

**Co-occurring Collaborative of the State of Maine
An Integrated Approach to Clinician Self-Care
January 18, 2008
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Topics

- ◆ Mindfulness: A Self-Care Strategy
- ◆ Defining Secondary Traumatic Stress, Vicarious Trauma, Burnout & Countertransference
- ◆ Normalizing Secondary Trauma and Vicarious Traumatization
- ◆ Signs of STS, VT, Burnout & Countertransference
- ◆ Developing a Holistic & Comprehensive Self-Care Plan
- ◆ Self-Care Strategies
- ◆ ABCs of Self-Care
- ◆ Maintaining Commitment to Self-Care

Tools

- ◆ Information Sharing
- ◆ Interactive Discussion
- ◆ Self-Care Plan Exercises
- ◆ Mindfulness Exercises

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Guidelines for Offering Reflections

- * Listen carefully to the storyteller's story, in particular how it relates to your own experience. Ask yourself: How does this person's story resonate with my story?
- * Notice images, feelings, sensations, memories which are triggered for you by the storyteller's story. Ask yourself: How do my experiences relate back to this person's story? Remember you are really reflecting on your own experience.
- * Be ready to acknowledge appreciation for what the other person is experiencing.
- * Be curious.
- * The emphasis is on presenting ideas instead of "correct" interpretations. Use phrases that leave openings for uncertainty, like "I was wondering . . ." or "I'm not sure about this but . . ." or "Does that fit for you . . .?"
- * Keep your comments brief.
- * Please refrain from blaming, pathologizing, fixing, interpreting or giving advice.
- * Please refrain from assuming you know the meaning of what you have heard, even when the storyteller uses commonly used words, images, and concepts. For example, resist the temptation to assume that your understanding of or experience of grief is the same as the storyteller's.
- * Mirroring is one of the most powerful forms of reflection. Listen deeply to the storyteller from a place of open attention, and non-judgmental awareness, then reflect back a word, phrase, or image that s/he spoke, that touched you in some way. There is no interpretation in mirroring.

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adapted from: *Linking lives around shared themes: Narrative group therapy with gay men* by Chris Behan (accessed via the World Wide Web at <http://www.dulwichcentre.com.au/chrisbehanarticle.htm>) Used with the author's permission.

What Is Mindfulness?

Mindfulness includes the following qualities:

- ✦ Non-judgmental awareness
- ✦ Alert yet relaxed consciousness
- ✦ Compassionate witnessing of experience
- ✦ Curiosity

Mindfulness supports and enhances:

- ✦ Development of a witness stance
- ✦ Acceptance and tolerance of strong feelings
- ✦ Compassion for self and others
- ✦ Resilience (ability to rebound from adversity)
- ✦ Relaxation
- ✦ Peace of mind

Definitions: Traumatic Stress, Burnout, Countertransference

Primary traumatic stress reaction refers to the manifestation of posttraumatic symptoms in clinicians who have been directly exposed to violence, threat of violence, or violations/threat of violations of physical, emotional, mental/psychological, spiritual boundaries/integrity and the ability to respond effectively to the threat is overwhelmed.

Secondary trauma, also known as *compassion fatigue*, refers to the manifestation of posttraumatic symptoms in clinicians (who may not necessarily have a history of trauma) when exposed to clients' stories of traumatic experiences.

Vicarious traumatization refers to the transformation of the clinician's inner experience, sense of self, and/or worldview as a result of empathic engagement with the traumatic material of the client.

Burnout refers to a process of exposure to general work-related stress over a period of time that eventually leads to physical, emotional, and mental exhaustion.

Countertransference originally referred to an unconscious emotional reaction to the client based on the clinician's life experience, but more recently this term has been used to describe all emotionally charged reactions of clinicians to clients, whether or not those reactions are based on the clinician's personal history.

Signs of STS, VT, Burnout, and Countertransference

Signs of Secondary Traumatic Stress (STS)

PSYCHOLOGICAL DISTRESS

Distressing Emotions: grief, depression, anxiety, dread, fear, rage, shame

Intrusive Imagery of Client's Traumatic Material: nightmares, flooding, flashbacks following client disclosures

Numbing or Avoidance: avoidance of working with client's traumatic material

Somatic Issues: sleep disturbance, headaches, gastrointestinal distress, heart palpitations, chronic physiological arousal

Addictive/Compulsive Behaviors: substance abuse, compulsive eating, compulsive working

Impaired Functioning: missed/canceled appointments, decreased use of supervision, decreased ability to engage in self-care, isolation and alienation

COGNITIVE SHIFTS

Chronic *suspicion* about others

Heightened sense of *vulnerability*

Extreme sense of *helplessness* or *exaggerated sense of control* over others or situations

Loss of personal control or freedom

Bitterness or *cynicism*

Blaming the victim or *sees everyone as a victim*

Witness or *clinician guilt* if client re-experiences trauma or re-enacts trauma in therapy

Clinician feels *victimized by client*

RELATIONAL DISTURBANCES

Decreased *intimacy and trust* in personal/professional relationships

Distancing or *detachment* from client which may include labeling clients, pathologizing them, judging them, canceling appointments, avoiding exploring traumatic material

Over-identification with the client which may include a sense of being paralyzed by one's own responses to the client's traumatic material or becomes overly-responsible for the client's life.

Signs of Vicarious Traumatization (VT)

FRAME OF REFERENCE

Disconnection from one's sense of identity

Fundamental beliefs about the world change dramatically

Loss or distortion of values or principles

A sense of *spirituality as comfort or resource decreases* or is non-existent where it previously was present

Loss of faith in something greater

Existential *despair* and loneliness

Signs of Burnout

Physical Indicators: fatigue and physical depletion, chronic colds/flu, sleep disturbances, other somatic issues such as gastrointestinal distress and headaches

Emotional Indicators: irritability, anxiety, depression, guilt, pervasive sense of helplessness, depersonalization, decrease in sense of accomplishment, discouragement

Behavioral Indicators: aggression, callousness, pessimism, defensiveness, cynicism, substance abuse

Interpersonal Indicators: inability to concentrate/focus, withdrawal from/avoidance of clients or co-workers, dehumanizing, judging, pathologizing clients.

Work Performance: low morale and motivation, task avoidance, apathy, negativity, increased conflicts with co-workers, absenteeism, exhaustion, irritability, withdrawal from colleagues, quitting the job, thefts, misuse of work breaks.

Signs of Countertransference

Emotional Indicators:

A feeling of loathing or dread at the prospect of a session with a particular client

Unexplained anger or rage at a particular client

Intense feelings of guilt or shame if the client does not seem to be getting anywhere in the counseling or relapses.

Interpersonal Indicators:

Chronic feelings of helplessness and inadequacy in relation to a particular client

A sense of scatteredness, fragmentation, or dissociation when working with a particular client

Feelings of being victimized by the client

Anxiety, fear of exploring trauma material with a particular client

Physical Indicators:

Pressured feeling in the chest, knot in the throat, tightness in the neck or shoulders, etc.

Behavioral Indicators:

Cutting sessions short, allowing sessions to go way over time, cancelling or forgetting appointments with a particular client

References: Figley, C.R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner Mazel. Pearlman, L. A. & Saakvitne, K. W. (1995). *Trauma and The Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W. W. Norton & Company. Saakvitne, K. W. & Pearlman, L. A. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W. W. Norton & Company.

Comprehensive Self-Care Plan Worksheet

Name: Date:	Personal	Professional/Workplace
Physical		
Psychological/Mental		
Emotional/Relational		
Spiritual		

Use the following questions to help you engage in a self-reflective process and develop your comprehensive self-care plan. Be specific and include strategies that are accessible, acceptable, and appropriate to your unique circumstances. Remember to evaluate and revise your plan regularly.

Physical

What are non-chemical things that help my body relax?
What supports my body to be healthy?

Psychological/Mental

What helps my mind relax?
What helps me see a bigger perspective?
What helps me break down big tasks into smaller steps?
What helps me counteract negative self-talk?
What helps me challenge negative beliefs?
What helps me build my theoretical understanding of trauma and addictions?
What helps me enhance my counseling/helping skills in working with traumatized clients?
What helps me become more self-reflective?

Emotional/Relational

What helps me feel grounded and able to tolerate strong feelings?
What helps me express my feelings in a healthy way?
Who helps me cope in positive ways and how do they help?
What helps me feel connected to others?
Who are at least three people I feel safe talking with about my reactions/feelings about clients?
How can I connect with those people on a regular basis?

Spiritual

What helps me find meaning in life?
What helps me feel hopeful?
What sustains me during difficult times?
What connects me to something greater?

The ABCs of Self-Care

Awareness:

Being in tune with one's needs, limits, emotions and internal/external resources including practicing mindfulness and acceptance. Awareness requires mindful attention to all aspects of our experience including thoughts, feelings, and our sensate experience. This kind of attention requires quiet time and space that supports self-reflection.

Balance:

Maintain a balance and diversity of activities at work. Balance your energies between work and play, between activity and rest, between focus on self and focus on others. Balance provides stability and helps us be more grounded when stress levels are high.

Connection:

Connection to oneself, to others, and to something greater decreases isolation and increases hope. Connection is supported by open communication. Connection to others both personally and professionally is essential and an ethical imperative for clinicians and human service providers. Connection provides an anchor that supports us to be able to witness tremendous suffering of our clients while not getting caught up in it. We cannot do this work alone.

Reference: Saakvitne, K. W. & Pearlman, L. A. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W. W. Norton & Company.

A Scheduling Exercise

Write out a schedule for a typical work day that includes recognition of your own unique requirements for pacing, breaks for exercise, rest, and nourishment, and a variety of tasks and self-care practices. Be specific and make sure you write down direct client contact time, meetings, supervision, travel time, mail/phone call response time, break times, etc.

Morning

Afternoon

Evening

Now review your schedule and ask yourself these questions: Does it include an awareness of my own physical, emotional, mental, and spiritual needs? Does it include a sense of balance? Does it include time for connection to self and others that is nourishing? Make any adjustments you would like to your schedule after answering these questions.

Self-Care for Clinicians Selected References

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