

Bringing Sanctuary to Dialysis

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Objectives



Sanctuary



Share stories
Educate and collaborate
Explore

↓
S.E.L.F

Trauma Responsive Models

- ** Aim to create emotionally safe systems for all those involved (i.e. service providers, families, patients)
 - understanding the impact of trauma on how people adapt and relate
 - creating and promoting safety
 - supporting choice and autonomy
 - providing care and service in consciousness and planned relationship

Why Dialysis?

Goodness of fit
Pediatric oncology
Medical Trauma Centers



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Pynoos, R. S., Fairbank, J. A., Steinberg, A. M., Amaya- Jackson, L., Gerrity, E., Mount, M. L., et al. (2008). The National Child Traumatic Stress Network: Collaborating to improve the standard of care. *Professional Psychology: Research and Practice*, 39(4), 389.

Time and Space

Dependency

Emotional Labor-Emotional nature of the interactions between staff and patients

“Empathic Openness” –Aware and open to the pain of others and the ability to use appropriate and responsive emotions to attend to the pain

In a supportive environment, emotional labor can foster **deep satisfaction** and **increased compassion** and build **resilience** in workers

Context Matters

- Culture
- Population
- Caseloads
- Leadership

Share

- Spend 3 minutes thinking about this, jot some notes down, spend 10 minutes talk about it with your table. Be ready to present some overviews.
- At your tables, to yourself, consider the following
 - Population served (age, mortality, SES)
 - Coping levels and adjustment of clients and staff
 - Resources
- Three people share a brief story about the culture of your dialysis unit. (3-5 minutes)

Share

- 1(not as good as I would like)
- 2 (average)
- 3 (above average, doing pretty darn good)
- STOP, START and CONTINUE (in regards to the culture of your unit)



AWARENESS

Contributing factors to agency culture

Relationships

- Name 3-5 things about working with patients and families with kidney disease that cause you (or others) stress or impact your coping in anyway
- In general, how much time in a given day do dialysis staff members have to navigate the many stressors they face or deal with(related to patients and families)?
- Awareness of the dynamics of these relationships is essential for positive outcomes and is a key component of trauma responsive models of care.

Case example

- You have been assigned to a section of patients that present with particular challenges. Several of your patients have extensive comorbidities and one in particular is an Iraqi War Veteran who required dialysis after a failed suicide attempt.
- You are also assigned to two women who present with poor coping and adjustment to their treatment. One female patient has been on dialysis for 7 years and she has significant challenges with her diet and medical protocol and the other female is 50, only on treatment for 1 month and has a known history of domestic violence and recent separation from her significant other.

Consider

- What does it feel like to work with patients who may be experiencing high levels of stress?
- To what degree do you think that adverse life events impact your patient's abilities to cope or adjust with dialysis?
- What is the best way for you to deal with the stress that you may recognize among your patients?

- How many people in the room have dialysis patients who you believe have experienced an adverse childhood event in their life?
- How many think or know that some of your patients adverse events would be considered traumatic experiences and have likely lead to some of the physical and mental health problems that they deal with today?
- Are there cultural frameworks that could help us to provide more emotionally attuned environments for dialysis staff and patients to ensure positive outcomes for all?

Nadine Burke TED Talk

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

What we know

- ACE can lead to poor health outcomes and poor health can be exacerbated by ACE.
- Awareness of the impact of these dynamics on dialysis staff is essential to ensure positive outcomes for for staff members and patients.
- Beyond awareness, action is key

Dialysis Environment

- Culture
- Relationships
- Patients with h/o
traumatic experiences



Staff Coping



Outcomes



The Sanctuary Model

4 Pillars of Sanctuary

- **Shared Knowledge**- people/groups, people/groups under stress, healing and recovery
- **Shared Values**- Democracy, Growth and Change, Nonviolence, Emotional Intelligence, Social Learning, Open Communication, Social Responsibility
- **Shared Language**- S.E.L.F (A tool for organizing the stresses of daily life)
- **Shared Practice**- utilizing the practice skills that enable organizations to effectively manage difficult situations

Trauma responsive framework



Organizational Change

S.E.L.F Model

Safety

Emotional Regulation

Loss

Future

A Simple and easy-to-use conceptual framework

Provides a “compass” to navigate the challenges of complex interventions

Nonlinear

CBT approach

Facilitates movement for clients, families, **staff problems** and **organizational dilemmas**

“When things get tough, I put SELF first/ There is no compromising my SELF worth/ It's the only thing that helps when the SELF hurts/ Listen here, and I'll tell you how SELF works....”

T.K. Blount

- Safety
- Emotion Management
- Loss
- Future
- (Write your thoughts on what you envision these components to look like in a dialysis unit)

Action Steps

Safety

Why and How?
Trauma Based Theory

WITH

- Transparency
- Trust
- Make space for growth and change
- Relationships

WITHOUT

- Judgment
- Mistrust
- Limited opportunities for growth and change
- Conflicted Relationships

Emotional Regulation

Why and How?
Systems Theory

WITH

- Open Communication
- Time for Reflection
- Allow for opportunities to manage emotions and personal distress
- Allow for management of feelings related to loss of control

WITHOUT

- Poor communication
- Isolation
- Poor physical and emotional consequences
- Compassion fatigue/burnout

Loss

Why and How? Constructivist Theory

WITH

- Staff as the Informed Instructor
- Recognize that people construct their own knowledge and understanding of loss
- Create a space for staff to address the emotional toll of chronic illness and death of patients
- Create a space for staff to address and manage loss related to organizational change

WITHOUT

- Poor Coping
- Emotional desensitization (CF)
- Resentment and Resistance

Resistance to **change** by both staff and patients often results from a fear of losing the past and giving up what is comfortable, even when it is unhealthy (Bloom & Farragher, 2010).

For staff and patients alike, accepting **change** can be one of the most difficult challenges to overcome.

Future

Why and How? Complexity Theory

WITH

- Integrate the past with new possibilities for the future
- New possibilities and roles
- Challenges and limited resources
- Innovation and education to support positive change

WITHOUT

- Indifference
- CF
- Conflict
- Feeling Stuck

It is important to nurture **organizational optimism** by conquering present issues with an eye on future challenges and changes in order attain long-term **sustainable goals** in health service organizations.

The **future success** of a dialysis unit will depend greatly upon **awareness, healing, and professional growth** among **staff and leadership**, and can be measured by the level of **staff satisfaction** and **patient outcomes**.

| Module | Workshop and Objectives |
|-----------------|--|
| Safety Module | <ul style="list-style-type: none"> ▪ Define what safety means to you personally. ▪ Define the different types of safety (physical, psychological, social and moral). ▪ Define safety as it relates to patients and devise plan to ensure optimum physical and emotional safety of patients. ▪ Identify the importance of boundary making in the dialysis unit setting and how appropriate boundaries improve staff and patient outcomes. ▪ Identify manageable change that can result in a safer working environment for staff and patients |
| Emotions Module | <ul style="list-style-type: none"> ▪ The basics of understanding emotions for staff and patients. ▪ The emotional impact of fear as it relates to death and dying. ▪ The role of emotional intelligence in the dialysis unit. ▪ How chaos in the dialysis unit can be emotionally paralyzing. |
| Loss Module | <ul style="list-style-type: none"> ▪ Defining loss as it relates to self. ▪ Defining loss as it relates to dialysis patients. ▪ Recognizing the value of self-determination ▪ Understanding the role of loss in personal growth and organizational change. |
| Future Module | <ul style="list-style-type: none"> ▪ The value of understanding the past in order to move toward a healthier future ▪ How power is perceived and utilized by staff and patients ▪ How to prevent becoming a learning disabled organization ▪ Prevent self-fulfilling prophecies and traumatic reenactment ▪ Breaking away from non-adherence and embracing cultural change/sustainability ▪ Working toward an organization that promotes psychological empowerment |

- Consider how to implement in your current environment
- What are some things you can easily implement now?
- Small wins to build momentum

Thank you!

Additional References

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