Recovery, Health, Wellness and Balance

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COUNSELOR TECHNICIAN TRAINING

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Acknowledgements

- Boyd-Franklin, N., Cleek, E., Wofsy, M., & Mundy, B. (2013) *Therapy in the real world: Effective treatments for challenging problems*. New York: Guilford Press
- Teater, M. & Ludgate, J. (2014). *Overcoming compassion fatigue: A practical resilience workbook*. Eau Claire, WI: PESI Publishing & Media.
- Okitkun, M. (n.d.). *Recovery, health, wellness and balance*. (PowerPoint presentation)

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About this course

- **Content**
  - General, broad, applicable to MH and SA Treatment Providers
- **Process**
  - Primarily facilitated discussion and sharing
  - Some didactic info provided to stimulate discussion

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Factors affecting clinician well-being and resilience

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Compassion Fatigue vs. Burnout

- **Compassion Fatigue**
  - Caregiver's reduced capacity of, or interest in, being empathic or ''bearing the suffering of clients''
  - Related to clinical work-related severe emotional distress
  - Rapid onset (typically); rapid recovery

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Compassion Fatigue vs. Burnout (Cont'd)

- **Burnout**
  - A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situation
  - Not directly related to exposure to traumatic material
  - Longer onset

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Compassion Fatigue-Burnout: Contributing Factors

- Elevated Stress
- Professional Isolation
- Failed Expectations (Professional Disillusion)
- Emotional Drain from Sustained Empathizing
- Difficult Client Population

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Compassion Fatigue-Burnout: Contributing Factors (*Cont'd*)

- Unreciprocated Giving and Attentiveness
- Ambiguous Success
- Longer Hours, Fewer Resources
- COVID/Post-COVID

NOTE: These are also targets of intervention

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Compassion Fatigue-Burnout: Symptoms

- Over-reacting
- Boredom
- Loss of compassion
- Discouragement
- Depression

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Compassion Fatigue-Burnout: Symptoms (*Cont'd*)

- Functional impairment
- Cynicism
- Inability to think clearly – including cognitive distortions
- (Others)

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Compassion *Satisfaction*

Over time, strengthen

- Sense of strength
- Self-knowledge
- Confidence
- Sense of meaning

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Compassion *Satisfaction* (Cont'd)

Over time, strengthen

- Spiritual connection
- Respect for human resiliency
- Tolerance toward clients and colleagues

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Compassion *Satisfaction* (Cont'd)

Majority of those who work with trauma survivors report

- Great meaning to life
- Heightened sense of purpose and strength
- Enhanced feeling of connection with others

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Compassion *Satisfaction* (Cont'd)

- Often took time off for themselves
- Sought assistance or mentoring
- Increased self-care when beginning to see signs of negative impact
- Able to resume work and/or feel decreased stress
- Developed/maintained overall gratitude for their work

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Discussion: Self-Responsibility and love

- What does it mean to love yourself in a healthy way?
- Do I have a responsibility to care for self?
- If responsible to care for myself, how?

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Common Reactions of Clinicians to Client Trauma – Countertransference

- Feelings, attitudes, reactions toward clients as a result of therapeutic relationship
- **Example:** Feel pressured to placate and reassure client who finds it hard to trust people – over and above how you would normally feel or behave towards other clients
- Due to resolved and unresolved conflicts within counselor

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Common Reactions of Clinicians to Client Trauma – Compassion Fatigue

- Consequence of listening to client's traumatic history and negative reactions derived from such empathic contact
- When counselors cannot maintain psychological distance
- Unrelenting pressure with little support appears to have cumulative effect

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Common Reactions of Clinicians to Client Trauma – Vicarious Trauma

- AKA secondary traumatic stress reaction
- Change in counselor as a result of empathic engagement with client's trauma experiences
- **Factors**
  - Counselor's personal trauma history
  - Meaning attached to traumatic life events
  - Psychological and interpersonal style
  - Current stressors
  - Support systems

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Common Reactions of Clinicians to Client Trauma - Burnout

- More likely to come from external systemic factors
- General malaise, stress, "chronic tedium" in workplace
- Accompanied by exhaustion; helplessness; disillusionment; negative self-concept; negative attitudes toward work, people, life itself
- Feeling overloaded, overextended
- Develops gradually over time, not from specific or identifiable event; rather from working under unrelenting pressure with little support has cumulative effect

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When personal life stressors and job demands combine

- May function well working with trauma clients for years
- May abruptly change when stressors occur in counselor's life
- **DISCUSS:** How do you reconcile previous slide stating it develops gradually over extended time period with the above point stating it may abruptly change?

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Physical Response to Trauma

- Change in sleep patterns
- Shallow rapid breathing
- Headaches
- Increased heart rate
- Fatigue
- Chest palpitations
- Changes in appetite
- Dizziness
- Pain or bodily tension
- Stomach upset
- Sweating
- Nightmares
- Tearful, crying for no apparent reason
- **Signs can also indicate potentially serious medical conditions – seek medical care**

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Psychological Response to Trauma

- Shock or numbness
- Anxiety/Fear/terror/disbelief
- Feel unsafe, vulnerable
- Guilt, frustration
- Feel helpless, hopeless

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Psychological **Response to Trauma** ***(Cont'd)***

- Anger, rage (generally)
- Anger toward others involved
- Depression, sadness, loneliness
- Feeling powerless or worthless
- Emotional lability "On emotional rollercoaster"
- Fear of ongoing victimization

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Cognitive **Response to Trauma**

- Confusion
- Lapses in memory
- Distorted thoughts
- Slowed thinking
- Thoughts about dying
- Intrusive images
- Difficulty concentrating
- Difficulty making decisions
- Too many thoughts at once
- Think the world is unsafe
- Flashbacks, repeatedly replay event

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Behavioral **Response to Trauma**

- Exaggerated startle response
- Angry outbursts
- Crying
- Conflict in relationships
- Critical of others
- Cling to people
- Decreased energy
- Alienation
- Cue avoidance
- Strong reactions to small changes

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Behavioral **Response to Trauma (Cont'd)**

- Withdrawal from others
- Hyperactivity
- Tendency to overwork
- Difficulty trusting
- Irritability
- Inability to perform easy tasks
- Changes in sexual activity
- Disruption of daily routine
- Increased use of alcohol, drugs or medications
- Lower productivity

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Spiritual Responses to Trauma

- Loss of faith
- Questioning old beliefs
- Experiencing life as meaningless
- Sense of the world being changed
- Spiritual doubts
- Despair
- Withdrawal from church or community

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POSITIVE EXPERIENCE WORKING WITH TRAUMA

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Vicarious Resilience

- **Resilience** – Way in which trauma survivors access adaptive processes and coping mechanisms to survive – even thrive – in face of adversity
- **Vicarious Resilience** – Process characterized by a unique and positive effect that transforms counselor in response to client trauma survivors' own resilience

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Journal of Consulting and Clinical Psychology
1991, Vol. 59, No. 2, 274–281

Patterns of Appraisal and Coping Across Different Stressor Conditions Among Former Prisoners of War With and Without Posttraumatic Stress Disorder

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Little is known about how survivors of extreme events cope with traumatic memories and subsequent negative life experiences. The present study compared (a) repatriated prisoners of war (RPWs) from World War II (WW II) with chronic posttraumatic stress disorder (PTSD), (b) RPWs without PTSD, and (c) noncombat veterans on measures of general psychological functioning, appraisal, and coping. Appraisal and coping were assessed under 2 stressor conditions: memories of war/captivity and recent negative life events. RPWs with PTSD reported poorer general psychological functioning; significantly less control over memories of WW II; and more frequent use of self-isolation, wishful thinking, self-blame, and social support in an effort to cope with these memories than did the 2 comparison groups. Fewer between-groups differences were found for the recent stressor condition. Findings are discussed in terms of factors that may explain the perseverance of coping difficulties associated with PTSD.

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Vicarious Posttraumatic Growth

- Gains in relationship skills
- Increased appreciation for the resilience of the human spirit
- Satisfaction of observing clients' growth
- Being a part of the healing process
- Spiritual well-being
- (Even these positive reactions can pale in comparison to overwhelming negative ones)

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THERAPIST SELF-CARE

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Therapist Self-Care

- Necessary for every counselor
- An ethical responsibility for every counselor

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Self-Care – How?

- Set firm boundaries around work and home life
- Relaxation, meditation, self-nurturing
- Varying topographies – even housecleaning, doing laundry (Crum & Langer, 2007)
- Close relationships, social activities with family and friends, social support
- Physical activities

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Self-Care – How? (*Cont'd*)

- Physical activity/exercise
- Healthy eating
- Good sleep hygiene
- Avoid news ("doomscrolling")
- Avoid drug and alcohol use and abuse
- Engage in fun activities, explore new hobby
- Take regular vacations, holidays and weekends off
- What are yours?

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Role of Spirituality and Trauma Work

- **Works both ways**
  - Working with traumatized clients can deepen one's spirituality
  - Relying on one's spirituality helps cope with hearing traumatizing material and helps renewal during ongoing clinical work
- **Hope is a recurring concept**
  - Opportunity to see things from different (transcendent) perspective (Frankl, 1984; Miller & C'de Baca, 2001)

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Personal Counseling for the Counselor

- Opportunity to process reactions
- Provides safe, protective, confidential environment to express:
  - Doubts about your work
  - Personal stressors
  - Systemic/organizational stressors

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Personal Counseling for the Counselor (*cont'd*)

- Experienced counselors who received treatment earlier in career may think their own therapy is now complete
- However, chapters of therapy may correspond to different life stages
- Barriers – stigma, fears about confidentiality, aversion to assuming a dependent role
- Should be normalized – sign of being smart, wise, not weak

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Professional Coping Strategies for the Counselor

- Gaining more experience can help you feel less overwhelmed; helpful for supervisors to normalize their experience and offer support and more training
- Learn to keep personal and professional lives separate
- Create pre- and post-session rituals
- Use within-session coping strategies (e.g., controlled breathing, mental imagery, grounding)
- Take regular holidays, vacations, "mental health day"

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Social Justice Work: Becoming an Advocate

- Can commit to social justice through advocacy at local to national level by lending expertise to community-based organizations or getting involved in national movements
- On other hand, some are motivated to improve clients' lives but feel overwhelmed, demoralized by continuous exposure to poverty, homelessness, racism, healthcare inequality, etc.
- **Caution:** Remember, primary function is to empower *your* clients

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Paradoxical Changes to Work

- Organizational factors may prevent you from doing the good work you've been trained (and want) to do
- Can be sustained by opting to incorporate additional work components (e.g., treat some clients with EBP such as CBT, run your own group); if promoted to supervisory position, may opt to do co-therapy with a counselor
- Even though involves more time and effort, volunteer doing something that indulges your passion without constraints associated with employment

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SUPERVISION, TRAINING, AND ORGANIZATIONAL SUPPORT AS ANTIDOTES TO BURNOUT

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Supervision and Counselor Well-Being

- Supervision often seen as done during training; but case consultation or supervision when needed can be a benefit *throughout* your career
- Peer supervision groups
- Continuing education
- Good supervision – helps counselor by giving advice, direction and reassurance and affording safe, nonjudgmental space to debrief
- Limit number of difficult cases assigned to each counselor

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Supervision and Counselor Well-Being (*Cont'd*)

- Supervisees may want/need less emotional support and more practical case discussion and advice about case management
- Productivity demands often curtail length and quality of clinical work as well as supervisory process
- Isolation ***deadly*** for counselors as well as clients
- Agency-wide culture of support for staff
  - Sunshine Community Health Clinic
  - CDTP Staff Meeting – Program improvement a standing agenda item

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Empower Clinicians Through Supervision

- May get "stuck" in your approaches learned earlier
- Group supervision – chance to hear from colleagues a larger array of cases, learn from peers' experiences, increase exposure to different clinical issues
- Formal and informal debriefing - Team confidentiality

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ORGANIZATIONAL AND ADMINISTRATIVE SUPPORT FOR STAFF

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Organizational/Administrative Support

Employers, supervisors and agencies have a duty to develop and maintain *PREVENTIVE* coping strategies

- Provide specialized training
- Normalize vicarious traumatization reactions
- Offer opportunity to process impact of client's traumatic material
- *Include non-clinical staff too*!

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Organizational and Administrative Support How?

- Lower caseloads matching resources
- Clear limits on work time (without creating dilemma)
- Comp time for emergencies
- Encourage staff to take vacation, sick, other leave
- Telehealth/Telework (clinical and non-clinical staff)

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Organizational and Administrative Support How? (*Cont'd*)

- Work areas clean and cheerfully decorated
- IT Support – (e.g., Rules, File Cleaning)
- Counselor well-being should be a priority
- Encourage and de-stigmatize use of EAP
- Staff support groups
- Foster Healthy Work Culture – (Aloha Friday)

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Organizational and Administrative Support How? (*Cont'd*)

- Establish, maintain realistic workload expectations

Sign in Auto Repair Shop:

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Organizational Support Through Training Opportunities

- Agency-related factors contributing to burnout
  - Budget cuts
  - Productivity requirements
  - Demands of clinical caseloads
- Within financial constraints, consider training "champions" to train colleagues (VA EBP Coordinator)

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Organizational Support Through Training Opportunities (*Cont'd*)

- Create agency culture of support (National Academy of Medicine document cited under "Additional Resources")
- Case conferences and clinical roundtables
  - Don't be threatened by competence of colleague
  - Avoid "Guild Battles"

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DISCUSSION: Identifying your Client-Related Stressors

- Which client *types* do you sometimes or often find hard to work with?
- What client *situations* are difficult for you to deal with?
- What stress *responses* are elicited from you?
- *Why* do you think you might have this difficulty?

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DISCUSSION: Identifying Rewards and Potential Rewards from your work

- What rewards *could* you receive from the kind of work you do?
- What rewards do you *actually receive* from your work?
- What motivated you to choose the work you do?

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DISCUSSION: Identifying Rewards and Potential Rewards from your work *(Cont'd)*

If hard to answer what motivated you, could it have been:

- Interest in human behavior or problems
- Desire to help others
- Feeling you could make a difference
- Quest for power, status
- Other rewards (e.g., increased self-esteem)

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DISCUSSION: Assessing Organizational Support

- What ***does*** your agency do for professional development, peer support or stress reduction?
- What ***might*** your agency do in this regard?
- Does your agency provide training or forums to discuss these issues?
- What is available from your professional organization? (NAADAC, APA, ACA, NASW, etc.)

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HANDOUTS – Assessment of Compassion Satisfaction, Compassion Fatigue, and Burnout

- Decisional Balance – Addressing Professional Burnout
- External and Internal Workplace Triggers Checklist
- Maslach Burnout Inventory
- National Academies of Medicine – Taking action against clinician burnout: A systems approach to professional well-being

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HANDOUTS – CBT Worksheets for Counselor

- People with these 11 Habits Make Themselves More Miserable Than They Have To Be
- Professional Quality of Life Scale
- Skovholt Practitioner Resiliency and Self-Care Inventory
- Supporting Mental Health in the Workplace Checklist for Supervisors - OSHA
- Swedish Demand, Control, and Support Questionnaire

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SAMHSA – Self-Care Wallet Card - Front

CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit
www.psychosocial.org or www.proqol.org

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SAMHSA – Self-Care Wallet Card - Back

SWITCHING ON AND OFF

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

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Additional Resources

Book on how to provide therapy in real-life; includes two chapters on self-care

- Boyd-Franklin, N., Cleek, E., Wofsy, M., & Mundy, B. (2013) Therapy in the real world: Effective treatments for challenging problems. New York: Guilford Press

National Academy of Medicine document addressing burnout from organizational, systems perspective

- Taking action against clinician burnout: A systems-wide approach to professional wellbeing

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National Academies Recommendations

BOX 10-1
Goals for Eliminating Clinician Burnout and Enhancing Professional Well-Being

1. Create Positive Work Environments: Transform health care work systems by creating positive work environments that prevent and reduce burnout, foster professional well-being, and support quality care.
2. Create Positive Learning Environments: Transform health professions education and training to optimize learning environments that prevent and reduce burnout and foster professional well-being.
3. Reduce Administrative Burden: Prevent and reduce the negative consequences on clinicians' professional well-being that result from laws, regulations, policies, and standards promulgated by health care policy, regulatory, and standards-setting entities, including government agencies (federal, state, and local), professional organizations, and accreditors.
4. Enable Technology Solutions: Optimize the use of health information technologies to support clinicians in providing high-quality patient care.
5. Provide Support to Clinicians and Learners: Reduce the stigma and eliminate the barriers associated with obtaining the support and services needed to prevent and alleviate burnout symptoms, facilitate recovery from burnout, and foster professional well-being among learners and practicing clinicians.
6. Invest in Research: Provide dedicated funding for research on clinician professional well-being.

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Additional Reads to consider

Frankl V. E. (1984). *Man's Search for Meaning*. New York, NY: Washington Square Press.

Miller, W. R. (Ed.). (1999). *Integrating spirituality into treatment: Resources for practitioners.* American Psychological Association.

Miller, W. R. & C'de Baca. (2001). Quantum change: When epiphanies and sudden insights transform ordinary lives. Guilford Press.

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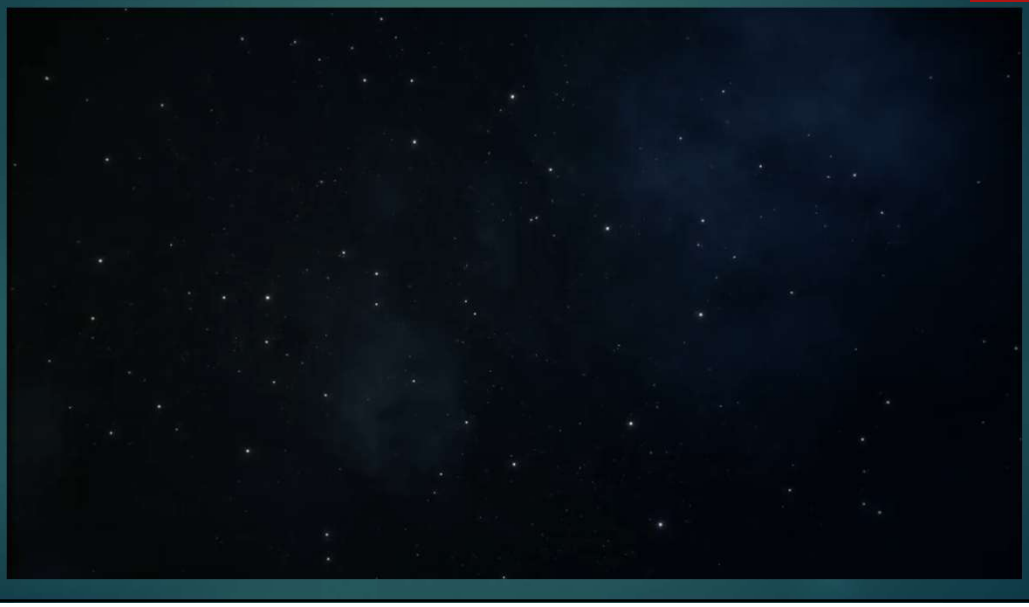
TED Talk: How to Make Stress Your Friend



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Thank you

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