

The Wounded Healer: Helping the Helping Professional

Presenter: Sarah Buino, LCSW, CADC, CDWF

As a wounded healer, how should I regulate the use of self-disclosure?

A: First question I ask myself is always whether what I'm intending to share is for the client's benefit. If the answer is yes, I won't share anything that I haven't already done my work around. (Though I have broken that rule when it was necessary. For example, to give clients context for my time off when my parents died.)

I have noticed most clients respond positively to shared vulnerability, but there have been clients who did not respond positively to self-disclosure and I then stopped using that as a tool with those particular clients.

When I have a lot of stuff going on at the same time, I am not good at self compassion. Do you have any suggestions on how to find the balance?

A: I encourage creating a daily routine or ritual where the opportunity for self-compassion can be practiced. Whether that's prayer, meditation, taking a walk or something else – can you set aside 5-30 minutes each day to incorporate this practice? I find that when I stay true to my daily practice, I'm more easily able to access self-compassion when I'm in a time of struggle. There's a quote about meditation that says, "If you have time for meditation, do it for 20 minutes. If you don't have time for meditation, do it for an hour." It's something I've had to prioritize in order to feel my best.

Also, in reality, sometimes we're just in a lot of pain and in those times I find I also need support and empathy to reinforce my commitment to self-compassion even in tough times.

Any recommendations of a calm environment? I work in a halfway house that has roughly 25 clients at any given time, sometimes longer. I am wondering what suggestions you may have that will help facilitate having the calming environment?

A: I'm not sure if this is possible, but could there be a room that's dedicated to being a quiet space? That way residents and staff know their need for quiet will always be respected when they're in that particular area. If that's not possible, maybe instituting "quiet hours" would be possible. I remember this from my dorm when I was in college – there would be "quiet hours" during finals week when we were supposed to focus on studying for exams. We were asked to refrain from playing music that might disturb others as well as keeping our voices down even when in our rooms. Maybe that could happen for an hour a day or at least one hour a week? If the organization is willing to support these quiet times, it can send an important message to the residents that you value creating a supportive living space. (Also, it may take awhile for these times to be respected. But I found whenever we'd change a rule in a treatment setting, once the rule had been in place for awhile as people cycled out of treatment it would have more weight over time.)

I had a severe loss many years ago, and I sought counseling for grief. I made it through two sessions, and realized all I was doing was comparing the counselors techniques to the ones that I use. It was almost impossible for me to switch hats from therapist to being client. Any suggestions?

A: I'd be curious the underlying reason why you found yourself comparing? Were you using that comparison to make yourself feel better about your counseling skills or to judge yourself? If we can examine the function of that comparison it can help target the belief the comparison is supporting. If you were judging the therapist – was that actually a good fit? (If no, then the hope would be that feeling alerted you to change therapists.) Were you judging the therapist in order to make yourself feel better about your own clinical skills? (If yes, then the underlying concern is your feelings about your own abilities and I would intervene there.) If you were judging yourself – see

the previous answer. If we're utilizing comparison it's often a result of our insecurities. I would hope we could actually bring this up in a session and discuss it with the therapist. I've done that with my therapist and it's been a great tool to recognize how much I judge myself. And when I recognize that judgment, I'm employing mindfulness. And then the next step is to determine whether I want to do something about that judgment or just notice that it's happening and practice self-compassion.

Will you list the authors mentioned in the webinar?

A: NARM (neuroaffective relational model): Dr. Laurence Heller – *Healing Developmental Trauma*
<https://narmtraining.com/>

Self-compassion: Kristin Neff – *Self-Compassion* <https://self-compassion.org/>

Adverse Childhood Experiences:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Self-Care images: The Unspoken Complexity of “Self-Care” Deanna Zandt

<https://blog.usejournal.com/the-unspoken-complexity-of-self-care-8c9f30233467>

8 Areas of Wellness: <https://store.samhsa.gov/system/files/sma16-4958.pdf>

And we didn't talk about this in the presentation, but another resource for self-compassion who I love is Tim Desmond – *Self-Compassion in Psychotherapy* <https://timdesmond.net/>

When you have experienced burnout how have you allowed your family and friends to support you? This has been a challenge for me since I don't like to and can't really talk about my work with them. They can tell something is going on for me, but don't always know how to support me.

A: I personally ask for help like it's my job, so this isn't an issue for me. It sounds like taking in support might be difficult for you? Do you have someone in your life who *does* get it? That would be my first suggestion, if the answer is no. How can you build that resource? Are their colleagues who know the difficulty of this work who can just listen when you're struggling?

I've also found that because my husband and I are both over-achievers, when I've struggled with burnout, he sometimes judges me when I need to rest and that creates more conflict between us. We've both recently committed to celebrating when we listen to our bodies when we need to rest instead of when we push through.

I also believe it's hard for others to know how to support us if we don't know what we need. Do you know what you need and don't ask for it? Or do you struggle to know what you need? I hope you're able to utilize the support of a therapist to get to the heart of these issues so you're more able to take in support or find it when it's not readily in front of you.

Can you speak a little more to the NARM training?

A: The marketing description of NARM is: The NeuroAffective Relational Model is a cutting-edge, innovative approach for resolving C-PTSD, addressing attachment, developmental, relational and intergenerational trauma.

My personal thoughts are that the model is extraordinarily life-changing for the therapist and client alike. It combines both bottom up (somatic) and top down (psychodynamic) therapy tools for deep healing.

You can find out more about NARM in the following places:

www.narmtraining.com

Transforming Trauma Podcast - <https://podcasts.apple.com/us/podcast/transforming-trauma/id1496190024>

Facebook: <https://www.facebook.com/NARMTraining/>

I am good working with people, but I feel really tired when my friend wants to tell me her problems. Is this a kind of fatigue?

A: I think it definitely is! While I believe we have unlimited capacity for compassion, it can be harder when we do it for a living and don't want to continue giving compassion when we're not getting paid for it. Are you getting enough compassion from your friend or does the relationship feel one-sided? I've had friendships like this where the friend doesn't seem to want empathy, but instead they want sympathy...and that's not something I like to engage in. Are you able to share with your friend that you may need a little break from giving in order to take care of yourself? It may hurt their feelings, but if they're a true friend I would hope they are able to support what you need as well.

I'm a current student in Mental Health and Addictions, up in Northern Ontario, Canada. I've been taught a lot about how to not countertransfer with clients. Do you think it's because we are from different areas with different laws and ethics, or is this just a subject that different professionals have different views on?

A: I doubt the laws and ethics are much different in this arena, but I do think some professions have different views. The truth is that we can't avoid experiencing countertransference. But we can recognize it and learn how to use it appropriately. I have a very relational style of therapy and that encourages exploring countertransference with clients as it relates to our relationship in therapy. One of the things I was taught is that whatever happens in the room between client and therapist is almost always happening in their relationships outside of the room – so bringing it into therapy and learning how to work with countertransference can be transformative for many clients.

What's the difference between rust out and burn out?

A: Rust out is specific to the end of someone's career and is a loss of passion for the work.

Burn out can happen at any point in one's career (but research says it's more likely to occur in the beginning of our careers) and is a product of working "too hard."

Can you give some suggestions about how we can cope with our difficulties and stressors that come from largely structural issues, the things we may feel somewhat powerless to take positive action with?

A: Find community. Our culture supports individualism and isolation, so we have to either seek out community if it already exists or create it when it doesn't. But there are lots of folks out there who want to change many of our systems of power – it's just a matter of finding each other. 😊

How do you avoid the isolation of heavy case loads and work demands?

A: See above answer: community. It depends on your type of practice, of course. If you're in private practice it is inherently more isolating than working in community mental health or a treatment center setting. If we're in isolated practice, we have to intentionally seek out community. I know folks who have created peer supervision groups for this reason. Whenever I'm struggling and I tap into my community, 100% of the time I find that I'm not alone. And that knowing helps lessen the struggle just enough.

Does historical trauma fit in to any of this?

A: 100% Historical trauma in terms of intergenerational trauma in our families and historical trauma in terms of our country's collective trauma. All trauma has affected our ability to relate to ourselves in a kind and compassionate way, which affects our ability to care for self and care for others.