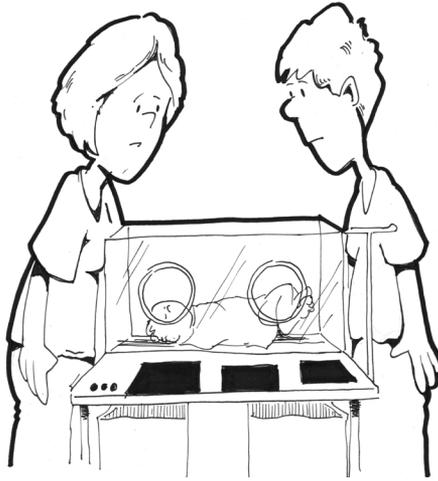


## **Mile Ten**

### **This Baby Might Not Make it The Emotional Toll**



“Green Light!”

This baby is in detox and struggling for his life. His parents hardly ever come visit and when they do, they are strung-out on drugs. I want to take this baby home with me.

I worked with Lorraine for two months and she was doing great, but now her brain tumor is back and she is in a coma.

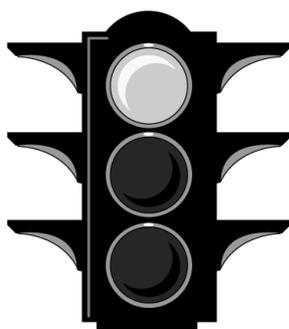
Eight-year-old Lisa was making great strides with her social skills, but now she has GI issues and has suffered severe setbacks.

My goal was for Julia to return home, but she is now going to a Skilled Nursing Facility because of a fall during the night shift. Rachel has plateaued in therapy and her husband and daughter want to sit in on therapy and see why she has stopped making progress.

I have to recommend that Louis does not drive anymore and he is going to be devastated. I don't want to take away his independence.

Three-year-old Robbie needs another open-heart-surgery so we will not be learning to ride his tricycle today as I planned.

George passed away last night.



## **“Red Light!”**

Compassion fatigue is real. I have also heard it called vicarious trauma, because even though we are not the one experiencing the trauma first hand, we are part of the experience and we share in the pain. Some studies have found that vicarious trauma is just as difficult as actual trauma because along with it comes helplessness. Sometimes it is necessary to get professional help to process serious vicarious trauma. It is not burnout, and cannot be healed with simple self-care.

Our patients are complex and it can be incredibly draining on us emotionally. Most of us get into this field in the first place because we are empathetic. We develop close, caring relationships with the people we take care of and when they suffer setbacks we suffer too.

Most OTPs have a similar personality trait. We are helpers. We get very close to our patients’ families and sometimes no matter what we do or how hard we work for their loved ones, we cannot take their pain away, heal them, teach them to walk again, or return them to independence.

My first year working in brain injury, I lost two patients to brain cancer and I almost left the entire profession. I was working in long-term rehab at that point, so I had developed meaningful relationships with these patients and their families and not being able to bring them to the good health that they so desperately wanted played an enormous emotional toll on me. Years later, I am no more resilient. I still cry over babies in detox in the NICU and mourn terribly over premature babies who do not make it, but I have a better perspective of the journey. I now know that it is not my journey. I am on *their* journey. I cannot take ownership of it and internalize every setback. If I did, I would be worthless to my future patients. I rely on co-workers, family, faith, and

stress-release techniques to keep me balanced and centered. I've learned to cry with my patients but not bear their entire burden. I've learned perspective and immense gratitude.

It also helps to celebrate every small success to balance out the downfalls. We throw parties when a three-year-old takes his first step! I make signs that say "I took my first bottle!" for the isolettes in the NICU when babies reach mini milestones. I give kids a prize when they hold a pencil correctly and form the letters of their name. I hang "medals" around children's necks and invite them to stand on a make-shift podium when they get every beanbag in the bucket. We celebrate every small landmark with families in my practice because if we don't recognize the tiny achievements, we will be overcome by the challenges. After all, we are pretty lucky to have a front row seat to all of these amazing accomplishments and it is a privilege to share in the joy of a family whose friends might not understand why it is reason to celebrate when a three-year-old takes a first step!

## **Extended Professional Development Questions**

1. Do I acknowledge the pain and heartbreak of my patients or do I feel the pain and heartbreak of my patients?
2. If I truly feel the pain, I may be an empath. How can I take care of myself as an empath?
3. Am I at the mercy of my sensitivities or can I control what I let in?
4. When I go home, do I dwell on the difficulties my patients are experiencing or am I able to let it go?
5. If I dwell on my patients, how can I find peace when I am away from my work place?
6. How can I provide support to my patients and their families without bearing their burdens as my own?

## **Extended Professional Development Responses**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

## **Personal Care Plan Reflection.**

*The ability to critically analyze one's professional practices succinctly is a healthy component of effective occupational therapy practice. Through reflection, we as OT's can look clearly at our successes and struggles as we consider options for continual professional improvement. Record your responses below.*

1. The ability to modulate the struggles with the successes is sometimes key to success in the clinic. How do I feel about my current ability to balance my emotions related to my patients?
2. Continuous self-improvement is a mark of excellence. What can I do to better manage the emotional toll of practicing occupational therapy?
3. What, if any, additional assistance, support, and/or resources would further enhance my ability to manage the emotional toll of practicing occupational therapy?

## **A Personal Care Plan ...**

**... is deliberate reflection.**

Reflect. Deliberately. Here.

**1.**

**2.**

**3.**

Personal Care Plan Goals

Based on your reflections, how important is this aspect of OT to you?

Not at all	Somewhat	Neutral	Fairly	Very
1	2	3	4	5

If you gave it a score of 4 or 5, let's write some goals to address this.

Long Term Goals:
1.
2.

List some strategies to reach this goal:

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Resources/Supports:

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Short Term Goals:	Date Established:	Progress/Date met:
1.		
2.		
3.		