

# Keeping Hope Alive: Sustaining Ourselves and Our Clients

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# Overview of This Presentation

- For Social Workers and others in the mental health field,
- One of the most important tasks = Keeping Hope Alive
- For Ourselves and for Our Clients
- This presentation will address the challenges we all face in working with clients, many of whom have had very traumatic lives.
- It will help all of us to discover the ways in which we can sustain ourselves and our clients.
- In order to empower our clients, we must first empower ourselves

# New Book Addresses These Issues

- Just finished
- Will be out by next year
- *Therapy in the Real World: Intervention Strategies for Clinicians.*
- (Boyd-Franklin, Cleek, Wofsy, & Mundy, in press).
- Guilford Press
- This presentation is taken from Chapter 15 on “Positive Benefits and Challenges of Clinical Work and the Importance of Self-Care.”

# Other Important Reference

- Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions*. Thousand Oaks, CA. Sage Publications.

# Working with Clients Who Have Experienced Trauma

- Many Social Workers work with clients who have experienced trauma on many levels.
- Many of us were not originally trained as trauma counselors.

# Average Caseloads May Include Many Different Kinds of Trauma

- Victims of many different kinds of trauma:
- PTSD
- War-related trauma (e.g. members of the military)
- Physical abuse
- Sexual abuse
- Domestic violence
- Witnessing violence in home
- Community violence (e.g. school attacks, gang violence, etc.)
- Homicide of a loved one
- Traumatic death of a loved one
- Suicide of a loved one
- Physical fight or assault
- Terrorism (e.g. 9/11)
- Natural disasters (e.g. hurricane, flood, etc.)
- Survivors of torture

# Systemic Trauma

- Many Social Workers have clients who have experienced systemic trauma:
- Poverty
- Homelessness
- Community Violence
- Fears for children and adolescents
- Gangs
- Racism
- Discrimination
- Sexism
- Homophobia
- Anti-immigrant Laws
- HIV/AIDS
- Major Medical Illnesses
- Serious Mental Illnesses
- Substance Abuse
- Working Poor-- Lack of Health Insurance

# Impact of Systemic Experiences of Trauma

- These systemic experiences are traumatic for many of our clients.
- They may be upsetting and traumatic for us also.
- Many of our clients may have lost hope
- This can affect us over time.
- The Container of the Hope

# Listening to Our Clients' Painful Stories

- Multiple Traumas
- Many of us do not recognize the profound impact of hearing these stories
- These experiences can impact us on all levels.

# Container of the Hope

- For ourselves
- For our clients
- Many clients feel hopeless
- We search for strength and resilience in our clients and ourselves
- Our clients' resilience and post-traumatic growth sustains us in our work
- (Boyd-Franklin, Cleek, Wofsy & Mundy, in press)

# Impact of Client Trauma on Social Workers

- Can impact us on many levels:
- Physical
- Cognitive
- Emotional
- Psychological
- Spiritual

(Dass-Brailsford, 2007)

# Common Reactions to Clients' Traumatic Experiences

- Countertransference
- Clients' Trauma may = triggers for social workers
- Compassion Fatigue
- Vicarious or Secondary Traumatization
- Burnout

(Dass-Brailsford, 2007)

# Clients' Traumatic Experiences May Serve as Triggers for Clinicians

- Social Workers are human beings
- May have had traumatic experiences
- Client experiences can bring up feelings about personal traumas
- May lead to re-living personal traumas
- Ex: Student who had experienced sexual abuse as a child.

# Compassion Fatigue

- Many Social Workers enter the field with a strong desire to help and make a difference for our clients.
  - Clients traumatic stories can be painful
  - Natural caring and empathy can sometimes become overwhelming leading to Compassion Fatigue.
  - Over time, this can impact clinicians & workers.
- (Dass-Brailsford, 2007; Boyd-Franklin, Cleek, Wofsy, & Mundy, in press).

# Vicarious or Secondary Traumatization

- Changes that occur within the clinician as a result of empathic engagement with clients' traumatic experiences.
- Factors include:
  - clinician's personal trauma history
  - meaning attached to traumatic events
  - psychological and interpersonal style
  - current stressors
  - support systems (Dass-Brailsford, 2007)

# Burnout

- Burnout is one of the most debilitating long-term issues faced by social workers.
  - More likely to stem from systemic factors
  - Large client caseloads
  - Lack of adequate supervision
  - Isolation in doing social work
  - Other Institutional and bureaucratic factors
- (Dass-Brailsford, 2007, pg. 296)

# When Personal Life Stressors and Job Demands Combine

- All human beings are vulnerable to burnout when personal life stressors and job demands combine.
- Social Workers who are coping with the same stressors as their clients may experience more stress (e.g. divorce, natural disasters, hurricanes, tornados, etc.)

# Personal Stressors

- Personal Illness or Injury
- Illness of a Family Member
- Anticipatory Loss or Death of Family Member
- Mourning Periods
- Stress related to concerns about one's own children

# Positive Experiences of Working with Trauma Clients

- Positive Experiences of working with clients who have had traumatic lives.
- Vicarious Post-Traumatic Growth—observing clients' growth
- Being a part of the healing process
- Watching clients grow can be very gratifying and rewarding for clinicians.

(Arnold, Calhoun, Tedeschi, & Cann, 2005; Dass-Brailsford, 2007; Boyd-Franklin et al., in press).

# Vicarious Post-Traumatic Growth, Cont.

- Observations of Clients' Growth after traumatic circumstances can positively impact clinicians
- Increased hope for the clinician and client alike.
- Clinicians often report a heightened awareness of their own lives
- More optimism about the future
- Impact on their own spiritual growth
- (Arnold et al., 2005; Boyd-Franklin et al., in press).

# Vicarious Resilience

- Response to Client Trauma Survivors' own resiliency can positively impact clinicians.
- Resiliency= ability to survive and thrive in the face of adversity.
- Clinicians were touched by clients' ability to transcend tragedy.
- Confirms for clinician and client the belief in the power of therapeutic process.
- Instills HOPE
- (Hernandez, Gangsei, & Engstrom, 2007)

# Keeping HOPE Alive

- Many clients come to us feeling hopeless
- May lead to loss of hope over time for clinicians
- Hope allows us to go on and continue doing this work

# Self Care

- Essential for all of us.
- Our work is extremely rewarding but it is also demanding.
- In order to keep hope alive, we must learn to stop and take care of ourselves.

# Clinician Self Care

- “Get a life”
- Setting boundaries around one’s work & home life
- Relaxation and self- nurturing
- Close relationships, social activities with families and friends
- Social support- “Get a network.”
- Physical activities

# Clinician Self-Care, Continued

- Take care of oneself physically
- Get sleep & rest
- Soothing music
- Engaging in fun activities
- Take regular vacations, holidays, & weekends off
- Too many social workers retire with tons of vacation days that were never used

# Self Care is Essential

- Renews energy
- Keep our enthusiasm for our work
- Keep hope alive
- We can't take care of others if we don't take care of ourselves
- Airplane metaphor: Put on your own oxygen mask before helping others.

# Spirituality

- NOT NECESSARILY RELIGION
- Research on clinicians who work with very traumatized clients (Hernandez et al, 2007)
- Some clinicians found that work with trauma survivors deepens their own personal sense of spirituality
- Others rely on their own spirituality to cope with hearing traumatizing material
- Way to renew themselves
- Stay positive & avoid cynicism & negativity.

# Refueling Ourselves

- Each of us needs to craft a strategy for rekindling hope
- And Keeping Hope Alive
- Restoring energy in our work
- Some who are not spiritual use meditation

# Getting Help for Ourselves

- Sometimes life + Work= Burnout
- Recognize signs
- Seek help for ourselves
- Consider seeking our own therapy
- Or opening a new chapter of therapy
- (Radical thought...)
- If it can work for our clients; it can work for us too.
- Social Work programs should consider encouraging students to seek their own therapy during training and as needed throughout their careers.

# Keeping a Hope Journal

- Start a journal in which you note the moments of growth in your clients
- Record moments when you feel hope and gratification in your work.
- Go back and read these when you are feeling hopeless and overwhelmed
- Give example of client's letter.

# Supervision & Training as Antidotes to Burnout

- Supervision is often viewed as only necessary for students and early career professionals
- Once licensed supervision on jobs may be discontinued.
- Seek opportunities to get supervision or consultation throughout your career.
- (Boyd-Franklin, 1989, 2003; Boyd-Franklin et al., in press).

# Training as an Antidote to Burnout

- Many Social Workers enter the field with a passion for this work.
- This work can be very challenging and demanding.
- Dealing with systems can be exhausting.
- Training=infusion of new ideas & ongoing learning
- Re-charging your batteries
- This can keep the passion, the hope and the commitment to the work alive.
- (Boyd-Franklin et al., in press)

# You Are NOT Your Day Job

- Many Social Workers feel trapped in jobs that they don't want.
- The economy makes this more difficult
- Your day job does not have to define or limit your scope of service or professional development.

# Example 1: You Are Not Your Day Job

- Supervisors & Administrators often lose the direct practice work that they love.
  - Example: Social Worker promoted to supervisory position in his agency
  - No longer had the time to carry a caseload of clients
  - Did Co-therapy with one of his trainees of family therapy case
  - They both looked forward to this all week.
- (Boyd-Franklin, et al., in press)

# Example 2: Isolation of Private Practice

- Clinician felt isolated in private practice.
- She spoke with a colleague at a local university and offered to conduct a supervisory group for students.
- They really appreciated her years of experience.
- She felt re-energized in her clinical work.
- Began attending more continuing ed workshops.

# Example 3: University Professors who miss front line work

- When I first went to Rutgers, I really missed my front line work in a community mental health center.
- Partnered with Brenna Bry (Boyd-Franklin & Bry, 2000)
- Started a school & community program
- Brought students out into the community
- Made a difference for at-risk youth with few services

# Example 4: Social Worker burnt out from work with abused children

- Social worker worked full time with children who had been physically and sexually abused.
- Hard, demanding work
- Feeling exhausted and overwhelmed
- Decided to visit a friend with a delightful baby regularly so that she could just play with a happy child once in a while.

# Example 5

- African American social worker was in an MSW program where she did not get much exposure to actual work with African American clients.
- She learned that her church was starting a counseling center.
- The director, an LCSW offered to supervise her and her program agreed.
- She was thrilled to work with African American clients in her own community.

# Forming Your Own Personal and Professional Support Network

- Do not be alone!!
- Isolation is as deadly for us as for our clients.
- Use these conferences as an opportunity to network with others in the field.
- Build a support network.
- Get emails and phone numbers before you leave this conference.

# Start Your Own Peer Support Group

- Find a group of workers at your agency & pull together a lunch or brown-bag peer supervision group.
- Don't wait for your agency to give it to you; start it yourself.
- Do a Skype support group.
- Get an <http://www.freeconference.com>. conference call line
- Do regular peer supervision
- Essential for those in private practice who often feel very isolated.

# Social Justice and Anti-Racism Work

- Many of us entered this field with a passion for social justice and anti-racism work
- Over time, life and work may get in the way
- We may begin to feel that our work does not make a difference
- Or we see that we can only empower a small number of people.

# Making a Difference

- Many of us came into this field to make a difference
- More experienced social workers may begin to feel exhausted and overwhelmed by the realities of poverty and racism that our clients experience.
- We can begin to question whether we are making a difference in our clients lives.
- Whenever I begin to feel this way, I remind myself of the Starfish Story.

# The Starfish Story

- A man was walking along the beach.
- On the shore, were dozens of starfish.
- He saw a little girl throwing starfish back in the water.
- “What are you doing,” he asked.
- “If I don’t throw them back, they’ll die,” she replied.
- “What difference could it make; there are dozens of starfish on the beach?” he asked.

(Adapted from *The Star Thrower* by Loren Eiseley)

# Starfish Story Continued

- The little girl picked up a starfish and threw it back in the water.
- “It made a difference to that one,” she replied.
- Don’t ever forget that your work makes a tremendous difference for those clients that you work with, those students that you teach or supervise, and the people who you have empowered throughout your career!