

TERMS

Compassion Fatigue – state of exhaustion and dysfunction – biologically, psychologically and socially – as a result of prolonged exposure to compassion stress.

Burnout - generalized state of physical, emotional and mental exhaustion counselors experience by long-term involvement in emotionally demanding situations.

Primary traumatic stress reaction- 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 - 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 - 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. *

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. *

Professional Quality of Life	
The Bad Stuff	The Good Stuff

Agenda

1. Creating a Working Community
2. Self Assessment/Skills
3. Body Volley Ball
4. Awareness & Narratives: I am From
5. Exploration and Self-Talk and Self-Care
6. Messages in our Work Environments
7. Creating a Working Community
8. Expanding Perspectives
9. Skills and Tools for Neutral Working Empathy
10. Transformation



Rogers, Carl. 1986b. "Reflection of Feelings," *Person-Centered Review*, vol. 1, no. 4.

I have come to a double insight. From my point of view as therapist, I am *not* trying to "reflect feelings." I am trying to determine whether my understanding of the client's inner world is correct — whether I am seeing it as he or she is experiencing it at this moment. Each response of mine contains the unspoken question, "Is this the way it is in you? Am I catching just the color and texture and flavor of the personal meaning you are experiencing right now? If not, I wish to bring my perception in line with yours."

How Neutral is your Empathy? - anniefahy

Where I'm From
by George Ella Lyons

SELF ASSESSMENT

LISTENING TO OURSELVES

I am from clothespins
from Clorox and carbon-tetrachloride.
I am from the dirt under the back porch.
(Black, glistening,
it tasted like beets.)
I am from the forsythia bush
the Dutch elm
whose long-gone limbs I remember
as if they were my own.
I'm from fudge and eyeglasses,
from Imogene and Alafair.
I'm from the know-it-alls
and the pass-it-ons,
from Perk up! and Pipe down!
I'm from He restoreth my soul
with a cottonball lamb
and ten verses I can say myself.
I'm from Artemus and Billie's Branch,
fried corn and strong coffee.
From the finger my grandfather lost
to the auger,
the eye my father shut to keep his sigh.
Under my bed was a dress box
spilling old pictures,
a sift of lost faces
to drift beneath my dreams.
I am from those moments--
snapped before I budded--
leaf -fall from the family tree.

Event or situation:

Before

During

After

ACTIONS

THOUGHTS

FEELINGS

TOUCHPOINTS

CHANGES &
OPPORTUNITIES FOR
IMPROVEMENT

The relationship of Self care and compassion satisfaction and fatigue...

Behavior	System Supports	Self Supports	Peer or other professional Supports
regular practice of self check-in/ taking stock			
Time for yourself in between clients to regroup			
transition rituals from work to home			
Say No to family and friends who want work-type supports			
Assess and manage your trauma inputs			
Attend workshop and professional development regularly			
Have a peer support persons and group and or supervision			
have an option to back out or move partite from direct client work intermittently			

Who Taught You Empathy? Who Helps you keep your Empathy tuned Up?

Cognitive Empathy: Perspective taking

Affective Empathy: Internalized emotional experience of another

Accurate Empathy (empathic listening and meaning making as in early skills Motivational Interviewing, nonviolent communication and active listening for the sole purpose of support)

Empathy with an agenda: as in sales or with Motivational Interviewing

I woke up every night for a week after I found out about a client's abuse as a child. It was my weekly three a.m. appointment with her memory. The thought wouldn't linger, it would just be the vivid picture that woke me up all agitated so that I couldn't fall back to sleep. I would move into my own worries and fears for my daughter asleep in her little footie pajamas. I never even realized how much it affected me until about two years later when I came across a secondary traumatic stress reference. I almost didn't have to read the article I knew it from the inside out.

We make all the clients write their autobiography and read it out loud... we wouldn't let her graduate until she dealt with her abuse... She told us how he pulled her legs open to see if she had had sex with someone else and I felt nauseous for her...she left treatment after we role played angry partners and how to deal with them. She just wasn't serious, she hasn't hit her bottom. I remember when her mama was here, she was just seven then. She didn't ever get it together either.

Treatment Modalities that build healthy
Empathy skills and may improve Resilience:

Trauma Informed Care (TIC)—Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

-National Center for Trauma Informed Care (NCTIC, www.samsha.gov/nctic, 2013)

Motivational Interviewing-(MI)—Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non directive counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

Harm Reduction (HR) and Harm Reduction Therapy (HRT)—is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Narrative Therapy (NT)—Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work, which centers (sic) people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

Characteristics of Healthy Empathic Techniques

- Originate from Practice Wisdom
-
- Utilize Combination Theoretical Approaches
-
- Share and suspend the medical model
power dynamic-egalitarian
-
- Are evidenced based and evaluated with
supervision and witnessing
-
- Originate from a Mindful Awake perspective
-
- Assist worker to a curious nonjudgmental
neutral stance
-
- Make the client the expert in their own
situation
-
- Externalize the problem from the person
-
- Are process based rather than outcome
based
-
- Look for the NEWS OF DIFFERENCE AND
CREATE CONVERSATIONS ABOUT THIS
-
- Patient innovates plans and actions

EMPATHY CIRCLE

1. Who are the natural healers in your community? What do they do?
2. What keeps you going? What gives you HOPE?
3. Who is part of your family? How did they become your family?
4. What helps people belong? What helps them feel part of a community?



5. What has inspired you lately? In the last week?

6. If a miracle happened and there was no stigma, what would your work look and feel like?

7. Imagine we are coming together to celebrate a success in your community in 2 years? What would we be celebrating, who would be there? What would the celebration look, feel, sound like?

Optional-

What can one person do to make change happen?

Share a story of courage? Who, what, where?

What do you find to be healing? Where do you go?

What do you recommend?

References

Recommended books on Compassion Fatigue and Vicarious Trauma:

Figley, C.R. (Ed.). (1995) Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.

Saakvitne, K.W.; Pearlman, L. A., & the Staff of the Traumatic Stress Institute (1996): Transforming the pain: A workbook on vicarious traumatization. New York: W.W. Norton.

Stamm, B.H. (Ed.). (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition. Lutherville, MD: Sidran Press.

Self-Care books for Helpers:

Borysenko, J. (2003) Inner peace for busy people: 52 simple strategies for transforming your life.

Fanning, P. & Mitchener, H. (2001) The 50 best ways to simplify your life

O'Hanlon, B. (1999) Do one thing different: 10 simple ways to change your life.

Posen, D. (2003) Little book of stress relief.

Richardson, C. (1998) Take time for your life.

SARK, (2004) Making your creative dreams real: a plan for procrastinators, perfectionists, busy people, avoiders, and people who would rather sleep all day.

Weiss , L. (2004) Therapist's Guide to Self-care.

References

ATTC <http://www.attcnetwork.org/explore/priorityareas/wfd/grow/definitions.asp>

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Azar, S. T. (2000). Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioral approach to supervision. *Journal of Clinical Psychology: In Session*, 56, 643–663.

Baer, J. S., et al. (2004). An evaluation of workshop training in motivational interviewing for addiction, mental health clinicians. *Drug and Alcohol Dependence*, 73, 99–106.

Bober, T., Regeher, C., & Zhou, Y. R. (2006). Development of the coping strategies inventory for trauma counselors. *Journal of Loss and Trauma*, 11, 71–83.

Bride, B. E. (2004). The impact of providing psychosocial services to traumatized populations. *Stress, Trauma, and Crisis: An International Journal*, 7, 29–46.

13

Clin Soc Work J (2007) 35:199–205

205

Bride, B. E. (2007). Prevalence of secondary trauma stress in social workers. *Social Work*, 52, 63–70.

Bride, B.E., & Walls, E. (in press). Secondary traumatic stress in substance abuse treatment. *Journal of Teaching in the Addictions*.

Brown, P. J., Stout, R. L., & Mueller, T. (1996). Substance use disorder and posttraumatic stress disorder co morbidity: Addiction and psychiatric treatment rates. *Psychology of Addictive Behaviors*, 13, 115–122.

Brown, P. J., Stout, R. L., & Mueller, T. (1999). Posttraumatic stress disorder in substance abuse relapse among women: A pilot study. *Psychology of Addictive Behaviors*, 10, 124–128.

Collins, S., & Long, A. (2003). Working with psychological effects of trauma: Consequences for mental health care workers—A literature review. *Journal of Psychiatric and Mental Health Nursing*, 10, 417–424.

Cottler, L. B., Compton, W. M., Mager, D., Spitznagel, E. L., & Janca, A. (1992). Posttraumatic stress disorder among substance users from the general population. *American Journal of Psychiatry*, 149, 664–670.

Dansky, B. S., Saladin, M. E., Brady, K. T., Kilpatrick, D., & Resnick, H. (1995). Prevalence of victimization and posttraumatic stress disorder among women with substance use disorders: Comparison of telephone and in person samples. *International Journal of Addictions*, 30, 1079–1099.

Denning, P. (2002). *Harm reduction psychotherapy*. New York: Guilford.

- Moos, R. H. (1997). Posttraumatic stress disorder in substance abuse patients: Relationship to 1- year posttreatment outcomes. *Psychology of Addictive Behaviors*, 11, 34–47.
- Oumiette, P. C., Ahrens, C., Moos, R. H., & Finney, J. W. (1998). During treatment changes in substance abuse patients with posttraumatic stress disorder: The influence of specific interventions and program environments. *Journal of Substance Abuse Treatment*, 15, 555–564.
- Stamm, B.H., 2002 Measuring compassion satisfaction as well as fatigue: developmental history of the compassion satisfaction and fatigue test. psycnet.apa.org
- Smith, M. J. W., Whitaker, T., & Weismuller, T. (2006). Social workers in the substance abuse treatment field: A snapshot of service activities. *Health & Social Work*, 31, 109–117.
- TEND, <https://www.tendacademy.ca/5-key-self-care-strategies-for-helpers/04/16/2016>
- Triffleman, E., Marmar, C., Delucchi, K., & Ronfeldt, H. (1995). Childhood trauma and posttraumatic stress disorder in substance abuse inpatients. *Journal of Nervous and Mental Diseases*, 183, 172–176.
- Tuohy, C. M. (2006). NAADAC leader addresses future of addiction workforce. Retrieved January 22, 2007, from NAADAC.org Web Site:.
- White, M., & Epston, D. (1990). *Narrative means to a therapeutic ends*. New York: Random House.
- Winslade, J., & Smith, L. (Eds.).

Fallot, R. D., & Harris, M. (2004). Integrated trauma services teams for women survivors with alcohol and other drug problems and co-occurring mental disorders. *Alcoholism Treatment Quarterly*, 22, 181–199.

Figley C. R. (Ed.). (1995). *Compassion fatigue as a secondary traumatic stress disorder: An overview*. New York: Brunner/Mazel.

Figley C. R. (Ed.). (1999). *Compassion fatigue: Toward a new understanding of the costs of caring for clinicians*. New York: Random House.

Ford, J. D., & Russo, E. (2006). Trauma-focused, present centered emotional self-regulated approach to integrated treatment for post trauma stress and addiction: Trauma adaptive recovery group education and therapy TARGET. *American Journal of Psychotherapy*, 60, 335–357.

education (EMMEE). Retrieved February 2, 2007, from <http://casaa.unm.edu> Web Site: <http://>

Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., & Mamar, C. R., et al. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment study*. New York: Brunner, Mazel.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious trauma: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–149.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing (2nd ed.)*. New York: Guilford.

Miller, W. R., Yahne, C. E., & Moyers, T. B. (2004). Evaluating methods for motivational enhancement education (EMMEE). Retrieved February 2, 2007, from <http://casaa.unm.edu> Web Site: <http://casaa.unm.edu/posters/Teaching%20Motovational%20Clinicians.pdf>.

NAADAC. (2007). Issue brief: Current and future addiction work- force. Retrieved January 22, 2007, from Naadac.org Web Site: <http://naadac.org/documents/display.php?documentID=98>.

Najavits, L. M. (2002). *Seeking safety*. New York: Guilford.

Oumiette, P. C., Ahrens, C., & (1997). *Countering alcoholic narratives*. San Francisco: Jossey-Bass.