional role of a health practitioner consists of managing the multiple dimensions of client care, including but not limited to:

  - Clinical skills, foundational knowledge, client factors, reimbursement, evidence-based practices, self, and student training

Without Professional Quality of Life….

- Decreased practitioner well-being, self-management, quality of care and decreased client outcomes

- Potential for prolonged stress, leading to burnout, compassion fatigue, and other physical, mental, and emotional symptoms
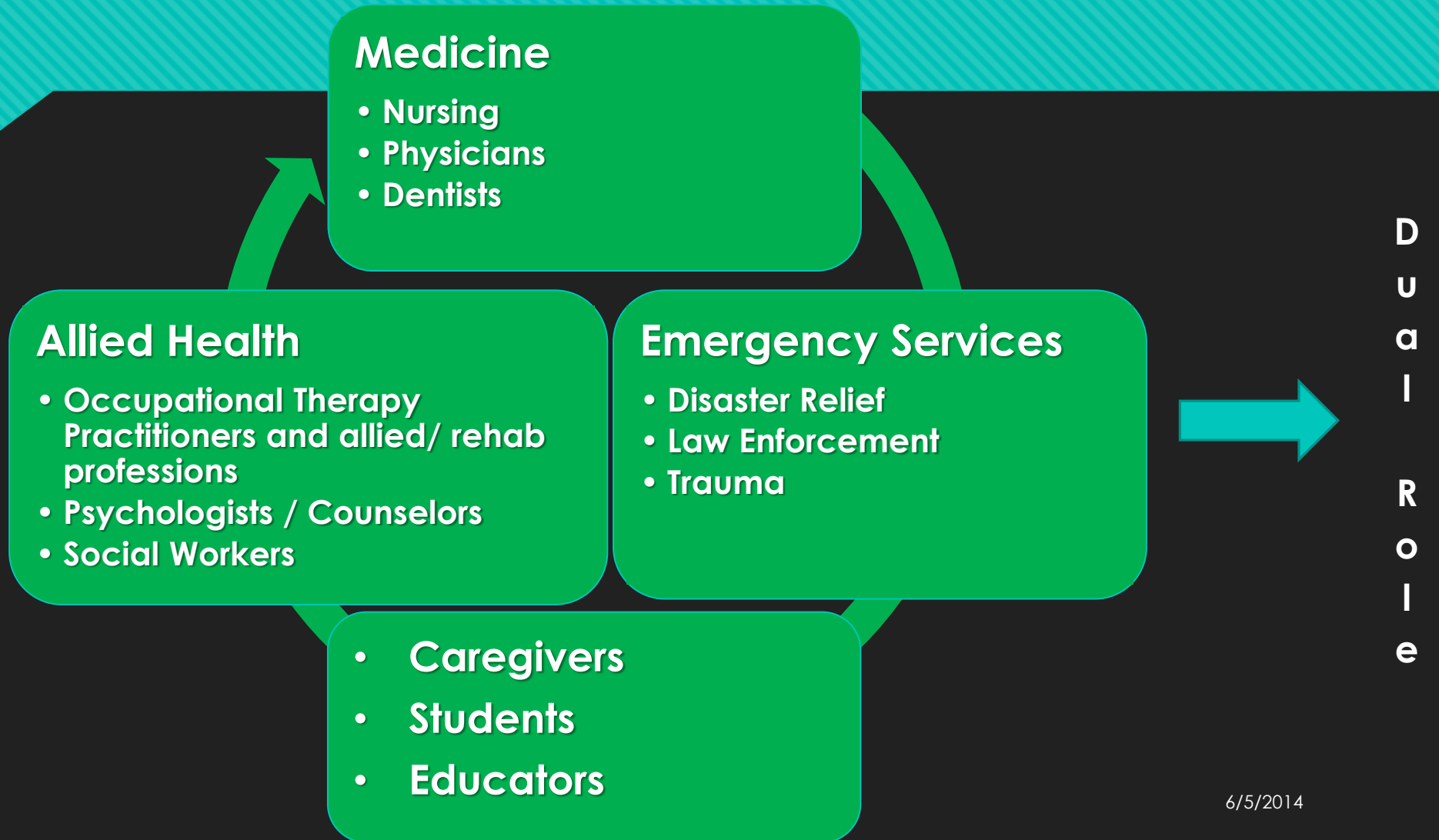
Compassion Fatigue, Stress, and Burnout
The CSB's
Part of the work is to experience the stress and suffering of our clients (Shapiro & Carlson, 2009)

- "It is not whether stress will appear and take its toll…instead, it is to what extent professionals take the essential steps to appreciate, limit, and learn from this very stress to continue-and even deepen-their personal lives and roles as helpers and healers." (Wicks, 2008)

Who is at Risk?

Medicine
- Nursing
- Physicians
- Dentists

Allied Health
- Occupational Therapy Practitioners and allied/ rehab professions
- Psychologists / Counselors
- Social Workers

Emergency Services
- Disaster Relief
- Law Enforcement
- Trauma

- Caregivers
- Students
- Educators

Dual Role

6/5/2014
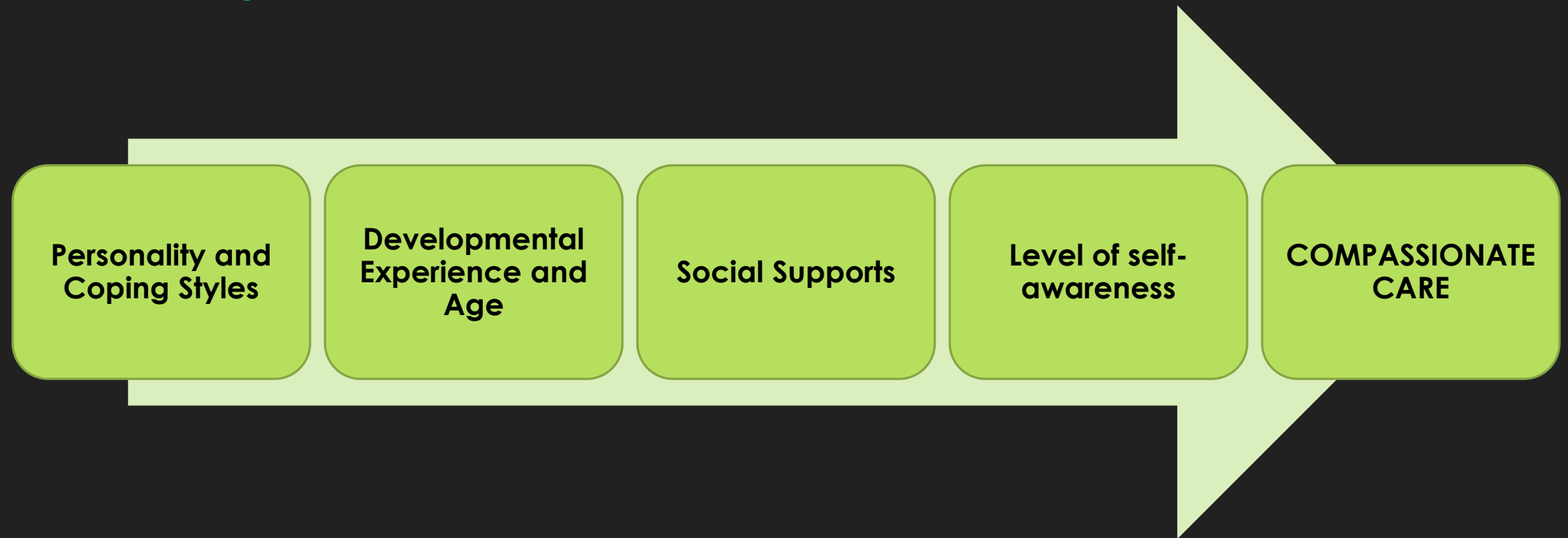
Emily A. Zeman, MS, OTR/L

Compassion

To understand compassion fatigue, one must first understand compassion

A complex emotion that allows caregivers to hold and sustain themselves in emotional balance while holding patients' despair in one hand & their hopefulness in the other.

○ **It takes inner conviction, resiliency, and a passion of personal ethics, personal beliefs, and a way of being** (Bush, 2009)

Compassionate Care

Personality and Coping Styles → Developmental Experience and Age → Social Supports → Level of self-awareness → COMPASSIONATE CARE

Compassion Fatigue

○ **An experience of tension and preoccupation with the suffering of those being helped, to the degree it is traumatizing to the helper**

○ **It is the emotional labor that is a majority of the therapeutic work**
(Shapiro & Carlson, 2009)

○ **Figley (1995) stated that working with clients includes "absorbing information that is about suffering" and that often, this "includes absorbing the suffering as well" (p. 2).**

Signs of Compassion Fatigue

- Emotional exhaustion
- Cumulative worry or concern for patients and the perceived or real suffering and /or their stories
- Carrying traumatic stories and memories of patient's stories
- The cost of caring and having empathy
- Absenteeism at work-reduced effort toward therapeutic relationships
- Diminished sense of purpose/enjoyment of career
- Hyper vigilance
- **Intrusive thoughts of person's experience** (Gentry, Baranowsky, and Dunning (2002) in Beck 2009)

Stress

Any idiot can face a crisis-it's this day to day living that wears you out."
(Chekhov, source unknown)

- The pattern of specific and nonspecific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope.

- When demands exceed personal resources
  - Private practice
  - Insurance requirements
  - Threat of lawsuits

Signs of Stress

- **Decreased psychological well-being – depression, anhedonia, emotional exhaustion, and anxiety**

- **Loneliness**

- **Job dissatisfaction**

- **Disrupted personal relationships**

- **Difficulty maintaining attention and concentration, wavering decision-making skills**

- **Reduced ability to establish strong relationships with patients** (S & C, 2009, quoting other studies)

Burnout

- **First termed by Freudenberger (1974) as having feelings of failure, being worn out and depleted, or becoming exhausted by excessive demands, stress or resources**

- **Characterized by emotional exhaustion, reduced sense of personal accomplishment, and depersonalization (reduced caring)** (Maslach, Leiter & Schaufeli,1997)

- **Includes situational change such as productivity demands, pace of healthcare, and organizational structures** (Bush, 2009)

- **The International Classification of Diseases (ICD-10) recognizes burnout as a "state of vital exhaustion" and the World Health Organization (1994) lists it under "problems related to life-management difficulty."**

Signs of Burnout

- Overarching overlap to all the sources out there include a LACK of something:
- Emotional Exhaustion (EE)
  - Emotionally depleted of resources and overextended
- Depersonalization (DP)
  - Negative, indifferent and/or detached to the patients and or outcomes of care
- Reduced Personal Accomplishment (PA)
  - Reduced sense of achievement or success in competence within professional role and tasks (Maslach, 1993)

Sources of CSB's
"Helping people can be extremely hazardous to your health" (James Gill)

- o Inadequate quiet time

- o Vague criteria for success and/or inadequate positive feedback

- o Guilt over failures and taking out time to nurture oneself properly to deal with one's legitimate needs

- o Unrealistic ideals that are threatening rather than motivating

- o Extreme need to be liked by others

- o Neglect of emotional, physical and spiritual needs

- o Working with people who are burned out

- o Poor community life and/or unrealistic needs/expectations surrounding the support and love of others for us

Sources of CSB's

- Extreme powerlessness to effect needed change or being overwhelmed by paperwork and administrative tasks

- A serious lack of appreciation by our superiors, colleagues, or those whom we are trying to serve

- Sexism, ageism, racism, or other prejudice experienced directly in our lives and work

- High conflict in the home, family, work, and living environment

- The "savior" complex

- Overstimulation, alienation or isolation

- Not having the power or freedom to deal with or remove oneself from regularly occurring stressful events

- Seeing money wasted on projects that seem to have no relation to helping people or improving the healthcare system
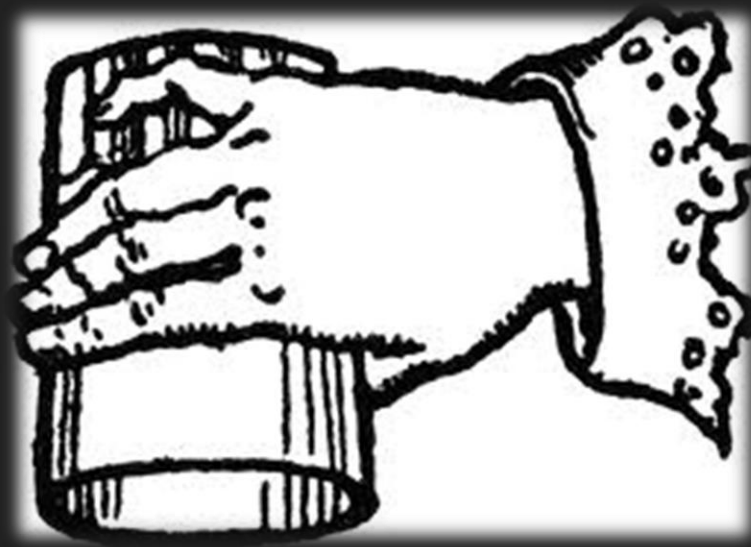
Impact of CSB's

- Decreased Quality of Care
- Decreased patient outcomes
- Decreased interpersonal relationships
- Reduced presence in therapeutic relationship
- Reduced flow
- Need for strength, clarity, resilience to encounter stress and suffering daily

Signs and Symptoms

Physical illness
- Headache
- GI complaints

Stress
- Decreased balance
- Anxiety
- Cynicism

Mental illness
- Emotional exhaustion
- Depression
- Decreased self-efficacy

Excessive Turnover
- Low morale

Absenteeism Presenteeism

Decreased Quality of Compassionate Care
- Decreased patient satisfaction
- Errors
- Decreased morale
- Ethical concerns
- Decreased therapeutic use of self

Empty…

Assessing CSB's
(Compassion Fatigue, Stress and Burnout)

- The Professional Quality of Life Scale (ProQOL)
- The Maslach Burnout Inventory (MBI)
- Perceived Stress Scale (PSS)
- Caregiver Self-Assessment Scale
- Copenhagen Burnout Inventory (CBI)
- Meier Burnout Assessment (MBA)
- The Fatigue Assessment Scale
- World Health Organization Quality of Life (WHOQOL)

Maslach Burnout Inventory (MBI)

- Most widely used to assess burnout in all populations
- Highly valid and reliable psychometrics
- Three forms, including General Survey, Human Services Educator and versions
- Costly
- 22-item self-report questionnaire, assessing three components
  - Emotional Exhaustion (EE)
  - Depersonalization (DP)
  - Personal Accomplishment (PA)

6/5/2014

Emily A. Zeman, MS, OTR/L

Perceived Stress Scale

- Sheldon Cohen at Carnegie Mellon University
- Most widely used psychological instrument for measuring the perception of stress
- Looking at last 30 days' thoughts and feelings
- Non-specific content and can be applied to any population
- To what degree situations in one's life are appraised as stressful
- Short and easy to answer on a Likert Scale
- Free

The Professional Quality of Life Scale ProQOL

- Free, 30-item, self-judgment questionnaire
- 5-point Likert scale, self-report paper and pencil form
- 10 questions for each scale: compassion fatigue, burnout, and compassion satisfaction
- Self-scoring

(Stamm, 2010)

ProQOL

Please complete the ProQOL in your workshop folder at this time.

ProQOL

Review and discuss ProQOL results

ProQOL

- Therapists' intended population for ProQOL's design

- Self-score each subscale, given explicit directions from manual

- Cut Scores provided at 25th and 75th percentile

- Psychometrics
  - Good internal consistency reliability
    - *Cronbach's alpha* varies from .88, .75 and .81 in three scales (Stamm, 2010)
  - Good validity

ProQOL
Strengths and Practical Utility

- May be used across many roles and work environments

- Multiple administration methods (self, group, research, and paper or online format)

- Many revisions with 3,000 people's data in last 15 years

- Free and easy to use ordinal scale

- Multiple disciplines have published studies in peer-reviewed journals

- ProQOL may be used at different periods of time with same individual to monitor changes in scores

- Published in many languages

ProQOL Limitations

- Merely a screening a tool, not diagnostic
- Cannot determine a single composite score from all three measures
- No Rasch or Factor analyses
- Despite hundreds of published papers, minimal have studied psychometric properties of tool
- Bride et al. (2007) note that due to nature of measure to screen for compassion fatigue , false positives may occur frequently

Distinct Challenges in Dual Roles

Emily A. Zeman, MS, OTR/L

6/5/2014

Occupational Therapy's Role

○ **"Whatever the patient's ailment…there must be some occupational circumstance in which his chance of recovery is greatest"** (Anonymous, 1924, p.57)

Occupational Therapy's Role

○ **The American Occupational Therapy Association states the occupational therapy practitioner's role is to help clients achieve a satisfied and fulfilled point in life:**

"through the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability, and which develop, improve, sustain, or restore the highest possible level of independence" **(p. 1072, 1994)**

Occupational Therapy's Role

- Similar needs as other health sector peers for managing self in professional role

- Occupational therapy practitioners enter a client's unique personal space to distinctly discern the motivations and actions that determine the meaningful occupations which define the client (Reid, 2011)

- Therapeutic encounters call for clinical reasoning, emotional outreach, physical endurance, full cognitive attention, and resilience

Challenges of the Practice of Occupational Therapy

- One of the challenges of occupational therapy is the presence required to enable a client's occupational performance in each moment

- Client-therapist relationships summon the therapist's foundational skills, clinical reasoning, compassionate care, therapeutic use of self, and presence

- Occupational therapy practitioner's are balancing:
  - Productivity, paperwork, and professional setting demands, including student supervision
  - The physical, psychosocial, and occupational health of clients
  - Own stress responses and experience of professional role as therapist and employee

Occupational Therapy Fieldwork Educator (FWEd) Role

- Occupational therapy practitioners are called upon to offer mindful, compassionate care and their full empathic engagement in each moment

- FWEd's are asked to do the same with their students

  - Managing client caseload while fostering students' growth, goals, and educational requirements

  - Time management for self-care, professional duties, and educator duties

Emily A. Zeman, MS, OTR/L   6/5/2014

Fieldwork Educator Role

- Design learning experiences to nurture student's skills, knowledge, and expertise

- Guide student by demonstrating practice skills and observing, assessing, and giving feedback as student's apply knowledge from academic setting to particular site's situation and objectives

- Learn and apply methods, skills, and instructional design processes to educator role tasks

- 6 Areas of Learning for Students
  - Application, Caring, Foundational knowledge, Human dimension, Integration, and Learning to learn

(Stutz-Tanenbaum & Hooper, 2009)

Practitioner and Educator

Challenges of the Dual Role of Fieldwork Educator and Practitioner

- Responsibility to model self-management in the practitioner role and therapeutic relationships

- Educators report feeling a struggle to meet both clients' and students' needs

  - "Surviving not thriving"

  - Fieldwork educators navigating both roles reported feeling a dynamic incongruence of self and lack of agency and lack of growth as a practitioner

- Wearing two hats – practitioner and educator. One identity may have a stronger pull (Stutz-Tanenbaum & Hooper, 2009)

Challenges of the Dual Role of Fieldwork Educator and Practitioner

- If self-management strategies are inadequate within the fieldwork educator, the attention and commitment to guiding students may suffer
  - Projection of negative personal feelings about clinical practice to student
  - Personal resources reach a limit (time, energy)
- Yuen (1990) called upon fieldwork educators to put more time into formal training toward their teaching experience with students, and to become aware of the potential for burnout while navigating the two roles
- Supervising clinicians generally experience higher levels of burnout than staff clinicians and occupational therapists (Brollier, Bender, Cyranowski, & Velletri 1986,1987)

Managing the Dual Role

○ Clinical education literature describes the distinct demands and effects on therapy practitioners who are educators, as the dual role contributes to a lack of congruence, sense of self and identity, and stalled growth as practitioners (Carr & Gidman, 2012; Higgs & McAllister, 2005; Stutz-Tanenbaum & Hooper, 2009).

○ Marlow and Urwin (2001) examined compassion fatigue in social work educators, and found that those educators out in the field (also practicing) had higher levels of compassion fatigue compared to those in solely faculty positions in education

Managing the Dual Role

○ With Fieldwork educator compassion fatigue and burnout, the outcomes become a concern:

  ○ Decreased client satisfaction and decreased client outcomes

  ○ Ethical conduct concern

  ○ Low morale in workplace and potential for projection onto student experience

  ○ Decreased therapeutic use of self

  ○ Absenteeism

  ○ Practitioner or student errors

Fieldwork Student Role

- Emerging skills in applying theories, models, and frames of reference to practice
- Navigating new commute, new supervisor, new colleagues, new work culture
- Client relations
- Coping skills, values and personality
- Personal life balance with work role
- Socializing to the profession
- Pass/fail to earn degree

Impact on Fieldwork Education

- **Potential for burnout and stress may lead to decreased student satisfaction with fieldwork experience and client dissatisfaction** (Yuen, 1990)

- **Decreased therapeutic use of self**

- **Decreased modeling**

- **Student and/or practitioner errors**

- **Ethical misconduct**

- **Decreased morale**

Balancing the Dual Role

Emily A. Zeman, MS, OTR/L

6/5/2014

The Seeds You've Planted and Nourished

Maintaining Professional Quality of Life

"The seeds of secondary stress and the seeds of true passionate involvement …. are actually the same seeds"
(Wicks, 2008)

Emily A. Zeman, MS, OTR/L

6/5/2014

Nurturing Self-Care Strategies

- Results
  - Increased quality of care and adherence to ethical standards
  - Higher productivity
  - Increased retention and morale
  - Increased practitioner and patient satisfaction (Schwerman & Stellmacher, 2012, Waite, 2012)
  - Improved student outcomes and client outcomes
  - Balanced, improved professional quality of life

Self-Care

"What do I need to put into place in my own life that will enable me to reap the most out of having the privilege to participate in such a noble profession, and in turn, experience a more meaningful personal life in the process?"

(Wicks, 2008)

Self-Care Exercise

Gentle

REMINDER:

Take care of myself

today.

Lisa A. McCrohan, www.barefootbarn.com

Self-Care Protocol

- "The practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (Dodd, 2007, p. 4)

- At Personal, Professional, Organizational levels (Rourke, 2007)

- Career-Sustaining Behaviors (CSB's)

Personal

- **PERSONAL**
  - **Regular relaxation, exercise, solid nutrition, and sleep**
  - **Non-work related activities or hobbies**
  - **Manage work-personal life balance**
  - **Spiritual needs**
  - **Allow grieving time in difficult patient interactions/losses**
  - **Find a therapist**

Professional

- **PROFESSIONAL**
  - **Diversifying patients**
  - **Setting boundaries and limits**
  - **Work wellness programs**
  - **Stress-reduction programs**
  - **Focusing on positive aspects of one's work**
  - **Meeting with peers and fellow health professionals who share common goals**

Organizational

- **ORGANIZATIONAL**
  - **Supportive team and management**
  - **Create an atmosphere of respect for work done**
  - **Spaces for health professionals to de-stress (Rourke, 2007)**
  - **Stress-reduction programs**
  - **Wellness programs**
  - **Access to ongoing, continuing education (Grafton, Gillespie & Henderson, 2010)**

BREAK

Meditation #2

Concern:
The professional quality of life, including well-being, of occupational therapy practitioners in a dual role as educator

"When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied."

–Herophilus

Maintaining Professional Quality of Life

- Stress-reduction programs, including mindfulness, have increasingly been a work-wellness platform for health professionals

- Physicians, nurses, psychologists, and social workers are many of the disciplines participating in mindfulness programs

- Mindfulness programs, which train an individual to bring the present moment and self into awareness are a means to address professional quality of life

A Call

As Thich Nhat Hanh (2000) says,

"A therapist has to practice being fully present and has to cultivate the energy of compassion in order to be helpful" (p. 152).

Mindfulness as Self-Care

"Who in their right mind would not take out the time to ponder the essentials of self-knowledge, self-care, and secondary stress?"

(Wicks, 2008)

Mindfulness

- **Mindfulness is defined as a "conscious, moment to moment awareness, cultivated by systematically paying attention, without judgment, on purpose"** (Kabat-Zinn, 1990, p. 4)

- **Mindfulness includes an intentional awareness, a deep knowing, and mindful practice, a systematic approach to intentionally paying attention with openness, compassion, and discernment** (Shapiro & Carlson, 2009)

Mindfulness

- **Three guiding elements to mindfulness as a model of thought** (Shapiro & Carlson, 2009):

  - **<u>Intention</u>**- the direction and vision toward why one makes a point to practice (Kabat-Zinn, 1990).

  - **<u>Attention</u>**- the observance of internal and external experiences, in the here and now. Mindfulness practice asks for a sustained, non-judgmental, and concentrated cultivated attention as the present moments reveal themselves.

  - **<u>Attitude</u>**- Siegel (2007a) instructs that the attitude toward paying attention can have qualities of curiosity, openness, acceptance and love (as cited in Shapiro & Carlson, 2009).

Mindfulness

o **Mindfulness is simply an introspective method for grounding your thoughts, emotions and behaviors in the reality you are currently experiencing, so you can stand back, observe, understand yourself more fully and take care of your needs.** (Arlene K. Unger, PhD)

o **Mindfulness includes attitudinal qualities:**

  o **Non-striving, acceptance, self-compassion, trust, patience, openness, curiosity, letting go, nonattachment, gentleness, non-judging, & loving-kindness**

Mindfulness

Emily A. Zeman, MS, OTR/L   6/5/2014

Types of Mindfulness-based Interventions

- Mindfulness-based stress reduction (MBSR)
- Mindfulness-based cognitive therapy (MBCT)
- Dialectical behavior therapy (DBT)
- Acceptance and commitment therapy (ACT)
- Mindfulness-based eating awareness training (MB-EAT)
- Mindfulness based art therapy (MBAT)
- Mindfulness-based relapse prevention (MBRP)

Emerging Scientific Research

"There's a lot of hype around mindfulness and we need to be cautious because it doesn't serve our science or our patients well if we're over enthusiastic. We have to make sure the science catches up to the enthusiasm."

Barry Boyce (Mindful magazine, June 2014)

Populations

- **Mental health**
  - **Anxiety disorders, Eating disorders, Insomnia**
- **Pain**
- **Cancer**
- **Cardiovascular Disorders**
- **HIV/AIDS**
- **Epilepsy**
- **Healthy populations**
  - **Students and professionals**

How is Mindfulness Helpful?

- Re-perceiving, or a fundamental shift in perspective
- Mindfulness practice as a developmental process
- Self-regulation and Self-management
- Values Clarification
- Cognitive, Emotional, and Behavioral Flexibility
- Exposure

*Self-Management

Intention → Attention → Connection → Regulation → Order → Health

Emily A. Zeman, MS, OTR/L

6/5/2014
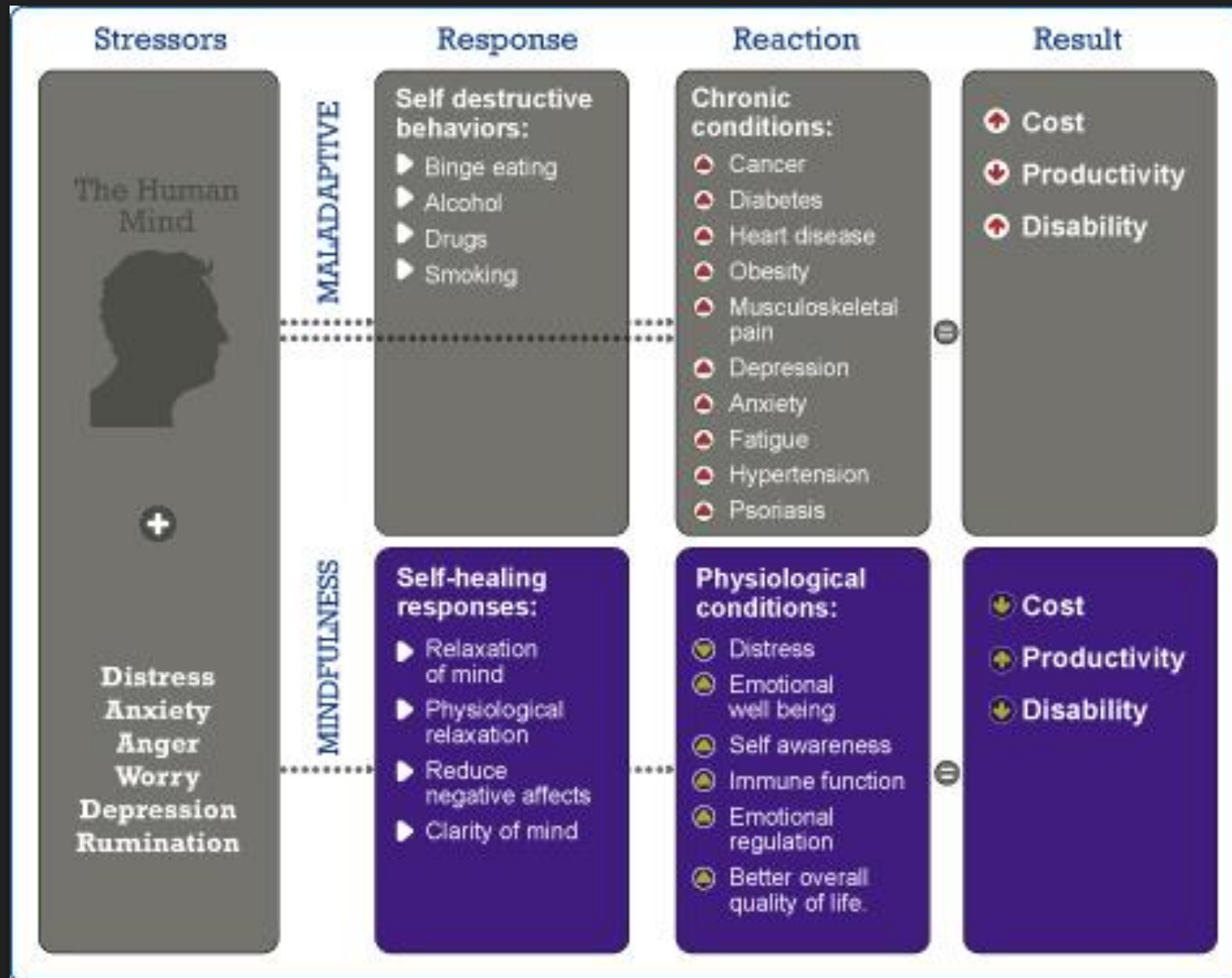
How is Mindfulness "Cool?"

1. It's free.
2. It helps us accept things we cannot change.
3. It's accessible to all of us, regardless of our spiritual beliefs.
4. It's supported by research as being helpful (but it's not a panacea).
5. It can be done without any extraordinary effort.
6. It encourages us to trust in our own experiences.
7. It helps us to get over ourselves.
8. It allows us greater flexibility in living.
9. It can be done virtually anywhere, anytime.
10. It's nice.

(Jonathan Kaplan, PhD, Urban Mindfulness)

Mindfulness in the Evidence for Practitioners in a Dual Role

Question: Is mindfulness an effective intervention for reducing compassion fatigue and burnout among occupational therapy fieldwork educators?

Emily A. Zeman, MS, OTR/L

6/5/2014

Mindfulness in the Evidence for Practitioners

- Whether brief or 8 weeks, mindfulness intervention, in one form, supports reduction in burnout levels in health professionals

- One study was large (n=70) with medium effect sizes for mindfulness intervention related to reducing burnout in medical professionals

- Mostly small studies, therefore any p values are related to descriptive statistics with inferential statistics being difficult to calculate (threat to statistical conclusion validity)

Mindfulness-based Stress Reduction (MBSR)

- **8-week program**

- **Developed by Kabat-Zinn in 1979 (1990)**

- **Literature showing evidence of its effectiveness in clinical and non-clinical, community sample populations** (Astin et al., 1997; Baer, 2003; Cohen-Katz et al., 2005, Shapiro, 1998; Shapiro & Carlson, 2009)

- **2.5 hours per week, 45 minutes of homework per day**

- **6 hour silent retreat between 6th and 7th weeks on a weekend**

- **Body scan, sitting, eating and walking meditations, exercises for homework, discussion**

Emily A. Zeman, MS, OTR/L   6/5/2014

MBSR - Evidence

- The MBSR program has shown:
  - improved physical and mental well-being,
  - increased awareness,
  - less distractibility, and
  - improved working memory capacity (Shapiro, 2007) in ill clients, healthy adults, and medical professionals (Kabat-Zinn, 1990).
  - Shapiro et al. (2005) and Cohen-Katz et al. (2005) both showed a decrease in burnout in the treatment groups after the MBSR intervention in health professionals and nurses, respectively.

Mindfulness as Self-Care

○ Awareness brings a shift in perspective out of one's personal narrative (subjective), and to nonjudgmentally (objective) attend in the moment, to tune in

○ Mindfulness can help with self-regulation and self-management

○ Awareness may guide an occupational therapy fieldwork educator to access adaptive coping skills to orchestrate the management of practitioner and educator roles

○ Create a self-care toolbox of techniques to apply in stressful moments and periods of working with clients and students

LUNCH

Meditation #3

Getting Started

- What practices are out there?

- What's feasible in a busy work day and life?

- What gives the most bang for your buck?

- Questions to ask?

Getting Started

Implementation Discussion

- At work
  - Client practice
  - Fieldwork education
- At home and in the community

Emily A. Zeman, MS, OTR/L   6/5/2014

Resources
Where to find Mindfulness Tools

- Assessments
- Books and publications
- Institutes
- Job resources
- Research, news, helpful tips
- Social media
  - Apps, Twitter, People
- Quotes
- Daily affirmations

Compassion Satisfaction

"I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy."

-Rabindranath Tagore

"When does a job feel meaningful? Whenever it allows us to generate delight or reduce suffering in others…"

Alain de Botton

Compassion Satisfaction

- The pleasure you derive from being able to do your work well and the inherent rewards of the therapeutic encounters and learning moments with clients and students, respectively

- You may feel positively about your clients and colleagues or your ability to contribute to the work setting or even greater good of society

- What keeps you coming back

(Stamm, 2002)

Emily A. Zeman, MS, OTR/L   6/5/2014

Resilience

- **Happiness at work depends on our ability to cope with obstacles that come our way and to bounce back**

- *To begin again*, **without rumination or regret** (Salzberg, 2014)

- **Find meaning and hope**

- **Use inner resources and grow from challenges and increase awareness**

- **Apply mindfulness strategies as self-care**

- **Strategic renewal within one's self is imperative if environment at work doesn't support midday rest, time away from paperwork and the office**

Action Plan
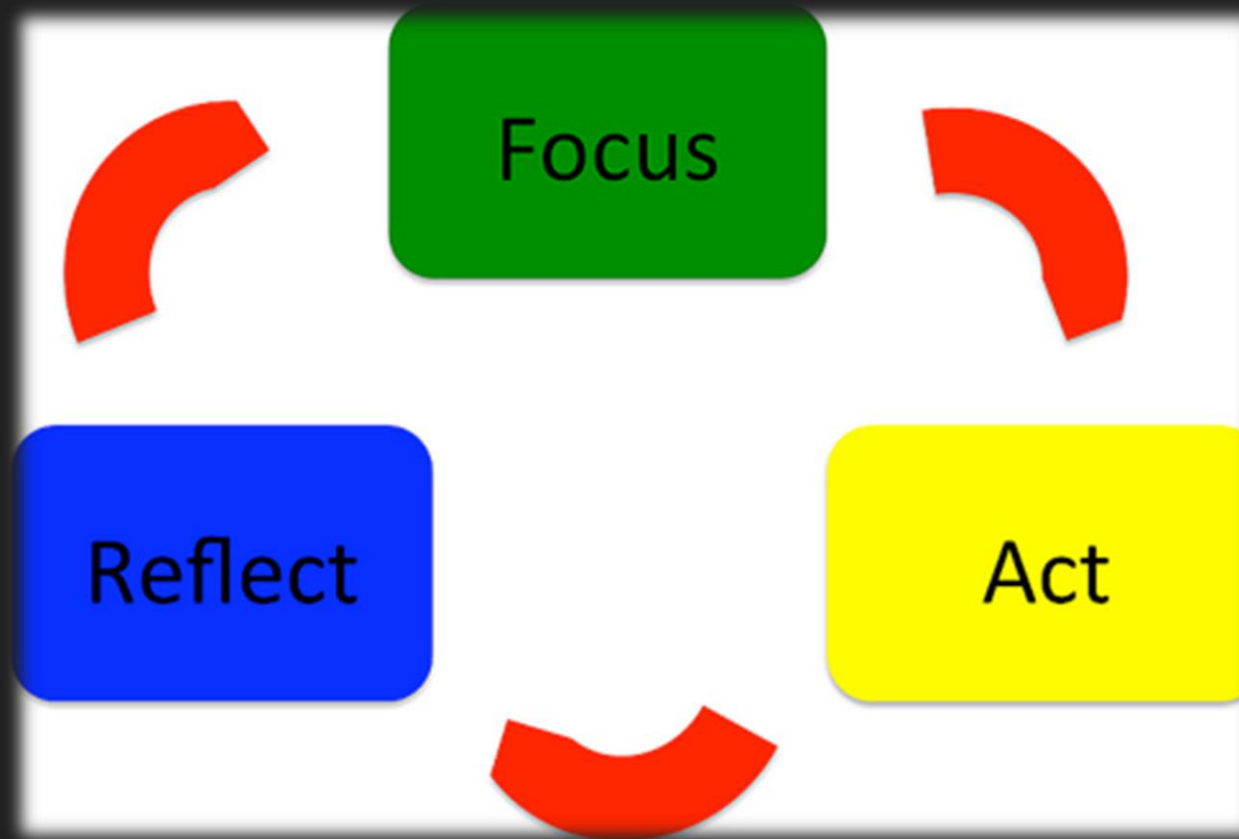
Empowering Affirmations

I am open to possibility.

PositiveMotivation.net

Emily A. Zeman, MS, OTR/L   6/5/2014

Questions and Comments

Workshop Evaluation

○ Please turn in the requested forms in the designated collection boxes.

○ Pick up your continuing education credits (CEU's).

Thank you!

Emily A. Zeman, MS, OTR/L   6/5/2014

References

American Occupational Therapy Association. (2011). Complementary and alternative medicine. *American Journal of Occupational Therapy, 65*(Suppl.), S26-S31.

American Occupational Therapy Association. (2005). Standards of practice for occupational therapy. *American Journal of Occupational Therapy, 59,* 663-665. doi: 10.5014/ajot.59.6.634a

American Occupational Therapy Association. (2005). Occupational therapy code of ethics. *American Journal of Occupational Therapy, 59,* 639-642. doi: 10.5014/ajot.59.6.639

American Occupational Therapy Association. (1994). Policy 5.3.1: Definition of occupational therapy practice for state regulation. *The American Journal of Occupational Therapy, 48*(11), 1072-1073.

Baer, R.A. (2003). Mindfulness training as clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10,* 125-143.

Balk, J.L., Chung, S-C., Beigi, R., & Brooks, M. (2009). Brief relaxation training program for hospital employees. *Hospital Topics, 87*(4), 8-13.

Balogun, J.A., Titloye, V., Balogun, A., Oyeyemi, A. & Katz, J. (2002). Prevalence and determinants of burnout among physical and occupational therapists. *Journal of Allied Health, 31*(3), 131-139.

References

Barkman, S. (2002). *Field guide to designing quantitative instruments to measure program impact.* West Lafayette, IN: Purdue Extension.

Bride, B.E., Radey, M., & Figley, C.R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal, 35,* 155-163. doi: 10.1007/s10615-007-0091-7.

Bush, N.J. (2009). Compassion fatigue: Are you at risk? *Oncology Nursing Forum, 36*(1), 24-28. doi: 10.1188/09.ONF.24-28

Carr, H. & Gidman, J. (2012). Juggling the dual role of practitioner and educator: Practice teacher's perceptions. *Community Practitioner, 85*(2), 23-26.

Cohen-Katz, J., Wiley, S.D., Capuano, T., Baker, D.M., & Shapiro, S. (2004). The effects of mindfulness-based stress reduction on nurse stress and burnout: A quantitative and qualitative study. *Holistic Nursing Practice, 18*(6), 302-308.

Cohen-Katz, J., Wiley, S.D., Capuano, T. Baker, D.M., Kimmel, S., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout: A quantitative and qualitative study. *Holistic Nursing Practice, 19*(1), 26-35.

References

Etzrodt, G.M. (2008). Taking care of our clients and taking care of ourselves. *Mental Health Special Interest Section Quarterly, 31*(3), 1-4.

Figley, C. (1995). Compassion fatigue as secondary traumatic stress disorder: an overview. In B.H. Stamm (Ed.), *Secondary Traumatic Stress: self-care issues for clinicians, researchers, and educators*, (pp. 3-28). Lutherville, MD: Sidran Press.

Figley, C.R. (2002). *Treating compassion fatigue*. New York, NY: Brunner-Routledge.

Figley, C.R. & Stamm, B.H. (1996). Psychometric review of compassion fatigue self-test. In

B.H. Stamm (Ed.), *Measurement of stress trauma and adaptation*. Lutherville, MD: Sidran Press.

Fortney, L. (2011). Mindfulness for physician burnout. *Alternative Medicine Alert.*

Fortney, L., Lucherthand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: A pilot study. *Annals of Family Medicine (11)*5, 413-420.

References

Grafton, E., Gillespie, B., & Henderson, S. (2010). Resilience: The power within. *Oncology Nursing Forum, 37*(6), 698-705. doi: 10.1188/10.ONF.698-705

Gupta, S., Paterson, M.L., Lysaght, R.M. & von Zweck, C.M. (2012). Experiences of burnout and coping strategies utilized by occupational therapists. *Canadian Journal of Occupational Therapy, 79*(2), 86-95.

Hanh, T. N. (2000). *Path of emancipation: Talks from a 21-day mindfulness retreat.* Berkeley, CA: Parallax Press.

Higgs, J. & McAllister, L. (2005). The lived experiences of clinical educators with implications for their preparation, support, and professional development. *Learning in Health and Social Care, (4)*3, 156-171.

Hunter, S.V. (2012). Walking in sacred spaces in the therapeutic bond: Therapists' experiences of compassion satisfaction coupled with the potential for vicarious traumatization. *Family Process, 51*(2), 179-92.

Jamieson, M., Krupa, T., O'Riordan, A. & O'Connor, D. (2006). Developing empathy as a foundation of client-centered practice: Evaluation of a university curriculum initiative. *The Canadian Journal of Occupational Therapy, 73*(2), 76-85.

Johansson, C. (2000). Top 10 emerging practice areas to watch in the new millennium. Retrieved from www.aota.org/nonmembers/area1/links/link61.asp

Joinson, C. (1992). Coping with compassion fatigue. *Nursing, 92*, 116-121.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York, NY: Delacorte Press.

References

Krasner, M.S., Epstein, R.M., Beckman, H., Suchman, A.L., Chapman, B.C. et al. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Journal of American Medical Association, 302*(12), 1284-1293.

Law, M. (2004). *Outcome measuring rating form guidelines.* Hamilton, Canada: CanChild Centre for Childhood Disability Research, McMaster University. Retrieved from http://bluewirecs.tzo.com/canchild/patches/measuguid.pdf

Lawson, G. & Myers, J.E. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling & Development, 89*(2), 163-171.

Lloyd, C. & King, R. (2001). Work-related stress and occupational therapy. *Occupational Therapy International, 8*(4), 227-243.

Mackenzie, L., Zakrzewski, L., Walker, C., & McCluskey, A. (2001). Meeting the needs of fieldwork supervisors: A collaborative workshop developed by New South Wales occupational therapy fieldwork coordinators. *Australian Occupational Therapy Journal, 48,* 1-10.

Marlow, C. & Urwin, C. (2001). Compassion fatigue among undergraduate social work educators. *The Journal of Baccalaureate Social Work, 6*(2), 81-95.

Maslach, C., Leiter, M. P., & Schaufeli, W. B. (2009). Measuring burnout. In C. L. Cooper & S. Cartwright (Eds.), The Oxford handbook of organizational well-being (86-108). Oxford UK: Oxford University Press.

Maslach, C., Jackson, S., & Leiter, M. (1997). In Zaloquett C., Wood R. (Eds.), *Maslach burnout inventory* (3rd ed.). Lanham, Md. & London: The Scarecrow Press, Inc.

References

Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5-12.

Peloquin, S.M. (2007). A reconsideration of occupational therapy's core values. *The American Journal of Occupational Therapy, 61*(4), 474-478.

Portney, L.G. & Watkins, M.P. (2009). *Foundations of clinical research: Applications to practice.* (3rd ed.). Upper Saddle River, New Jersey: Pearson Prentice Hall .

Rafferty J.P., Lemkau J.P., Purdy R.R., & Rudisill J.R. (1986). Validity of the Maslach Burnout Inventory for family practice physicians. *Journal of Clinical Psychology, 42*(3), 488-492.

Reid, D.T. (2013). Teaching mindfulness to occupational therapy students: Pilot evaluation of an online curriculum. *The Canadian Journal of Occupational Therapy, 80*(1), 42-48.

Reid, D. (2011). Mindfulness and flow in occupational engagement: Presence in doing. *The Canadian Journal of Occupational Therapy, 78*(1), 50-56.

Reid, D. (2009). Capturing presence moments: The art of mindful practice in occupational therapy. *The Canadian Journal of Occupational Therapy, 76*(3), 180-188.

References

Rutter, H., Herzberg, J., & Paice, E. (2002). Stress in doctors and dentists who teach. *Medical Education, 36,* 543-549.

Sabo, B. (2011). Reflecting on the concept of compassion fatigue. *The Online Journal of Issues in Nursing, 16*(1). doi: 10.3912/ojin.vol16no01man01

Shapiro, S.L., Brown, K.W., & Biegel, G.M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in Training. *Training and Education in Professional Psychology, 1*(2) 105-115.

Shapiro, S.L., Astin, J.A., Bishop, S.R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management, 12*(2), 164-176.

Shapiro, S.L., Schwartz, G.E. & Bonner, G. (1998). Effects of mindfulness-based stress reduction in medical and premedical students. *Journal of Behavioral Medicine, 71*(6), 581-599.

Schwerman, N., & Stellmacher, J. (2012). A holistic approach to supporting staff in a pediatric hospital setting. *Workplace and Safety, 60*(9), 385-390.

Stamm, B.H. (2010). The concise Professional Quality of Life manual. Retrieved October 7, 2012 from http://proqol.org/ProQol_Test.html

References

Stutz-Tanenbaum, P. & Hooper, B. (2009). Creating congruence between identities as a fieldwork educator and practitioner. Education Special Interest Section Quarterly, 19(2),1-4.

Tomlin, G., & Borgetto, B. (2011). Research pyramid: A new evidence-based practice model for occupational therapy. American Journal of Occupational Therapy, 65(2), 189-196.

United Way of America (1996). Measuring program outcomes: A practical approach. Alexandria, VA: Author.

Waite, A. (2012). Battling workplace burnout: Practitioners discuss keys to job satisfaction and lower turnover. OT Practice, (17)17, 9-12.

Wicks, R.J. (2008). The Resilient Clinician. New York, NY: Oxford University Press.

World Health Organization. (1994). International Classification of Diseases-10. Geneva.

Yuen, H.K. (1990). Fieldwork students under stress. American Journal of Occupational Therapy, 44(1), 80-81.

Yesil, A., Ergun, Ü., Amasyali, C., Er, F., Olgun, N. N., & Aker, A. T. (2010). Validity and reliability of the Turkish version of the professional quality of life scale. Archives of Neuropsychiatry, 47(2), 111-117. doi:104274/npa.5210

Zeller, J.M. & Levin, P.F. (2013). Mindfulness interventions to reduce stress among nursing personnel: An occupational health perspective. Workplace Health & Safety, 61(2), 85-89.

Thank you!