WEIGHT LOSS
FOR BUSY PHYSICIANS
with Katrina Ubell, MD

Katrina Ubell: Hello, my friend. How are you today? Welcome to the podcast. I just had a little moment. I was about to hit record and I thought I heard a tornado siren outside, and I thought I probably shouldn't just sit here and record through that. Maybe I should find out if there's actually an issue going on. So I found my way onto the weather channel app and nobody's saying anything, there's just a little bit of light rain, so I don't know what's going on. I think I'm okay up here in my attic. Hopefully I don't get swept away not to minimize a tornado, but I think it's okay. I think we're all right to go ahead and do this. I also just found out that we have a big leak in our basement, so I need to figure out as well, but I am so committed to getting you an excellent episode today that I'm going to record it first and then go sort out the basement. How about that?

I know I told you a couple weeks ago that we had gone and seen journey in concert and that was awesome. My husband's birthday was a couple months ago. And for his birthday, I got him and us tickets to see Elton John. We just saw him last weekend, this past weekend. And it was so fun, such a great concert. Everybody's got to do what they think is right for them and what feels safe and right for them. But if you have the opportunity to go out and see if show, see some live music, just go out and do some things that you used to love to do, you should seriously take yourself up on the offer because I really do think it helps. It helps us to just feel like we get to do fun things that rejuvenate us.

I personally just love music and I especially love live music, so it was super fun. We ended up taking our 16 year old son with us too, because this is his farewell tour. And now I do understand that many, many artists have had many farewell tours. I think Cher's had like three or four farewell tours, but I really do think this sounds like this is really for him. I thought, well, this is a cool opportunity for him too, so we brought him along too, which is really, really fun. Anyway, just get out there and do some fun stuff.

On today's episode, we're going to be talking about something called vicarious trauma. Early on in the pandemic, it was definitely in 2020. I did an episode on compassion fatigue that actually was really, really well received. It's kind of interesting when you do a podcast, here's episode 275, right? Some episodes really resonate more than others. That was one that really, really made a big difference for a lot of people. So I wanted to do another episode on something else that I think could make a really big difference for you. I'm thinking of this one as a bit of an educational kind of a thing. I found some great resources that I want to share with you. And also just to give you a few kind of little blurbs on my take on things and what I think about how to approach this.

This was actually a topic, a kind of a term that is relatively new to me. I actually learned about it from a client. When you really think about it though, you're like, of course it makes complete sense, like that doctors would struggle with this. And other people can struggle with it too, but I want to talk about it today, mostly through the lens of healthcare professionals, in particular doctors.

And so you might be going well, what is vicarious trauma? Or you might be thinking like, I kind of have an idea, but what kind of is it, is generally considered a work related trauma exposure. I have two resources in particular that I'm going to be heavily relying on today. I'm going to link those in the show notes pages for you. So if you'd like to reach out to those or look those up for yourself or for your department or the people that you support, then please go ahead and do that. One is from the U.S. Department of Justice Office for Victims of Crime. The other is from the British Medical Association. I think they're both really, really helpful. The British Medical Association one is more specifically geared towards doctors, but I think we can learn a lot from both.

Vicarious trauma is that work-related trauma exposure that can occur from experiences such as listening to individual patients recount their victimization, looking at videos of exploited children, reviewing case files, hearing about or responding to the aftermath of violence and other traumatic events day after day, and responding to mass violence incidents that have resulted in numerous injuries or death.

And so I think that when you hear that, there are definitely some in areas, some specialties within medicine that are more likely to be exposed to that kind of vicarious trauma. But I do want to just say that I think personally, and for what it's worth, they didn't consult me when they wrote this, but I think that you don't have to be really exposed to intense trauma. They talk about working with torture survivors and things like that to also be experiencing vicarious trauma. I think that you can just be caring for a patient who's really going through a really, really tough time. It could be emotionally going through a tough time, physically going through a tough time. I think that we know more and more now that trauma is a bit of a spectrum. And of course there's the super intense traumas that we often think of, but there is more of what people call like the little T trauma, the things that maybe don't seem as big of a deal, but really do affect us as well.

I think all of us are different in terms of what is traumatizing and what bothers us and what doesn't. The problem that I see is that the culture of medicine very much insists or trains us as doctors to just downplay things, to basically tell ourselves that we're fine, it's not a big deal, we just have to deal with it, and we just don't, we just lock it away. We don't do anything about it. We just collect these vicarious traumas over the course of our training and our career, not realizing that they might actually have a significant effect on us negatively. And that's what I want to dig into today.

What happens to those who are exposed to vicarious trauma? Well, it's interesting. According to this Office for Victims of Crime, they have a whole vicarious trauma tool kit model that if you're interested in checking out, like I said, we'll have the links in the show notes page, but what they say is that a change in the worldview is considered inevitable in terms of people exposed to vicarious trauma.

People can either become more cynical or fearful, or they can become more appreciative of what they have or both. They say that responses to vicarious trauma can be negative, neutral, or positive. They can change over time. They can vary from individual to individual, particularly with prolonged exposure.

I think if you just really think about this and think about your colleagues or people that you know, it makes sense. There's some people that it really turns into massive burnout. They're very cynical and they just really are shut down. And other people really allow these experiences to help them to feel even more connected to the work that they do. In that spectrum of responses, there's the negative reaction. And we'll kind of get into what some of those science are here pretty soon. There're other terms related to it like secondary trauma, stress, compassion fatigue has mentioned here and critical incident stress as well. Sounds like those terms can be used interchangeably. They have some distinct definitions, some overlapping definitions. And if you're interested in learning more about that, like I said, those resources will be linked for you.

It's interesting then they talk about a neutral reaction. They say neutral reaction signifies the ways that an individual's resilience, experiences, support and coping strategies manage the traumatic material, but not that it has no effect. It's not like, there's some people where it's like it just bounces off. It just doesn't even affect them. It's just that if they have a neutral reaction, it's because of their resilience, other experiences that they've had, other coping strategies that they have, support systems that they have in place where they're able to essentially manage the impact effectively.

And then there's also this vicarious resilience and vicarious transformation. These are newer concepts that reflect the positive effects of doing this work. They say individuals may draw inspiration from a victim's resilience that strengthens their own mental and emotional fortitude. It says just as victims can be transformed in positive ways by their trauma, so can victims service providers and first responders. I think that's just really interesting to realize like, oh, there's actually something really good that can come from me being exposed to these things. But what I first want to discuss is how do we know if we're having a more of a negative reaction and then how can we at least first get to neutral before we start expecting any kind of positive response from this?

I thought, this was really interesting too. Who's at risk for being affected by vicarious trauma, because for sure there's going to be people who experience relatively the same thing, and one person experiences so much more of a vicarious trauma effect than somebody else. So it says, factors that may make employees or volunteers more vulnerable to this occupational risk include prior traumatic experiences. I think this is important because you need to look at your experiences of your life as well. If you had a very tumultuous upbringing and maybe were witness to, or even personally experienced a lot of domestic violence, then may be hearing about a domestic violence experience could create more vicarious trauma for you than somebody who hadn't had that experience in the past. Particularly if you haven't done a lot of work on healing that trauma experience that you've had in the past, or it could even be just from within your experience as a doctor where, early on in your career, you had some experiences that maybe you haven't worked through fully and now a there's a different experience coming up.

Another one is social isolation, both on and off the job, a tendency to avoid feelings, withdraw, or assign blame to others in stressful situations. The tendency to avoid feelings, sounds like anyone you know? Yeah. Sounds like everyone we know. Most of us are avoiding feelings. The next one is difficulty expressing feelings. Another big, big, big thing I see so often. We don't even know what we're feeling. We don't know how to express it. A lack of preparation, orientation, training, or supervision in their jobs. I think this is a huge part of it too. If you haven't had support systems set up in place around you, you haven't had anybody let you know like, Hey, this is something that could happen, here are some things you can do if you have some sort of exposure like this, and then someone kind of watching over, Hey, how are you doing? Touching base is going to potentially make it much more difficult for you. Being a newer employee or less experienced at your job increases your risk of experiencing vicarious trauma, constant and intense exposure to trauma with little or no variation in work tasks.

So depending on what you're doing, that could be an issue too. And then a lack of an effective and supportive process for discussing traumatic content of the work. And that is a huge part of it. I think this is where the individual culture of specific departments and administration really play a significant role. And what I think is cool about this is, of course I'm interested in you and your experiences, but if you are someone who supports others, this is an opportunity for you to educate yourself so that potentially you can be setting up an environment where the people that you work with or that you support can be supported to not have so many negative issues with vicarious trauma as can be possible.

Now, let's talk about common signs of vicarious trauma. Now I'm switching over to the British Medical Association information, since this is more specific to doctors, but there's a lot of really, really great resources online, very easy to find. So I suggest that if you're interested that you look into it more. So common signs of vicarious trauma are experiencing lingering feelings of anger, rage, and sadness about a patient's victimization, becoming over involved emotionally with the patient, experiencing bystander guilt, shame, or feelings of self-doubt, being preoccupied with thoughts of patients outside of the work situation and over-identification with the patient. So having horror and rescue fantasies, loss of hope, pessimism and cynicism, distancing, numbing, detachment, cutting patients off and staying busy, avoiding listening to a client's or patient's story of traumatic experiences, difficulty in maintaining professional boundaries with a client such as overextending yourself, trying to do more than is in the role to help the patient.

They say, if you're experiencing any of these signs, this could indicate that you're suffering from vicarious trauma. And I just want to just point this out there that I think so many doctors, so many of us experience these kinds of things. You see these experiences and it's so easy to just want to numb yourself out. We use food and sometimes alcohol to do that so much or social media or watching shows or whatever it is, overing something or other. Just feeling really, really cut off, losing that hope, being more pessimistic or cynic or the opposite. Feeling like you need to do more. You're not doing enough. You need to get in there. Are you going to be able to be the one who can help them, being overly accessible to them.

I think to a certain extent, I kind of teetered on this line in some certain situations too. Now thinking through this where it was like, was that really appropriate or did I really just feel like I have to be the one to get in there? What are those professional boundaries? And I think there's going to be some gray zone on that.

I think what individuals think professional boundaries are, is going to be up for, everyone's going to have their own on that. But I think on the extremes, we can all mostly agree on what's considered appropriate and what's not. If you're finding that you're having a hard time sleeping, you're really having a hard time because of something that happened, that could be that you're experiencing some vicarious trauma.

So they give a really nice long list here in the British Medical Association of strategies for reducing your risk of vicarious trauma. And I want to really spend some time digging into each of these because I think a lot of them are actually really, really simple to engage in. And once you even know that this is a thing, you can be on the lookout for it, and you can take such better care of yourself when you've had an exposure like this, because so often, what we're finding with trauma is it's not even necessarily so much what happened to you, it's how you were approached by the people around you in the aftermath.

And so when you're aware of this, then you can recognize like, oh, this is not just this thing that I'm going to stuff down and pretend like didn't happen, and I'm not going to talk to anybody about it, I need to seek out support in these ways so that I really can work through this and get to that place of having the neutral response and potentially even thriving in a positive manner because of that.

Some of these strategies, the first is to increase your self observation, recognize and chart your signs of stress, vicarious, trauma, and burnout. And so, what I wanted to say about this, one of the best ways to increase your self observation is to do some journaling, just to write out this is what happened, this is what I think about it, this is how I'm feeling, this is what I've done, this is where I'm struggling. Just find out what's going on for yourself. That's essentially what it is. If you already have a coach or a therapist or somebody that you work with, you can of course talk with them as well. But to do this work on your own, one of the best, best, best ways of doing this is to do some journaling for sure.

The next is take care of yourself emotionally, engage in relaxing and self soothing activities that nurture self care. And so I think again, sometimes we get confused and we're like, oh, does that mean I'm supposed to go take a bath in a Mani petty and whatever? Maybe yeah, that could be part of it, but taking care of yourself emotionally is something that we talk about in the Weight Loss for Doctors Only program all the time. Taking care of yourself emotionally often looks like actually processing the emotion that you have, allowing it to move through you, allowing yourself to be really loved and cared for and held by yourself as you are experiencing emotions, reminding yourself that whatever you are feeling is a normal human emotion and it's okay, it's safe to be able to feel it, and you don't have to stuff it down or avoid it, or pretend like it doesn't exist.

So engaging in relaxing and self soothing activities is amazing for sure. One thing that I have often told our program members, and it's something that I ask myself very frequently, especially when I can tell that I'm struggling in some way is, I ask myself, how can I take really excellent care of myself today? And just be open to what that is. Maybe it's getting out in nature or going for a walk. Maybe it is taking a bath. Maybe it's taking a nap. Maybe it's going to bed early. Maybe it's talking to a friend.

Maybe it is really doing a heart hard workout, because I've got this energy in me that needs to just get out. But if you have this idea in your head of like, this is what relaxing, or this is what self soothing or self care looks like, and it has to be that, then you might not be as open to recognizing what it is that your mind and your body truly need.

Again, I'll just repeat that question, how can I take really excellent care of myself today? What is it that I need that would actually really help? And then not be like, well, and then that thing has to be the thing and it has to fix me, just being like yeah, I think I'm going to try that. I'm going to be open to seeing how my experience changes if I do that thing.

The next is, look after your physical and mental wellbeing. This was maybe a little bit more surface level, but of course, like have you moved your body recently? Sometimes looking after your physical wellbeing just means sitting on the floor and doing some stretching or sitting on your bed and doing some stretching or maybe even just doing a couple intentional deep breaths. Oxygenating your brain and your body can make you feel so much better. Often I will, sometimes you can find online on YouTube or there's a great free app called Insight Timer, where you can literally find just a couple minute recording of someone doing just some affirmations or even just some positive music can help you to feel like, okay, I'm grounded, I'm centered, I'm back to being me. So those little things. It does not have to be this very involved, time consuming practice.

The next is maintain a healthy work life balance, have outside interests. Work life balance is another one of those kind of hot topic things we want to basically figure out how to integrate both our outside lives, our lives outside of work and our work lives into what we do. But I really love how it says have outside interests. I think that's a huge, huge thing that so many of us lose track of. I always think of it as whatever interest you had going into medical school and your training, they probably got beat out of you. Like you probably didn't have time for them anymore. And of course, this isn't the case for everybody, but for a lot of people, it really is. And then we come out of it years later going like, I don't even know what I like. Who even knows?

I think one of the best things you can do is just to think back, what did I used to like doing? And is there a version of that that I can incorporate now? And it could be music, it could be some sort of craft, it could be some sort of sport or recreational type of a thing. It could be like volunteering. It could be doing some advocacy work, so many different things that you could become involved in. And what I think is so helpful about that is it helps you to think about some other things. It helps you to have something else on your mind. And I think that is why so many people love kind of repetitive things. Maybe they like certain kinds of exercise or they like doing, some people have said like, oh, I just love knitting because I just have to pay attention to what I'm actually doing or if it's like embroidery or cross-stitcher, something where you are not just at the whim of whatever your brain is offering to you from whatever that exposure to that vicarious trauma was.

The next is, be realistic about what you can accomplish, avoid wishful thinking. I thought that was actually a really insightful one. I think sometimes our wishful thinking is just like, I wish I could just go in there and just take away this pain from them. I wish I could just make it so that this never happened. Well, of course we can't do that, but in our effort to try to make it like it never happened, that's when we start doing, we start overexerting, maybe blurring those professional boundaries. I think it can be really, really helpful to understand what is it that I actually can do?

And I do want to also point out too that sometimes it can be kind of difficult to figure this out on your own. Sometimes this is something where just literally talking it out with someone else, whether it's a colleague or even someone outside of medicine can be really helpful. Sometimes we have to get out what's in our brains for us to really even see like, yeah, that's not realistic. Or, if I were the patient here, would I want my doctor to do that? Just getting a little bit more air and space to what you're thinking of doing or even just discussing what's possible I think can be really helpful, especially if you have someone else that you can talk to about it.

The next is don't take on responsibility for your patient's wellbeing, but supply them with tools to look after themselves. So good. We can take that one to the far reaches. That doesn't have to just be vicarious trauma. Let me just repeat it. Don't take on responsibility for your patient's wellbeing, but supply them with tools to look after themselves. That really is your responsibility, to give them the resources, to give them the tools, but then they are responsible for their experience or their lives, just like we all are. You cannot control what they think or feel, you cannot control what they do, what their actions are. You can only just offer support and help and let them take on what's the next best step for them.

The next part of that as well is to not judge them for what they do. Maybe you give them tons and tons of resources and they don't take advantage of those, not judging them or thinking, you know what, they should have been doing X, Y, or Z because it would've helped them so much. Maybe, but also we don't know. We can't possibly know what's best for somebody else. As doctors, we can have a really good educated guess, but ultimately they're going to know what's best for them. So we have to work on keeping that mind drawn for ourselves.

The next is balance your caseload, mix of more and less traumatized clients victims and non-victims. I think this is especially important for people who are really working with traumatized patients day in and day out. I think that it is definitely important for you to figure out what works best for you. What can you handle from a mental health standpoint and making sure that you're doing as much as you can and not forcing yourself to do more if you're in any kind of child advocacy role or something like that, it would be very similar.

The next, just take regular breaks. Take time off when you need to. I think this is the one that we often struggle with. We're like, I don't need breaks. I don't need to take time off. I'm tough. We don't want to show that there're any cracks or that we're struggling in any way. This is like we have to learn to recognize that this is not a sign of weakness, this is a smart thing to do. By you doing this, you're supporting yourself so that you are able to continue helping people in the way that you want to long term. So you aren't just like that flash in the pan, burning yourself out and then you just have to go do something else you can't do it at all anymore.

The next is seek social support from colleagues and family members. And I completely agree. I think this is one of those things where we often think that nobody else thinks the way that we do. We'd be so embarrassed to share what's going on with us, with any colleagues or family members. And I just want to encourage you to question that, just to know that they have human brains like you do, they might actually be able to really support you and understand better than a lot of other people might be able to. And they might even be able to give you some good ideas, like how they work through some things, different ways of thinking.

So often, what other people are doing is just offering us their beliefs, their thoughts, and that can be so helpful for us to then go, oh, interesting that they think about it that way. I want to consider if I want to change the way I think too, maybe that would be a more helpful way for me to think about it. Because as we know, we get to choose what we think and believe. So seeking out that social support if you feel uncomfortable, that okay. You can still be uncomfortable and just reach out and find out like, could I talk to you? I'm just looking for some support. And you'll find out really quickly who are the people that you can go to who really are there standing by your side to help you.

The next is use a buddy system. This is particularly important for less experienced doctors. It says, I cannot even tell you how helpful I think this would've been when I was a trainee to have some sort of buddy system like this, to have that person that you know you can go to and you don't feel like you're burdening them, you don't feel like it's inappropriate or it's just like, you need to just... They're dealing with their own stuff, you need to just shut your mouth. You know this is your person to go and talk to. And I think it could be peer to peer, I think it could be set up in other ways as well. I think this is a great idea for anyone listening, who maybe wants to set up a buddy system on their own. But if you are working with trainees or less experienced doctors, this might really be an incredible system to set up for them and just experiment and see how people feel with it. But I think it would be amazing.

And then this one can kind of plays off of it too. It says use peer support and opportunities to debrief. And I think again that can be something that we can do where it's like everyone has stuff to talk about, but nobody is really creating the system or the time for people to get together and actually talk about what happened. And depending on the situation, depending on what's available, you might even be able to get some people who are skilled in mental health support to be able to come and help facilitate depending on what's going on. I think it's a really terrific idea.

The next one is take up training opportunities. And I think that's actually a really good one to think of too. If this is going to be something that you're going to be experiencing on a relatively regular basis, there's more that you can learn about this on how to support yourself, how to really take good care of yourself when you have these exposures and not just thinking like, oh, I don't need that. I'm fine, whatever. And then you're finding that you're like, I don't know, why I am drinking three four bottle of wine every night? I don't know why I can't just stop shopping on Amazon or why I'm eating so many snacks at night, when we have to be looking to the future of what can we be doing to learn more so we can support ourselves.

The next one says, if you need it, take up time limited group or individual therapy. I couldn't agree more. I think coaching can be helpful as well, but I don't think that every coach is the right coach for somebody who's going through trauma for sure. What we do in our program, in Weight Loss for Doctors Only is we look at it as we are trauma knowledgeable, we are aware, but we are not trauma specialists. And so, definitely when we have members of our program who are working through trauma or kind of discover that trauma is an influential part as to what they're struggling with, then we totally recommend seeking out really specific trauma, skilled therapy. And often were able to do that concurrently where they're being coached and they're also working with a trauma therapist.

I personally have worked with a trauma therapist, found it to be incredibly, incredibly helpful. Literally the vicarious trauma that I can even remember just from going through a medical training has been super helpful in that. So, I think just as we go along in life, therapy is being de stigmatized more and more, and I think people are just really realizing, you know what, I am not just going to pretend like this didn't happen and it didn't affect me and I really need some help. I think that if you are interested in finding other resources for trauma, there's so many, the key is finding some who is very, very much trauma informed. Trauma cannot be healed just from talk therapy. There's an experiential component that needs to happen, and the therapist needs to know how to help you to do that while helping you to feel really safe and cared for throughout that. That would be something to look for.

And then the final part, it says there are also significant organizational factors that can increase the risk of a person being vicariously traumatized, which should be assessed and addressed. And I think that's a really important final point as well, that depending on the organization, depending on the setup of the environment, it can make a certain situation much more traumatizing than if the organization is set up in a different way. And so for those listening who are involved in setting up those systems, it's definitely something to consider and to really think about, what could we be doing better to support the people within our organization, within our department, within the system that we have.

That's vicarious trauma. I think that this is something that I'm going to argue that pretty much every doctor has been exposed to. And so the question is, what are we going to do with it? So much of the work that we do in coaching is in creating this support system in processing emotion, making it so that you can take really, really good care of yourself when things like this happen. But sometimes that may not be enough or there might have been just some previous traumas that need healing, like I mentioned. And then of course, then we'd want to get some really highly skilled help for that as well.

One more time, these resources that I referenced today will be in the show notes page, so feel free to access those. But like I said, I found a lot of really great information online about vicarious trauma that might be really interesting to you to learn more about as well. Thank you so much for your attention today.

Have a wonderful rest of your week, and I will talk to you very soon.

Take care. Bye bye.