

CE-CERT Safeguarding: Beyond “Self-Care”

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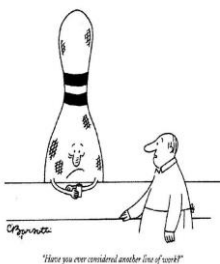
Objectives

1. Understand how developing experiential engagement for negative emotions plays a role in job satisfaction

2. 5 Key skills for managing intense affect & reducing post-work agitation

3. Describe how intense emotions can be metabolized to reduce negative effects

4. Commit to at least 1 strategy to change the way you engage your work



“Have you ever considered another line of work?”

Effects on Providers

• “Vicarious Trauma”

- Definition

• Those working with trauma populations more at risk

- Mental health workers, social workers, first responders, medical, legal

• Separate from “burnout” but both overlap

- Vicarious trauma mimics trauma symptoms
- Burnout is not limited to working with trauma populations

Common Caregiver Feeling (Emotion)	Common Caregiver Reaction (Thought)	Considerations (Action)
Confusion or Disbelief	"Stories I'm hearing about what happened are so different that I don't know who to believe. Maybe this didn't happen like they said it did."	It's normal to question whether this happened or not. No one expects a teen to do something like this.
Anger	"I can't believe a kid would do something so disgusting to another kid."	It's okay to be angry. We usually don't get angry about things we don't care about.
Fear	"How will this affect this kids entire life?"	The majority of teens with PSB do not go on to become adult sex offenders. Research shows that the sexual re-offense rate for teens who receive treatment is low, from 3 to 14 percent.
Guilt/Embarrassment	"I should have known . . ."	Teens hide their sexual behavior from adults. In most cases, caregivers have no way of knowing.



Professional Quality of Life Scale (ProQOL)
Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 1 (2008)

When you think people you have direct contact with their lives. As you may have faced your compassion for them you (ProQOL) can affect you in positive and negative ways. Below are some questions about your experiences with patients and caregivers. In ProQOL, Circle the number next to the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 28 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

1. I am happy.

2. I am preoccupied with stress from one person I (ProQOL)

3. I get satisfaction from being able to (ProQOL) people.

4. I feel compassion for others.

5. I jump or am startled by unexpected sounds.

6. I feel regret after working with those I (ProQOL).

7. I find it difficult to separate my personal life from my life as a (ProQOL).

8. I am so preoccupied at work because I am being dealt with their traumatic experiences of patients I (ProQOL)

9. I think that I might have been affected by the traumatic stress of those I (ProQOL)

10. I feel upset by my job as a (ProQOL)

11. Because of my (ProQOL) I have felt "on edge" about various things.

12. I like my work as a (ProQOL).

13. I feel depressed because of the traumatic experiences of the people I (ProQOL)

14. I feel as though I am experiencing the trauma of someone I have (ProQOL)

15. I have heard this word: me.

16. I am pleased with how I am able to keep up with (ProQOL) techniques and protocols.

17. I am the person's things related to be.

18. My work makes me feel sad.

19. I feel upset because of my work as a (ProQOL)

20. I have happy thoughts and feelings about those I (ProQOL) and how I could help them.

21. I feel uncomfortable because my (ProQOL) have been sad.

22. I believe that I have a traumatic through my work.

23. I avoid certain situations or situations because they remind me of engineering experiences of the people I (ProQOL)

24. I am proud of what I can do as a (ProQOL)

25. As a result of my (ProQOL) I have negative, intrusive thoughts.

26. I feel "hugged" close to the person.

27. I have thoughts that I am a "survivor" as a (ProQOL)

28. I can't recall important parts of my work with some victims.

29. I am a very caring person.

30. I am happy that I have no to do this work.

© B. Michael Brown 2008. Professional Quality of Life: Compassion Satisfaction and Compassion Fatigue (ProQOL).
This scale was developed for professional use only. It is not to be used for research or clinical use. No changes are
made and it is not to be used.

www.PROQOL.org

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Effects on Providers

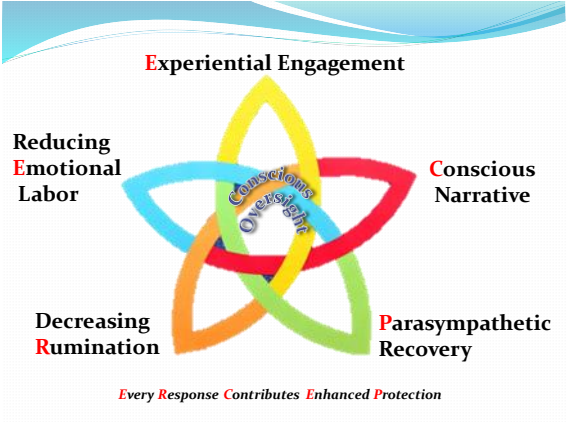
- Signs of Vicarious Trauma
 - Similar to Posttraumatic Stress Disorder (PTSD)
 - Reexperiencing (e.g., nightmares)
 - Avoidance (e.g., numbing out)
 - Negative Moods and Cognitions (e.g., “I should know better”)
 - Hyperarousal (e.g., exaggerated startle reflex)
 - Others
 - General disillusionment
 - Feelings of alienation
 - Persistent and constant exhaustion
- So how do we cope???

Dr. Gomez’s Coping Skills



CE-CERT – Better Coping Skills

- CE-CERT = Components for Enhancing Clinician Engagement and Reducing Trauma
- 5 Skill Component Domains
 1. Experiential Engagement
 2. Reducing Rumination
 3. Conscious Narrative
 4. Reducing “Emotional Labor”
 5. Parasympathetic Recovery



The CE-CERT Model

Brings our autonomic arousal under “conscious control”

- These are *intentional* and *acquirable* skills!
 - What are some examples of what we hear about self care?
- What differentiates CE-CERT?
- Skills are *interactional* (scaffold on each other)
- Each of the 5 main skill components has their own building block tools or skills

Skill Domain #1

Experiential Engagement

- Opposite of engagement is avoidance
 - What do they tell YOU when you’ve had a hard day?
- “In boxing everything is backwards” – “METABOLIZE” the affect
- Skill 1: Intentionality
- Skill 2: CONSCIOUS acknowledgment of experience
- Skill 3: Non-reactivity (e.g., bird over the pond)
- What are some examples of how we as helpers avoid?

The Case for Practicing Mindfulness

Mindfulness (in one sentence)

- “cultivating particular qualities of attention so that we can access inner resources to enhance our innate capacity for resilience, health, and contentment”.

Louanne Davis

PsyD



Skill Domain #2 Decreasing Rumination

- Emotions –even intense ones, rise, strengthen...then dissipate
- Emotions are rather quickly metabolized
- Thoughts can regenerate indefinitely



Skill Domain #2 Reducing Rumination

- Default Mode Network VS. Task Positive Network
- Skill 1: Acknowledgment
 - You are NOT solving the problem by ruminating
 - Rumination REDUCES Empathy
- Skill 2: Focused Engagement
- Skill 3: Social Engagement (i.e., just engaging a person in conversation ENDS rumination)
- Skill 4: You're ACES kid
 - Action-oriented, Concrete, Experiential, and Specific
 - Let the moment be a moment

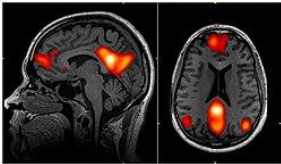
The Case for Practicing Mindfulness

More

- “mindfulness practice can help us become more aware of our human tendency to react emotionally so that we have an opportunity to choose how we respond in the moment”.
- No, having a mindfulness practice doesn't stamp out our emotions or enable us to respond perfectly to life challenges...it is a process of intentionally engaging with and growing our ability to pay attention in a specific way.

https://www.youtube.com/watch?time_continue=216&v=C-ZuqeyxULM

Default Mode Network



The DMN is most commonly shown to be active when a person is not focused on the outside world and the brain is at wakeful rest, such as during daydreaming and mind-wandering.

The network activates “by default” when a person is not involved in a focused task. The DMN is like your brain's screen saver.

Task Positive

- Something active!
- Holds our focus!
- What are some of your examples?



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Skill Domain #3

Conscious Narrative

- Skill 1: Antecedent Narrative
 - THIS is where “Trauma Stewardship” comes in
- Skill 2: Concurrent Narrative
 - Stance of problem solving vs. emotional reactivity
 - You must BELIEVE that your skills are growing
 - This is why research shows EBT’s have lower VT for therapists
- Skill 3: Consolidation Narrative
 - “Dragons exist . . .”
 - You MUST consolidate how the experience affected:
 - You, Your World, Your Role (in this encounter), and Your Vocation

Reducing “Emotional Labor”

- Skill 1: **RADICAL Compassion** –starts with intention
 - Notice: “What am I feeling?”
 - Implicit is that Empathy is a SKILL, not a tank of gas
 - Don’t get furious, get curious (model of mind)
 - When empathy is weak have strategies
 - Discuss genuine feelings in skillful, helpful way
- Skill 2 **Wholeheartedness**
 - Emotional energy gets wasted in “do I want to do this?”
 - Might be a good question tho, schedule it!
 - Committing to what you are already doing “all in”

Reducing “Emotional Labor”

- Skill 3: **Intentional Learning**
 - Commit to learning about the circumstances where you are experiencing emotional labor
 - ID most difficult or unpleasant parts of job – reframe as a skills challenge
 - When overwhelmed in clinical situations – reframe as knowledge deficit What do I need to learn?
 - Mastery correlates to job satisfaction –if we feel like things that used to be more difficult are getting easier –that sense of personal accomplishment provides energy

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Parasympathetic Recovery

...versus sympathetic responses...F-F-F-F!

Should not wait until we are “off” work....

”So your real life starts at 5:01?”

Do it by regaining emotional regulation in “real time”

- Intentionally doing something to “reset” CONSCIOUS OVERSIGHT again

Parasympathetic Recovery includes:

- “Practicing in your practice” e.g. built into your day
- Stress Hardiness skills

Parasympathetic Recovery

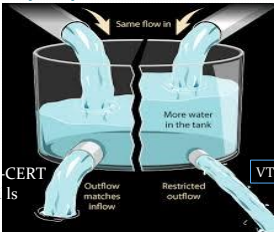
Practice in Practice: have some go-to’s

- Skill 1: Balanced supervision/consultation
- Skill 2: Professional team and social connection
- Skill 3 “Dropping anchor” a mindful moment
- Skill 4 Five min. of movement per hour (at least!)

Stress Hardiness: e.g.

- Skill 5: Strategic vacations
- Skill 6: Min. 20 minutes per day focused engagement
- Skill 7: Accountability Partner
- Skill 8: Flow activities

Parasympathetic Recovery



CE-CERT Skills

Outflow matches inflow

Restricted outflow

VT & STS

- “Fatigue makes cowards of us all.” Dan Gable, US Olympian and US Olympic Wrestling Coach
 - This applies to mental and spiritual as well as physical
- Example of 9/11
 - As well as Moore, Shawnee, and Little Axe
- Be open to receiving mental health services
- Reasons providers do not seek help
 - “It means I’m weak”
 - “It means I’m not cut out for this work”
 - “I don’t have time”
 - “What if people find out”

