

Promoting Professional Resilience

Mira Brancu, M.Ed., LPC, Ph.D.

Postdoctoral Psychologist, Durham VA

Alexis Franzese, M.A., Ph.D. (Sociology)

Graduate Student, Clinical Psychology, Duke University

Overview

- Introductions
- Colleague Assistance Committee
- Types of Professional and Life Stressors
- Compassion Fatigue
- Resilience and Self-Care Strategies
- Resources

Introductions and Purpose

- Introductions
- Overview: Why is this important for mental health professionals
 - You are your greatest tool
 - Professional mandate to keep tool in optimum condition
 - Ethics Code:
 - At minimum, do no harm, protect public
 - At best, provide more than just basic level of care: be of benefit
 - Competence involves self-care and wellness



North Carolina Psychological Association Colleague Assistance Committee

- The Colleague Assistance Committee is charged with developing education, peer consultation and other resources to facilitate the optimal functioning of psychologists in North Carolina.
- Purpose: prevention and amelioration of professional distress and impairment and their consequences among psychologists.

North Carolina Psychological Association Colleague Assistance Committee

Purpose

Serving our members

Integrity of the profession

Protection of the public

Confidential

Peer Consultation Hot Line:
919.785.3969

Scope of Services

- Peer Consultation (e.g., professional stressors relative to client/patient work)
- Management of relationships with colleagues and other work setting issues
- Personal well-being issues
- Educational outreach

Stress-Distress-Impairment Continuum

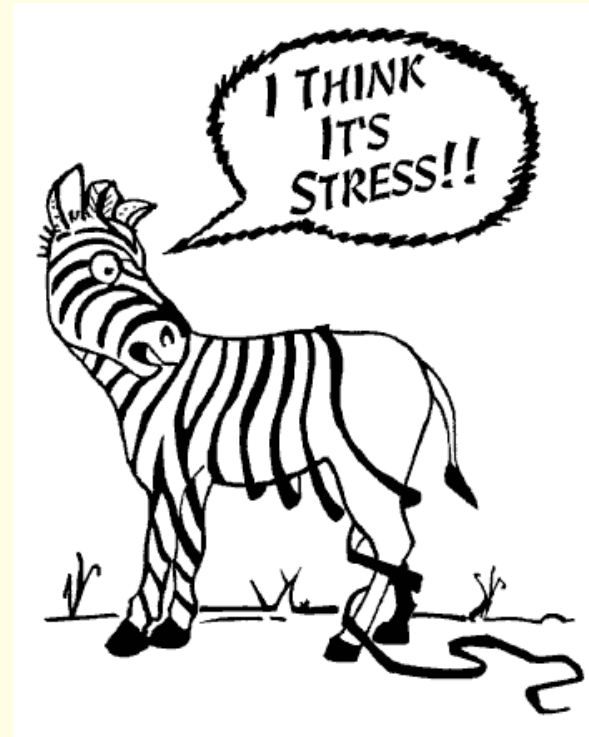
They are not necessarily separate stages or entities

“Chronic stress without recovery depletes energy reserves, leads to burnout and breakdown, and ultimately undermines performance.”

Loehr & Schwartz (2001), p. 271

Stress

- Happens to everyone
 - In personal life: physical and emotional
 - At work
 - Can be chronic



Student Stressors

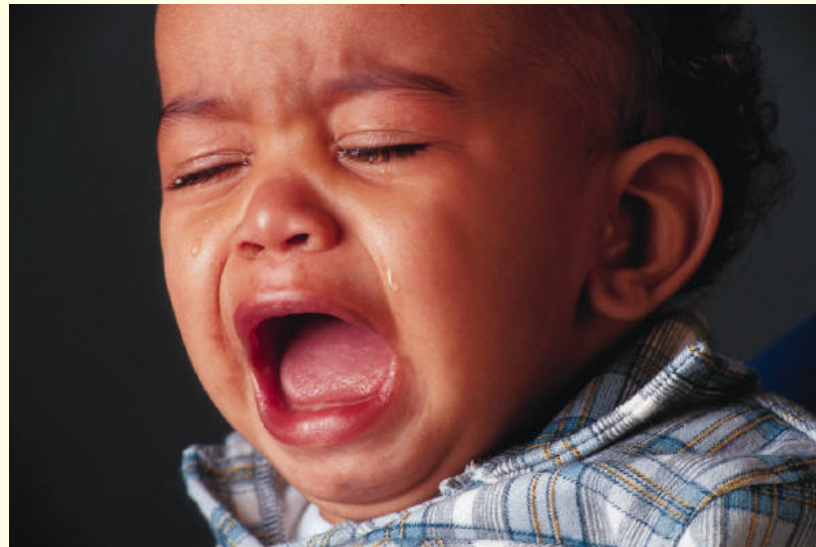


- What are typical stressors for graduate students in counseling? [notecards]



Distress

- The subjective state of experiencing anxiety, pain, or suffering. May also be accompanied by impairment.



Impairment

- An objective reduction in professional functioning and performance (doing a poor job). May include subjective experience of distress. Can be:
 - Physical: dementia, substance abuse
 - Psychological: depression
 - Interpersonal: divorce



Distress or Impairment in Students Looks Like...

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
- An inability to acquire professional skills to reach an acceptable level of competency
- An inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning
 - Examples?

Warning Signs: Boundary Crossings and Violations

- Slippery slope
 - Begins with seemingly innocent changes in boundaries which then get pushed further down a continuum
 - Justifying behaviors more than if you were not in distress or impaired.
- Examples: role reversals, sharing secrets, and invitations to spend time outside the academic setting as friends. (see handout)
- “Closed system” - all professional, sexual, and social needs are received from the organization in which we work (Berger, 2000; Plaut, 1993).



Compassion Fatigue: Impairment for Those Who Care (Too Much)



**Secondary Traumatic Stress
Vicarious Traumatization
Burnout**

Compassion Fatigue

- **Secondary Traumatization + Burnout = Compassion Fatigue** (Figley, 1995)
- Mimics PTSD and other disorders of clients/patients
 - **Event** (e.g., witnessing or gaining knowledge of an event)
 - **Intrusion** (e.g., thoughts of clients, client's imagery, dreams, etc.)
 - **Avoidance or Numbing** (e.g., detachment)
 - **Arousal** (e.g., sleep disturbance, irritability, general anxiety, physiological reactivity)

Secondary Traumatic Stress

- Natural consequence of behaviors and emotions resulting from **knowing** about a traumatizing event experienced by a significant person
- The stress resulting from helping or wanting to help a traumatized or suffering person
(Figley, 1995)

Burnout

- **Burnout is a process** (rather than fixed condition) and **becomes progressively worse** (Cherniss, 1980; Maslach, 1976, 1982)
- This process includes
 - Gradual exposure to job strain
 - Decrease in idealism
 - No achievements
- There is an accumulation of intensive contact with clients (Figley, 1995)

Compassion Fatigue Symptoms

Gentry, 2008

- Intrusive Symptoms
 - Thoughts and images associated with client's traumatic experience
 - Inability to "let go" of work-related matters
- Avoidance Symptoms
 - Loss of sense of competency/potency, isolation
 - Secretive self-medication/abuse/addiction (alcohol, drugs, spending etc.)
- Arousal Symptoms
 - Increased anxiety
 - Reactivity

The “Type E” Mental Health Professional

- Professionals who do not heed the warning signs:
 1. Poor judgment, e.g., boundary violations
 2. Poor coping, e.g., alcohol abuse
 3. Psychological distress, e.g., mood issues, vicarious traumatization, workaholism
 4. Physical impairment, e.g., sleep disturbance, changes in weight, ulcers, HBP

Work importance correlates with burnout.

Stages of Compassion Fatigue/Burnout

Trajectory

- The Zealot Phase
- The Irritability Phase
- The Withdrawal Phase
- The Zombie Phase
- Pathology vs. Renewal/Maturation

-Adapted from D. Fakkema by Eric Gentry (2008)

Compassion Fatigue



Phase I:

The Zealot Phase - Idealistic

- We are committed, involved, and available...
- ...ready to problem solve...
- ...ready to make a difference...
- We willingly put in extra hours
- ...our enthusiasm overflows...
- We are willing to go the extra mile

Compassion Fatigue

Phase Two: The Irritability Phase.

- We daydream or become distracted when patients/clients are speaking with us in session...
- Oversights, mistakes, and lapses of concentration begin to occur...
- We begin to distance ourselves from our friends and coworkers...
- We begin to mock our colleagues and patients/clients...
- The use of humor is sometimes strained.
- We begin to cut corners...



Compassion Fatigue



Phase Three: The Withdrawal Phase

- Our enthusiasm turns sour.....
- We are tired all the time.....we no longer wish to talk about work.
- Our patients/clients become a blur and run together.....
- Complaints may be made about our work
- We neglect our family, coworkers, patients/clients, and ourselves.
- Our shield gets thicker and thicker.....it blocks our pain and sadness.

Compassion Fatigue

Phase Four: The Zombie Phase

- Others become incompetent or ignorant in our eyes.
- Our hopelessness turns to rage.
- ...we even hate our coworkers if they dare question us.
- We develop a disdain for patients/clients.
- We have no patience... we lose our sense of humor...and have no time for fun.



Compassion Fatigue Resiliency

Phase Five: *Pathology and Victimization* vs. *Maturation and Renewal*



Overwhelmed and Leaving the Profession
Somatic illness
Perpetuity of Symptoms

or

Hardiness
Resiliency
Transformation





Self-Care Strategies

Self-care

- How do we handle stress/distress so it never gets to the level of impairment?
- How do you each take care of yourselves?
How do you recharge?

Resilience

- Researchers have found there are three (3) personality traits important to hardiness
 - Commitment (to self, family, work, values)
 - Sense of personal control over one's life
 - Ability to see change as a challenge to be mastered
- Optimism is another factor that influences our responses to stress

Resilience Discussion

- How do you handle distress so it never gets to the level of impairment?
- What does resilience look like in your job or practicum?

Ways to recharge

■ Physical

- Diaphragmatic breathing/ Muscle Relaxation
- Hydration
- Exercise
- Diet/Nutrition
- Monitor substance use/ or other processes you may use for relaxation or entertainment (video games, movies, sleep)

■ Social

- Spend time with friends
- Volunteer (not in counseling!)
- Playing with your pets
- Take regular vacations
- Collaboration (e.g., seek consultation when personally or professionally challenged)

Ways to recharge

■ **Mental/ Emotional**

- Keep intellectually stimulated
- Sense of humor
- Journaling
- Positive self-talk
- Seek help

■ **Spiritual**

- Spiritual Reflection (prayer)
- Mindfulness meditation
- Affirmations
- Guided Imagery

If working with trauma...

- Change clothes when one gets home
- Have a transition from office such as walking or listening to something non-stimulating (not the news!)
- Use the symbolic nature of water – e.g., showers as transition time, have a fountain in the your office, wash your hands between session

Other ideas

- Make self-care a priority
- Honestly assess your physical, psychological, emotional, and spiritual health
- When under stress, limit case loads and seek consultation
- Avoid isolation, seek sources of support
 - Therapy
 - People who have your back
- Have realistic expectations of yourself and your work

You are the #1 TOOL used in your profession

- Faculty of Mind
- Faculty of Heart
- Faculty of Actions
- Our profession mandates that we keep our selves in optimum condition
 - Ethical Guidelines, e.g., 'Do No Harm'
 - Be of maximum benefit to those who seek help
- Self care and resilience can be considered personal matters, but maintaining competence is a ethical obligation

Finally.....

- *What's your plan?*
- *Make self-care a priority!*



Wrap up

- Handouts
- Useful Resources
- Healthy Lifestyle Assessment
- Our website and contact info:
 - NCPA office: 919/872-1005; Peer Consultation Line: 919/785-3969; or email: NCPA.CAC@gmail.com
- Evaluations