CARING FOR THE CARING: POLICIES TO SUPPORT PROVIDERS WORKING WITH TRAUMA

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We are here from many backgrounds . . .

- This training focuses on the needs of counselors and psychotherapists, but much of it applies to providers from other backgrounds.
- This training is for providers of all kinds who work with trauma survivors and face the possibility of secondary traumatization.
- For helpers other than counselors and psychotherapists, select what is relevant for your place of work.
- For counselors and psychotherapists, select everything that is possible for your place of work.
- Personal request: Please provide feedback on how to improve this presentation!
Problem to address

- Overwhelming trauma is a common problem with many causes.
- Helping trauma survivors often leads to burnout and secondary traumatization among helpers.
- Organizations frequently advise helpers to practice self-care when working with trauma survivors.
Self-care in general

- Everybody agrees that people in stressful jobs of all kinds need to practice self-care.

- Some argue that providers of services for trauma survivors have an ethical obligation to practice self-care.

  “It is unethical not to attend to your self care as a practitioner because sufficient self-care prevents harming those we serve.”

  “It is your responsibility to take care of yourself and no situation or person can justify neglecting it.”

  “Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.”

  —Green Cross Academy of Traumatology, Standards of Self-Care Guidelines (n.d.)
“A review of the relevant literature reveals that very little attention has been given to situational or organizational strategies for burnout. Even when a proposal has dealt with worksite strategies, the focus has not been on changing the job, but on changing people to adjust to the job.”

(Maslach & Goldberg, 1998, p. 68)
Logic model for trauma services
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Focus of this presentation

- Defining policies that organizations that provide services to trauma survivors should enact so that they will enhance (and not encumber) the work of the providers

- Focus on system and structure of the organizations rather than the individual providers
Principal origin of the list of policies recommended here

- Several recommendations made more precise

- Addition of recommendations relating to:
  - Workspace
  - Vacations
Clusters of recommendations

- Adequacy and safety of the work environment
- Training related to trauma
- Diversity of caseload
- Adequacy of clinical supervision
- Emotional support from colleagues
- Autonomy in decision-making
- Self-care, which includes:
  - Vacation
  - Stress reduction during the workday
  - Personal counseling and psychotherapy
  - Existential and spiritual issues
Adequacy and safety of the work environment
Problems with the work environment

- Psychotherapy does not strictly require any particular environment, equipment, or props
- But the environment in which psychotherapy is provided may enhance or detract from the benefits of the psychotherapy
- Lack of adequate work space is a challenge both in developing nations and in impoverished communities
- Disaster response often occurs in dangerous environments
- Volatile clients sometimes attack providers in prisons, residential psychiatric facilities, and high-crime neighborhoods
The clinical significance of the work environment

- Many trauma survivors unconsciously behave in ways that lead providers to repeat the abuse and neglect they have received
  - Example: Kids destroying doors, windows, etc.
- Providers must constantly fight against abusive and neglectful attitudes and behavior
  - Example: “If they are going to act like juvenile delinquents, then we have to act like a prison”
- The dirtier and uglier the physical environment of a facility, the more likely that organization has adopted abusive and neglectful attitudes and behavior
  - The greater the contrast between the administration’s environment and the clients’ environment, the more likely this is the case
Enhancements in the work environment

- Personally meaningful items (pictures, quotations, souvenirs)
- Pictures of nature in waiting rooms
- Break room separate from spaces available to clients
- Beauty in the environment
- Sanctuary spaces for silence, meditation, and prayer
Recommended minimal policies regarding the work environment

- Agencies should meet all local, state, and federal legal requirements for health and safety.

- Agencies should encourage employees to have and display items of personal emotional significance, with exceptions clearly stated.

- Agencies should have spaces for providers away from spaces accessible to clients.

- Agencies should have silent spaces for meditation and prayer.

- Agencies should have comforting, soothing, and aesthetically-pleasing environments.
Training Related To Trauma
Training and trauma services among psychotherapists

- Research is inconsistent about how much training psychotherapists actually receive about trauma in academic settings.
- Frequent lack of success when treating trauma survivors contributes greatly to burnout and compassion fatigue.
- Statistically-supported practices (commonly called evidence-based practices) are by definition practices with greater success rates.
- Certificates specific to trauma work are also helpful.
Challenges relating to SSPs and certificates in trauma services

- Easily available trainings may be of some value but are inadequate
- Adequate training is expensive and time-consuming
  - Often requires classroom training, reading, and supervised practice
  - Sometimes requires testing
- Therapists often resist some aspects of SSPs
  - Manualization
  - Measurement
- Problems with implementation in some organizations
Recommended minimal policies relating to training

- Agencies should adhere strictly to legal requirements regarding credentialing of caregivers.
- Agencies should provide incentives for caregivers to be trained in statistically-supported practices and certifications in trauma work.
Diversity of caseload
Problems with caseload

- Caseload refers to both number of cases and complexity of cases
- The more demanding the caseload, the more stress it causes
- Stress from caseload arises from
  - Time spent in direct care
  - Time required for referrals, collaboration, and other services
  - Time spent in documentation
  - Emotional demands from the more complex cases
Possible ways to increase diversity of caseload

- Agencies that offer services for people with many kinds of issues or for particular populations (such as people with developmental disabilities or people with addictions) include some people who have survived trauma and others who have never experienced it.
  - Caregivers in these agencies should work with some people who have never experienced trauma and some people who have, perhaps with differing degrees of severity.

- Some agencies work primarily or entirely with people who have survived trauma.
  - Caregivers in these agencies should work with trauma survivors without complicating conditions and with other survivors with a variety of complicating conditions.
Agencies should ensure that providers have diversity of clientele, including clients who have and have not survived trauma or clients with and without other complicating conditions.
Adequacy of clinical supervision
Forms of supervision in healthcare

- Administrative
- Clinical
Uniqueness of clinical supervision in psychotherapy

- It is not merely administrative, though it overlaps at times with administrative supervision
- It is not merely didactic or technical
- Because psychotherapy focuses on the emotional life of the clients receiving therapy, clinical supervision must focus on the emotional impact that clients have on therapists
- But clinical supervision is not therapy for therapists
- And strictly speaking it is not merely consultation either, as it always has an evaluatory aspect
For many clinicians supervision ...

- Is not very frequent
- Spends a lot of time on administrative issues
- Focuses on diagnosis and technique
- Avoids emotional responses of the clinician to the client
- Lacks behavioral observation by supervisor of clinician’s work
- Raises the question: How much real supervision has the clinician ever had?
Recommended minimal policies relating to clinical supervision and consultation

- Agencies should adhere to all state requirements for clinical supervision for caregivers achieving credentials.

- Agencies should enable ongoing supervision and consultation for all providers.
Emotional support from colleagues
Value and challenge of peer emotional support

- People in all professions generally work and feel better “when they share praise, comfort, happiness, and humor with people they like and respect” (Maslach & Goldberg, 1998, p. 72)

- Peer support in psychotherapy can provide informal supervision and consultation when clients (and providers) are in crisis

- Peer support combats organizational tendencies to isolate people from one another, to increase impersonal dimensions of work, and to leave conflicts unresolved
Recommended minimal policy regarding emotional support from colleagues

- Agencies should sponsor regular team building events for caregivers.
Autonomy in decision-making
Lack of autonomy intrinsic to trauma

“For children raised in abusive or neglectful homes, this failure to achieve a feeling of competence often pervades their entire development. Regardless of what they do, how hard they try to please, how fast they run away, how strenuously they try not to cry—nothing stops the abuse. As a result, they often give up any notion that they can affect the course of their lives in a positive way.”

(Bloom, 2013, p. 33)
Helplessness among caregivers

- Concordant countertransference: Caregivers feel what their clients are feeling.
- Complementary countertransference: Caregivers feel what the parents, grandparents, and other important people in their clients’ lives felt.
- Supervisors and managers sometimes push caregivers to treat clients in neglectful, rejecting, and abusive ways:
  - Insisting on productivity, quotas, deadlines
  - Reducing clients to numbers, sources of revenue, “a typical borderline,” “just another defiant delinquent”
Possible ways to increase autonomy among caregivers

- Caregivers should have as much self-determination as possible regarding who is admitted and who is on their caseload.
- Caregivers should have as much self-determination as possible regarding what kind of treatment they provide for their clients, how often they meet, for what lengths of time, etc.
- The entire team of caregivers should be involved in decision-making for the agency as often and as deeply as possible.
- Authoritarian and anonymous decision-making should be avoided.
- Bloom’s (2013) full democratic model may not be practical for all agencies or institutions—but it is not impossible.
Perhaps more about managerial style than policy


Recommended minimal policies regarding autonomy for providers

- Agencies should articulate the breadth of autonomy expected for caregivers.

- Agencies should involve caregivers in decision- and policy-making as much as possible.
Self-care at work
Most obvious suggestions for self-care

1. Talk to a friend on the telephone
2. Text a friend
3. Have lunch with a friend or co-worker
4. Connect to social media
5. Exercise for 20 minutes (walking counts too!)
6. Go outside and watch the clouds
7. Walk/play with your pet (or offer to walk someone else’s)
8. Play a solitary game (video, cards etc.)
9. Read a book, magazine, newspaper or poem
10. Take a 20 minute nap
11. Meditate
12. Do some stretches
13. Listen to some music
14. Eat some chocolate (or some other food you enjoy)
15. Make yourself a nice hot cup of tea, coffee or soup

—Copied from Suttle, n.d.
Nothing intrinsically wrong with any of the obvious suggestions for self-care ( = stress reduction = distraction)

They are often helpful to providers

But when they are helpful, they may imply that the provider is not working with the survivor’s deepest memories and sufferings

The provider may be avoiding the deeper issues, or the survivor may be protecting the provider, or both

Providers need much deeper supports to use in the course of the work day
Self-care at work: Vacation
Easiest way to reduce stress is to get away from it

Vacation has more effect on reducing stress than weekends or evenings off

Number of hours worked in a week may be an issue

But working more than the expected number of hours in a week may be more of an issue

But the biggest problem may arise from what caregivers are doing during the hours they are at work
Ethical implication of vacation and time issues

- The policy recommended here is for mandatory use of vacation and compensatory time.
- This is obviously an infringement on the autonomy of providers and is an example of paternalism on the part of the agency.
- Nonetheless, this requirement also restricts the tendency of organizations to use the fewest number of staff as possible in order to save the costs of doing business.
- **Organizations will more often overwork their employees than employees will overwork themselves. This is the greater evil to be avoided and the moral imperative behind this recommended policy.**
Recommended minimal policies related to work time

- Agencies should require vacations and provide incentives for caregivers to take vacations frequently.
- Agencies devoted primarily to care for trauma survivors should have adequate staff of direct-care providers when all staff are present and working.
- Agencies should discourage providers from working more than standard expected hours and enact procedures for compensatory time.
Self-care at work: Stress reduction during the workday
On-the-job stress for trauma workers

- Horrifying conversations
- Angry, bitter, sad, anxious days
- Containing these feelings is a major element of psychotherapy

Two especially helpful resources:


Possible ways to deal with on-the-job stress

- Question at this point: How to manage these feelings in the moment?
- Changing workday schedules is sometimes possible and necessary, but generally not practical
- Foresightfully arranging schedules is desirable, but often not possible
- Limiting expected therapy sessions, scheduling other activities most days, adhering to lunch and other breaks are possible
- Providers should cultivate ways to practice for themselves the SSPs useful for clients (especially mindfulness and narrative approaches)
Agencies should schedule and provide incentives for some resilience-building activities for providers as part of the work day.
Self-care at work: Personal counseling and psychotherapy
Psychoanalysis has expected a “training analysis” as part of the preparation of a psychoanalyst.

Many psychotherapists who are not of the analytic schools have in fact had therapy for themselves prior to or adjunct to their practice.

Therapists without prior personal experience of therapy often find themselves in need of it as they work deeply with traumatized clients.

- Many have feelings, wishes, thoughts, behaviors they have never had before—or never so intensely.
- Some remember traumas they themselves had forgotten.
- A good many choose to work with trauma survivors precisely because they want to master their own trauma histories.
Problems with therapy for therapists

- Some providers actively resist therapy for themselves
- Some providers think that further trainings, clinical supervision and consultation, support groups, and cultivation of their spiritual lives are sufficient
- All of these are good and perhaps are sufficient for a provider’s happiness and well-being—but the lack of therapy for one’s personal issues ensures that that provider’s therapy for others will be limited
- In therapy you can go with others only as deep as you have gone yourself
Recommended minimal policies regarding therapy for therapists

- Agencies should have high quality insurance coverage for employees seeking mental health care.

- Agencies should provide employee assistance programs or more specialized therapeutic consultations or both for employees.
Self-care at work: Existential and spiritual issues
The existential and spiritual component of compassion fatigue

“Traumatic experiences, including those resulting from human rights abuses, frequently generate questions relating to their meaning ("Why has this occurred?") or to personal fate ("Why me?"). As a result, the meaning of life and death, the role of God and religion, and other existential questions can become central to the therapy process.

“As therapy proceeds, patients address such questions over and over, and clinicians may begin to struggle with similar issues. Coming in contact with the atrocities experienced by these patients can elicit feelings of grief, horror, or rage, as well as existential concerns for which there are no simple answers.”

(Fishman, 1998, p. 33)
Most important policy about existential / spiritual issues

- . . . is that these issues are actually discussed in the running of the agency, at all levels, asking:
  - What are we here for?
  - What gives meaning and value to our work?
  - What do we really believe about human existence, freedom, community, and purpose?
- These discussions should be enshrined in vision and mission statements, organizational statements of values, and organizational codes of ethics
- And then revisited regularly!
What happens if existential and spiritual issues are not addressed?

- Organizations will likely still create vision and mission statements and may create codes of organizational ethics.
- But without conscious and deliberate discussion of the existential and spiritual issues, the vision and mission statements will reflect the general assumptions of society and in particular of the business world.
- If organizations do not consciously choose otherwise, their real purpose will be to make money for their investors.
  - Old Latin saying: *Ultimum in executione, primum in intentione*: “Last thing done, first thing intended.” That’s why it is called “the bottom line.”
Spiritual care is also called pastoral care and chaplaincy.

Spiritual care is NOT a subspeciality within psychotherapy.

Like medicine, spiritual care is a separate discipline and practice and is outside the competence of most psychotherapists.

When agencies are large enough to do so, they should hire fee-based pastoral counselors or professional chaplains as regular staff.

Among other duties, these caregivers could encourage various spiritual practices among both clients and providers, some of them on work time.
Recommended minimal policies relating to existential/spiritual dimensions of trauma work

- Agencies should develop authentic vision and mission statements, statements of values, and codes of ethics that manifest serious reflection about existential and spiritual issues.

- Agencies should employ chaplains or pastoral counselors to assist both staff and clients with existential and spiritual issues.
A concluding reminder
Avoid hasty conclusions

- For helpers other than counselors and psychotherapists, select what is *relevant* for your place of work
- For counselors and psychotherapists, select everything that is *possible* for your place of work
- Go slow in concluding that something is not relevant or not possible; people often say that when they mean “we don’t want to pay for it” or “it might be really hard to do that”
For complete references and further help

- Paper available on LinkedIn
  - https://www.linkedin.com/in/david-holden-96309784/
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