


**Native Center for Behavioral Health**



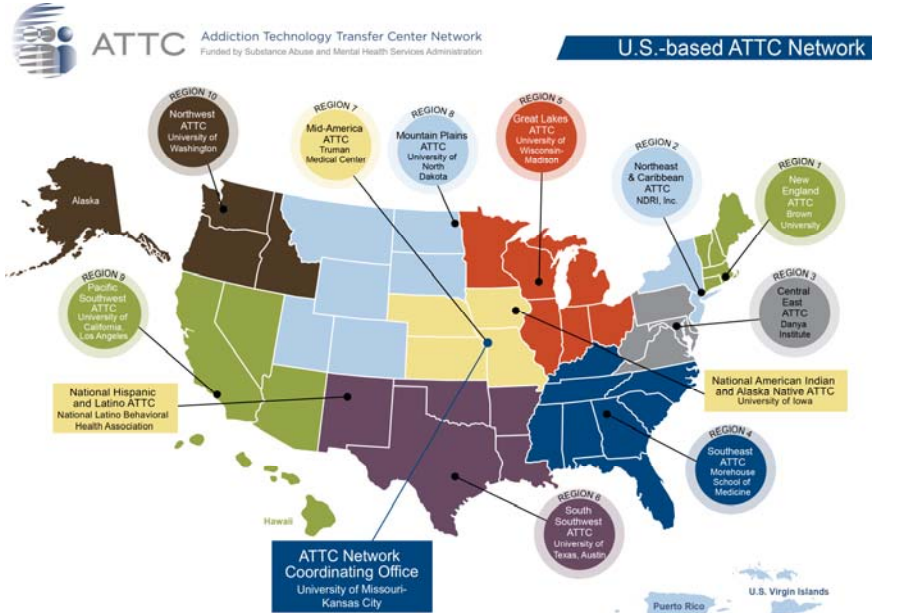
National American Indian & Alaska Native  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**Behavioral Health Series**

# Practicing Self-care in the Helping Professions

National American Indian/ Alaskan Native ATTC  
Sean Bear 1st BA  
Steven G. Steine MA CADC  
February 2020

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**U.S.-based ATTC Network**

REGION 10: Northwest ATTC, University of Washington

REGION 7: Mid-America ATTC, Truman Medical Center

REGION 8: Mountain Plains ATTC, University of North Dakota

REGION 5: Great Lakes ATTC, University of Wisconsin-Madison

REGION 2: Northeast & Caribbean ATTC, NDRI, Inc.

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REGION 9: Pacific Southwest ATTC, University of California, Los Angeles

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National American Indian and Alaska Native ATTC, University of Iowa

ATTC Network Coordinating Office, University of Missouri-Kansas City

Alaska, Hawaii, Puerto Rico, U.S. Virgin Islands

**Behavioral Health webinar series**

This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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# Webinar follow-up

CEUs are available upon request for \$15 per session.

- This session has been approved for 1.0 CEU's by:
  - NAADAC: The National American Indian & Alaska Native ATTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.0 CEU.
- To obtain CEUs for this session, submit a CEU Request Form and payment to the Prairielands ATTC. A request form is available for download in the "Files" pod in the webinar screen. If you choose to download a file, a new tab will be opened in your browser, and you will have to click on the webinar window to return to view the webinar.
- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

## Presentation handouts:

- A handout of this slideshow presentation is also available by download.

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# Webinar follow-up

## Evaluation: SAMHSA's GPRA

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPRA survey in the chat box. If you are not able to complete the GPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

**We appreciate your response and look forward to hearing from you.**

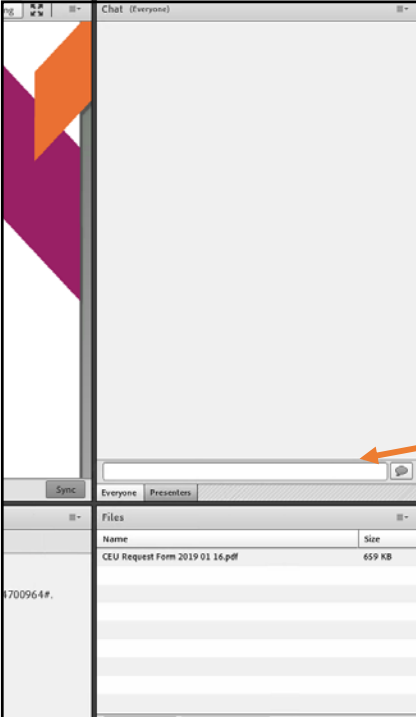


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# Adobe Connect Overview

Participant overview:

- To alternate between full screen mode, please click on the full screen button on the top right of the presentation pod. (It looks like 4 arrows pointing out)
- To ask questions or share comments, please type them into the chat pod and hit "Enter."



The screenshot shows the Adobe Connect interface. At the top, there is a 'Chat (Everyone)' window. Below it, there is a 'Files' section with a table listing files. An orange arrow points to the chat input field.

Name	Size
CEU Request Form 2019 01 16.pdf	659 KB

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# Today's Speaker

**Steven G. Steine, MA, CADC**, earned his BA in Communications (1994) and his MA in Substance Abuse Counseling (1997) from the University of Iowa. He has been a certified Alcohol and Drug Counselor with the State of Iowa since 1997. He was born and raised in Iowa and has worked in the Behavioral Health Services and non-profit sector for the past 23 years, providing both direct patient care as a clinician and provided supervision as a clinical manager. He has been in recovery for over 32 years and has committed his life and profession to helping others in the recovery process. "Persons with Substance Use Disorders, can and do recover from the disease of addiction, but recovery goes far beyond simply not drinking or using."

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**How you treat yourself is how you are inviting the world to treat you.**

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## Food for thought...

In health care, self-care is any necessary human regulatory function which is under individual control, deliberate and self-initiated. Some place self-care on a continuum with health care providers at the opposite end to self-care while others see it in a complex multidimensional construct. In modern medicine, preventive medicine aligns most closely with self-care. A lack of adherence to medical advice or the onset of a mental disorder can make self-care difficult. Self-care is seen as a partial solution to the global rise in health care costs placed on governments. The notion that self-care is a fundamental pillar of health and social care means it is an essential component of a modern health care system governed by regulations and statutes.

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# Introductions

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## Objectives

- Review Self-Care concepts and principles
- Explore the role leadership can have in practicing and promoting self-care
- Share lived experiences and the importance of practicing self-healing
- Share strategies and techniques of self-care and healing practices
- Approaches to self-care supported by research, wisdom, and spirituality

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## Definitions

Self-care...

What does this mean to you?

Why is it important to you?

What does it look like for you?

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## Compassion Fatigue vs Burn Out

- Compassion Fatigue is a state of tension and preoccupation with the trauma of patients as manifested in one or more way including re-experiencing the traumatic event. Similar to critical incident stress (being traumatized by something you actually experience), with CF you are absorbing the trauma through your patients. It's also referred to as secondary post-traumatic stress.
- Burnout is associated with stress and hassles involved in your work; it is very cumulative, is relatively predictable and frequently PTO or change in job helps.

(Ace Network 2007)

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## Stories/ Discussion

- Thoughts?
- Ideas?
- Stories?

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## Practicing what you promote

- What works for you?
- What would suggest to others?

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Self care is important. When you take time to replenish your spirit, it allows you to serve others from the overflow. You cannot serve from an empty vessel.

- Eleanor Brown

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## Teaching

- Your role as a leader, supervisor, manager, CEO, or mentor...
- How do you teach others?
- What are your methods and principles for teaching others?

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## Living and Learning


- Learned Experiences as tools for learning and growth
- Wisdom
- Humility
- Caring and Compassion
- Generosity and Helping
- Truth and Honesty
- Spirituality

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## Leadership


- How can your role as a leader impact self-care for you and others?
- Promotion
- Leading from the front
- Prioritize
- Creating a Culture of Love and Healing
- Giving to Receive
- Actions over words (policy applied)

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## Meaning and Purpose

- How does this relate to the idea of self-care, healing, and replenishing your mind, body, and spirit?



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## Hopes and Dreams

These will be reflected in your interactions with those closest to you...

These will often be revealed to you in your worldview and what's meaningful to you...

These may be closely connected to your values, spirituality, purpose, and priorities...

These will ebb and flow over time, grow with you, change, come to fruition, fall short, be recreated, and perhaps come full circle...



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## CASE STUDIES

- Select your vignette
- Three small groups
- Discuss cases
- Report self-care/ healing plan of action for the person in your vignette.

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## Vignette 1

You are the Clinical manager for a small non-profit residential/ detox treatment Center. One of your best clinicians, Gary, is part of your team and under your supervision. You meet once a week as a staff to review cases and bi-weekly for individual supervision. You hired him in 2014 and he has been at your residential treatment center now for 6 years. Gary is 34 years old, widowed with two small children. He lost his spouse two years ago to cancer. He is always at the clinic early and leaves late. He has his MA in Psychology and has recently attained his LMHC in the state of New Mexico allowing him to see even more patients. He works well over 50 hours a week. He typically has 15-20 patients on his caseload at any given time. The patients and the support staff really like Gary's sense of humor and authentic compassion for the work he does with the patients. Gary often volunteers to work with the most acute and difficult cases. He is seen as a team leader amongst his fellow clinicians. During a recent audit and compliance check, many of Gary's EHRs and correspondence documentation were missing and/or contained numerous errors. Additionally, you notice that Gary's appearance seems disheveled lately, he looks thin, and he is increasingly commenting on how tired he has been lately. One Friday afternoon as the clinic's operations were changing shifts for the weekend, you notice Gary sitting at his desk staring blankly at his computer screen. You notice he is trembling and appears distraught. "I can't save them all", he says quietly, as you come in and sit down in one of his office chairs.

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## Vignette 2


Nancy is an experienced counselor at your behavioral health private practice center, Northern Lights, in Eureka, California. She has been with you since the group practice has opened and has mastered many of the skills of being a therapist and patient advocate. One afternoon you notice Nancy frantically looking to find her cell phone. She is very upset and complains that she can't remember where she put it. And that this is the third time she has misplaced her phone this week. You also note that Nancy had forgotten about two scheduled appointments with long-term therapy patients this week and had missed another appointment the week before. You had asked Nancy a month ago if she need to transition any of her new cases to other counselors in the practice. At that time, Nancy became defensive and asked if you thought she couldn't handle the pressure any longer. She told you she was fine and that she didn't need any help from anyone. Some of the other counselors in the practice have also commented to you about how short Nancy has been with them in the past few months and seemed to be rescheduling several of her appointments with patients on a regular basis.

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## Vignette 3

Paul was hired two months ago at your rural behavioral clinic in eastern Oregon, he is your co-worker, friend, and very enthusiastic about finally being able to help others as a therapist. He is in early recovery and is very open about this with both patients and colleagues. Paul attends self-help groups in the community, but since starting his new job he has been told by his supervisor that attending meetings that his patients also attend is a potential ethical violation and against the agency's policy. Within weeks Paul discloses that he is no longer attending meetings and is only going to focus on making sure his patients are attending meetings from now on. Paul seems okay with this at first, but several months pass and he seems increasingly more stressed at work. He breaks up with his girlfriend and begins to show signs of depression. One day on a break from work, Paul he tells you he is thinking about quitting his job here so he can start attending meetings again. He adds that he thought about buying beer for the first time in two years on his way home from work last night.

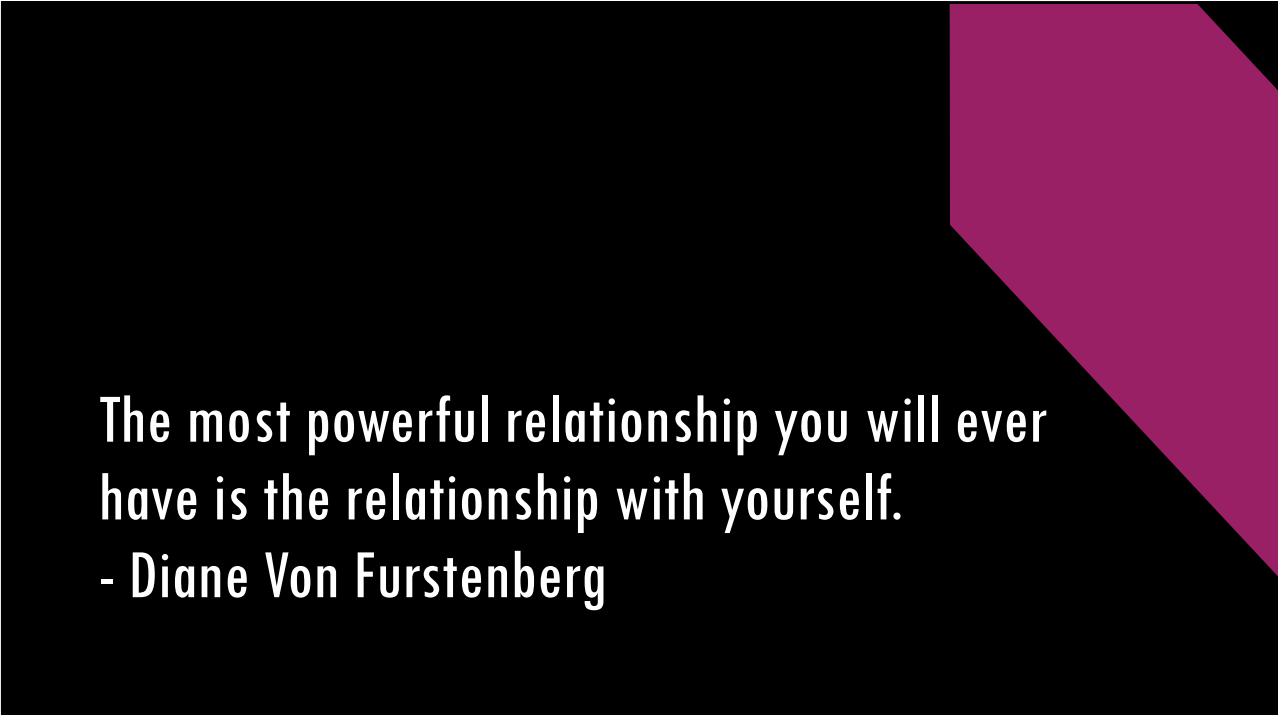
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## What do we know?

- What works for you?
- Different for everyone
- Different environments
- Universal elements of the human condition that transcend race, color, creed, gender, culture, etc.

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**The most powerful relationship you will ever have is the relationship with yourself.**  
**- Diane Von Furstenberg**

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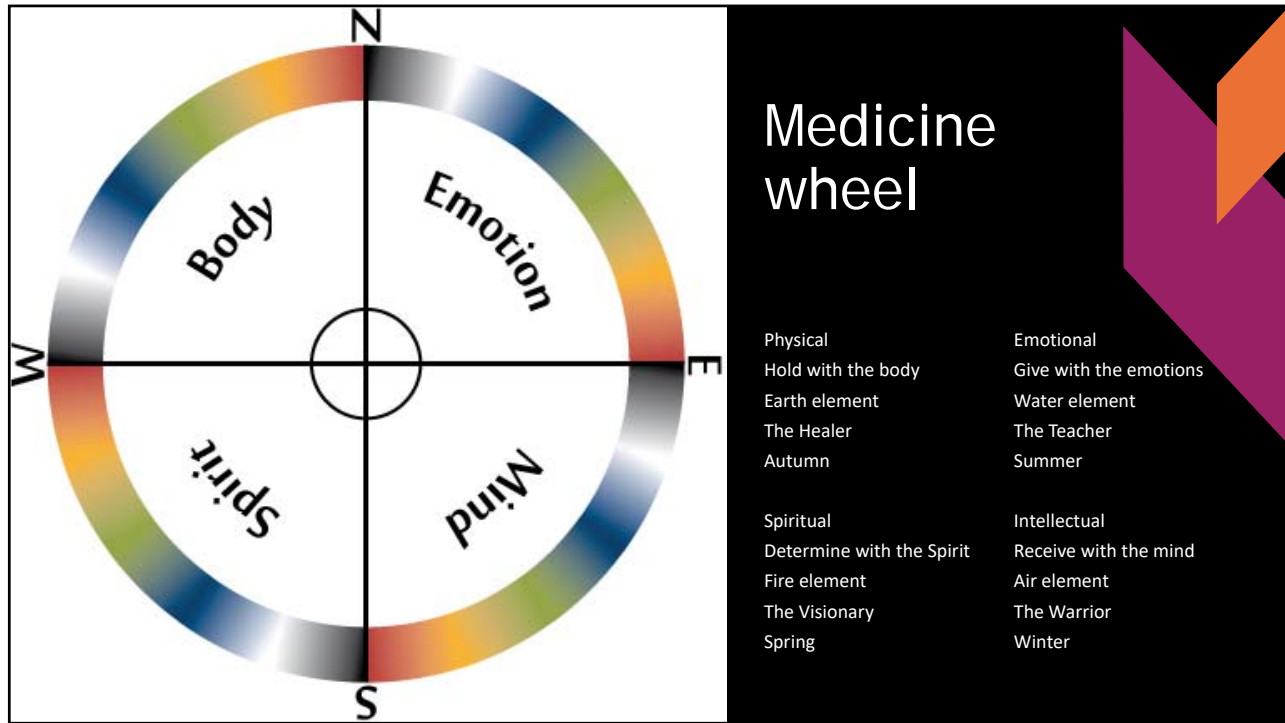
# Discussion

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## Coming Full circle

- Self-care= Healing= Body+Mind+Spirit+Emotion= Balance + patient care= self-care...
- The circle completes...

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## Research and Reflections

There are infinite opportunities for personal growth, self-care, and genuine stress relief that don't require money or clenched fists, but instead enable us to take a genuine break from goal-oriented and metric-driven thinking. What about cutting ourselves some slack on the days we don't get as much done as we had planned? Or reminding ourselves that [laughter is healing](#)? We may idealize the actions we are able to document and share, or the data we can collect and track, but there are plenty of times when what we need to do to feel better — and actually get better — is less. For better or for worse, there is no app or amount of money that can help with that (Lieberman 2018)

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## Anxiety

- The American Psychiatric Association reports that 39% of U.S. adults feel more anxious than they did a year ago, we continue to glamorize being overworked, busy, and stressed. Numerous studies support this — for example, the Journal of Consumer Research has published research showing that Americans associate busyness and stress with prestige and status. This might explain why counting our steps and recording our exhales are satisfying ways to measure the success of our self-care routine once we leave the office. But in this context, our high anxiety becomes just another thing to “work on.”

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## Anxiety

- In a 2017 review of meditation studies from the past two decades, author and psychologist David Creswell, who directs the Health and Human Performance Laboratory at Carnegie Mellon University, examined the methodological limitations of recent mindfulness studies. He dispels the misconception that mindfulness is a proven panacea for anxiety, depression, chronic pain, stress, and more. Still, he points out some impressive findings: Mindfulness can reduce activity in the amygdala, the brain region responsible for the fight-or-flight response. Mindfulness meditation has also been shown to reduce levels of interleukin-6, a biomarker in the blood that is elevated in high-stress groups.

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## Anxiety

- UK-based marketing professors Rikke Duus and Mike Cooray conducted a study analyzing the effects of wearing a Fitbit on a group of 200 women. The women said the devices made them feel guilty whenever they fell short of their goals: 79% felt pressured to reach their daily targets, 59% went so far as to say they felt “controlled” by their devices, and nearly 30% referred to their Fitbits as “an enemy.”

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## Taking it with you

- Three things you will continue to practice in 2020
- Three things you will support others in practicing in 2020
- Three things you will explore and try for the first time in 2020

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## Final Thoughts and a Word from Ralph

- <https://youtu.be/XkkoT6uad1U>

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## Resources and References

- Hazelden Foundation (1989). *Help for the Helpers*. Parkside Publishing Corporation.
- James Hollis (2005). *Finding Meaning in the Second Half of Life*. Gotham Books.
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- Ronald Potter-Efron (2012). *Healing the Angry Brain: How Understanding Your Brain Works Can Help Your Anger and Aggression*. New Harbinger Publications

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- <https://www.bing.com/images/search?q=self-care+quotes&FORM=HDRSC2>
- <https://wanderlust.com/journal/simple-ways-practice-self-care/>
- <https://hbr.org/2018/08/how-self-care-became-so-much-work>

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