



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

2015 Co-occurring Disorders Conference Yakima, WA

Behavioral Health Providers in Transition: Avoiding Burnout in the Midst of Change

NW AETC
NAVOS

Learning Objectives

- Articulate three components of interpreting change (personal, clinical, & organizational)
- Gain an understanding of change in terms of systems
- Understand how holistic psychosocial/spirituality/existentialism is associated with developing resilience and decreasing burnout

Change in the Behavioral Health Field

- Changes in clinical practice
 - Incorporating Evidence Based Practices
 - Professional Development
 - Supervision
- Changes in the organization
 - Leadership
 - Credentialing
 - Focus of practice areas
- Changes in regulation
- Change can be invigorating and overwhelming!

Components of Systems Theory

- Systems theory looks at the dynamics of a set of relationships within a particular domain to understand the structure, function, and purpose of an entity.
- An entity consists of its structure, or the relations that make it up, and its function, or what the object can do. An entity consists of the attributes constrained by the particular relationships that compose it.
- The relations between entities carry information and the corresponding constraints that the relations impose on the entities define the relationship and its significance.

System Constraints

- Constraints have an effect on the reality of relationships.
- Constraints make a difference and that difference creates meaningful information to determine potential effects of a system and effects with real possibility.
- The real possibility that conditions actuality is itself restricted by the necessity of conforming to existing constraints.
- Given the complexity of reality, we cannot be attendant to all of the constraints on relations impacting reality at any given time.
- Of all the relationships with real possibility to focus on, we choose or encapsulate the relationships most relevant to us and avoid peripheral ones.

Definition of Spirituality

- Spirituality is a matrix of contextualized values, beliefs and practices . . .
- expressing an orientation to and a process of perceived human flourishing . . .
- found in individual, communal, and transcendent connections to reality

- In research interviews, clients and clinicians note that spirituality centers on:
 - Experiences that offer a fundamental sense of being part of a larger whole
 - Supportive communities of affirmation and accountability
 - Nourishing individual well-being and hope

Community – Passion – Hope

Spirituality of Wellness: Community, Passion, Hope



Culture, Spirituality & Human Health

Six Levels of Human Relations

Transcendent – Unifying Connections across Difference

- Truth, Beauty, Goodness, Justice, Loyalty to Loyalty
- Ethics/Common Good/Altruism
- Norms of Cross-Cultural Relationships (appreciation, mutuality, acceptance)
- Spirit/Wisdom/Deep Understanding

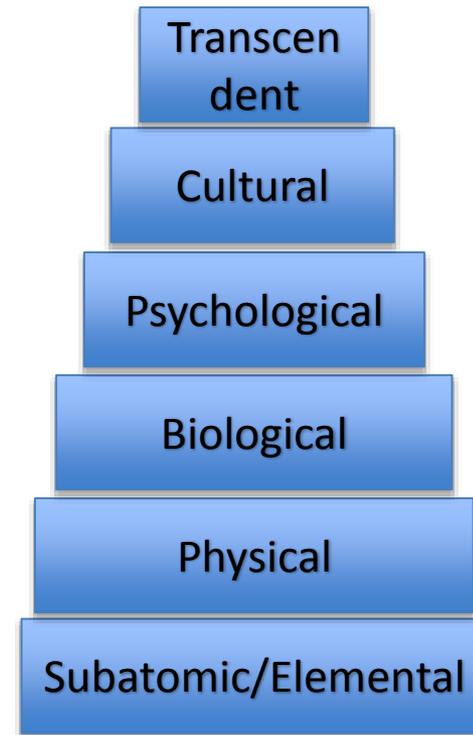
Cultural - Social Interaction Dependent on Shared Language, Symbols, and Purpose

Psychological – Mental Constructs

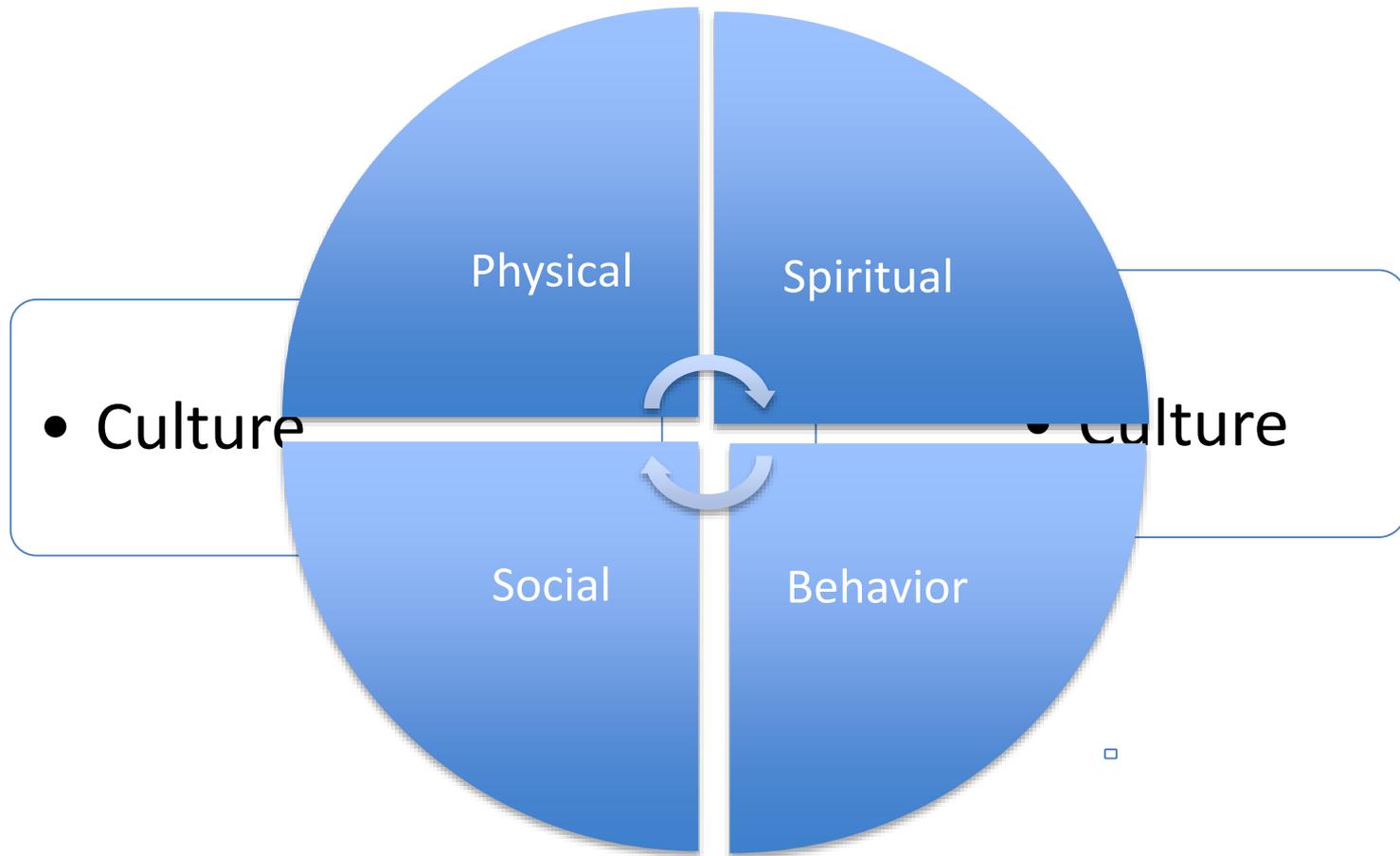
Biological – Biological Process & Organisms

Physical/Atomic – Atoms & Molecules

Subatomic/Elemental – Quantum Mechanics, Wave/Particle Duality



4 Components of Healing



Counseling, Change, Spirituality: A Common Ground

- 1) A focus on therapeutic relationship
- 2) A desire to move into more relationships that positively support the individual
- 3) A sense of zest, or energy
- 4) Increased knowledge of oneself and the other person in the relationship
- 5) Encouragement of hope (a desire to take action both in the growth-fostering relationship and outside of it)
- 6) An overall increased sense of worth

Spiritual Assessment

- **Recovery style:**
- **H** – Helping Communities - traditions of human flourishing (cultural, ethnic, religious), family and friends, supportive groups providing accountability
- **O** – Options & Opportunities – being aware of possible choices to achieve goals
- **P** – Passions & Practices – identifying activities that bring joy or peace despite hardship or inconvenience in pursuing such activities
- **E** – Experiences – being aware of past events that point to barriers and opportunities for adherence to treatment plans

Organizational Spiritual Assessment

- H --Helping Communities – informal consultations with colleagues, monthly potlucks with other therapists, interdepartmental allies
- O –Options & Opportunities – being aware of possible choices to achieve professional development goals or exploring alternative approaches to client outcomes
- P –Passions & Practices – flexibility in supporting client wellness, policies supporting transparency & provider self-care
- E –Experience – being aware of the organizational impact of dominant culture assumptions such as white privilege, racism, sexism, ableism, and secularism; supporting innovative programs & peer- led initiatives

Vicarious Traumatization

- Vicarious Traumatization is the cumulative transformation in the inner experience of the therapist/counselor that comes about as a result of empathic engagement with the client's traumatic material
- It is also known as secondary traumatization or burnout

Vicarious Traumatization: How it Works

- Vicarious traumatization (VT) can occur because we are human & working empathically with traumatized people
- VT is unavoidable if you're showing up emotionally for your work
- In addition to whatever wounds we bring to the work of therapy, the experience of being a therapist is potentially wounding & activating
- VT while conceptualized within the context of trauma treatment, provides a paradigm for understanding the effects of being a therapist on the heart & spirit
- VT represents the impact on the therapist of being exposed repeatedly to first-hand knowledge of human cruelty to others & psychological pain & vulnerability

Vicarious Traumatization, continued

- VT leads to the cumulative transformation of world & self-view occurring in response to exposure & continuing empathic engagement with people in pain
- VT is not quite the same as counter-transference although it overlaps with & affects it – cumulative, rather than specific to one relationship
- Staying on the front line with trauma survivors & other people in high levels of distress requires development of strategies for
 - Acknowledgment of VT
 - Self-care in the face of VT
 - Creating supportive networks

Self-Care

- Self care is necessary for those who work with trauma survivors
- Preventing problematic effects of vicarious traumatization or burnout is possible, & must be seen as equal in importance to caring for clients themselves
- Important to know “when to say when”
- Self-care is an explicit ethical obligation of practice with trauma survivors because the disempowered therapist cannot empower clients

Taking care of yourself

- Three components:
- Kindness—
 - Treating self with understanding rather than with harsh self-judgment
 - Actively being supportive & caring towards ourselves
- Common Humanity—
 - Viewing our own experience as part of larger human experience
 - Remembering that as humans, we are not perfect, life is not perfect
- Being aware with intention—
 - Avoiding extremes of disconnection from or over-identification with painful feelings and thoughts
 - Being aware and experiencing life as it is right now, not just how we think it “should” be

References

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- Graves, Mark. (2008). *Mind, Brain, and the Elusive Soul: Human Systems of Cognition and Spirituality*. Burlington, VT: Ashgate Publishing
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Questions?