Applying Evidence-Informed Compassion
Fatigue Techniques
8:00am – 3:15pm Wednesday, August 29
Angela is a International Association of Trauma Professionals Certified Compassion Fatigue Professional with 30 years clinical experience. She holds NH Licenses as Clinical Mental Health Counselor, Master Alcohol & Drug Counselor, Clinical Supervisor and is an active Board Member for the NH state professional association of NAADAC.

For the past 15 years, she has been integrating her work as a Registered Yoga Alliance Teacher with clinical practice specializing in trauma-sensitive care. Her tenure with NH Department of Corrections lead her to developed an evidence informed practice called HomeBase and a 4-step formula as a self-care tool effective for the practitioner as well as patients; a win-win approach.

Angela has studied with David Emerson, the developer of the evidence-based Trauma-Sensitive Yoga Teacher Training now offered through SAMHSA and holds post-graduate certification in Traumatic Studies from the Trauma Center of the Justice Resource Institute. Her background in Experiential Education Risk Management, Wilderness-based Therapy, and the expressive arts bring a holistic, hopeful, and practical perspective to her work. She has published on the topic of using Expressive Arts in Leadership Development and a literature review of Trauma-Sensitive Yoga Practices, travels nationally teaching on these topics and is Adjunct Professor at Plymouth State University Graduate Counseling Program.
How a community chose to define RESILIENCE

Selections from BounceBackProject (7:00)

*Biology of Stress and Science of HOPE*
U.S. drug overdose deaths

Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), more than 20,000 overdose deaths.

<table>
<thead>
<tr>
<th>Year</th>
<th>Synthetic opioids, other than methadone</th>
<th>Heroin</th>
<th>Natural and semi-synthetic opioids</th>
<th>Cocaine</th>
<th>Methamphetamine</th>
<th>Methadone</th>
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Source: CDC
Graphic: Staff, TNS

Leading Innovative Collaborations to Improve the Health Status of Northern New Hampshire
North Country Health Consortium, Inc., 500 Congress St., Suite 210, Gilford, NH 03249
Phone: 603-235-2000

91 Americans die every day from an opioid overdose (that includes prescription opioids and heroin).
OVERCOMING COMPASSION FATIGUE
A Practical Resilience Workbook

By
Martha Teater, MA, LMFT, LPC, LCAS
John Ludgate, PhD
Fifty years ago, the landmark Surgeon General’s report on the dangers of smoking began a half century of work to end the tobacco epidemic and saved millions of lives.

With The Surgeon General’s Report on Alcohol, Drugs, and Health, . . . a new call to action to end the public health crisis of addiction. page VI


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Ethical Dilemmas
Good judgment comes from experience — and a lot of that comes from bad experience  - Will Rogers

"We do not learn from experience . . . we learn from reflecting on experience."
- John Dewey
At the end of the night, before you close your eyes, be content with what you’ve done and be proud of who you are.
1) List 6 levels of compassion fatigue intervention;

2) Summarize why Practitioner Self Care is an *ethical responsibility*;

3) Apply **HomeBase**, an evidence-informed practice to reduce risks for burnout and compassion fatigue, for personal self-care as well as coping skills for patients;

4) Leave feeling validated & inspired with
   - your Resilience Plan
   - a Compassion Fatigue-Sensitive Informed Consent Supervision Agreement

AngelaThomasJones.com
Key Point

HomeBase

Turn & Talk

Work sheets
> 11 item survey to approximately **200 professionals**

> While external surveys have a 10-15% response rate,

> we received a **17% response rate**.
January 2018 survey respondent highlights:

96% respondents meet at risk criteria for Compassion Fatigue  
(ProQOL version 5) (Stamm, 2009)

70.59% “ are concerned patient safety is sometimes compromised due to workforce shortage
61.76% “ **want training on** “Coping with moral dilemmas in today’s workforce landscape”
56.25% “ **want training on** “Self-monitoring and how it is an ethical response to stress”
46.88% “ **want training on** “Leniency bias and compassionate truth telling”
45.45% “ are currently or have some Supervisory responsibilities
41.18% respondents not credentialed as SUD treatment providers, ie;
Police Officer, Corrections, Nurse Practitioner, MD family physician, School Counselor

3 open-ended questions yielded the following themes for training and continuing education:
- The need for more cross-training on SUD topics and chronic care
- **Supervision skill development to boost self-care as a risk management resource**
70.59% Concerned about patient safety due to workforce shortage

58.8% + 5 years as SUD tx prov.

50% Family History

29.41% Do not have Supervision Agreement

20.59% + 18 mo sobriety
Q1 All of your responses will be anonymous unless you include your name in one of the narrative responses. What are your credentials?

Q2 Supervision responsibility

Q3 What is the setting of your practice?

Q4 Are any of the following true for you? see survey summary report

Adapted from Overcoming Compassion Fatigue: A Practical Resilience Workbook (Teater & Ludgate, 2014) and Professional Quality of Life: Compassion Satisfaction & Fatigue (ProQOL) version 5 (Stamm, 2009)

Q5 Select what is true for you about Supervision and life experience:

Research being compiled by Dr. Tana Bridge, PhD of Eastern Michigan University School of Social Work indicate long-term life experience in recovery increases resiliency of workers in time of crisis and chronic work-life stressors

Q6 Please describe what gives you hope in your job.

Q7 Please describe what is most discouraging in your job.

Q8 If you answered "yes" to any of the above, you could be at risk and YOU ARE NOT ALONE! Which of the following are you interested in learning more about: see survey summary report

Q9 Which of the following Supervision topics are you interested in: see survey summary report

Q10 If there were one thing (other than money) that would improve effectiveness in your job, what would it be? Please explain see survey summary report
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current work situation. Select the number that best reflects how frequently you experienced these things in the last 30 days.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

1. I am happy.
2. I am preoccupied with more than one person in need.
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel tired/groggy after working with clients.
7. I find it difficult to separate my personal life from my life as a helper.
8. I am not productive at work because I am losing sleep over traumatic experiences of a person I helped.
9. I think that I might have been affected by the traumatic stress of some of those I helped.
10. I feel trapped by my job as a helper.
11. Because of my [helping], I have felt “tin eddy” about various things.
12. I like my work as a helper.
13. I feel depressed because of the traumatic experiences of the people I helped.
14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper.
20. I have happy thoughts and feelings about those I helped and how I could help them.
21. I feel overwhelmed because my caseload seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experience of the people I helped.
24. I am proud of what I can do to help.
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "waste" as a helper.
28. I can recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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ADVANCING COLLEAGUE ASSISTANCE IN PROFESSIONAL PSYCHOLOGY

Prepared by
Board of Professional Affairs’ Advisory Committee on Colleague Assistance

February 10, 2006
**Key point**

**What is predictable can be preventable**

**Biology of Stress and Science of Hope**

**RESILIENCE** (James Redford) 2:10
https://www.youtube.com/watch?v=We2BqmjHN0k&list=PL8uX4Xr_dkJk8S6GRX04uVJUQGrqZZjjX

**Adverse Childhood Experiences (ACES)**
https://www.youtube.com/watch?v=ccKFkcfXx-c

**calculate your ACE score**
http://acestudy.org/ace_score

AngelaThomasJones.com
3:40 Dan Harris, ABC News
HomeBase

Feet on the floor
Long Spine
Relaxed Throat
Soft Jaw

Resiliency Inventory p.49-51

Workplace page 109
Rewards Page 29

AngelaThomasJones.com
It is in the nature of professional work that individuals may develop personal difficulties that impede or impair their personal and professional functioning.
Risks to the practitioner

29% of their sample of 800 psychologists reported suicidal feelings at some point during their career and 4% of professionals had attempted suicide (Deutsch, 1985)

2% of professionals had attempted suicide (Deutsch, 1985)

61% of psychologists have reported experiencing clinical depression at some time in their lives (Ukens, 1995)

ADVANCING COLLEAGUE ASSISTANCE IN PROFESSIONAL PSYCHOLOGY, American Psychological Association, page 9 (2006)
- Table 1  Compassion Fatigue in different professional groups. page 20
- Table 2  Incident of burnout. page 20
- Table 3  Incidence of stress and psychiatric morbidity in different professional groups. page 20
- Table 4  Three studies of therapists self-care activities. page 116

Teater and Ludgate, PESI, Inc., 2014
Ethical Dilemmas

Presence of Heart
(Japanese)

Mindfulness
MEANS PAYING ATTENTION IN A PARTICULAR WAY, ON PURPOSE, IN THE PRESENT MOMENT NON-JUDGMENTALLY.

Jon Kabat-Zinn
Challenge of “fitting in” Self-care
Dan Harris TOUR (2:00)

https://www.youtube.com/watch?v=A1JNopo3Qfg
start 4:32 child & family services
5:04 cops
5:48 intense conflict end 6:22

Why I don’t . . .
Key point

Self-care

“You can’t stop the waves, but you can learn to surf.”
Jon Kabat-Zinn
the science of *Repetition Repetition*!
HomeBase

Both Feet on Floor
Long Spine
Relaxed Throat
Soft Jaw

Self-care page 35

My Indicators 53 & 71

Turn & Talk
Mindfulness Based Stress Reduction (MSBR)

1979, Jon Kabat-Zinn
Professor of Medicine
University of Massachusetts Medical School
1992
National Center for Complementary and Alternative Medicine
established at National Institutes of Health

part of the United States Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (SAMHSA)

NCCAM define CAM health care as

*a practice that emphasizes the interrelationship between mind, body, and spirit*
RESILIENCE: a skill for sustainable change

Anatomy of Breathing

D. Coulter, 2001
Anatomy of Hatha Yoga

AngelaThomasJones.com
4:30 **Dan Harris Panic Attack on national TV**

AngelaThomasJones.com
The vagus nerve "wanders" from the brainstem to the organs of the body to calm them down.

The sympathetic nerves form the spine travel to the organs to produce stress-activity for times of emergency or heightened activity.

Stimulating the vagus nerve shuts off the inflammatory activity within the cells of the organs. This helps with immune system activity and the overall function of the body.

Calming activity will stimulate the vagus nerve to provide this healthful effect.
Awareness test : 58
What is IMPAIRMENT?

Stress    Distress    Impairment    Improper behavior    Intervention    Sanctions

ADVANCING COLLEAGUE ASSISTANCE IN PROFESSIONAL PSYCHOLOGY (2006)
Chapter 5, Assessment & Intervention (pgs 30 – 33)
Chapter 6, Operational Strategies (pgs 34 – 40)

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Intervening With an Impaired Colleague

By Michael F. O’Connor, Ph.D., with the assistance of the members of the APA Board of Professional Affairs Advisory Committee on Colleague Assistance.

Impairment, . . . refers to "...impairment of ability to practice according to acceptable and prevailing standards of care" (Ohio Administrative Code.)

Impairment therefore refers to circumstances where professional ability is compromised, and may negatively impact the delivery of professional services by the psychologist.

Impairment, while heightening the risk for ethical violations, does not infer such violations.

Nonetheless, psychologists are also responsible to ensure that they are competent to provide the services they offer. Impairment, as defined here, compromises the functioning of the psychologist, and should therefore imply a need for close scrutiny of job-related performance in order to preempt ethical violations.

What is impaired practice?

...impairment defined...as interference of professional functioning in one or more of the following areas:

1) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;

2) an inability to acquire professional skills to reach an acceptable level of competency;

3) an inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning

Lamb, Presser, Pfost, Baum, Jackson, and Jarvis (1987), page 598
Supervision and Peer Collaboration

Stress
Distress
Impairment
Improper behavior
Intervention
Sanctions

Licensing Boards

ADVANCING COLLEAGUE ASSISTANCE IN PROFESSIONAL PSYCHOLOGY (2006)
Chapter 5, Assessment & Intervention (pgs 30 – 33)
Chapter 6, Operational Strategies (pgs 34 – 40)
KEY point

Inter-professional collaboration contributes to self-care

“Who is right” becomes “what is right”
Feet on the floor
Long Spine
Soft Throat
Relaxed Jaw

https://www.youtube.com/watch?v=j40wghSt4rg
(1:30)
Dan Harris 60 seconds
Start at 5:55 – 7:28

Risk Factors p18
Assessing Risk p19
Client Stressors p27
External Internal p60
Presence of Heart

(Japanese)

Mindfulness means paying attention in a particular way, on purpose, in the present moment non-judgmentally.

Jon Kabat-Zinn
Structure of the Brain

- Paul MacLean (1960s):
  - “Triune” brain: each brain corresponds to a different stage of evolution
Dr. Bessel van der kolk, MD
Trauma Center of the Justice Resource institute
3:22
Unique features of Trauma-related symptoms

van der Kolk describes the structure of our brain is similar to other animals, however,

*We have the unique ability to choose how we respond.*

This ability allows us to attach meaning and logical thought to our experiences as well as anticipate long-term consequences of our actions.
The **vagus nerve** "wanders" from the brainstem to the organs of the body to calm them down.

The **sympathetic nerves** form the spine travel to the organs to produce stress-activity for times of emergency or heightened activity.

Stimulating the vagus nerve shuts off the inflammatory activity within the cells of the organs. This helps with immune system activity and the overall function of the body.

Calming activity will stimulate the vagus nerve to provide this healthful effect.
Turn & Talk

7 Basic Body Wisdom Principles p12
Mischke-Reeds 2018
The Professional Quality of Life Scale (ProQOL)
http://www.proqol.org/Home_Page.php

CS-CF Model
Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue
  Burnout
  Secondary Trauma

AngelaThomasJones.com
Complex Relationships

Professional Quality of Life

- Work Environment
- Client Environment
- Personal Environment

Compassion Satisfaction (ProQOL CS)

- Traumatized by work
- Depressed by Work Environment (ProQOL Burnout)
- Secondary Exposure (ProQOL STS)

Exhaustion
Frustration
Anger

Secondary Exposure
Primary Exposure

Complex Relationships

Work Environment
Client Environment
Personal Environment

Compassion Fatigue
Burnout and Secondary Traumatic Stress: Co-occurring

- **Burnout**
  - Work-related hopelessness and feelings of inefficacy

- **STS**
  - Work-related secondary exposure to extremely or traumatically stressful events

- Both share negative affect
  - **Burnout is about being worn out**
  - **STS is about being afraid**

The Professional Quality of Life Scale (ProQOL)
http://www.proqol.org/Home_Page.php

AngelaThomasJones.com
- Compassion Satisfaction
  - Positive aspects of working as a helper
- Compassion Fatigue
  - Negative aspects of working as a helper
- Burnout
  - Inefficacy and feeling overwhelmed
- Work-related traumatic stress
  - Primary traumatic stress (STS) direct target of event
  - Secondary traumatic exposure to event due to a relationship with the primary person

http://www.proqol.org/Home_Page.php

AngelaThomasJones.com
Key Points

**Sustainable Change**

Neuro-Biology of Stress: chronic = risks

Science of HOPE: Resiliency is a learned SKILL
HomeBase

Feet on the floor
Long Spine
Relaxed Throat
Soft Jaw

Turn & Talk

AngelaThomasJones.com
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE


When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current work situation. Select the number that best reflects how frequently you experienced these things in the last 30 days.

1. Never
   2. Rarely
   3. Sometimes
   4. Often
   5. Very often

1. I am happy.
2. I am preoccupied with more than one person I help.
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel energized after helping with those I help.
7. I find it difficult to separate my personal life from my life as a helper.
8. I am more productive at work because I am losing sleep over traumatic experiences of a person I help.
9. I think that I might have been affected by the traumatic events of those I help.
10. I feel trapped by my job as a helper.
11. Because of my helping, I have felt “on edge” about various things.
12. I like my work as a helper.
13. I feel depressed because of the traumatic experiences of the people I help.
14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with helping techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper.
20. I have happy thoughts and feelings about those I help and how I could help them.
21. I feel overwhelmed because my case work load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
24. I am proud of what I can do to help.
25. As a result of my helping, I have intrusive, frightening thoughts.
26. I feel “bogged down” by the system.
27. I have thoughts that I am a “sociopath” as a helper.
28. I can’t recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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Turn & go to lunch
After lunch

- Finish ProQOL & Scoring
  - Thumb up: Panel contributors are here to HELP
- Ethics
- Core Competencies
- Compassion Fatigue Responsive Supervision
- Resiliency Plans
- Next Steps
- End 3:15pm
Self-Care & Ethics

>National Association of Alcohol and Drug Abuse Counselors (NAADAC)

>American Mental Health Counselors Association (AMHCA)

>Association for Counselor Education and Supervision (ACES)

> American Psychological Association (APA)

> GreenCross
I. Purpose of the Guidelines

As with the standards of practice in any field, the practitioner is required to abide by standards of self-care. Those guidelines are utilized by all members of the Green Cross Academy of Traumatology. The purpose of the Guidelines is twofold:

First, do no harm to yourself in the line of duty when helping/treating others.

Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services to those who look to you for support as a human being.

II. Ethical Principles of Self Care in Practice

These principles declare that it is unethical not to attend to your self-care as a practitioner because sufficient self care prevents harming those we serve.

1. Respect for the Dignity and Worth of Self: A violation lowers your integrity and trust.

2. Responsibility of Self Care: Ultimately, it is your responsibility to take care of yourself and no situation nor person can justify neglecting it.

3. Self Care and Duty to Perform: There must be a recognition that the duty to perform as a helper cannot be fulfilled if there is not, at the same time, a duty to self care.

III. Standards of Humane Practice of Self Care

1. Universal Right to Wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.

2. Physical Rest and Nourishment: Every helper deserves restful sleep and physical separation from work that maintains them in their work role.
Ethical Principles of Psychologists and Code of Conduct (2002, Principal A):

Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work. . . . 

. . . practicing psychologists have an abiding ethical imperative to engage in self-care.

developed in collaboration with the APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance (ACCA)

Results of a 2002 survey of ACES members conducted by their Ethics Interest Network indicated members want more specific guidance for their everyday supervisory practice. Often encounter situations not adequately addressed by the Code of Ethics.

**ACES Best Practices in Clinical Supervision Taskforce**

was formed to create a document that could offer more specific suggestions to supervisors regardless of work setting.

**Best Practices in Clinical Supervision**

*adopted by the ACES Executive Council*

**April 22, 2011’**

*Association for Counselor Education & Supervision (ACES) Division of American Counseling Association (ACA)*

AngelaThomasJones.com
Best Practices in Clinical Supervision
ACES, adopted April 22, 2011

7. Ethical Considerations
   b. The supervisor continually monitors his/her own level of competence in providing supervision . . .
   vi. The supervisor appropriately engages in and models self-care.

9. Evaluation
   c. The supervisor encourages ongoing supervisees self-evaluation.
      i. . . . requires supervisees to complete self-evaluations . . . .
      ii. . . . Helps the supervisee develop self-reflection & self-evaluation skills, and fosters an expectation of regular, ongoing self-reflection over the supervisees professional lifespan.

11. The Supervisor
   d. . . . Engages in self-reflection and other avenues of personal professional development.
      xiii. . . . Engages in critical self-reflection and self-care, and avoids professional stagnation and burnout
NAADAC CODE OF ETHICS
updated October 2016

- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- **Principle III: Professional Responsibilities and Workplace Standards**
- Principle IV: Working in A Culturally-Diverse World
- Principle V: Assessment, Evaluation and Interpretation
- Principle VI: E-Therapy, E-Supervision and Social Media
- **Principle VII: Supervision and Consultation**
- **Principle VIII: Resolving Ethical Concerns**
- Principle IX: Publication and Communications

III-52 take steps to assure they have appropriate resources & competencies


III-41 & 42 . . . recognizing impairment in self & offer assistance . . .

VII-1 . . . responsibility of enhancing professional development . . .
VII-12 . . . shall intentionally develop . . .

VII-17 . . . supervisees, students, interns shall monitor themselves . . . and seek supervision . . .

VII-24 . . . ensure current knowledge and information . . .

VIII-2 . . . lack of knowledge or understanding of an ethical responsibility is not a defense against a charge of unethical conduct.

C. Counselor Responsibility and Integrity

1. Competence

h) **Recognize that their effectiveness is dependent on their own mental and physical health.** Should their involvement in any activity, or any mental, emotional, or physical health problem, compromise sound professional judgment and competency, seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients.

AMHCA Code of Ethics (2015), page 15

American Mental Health Counselors Association

AMHCA

II. Commitment to Other Professionals

A. Relationship with Colleagues

*Mental health counselors act with due regard for the needs and feelings of their colleagues.*

6. *When mental health counselors have knowledge of impairment . . . of a mental health professional, they are obliged to attempt to rectify the situation.*

AMHCA Code of Ethics (2015), page 25
HomeBase

Feet on the floor
Long Spine
Soft Throat
Relaxed Jaw
Reflection-in-action is a rigorous professional process involving acknowledgement of and reflection on uncertainty and complexity in one’s practice leading to ‘a legitimate form of professional knowing’

p 68, 1983
Self-awareness
Critical thinking
Reflection

Practice
Habit
Practice
Practice
Practice


AngelaThomasJones.com
Most Learning (Single-Loop)
 Improvement within an existing system that rests on unchallenged assumptions that are implicit and unchallenged.

Underlying Assumptions → Goals, Values & Strategies → Results

Double-Loop Learning
Expanding the analytical frame to explicitly identify and then challenge underlying assumptions.
Why Be Reflective?

- To achieve “professional artistry” (Schon, 1987).
- Ability to cope with contradictions, paradoxes and dilemmas
  - Expect the unexpected
  - Willing and able to re-examine what s/he already “knows”
  - Restructure strategies, or reframing the problem.
  - Invent on-the-spot experiments to put new understandings to the test or to answer the puzzling questions that have arise from an event.
Characteristics of reflective practitioners (Schon)

The effective reflective practitioner has the...

- ability to engage in self assessment
- ability to criticise the existing state of affairs
- ability to promote change and adapt to change
- ability to act as an autonomous individual
- ability to recognise and explore confusing or unique events
Brene’ Brown: Empathy and Sympathy (2:53)
HomeBase

Both Feet on Floor
Long Spine
Relaxed Throat
Soft Jaw

Turn & Talk
Professional Resilience Plan

International Association of Trauma Professionals

Eric Gentry, PhD

1. **Self Regulation.** Ability to monitor and regulate your autonomous nervous system, activating only the amount of energy necessary for the task. Requires brief relaxation of the muscles in the body while remaining fully engaged in activities of life. Releasing tension in core muscles is an excellent method to achieve this but become aware of any tense muscle then *release* it and you are practicing self-regulation. You cannot experience stress with relaxed muscles. Identify two places in your life in which you know that you are frequently dysregulated and make a commitment to soften your muscles in this context over the next two weeks.
   a. ____________________________
   b. ____________________________

2. **Intentionality.** The ability to follow your mission/covenant and go where you aim yourself. Identify two situations (i.e., "triggers") in your life where you become aware that you are in breach of your integrity and commit to self-regulate when you encounter these situations so that you can become increasingly intentional living with fidelity to your own principles and performing your mission.
   a. ____________________________
   b. ____________________________
Congratulations!

What next?

HomeBase

Discussion

AngelaThomasJones.com
References:


Teater & Ludgate, (2014). Overcoming Compassion Fatigue: A Practical Resilience Workbook


EVERY EXPERIENCE, NO MATTER HOW BAD IT SEEMS, HOLDS WITHIN IT A BLESSING OF SOME KIND. THE GOAL IS TO FIND IT.”

BUDDHA
Informed Consent & Supervision Agreement
(adapted from SAMHSA TIP52)
r.8/01/18

This document serves as a description of the supervision provided by ________________

Primary Purpose, Goals, and Objectives
• Supervisee will self-monitor, seek out, and accept input regarding workplace compassion fatigue
• Supervisor will support compassion fatigue discussions with supervisee
• Supervisee will engage in professional development opportunities related to compassion fatigue and vicarious trauma, and discuss with supervisor
• Supervisor will educate supervisee on Stress, Distress, Impairment Continuum (ACCA, 2001)
• Supervisee will maintain a standard agenda, with pre-agreed items and new business, for each supervision session. Agenda items would include at least the following:
  o Client welfare
    ▪ Mandatory reportable items
  o 12 core functions
  o Ethical practices

Provision:
• (Frequency) of individual supervision at (day and time)
• Supervision model and case review format) will be used.
• Clients of the counselor will give informed consent for supervision of their case
• Counselor will have a minimum of (amount) of supervision for every (number) of client contact hours
• All client cases will be reviewed on a rotating basis based on need

Documentation:
• (Form name) will be used to document the content and progress of the supervision
• Informal feedback will be provided at the end of each session
• Written formal evaluation will be provided (frequency)
• Supervision notes will be shared (at the supervisor’s discretion or at request of counselor)

Duties and Responsibilities: The supervisor at a minimum will:
• Discuss methods to develop a professional resilience plan
• Review all psychosocial histories, progress notes, treatment plans, and discharge plans.
• Question the counselor to justify approach and techniques used.
Procedural Consideration:
- The Individual Development Plan’s goals and objectives will be discussed and amended if necessary.
- The quality of the supervisory relationship will be discussed and conflicts resolved.
- If conflicts cannot be resolved, (name) will be consulted.
- In the event of an emergency, the counselor is to contact the supervisor. If unavailable, contact (alternate’s name, title, and other relevant back-up information).
- Crises or emergency consultations will be documented.
- Due process procedures (as explained in the agency’s policy and procedure handbook) have been reviewed and will be discussed as needed.

Supervisor’s Scope of Competence:
- Title/date of credentials/licensure:
- Years providing supervision:
- Compassion Fatigue Competence: Core competencies
  - Certified Clinical Supervisor
  - Experience with integration of ProQuality of Life Scale Screening and Summary Sheet (Stamm, 2005) in clinical supervision experience with integration of Mischke-Reeds Practitioner Professional Resiliency and Self-Care Inventory
  - Experience with integration of Somatic Inventory of Burnout Signs (Mischke-Reeds M, 2018, pg 31)
  - Understanding of the seven Basic Body Wisdom Principles (Mischke-Reeds, 2018, pg 12) Familiar with Standards of Self-Care as identified in the Code of Ethics associated with your license
  - Working knowledge of neurobiology, behaviors and protectors of resilience
  - Mastery of at least two self-regulation techniques

This agreement is subject to revision at any time on request of either person. Revision will be made only with consent of the counselor and approval of the supervisor. We agree to uphold the directives outlined in this agreement to the best of our ability and to conduct our professional behavior according to the ethical principles and codes of conduct of our professional associations.

Supervisor/ Title __________________________ Date __________________________

AngelaThomasJones.com
YOUR Resiliency Planning

- **Individual, personally**
  - The ProQOL can help you plan where to put your energy to increase your resilience

- **Organizational planning**
  - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping

- **Compassion Fatigue-Sensitive Supervision**
  - The ProQOL can be used as information for discussions and to track change

The *Professional Quality of Life Scale (ProQOL)*

Brene’ Brown (2:38)
Empathy & Sympathy

Awareness test :58
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