

# 2019 NEADCP Conference

## The Recovery Alliance

Lisa Clark, RN, MSN

# Disclosures

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HEALTHCARE

Treatment  
Placement  
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# Recovery Alliance - What is It?

A alliance of key stakeholders committed to Health & Recovery:

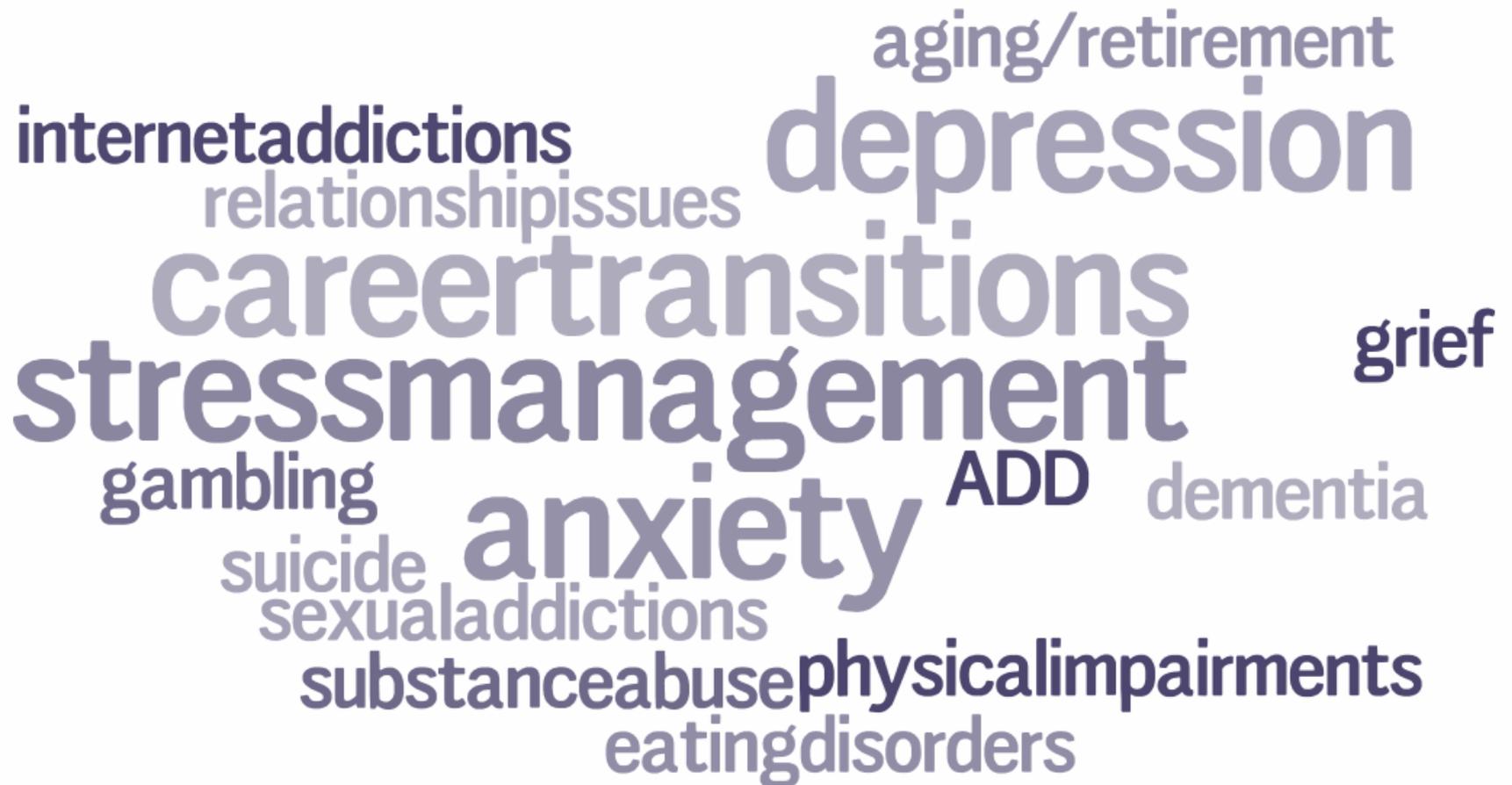
- Professionals Health Programs - Public Agencies
- Peer Assistance Programs
- Problem-Solving Courts
- MH & SUD Evaluation & Treatment Providers
- Employers
- Unions

# The Recovery Alliance

## Partners in *Public Safety*

1. Drug Courts
2. Peer Assistance Programs for Licensed Professionals
3. Alternative to Discipline Programs for Licensed Professionals

# Peer Assistance & Professional Monitoring



# Different Missions, Common Goals

A focus on

Public Safety (Especially that of Health Professionals)

Professional Integrity

Encouraging the wellbeing and recovery of professionals through

- Compassion
- Support
- Advocacy
- Accountability

# Recovery Alliance Mission/Goals - I

1. **To Promote Public Safety** by supporting fitness for practice by licensed professionals
2. **To Promote Recovery, Health & Wellness** for Licensed Professionals impacted by MH & SUDs, workplace and personal stress \*
3. **To Preserve the Experience and Education** of licensed professionals in the community workforce \*\*

# Recovery Alliance Mission/Goals - II

4. To provide licensed professionals with appropriate resources and care coordination to facilitate recovery and safe return to practice
5. To pilot/develop a Recovery Alliance Model that is scalable regionally & nationally

# What Makes A Drug Court?

1. Judge leading a Multidisciplinary Team
2. High Risk, High Need Participants
3. ***Court-Supervised*** Treatment & Social Services
4. Supervision, Drug Testing, Case Management
5. Incentives and Sanctions
6. Pre or Post Conviction; Diversion or Not
7. Adult Drug Court Best Practice Standards
8. Favorable Criminal Justice Outcome

# What Makes A Professionals Program?

1. Care Manager w/in a Multidisciplinary Team
2. High Risk, High Need Participants
3. Program - Supervised Treatment & Social Services
4. Supervision, Drug Testing, Case Management
5. Incentives and Sanctions
6. Pre or Post Complaint to a Board; Diversion or Not
7. Best Practice Standards
8. Favorable Public Safety & Professionals Outcomes

# What Is There To Do?

## Join Stakeholders Together:

- People relying on those programs for Public Safety
- People working in in these programs
- People serving participants in those programs

# What Is There To Do?

Fill in any gaps in services and monitoring

Share Legal, Treatment and Monitoring Resources

Reinforce Pro-Recovery Behavior in Program and Drug Court Participants

# Monitoring of Participants

Case Managers *within their program silos* monitor client progress use a variety of tools:

Face to Face Meetings

Drug Testing – Urine, Blood, Hair, Nails

Breathalyzer/Other technologies: - i.e., Sober Link, Medication Dosing

Employer/ Workplace Mentor Reports

Treatment Program Participation

Support Meeting Logs

# What Can We Do Right Now?

Coordinate Care by taking a Broad View:

Drug Courts

Presiding Judges

Drug Court Coordinators

Probation Officers

The Defense Bar

Professionals Health Program & Peer Assistance Programs

Care Managers

PHP/PA Case Manger

# What Can We Do Right Now?

Coordinate Care by taking a Broad View:

Approved SUD/MH Treatment Evaluators & Providers

Drug Monitoring Services

Outcomes measurement – share data & outcomes reports

# Educating Ourselves I

1. Identify Stakeholder Systems
2. Refer *Across Stakeholder Systems*
3. Support Participant Success by *coordinating monitoring*

# Educating Ourselves II

*Advocacy - ask those in other systems how to advocate effectively*

Take Action:

*Convene Locally:* Meet together and visit each other's programs

*Share Resource Directories*

Create a Common Resource Directory entering your program description contact information

# Best Practices

**Share Best Practices** across systems

**Share Best Practice Tools** for Participants, Stakeholder Organizations, Monitoring and Outcomes Measurement

**Internships/Fellowships/Training** across systems

**Clinical Service & Monitoring Coordination** for patient success

# Resources

NEADCP: [www.neadcp.org](http://www.neadcp.org)

NADCP: <http://www.nadcp.org/>

CoLAP:

<https://www.americanbar.org/groups/lawyeassistance.html>

FSPHP: <http://www.fsphp.org/>

NOAP: <http://www.alternativeprograms.org/>

Thank You for all you do,  
All the time !

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# Compassion Fatigue

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## Definition

# compassion fatigue

- [compassion fatigue]
- NOUN
- indifference to charitable appeals on behalf of those who are suffering, experienced as a result of the frequency or number of such appeals.

# Compassion Fatigue

- "...is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper."
- Dr. Charles Figley  
Professor, Paul Henry Kurzweg Distinguished Chair  
Director, Tulane Traumatology Institute  
Tulane University, New Orleans, LA

# Compassion Fatigue vs Primary Traumatic STress

- **Compassion Fatigue:** also known as secondary traumatic stress (STS), is a condition characterized by a gradual lessening of compassion over time
- **Primary Traumatic Stress:** Primary stressors are those inherent in the extreme event, such as what was immediately experienced or witnessed, especially those things most contributing to a traumatic response.

# Susceptible Professions & People

- First diagnosed in nurses in the 1950s.
- The condition is common among workers who work directly with victims of disasters, trauma, or illness, especially in the health care industry.
- Professionals in other occupations are also at risk for experiencing compassion fatigue, e.g. attorneys, child protection workers and veterinarians.
- Other occupations include: therapists, child welfare workers, nurses, radiology technologists, teachers, journalists, psychologists, police officers, paramedics, emergency medical technicians (EMTs), firefighters, animal welfare workers, public librarians, and health unit coordinators.

*“You go into the specialty where your issues are...”*

## Individual Vulnerabilities and Life Situations

- History of *or* current trauma
- Health problems
- Alcohol or Drug use/troubles
- Poor job performance
- Depression or Anxiety
- Life problems-spouse/partner, children, parents, etc.

Eric Gentry  
Leading  
Traumatologist

- *...people who are attracted to care giving often enter the field already compassion fatigued.*
- *A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive.*
- It is common for such people to hail from a tradition of what Gentry labels: other-directed care giving.

# Compassion Fatigue vs. Burnout

- **Compassion Fatigue**

Also called “vicarious traumatization” or secondary traumatization (Figley, 1995). The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burn-out, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a “cumulative” level of trauma.

- **Burnout**

Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related.

- The American Institute of Stress

# Burnout

- Burnout is about being 'worn out' and can affect any profession. The impacts of burnout emerge gradually over time and are easily identified to direct links and stressors within the working and personal life. Things that inspire passion, drive and enthusiasm are stripped away as tedious, unpleasant thoughts take over.
- The differentiating factor between the two types of stresses: burnout emerges over time and compassion fatigue - if identified and managed early - has a faster recovery time.

## Organizational Contributors

- Heavy caseloads
- Long Hours
- Inefficient administration
- Excessive paperwork
- Inadequate resources to meet the demands
- Lack of supportive supervision



- **Mother Teresa Understood Compassion Fatigue**
- She wrote in her plan to her superiors that it was **MANDATORY** for her nuns to take *an entire year* off from their duties every 4-5 years to allow them to heal from the effects of their care-giving work.

# Is it Burnout or Compassion Fatigue?

- **The Stages of Burnout have been identified as:**
- Loss of enthusiasm
- Stagnation
- Frustration
- Apathy

Not only are care givers vulnerable, but members of the team/family are as well. Caregivers/team members should not intentionally expose themselves to trauma, unless required to perform a mission.

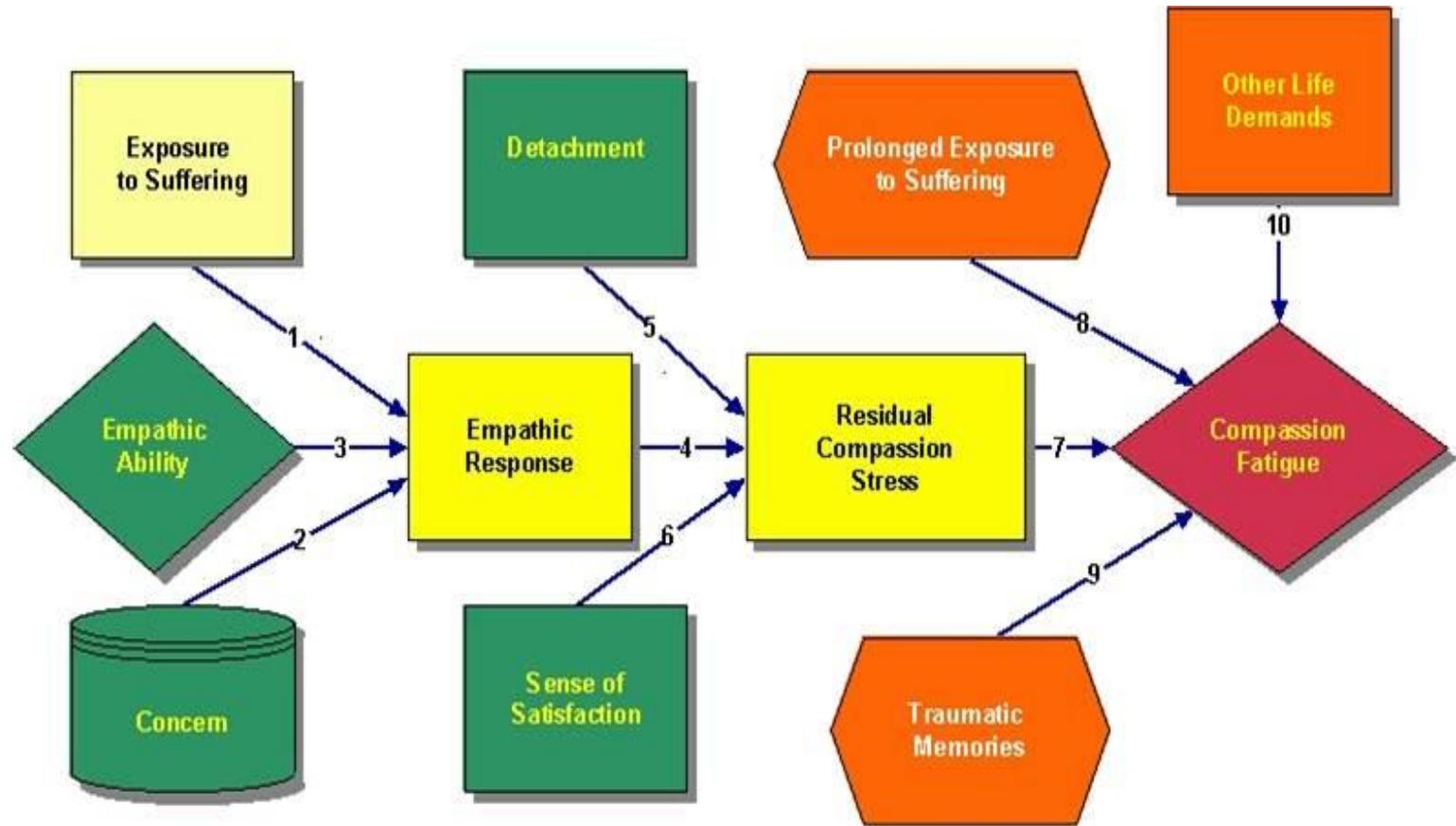
# Common Elements of Burnout and Compassion Fatigue:

- Emotional exhaustion
- Reduced sense of personal accomplishment or meaning in work
- Mental exhaustion
- Decreased interactions with others (isolation)
- Depersonalization (symptoms disconnected from real causes)
- Physical exhaustion

# Compassion Fatigue

- Someone affected by compassion fatigue may be *harmed* by the work they do, experiencing intrusive imagery and a change in world-view.

# The Process



The Compassion Fatigue Process (Figley, 2001)

# Symptoms of Compassion Fatigue

- Affects many dimensions of your well-being
- Nervous system arousal (Sleep disturbance)
- Emotional intensity increases
- Cognitive ability decreases
- Behavior and judgment impaired
- Isolation and loss of morale
- Depression and PTSD (potentiate)

# Symptoms of Compassion Fatigue

- Loss of self-worth and emotional modulation
- Identity, worldview, and spirituality impacted
- Beliefs and psychological needs-safety, trust, esteem, intimacy, and control
- Loss of hope and meaning = existential despair
- Anger toward perpetrators or causal events

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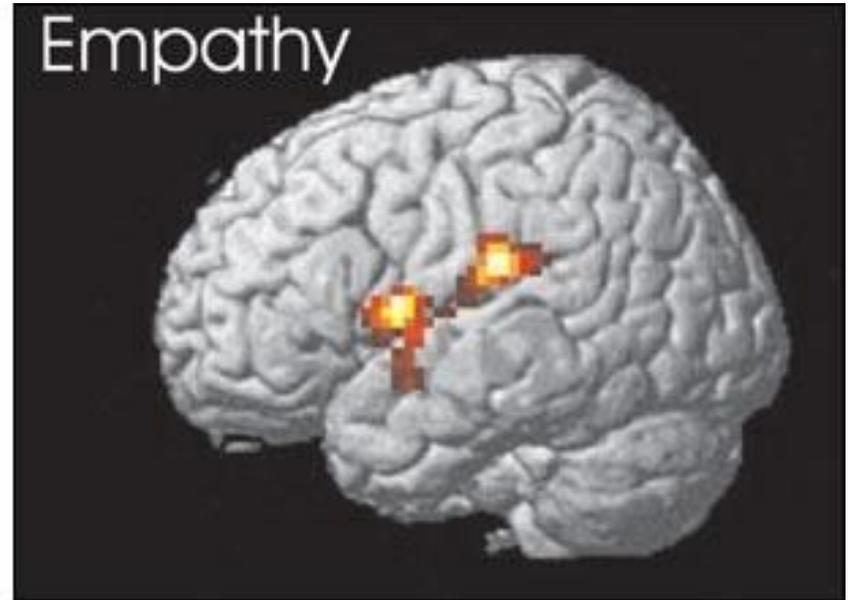
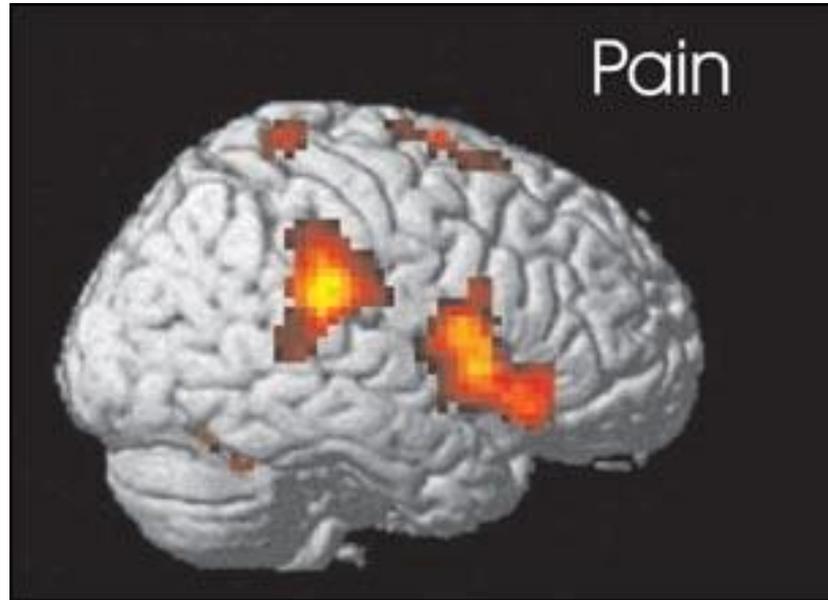
When Helping Hurts  
by  
F. Oshberg, MD

*"First, you should understand that it's a process. It's not a matter of one day, you're living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of any energy – both physical and emotional.*

*Compassion fatigue develops over time – taking weeks, sometimes years to surface. Basically, it's a low level, chronic clouding of caring and concern for others in your life – whether you work in or outside the home. Over time, your ability to feel and care for others becomes eroded through overuse of your skills of compassion.*

*You also might experience an emotional blunting – whereby you react to situations differently than one would normally expect."*

# Mirror Neurons



# Check Your Reaction

Painful pictures



Non-painful pictures



“I Feel Your Pain”



B.M. Fitzgibbon et al, 2010

# Cognitive Changes

## **Prior to Trauma Exposure:**

- The World is Benevolent
- The World is Meaningful
- The Self is Worthy

- Source: Bulman, Shattered Assumptions

# Cognitive Changes

## Trauma Exposure

- Shattered assumptions about basic beliefs in our world for safety, security, trust, justice
- The world is not a good place, there is no meaning; pessimism, depression, irritability, sickness
- Heightened awareness of vulnerability and the fragility of life-increased anxiety/anger/...
- Source: Bulman, Shattered Assumption

## Coping/Control Strategies That Can Trigger Burnout & CF

- Work longer hours
- Don't delegate
- Don't take breaks
- Don't say no
- Bottle up feelings
- Procrastinate and avoid
- Be a perfectionist
- Take work home
- Take on social justice issues
- Take on issues
- Don't talk about it
- Squeeze out hobbies

# Mitigating Compassion Fatigue

- Research-based suggestions for improving mood, increasing life satisfaction
- Recognize the risks for your self
- Find a way to debrief distressing material
- Work on self awareness every day
- Take an inventory of how balanced your life is- be intentional about balancing it out
- Evaluate your tension reducing behaviors
- Be intentional about protecting yourself

# Treatment of Compassion Fatigue

- **Professional Assistance:** Treatment from a licensed provider specializing in trauma may be beneficial.
- If you are overwhelmed and struggling with depression, anxiety, substance abuse, or compassion fatigue, **put a plan for change in place.**
- **Recognize the qualities that contribute to your professional success and your work may contribute to an imbalance in your life** (e.g., being motivated, perfectionistic, achievement-oriented, driven, fixer)
- **Monitor** your thoughts, emotions, and behaviors.
- **Seek help** to implement change and redirect the thoughts that tell you, "I should be able to do this by myself."
- Your new mantra: **"I don't have to do it by myself."**

## Treatment of Compassion Fatigue

- **Awareness:** Understand what compassion fatigue is and periodically self-assess for it.
- **Debriefing:** Talk regularly with another practitioner who understands and is supportive. This involves talking about the traumatic material, how you think and feel about it, and how you are personally affected by it.

# Treatment of Compassion Fatigue

**Self-care:** Proactively develop a program of self-care that works for you:

- Healthy eating
- Exercising regularly
- Getting adequate rest
- Learning how to **turn off** the “fight-or-flight response” of your sympathetic nervous system and how **to turn on** the “relaxation response” of your parasympathetic nervous system.

**Balance and Relationships:**

- Take steps to simplify, do less, ask for help, and stop trying to be all things to all people, including your clients.
- Start thinking about how you can work on balance rather than the reasons you can't.
- Working to develop and maintain healthy interpersonal relationships will also increase your resilience.

*The George  
Costanza  
Plan*

# ***"Do The Opposite"***

*...of the unhelpful coping strategies"*

## **DON'T**

- Work longer hours
- Don't delegate
- Don't take breaks
- Don't say no
- Bottle up feelings
- Procrastinate and avoid
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Thank You for  
all you do,

All the time !

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