CHAPTER SAMPLER

Self-Care for Mental Health Professionals

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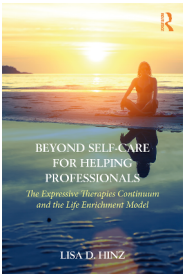
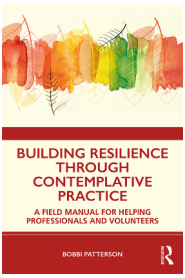
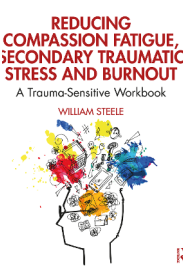
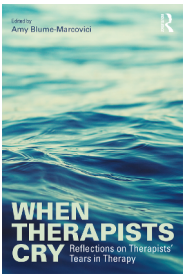
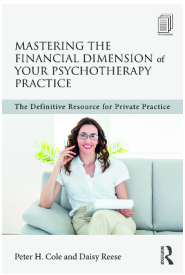
Contents











The Life Enrichment Model

There is no knowledge so hard to acquire
as the knowledge of how to live this life well and naturally.
Michel de Montaigne (1999, p. 193)

The Life Enrichment Model (LEM) is a representation of human functioning that comprises how the brain and body take in and are affected by various life experiences. As such, the LEM can provide a structure to envision the enriched life. The Life Enrichment Model is an adaptation of the Expressive Therapies Continuum (ETC), which is a theoretical framework from the art therapy literature. The ETC was originally designed to explain how individuals take in and process information in their interactions with a range of art materials and processes. It is a theory that describes how and why different forms of artistic media and instruction have psychologically therapeutic effects (Kagin and Lusebrink, 1978; Lusebrink, 1990; 2014). The ETC theory was extended to a systems approach that explained the various ways that all of the expressive arts can have therapeutic benefits (Lusebrink, 1991). This book represents an extension and adaptation of the ETC to general life experiences. I have used the ETC as a starting point in conceptualizing the ways that people can enrich their lives, and the adapted version or Life Enrichment Model (LEM) is displayed in Figure 3.1.

The LEM offers a way to conceptualize and practically create an enriched life, one that will help foster optimal health and allow therapists to cultivate resiliency, invest more deeply in their professional practice, and achieve a satisfying balance between their personal and professional lives. Similar to

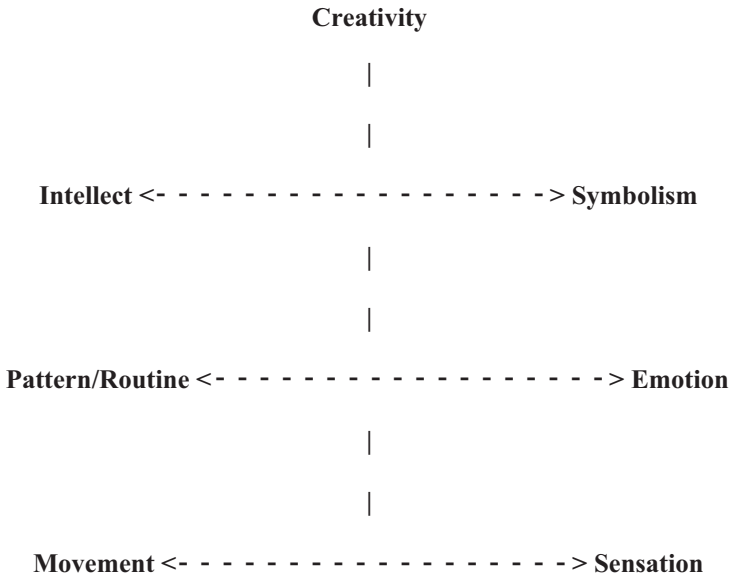


Figure 3.1 The Life Enrichment Model (LEM): A Pathway to Optimal Health

the Expressive Therapies Continuum, the LEM might be seen as a schematic diagram of the brain and how we interact in the world to process information. This diagram represents different levels of brain functioning from simple to complex as well as left and right hemisphere functioning (Lusebrink, 2004; 2010; 2014). The diagram in Figure 3.1 shows the structure of the LEM, from rudimentary movement and sensual functioning on the bottom to the most sophisticated forms of information processing at the intellect and symbolism level at the top of the structure.

Movement and Sensation

Information processing begins at the Kinesthetic/Sensory level of the ETC. This kind of brain activity corresponds to what some have called the reptilian brain (MacLean, 1985). Structures like the cerebellum, basal ganglia, primary motor cortex and sensorimotor cortex represent the evolutionarily oldest structures of the brain, those that do not require conscious thought in mediating behavior. Human beings do not have to think through the process of walking in order to put one foot in front of another. They do not have to engage in conscious thought in order to mediate sensory experiences and

initiate automatic behaviors. If I place my hand on a hot stove, consciously thinking, "That stove is hot, I should move my hand" would take a few seconds. I would receive a third degree burn if I took that long to process the sensory stimulation. Instead, I react immediately based on what I experience: The sensation initiates action. It is adaptive and life-saving for all species to respond to noxious or dangerous stimuli without using slow and deliberate conscious thought, as well as to perform automatic behaviors like walking. The lack of conscious thought involved in the processing of movement and sensation information is what defines the reptilian brain.

The Kinesthetic/Sensory level of the ETC is analogous to the oldest brain structures, and also represents the most developmentally basic (youngest) manner in which humans process information. This is the way that infants and toddlers take in, process, and express information (Piaget, 2000). Infants make many random movements that produce different kinds of stimulation. As they get a little older, babies begin to purposely recreate movements associated with pleasant sensory stimuli and avoid those paired with unpleasant sensations. This rudimentary learning takes place through movement and sensation. All people must use sensorimotor learning on a regular basis when adapting to their physical environment or when learning a new physical skill (Wolpert, Diedrichsen, & Flanagan, 2011). However, because it is largely used without conscious thought, sensorimotor learning is frequently underappreciated.

The movement/sensation level of the Life Enrichment Model is perhaps the most neglected avenue of information processing and experience in our 21st century Western society. In fact, people are taught to not pay attention to the wisdom of bodily sensations. They are told to ignore pain. The adage, "no pain, no gain" encourages people to push through painful physical sensations in order to train their bodies to perform better. However, most of us know that if we persist in a workout despite being in pain, we will likely do damage to muscles or joints. Many people engage in purposeful physical activity through exercise and recreation, but ignore their physical needs and sensations as they perform sedentary jobs and then sit to "relax" once they return home from work. A tendency to avoid physical sensation and physical signals could contribute to a tendency to overwork and to burn out. Chapters 4 and 5 of his book will suggest different avenues to increase the enjoyment of movement and sensation in life.

Sensuality can enrich your life when you notice and delight in the beautiful sights around you, luxuriate in the sensual aspects of touch, relish sumptuous tastes and aromas, and make sure that you appreciate silence as well as sounds that you enjoy. Engaging in regular physical exercise is a powerful

part of living an enriched life. Regular physical exercise reduces stress, helps maintain weight, improves sleep, increases relaxation and alertness, and improves cognitive functioning and mood. Sensuality and movement are the physical foundation for the deep well of positive psychological resources, physical vitality, and spirituality that not only helps avoid mental and physical exhaustion, but also boosts one's quality of life far above the norm.

Routine and Emotion

Chapter 6 discusses the next level of sophistication in brain functioning, represented by structures called the limbic system or the mammalian brain (MacLean, 1985). The limbic structures of the brain give mammals the ability to analyze patterns in their environment for similarities and discrepancies, and to respond to those patterns with corresponding emotional indicators. Pattern similarities confirm the status quo; the surroundings are satisfactory and no emotional signal is generated. Pattern discrepancies – differences in line, shape, color, and pattern – cause new structures to stand out from the background into the foreground. Unexpected incongruities elicit emotional signals. Moreover, if an animal or human breaks routine and behaves unexpectedly, members of the community are alerted or distressed by this change in expected or patterned behavior. This distress prompts new forms of behavior in the witness as she or he responds to the unfamiliar. Therefore, the limbic system functions as an intermediary between urgent messages from the environment and action in the environment.

Each of the six primary emotions (anger, sadness, fear, happiness, interest/surprise, and disgust) functions as a potentially lifesaving signal of threat or opportunity (Ekman, 2007). The most commonly discussed example of an emotional signal is that of fear. Fear is a signal of the presence of a threat in the environment. It signals the animal or person to freeze, flee, fight, or faint in order to save its life (Bracha, 2004; Ekman, 2007). The five other primary emotions function in a similar way – they indicate the presence of either threat or opportunity and encourage action to preserve life. Although the physical existence of most people in our Western society is not threatened on a daily basis, we still maintain the ability to analyze the patterns of our environment, develop comforting routines, and send and receive emotional signals.

It is popularly believed that emotions are evolutionarily conserved indicators of threat or opportunity that once played a deep role in our ability to survive. They are believed to be "hard wired" into people of every culture,

identifiable by specific facial expressions from infancy onwards. However, new research shows that learning, both personal and cultural, influences our perceptions of emotion much more that originally believed (Feldman Barrett, 2017). One aspect of living an enriched life is to learn to respond intentionally rather than automatically in response to emotional signals. Chapters 6 and 7 in this book will focus on how this level of information processing helps preserve our relationships.

Intellect and Symbolism

The cerebral cortex, or the "human brain," is the final layer of the brain addressed. This is where the most sophisticated forms of information processing, available only to human beings, take place (MacLean, 1985). This complex thought is characterized in the left hemisphere by effortful, linear, logical, and language-oriented processes. The sophisticated functions of the cerebral cortex, and in particular of the prefrontal cortex, support cause and effect thinking, planning, and delayed gratification. This type of thinking is uniquely human and allows people to plan a course of action, work through the potential consequences of decisions before they take action, and adds to life enrichment as people deliberately learn new things. These ways of thinking are contrasted with right-hemisphere processes, which are more likely to be holistic, visual-spatial, spiritual, and intuitive. This complex right brain-influenced thought allows for life enrichment through the arts, metaphor, and ritual. Chapters 8 and 9 will present information on how to enrich your life through both types of sophisticated cognitive processes.

Creativity

The Creative level of the Life Enrichment Model, like that of the ETC, emphasizes "putting it all together" and the self-actualizing tendencies of the human being (Lusebrink, 1990). Engaging in creative activity involves coordinated activation of many brain structures. In proposing the LEM, I would like to combine this definition of creative functioning with the definition of creativity that many psychologists use, which is, putting things or ideas together in ways that are novel and useful (Runco & Jaeger, 2012). This definition of creativity is inclusive and emphasizes the fact that everyone is creative in different ways. All people should be encouraged to embrace their "everyday creativity" (Richards, 2014); because living creatively

enhances personal growth, it encourages people to move beyond their defensiveness to express aspects of their highest selves (Richards, 2014). Chapter 10 will encourage exploration and celebration of everyday creativity. When we are in love with life and all of its creative possibilities we are living an enriched life.

The Life Enrichment Model can help summarize the various ways that the brain and body take in, process, and express information and provide a structure for life enrichment. It suggests that the more enriched one's life becomes, the more likely they are to be in dynamic balance and optimally healthy. It is important to remember that there is no pressure to engage in one activity from every component of the LEM on a daily basis. Living an enriched life should not become a source of stress or a burdensome obligation. As long as there is flexible and changing balance among the various components over the course of a couple of weeks, life can be optimally enriched.

Balance in life is not a static endpoint to be achieved and then forgotten. I have used the term dynamic balance to reinforce the fact that life elements are constantly in motion and a good balance can look different each week. The optimally functioning person can move easily and adaptively between ways of responding in the world represented by the LEM components. Further, the components of the LEM can organize life enrichment efforts and provide a springboard for intentional action. The balanced person is able to take in and process information with all of the LEM components, and actively seeks out experiences with a wide variety of modalities to engage in intentional life enrichment.

Intentional Enrichment

There is a difference between living a life that is purposefully enriched and one that is packed full of activities. People who overschedule and overcommit themselves, without making time to pause and reflect, usually do not take the time to notice the enriching effects of all the things that they are doing. They are busy and overburdened. However, most people already participate in some life-enriching self-care efforts, and a first step should be recognizing and celebrating what people already do to take care of themselves. Next, it is important to critically assess how these activities are working.

You can use the circular form provided in Figure 3.2 below as a template to help you figure out how you are doing in the various areas of life enrichment. The circle is divided into six equal parts, each representing one

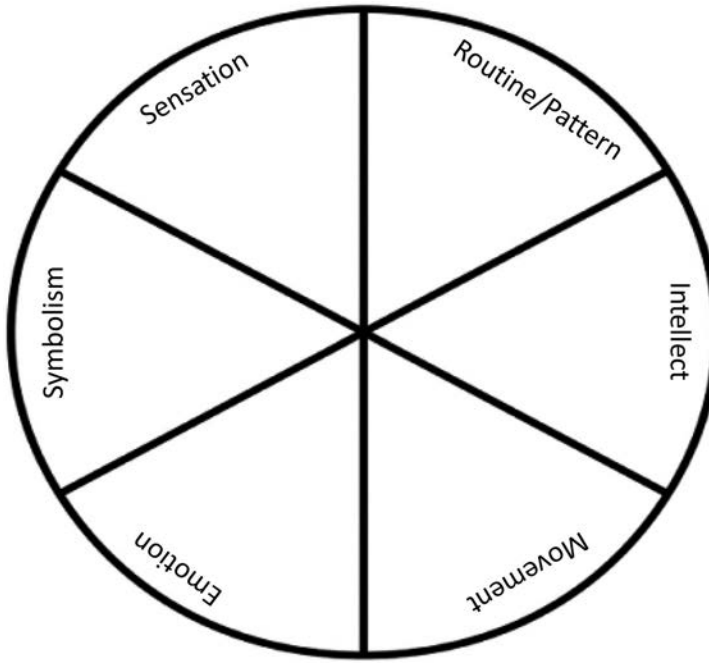


Figure 3.2 Life Enrichment Model Circle Assessment

aspect of the LEM. You may color or decorate (with symbols drawn or cut from a magazine) these areas, as you understand them so far, to show how much time per week you spend in each pursuit. When you are finished, tuck the image away in the first part of this book to review at a later time.

After completing this assessment, use the questions at the end of this chapter to reflect on the practices that you already cultivate to care for yourself, honor those that really work, and drop some that are no longer effective. Only then should you try to supplement, with purpose and intention, areas that need to be balanced. The aim of this book is not to give you another set of rules to live by or to add a long "to do list" to your life. Rather, its purposes are to help you take inventory of your self-care practices, add information about potential activities, and help you understand that balance among all of the ways that information is processed and expressed is optimal. This book should help you take stock of your life and intentionally enhance areas that are ignored or sometimes neglected.

Dynamic Balance

The same bidirectional relationship between opposite poles of each level of the Expressive Therapies Continuum (Kagin & Lusebrink 1978; Lusebrink, 1990) exists between the two components on each level of the Life Enrichment Model. This means that as involvement with activities on one side of the model (Movement/Sensation; Pattern/Emotion; Intellect/Symbolism) increases, one's ability to be occupied with the other side of the level is decreased. This is neither positive nor negative; it is just a fact to notice as you think about refining your self-care practices: They influence one another, they are not static, and sometimes in combination, they work best. For example, on the first level, as you become more vigorously physically active, your ability to perceive fine sensations diminishes. On the second level, involvement with pattern and routine is one way to decrease emotional responding. Finally, with the third level, the concentration involved with left-hemisphere processes reduces the likelihood of intuitive flashes of insight. In general, a dynamic balance between the components is sought so that the ability to fluidly move between ways of responding in the world is manifest. The last chapters will demonstrate how knowledge of this relationship can be used to deliberately choose complementary experiences to provide optimal life enrichment.

Summary and Conclusions

The Life Enrichment Model (LEM) grew out of my commitment to the Expressive Therapies Continuum and how this theory explains the therapeutic aspects of art making. Moving beyond art to the larger realm of activities and life experiences, the LEM provides a structure for conceptualizing and objectively creating an enriched life. The model takes into account the various ways that the brain and body process information – physically, emotionally, and intellectually – and as such will provide a way to assess life enrichment efforts and amend them if necessary.

This chapter emphasized that the various LEM components operate in conjunction with one another and that balance among components is not fixed but flexible. In fact, if life enrichment efforts become too fixed, they lose their effectiveness. Many people do not realize that self-care practices have to be many and varied to maintain potency. The LEM suggests that intentional enrichment will move you beyond self-care to living a life of robust, optimal health. The remainder of this book will examine the

components of the LEM in detail and provide practical suggestions for enrichment.

Questions for Self-Reflection

1. Did the circle that you created and colored reflect a balanced and enriched life, as you currently understand it?
2. In what area(s) of the Life Enrichment Model do you have confidence that you are living an enriched life?
3. Does your life contain practices that you thought were enriching but with further reflection no longer seem to be?
4. What area(s) of the Life Enrichment Model need to be developed or augmented?

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Rewriting the Story of Service and Burnout

When I slowly returned to service after my scrape with burnout, I decided to gather stories from others who had similar experiences: what it felt like; what people thought about it and themselves; who they told and how they described it; and where their burnout experiences took them. I want to know more about what happened to me. I held no illusions. I knew their stories might provide cover for burnout. They might call it something else. Some did. Some did not. But all of their stories took me in a direction I had not fully expected. They confirmed that I now needed to tell a different story of service, one that included burnout.

Meanwhile, my faculty responsibilities expanded to include working with graduate students. Three smart and creative students who took an American religious cultures seminar I taught asked me and a colleague from the Environmental Sciences Department at Emory, Lance Gunderson, to co-teach a class on religion and ecology the following semester. A dabbler in these fields due to my own love of being outdoors, I relied fully on Lance Gunderson, an internationally recognized ecologist. It was during this seminar (and a follow-up course) that Lance introduced us to Adaptive Resilience Theory (ART), a life and social systems model that became central to my work on burnout.

From an ART perspective, system collapse or breakdown is a crucial phase for long-term thriving.[1] All healthy life and social systems cycle through phases. One necessary phase for building resilience is collapse, and for our purposes here, burnout. From a very basic Adaptive Resilience perspective, a single cycle of a life or social system is composed of four phases: *stability, collapse, reorganization*, and *exploitation*. Systems go through many such cycles. Sometimes phases veer from their usual order. The theory began in case study data and continues refining itself through actual examples. These clarify and demonstrate how, when, and why each phase fosters aspects of adaptive change. Specifically, the collapse phase, burnout, cracks open previously untapped, even trapped or ignored, materials and energies. The breaking down or apart offers the system a kind of test. Is it resilient enough to conjure next steps, or new or revised configurations? ART views collapse as possible, released creative potential, the stuff of resilience. Continual stability eventually weakens a system's adaptive capacities. Healthy systems require these disturbance phases. See the basic model in Figure 1.1.

To translate this to service, burnout is a naturally occurring phase of an adaptive and resilient service system. Not a sign of linear no-return failure, burnout's painful pressures release potential for transformative reorganization. Tough times, even collapse, contribute to resilient thriving. Hard to imagine, right? When all hell is breaking loose, useful stuff does too? Yes. The pain and struggle still sears. The system's

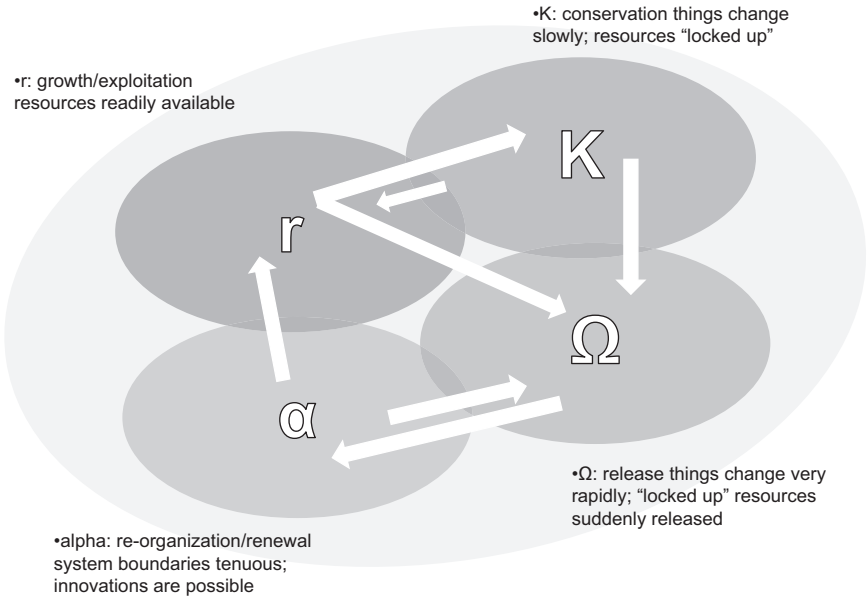

Figure 1.1 Resilience Model. From *Panarchy*, edited by Lance Gunderson and C. S. Holling, Figure 2-1, 34. Copyright 2002 Island Press. Reproduced by permission of Island Press, Washington DC.

meltdown causes real problems. But, if we can keep our heads, bodies, and hearts from only flailing or fleeing, we'll discover untapped or reconfigured resources. Burnout's potential plummets if we cannot value the change that birthed them.

Stability is *not* the only sweet spot of service. Resilience approaches highlight that we can't know precisely how or what kind of adaptive states might emerge after a breakdown. But while in it, we can learn to trust and support the process, ourselves, and our service partners and communities. To stick with a resilience approach requires honesty and trust at every level of the system. That trust can help us settle into what's actually happening with serious interest, even kindness, rather than panic. The principles and practices in this book explain how to embrace this approach and its work. We can choose to rebuild while rooted in difficult realities. We do not have to panic or judge ourselves or others, but we need resources for that work. This book finds them in the principles and practices of contemplative traditions in forms that anyone can embrace, secularized forms. Much more about this in the next chapter.

The following two case studies, one more general and one more detailed, demonstrate how, when, and why an adaptive resilience approach works and how contemplative values and actions contribute.

A General Case Study

Let's imagine we live in a community with a growing population of people struggling to survive without shelter. A group of us decide to open a soup kitchen to provide one healthy meal a day, five days a week. We feel conflicted, but responsibilities

for seven days a week overwhelm us. The response is strong from other community groups including several willing to offer space and kitchens. After a number of months, we begin to serve and get to know people facing homelessness. Steadily, the numbers grow and we reconfigure our work to meet the demand. As relationships deepen, we feel we cannot ignore other service needs, especially lack of basic toiletries and clean clothes. So, we open a small clothes closet and begin collecting soap, shampoo, and toothpaste from local volunteer service organizations, Kiwanis Club, Rotary, etc. Initially, the good people bringing these items also help us organize our distribution area. But within months their number wanes. Donations continue to roll in, but no one consistently restocks the shelves or hands out the goods. We worry about this, but have no answers. We're all working at the max. Even as some pitch in extra hours to help stock this area, pressures mount. One core volunteer leaves. Others are starting to burn out.

Still working from the old model of service with its straight-line growth, we expect demand will only escalate. We worry that our commitment will not match the demand. We need more volunteers. And volunteers who will stick. To use a natural systems analogy, our service to people without shelter began as an open field with lots of potential. Soon, what we cultivated in that field did so well, we planted a few other things. Meanwhile, other plants simply arrived by natural selection. The natural trend suggests ongoing growth. But in fact, natural systems do not just keep exploding and expanding. At some point, the system will be stretched beyond its capacities. Or a natural disaster, a forest fire, will hit. The system will be derailed from ongoing growth. It will have to adapt, find other strategies for thriving. We believed otherwise. We believed not only that we could just keep expanding, but also that we *should*. Of course, we could not match the steady growth.

If we had known about and embraced a resilience approach, we would have seen a very different picture. Even at the first signals of breakdown, we would pause to assess. The number of volunteers is going down. A few people are burning out and leaving. Time to be honest. Our service is outstripping our capacity. Of course, even using the old model, smart service directors might try to pace growth of service. But growth remains a good and expected thing. So, even if you're slowing down, keep growing. A resilience approach stays in reality. Periods of steady stability, including ongoing growth, will eventually hit a collapsing point. So, what to do that fosters adaptation? You could convene a conversation with all the stakeholders including guests, local neighbors, volunteer supporters, and involved city officials.

The agenda of such a gathering: face our limits, recognize our emerging breakdown. Then the questions make sense because they're rooted in reality. Can we draw more from the volunteers and staff we have? Can we recruit new volunteers – enough of them? How much pressure can the space tolerate? How will we keep the supply of toiletries and clothes going up? With these questions on the table a range of options emerge – again, rooted in reality. Is it time to limit our service? Is it time to temporarily stop and rethink our model? Do we terminate service completely or can a downsized program go on? Do we need additional experts, new construction, better funding approaches? All of these recognize that collapse is emerging, but at this point, it has not flipped the system into full-on burnout. Real choices await.

This story of service does not assume that we can do whatever service asks of us. This narrative embraces values of giving, but it is not a moral tale of unending selfless dedication to the point of collapse. Resilient service assumes that our service system will not continue as is. Something will trigger a reversal, a blow-out, a stop. We will burn out; and likely you've experienced this painful reality. Likely, you've lived this story and the counterintuitive old approach of denying or turning our backs on impending collapse. We choose the fantasy of limitless capacity and disturbingly with a semi-righteous tone. Pressures build. Programs and people break down. Burnout.

From a resilience perspective, our soup kitchen can re-learn service as including burnout. We can adapt instead of linearly pressing forward no matter what. Now's the time to learn from the smaller collapses and alter our goals and actions. We can build adaptive responses focusing on the interplay of change and persistence, unpredictability and predictability.[2] These are next steps, but of a new kind compared to the old endless trudge forward when times are bad. When we deny burnout, we cork the flows of adaptive capacity building, and our service systems and our lives turn brittle and unresponsive. We need service and burnout systems that can "experience wide change and still maintain the integrity of their functions."[3] Working many different factors and operating over several different scales (both spatial and temporal), we can learn that breakdowns generate different adaptive cycles.[4] We can give up the old story and discover alternative approaches to offering services to people living without homes.

With this adaptive resilience lens changing how I viewed service and burnout. I dove into more case studies of life systems adapting after crises.[5] Those narratives expanded the range of factors contributing to burnout. Sometimes, our emotional wiring is so over-stretched that it breaks loose and so does all hell. Other times, the work disintegrates because translations of local needs fall on deaf ears at state or regional levels. Burnout can arise from team tensions, an inability to get on the same page or to positively leverage real differences among team members. People get to the same destination from multiple angles. Burnout corners that diversity instead of treasuring it. In other cases, space issues alone can collapse good work.

The case studies taught me to pay more attention to details, those tell-tale signs of impending burnout or barely glowing resources amid the rubble of collapse. So often, we're drawn to the dramatic blow-ups of service burnout. But it's often at the finer levels of service strain that we discover the linchpin pieces that do not require a lot of work to begin rebuilding. For example, in an elder services setting, tensions between volunteer medical students and full-time staff continued to escalate. What was triggering the slowly growing failure of a program that originally had more volunteers than needed and now struggled to find help? The details reveal a small but very sore spot: outdated forms and too many of them. The students said nothing because they did not want to disrespect the staff who seemed utterly wedded to those forms. The staff didn't even recognize that the forms were an issue. They just saw the number of volunteers dwindling, which meant fewer volunteers becoming irritated filling out more and more antiquated forms! In a good effort to just keep going, the old story, burnout, grew – though unnamed. Once we finally found the issue, buried in the glowing coals of burnout, we began to reorganize and go forward.

Other cases of burnout are much tougher to move through. They remind me of what ART calls a systems flip. When a collapse overwhelms a life or service system,

it can literally flip. An example is a section of the Everglades shifting from salt to fresh water. Usually, some massive disturbance is required to set off a flip, such as a hurricane or a major human-generated event, like construction of an entirely new sub-division nearby. Such serious upside-downing of our service world changes everything. My burning skin, for example, signaled a system flip for me. Service felt out of the question, out of the picture. But in ART, even something as dramatically altering as a flip is not without next steps needed for system survival. Change is dramatic, but the Everglades are still there. Even flipped systems experiment with and reconstitute their way back to stability.

A More Detailed Case Study

These are simpler examples. How does ART work in more complex situations? Here's a service story.

A professional psychotherapist volunteers weekly to lead an education and sharing group for Latina battered women. Two years into this service, she notices she feels uneasy and irritable about twenty-four hours before the weekly meeting. What's the issue? A few come quickly to mind: the weight of the women's pain, their daily struggles to find work and deal with anti-immigrant attitudes, and the tricky negotiations to integrate newcomers with those who regularly attend. Then there's the local government officials who want to develop the run-down shopping center where this group meets in a storefront space. She knows this will lead to further gentrification of the area, a very mixed bag of opportunity and exclusion.

These challenges bothered her, but she doubted they were the source of her unease. One week, about two hours before group, a phone call came, and the pieces of her puzzle fell into place. The paid babysitter who cared for the women's children during the meetings cancelled *again*. The psychotherapist understood the reasons. The sitter's own children were sick. Her car wouldn't start. Her other part-time employer who paid better needed her. The time the psychotherapist set aside to plan the group's work that night was hijacked by this emergency. This frustrated her, especially that the pattern kept repeating itself. The psychotherapist now realized that every week, as she settled into final planning for the evening, she also began to dread that the phone would ring. No babysitter. Extra work to do. That dread began creeping into a grey irritability that she took to the group each week. She tried to hide it. She had been leading the group a long time. How could she stop now?

Using the old story, the psychotherapist would assume it's OK to notice frustration and unhappiness around the babysitter issues, but the service must go on. The group work matters most. The women cannot be let down. Knowing this script heightened the therapist's internal conflict. But let's shift the lens and see where the story goes. A first step recognizes that the feelings and conflicted thoughts, as well as the additional work, signal a phase change. As she felt herself moving towards the edge of service-ending despair and anger, she could have asked more questions. She could have avoided flipping into full-bore denial with an eventual dead-end in burnout. A resilience strategy keeps asking questions rather forming pre-emptive conclusions. Did having to find a last-minute babysitter really detract from her session preparations? Yes. Had her growing resentment eaten away her joy and commitment? Yes. With more honesty, the therapist is learning the content of

her next steps. And that content builds from the recognized reality that things are not working like they need to – for her and for the group.

Note that this resilience approach does not erase frustrations. Even with more honesty about the breakdown, the therapist faces tough decisions and extra work. But the very different approach of ART through breakdowns instead of avoiding them relieves some of the self-condemnation that only makes things worse. The emphasis is on investigation, not blame. The work shifts to discovery rather than cover-up. Even termination of the group counts as a possible reorganizing step. Reality counts more than a fantasized story of service that does not, cannot quit. Experience with ART shows that this honesty frees up more mental space and less energy wasted on placing blame. Resilience expands options, which can become quite concrete. For instance, when the babysitter for the program calls to cancel, that's just reality – not blameworthy or denial-worthy. The therapist can choose in that expanded space to put the phone down and wait. Breathing instead of pretending. Accept the trouble as it is. It's part of the process.

A classic contemplative phrase puts it this way, "Don't just do something; sit there." Take in what's happening without needing to fix, resist, or grab it. It all takes practice and those practices are described in this book. Resilience builds from reality, including burnout. It does not tell an either-or, dead-ending story of service. If your shoulders start to crank up as you realize burnout is at work, it's good to notice. They've probably responded like that for a while. Yes, move towards the burnout rather than deny or avoid it. That's where service has gone. That's the phase you're in. But it's not a dead-end, though it may be very painful, as I found out. Insight, and sometimes even the insight to stop the work arises at this point, which can feel like ruination at that moment.

Accusations against self and/or others comes rushing in along with escape plans, bartering with the future, and other avoidance strategies. Sharon Salzburg, a well-known and expert contemplative teacher, encourages us to let all that arise while we keep breathing. When your attention wants to run from the debris to strategies for getting out of it, pause and bring yourself back to what is: the babysitter keeps canceling which upsets the therapist. The emphasis in resilience is generosity in the face of reality. It takes practice. But if we stick with this response, like sticking with any other good regime, our capacities to be adaptive grow. Burnout will occur but we won't be cornered and stymied. Hurt, singed, and mad, yes, but still resilient. We gain strength to look for opportunities rooted in altruistic understanding and rebuilding.[6] Let's imagine the psychotherapist used an adaptive approach, and in that pausing decided to ask the program director for an appointment.

Hearing her out, the director asked a few questions to clarify details. Surprising the therapist, the director suggested she bring the problem to the group. Initially, the therapist resisted that strategy, feeling the group members were already dealing with too much. Her problems did not count as much. The director got curious about her response. "That seems pretty one-sided to me. Do *you* know their capacities better than they do?" Care-taking plays no role in reorganization. Compassion does, but compassion depends on honest back and forth conversation. The therapist was reading minds and choosing self-denial. Truth-telling helps when moving through burnout because the truth opens up what needs changing or adaptation. The director asked pointedly, "So what will help your present situation? Continuing to hide your distress? Pretending the chaos inside doesn't matter?" The two sat

in silence. Then, the director added, "I suggest taking your problem to the whole group as a next step. They have stakes too, including stakes in you. How about letting go of the self-sacrificing. Invite them in to the disruption you feel."

It took a second conversation with the director for the therapist to buy into this plan – what the therapist kept calling such a silly and small issue. When she did take it to the group, however, they listened carefully and asked a few questions. Then they dove into problem-solving mode. If the situation wasn't working for the therapist, then it wasn't working for them. All angles were on the table. The therapist now realized how adept the women were at improvisation, something they did every day! The women developed a plan and by the end of the evening, it was complete. They worked through what the therapist was dealing with and came up with a solution. Several group members volunteered to reach out to people from their neighborhoods and churches asking if anyone wanted this babysitting work.

The response was heartening. Younger women without families jumped at the opportunity, even though the pay rate was low. It was better than no job at all. Two long-standing members of the group agreed to serve as liaisons with the selected new employee, offering instructions and support. Following a private conversation with the current child-care worker, another group member reported that the worker actually wanted to leave the job. She'd stayed quiet because she did not want to disappoint her friends in the group. But she had found a better job with higher pay. She did not know how to leave. Breakdowns can help us practice telling truths. Yet, the first few weeks are anxious and difficult – at least, typically. Yes, children had to adjust to the new babysitter. Of course, mothers had to step out of the group a few times to help. But within a few weeks, the program's stability was returning. The therapist felt relieved. She had more energy for the group work. Burnout, it turned out, was not fatal; though it was very difficult and time-demanding.

What We Can't Bear to Know

So, what keeps us stuck in the old model? Traditional responses come quickly; pride, self-justification, fear of failure. You know the list. The titles of each chapter in this book reflect the phrases we usually think, say, or do, to keep us linked to the old non-resilient model of service. They go by the names: all up to me, willfulness, take it all in (no healthy boundaries), keep on (no matter what), and not naming the truth. They are non-resilient, distorted principles, which keep us trapped in the old script and stuck on a linear line to service-ending pain. But it's hard to let go of these values. They run deep. I remember, for example, times when a service colleague asked me if I might be burning out. What a blow! How embarrassed I felt to be failing at what I loved doing. I could not hear it. I cut them short. But now, we must break that taboo. End the old script.

It's hard work. I remember one young professional who volunteered at a clothing thrift store. Every Saturday as we opened the shop, he arrived. When we began discussing store-related difficulties and how they stressed us, he disappeared. Usually, we could find him in the store's supply closet, which he retreated to. He must have rearranged it uncountable times. Even just talk about service tensions made him flee. We weren't honest with each other. We were just venting. No one ever thought about leaving the old model. We were just anxiously talking. But his need to hold on to the myth of service without boundaries overruled everything. So,

he resorted to restacking coat hangers, reorganizing bins of mannequin body parts, folding cleaning cloths, and on. What's your strategy for avoiding service tensions and talking honestly about burnout at whatever level?

You'll find your strategies in this book. Here's some I think you'll recognize in shortened versions. More details about these strategies can be found in the upcoming chapters.

Keep Going to Avoid Self-Judgment

Keeping burnout at arms-length or tightly muzzled is full-time work. The well-worn strategy of denial works because the stigmas of failure and lack of dedication are too heavy to bear. Much of this is due to self-judging. We want to avoid that and we feel that people who give up on service deserve judgment. Believing we should keep going no matter what, we silence any thoughts of limits or recognition of mis-matched intentions and goals. Questions, alterations, doubts; these all deserve judgment. The committed do not ask such questions. To ask them is to be without dedication, to be unreliable. On the page, this feels silly. Why judge yourself? But the fear of admitting burnout at any level quickly translates into letting others down, not following through, lacking dedication. Self-judgment is powerful, enough to keep us in denial. How do you judge yourself? When do you take the blame without deserving it? How's it working?

Keep Going by Shifting Blame to Others – Kindly, of Course

Another burnout denial strategy is to point out others' burnout, and their failure to serve. We deflect our frustrations and exhaustion by focusing on their inadequacies: the way they drop the ball, their lame excuses for missing work sessions, and so on. Ever heard someone who regularly critiques other team members' commitments? They spend more time talking about "them" than about the real pushes and pulls of their service. We should perk up and notice when someone – or ourselves – talks mostly about how *they* are failing to serve. Often, we point to others when we can't face our own growing burnout. The only thing that makes this worse is blame-shifting done sweetly. Those sugar-coated words that nauseate, "You've been such a great tutor for so long with us, I know you'll keep coming despite your job change." Or that slight sweet suggestion that you've missed the mark. "Oh, leaving a little early today?" Has this been done to you? Have you done it to others, out of fear of naming burnout?

Struggling for Control

A final common strategy for denying burnout – there are many more and you'll find them later in the book – works by feeling in control. Never admitting confusion. You precisely and completely fulfill each duty. And you make sure others precisely and completely fulfill each duty. Such hyper-accounting distracts us from the uncontrollable aspects of service, which are always there. Unfortunately, it's a no-win game. Life is service and life brings ongoing unpredictability and loss of control. So, the main outcome of this strategy is driving our teammates crazy due to our rigid regulations. We all need lines of authority and expectation, policies and

procedures. But this is a tight-fisted holding onto a service reality that is only an illusion. But it makes us feel temporarily safe, invulnerable to burnout. In control. We are not.

There are more denial strategies, of course. They feed off the distorted principles that are rejected and reworked in this book. They urge us into practices that only woo us into impossible corners of burnout, which eventually undo the work we love and us. Think of your own list of denial strategies, those ways you feed your narrative of unlimited, always-stable service. Post the list where you will regularly see it. It's seductive. Those assumptions only drive you away from the work you love. This book teaches new approaches for recognizing and working with failed and fulfilling service using a resilience approach.

Strategies for Failure and Fulfillment

During this time of reframing burnout in a resilience model, my husband and I took a trip with friends to Bolivia and Peru. We flew into La Paz, the capital city, around 9 p.m. Expecting to stay two days in La Paz to acclimate to the high altitudes, we looked forward to sightseeing in that amazing city after a good night's sleep. Arriving straight from the airport, our main goal was a hot shower and bed. Our group entered the lobby of our small urban hotel and several of us drifted from the check-in process toward a huddle of men and women gathered around the lobby's coffee table and couches. Professional-looking bags of climbing gear sat piled to their left. One man, later identified as their local mountaineering guide, claimed their group's full attention. He described the best routes for their Andean mountain climb, which would begin the next morning. He specifically strategized about changing weather conditions and trail options to avoid avalanches. Then, the guide turned to each climber asking for details about individuals' technical skills and weaknesses.

Going around the table, each one named a competency and a short-coming: solid with an ice axe, not great on snowshoes; able to carry extra weight, terrible at map reading in snowfall, and on. Some had experience with medical emergencies. Others felt uncomfortable when solo rappelling. The listing of skills and shortfalls mesmerized and impressed us. But we drew back in confusion when they began discussing strategies for abandoning the climb. Their approach included preparation for breakdowns – even the most radical. They *planned* for disaster. They listed people's skills and shortcomings. They seriously discussed mission abortion, playing out scenarios of failure at different altitudes and for various reasons. Their discussion addressed different levels and scales. They did not intend to abandon their goals – though they would do that if necessary – but redesigning them on the spot based on their planning now. They prepared for failures. They embraced adaptation.

The lesson hit home. Expecting failures, they prepared several choices based on their team's strengths and weakness, a household adaptive approach. They identified shared values: team first, no ego, willfulness gets in the way, think smart, go with the instability (that's reality) and name the unnamed – fear, regret, over-ambition. How different from most introductions to service programs. In our service orientations, we usually resent gift-wrapped packages of happy anticipation tied together with silly bows called something like "tips for success." These orientation sessions ignore

real-world pitfalls and keep volunteers generally ignorant of typical problems. Most service orientations lean toward a fantasized map or story of the work preparing us for what "should" happen. The problem with our usual service story is that we do not know what will happen.

Real Maps of Service and Burnout: Values and Tools

Let's reimagine a service team strategizing ways to make it through service that will – like all service – fall apart or disintegrate. What would happen if each of us shared a personal inventory of strengths and weaknesses? Would that make a positive difference when breakdowns came? Stepping into my first lessons in the power of realistic team inventories came after a major fall or breakdown of a service program I directed.

A wealthy religious community interested in social action agreed to house the city's first Meals on Wheels program providing midday hot meals to registered clients. Local social service offices gave us the names and addresses. We made mistakes continually, but after four months, we were rolling along, except for one thing. Storms brewed in the kitchen. The program grew exponentially and the over-subscription of meals stretched our capacities. We responded by digging in our heels and pushing forward. Soon we needed more bodies at every level of the work from meal planning to food buying, cooking, packaging, delivering, and clean-up. The tipping point involved the clean-up. Most volunteers signed up for the earlier jobs, and we needed every one of them. By the end of the day, the religious community's kitchen staff stood alone amid a mess of pots, utensils, and general debris. Already juggling too many requests for their own institution's meals and program snack, the staff asked their boss to talk with me, the young program coordinator.

"It's over," the boss said. "Either your folks clean, or our cooperation with this program is done." I nodded and said nothing. I left the conversation with no reorganizational ideas in my head. I slithered back to my cubicle and tried to jot down a few ideas – not much luck. The next day, the Rabbi in charge of social programs came to reinforce the kitchen boss' point. I promised we'd do better. He conveyed the message to the kitchen staff; and, we kind of did better for a while. But soon, they stood alone again facing a mound of work. As the kitchen staff's good will eroded, so did our initial organization of volunteers. More people began dropping their duties. Breakdowns in communication increased. People just didn't show up. We could not plan fast enough to cover the gaps. Soon our Meals on Wheels were zigging and zagging through the day like a stone-wheel cart. Everyone began smoldering, some with anger, others with embarrassment, and still others with irritable confusion. What had been a small spark began to catch.

What else might we have done? My mind goes to the climbers. For starters, we never discussed the priorities of our work. We privileged feeding people over staffing considerations. We chose cooking as more important than cleaning. No wonder our increasing numbers, and scale, overwhelmed us. We had no agreement about our service area or constituencies. When a social service group called, we simply took down the names and addresses. We had no inventory of needed tasks. As teenagers – well, some teenagers might, but not most! – we left "clean up" off

the list of tasks. We never held a serious discussion about that. So, our already thin inventory of needs and skills did not address clean up. Our future was unsustainable with no adaptive resilience.

The organizational level's lack of inventories tied to our goals and capacities mirrored a lack of personal inventories as well. Who did what well and with enjoyment? What did that same person *not* want to do or *did not* do well? Matching skills and interests to our goals went lacking. No serious climbing team would do that. Now we were stuck with an avalanche already too close to stop. In fact, we had to temporarily shut down the program while we reworked our goals and capacities from top to bottom. The kitchen staff became a core planning partner. Our better-late-than-never response helped, but the program's original misalignment continued to play out on smaller levels.

For the sake of this book, let's imagine a different story. What if every volunteer – let's start at that level – was asked to fill in a personal service inventory as a first step in matching individuals' capacities and expectations with the organization's goals, objectives, and resources. An inventory can be as narrow or as broad as an organization needs it to me. It should highlight areas where skills and temperaments are needed. This inventory tool can be used at other levels of a program, but we'll stick to those who we magically hoped would just stay longer and work harder cleaning up. I'll offer a general description and also use myself as an example of a volunteer. I'll admit how startled I feel each time I fill out a personal inventory. To honestly claim my strengths and weaknesses, interests and disinterests, highlights the power of the old either-or narrative. Resisting the barrage of oughts and shoulds takes all the energy I can muster. It's hard to tell the fuller truth about me and service. No wonder I burned out.

Making an Inventory

Anyone can draw the grid for a personal service inventory. Take a piece of paper and put your pencil about two inches to the right of the paper's left edge. Draw your pencil straight down from the top of the page to the bottom. Now draw a second line about three inches to the right of your first line, top to bottom of the page. Keep drawing these lines down until you have five columns. Give a name to each column, writing at the top of it: "tasks," "materials," "emotions," "interests," and "teamwork." "Tasks" indicates the basic and often repeated service activities most settings require: work with people, write reports, develop programs, listen, talk – you get the idea. "Materials" involves the stuff needed to serve, what materials we work with: clothing, food, healthcare materials, bus tokens or money, certificates, etc. If you're allergic to or not comfortable with certain materials, here's the place to note that. "Emotions" is the place we write down the range of feelings and responses we associate with serving in a particular setting. "Interests" signals what and/or who keeps you coming back to service. Is it people in a certain age group, particular experiences you enjoy, talents you bring, or what? And finally, with "teamwork," think narrowly and broadly. What do you enjoy about teamwork? What do you expect from team members? What makes you nuts about teamwork? Do you prefer shorter or longer projects with teams?

Now, at the mid-point of the page, draw a line from left to right, splitting the page in half. The top half is labelled "strengths." The bottom half is labelled "weaknesses."

Think of this in the way the climbers did, not as a condemnation, but as an honest assessment that can help the team step in for support and/or decide against work that puts the group in a vulnerable position.

Tables 1.1 and 1.2 show that inventory filled in – just as examples. The lists of strengths under each column signal an ideal experience; probably no one's reality. The lists of weaknesses function in a similar conversation-starting way. As examples given to volunteers or people interviewing for service positions, these two inventories can raise helpful questions and support honest discussions about limits and gaps amid expectations. Having seen this overly optimistic example of strengths, for example, volunteers and potential staff members can fill in their own inventories of strengths and weaknesses. These exercises help serving people more realistically name and assess expectations of themselves and others. Preferences and dislikes, as well as self-admitted weaknesses can be reflected upon. When teams share more of this self-reflective work over time, they can better calculate capacities for sustained involvement in the work. They benefit from noticing how their inventories shift over time and with additional experiences.

Table 1.1 Strengths

Tasks	*Materials*	*Emotions*	*Interests*	*Team Expectations*
• **Organize cleaning** • **Clean** • **Dry** • **Put away** • **Tidy up kitchen**	• Clean-up materials provided by Kitchen Staff	• Enjoy cleaning and straightening • Happy to stay at center • Fulfillment seeing team end the day's work well	• Finishing the job of this important work • Creating smooth-working team for clean-up • Develop a team that sticks, keeps coming	• Shared commitment • Ready response to problems • Share the load • Positive environment: the work matters

Table 1.2 Weaknesses

Tasks	*Materials*	*Emotions*	*Interests*	*Team Expectations*
• **Clean-Up Team**	• Labor: gone missing • Organization of work: gone missing	• Dread or resistance • Frustration or disappointment if others do not show up • Embarrassment if fail kitchen staff	• Lose energy or interest for as time goes by • Face waning interest: no glamour at this stage of process • Not interested in trying to force or shame adults into action	• If tired, team matters less • Worry about how to handle the need to miss a day – feel others' pressures: don't know how to talk about this

Meals on Wheels Program Level Inventory – Focus on Clean-Up

Pragmatically then, inventories encourage more realistic looks at volunteers' strengths and weaknesses, their capacities and limits, as they imagine doing this job. To create these examples, the staff spent time talking over the various categories and fine tuning what they could imagine going in each of them. This reflective work ought to signal edges of resilient service and seeds of burnout. Imagine what a staff would learn about their goals and objectives as well as their expectations and concrete needs if they offered "sample" inventories like these to incoming volunteers or potential staff.

To compile a personal inventory for work with this service organization would require taking the imagined strengths and weakness they expect and seeing how your personal strengths and weaknesses do or do not fit into the picture. Be honest. What would make you leave or stay? What would burn you out or help you thrive? Get into the nitty gritty. Think of real examples. Sometimes it really is the little things that do us in. It makes me crazy when I can't find something to write with! Other times, the big things get our goat. Whatever gets you going in service or pulls you up short, learn to share that honestly with members of your team and your boss or supervisor. We all have strengths and weaknesses. Own them.

As noted earlier, no inventory is permanent. If you return to an inventory in the midst of a service experience, you may discover that your attitudes or needs have changed. A skill you did not recognize may have showed up. Do you want to mature it? The more I work with inventories, the less my self-condemnation button gets pushed. I'm claiming what I need and trying to match that with what an organization needs and gives. If I'm having trouble knowing what I'm thinking or feeling in a service setting I turn back to my inventory. A key work as I ask myself about each category is "*because*." It helps me get unstuck from generalized feelings or thoughts. Keep pressing toward the very specifics: I cannot find a pen!

Of course, the headings of each column are utterly flexible. When working in a setting over time, I change the headings. It gives me additional perspectives on my work and my team. In other situations, the chart form just doesn't feel right, so I reflectively write about my experiences or draw. I always include details relevant to burnout, naming points of frustration, disappointment, or where my skills and emotions are lacking. This approach not only boosts my honesty, but also helps me realize that I can count on others in my community for skills and tools, emotions and commitments I cannot or do not want to offer.

The Personal Is Always Communal

As this inventory exercise and other aspects of this chapter make clear, this book focuses a lot on the personal. For some readers, this approach might seem at odds with the communal emphasis of service. I think this tension misses the realities of service as a web of individual and communal partnerships. The old version of service that nixes burnout tends to emphasize the communal. It leaves no room for self-reflection that identifies how, why, and when service thrives for us or not. This approach doesn't deny the communal. The household image will continue to serve as a core example of the interworkings of serving and burning out. Like

any life system, service evolves through an interdependent web of resources, actors, and infrastructures that continually shift internally and externally. It takes individuals, communities, and systems to shape adaptive strategies after collapses, resilience involves all levels and scales. But this book starts with the personal, which often gets overlooked because the personal feels self-indulgent.

But learning to know yourself well enough in the ongoing cycle of service and burnout better prepares you for team work. The medieval contemplative Bernard of Clairvaux writes, "We (each) drink from our own wells." This means, know your own resources – and what's lacking. Without that, one can't do the core work of community, which is critical to contemplative life. Bernard's approach deeply influenced the contemporary Peruvian theologian-activist Gustavo Gutiérrez, whose projects of liberatory work in solidarity with the poor transformed lives in need of clean water, housing, and education. Though his writings and work rooted in community-based empowerment, Gutiérrez embraced the necessity of honest and gentle self-understanding. Without self-examination, community-generated knowledge and action goes lacking. Eventually, the household will breakdown because it has no inventory of strengths and weaknesses.

The exercises offered in each chapter for moving into and through burnout's tough times draw on contemplative insights and practices from in Christian and Buddhist contemplative traditions. As noted above, these are reworked to be accessible to all readers. This book welcomes readers with no affiliations to religious of spiritual traditions. It speaks as well to those with broad spiritual interests and those committed to a specific spiritual or religious path. Generally, contemplative traditions embrace a standpoint of interdependence. Conscious of our personal stories, emotions, and contexts, these chapters embrace the contemplative standpoint that all life is interdependent. In our interdependence, personally and in whatever size group or context, the core ethic is love. Not love as sentimentality, the core value here is ethical, rooted in questions of how we live alone and together without harming, with empathy and actions of kindness.

Dorotheos of Gaza, who led a community of Christian contemplatives during the 600s c.e., used the image of a wheel to explain how this interdependent ethic of compassion worked. Drawing on a daily image of their shared life, the wooden wheels of their simple carts, he explained how we are to live in service to others while self-aware. The wheel, like life, continually turns. It goes through phases. It moves. And as it moves, each spoke of the wheel, representing a single monk, engaged its distinctive talents, gifts, and struggles. The rim is the community's shared life based on an ethic of loving service. The wheel runs because of individuals linked in community – interdependent. But interestingly, as each member more deeply embraces the community's approach to life, each one moves closer to the center. That center signals stability, but stability as an ethic – not an expectation of life. Love holds the work together and love is honest in rougher or better times. The wheel keeps moving and changing, like life, like service.

Step by Step

So, the work keeps unfolding step by step, or round by round. What centers the work in that ongoing change is a core ethic of humility and love that treasures diversity and service. So, on that deep blue night when my connections to service

shattered, I found myself out of context, out of the service wheel or household I knew. I had no place to go and an experience I could no longer deny. So, I turned to a simple meditation practice I first learned at the Episcopal monastery of The Society of St. John the Evangelist in Cambridge, Massachusetts.[7] I later also studied this practice at the Naropa Institute, a Buddhist University and Center in Boulder, Colorado. Under the canopy of Atlanta's many trees, I walked. My walking meditation headed out into the world I knew but felt disconnected from. I went step by step, just trying to breathe, to be there. I walked by children playing in the parks. Creeks ambled through their crooked paths. Volunteer baseball coaches held practice.

Though I felt empty, the walking put me back in the context of life. It did not go away. The wheel, the household kept turning. Though I felt isolating failure, I was not alone. Though I felt lonely in my pain, the world around me reminded me that suffering is part of all our lives, part of every living system. The simple movement did not erase my burnout. Passing by the homeless woman I knew well, I offered a limp wave. She still sat on her same park bench. She still ate at a local shelter. My collapse did not shift her life or our relationship and the ethic of love that brought us together. The world went on. The after-school programs sponsored by the local community garden continued. They were working in the gardens now. The ending of my work did not stop the wheel of service from turning. What went missing was the wheel of insight that retold service as also a story with burnout.

I needed this inventory into reality, one way of understanding the Buddhist monk, Thich Nhat Hahn's teachings on walking meditation. In his book, *Walking Meditation*, he suggests we head out into the confusions, the rubble, the burnout without having to fix it, shove it away, or grab it. We can be with things as they are. The inventory as it really shows up in our lives. The scorched debris *without* judging, blaming, or refusing the damage. The wheel, my feet on the pavement, kept moving. So does service after burnout when we learn to tell the truth to ourselves and others.

Time to Tell Truer Stories of Service

A few months later, I received an invitation to take part in an interracial worship service: "City-Wide: Celebrate Women of Faith." Annually organized by women of faith who worked in service centers addressing needs of women and children, the service happened in a large church in West Atlanta. As the main service, it called for action. This year's theme was a tough one, "Tell the Truth." There were many truths to tell: the volunteer and financial needs of the high-tech neonatal unit at our mammoth city hospital, Grady; the need for food and clothing to support the recently opened shelter for homeless women and their children; the need for more money to support a redesigned neighborhood after-school program that included a safe place for children to sleep the night if a home had become violent, and more. But the highlighted issue was the radical climb in rates of domestic violence and its effects on families, children, and housing. Our "guest preacher," Chief Beverly Harvard, Atlanta's new Chief of Police, left none of us out of the circle of responsibility.

That morning, the sanctuary overflowed with a wide cross-section of people from Atlanta. When Chief Harvard rose to offer her remarks, she wasted no time. Her bottom line went something like this:

> The police force of the City of Atlanta will *not tolerate* violence against women in any form, in any place, or at any time, period. When women are violated, when child-support is not forthcoming, when children and mothers are threatened or abused, when women's public leadership is in jeopardy, we will come, pursue, arrest, and prosecute. The turned-away eyes, the cover-ups, lies, and collusions are finished. Neither class, nor education, nor money will deter us. We will pursue and prosecute the truth of domestic violence's destructive forces.

She verbally drew shocking pictures of blood and bruises and banishment. She provided statistics that broke our bulwarks of denial. She used scripture. She made an "altar call for action." And later that day, I could not get Chief Harvard's simple question out of my head. "Will you tell the truth"? "Will you step forward and tell what is real?" The words punched the devastation of domestic violence. But, for me, they also hit my inability to tell the truth about my burnout in service. Drawing on her clarity and courage, I found myself leaning into a new story of service, one that involves burnout, that leverages collapse for adaptive resilience. But how could that be? I determined I would find out. I would try to tell the truth. I would try to discover paths into and through that truth. I would write this book of principles and practices about service *and* burnout.

Exercises

1. Using different strategies or pathways, service partners may arrive at an agreed-upon goal. When your partner does that, how do you respond? Did your partner's approach feel like a break from your agreements? Instead of *treasuring diversity*, why do you feel burned?

2. Over the next week, use the format in Table 1.3 to start paying more attention to fissures in your service life. Use the first column to record any tell-tale signs. In the second column take some guesses: is this the start of burnout or are you noting early debris of burning in progress – even if quite small. The last column offers space for musings; maybe next steps? (See page 6)

Table 1.3

Early Signs of Burnout	*Stronger Burnout Signs?*	*Next Steps You Can Take*

3. When did you intervene to pre-empt additional service breakdown by fixing a conflict or problem, rather than investigate it trusting in the capacities of those involved? (See pages 10–11)

4. With a specific service team in mind, though this format can be used generally, fill in a Personal Service Inventory (Table 1.4). Read what you wrote. Honest enough? Detailed enough? Any surprises, even small ones? What would your team learn about you and your shared service?

Table 1.4

Strengths:				
Tasks	*Materials*	*Emotions*	*Interests*	*Team Expectations*
Weaknesses:				
Tasks	*Materials*	*Emotions*	*Interests*	*Team Expectations*

Figures

From *Panarchy,* edited by Lance Gunderson and C.S. Holling, Figure 2–1, 34. Copyright 2002 Island Press. Reproduced by permission of Island Press, Washington, DC. Holling, C.S., Lance H. and Gunderson. "Resilience and Adaptive Cycles." In *Panarchy: Understanding Transformations in Human and Natural Systems*, edited by Lance H. Gunderson and C.S. Holling, 25–62. Washington, DC: Island Press, 2002.

Notes

1 See Walker and Salt, *Resilience Thinking*, 2006, Walker and Salt, *Resilience Practice*, 2012, Tidball and Krasny, *Greening in the Red Zone*, 2014, Krasny and Tidball, 2015.

2 Holling, Gunderson, and Ludwig, "In Quest of a Theory of Adaptive Change," 5.
3 Ibid, 5.
4 Holling, Gunderson, and Peterson, "Sustainability and Panarchies," 74.
5 See Walker and Salt, *Resilience Thinking*, 2006, Walker and Salt, *Resilience Practice*, 2012, Tidball and Krasny, *Greening in the Red Zone*, 2014, Krasny and Tidball, 2015, Gunderson and Holling, 2002.
6 Ricard, *Altruism*.
7 See https://www.ssje.org

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Tough Conversations, Well-being, Engagement

Pre-session Questions

Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.

1. What does the following information suggest? In 1995, Charles Figley brought our attention to the secondary stress or the cost of caring. The National Child Traumatic Stress Network (NCTSN) supported by the Substance Abuse and Mental Health Services Administration (SAMSHA) was founded in 2000. It became the primary source for information in all areas of trauma and called for organizations serving trauma populations to become trauma informed. The National Center for Trauma-informed Care (NCTIC) was established in 2005 to inform practitioners of promising and evidence-based trauma treatments. Its primary focus was on the treatment of trauma victims not the stress of caring. It wasn't until the spring of 2012 that the Center for Advanced Studies in Child Welfare held a very comprehensive conference focused on Secondary Trauma and the Child Welfare Workforce. It wasn't until six years later, in 2018, that one major statewide child welfare organization, serving thousands of traumatized children and families, initiated its first workforce assessment of secondary trauma and BO among its staff.

   _____

   _____

2. What does the following suggest? In 2007 Prudential Financial initiated its first employee Health Risk Assessment Questionnaire that covered five dimensions associated with staff well-being. They used that outcome to develop additional services to help their employees reduce high levels of stress and depression.

   _____

   _____

3. Have you read the stories of those businesses, programs and organizations who have received the American Psychological Association Awards for Center of Excellence and Psychologically Healthy Workplaces? Yes ___ No ___
4. Have you read the #1 2018 *New York Times* bestseller by Dr. Brené Brown, *Dare to Lead: Brave Work, Tough Conversations, Whole Hearts* (New York: Random House)? Yes___ No___
5. Have you read the 2006 *New York Times* bestseller *12 Elements of Great Managing,* by Rodd Wagner and James K. Harter (New York: Gallup Press)? Yes___ No___
6. Have you read Markus Cunningham and Curt Coffman's 2000 book *First, Break All the Rules: What the World's Greatest Managers Do Differently* (New York: Simon and Shuster, also available through Gallup Press)? Yes___ No___

7. Have you read the *New York Times* bestseller by Rath and Harter, *Wellbeing: The Five Essential Elements* (New York: Gallup Press, 2010)? Yes ____ No ____

8. Define the difference between wellness and well-being.

   Wellness is

   _____

   _____

   Well-being is

   _____

   _____

9. List what you consider to be 5 areas of well-being.

   _____, _____, _____, _____, _____.

10. What do well-being and wellness have to do with stress?

    _____

    _____

11. What would you consider to be a few of the shared reactions to the stress of everyday life: financial, health, relational, social and spiritual (having purpose in life) that also are experienced with CF/STS/BO?

    _____, _____,
    _____, _____,
    _____, _____,
    _____, _____.

12. What one element or factor has repeatedly been shown to improve employee attendance, performance, the quality of service provided, worker satisfaction and retention?

    _____

Session Four

Tough Conversations, Well-being, Engagement

Opening Statement

Social worker and psychologist, Dr. Brené Brown has spent 27 years studying what gives meaning to our lives. Working with transformational leaders across the globe and studying over 400,000 pieces of data she has identified what constitutes daring leadership. Her newest of four *New York Times* bestsellers, *Dare to Lead: Brave Work, Tough Conversations, Whole Hearts*, tells us that leadership is not about "power, status or titles but about taking responsibility for recognizing the potential in people and ideas and having the courage to develop that potential" (Brown, 2018, p. 4).

This is where "tough conversations" about organizational responses and responsibilities regarding employees caring for and responding to trauma situations and victims of trauma needs to be initiated. What we need to also keep in mind is that any form of work-related stress is best approached at an organizational, as well as an individual level. In their meta-analysis of 90 studies on stress management interventions published between 1990 and 2005, LaMontagne, Keegel, Louie, Ostry, and Landsbergis (2007) revealed that in relation to interventions targeting organizations only, and

interventions targeting individuals only, interventions targeting both organizations and individuals (i.e., the systems approach) had the most favorable positive effects on both the organizations and the individuals.

In This Session

The purposes of this session are to

1. focus on organizational well-being and engagement as primary factors in the reduction and management of worker stress inclusive of STS,
2. examine how these factors improve performance, the quality of service provided, retention and engagement. In our next session we focus on several issues regarding the mandate of providing trauma-informed care within a trauma-informed culture followed by individual intervention process between supervisors and supervisees related to the prevention of and recovery from STS.

Note: For simplicity, the terms "organizations" and "TSOs" refers to any program, agency, institution and setting in which its employees provide services to those who present with emotionally challenging conditions or situations, those who have been traumatized and/or those who have been exposed to trauma inducing incidents and/or conditions. TSOs are inclusive of those who identify their organizations as trauma-informed, as well as those, who do not refer to themselves as formally trauma-informed, yet are serving and/or responding to emotionally challenging individuals and/or situations. The term "trauma populations" refers to emotionally challenging clients who may or may not have trauma histories yet cause compassion strain and stress for those assisting them. Let's begin by reviewing a few historical facts related to organizational care for its employees.

Organizational Mindset

Historically little has been written about leadership of non-profit organizations compared to corporate leadership. As a result, non-profit leaders have looked to businesses and their leadership models. Consider the following

Reality: *A mindset that accepts that employee well-being is a responsibility of leadership and a benefit for all involved, inclusive of organizational well-being, and has been and is far more prevalent in business than in the world of those serving trauma populations*.

Historically, the mindset of those organizations serving traumatized populations has been that professionals in the helping field are somehow immune to stress and as professionals should be able to manage whatever stress they might experience. Thanks to the work of leaders in the field of trauma and organizations, such as the National Child Traumatic Stress Network (NCTSN), the National Center for Trauma-Informed Care (NCTIC), Green Cross and the Child Welfare League of America (CWLA), we now understand that stress of employees/responders working with a trauma population is not a sign of weakness but an unavoidable response to repeated trauma exposure.

The call to assist and support staff in the area of secondary stress is now being acted upon by many organizations. It has, as we will see, taken many years, too many to get to where we are today.

However, I want you to consider that this recent focus on STS, although much needed and long overdue, is unfortunately a narrow if not fixed mindset that fails to address the larger, growth-oriented mindset and understanding of what constitutes well-being related to employee stress; a view that businesses have understood and focused on for years.

As a result of efforts by businesses to provide on-site assistance to their employee's well-being in several "life domains" they are experiencing cultures that are less stressed, far more engaging,

enhancing overall performance, staff satisfaction, higher retention rates and organizational well-being. For these reasons we need to have a "tough conversation" and ask the following questions,

- Is focusing on the prevention and alleviation of STS a growth mindset or a fixed mindset?
- Are leaders of TSOs really demonstrating that they understand that stress, whatever its sources, negatively impacts quality of care, consistency of performance and performance outcomes, worker engagement, organizational culture, workplace satisfaction, professional growth within the organization and retention rates?
- Are leaders, especially policy makers, even funding sources, demonstrating that they understand the responsibility they have to help support the potential of employees, as a way to sustain the quality of care provided clients and consumers by the organizations they govern, license and/or fund?
- What is the difference between well-being and wellness programs, and what do these have to do with CF/STS/BO?
- What one element or factor has repeatedly been shown to improve employee attendance, performance, quality of service provided, worker satisfaction and retention and are TSOs doing what they can to support and/or improve in this area?

Before going any further let me also point out that CF is distinct from STS yet also inclusive of STS and BO. However, much of the literature focuses on an organizations responsibility to assist staff with the alleviation or prevention of STS often without mentioning its relationship with CF and BO. My use of the term STS therefore will be inclusive of these two components and the stress associated with each of these, as all three are frequently present in TSOs along with an absence of attention to other critical employee well-being factors.

Leadership Role

Dare to Lead is a book about acknowledging the responsibility today's leaders have toward those they are leading. It's about the courage it takes to lead in an ever-changing world and, within our focus, a very stressful one. It's about *daring to actively care for and be connected to* the people leaders are leading. As the author, Dr. Brené Brown writes, "care and connection are irreducible requirements for wholehearted, productive relationships between leaders and team (staff) members" (Brown, 2018, p. 12).

Ultimately, it's about a visible leadership growing a culture that actively supports the well-being of its employees. Given what we know about the "cost of caring" the stress of repeated exposure to trauma clients, conditions and situations within TSOs, leadership's efforts related to developing a culture of employee well-being is essential to the resilience of employees and the organization. Bloom (2006) and Bloom and Sreedhar (2008) brought our attention to how organizations serving trauma populations can easily become a traumatized organization and as such become change resistant, avoidant, controlling and dissociated from their employees-primary survival responses of freeze, fight and flight.

Fortunately, thanks to the founding of the National Child Traumatic Stress Network (NCTSN) in 2000, we have become far more trauma-informed as organizations and leaders of TSOs. Obviously, those we respond to are also receiving much better care for their trauma related conditions and symptoms. However, attention on the well-being of those providing services and assistance to the traumatized has only recently become a focus. As I said earlier this is long overdue and greatly needed but is, in my opinion and that of many others, too fixed on STS symptoms.

In this session we are going to examine:

- How the focus on STS is a narrow, if not a fixed mindset regarding the ethical responsibility organizations have to assist its staff with the stress they experience.
- How the corporate world has been successfully addressing employee stress long before many TSOs and programs serving trauma population.
- Organizational responses to the stress of those who are assisting trauma populations,
- What goes into developing a culture of well-being where employees can flourish, where their potential can develop, where their best care is consistently given to the traumatized population they serve, and
- What you want to consider before taking a position in an organization whose primary clients are those victimized by trauma and/or emotionally challenging situations and conditions.

Note: Dr. Brown's TED Talk on the Power of Vulnerability is in the top five viewed TED Talks with over 30 million views. You can view it by Googling "TED Talks The Power of Vulnerability July 9, 2017" (https://www.ted.com/talks/brene_brown_on_vulnerability?language=en).

After viewing her talk, I think you'll understand what I mean when I tell you that it's very difficult to put the topic of organizational care of staff into a "neatly tied together package" as there are many variables. However, the hope in looking at the issues and having this discussion is that organizations will adjust their mindset as needed to address the well-being of staff that includes but goes beyond a focus on STS. As we will see, this goes beyond offering tuition reimbursement, health insurance and 401ks.

Organizational Response to STS

The website of NCTSN (2018) states the following about organizational response to secondary stress, "Individual and supervisory awareness of the effects of this indirect trauma exposure is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them."

I think we need to be more specific and state that protecting the health of the worker goes beyond a focus on secondary stress. If the primary motivation for protecting the worker from this stress is to ensure "that children (all clients) consistently receive the best possible care from those who are committed to helping them" then TSOs are compelled and responsible for developing a much broader growth mindset as to what constitutes stress and the "health of the worker."

I certainly do not want to sound unappreciative or righteous about the hard work and countless hours so many have devoted to bringing attention to the need for organizations to acknowledge the secondary stress of its workers and how this relates to the care they provide. Over 30 years of spending countless hours with survivors of homicide, suicide, those exposed to school shootings, violent and accidental death, catastrophic fires, hurricanes, bombing of the Federal Building in Oklahoma, 9/11 and far too many other incidents, I am friends with secondary stress. I know how important it is for organizations to acknowledge it as an unavoidable work hazard and assist workers in managing it. However, as critical as this is, organizations must do more. We need to look at stress from a larger lens than one focusing specifically on preventing and/or resolving STS because,

Reality*: Stress is stress. Regardless of its source, stress affects our bodies, our emotions, cognitive processes and performance even when sources such as CF/STS and BO are not significant stress sources. We might resolve STS, for example, but if other sources of stress exist, our emotions, cognitive process and performance (the care of clients) will be impacted*.

Tough Conversations, Well-being, Engagement

Let's start this discussion by briefly discussing the answers you provided for the first two questions/scenarios in the pre-session questions and activities.

Answers to Pre-session Question #1

The first case scenario showed a dated timeline from 1995 to 2018 during which CF, BO and secondary trauma has been discussed, researched and acted upon by some. What your peers most frequently mention is the amount of time it seems to have taken for organizations to actively address STS with those who do the day-to-day work with victims of trauma. As Bloom (2006) and others (Sharp, 2013) have made clear, especially regarding organizations serving the traumatized,

Reality: *Organizational change can be a complex process especially in the non-profit sector because of overseeing funding sources, compliance management groups, licensing agencies, leadership styles and old mindsets of those in the role of policy making and organizational leadership. However, the argument can be made that the mindset of leadership related to staff well-being has not been a priority equal to that of the care provided clients*.

Let me provide some additional information regarding this first scenario. This first pre-session scenario mentioned the founding of the National Child Traumatic Stress Network (NCTSN) in 2000. In 2008, NCTSN published "Child Traumatic Stress: What Every Policymaker Should Know: A Guide from the National Child Traumatic Stress Network" (Gerrity & Folcarelli, 2008). This very comprehensive 58-page document was written to educate policymakers about the scope and impact of childhood trauma, to effective solutions that can be implemented with the support of informed public policy, and to provide information about additional resources. *Unfortunately, it did not mention secondary stress issues facing staff providing this service and that policy addressing the unavoidable stress of caring for a trauma population is an equally essential component for effective care of the traumatized*.

The earliest dated publication I could find providing information about STS by NCTSN was 2011 with the publication of "Secondary Traumatic Stress: A Fact Sheet for Child Serving Professionals" (NCTSN Resources, 2011). Many of the NCTSN web pages are not dated so there may have been an earlier publication; however, the Internet search did not cite earlier publications.

In 2012 NCTSN did identify seven practices that programs, agencies and service providers of a service system with a trauma-informed perspective must provide: number 7 states "maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience" (NCTSN, 2012). Also, in the spring of 2012, the Center for Advanced Studies in Child Welfare held a very comprehensive conference focused on Secondary Trauma and the Child Welfare Workforce. Actually, numerous conferences about STS were conducted that year. NCTSN also published several new resources on STS and provided a number of webinars on the issue. Wilson, Pence, and Conradi (2013) of the Chadwick Center, one of the largest hospital based child advocacy and trauma treatment centers in the nation, far advanced in its trauma approach to care, indicated in 2013 that "*Actively working to increase staff resilience to secondary traumatic stress (STS) involves seeking ways to reduce the risk of STS among all personnel – from the receptionists, to transcriptionists, to the frontline professionals and their supervisors*." As stated, this focus on STS is very important and, in this statement, focuses on all personnel, which is wonderful. What I wish it would have also addressed is assisting all personnel with STS *and other life-work stressors* that negatively impact employee well-being to reflect more of a growth-oriented mindset.

Every year since 1995, when Dr. Figley brought attention to CF and secondary stress, an abundance of articles and research studies have been conducted and published about the two. However,

it wasn't until approximately 17 years later, in 2011–2012, when many started to take action to encourage organizations to attend to STS among its staff. Now, here we are in 2018 and some major organizations are just now beginning to focus on the secondary stress impact on their staff and how they might help them with that stress. This is good news and we must continue to encourage TSOs to engage in this focus, yet with a more expansive growth mindset regarding staff well-being and reduction of varied sources of workplace stress. Let's explore this responsibility further.

Fixed or Growth Mindset?

The good news is that the old mindsets that staff are responsible for their own self-care and that professionals ought to be able to manage their own stress have significantly shifted to STS as unavoidable and that organizations do have, as cited in Session One (Hoge et al., 2007, p. 58), a responsibility, an ethical responsibility to assist staff in the prevention of or recovery from STS. However, once again, I propose that this mindset is fixed on fixing STS rather than a much more expansive growth-focused mindset of what contributes to the resilience, sustainability of quality care, performance, potential, work satisfaction and retention of those who are repeatedly exposed to a trauma population, even when STS is being prevented and/or managed. Let's examine this by way of the brief Prudential case presented in the second pre-session scenario.

Answer to Pre-session Question #2

Note: Before answering this question, let me tell you that a few have criticized me for using a corporate example as opposed to a non-profit one. I often hear that business/corporations have far more financial resources than TSOs and that change in organizational settings is a complicated process compared to the flexibility of leadership in the corporate world. My responses are

1. It's not really about resources as much as it is about mindset. When the well-being of staff is elevated, health care costs go down as does the cost incurred by the high level of turnover often experienced in TSOs. For example, if the wellness/well-being efforts provided staff reduced turnover by 10 employees, the organization would save approximately $540,000 in cost to recruit and retrain new employees; this is more than enough to initiate a broader onsite range of well-being programs. According to the Texas Senate Finance Committee it cost $54,000 to retrain a new social service worker (Governing, 2016).

   Furthermore, "once turnover persists, it creates conditions that lead to a seemingly never-ending cycle: experienced caseworkers don't have time to mentor new ones, caseloads increase, backlogs develop, tempers flare, pressures rise and burnout shows no signs of fading" (Governing, 2016). In other words, the culture becomes a stressful one, not an engaging one, a resilient one, one that encourages staff to not only remain but also do their best work. So, if STS among staff is reduced by a focused effort on educating and assisting staff with STS but BO/turnover rates remain high, has anything really changed? Under these conditions can we really expect client care to be at its best or employee performance and engagement in the organization to be at best? The answer is "no."

2. Is it complicated? No, change in this area is really not complicated. The reality is and the point about to be made is that the corporate world has been developing broad programs in the area of employee wellness and well-being longer than most non-profit, mental health, human service agencies. The outcomes of their efforts teach us a great deal about this approach TSOs can

take to better assist staff in multiple areas of stress. Essentially, as we'll see, they discovered and have demonstrated that employee well-being means organizational well-being. This has to be a leadership mindset at the highest levels that is also endorsed and acted upon by administrators, managers and supervisors and employees.

3. Is it hard work? Yes, it takes *effective effort* as well as a leadership mindset of a kind that Dr. Brown described; one that embraces the importance of leadership *connecting and caring* for its employee's potential and well-being in order to create a culture of *productive relationships*.

I don't want to get ahead of myself so let's look at the Prudential story.

The Prudential Story: A Growth Mindset

In 2007, Prudential understood that there were multiple areas in employees' lives that lead to stress and that the stress of their employees really mattered when it came to retention, engagement in the organization, performance outcomes and a culture of well-being. Concerned about the levels of stress and depression among their employees, they administered, for the first time in 2007, their Health Risk Assessment Questionnaire. This was approximately five years before organizations and professional associations across the country began making very visible efforts via conferences, etc. to bring attention to secondary stress in TSOs.

What was unique about Prudential's questionnaire is that it evaluated five life domains – financial, physical, emotional, social and spiritual.

I left the non-profit world in 2014 after 45 years of working in organizations assisting trauma victims. I was never asked to complete a Health Risk Assessment or any other assessment that involved the five areas of life that Prudential evaluated. If we needed help, we were directed to the organization's Employee Assistance Program (EAP), which was our responsibility to follow up with. Other than health insurance, some educational reimbursement and 401Ks, that many could not contribute to because their salaries went to mortgages and basic care for families, well-being *on site programs* for staff were all but non-existent. I want you to compare what your organization provides with what Prudential offers. This is important because it presents a growth mindset for what I consider to be a responsibility of TSOs that again goes beyond a focus on STS. We'll also see in a bit that it is also smart and rewarding for all involved.

The APA Center of Excellence Award

Every year the American Psychological Association honors one organization with its Center of Excellence Award (APA, 2018) and several others with its Psychologically Healthy Workplace Award. The Center of Excellence Award highlights the effective application of psychology in the workplace – whether addressing mental health, applying good behavioral science to safety practices, using learning theory to strengthen training efforts, or employing a host of other ways that psychology can promote well-being and performance. The Psychologically Healthy Workplace highlights employee involvement; health and safety; employee growth and development; work–life balance and employee recognition. Additional factors that are considered include employee attitudes and opinions, the role of communication in the organization and the benefits realized in terms of employee health, well-being and organizational performance.

In 2017 Prudential Financial received the Center of Excellence Award from the APA for its effort to make the mental health and wellness of its staff manageable. I cite their story because their efforts were directed at reducing high levels of stress and depression among their employees, which is

what is frequently experienced in TSOs funded to serve trauma populations. In addition, Prudential did something out of the ordinary; they evaluated five domains of living that can induce stress and impact overall performance, work attendance and retention.

(The following description is adapted from APA Center for Excellence Awards description, 2018.) As I indicated a few minutes ago, Prudential's Health and Wellness team introduced Prudential's first annual employee Health Risk Assessment Questionnaire in 2007. It evaluated the financial, physical, emotional, social and spiritual lives of employees for stress related issues. More than three-quarters of Prudential 20,000 employees took the assessment in its first year. The outcome revealed "stress and depression were indeed significant risk factors for its employees. The following year, during the nation's economic downturn, the data also revealed that more than a third of employees were experiencing stress related to finances. From this point on employee well-being became a major focus."

As a result of Prudential's assessment outcome, leaders worked to better meet the well-being needs of its employees. Let's look at some of these efforts. (The following is adapted from Prudential's Comprehensive Approach to Supporting Health, 2018.)

Among some of the services available, often on site at no cost to Prudential employees and their families, are personal budget coaching, internal counseling, assessments and training, as well as life coaching, adult care coaching and financial management. Prudential's health and wellness team is innovative in the topics they choose for programs as well as the formats. The team often works closely with Prudential's corporate communications department to take advantage of the company's intranet, town hall meetings, online newspaper, as well as links to internal videos, called "PRUTubes." These videos have featured employees talking about their personal challenges such as a senior executive discussing his alcohol addiction and his division president describing how the condition resulted in performance counseling and referral to their behavioral health services that resulted in that employee's eventual advancement in the company. Three employees shared their experiences with domestic violence and how they sought help. Some 1,000 employees participated in the event, either in person or via live video stream, and many others watched the video later.

The director of their behavioral health services described her own experiences with depression, noting the irony of someone responsible for the behavioral health needs of 20,000 people seeking care for herself. She indicated that treatment had helped her live a richer life and she encouraged others to seek treatment if needed. All agree that these efforts to address the well-being of staff help "build a culture where no health challenge is unmentionable." The benefit of their growth-oriented mindset regarding stress has been enormous for the employees and the company, as each year factors for stress and depression have steadily declined while engagement, retention and performance have improved.

I encourage leaders to visit the Prudential site for a fuller description of what they do for employee wellness and well-being. Simply Google "Workplace Mental Health-Prudential Financial, Inc" (https://www.workplacementalhealth.org/Case-Studies/Prudential-Financial-Inc).

Note: By the way, 10 years after Prudential initiated the Health Assessment Questionnaire, the latest study released by PwC found that a quarter of U.S. workers said financial worries caused them health problems; 40% said finances distracted them at work and 15% said these problems made them miss work, according to the study, which surveyed 1,600 working U.S. adults aged 21 to 75 (Pinsker, 2018). That is why companies are providing a more robust menu of voluntary financial wellness benefits, sometimes with cash incentives or discounts, to help employees manage their money.

"They are starting to see that a 401(k) is not enough. Employees say: I have present-day needs I have to take care of before I can take care of retirement," said Chris Whitlow, chief executive officer of Edukate, a workplace financial wellness provider (Pinsker, 2018).

Organizational Well-being

Has your organization made a demonstrated effort to not only provide ongoing support for STS but also your well-being?

Before you answer this, let's spend a bit more time on why a well-being mindset is so essential and far more inclusive of the stress employees experience beyond STS. If your employer supports your efforts to resolve and/or help prevent the effects of secondary stress, which is what these sessions are about, that is wonderful. However, if you are also struggling with financial and/or social well-being issues, the stress of that struggle will still negatively impact how you perform your workplace responsibilities (Kohll, 2017) even after finding relief from or managing STS. As I stated in the introduction of this session,

Reality: *Stress is stress. Regardless of its source, stress affects our bodies, our emotions, cognitive processes and performance even when sources such as CF/STS are not significant sources of stress. We need to keep in mind that helpers bring their own personal life stress into the work place and these also influence performance, engagement and the care of others and, in fact, present additional risk for or vulnerability to CF/STS/BO*.

It is interesting to note that in the same year Prudential conducted its Health Risk Assessment and began attending to more than employee health needs, Hoge et al. (2007, p. 58) wrote, "Behavioral health program administrators should aim to strengthen their workforce; doing so requires creating environments that support the health (wellness) and well-being, not only of persons with mental and substance use conditions, but of the workforce as well." That was in 2007 and many organizations are just now getting on board, while the broader well-being/wellness concept addressing stress across five domains was initiated years ago by the business/corporate world. Needless to say, many TSOs are just now addressing STS and behind in accepting and adopting a well-being responsibility and approach.

Goodwill

There are always exceptions. One prime example is that of the Goodwill Industries of North Central Wisconsin. Their philosophy, as stated in the 2013 CARF Connection Blog is quite clear. "Goodwill NCW supports its *people-first value* through a *commitment to care for team members as whole persons who have complex lives*. The organization's leaders recognize that *any challenges that team members are facing in their personal lives do not disappear when they come to work*. In fact, the weight of those challenges can hinder team members from bringing their best to the tasks at hand. The organization has responded by nurturing a culture of holistic wellness in the workplace."

I encourage you to read how they use wellness coaches and chaplains on site to help employees with emotional, spiritual, psychological, physical or financial stress to strengthen the resilience and well-being of its 1,400 employees and their organizations performance. That effort started in 2007, the same year Prudential began its efforts to improve the well-being of its staff. Does your TSO provide on-site assistance with these five areas of life? It is interesting to note that although Goodwill Industries is a non-profit organization, it has always had a business focus.

Reality: *Businesses and corporations have a richly active history of focusing on, assessing and engaging in programs and practices supporting the wellness and well-being of its employees*.

Defining Well-being

In 2010 the *New York Times* bestseller *Wellbeing: The Five Essential Elements* (Rath & Harter, 2010) defined the concept of well-being in the work place to include physical, community, career, financial and social well-being, which is similar to the Prudential effort. (At the time, social well-being was inclusive of emotional/psychological, spiritual well-being.) Yes, concern about profit margins as well as growth and the sustainability of their success in what has now become a global marketplace is a strong motivator but not the only one. Many have already realized that organizational growth, success and sustainability are, in fact, dependent upon the wellness and well-being of their employees.

Reality: *Quite simply stated, stressed employees, regardless of the source of that stress, are not high performers; they are not engaged in the overall goals and values of the organization or maintaining a positive work place culture and their stress becomes the stress of their peers*.

You might find it interesting that The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO provides us with the ICD or International Classification of Diseases, which also includes PTSD and BO (WHO, ICD-10, 2018). It should be mentioned that it does not include CF nor does the APA's DSM-5. This will be addressed a bit later, as CF is real and hopefully will, at some point, be included as a diagnostic category.

A Tangible Connection

"There is growing awareness and appreciation among people managers that these three words (health, wellness, well-being) have a tangible connection to employee productivity, engagement, absenteeism, workplace safety and performance" (Bevacqua, 2018). Let's take a closer look at how some define wellness and well-being.

Wellness and Well-being: What Is the Difference and Does It Matter?

How did you answer Pre-session Questions 8 and 9? Many of your peers have an intuitive sense as to the primary difference between wellness and well-being. They know that wellness reflects issues around physical health while well-being addresses a number of areas in our lives. When asked to identify the five areas of well-being, most identify mental health and emotional health and many mention work–life balance. Few mention financial, spiritual and social well-being, yet these are the categories most frequently cited in the definitions of well-being.

The Difference

Wellness and well-being are two terms still used interchangeably but there is a difference. In organizational settings, wellness is generally focused on programs related to employee's health, the prevention of illness, treatment and recovery. It's about how well our bodies are functioning and from this perspective includes stress management efforts, such as exercise, nutrition and sleep. Well-being programs, on the other hand, focus on mental health, emotional health, social, spiritual and financial well-being; some definitions also include career fulfillment (Faulkner, 2017; Kohl, 2017).

Note: From this point on we'll add career fulfillment as a sixth well-being category. Although employers want their employees to become skillful at what they do, career fulfillment is a broader issue. Career fulfillment speaks to advancement opportunities but also opportunities to assume different roles within the profession, for example, trainer, certified specialists, educational writer, marketing specialist, etc. This effort also is associated with less BO. Okay, back to well-being.

Tough Conversations, Well-being, Engagement

Reality: "*Well-being is becoming a core responsibility of good corporate citizenship and a critical performance strategy to drive employee engagement, organizational energy, and productivity. No longer an optional or narrowly focused element of the rewards menu, well-being is now front and center as a business imperative for leading high-performance companies*" (Agarwai, Bersin, Lahri, Schwartz, & Volini, 2018).

Obviously, the recommendation is that TSOs approach the stress of its staff with such a growth-oriented mindset and responsibility.

Spirituality in the Workplace: A Necessary Well-being Component

Because someone always asks, let me define what is meant by spiritual wellness in the workplace. Spiritual wellness in the workplace is not about religion but about "defining meaning and purpose in life; self-awareness; and connectedness with self, others, and a larger reality" (KU, 2018). It's about aligning what we do and how we interact with others around us with our values and beliefs. Spiritual wellness is about "individuals and organizations seeing work as an opportunity to grow and contribute to society and its community in a meaningful way. It is about care, compassion and support of others, about integrity and people being true to themselves and others. It means individuals and organizations are attempting to live their values more fully in the work they do" (Srivastava, 2018).

Reality: *Spiritual intelligence is the key to personal fulfillment and good work performance and can lead to a more satisfying and productive work place. It is a component of self-care as it supports finding meaning and purpose in our lives, which in turn allows us to more easily adapt to stressful situations*.

In the session on assessments, the *Spiritual Intelligence Self-Report Inventory* is reviewed. It's really about evaluating our cognitive processes and behaviors in the face of stress and how these responses reflect possible barriers to self-fulfillment. The following question is not on this scale but reflects a 'spiritual' conflict that can be experienced in the process of trying to do our job. It's an important question that gets at whether we feel we are being true to our self at work.

"Am I having to do things that go against my better judgment (what I value, what I believe)?"

If the answer to this is "yes," then this conflict is a source of stress, not conducive to work place engagement, professional growth nor our well-being. This "spiritual" well-being question helps reveal if we are in a culture that is counter-productive to our performing at our best and a roadblock to seriously engaging in that culture, both of which are detrimental to us, those we serve and the organization itself. Believe it or not, many answer "yes" to this question reflecting, once again, that a well-being focus is lacking.

Benefits of a Well-being, Wellness or Holistic Approach to Stress

Black (2017) wrote, "promoting healthy habits to employees is an effective way to benefit both employer and employee. Healthy, active employees incur lower health costs. Employees who take advantage of wellness programs are more productive. Physically active employees are healthier. Wellness programs inspire important behavior changes."

"Organizations now see well-being not just as an employee benefit or responsibility, but as a business performance strategy. . . . 43 percent believe that well-being reinforces their organization's mission and vision, 60 percent reported that it improves employee retention, and 61 percent said that it *improves employee productivity* and bottom-line business results" (Agarwai et al., 2018). There are

a variety of apps now available to employees to assist with their well-being that are also making a difference, are inexpensive and easy to use. The VirginPulse app, for example, is used as frequently as Facebook. Its "users are 65 percent more engaged, have 32 percent lower turnover rates, and deliver 9 percent higher productivity than their peers" (Agarwai et al., 2018).

One study (Lowensteyn, Berberin, DaCosta, Joseph, & Grover, 2018) evaluated 730 employees to determine the benefit of their wellness program. They found significant reduction of systolic blood pressure, high emotional stress reduction and fatigue reduction. The study concluded that after one year the benefits included clinically important improvements in physical and mental health.

Note: Some refer to wellness/well-being programs as holistic wellness programs (Murphy, 2018). Regardless of the term used, "companies today are offering wellness benefits that go beyond their workforce's physical well-being to those that have a positive impact on employee's lifestyle and interests. The reason for this is that holistic wellness programs can help to drive recruiting and retention efforts, as well as productivity and employee engagement" (Turasi, 2015).

Question One: After reading about the focus of organizations on employee wellness and well-being and the benefits for doing so, how would you rate your organizations leadership demonstrated and continued effort to provide both onsite and offsite resources and assistance with your well-being in the six domains identified-financial, health, emotional (mental health), social, spiritual and professional growth? Limited____, Some focus/effort but inconsistent ____, A definite priority____.

Question Two: Of the six domains, which domains receive the least attention or provide the fewest resources _____, _____, _____, _____.

Please record your answers under the Post-Session Questions at the end of this session.

Well-being and Engagement Together: The Best Combination

Gallup has been a leader in the field of engagement for years. In 2006, they published the New York bestseller *12 Elements of Great Managing* (Wagner & Harter, 2006). In this resource they discuss the results of their Q 12 scale, which evaluates the level of engagement in an organization. The Q 12 has been tested over 30 years with 25 million employees throughout the world with the consistent result showing that engagement is critical to retention and performance. Research in education also clearly shows that the level of engagement is critical to teacher retention (Neason, 2014). In human services, mental health and other organizations responding to a traumatized population, the level of engagement employees experience with their managers and/or supervisors is also predictive of *retention and clinical efficacy with clients* (Mental Health America, 2017).

"Engagement" Is the Answer to Pre-session Question #12

Most answers to this question do not indicate engagement. Some indicate leadership, which is important only in so far as leaders themselves create a culture of engagement. Some mention supervision, which is also very critical but again only in so far as supervision engages supervisees.

"Gallup defines engaged employees as those who are involved in, enthusiastic about and committed to their work and workplace" (Gallup Daily, 2017). They have repeatedly shown worldwide that "Employee engagement strategies have proven to reduce staff turnover, improve productivity and efficiency. . . . Most importantly, engaged employees are happier, both at work and in their lives" (Gallup, 2016). Put simply, a happy employee is a valued employee. Engagement is an emotional commitment the we have to the well-being of the organization. It means we care about our work and our organization.

Engagement and Spiritual Wellness

Remember the spiritual wellness question I used as an example in the last section? In a recent survey of 250 employees within an organization funded to serve a trauma population, employees answered a similar question. Approximately 40% of frontline workers indicated they were doing things that went against their better judgment, 25% of supervisors indicated the same. The 40% doing things against their better judgment are certainly experiencing the stress of personal and psychological conflict. Such a conflict creates trust issues with leadership, fosters an adversarial attitude and restricts the level of engagement within the organization and interactions with clients.

I don't think it was surprising that 80% of these 250 employees also indicated they considered looking for another job in a 12-month period and 50% thought about leaving every week. Yes, there were other organizational factors contributing to their stress, however, research clearly shows that low engagement is a key factor in poor retention and performance.

This is good news as Gallup has shown that when levels of engagement go up so too does employee satisfaction, performance and retention. But here is even better news.

Reality: *When high levels of well-being co-exist with high levels of engagement, everything changes for the better*.

Employees who are engaged and who have high well-being in at least four of the five well-being areas are:

> 30% more likely not to miss any workdays because of poor health in any given month, and miss 70% fewer workdays because of poor health over the course of a year,
> 27% more likely to report "excellent" performance in their own job at work,
> 27% more likely to report "excellent" performance by their organization,
> 45% more likely to report high levels of adaptability in the presence of change,
> 59% less likely to look for a job with a different organization in the next 12 months,
> 18% less likely to change employers in a 12-month period, and
> 42% more likely to evaluate their overall lives highly.
>
> (Engagement Multiplier, 2014)

Unfortunately, many organizations invest their resources in well-being programs and stop there, thinking this singular focus will make a difference. It does to some extent, but not to the degree when they also invest in engagement practices. Doubling up creates a much more successful outcome. When used together employees are more productive, happier and healthier – and as result, so too is the organization.

Reality: *If I am not engaged and experience STS, I am not likely to follow-up on STS intervention/ treatment recommendations*.

Consider the following: disengaged employees will

- make excuses,
- make careless mistakes,
- have trouble getting work done or completing records accurately,
- not assertively participate in supervision and meetings,
- resist change,
- not respond appropriately or timely to clients calls/work emails,
- use up all their sick time often on Mondays and Fridays,

- show up late, spend too much time on breaks and lunch, leave early, and
- not engage in self-care.

Reality: *The more engaged I am, the more passionate I am about the quality of my relationship/intervention with clients and the more committed I am to my organization. Therefore, if I experience STS, I will do what is needed to resolve it*.

Sustaining High Levels of Employee Engagement

Developing high levels of engagement among employees is not difficult but does take *effective ongoing effort*. Let's look at a few of the ways high levels of employee engagement are sustained.

Leaders, inclusive of managers and supervisors, must demonstrate that they care about the well-being of their employees by regularly connecting with them. According to Harter and Adkins (Gallup Workplace, 2015), managers (and supervisors) account for up to 70% of variance in engagement. Consistent communication is clearly connected to higher engagement. There are several excellent engagement surveys recommended in the Assessment Session but keep in mind that, as good as they may be, assessments are faceless. To get at "why" specific areas of engagement are low, we need to engage employees for the answers. This is best accomplished with face-to-face conversations with employees following assessment. I recommend the following after engagement surveys are completed and scored.

1. Sit down with staff in small groups and go through each item on the survey and ask for their feedback and opinions.
2. Anonymously report each group's comments and then indicate the actions leadership will be taking to improve engagement at all levels.
3. Conduct monthly follow-up sessions, as adjustments will be needed (this further demonstrates how serious leaders are about supporting employees).
4. Identify problem areas and then assign small groups to discuss and provide possible solutions. Report all solutions and then get to work initiating solutions until the problem is resolved.
5. Continue to meet in small groups and/or via supervision for "engagement reviews" that allow employees to identify what is important to them, what makes their day, their week, what makes them feel appreciated, checking to see if they are clear as to what is expected of them and what they would like to learn.

What matters most is that leadership take time to sit down with staff to have these conversations, to hear what they are thinking about the work they do, the clients they serve, what's required of them, the resources and artificial intelligence support available to them, why they remain with the organization, what they find meaningful about the work they do, what excites them.

Note: In some respects, engagement begins in the hiring process. Applicants must be made aware of the type of clients they will be assisting, the trauma they have endured, the unavoidable stress that comes from exposure to trauma victims and/or trauma incidents as well as the demands of the job. This is best accomplished via video segments involving workers talking about their experiences, the stress they experience and the ways the organization assists them with managing this stress. Obviously, they also need to be exposed to the rewards of the job as described by current workers. This provides for a much more realistic and a better-informed applicant, who will be much better prepared should they be ask to join the organization. This format is referred to as Realistic Job Previews (RJPs). Simply Google "Realistic Job Previews in Health and Human Services/Mental Health" for more detailed information.

Okay. Let's get back to what encourages high levels of engagement.
Employees will engage when leaders:

- encourage collaboration, working together as a team, being respectful and considerate of each other and giving and seeking useful feedback from one another as needed,
- stress the importance of quality service and provide ongoing resources that support service quality,
- demonstrate their passion for quality at all levels,
- keep employees informed about what is occurring in the organization and consistently report on its strengths, what is being accomplished with clients and in the community (To be engaged employees need to feel proud of their organization and that they are part of something larger than themselves),
- have the tough conversations about employees taking responsibility for resolving conflict among themselves rather than shifting blame or complaining to others and to always be proactive, so when mistakes are made to immediately bring them to the attention of their supervisor/manager so they can be corrected quickly but also become teachable moments for all to learn from. **(**Being proactive also includes encouraging employees to share their ideas, seek new experiences within the organization and taking the initiative to improve skills), and
- develop a culture where employees feel safe (physically and emotionally) and connected to the mission, values and beliefs of the organization. (More on safety in our next session.)

Employees will engage when their supervisor/manager:

- identifies problem areas and possible ways to correct those problems, for example time management techniques, completing written records (it's amazing how many employees can verbalize client interactions but find it difficult to translate those interactions in writing. Knowing that a written record reflects knowledge and skill levels can be threatening. It takes practice and support for some to become comfortable and confident with preparing written documents),
- establishes monthly progress goals,
- provides information and resources related to the work they do but also help enhance their professional growth, and
- assists them with their self-care/well-being needs and strategies.

Employees will engage when they:

- hear weekly from their supervisors/managers via face-to-face, email or text or through the organization's social network, and
- their universal needs are consistently acknowledged.

Note: We all have four universal brain-based needs (Brendtro & Mitchell, 2015; van Bockern & McDonald, 2015). These needs are belonging, mastery, independence and generosity. When these are acknowledged, we connect with and feel cared for by those who take the time to meet our needs. These needs can be easily addressed on a regular basis and clearly let the recipient know that their qualities are noticed. For example,

Mary:	It is always good to see you. (Belonging)
Lorenzo:	I didn't realize how much you know about . . . (Mastery)
Juanita:	I really appreciated the way you took the initiative to . . . (Independence)
Chris:	That was really nice, the way you helped out Susan yesterday . . . (Generosity)

Employees engage when their supervisor/manager:

- addresses their strengths,
- helps them find ways to improve on those strengths, and
- helps them find ways to utilize those strengths in the work place. (Opportunities might include mentoring newer employees, writing and presenting reports about new trends, what other similar organizations have found helpful, preparing YouTube segments, conduct trainings, completing certification training; the opportunities are endless. Employees will have suggestions of their own that, when allowed to pursue, will further enhances their level of engagement.)

Remaining Resilient

More than ever, in this ever-changing global world, remaining resilient, regardless of the stress of the work we do or the environment we are in, dictates that we focus on connecting with and caring for one another, that we engage. Focusing on the well-being and wellness of employees, connecting and demonstrating care for them is smart because it supports high levels of engagement, which leads to greater retention, improved performance and quality service and overall resilience. It is also an ethical responsibility of organizations serving a trauma population because the greater the well-being and engagement experienced by staff, the higher the quality of service provided to clients.

Question Three: After reading about the ways that leaders, managers and supervisors promote engagement, how would you rate the level of engagement in your work setting?

Poor____ Minimal____ Limited____ Somewhat good____ Very good____

Please record your response under the Post-session Questions at the end of this session.

Summary

We've seen that it has taken years for organizations to actively respond to STS among its staff, even after abundant research showing its prevalence. The CDC says that "One-fourth of employees view their jobs as the number one stressor in their lives" (ESI EAP, Nov. 14, 2016). Remember the California study in Session One about child welfare worker stress and the large number of staff reporting they had more health issues than their peers working in other professions. The fact is, in high stress work environments and occupations, inclusive of TSO settings, employees visit physicians 26 more times than those in low stress jobs (Azagba & Sharaf, 2011). Stress hurts, period.

The impact of stress on our cognitive processes, behavior, performance, engagement with others and within the organization where we provide trauma service, leads to numerous performance, engagement and retention issues, whose improvement will be limited if our focus on employee well-being is limited to STS and placing the primary responsibility for well-being and self-care on employees. The focus on well-being must be inclusive of STS but also on the other domains of employee's lives we've addressed, and the organization must support a culture of *onsite* well-being assistance and services that go beyond STS.

Tough Conversations, Well-being, Engagement

Organizational Mindset Recommendations

Consider adopting the following growth-oriented mindsets:

- As much as it is needed today, the focus on STS is a fixed mindset rather than the more expansive well-being growth mindset focusing on multiple sources of employee stress inclusive of STS.
- Stress is stress. Regardless of its source, stress affects our bodies, our emotions, cognitive processes and performance even when sources such as STS are not significant sources of stress. Stressed employees, regardless of the source of that stress, struggle with performance, consistency, engagement, maintaining a positive work place culture; their stress becomes the stress of their peers (Tyler, 2012).
- Helpers bring their own personal life stress into the work place and these sources also influence performance, engagement and the care of others and present additional risk for or vulnerability to CF/STS/BO.
- An organizational growth mindset focuses efforts at reducing/managing employee stress as a comprehensive *onsite* well-being approach that assists and support staff in the emotional (mental health), physical (health), social (connections), spiritual (purpose, meaning, values, community), career development and financial domains.
- When high levels of well-being co-exist with high levels of engagement, everything changes for the better-performance consistency, professional growth, quality of care, productivity, employee engagement and satisfaction, retention and organizational well-being.
- Productive and positive relationships throughout an organization are dependent upon and nourished by leaders who are visibly caring for and connecting with all staff.
- To successfully enhance the well-being of staff in TSOs, leaders need to practice the characteristics of transformational leadership – walk the talk (idealized influence), inspire and motivate, give personal attention (individualized consideration) and provide intellectual stimulation (how well-being efforts are beneficial).

Recommendations for Well-being Initiation

1. **Invite and advocate**—Leaders do not want to force well-being activities and programs on employees but first advocate their benefits through education of employees via articles, existing well-being programs, YouTube discussions etc., followed by an invitation to provide their feedback as to what well-being means for them in the six domains identified in this session. Following this, employees can be invited to on site well-being activities.
2. **Model well-being**—If leaders in an organization do not model well-being efforts, employees will simply not engage. Modeling can be done through discussion and example.
3. **Demonstrate care and connect**—Leaders must help, encourage employees to set well-being goals and then consistently follow up with them to see how they are doing and problem solve together the barriers that may get in the way or the need to look at other activities that better fit individual well-being needs.
4. **Research**—There are numerous well-being sources and resources available (see Appendix). For example, Gallup has numerous resources such as, "How Millennials Want to Live and Work, Women in America: Work and Life Well-Lived," in addition to multiple surveys, guidelines, etc. Present as much as you can to staff (not all at once) for their feedback as to what fits for them. The well-being interest of every group will vary and topics/interest will change over time making this an ongoing process.
5. **Demonstrated effort matters**—Developing a comprehensive well-being program across the six domains will take time. It doesn't have to happen all at once. If there is a visible and consistent sincere effort by leadership to make the change, engagement and well-being and the many benefits we've identified will begin to improve.

Our Next Session

In our next session we are going to examine a few critical issues associated with being a trauma-informed organization and providing trauma-informed services. The remainder of the session will then focus on the key issues regarding supervision as it relates to secondary trauma, the responsibility of employees related to supervision and the unavoidable stress supervisors must also learn to manage.

Post-session Questions

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices.

Questions

1. Of all that you have read and experienced up to this point, what surprises you the most?

   _____

   _____

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

   _____

   _____

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

   _____

   _____

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?

   _____

   _____

Record answers here to the three questions asked during this session.

Question One: After reading about the focus of organizations on employee wellness and well-being and the benefits for doing so, how would you rate your organizations leadership demonstrated and continued effort to provide both onsite and offsite resources and assistance with your well-being in the six domains identified-financial, health, emotional (mental health), social, spiritual and professional growth? Limited____, Some focus/effort but inconsistent ____, A definite priority____.

Question Two: Of the six domains, which domains receive the least attention or provide the fewest resources _____, _____, _____, _____.

Question Three: After reading about the ways that leaders, managers and supervisors promote engagement, how would you rate the level of engagement in your work setting?

Poor____, Minimal____, Limited____, Somewhat good____, Very good____.

Note: Keep your answers in mind when considering the sources of workplace stress and how much your workplace practices are contributing to your stress versus the actual work you do.

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THE FEELING IS MUTUAL: THERAPIST CRYING FROM AN ATTACHMENT/ CAREGIVING PERSPECTIVE

Judith Kay Nelson

It is an everyday scene captured on video: a mother diapering a newborn infant. To the dismay of the audience (I have shown it countless times to students), the baby is tense, flailing and crying with a shrieking tone. If the audience pauses to look at the face of the mother (who it must be said is "causing" the baby to cry with this necessary task) or to listen to her sounds and words, it is clear that she is caught between completing her task as quickly as possible and soothing the baby's distress. At one point, she stops and leans over to enfold the baby in her warm body, nuzzling her little head, and saying, "Oh my god, oh my god, shh, shh," words of maternal distress uttered in a calm voice. Finally, she stands up and hurries to finish with the diaper change while the baby returns to shrieking. When it is over, the mother picks up the baby with a gentle, drawn out cheer, "Yea! Yea!" followed by a sweetly sympathetic, "Oh, my poor babe, yea, much better, ey?" As the baby quiets and settles on her shoulder, the camera catches the mother's face. We see her roll her eyes to the ceiling in a gesture of complete relief, smile, and give a small chuckle. At last, all is well for both mother and baby.

(Spidell & Thalenberg, 2004)

This chapter begins by describing the attachment/caregiving system and how crying is an integral aspect of this system in infancy and beyond. The middle section shows how the attachment/caregiving system can be applied to understand crying—by client or therapist—in the therapeutic context. The final part discusses four prototypes of therapists' tears that can occur within the therapeutic attachment bond.

CRYING FROM AN ATTACHMENT/CAREGIVING PERSPECTIVE

Attachment behaviors are universal, inborn, and unlearned, and crying, a behavior present from birth, is at the top of the list, serving as it does to powerfully beckon the caregiver when the infant is negatively aroused, most significantly by separation from the caregiver. Crying is an unambiguous signal of negative arousal in the infant that creates corresponding negative arousal in the caregiver (Boukydis & Burgess, 1982; Donovan & Leavitt, 1985), calling for a caregiving response. In recent decades, attachment researchers have expanded Bowlby's (1969) original definition of attachment as an inborn behavior designed to bring about proximity to the caregiver to include attachment as the dyadic regulation of affect, a definition that might be applied to psychotherapy as well. Thus, in responding to infant cries, caregivers soothe and regulate not only the infant's negative arousal but also their own.

The attachment and caregiving systems are reciprocal—attachment behaviors trigger caregiving behaviors—in the parent–infant relationship and in close relationships throughout life, including the therapeutic relationship. The process, mutual and intersubjective from the outset, results from the intertwining of two nervous systems so that there is reciprocity of both affect arousal and affect regulation. Contributions from neurobiological studies of attachment reinforce the idea that individuals rapidly and subliminally transmit affect through facial expressions, including tearing up and crying, bodily posture, tone of voice, and gaze, and that affect is indeed mutually aroused and mutually regulated (Schore, 2003). Musical analogies to this biologically based interconnection come to mind: resonance, improvisation, rhythmic synchronization, or entrainment.

The beckoning, attachment-building power of infant crying and the way in which it viscerally evokes caregiving responses is a template for crying throughout life. Adult crying, too, is an attachment behavior that triggers caregiving behavior. A stranger crying on the steps of the post office, a friend sharing a diagnosis of breast cancer, or a client bereaved at the loss of a parent all alert potential caregivers to the pain of loss and trigger powerful urges

to offer caregiving help or comfort. Negative arousal in the crier disturbs a potential caregiver, analogous to the way that infant crying does with a parent. An attachment/caregiving framework provides a basis for bringing some of that ephemeral process to consciousness.

Crying, Separation, and Grief

The default reason for crying in infancy is at separation from the caregiver, and for adults at the death of a close loved one (Bowlby, 1960, 1961). Separation and loss are the key precipitants for tears throughout life. In infancy, the primary threat is to the loss of life, as the infant is unable to survive in the absence of a caregiver. Losses in adult life, though they may feel equally life-threatening, go beyond loss by death to include the "deaths" or endings of everyday life such as divorce, break-up, empty nest, retirement, or relocation, or losses that are symbolic, threatened, fantasized, or imagined. Repeatedly, the clichéd lines, "If you leave me I will cry; If you leave me I will die," link loss of a lover and death.

Grief is the process set in motion when separations and losses occur. Regardless of the source or severity, a loss may lead to a grief reaction parallel to those that occur with death or separation from the caregiver. Grief reactions, no matter the precipitant, sometimes trigger the attachment behavior of crying—an appeal for a caregiving response. When we grieve, we sometimes cry, but when we cry it almost always represents a grief reaction (Nelson, 2005).

While studying infants placed in war nurseries in England during World War II, Bowlby (1960, 1980) identified three stages of grief: protest, despair, and detachment. Subsequently, he observed that the responses of adults to the loss of a close loved one parallel those of an infant separated from the caregiver (Bowlby, 1961). Bowlby mentioned in passing the types of crying that accompanied protest, despair, and detachment in the infants separated from their caregivers in the nurseries. Protest crying was a loud, high-energy cry, an emergency signal designed to bring about a speedy end to the separation. If there was no reunion and no consistent substitute caregiver, the infant would go into a state of despair, where the crying was more of a low wail. Finally, if the separation continued indefinitely, the child would go into a detached, non-crying silent state.

Looking at the parallels between adult grief and infant grief, I theorized that the quality of adult crying might also change in relationship to each stage of grief (Nelson, 2005). Adult crying could then be classified according to the stage of grief to which it corresponds, with protest crying being of high intensity, designed to undo or avoid a loss, and crying in despair, a quiet

weeping that represents surrender to the reality of a loss. Detached tearlessness, a silent, withdrawn depression in response to a loss, would correspond to an infant's life-threatening detachment following permanent separation from a caregiver.

Crying and Attachment Style

In understanding the attachment/caregiving elements of crying in therapy—by the therapist or by the client—it is important to recognize both the stage of grief to which the crying corresponds and the attachment style of the crier and the caregiver (Robinson, Hill, & Kivlighan, 2015). Attachment style, so named by Ainsworth (1967), an early attachment researcher, is what Bowlby (1969) termed the "internal working model of attachment" (p. 80). The individual's attachment style is based on early attachment and caregiving experiences, and represents a neurobiological template for close relationships, affect arousal, and affect regulation throughout life (Mikulincer & Shaver, 2007). From neurobiological research, we now understand that attachment style represents the impact on the infant's developing brain and nervous system of repeated cycles of arousal, attunement/misattunement, and regulation between infant and caregiver (Schore, 2003). The infant's nervous system constellates its affect-regulating strategies around these experiences in the early years of life to form what we call attachment style.

Based on the huge body of attachment-style research, we have learned that secure attachment results from consistent, attuned, and reliable caregiver responses to affect arousal, both negative and positive (Nelson, 2012; Schore, 2003). Insecure attachment styles in adults include preoccupied or dismissing. People with preoccupied attachment styles typically have experienced inconsistent, highly reactive, or overly smothering caregiving early in life, while the dismissing style is linked to excesses of early independence training and underresponse on the part of the caregiver to the infant's affect arousal.

Though secure attachment with an attuned and responsive caregiver is the primary strategy with which infants are born, some infants must adapt by using secondary strategies to accommodate overly anxious, inconsistent, or neglectful caregivers. When caregivers are abusive, fearful of the infant, or severely depressed or neglectful, no adaptive strategy is possible, resulting in a tendency toward dissociation in response to negative arousal, and to conflicting patterns of arousal and regulation, known as disorganized attachment (Main & Solomon, 1990).

Crying is our first attachment behavior and constitutes our first intersubjective experience. Over time, the successes and failures at beckoning

caregivers by crying and the appropriateness, effectiveness, and promptness of their responses contribute to the establishment and maintenance of the attachment bond as well as to its quality, whether secure, preoccupied, dismissing, or disorganized.

CRYING IN THE CONTEXT OF THE THERAPEUTIC ATTACHMENT BOND

As described above, when caregivers soothe and regulate a crying infant, they also soothe their own negative arousal. Likewise, a client's affect in therapy may produce negative arousal in the therapist—discomfort, sadness, anxiety—that he/she soothes and regulates as an important part of the caregiving process. Indeed, Stolorow and Atwood (1992) write that "proper domain of psychoanalytic inquiry is not the isolated individual mind, but the larger system created by the mutual interplay between the subjective worlds of patient and analyst, or of child and caregiver" (p. 1). This intersubjective view of the therapeutic relationship was launched in large part by research that showed infants and parents to be dynamic partners in a mutually regulating attachment and caregiving relationship (Beebe, Lachmann, & Jaffe, 1997; Stern, 1985). Using the model of the attachment/caregiving system to understand crying in therapy—by either the client or the therapist—helps to shed light on the many nuances of the intersubjective interaction that crying in therapy represents. Indeed, from an intersubjective attachment/caregiving standpoint, the distinction between the person shedding the tears and the non-crier (or mutual crier) becomes increasingly blurred. By keeping the attachment/caregiving theoretical model in mind, the psychotherapist can contextualize the therapy relationship within the attachment histories of both parties (Robinson, Hill, & Kivlighan, 2015), as well as more consciously monitor affect arousal, including crying by either partner, and the attunements and misattunements that may result. Utilizing this model can help the therapist understand confusing countertransference responses that may trigger the therapist's crying or lead to unexplained or unwelcome reactions to crying by the client. This model can also help us to formulate important guidelines for when a therapist should restrain from crying and why crying by the therapist sometimes helps and sometimes interferes.

Loss is a primary theme for virtually every client who comes for therapy. Such losses vary widely in time, from childhood to present day or to anticipation of future loss; in intensity, from large to small; and in social spheres ranging from intimate relationships, to athletic, academic, or professional ones. Tears sometimes accompany grief, but whenever tears do appear, the

vast majority of the time it is due to grief over a loss (Nelson, 2005). The small remaining experiences of crying represent either physiologically based crying (for example, strokes, medication side-effects, endocrine disorders) or true tears of joy and connection, the other side of loss.

Therapists, too, have losses, alongside those of our clients. In general, it is the client whose attachment system is activated, thereby engaging the therapist's caregiving system. However, it is inevitable that the therapist's own attachment behaviors may be activated from time to time, even as we are functioning fully in our role as professional caregivers. Attachment and caregiving are reciprocal systems that represent the intertwining of the affective lives of the partners in the therapeutic dyad. As parents experience the infant's negative arousal and become negatively aroused themselves, so do therapists experience the pain and grief of their client's losses, resulting at times in sharing their pain, identifying with it, or triggering the therapist's own loss and grief. The result is that sometimes therapists cry with our clients or instead of our clients—over their losses, our losses, or some immeasurable mixture of the two.

An attachment/caregiving approach to understanding crying in the clinical hour—by either party—requires attuning to three key principles. They are: the stage of grief, attachment styles (of client and therapist), and the state of the therapeutic attachment bond.

The Stage of Grief

Protest

Protest grief in adulthood is the cry of "no" in response to a loss that urges the caregiver/therapist to do something to prevent or undo the loss, as protest crying in infancy serves as an emergency signal to bring the caregiver back to the child. Other than in the aftermath of a traumatic loss, protest crying comes across as demanding, blaming, angry, dissatisfied, or devaluing of the caregiver. Protest crying is more likely to evoke feelings of apathy, irritation, guilt, or a loss of confidence rather than empathy in the therapist caregiver. Protest criers are not open to empathic caregiving; they simply want action to avert or undo or in some way compensate for their loss.

Maintaining an intersubjective balance in the face of protest grief is challenging and requires a great deal of skill and forbearance. I recall, for example, a client crying in protest grief over my pending vacation. Tearfully, she attacked me, saying, "You travel too much! You know my fears of abandonment and how my parents left me with strangers. This is abusive; I'm going to find another therapist." She succeeded in arousing corresponding negative

affect in me, but it was a mixture of anxiety, guilt, and irritation. In effect she was saying, "You are making me cry by threatening this loss," which was literally true, and I acknowledged it empathically. I then attempted to soothe her by explaining why I needed to travel and going over the arrangements for her care in my absence. As I spoke to her, I, too, was calmed. Regulating her affect regulated mine as well.

If a therapist does cry in response to protest grief, the outcome is almost certainly doomed without a lot of skillful processing by the therapist. One such example came to me from a new client who reported that she had become dissatisfied with her previous therapy and presented some of her complaints to the therapist. When she confronted her, the therapist burst into tears without explaining why. The client was alarmed, confused, and angry at the therapist's protesting response (the reasons for it were not disclosed or discussed) and she terminated. Having the therapist's attachment system activated in response to her protest made the client feel insecure with the therapeutic caregiver and even more anxious about getting the help she wanted.

Despair

This stage of grief represents surrender to the reality of a loss. Like the intermittently crying infant slumped in the corner of the crib, the adult has given up hope of the loss being restored or averted. This is the type of crying that evokes the strongest desire in the caregiver to connect and comfort the crier. As a result, it is this type of crying where healing is most likely to occur.

Despair is also the type of grief most likely to elicit crying by the therapist. Certainly the client's narrative about a loss can be evocative, but his or her posture, gaze, and tone of voice also speak volumes to our implicit, procedural brains. The therapist may be similarly moved to tears, crying along with the client, identifying through a similar personal loss, or purely from empathy. Other clients speak in a flat, tearless tone while the therapist is the one who cries. A number of experienced therapists I interviewed cited examples of such empathic crying when they shed tears for a client before he or she was able to do so—a perfect example of a mutual, intersubjective attachment/caregiving moment (Nelson, 2005).

Detachment

Infants go into shut-down mode when there is no end to the separation, and some adults do so as well. Not only do they inhibit crying, but they also withdraw into an isolated depression, shutting out all attempts at caregiving.

Detached adults do not typically come to therapy voluntarily unless blindsided by unexpected grief at the loss of a mate or job. In any case, crying creates extreme discomfort for them, and potential caregivers, including the therapist, are held at bay, sometimes coldly, sometimes angrily, and sometimes in a manner as flat as their overall affect. As in infancy, detachment can also be a life-threatening form of grief for adults who may stop eating or become suicidal.

While therapists are far more likely to feel ineffective, frustrated, blamed, or even irritated than to tear up in the face of detachment, it is possible that an interpersonal chord could nonetheless be struck, resulting in a therapist crying. If so, the likelihood of misinterpretation by the detached client is high, meaning that the therapist should quickly check out how the client is perceiving the therapist's tears. If the client is not able or willing to be forthcoming, the therapist can help to fill in the blanks by explaining the source of her tears and the feelings that prompted them. It would not be safe to assume that the client would experience the tears as empathic or sympathetic.

Attachment Style

As described earlier, attachment style forms the neurobiological template for affect arousal (crying) and affection regulation (caregiving). The attachment styles of client and therapist, therefore, come into play with experiences of crying by either party (Robinson, Hill, & Kivlighan, 2015). For example, differences in attachment style—of therapist as well as client—relate to frequency and type of crying (Robinson et al., 2015), ease and intensity of arousal or showing vulnerability, expectations for appropriate and effective attunement, and the ability to trust in and rely upon a caregiver to participate in affect regulation. Thus, an understanding of the theory and research related to attachment styles has deep relevance for understanding the therapeutic process and relationship (Cassidy & Shaver, 2008; Mikulincer & Shaver, 2007; Schore 2003).

Secure Attachment

Securely attached people are those most comfortable with crying, their own and that of others, though that does not necessarily mean that they cry more (Robinson et al., 2015). They have developed a sense of confidence that distress can be revealed to caregivers with the expectation that it will be understood and regulated. In addition, securely attached people are able to rely on internalized caregivers for self-regulation. This is not to say that securely attached

people have not experienced misattunements or that their comfort with crying is complete. Social mores and judgments about tears may also be internalized, and even the most securely attached person—client or therapist—may apologize for crying, defend against it, or prefer to cry in solitude.

Preoccupied Attachment

Preoccupied adults, having grown up insecure about whether caregivers will respond to crying appeals in an attuned or effective manner, are quick to activate attachment behaviors such as crying in order to attract caregiving, while simultaneously having little confidence that a caregiver can effectively regulate their arousal. Their fallback belief is that the caregiver will ignore or overreact, leaving them to dangle alone and unsoothed. Until a more secure therapeutic attachment bond is established, protest grief is a common presentation.

Dismissing Attachment

The attachment/caregiving profile of a person who is dismissing rotates around an internal working model of independence, self-regulation, and a tendency to defensively deactivate the attachment system. Because there is no experience or expectation of a caregiver response built in from early life, crying is squelched and considered intrusive and unwelcome. Grief may be expressed directly or indirectly in angry protests, humor, or intellectualizing, with tears emerging only when overwhelming grief breaks through their defensive deactivation or after they have begun to experience earned security in the context of the therapeutic attachment bond.

The State of the Therapeutic Attachment Bond

Over the course of a treatment relationship, the type of crying may change, reflecting the level of security the client feels with the therapist. Attuning to the frequency of tears, whether they are tears of protest, despair, or the noncrying that accompanies withdrawn detachment, gives the therapist a guide to the internal working models of attachment operating within the therapeutic relationship. The therapist's inclination or disinclination to cry in response to the client's pain, grief, and loss will be one way to gauge the client's level of attachment security with the therapist.

For example, in the early phases of working with a withdrawn, detached person, the therapist may actually be shedding tears of grief that has not been acknowledged or even felt by the client. At a later stage, however, the

client may move into protest grief, perhaps directed at the therapist, and the therapist may feel defensive or irritated rather than carrying the earlier, unexpressed grief. While it seems paradoxical, this is a move toward greater security in the therapeutic relationship. In yet another later phase, as the client moves toward earned secure attachment and is able to cry in despair, the therapist may again feel the urge to cry in empathy.

THERAPIST CRYING IN THE CLINICAL HOUR

In earlier writing (Nelson, 2005, 2007), I outlined some common types of crying by the therapist identified through surveys of experienced therapists, conversations with colleagues, and personal experience. The types are: crying as connection; crying when the therapist is undergoing a personal, acute grief reaction; and crying at termination. I discuss each type below, and have added a section on crying at retirement as I have found—based on personal experience and discussions with other professionals—that terminations at retirement may represent an amalgam of these three types of therapists' tears.

Crying as Connection

A number of therapists report this type of crying to be a form of empathic attunement to the client and see it as an extension of their caregiving function rather than an activation of their attachment system. In a number of the examples I collected, however, therapists clearly identified an intersubjective element, recognizing that their crying was linked to some overlap between the client's loss and an undisclosed loss of the therapist's.

A number of the responses to my survey came from therapists reflecting back on their own therapist crying in a session. Several recalled it as one of the most meaningful experiences in the therapeutic relationship, though two made qualifications. One said that the crying had taken place five years into the work, but that had it occurred earlier, she would have assumed that her pain was too overwhelming for the therapist. Another reported a changing view as she came to know some details about her therapist's life. When he originally cried with her over the loss of her parents in childhood, she was moved and did indeed feel a deepened connection. Later, however, when she learned that he had also lost his parents at an early age, she felt the experience much diluted, almost tainted, by the fact that his tears were also about his grief, and not solely about hers.

While a therapist crying in this way may represent to the therapist the deepest form of connection with the client, the client may misinterpret it as the therapist's attachment behavior rather than a caregiving one. In a workshop I led recently, a participant recounted having teared up as her client described losing her mother as a young girl. The therapist teared up and acknowledged that she, too, had lost her mother at about the same age. The client got upset at the intrusion of the therapist's grief and complained to the student's supervisor, saying that the therapist had "burst into tears" (not the therapist's recollection at all). The supervisor shared the complaint with other members of the clinical team and these colleagues joined forces in being extremely judgmental and condemning of the therapist's behavior. This example cries out, as it were, for more open and thoughtful discussion about crying by the therapist in training programs. Being able to return and process such an experience with the client, as with any other inadvertent break in empathy, would have been foreclosed had the student not been mature enough to persist in explaining herself in the face of such lack of support and understanding from her colleagues.

Crying During an Acute Grief Reaction

There are no guidelines for how soon a therapist should go back to work after the loss of a close loved one. Nonetheless, it can be assumed that for at least some months after a painful loss a bereaved therapist will be in the throes of grief with increased vulnerability to crying during therapy. Some unexpected overlap or association in a session may unleash tears that may appear intense or uncharacteristic to the client. In fact, I happened to know the therapist described above who burst into tears when her client confronted her with her dissatisfaction with the therapy, and I knew that she had chosen to return to work just several days after the loss of her child. Unfortunately, the therapist chose not to disclose her loss to her clients so that her crying could be understood in context. There are, however, also numerous examples of therapists experiencing severe grief reactions who do share the fact of their loss with their clients and who find that doing so, even when the therapist might cry, deepens the connection.

Crying at Termination

Three of the four times I cried throughout my 40 years as a psychotherapist (aside from crying during my retirement process, which I will discuss below) were at unexpected and painful terminations. Two of them were with children,

which made my intersubjective vulnerability all the more intense. The first was a 12-year-old girl who had to leave town abruptly to go live with relatives because her custodial parent was murdered. The other was with a teenager whose parents ran out of patience and decided to send her away to school. Neither client cried and I feared that my doing so would further upset them. However, the first girl took my tears to mean what they were: that I was attached to her and would feel her loss. It represented our connection and had so much meaning that years later she came back to town to check in with the detective handling her parent's case and called me. The second girl told me, when I asked how she felt about my crying, that of all the people she had told she was leaving, I was the only one who cried. To her it was a clear sign of how much I cared about her and would miss her—caregiving and attachment behavior rolled into one.

My third experience of termination tears was more complex and conflicted. A young woman in her 30s was terminating prematurely, declaring that she had gotten what she had come for, though my sense was that she was fleeing the work still to be done. I unsuccessfully fought tears in one session as she discussed her decision and I realized I needed to get consultation. I think now that my crying represented tears of protest—my attempt to prevent or undo her decision about the separation/termination. Because of the complex ways in which protest crying can be used to control others or make them feel guilty, however, it was both unwise and ineffectual. I knew I needed to control my tears in order to find enough caregiving neutrality to help her process her feelings about the proposed ending.

Crying at Retirement

If there are no guidelines about when to return to work after an acute grief reaction, there are certainly no rules about how to negotiate multiple terminations during a retirement process. When I retired after almost 40 years of psychotherapy practice, I announced my retirement one to two years ahead depending on the client. As another retiring colleague stated, however, "The client may need one year's notice, but so does the therapist." Her remark points to the deeply intersubjective nature of retirement terminations. The therapist needs time to process endings in multiple relationships, and to end a phase of life and give up a professional identity. In other words, as another colleague who retired recently said, "Be prepared for a lot of tears." She did not specify whose tears she was referring to, but from experience, I can attest to the fact that mine were as much a part of the equation as were my clients'. When a therapist closes a practice, the usual mutuality of the ending is intensified.

In addition, retirement precludes the usual assumption—spoken or unspoken—that the client could decide to return in the future.

In my experience, following months of tearless processing, it was in the final session when the actual goodbyes were spoken that the tears began to flow. Even in writing that sentence now, I feel a lump in my throat. Two examples stand out, and both were with young adult women (early 20s) who had suffered much trauma and loss in their lives, in one case the recent loss of a parent. The journey we had shared as we built bridges from traumatic childhoods to mature adult life was too all-encompassing for words. I had been part of their growth, but I had grown, too, in response to their suffering and their courage. One, a writer, was eloquent as she tried to express the meaning of our relationship and we both quietly wept throughout. The other was the only client who, upon hearing of my retirement, brightened and said, "I'm so happy for you!" with a sincerity and generosity that were more than defense against her pain. For our last session, she came bearing a huge bouquet of flowers, which even now makes me weep. The flowers were both funereal and celebratory, though my affect matched the former more than the latter.

Things were much less straightforward, however, with several clients I had been seeing for barely two years following the death of their long-term therapist, my close friend and office partner. In this instance, the clients and I shared a mutual acute grief reaction over the loss of a long-term therapist and a beloved friend. Now they were losing me, and their connection to the office building. In all three instances, the pain of their grief was deep and they knew I shared in their loss, though at no point did my tears threaten to erupt. It was burdensome to have to compartmentalize my grief, but it also felt necessary that I preserve my affect-regulating, caregiving function for them. I needed to endure so that they could endure. Mine was an intersubjective, caregiving decision.

CONCLUSION AND RECOMMENDATIONS

Attachment and caregiving forces are continually at work in the therapeutic relationship, drawing on the therapist's procedural knowledge of affect arousal, attunement, and regulation. Having a sense of one's own attachment style, and the associated affect arousal and regulation patterns, aids the therapist in understanding these complex dynamics. When all is going smoothly, it is not necessary to take the step of making the implicit explicit, but when misattunements or enactments intrude around crying by either party,

an attachment/caregiving perspective is crucial for making conscious sense of the dynamics and for processing them with the client.

A recent research study testing some aspects of an attachment/caregiving perspective on crying in the clinical hour suggests that, in order to understand the meaning of crying in the therapeutic relationship, therapists need to attend to the overall amount of client crying, the type of crying, their own and their client's attachment style, and the client's attachment to the therapist. Further, they suggest that therapists be "attentive to their own attachment needs," which points to the fact that therapists also need caregiving in their lives (Robinson, Hill, & Kivlighan, 2015, p. 390). Therapists must maintain a high level of self-awareness regarding our own attachment needs and style so as not to get our clients to do our crying for us or unduly serve as our caregivers. We need to know our patterns well in order to sort through the intersubjective tangle of arousal and regulation. By keeping attachment and caregiving systems at the forefront, we can understand, welcome, process, and integrate the crying by either partner that occurs in the context of the therapeutic attachment/caregiving relationship.

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CHAPTER 14

Sustaining Your Prosperous Practice Through Changing Economic Times

The collapse of the housing bubble that occurred in 2008 occasioned a financial crisis that set off the worst recession this country has seen since the Great Depression of the 1930s. Going through this period of economic crisis was, for many psychotherapists in private practice, both a sobering experience and a grounding experience. It was *sobering* in that it brought home the fact that economic conditions can and do change, even in the amazing economic engine that is the U.S. It was *grounding* although in the fact that even though economic conditions had changed, and much wealth had been lost in the U.S., the people's need for psychotherapy was undiminished, even if their capacity to pay for it was more challenged than it had been previously. As one interviewee for this book put it,

> I had to reduce my fee for a number of clients, and some went from every week to every other week. Some people, I put into a group, who I had been seeing individually before. But overall, my clients still needed therapy, and I found ways to accommodate every situation. My overall income went down a bit during the recession, but only by about 15%, and I think I only lost a few clients due to economic hardship.

One of the most important lessons to learn from the recession of 2008 for psychotherapists is that psychotherapy is really not a luxury item for most of our clients. It is a necessity. With almost

all of the therapists we interviewed for the book, the story of the recession was the same: Clients found a way to maintain their psychotherapy if they possibly could. This is the *grounding* to which we are referring. As a psychotherapist, you are providing a necessary service, one that your clients will find a way to pay for even when economic times are difficult.

One thing that we have learned from therapists who carried on successfully through the recession of 2008–2009 was that they worked *creatively* with their clients and their practices to maintain success through tough economic times. Let's look at some of the strategies that worked so that you can implement these in good times and bad.

1) Be confident
2) Be flexible
3) Don't be too proud
4) Try new things
5) Focus on your ground game.

BE CONFIDENT

As we discussed earlier, your clients are in psychotherapy because they need the expert care that you offer. Nowhere else in today's society can a person find a trained, skilled professional who will treat them with confidentiality and appropriate boundaries to work with the most intimate and sensitive aspects of their emotional and relational lives. To be in the care of an ethical, skilled psychotherapist is a very precious experience. We encourage you to BE CONFIDENT that this experience is valuable for your clients in good economic times and bad, and that your clients will choose psychotherapy over other spending choices in many circumstances.

BE FLEXIBLE

Given that their psychotherapy is extremely valuable for your clients, when tough economic times hit them, either because of a general economic downturn such as the 2008–2009 recession or because of personal circumstances such as changes in their health or employment, it can be very valuable to be flexible. You can think together about

how to keep working together in ways that will be both effective and financially manageable for both of you. Here are a few things that therapists have done to make therapy more affordable:

- Lower the fee
- Go to every other week
- If you lead groups, and have an appropriate one for the client, put the client in a group.

Therapists who do problem solving with the clients around issues of keeping the therapy going despite the client's economic hardship find that involving the client is very helpful. It engages the client's creativity and his sense of agency.

DON'T BE TOO PROUD

We have found some therapists who take a great deal of pride in setting a very high fee and having a very full and "fancy" practice filled with high-end professionals and wealthy people. If you can sustain such a practice, then we applaud you (although we do encourage all therapists to do some pro bono and low fee work). However, we have seen with some private practitioners a "pride problem" sets in. It looks something like this: The therapist lets it be known that he or she has a fancy, high-fee, fee-for-service practice. The therapist was perhaps at one time "riding high" or full, but for one reason or another the practice is much less full, yet the therapist is too proud or stubborn to lower his or her fees.

In these circumstances, we think it best to do one's best to let go of one's attachment to having the "fancy" practice, and to let it be known in the community that you are open to lower-fee clients, or to even sign up with some managed care companies, at least for a limited period of time, to get one's practice back on solid ground. As one therapist who made these adjustments at one in her career explained to us,

> I was embarrassed and thought that my colleagues would think I was a failure. Actually, almost all of the people I reached out to were happy to hear I was lowering my fee, and told me

that they too were making adjustments and taking managed care. I felt very relieved, and ended up getting a bunch of new referrals.

TRY NEW THINGS

If there is an economic slowdown and your practice in turn is slowing down, don't be afraid to try new things. One therapist we spoke with trained in Eye Movement Desensitization and Reprocessing (EMDR) during the recession so that she could attract new clients. EMDR turned out to be an excellent source of referrals for her and she loves the work! Another therapist got training in Dialectical Behavioral Therapy (DBT), and now co-leads several groups using that methodology. Another therapist started an interpersonal therapy group based on Irv Yalom's model of group therapy. Yet another started a men's group based on the work of Robert Bly and James Hillman. The point of all of these is to follow your interest and passion to develop new skills through training and risk-taking so that when things slow down in your practice due to slow economic times, you can respond to that with creativity and trying out new directions in your practice.

FOCUS ON YOUR GROUND GAME

Finally, when tough economic times hit, don't forget to get back to basics. These basics are:

1) Stay in touch with your professional community.
2) Make sure that your colleagues know about the services you are offering.
3) Do some public presenting of your work so that people in the community can be exposed to you and your work.
4) Do some writing so that you can put the word out about your work.
5) Keep your website up to date

CONCLUSION

Slow economic times remind us of several important things about the profession of psychotherapy. First, what we provide is a

necessity for most of our clients and not a luxury. Second, we need to be flexible when dealing with clients in tough economic times—working creatively with them to find solutions to helping them afford to continue to work with us can pay off for both client that therapist. Third, if pride is keeping us from making necessary adjustments to our practice during an economic downturn, then we need to examine this rigidity and make needed adjustments to keep our practices vital and full. Fourth, we need to be open to new skills and new approaches that will both grow our skill set and bring in new clients. Fifth, when the economy slows down, it is smart to refocus on the basics of marketing: getting the word out among your colleagues and in the community about the work you do and the clients you can best serve.