Promoting Professional Resilience

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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
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]

"We talked about the strange man yanking your ears last week. We need to look at what else is bothering you."
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

Modified from Eric Gentry, Compassion Fatigue Prevention and Resiliency 2008 Seminar
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...

Adapted from J. Eric Gentry, PhD 2008
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.

Adapted from J. Eric Gentry, PhD 2008
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 ourselves 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