

Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

June 11, 2020

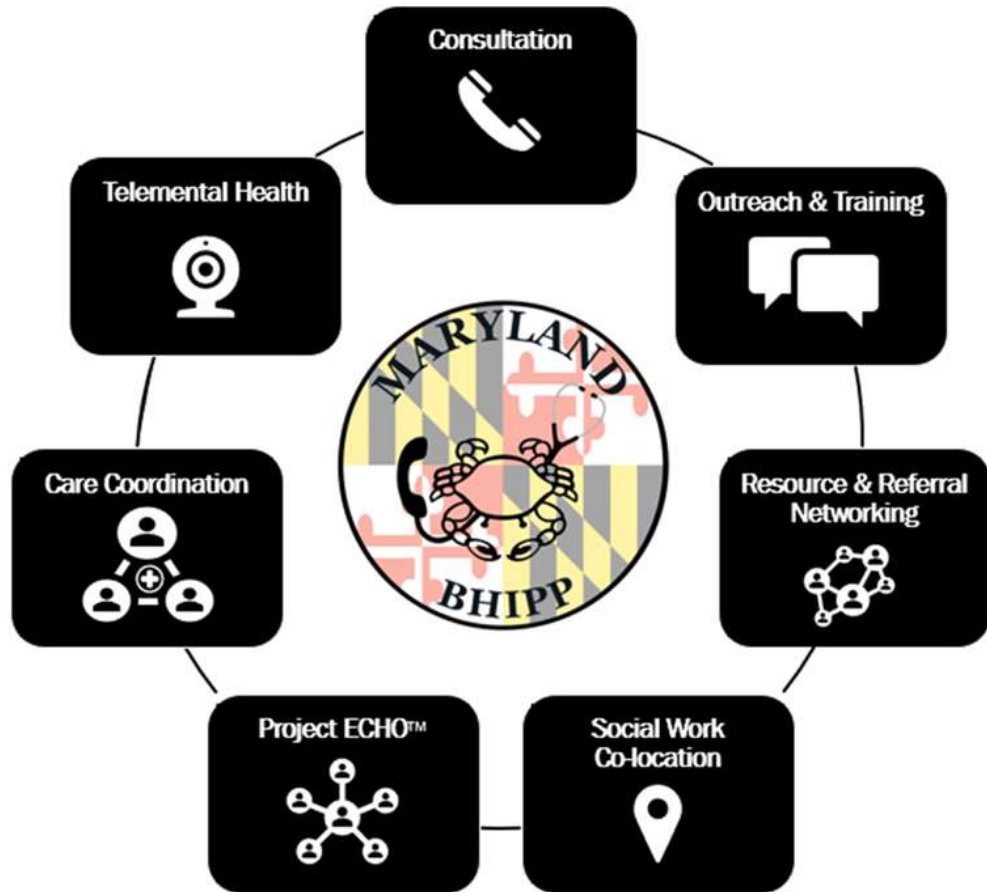
When It's All Too Much: Managing Burnout and Promoting Resilience
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855-MD-BHIPP (632-4477)

www.mdbhipp.org

Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

Coming soon!

- Direct Telespsychiatry & Telecounseling Services
- Care coordination

*Supported by Maryland Department of Health,
Behavioral Health Administration*



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Disclosures

- I am one of the BHIPP Project ECHO facilitators
- I have no financial conflicts of interest



Learning Objectives

By the end of this session, learners will be able to:

1. Define the 3 factors that contribute to burnout
2. Identify 2 community and interpersonal strategies that can combat burnout
3. Identify 2 intrapersonal strategies that can combat burnout



Burnout Defined

The Three Primary Characteristics



Origins of Burnout

- First described in 1974 by psychiatrist Herbert Freudenberger
- Defined as “a state of mental and physical exhaustion caused by one’s professional life” and clearly distinct from depression or other psychiatric illness
 - Caused by social conditions, in particular “excessively striving to reach some unrealistic expectation imposed by oneself or by the values of society”
 - Starts with gradual “emotional depletion” and leads to a loss of motivation and commitment
 - It is both a state and a process

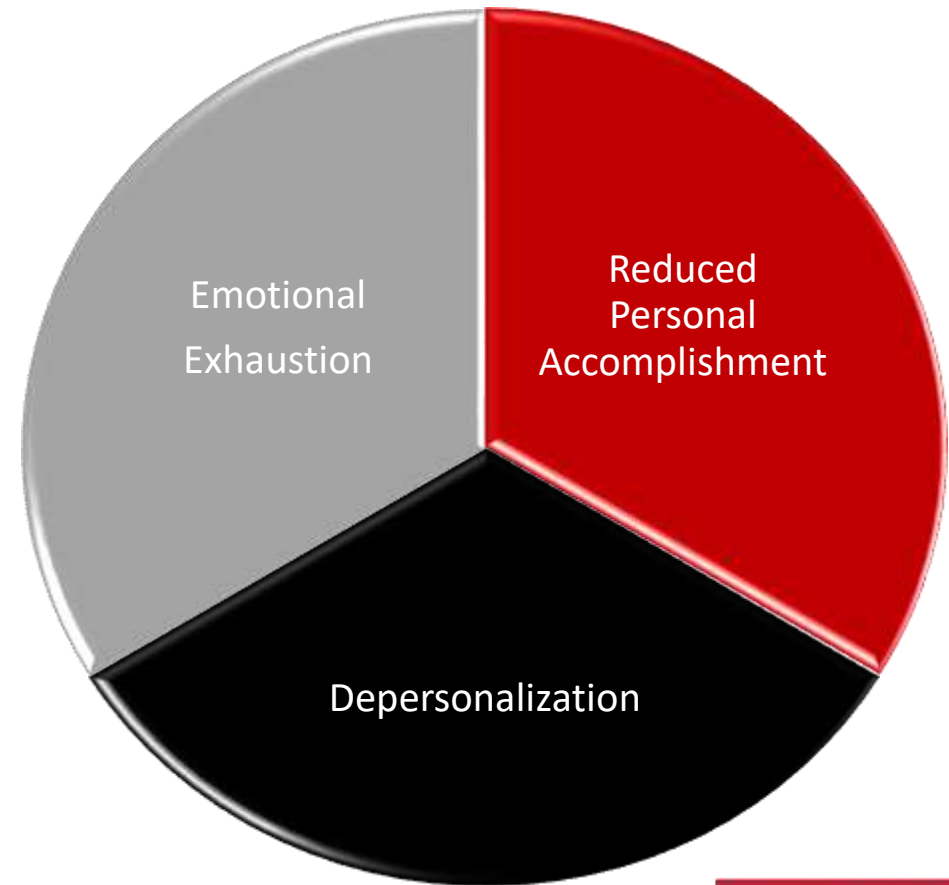


Burnout Defined

“Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that occur among individuals who do ‘people work’ of some kind”

(Maslach and Schaufeli 1993)

Three-dimensional model used in nearly 80% of research on burnout (using Maslach Burnout Inventory)



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Emotional Exhaustion

Preceded by:
High levels of
emotional arousal

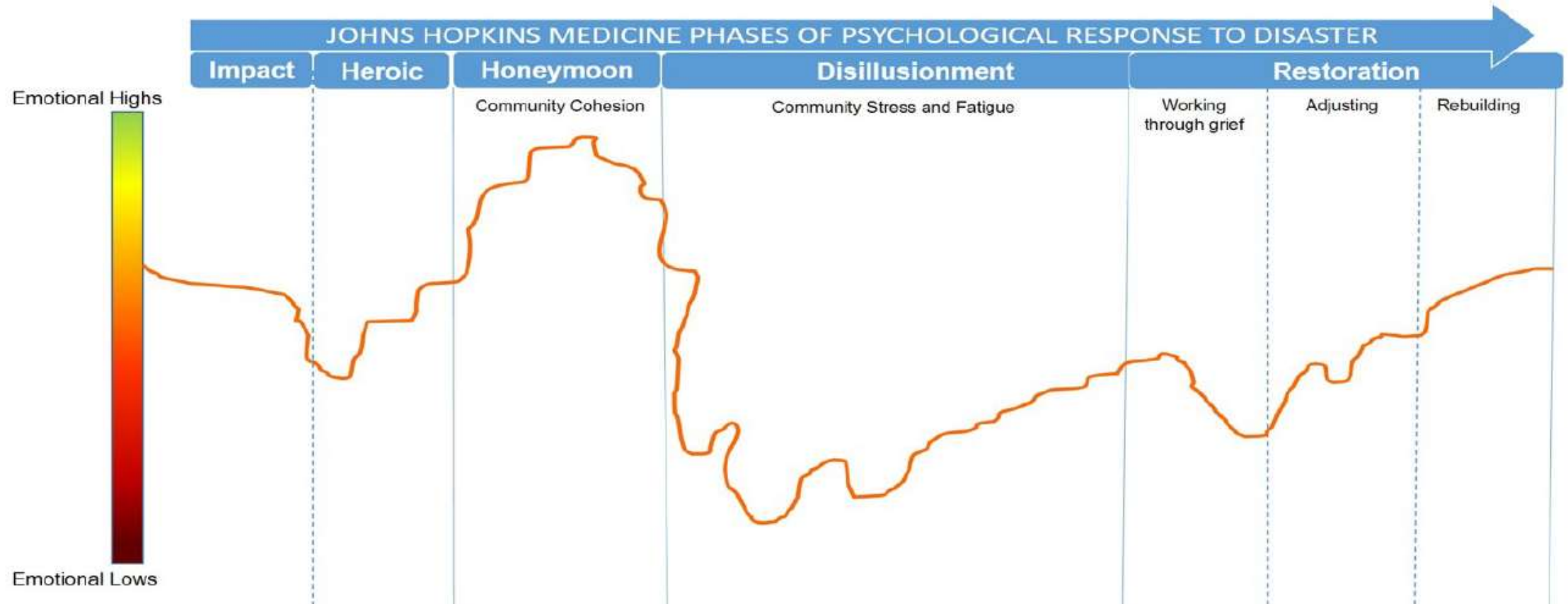


Defined as:
Feeling emotionally
overextended and
depleted of one's
emotional resources



Leads to:
Irritability, difficulty
concentrating, sleep
problems

Response to disaster – Where we are now



From Johns Hopkins School of Medicine Dept of Wellbeing – Developed by George Everly PhD, Carolyn Fowler PhD MPH, Albert Wu MD MPH, and Deborah Dang PhD RN



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Depersonalization

Preceded by:
Intense and
sometimes
overwhelming
feelings towards
those the provider
is taking care of

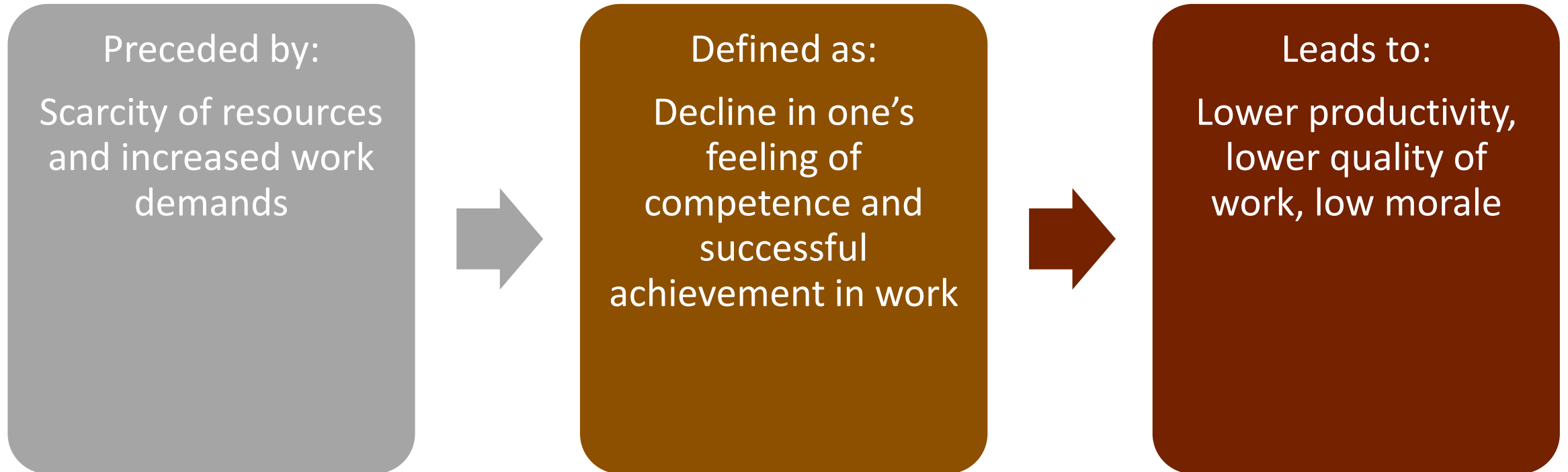


Defined as:
A negative, callous,
or excessively
detached response
towards others



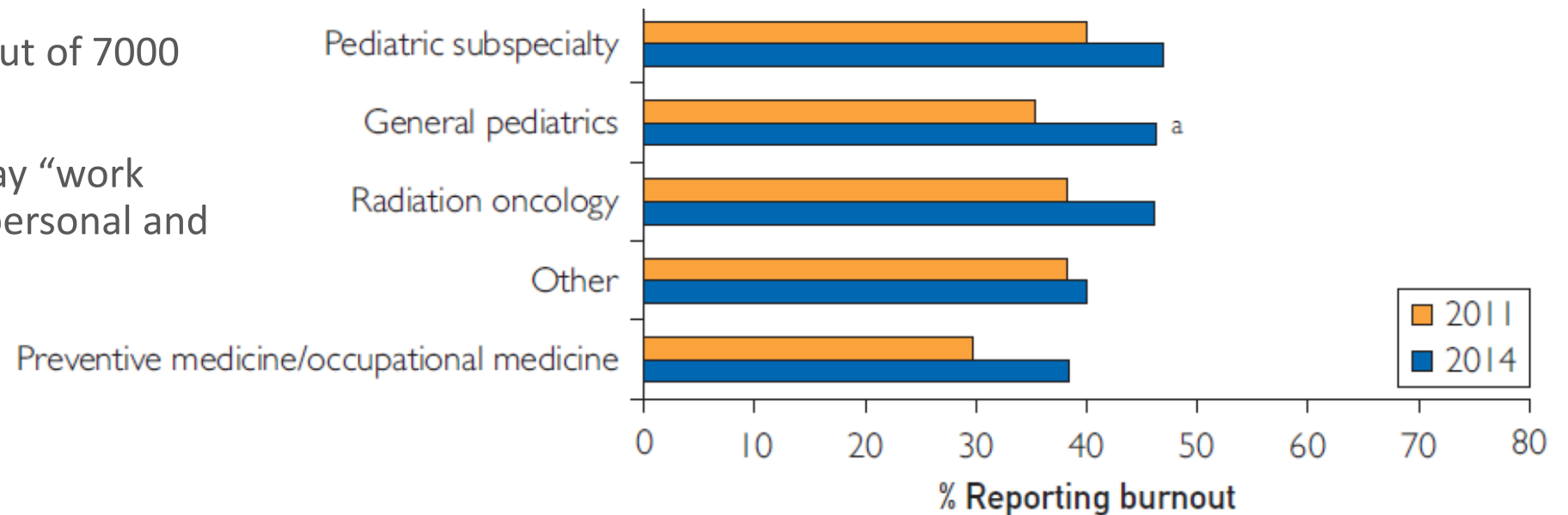
Leads to:
Inappropriate
attitudes towards
patients, loss of
idealism and joy
from interactions

Reduced Personal Accomplishment



Burnout on the rise

- Rates of physician burnout of 7000 surveyed
- Marked drop in % that say “work leaves enough time for personal and family life”



Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.



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Why it matters

- Impact on patient care (large JAMA meta-analysis – Panagioti et al 2018)
 - Physician burnout is associated with:
 - 2x increased risk of patient safety incidents
 - 2.3x decreased quality of care due to low professionalism
 - 2.3x decreased patient satisfaction
- Impact on physicians (meta-analysis by Patel et al 2018)
 - Physical symptoms (fatigue, irritability, difficulty concentrating)
 - Increased likelihood of substance abuse (especially surgeons)
 - 2x increase in suicidal thoughts



What Conditions Exacerbate Distress?

Professional Dissonance and Moral Injury

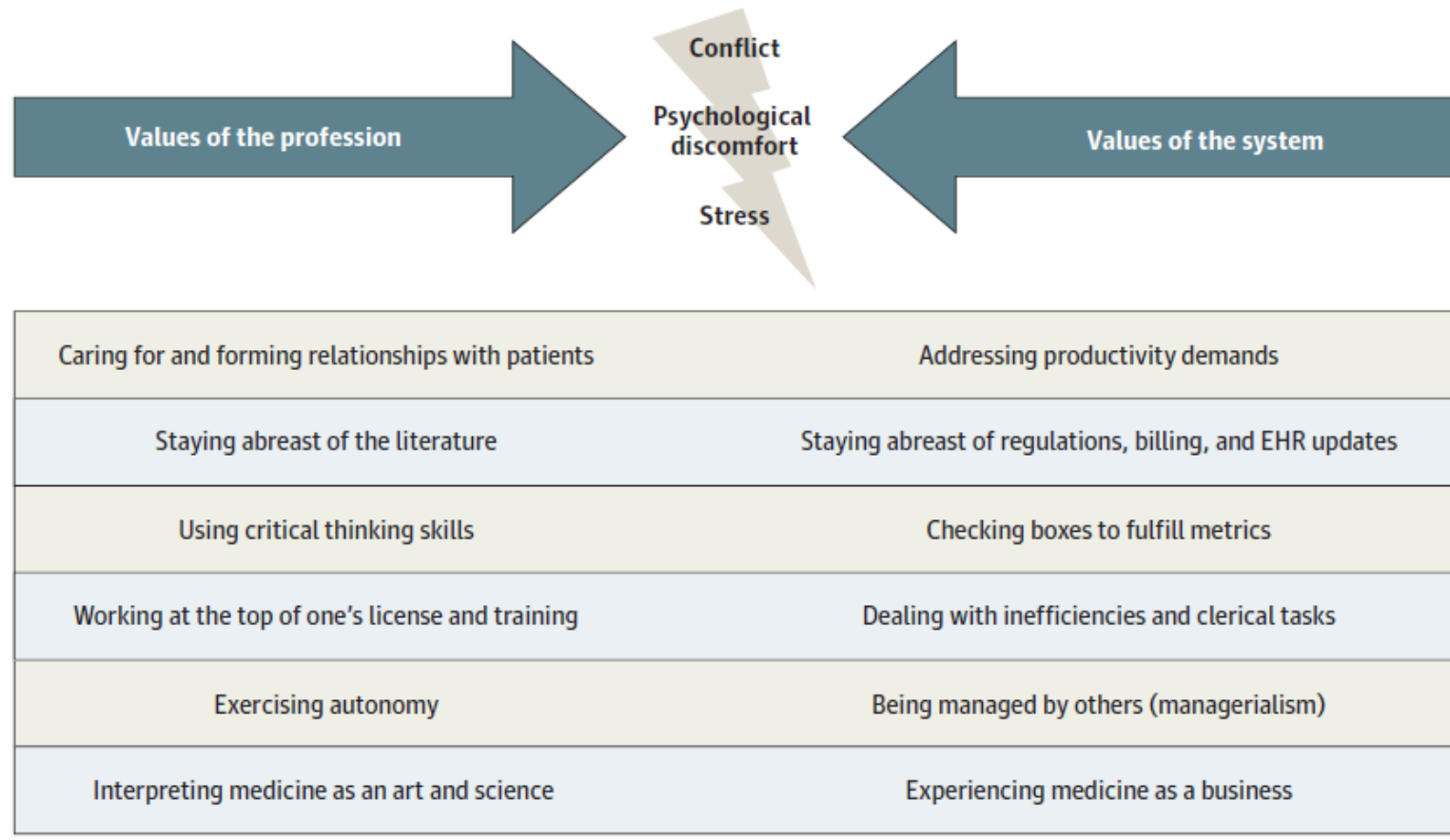


Professional Dissonance

"Professional dissonance is the psychological discomfort or stress that occurs when values embraced by a professional group conflict with the values intrinsic to the settings in which they work; more specifically it occurs when conflict arises between professional values and the requirements of the job"

Agarwal, S. D., Pabo, E., Rozenblum, R., & Sherritt, K. M. (2020). Professional dissonance and burnout in primary care: a qualitative study. *JAMA Internal Medicine*.

Figure. Professional Dissonance



How COVID-19 makes it Harder



- Disruptions in our own daily life
 - New financial concerns (drop in patient volumes and income)
 - Loss of child care
 - Schedule changes
- Personal and professional social disconnection
 - Loss of typical interpersonal supports
- Change fatigue
 - Policies are either “over-responsive” or “under-responsive”
- Anticipatory anxiety
 - Worry about how long we can sustain this pace



Moral Injury

- “Moral injury describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control.” (Dean et al 2019)
- Incorporates elements of professional dissonance but also broader feelings of helplessness caused by COVID-19
 - Example: continually bearing witness to patients and families overwhelmed by financial and social stressors
 - Example: treating a particular subpopulation especially impacted by the COVID crisis due to working or other social conditions



3 Pillars of Clinician Distress

Burnout

Professional
dissonance

Moral injury



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What helps?

Individual Practices That Combat Burnout



The First Word

"Symptom interventions ... can play an important role in the management of clinician distress, but a shift to addressing the root causes is truly necessary. Focusing on burnout suggests that the health care provider has the problem and that the locus of intervention should be at the provider level. The implication is that health care providers who experience burnout (over half of us) are not mindful enough or not resilient enough. It may seem insulting to many health care providers to be told that their distress is their weakness and that their symptoms can be adequately addressed with meditation or mindfulness."

Houtrow, A. (2020). Addressing Burnout: Symptom Management Versus Treating the Cause. *The Journal of Pediatrics*.

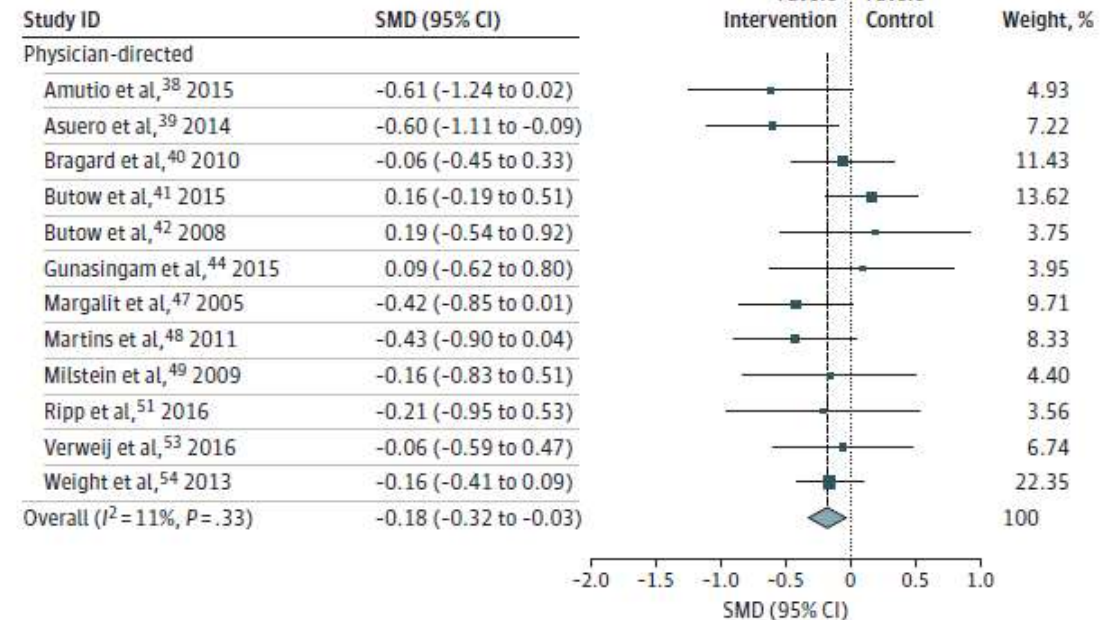
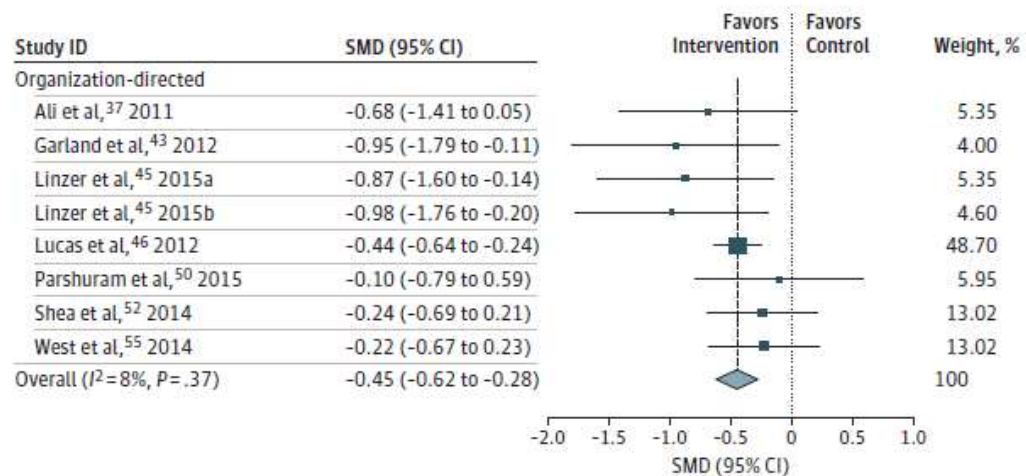


Individual vs organizational

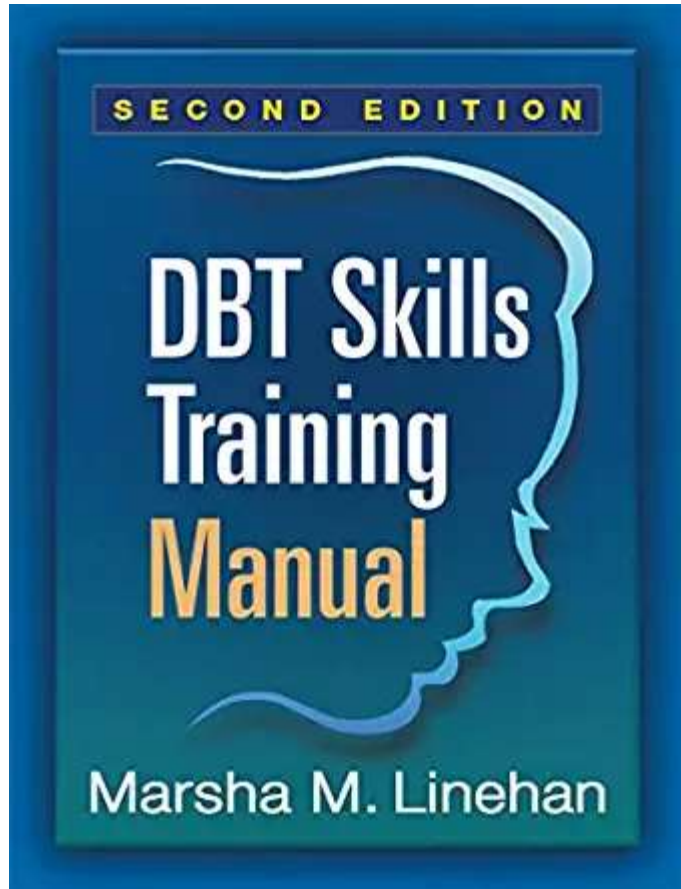
Meta-analysis of 19 physician burnout-intervention studies (Panagioti et al 2017)

- Compared organization-directed vs physician-directed interventions
 - Organization-directed: changes to work hours, policies, or other conditions
 - Physician-directed: focused on changing physician behavior
- Organization-directed interventions were 2.5x more impactful

Figure 3. Forest Plot of the Effects of Different Types of Interventions on Burnout Scores



General Emotional Self-care



- Actions to promote emotional stability
 - Accumulate positive experiences
 - Find activities that help us build mastery
 - Cope ahead for what we know is coming (avoid avoidance)
- Self-care
 - Regular and balanced eating
 - Exercise
 - Sleep
 - Social interaction



Recovery from Work Stressors

Psychological Detachment from Work:

A state of mind during non-work time characterized by the absence of job-related activities and thoughts (Sonnetag & Bayer 2005)

- Psychological detachment from work
 - Refraining from job-related activities
 - Not thinking about job-related issues during off-time
 - Not the same as having a generally detached attitude towards work
- Benefits of detachment (Sonnetag 2012)
 - Higher levels of psychological well-being
 - Less emotional exhaustion
 - Better sleep
 - Improved job performance
 - Reduce emotional exhaustion
 - Decrease the need for “recovery time”



Recovery from Work Stressors

Supporting detachment from work

- Shore up spatial and technological home/work boundaries (Sonnetag et al 2010)
 - Establish “no-email” time
 - Try to work in a physical space separated from where you spend time with family and engage in leisure activities
- Spending time in “restorative environments”
 - Natural settings
 - Comfortable or familiar settings
- Commit to doing other things
 - Find “meaningful off-job activities”
 - Volunteer work
 - Mastery-building activities



Navigating Stress at Work



Battle Buddies

- Developed by University of Minnesota for clinicians responding to COVID-19
- Adapted from US military practices to reduce PTSD and other negative outcomes to trauma
- Peer focus seen as necessary because of stigma for soldiers and health care workers seeking out mental health care



Navigating Stress at Work

Battle Buddies – How it works

- Pair clinicians with similar levels of practice, responsibility, and experience
- Buddies are not each others' therapists; emphasis is on listening, validating, and providing feedback
- Have clear parameters and boundaries for check-ins
 - Connect 2-3x per week
 - Can be a short call or Zoom meeting
 - See how your buddy is taking care of himself/herself

Sample questions for your check-in:

- What is hardest right now?
- What worried you today?
- What went well today?
- How are things at home?
- What challenges are you facing with sleep/rest, exercise, healthy nutrition?



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When a “Battle Buddy” isn’t enough

- A “Battle Buddy” isn’t meant to be a therapist
- When to consider seeking professional help
 - Thought of suicide
 - Substance abuse or dramatic increase in alcohol consumption
 - Frequent recurrent nightmares
 - Impairment in concentration that puts patients at risk



Connecting to a Broader Professional Community

Project ECHO

- Building a virtual learning community of PCPs caring for children and adolescents, centered around education in child mental health
- Interactive case discussions are a major learning component, rather than only one-way lectures and didactics from experts
- Evidence-based learning model



Connecting to a Broader Professional Community

How Project ECHO could combat burnout

- PCPs participating in Project ECHO at the end of 32 weeks reported (Sockalingham et al 2018)
 - Higher levels of self-efficacy and competence in treating mental health problems
 - Reduction of professional isolation
- Sense of community can combat depersonalization, improved self-efficacy can enhance sense of personal accomplishment
- Learn more about BHIPP's tele ECHO clinic: <https://mdbhipp.org/bhipp-teleecho%e2%84%a2-clinics.html>



Mindfulness

- “The goal of mindfulness is to maintain awareness moment by moment, disengaging oneself from strong attachment to beliefs, thoughts, or emotions, thereby developing a greater sense of emotional balance and well-being.” (Ludwig & Kabat-Zinn 2008)
- Meditation is not mindfulness but it is one way to cultivate it
- Mindfulness training for physicians is associated with:
 - Reduced psychological distress
 - Increased empathy
 - Decreased burnout



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Mindfulness

- Many Mindfulness interventions have shown reductions in burnout among primary care physicians
 - Goodman and Schorling 2012
 - 8 week course (2.5 hours per week) on Mindfulness-based Stress Reduction
 - Significant improvements in emotional exhaustion, depersonalization, and personal accomplishment by the end of the course
 - Krasner et al 2009
 - 8 weeks course (2.5 hours per week) and 10 months of maintenance classes (2.5 hours per month) combining Mindfulness practice and narrative medicine
 - Significant improvements in emotional exhaustion, depersonalization, and personal accomplishment at 15 months



Mindfulness

But what if you can't take an institution-sponsored 8 week Mindfulness course?

- Numerous free apps that guide mindfulness practice



Mindfulness Coach

- Free
- Developed by the VA
- Progress through multiple levels of practice

<https://mobile.va.gov/app/mindfulness-coach>



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HeadSpace

- Normally by subscription but free through 2020 w/an NPI
- For-profit app
- Highly customizable and tracks progress

<https://help.headspace.com/hc/en-us/articles/360045161413-HeadSpace-for-Healthcare-Professionals>

References

- Agarwal, S. D., Pabo, E., Rozenblum, R., & Sherritt, K. M. (2020). Professional dissonance and burnout in primary care: a qualitative study. *JAMA Internal Medicine*.
- Albott, C. S., Wozniak, J. R., McGlinch, B. P., Wall, M. H., Gold, B. S., & Vinogradov, S. (2020). Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the Coronavirus Disease 2019 Pandemic. *Anesthesia and Analgesia*.
- Dean, W., & Simon Talbot, A. D. (2019). Reframing Clinician Distress: Moral Injury Not Burnout. *Federal Practitioner*, 36(9), 400.
- Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, 12(1), 73.
- Goodman, M. J., & Schorling, J. B. (2012). A mindfulness course decreases burnout and improves well-being among healthcare providers. *The International Journal of Psychiatry in Medicine*, 43(2), 119-128.
- Houtrow, A. (2020). Addressing Burnout: Symptom Management Versus Treating the Cause. *The Journal of Pediatrics*.
- Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama*, 302(12), 1284-1293.
- Ludwig, D. S., & Kabat-Zinn, J. (2008). Mindfulness in medicine. *JAMA*, 300(11), 1350-1352.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Series in applied psychology: Social issues and questions. Professional burnout: Recent developments in theory and research* (p. 19–32). Taylor & Francis.
- Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. *Professional burnout: Recent developments in theory and research*, 12, 1-16.
- Panagioti, M., Geraghty, K., Johnson, J., Zhou, A., Panagopoulou, E., Chew-Graham, C., ... & Esmail, A. (2018). Association between physician burnout and patient safety, professionalism, and patient satisfaction: a systematic review and meta-analysis. *JAMA internal medicine*, 178(10), 1317-1331.
- Panagioti, M., Panagopoulou, E., Bower, P., Lewith, G., Kontopantelis, E., Chew-Graham, C., ... & Esmail, A. (2017). Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA internal medicine*, 177(2), 195-205.
- Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2018). Factors related to physician burnout and its consequences: a review. *Behavioral Sciences*, 8(11), 98.
- Sockalingam, S., Arena, A., Serhal, E., Mohri, L., Alloo, J., & Crawford, A. (2018). Building provincial mental health capacity in primary care: an evaluation of a project ECHO mental health program. *Academic Psychiatry*, 42(4), 451-457.
- Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613).
- Sonnentag, S., Kuttler, I., & Fritz, C. (2010). Job stressors, emotional exhaustion, and need for recovery: A multi-source study on the benefits of psychological detachment. *Journal of Vocational Behavior*, 76(3), 355-365.
- Sonnentag, S. (2012). Psychological detachment from work during leisure time: The benefits of mentally disengaging from work. *Current Directions in Psychological Science*, 21(2), 114-118.

BHIPP is Available to Provide Support to PCPs During Coronavirus



BHIPP is open.

The BHIPP phone line remains open during this challenging time to support primary care clinicians in assessing and managing the mental health needs of their patients.

1-855-MD-BHIPP
(1-855-632-4477)

www.mdbhipp.org



Ways to Connect:

- Visit our COVID-19 Resource Page:

www.mdbhipp.org

- Sign up for our newsletter:

<https://mdbhipp.org/contact.html>

- Follow us on Twitter:

[@MDBHIPP](https://twitter.com/MDBHIPP)

- Follow us on Facebook:

<https://www.facebook.com/MDBHIPP>



Discussion Questions

1. What have you been able to do to combat burnout during the COVID crisis?
2. What strategies have you used to promote your own psychological distancing from work?
3. Have your institutions/employers done anything to improve their working conditions or expectations to combat burnout?

