



Webcast – Self-Care With Presenter: Ken Kraybill August 12, 2009

Rachael:

Welcome to today's webcast "Caring for Self While Caring for Others." My name is Rachael Kenney and I am the Deputy Director of the National Technical Assistance Center for the Projects for Assistance in Transition from Homelessness, known as PATH. On behalf of PATH, I would like to thank all of you for joining us today. Today's webcast is for PATH providers in Illinois. Ken Kraybill, our speaker, will discuss ideas for how to maintain resiliency and renewal in this work.

The PATH Technical Assistance Center is funded through the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. department of Health and Human Services (HHS). The PATH TA Center provides assistance and support to the 56 state and territorial PATH grantees as well as the over 480 local PATH providers. The PATH formula grant program serves individuals with mental illness and/or co-occurring disorders who are homeless or at risk of homelessness. Technical assistance services are provided onsite, by phone or email, through webcasts, and through the PATH website.

The PATH TA Center also serves as a data-coordinating center, providing data collection, analysis, and reporting for the PATH program. Before we get started, I would like to take a moment to show you our new, interactive PATH website. You can find this website at <http://pathprogram.samhsa.gov> as you can see on the bottom of your screen. There is a variety of content including best practices, grantee information, and personal perspectives on the website. You can search our digital library and find helpful resources, including manuals, research articles, reports, and tools. Currently, our library houses over 8,000 resources related to homeless services. An important goal of the national PATH program is to connect PATH providers with each other and with researchers, consumers and policy makers. As a registered PATH member you can create a personal profile that will allow you to connect with other users, participate in forum discussions, and rate resources. You can register to become a PATH member on the PATH website at any time, by visiting our homepage and clicking register at the top of the screen. If you are already a member of the Homelessness Resource Center website, your username and password can also be used on the PATH website.

On our website you can also find information on upcoming conferences, trainings, and webcasts hosted by PATH and our partners. Materials from today's webcast will be available on our PATH webcast resources topic page on the PATH website accessible through the topics tab as shown here, within the next two weeks. The topics tab is to the top left of the tabs on the top of your screen. I'd like to make a couple of logistical announcements. All attendees will remain on mute for the duration of the webcast. Ken



will take questions at the end of his presentation. To submit a question, write it in the Q & A box at the right of your webex screen. We will try our best to address as many questions as we can. As mentioned earlier, within the next to weeks you will be able to access an audio recording and written transcript of today's webcast. Now I would like to introduce our presenter. Ken is a Senior associate at the Center for Social Innovation, the organization that operates the PATH TA Center. Ken is a nationally known speaker and trainer on motivational interviewing, outreach, and self-care. Drawing upon 18 years of direct service experience in the homelessness arena, Ken has developed various curricula's, resource guides, and trains hundreds of service providers. At this point I will turn it over to Ken.

Ken:

Thanks Rachael,

Thanks very much and good morning everyone and welcome. It is very good to be with you to share ideas about how we can sustain ourselves in this work. I know that you know that working with people experiencing extreme poverty and homelessness requires us to find ways to stay renewed. So, today we want to explore what it means to care for ourselves while caring for others.

At the outset, I want to acknowledge that these are stressful times, economically and otherwise, for many of you, not just for the clients you serve. All of this only adds, I think, to the importance of taking care of ourselves.

So, how do we stay energized and hopeful? How do we accompany others in their struggles without becoming overwhelmed ourselves?

I'd like to begin by asking each of you to take a few moments, wherever you are, to simply quiet yourself. I'd suggest that get into a comfortable position, put your feet flat on the floor, perhaps close your eyes if you wish, and take a few long deep breaths. Or, do whatever works for you to enter into a quiet, renewing space, even if for only a few moments. Please begin now. I'll call you back very soon.

(30 seconds)

Please return now, if you would from your moment of solitude.

Thomas Merton, a Trappist monk, once wrote a cautionary letter to a young activist – someone involved in working for social justice and improving people's lives (like yourselves). Merton wrote these words:

“The rush and pressure of modern life are a form, perhaps the most common form, of its innate violence. To allow oneself to be carried away by a multitude of conflicting



concerns, to surrender to too many projects, to want to help everyone in everything is to succumb to violence. More than that, it is cooperation in violence. The frenzy of the activist neutralizes one's work for peace. It destroys the fruitfulness of one's work, because it kills the root of inner wisdom, which makes work fruitful.”

When I first heard these words, I was shocked by the idea that my well-intended actions might actually be a form of cooperation in violence. Perhaps violence seems too strong a term. However, when I am honest with myself, I do prejudge others, at times, or I do interrupt when people are talking, or listen with only partial attention. Sometimes when I have too much on my plate, I am much too quick to jump to solutions without understanding the problem. When my care becomes more provider-centered than client-centered, or I find myself being reactive instead of responsive, I know that I'm on the wrong track.

All of these behaviors are violations or violence if you will, that stand in the way of developing healthy helping relationships, which is at the core of the work we do.

This is what a frenzied young activist looks like, in case you were wondering!

A few brief caveats here.

#1 – My qualifications to speak about the topic of self-care are suspect...my wife would attest to this! For example, I've been known to stay up into the wee hours working on self-care presentations, of all things!

My qualifications, however, are not so much about my achievements in self-care, but in sharing with you some of my own experiences – successes and failures. And conveying a bit of what I've learned, and continue to learn, in sustaining my efforts in this work.

2) Caveat #2 – I don't come with a particular formula for you to follow – for example, there is no Top Ten List of Sure-Fire Self-Care Strategies.

3) Caveat #3 – Nothing I say on this webcast will actually change anything for you...unless something resonates within you during or after this call that motivates you to action. Actions can look like: making exercise a priority, eating more mindfully, or decreasing TV time. Actions can also involve letting go of expectations, habits, or attitudes that no longer serve you well – such as letting go of being unforgiving.

In order to get some baseline data about your current level of stress, I have devised a stress pre-test for you. Please read what is on the screen and then look carefully at the images that I will show you.

Now for the photo with the identical images... [*Slide: one image is a dolphin and the other image is a cow*]



(pause) All right, moving along...

I want to discuss three main ideas in this presentation in relation to caring for oneself: 1) the context in which we work; 2) what each of us already knows about self-care; and 3) ideas as individuals and teams to enhance our wellbeing.

This work. I began working in homeless services in a shelter facility in downtown Seattle in 1982 – actually I stumbled into my position, and then later came to see it as my calling. I worked there for 18 years, primarily with the Health Care for the Homeless project, providing counseling and case management services, supervising a mental health team, and doing program planning, teaching and advocacy.

I discovered that care providers working in this field labor under demanding circumstances, bear witness to tremendous human suffering, and wrestle with a multitude of agonizing and thorny issues on a daily basis.

At the same time, we have the privilege of becoming partners in extraordinary relationships, marveling at the resiliency of the human spirit, and laying claim to small but significant victories. Such is the nature of this work that it can drain and inspire us all at once.

Allow me to read to you something I wrote that speaks to the “both/and” nature of this work. I’ve shared this piece with quite a number of people working in homeless services around the country, and it seems to resonate. Perhaps it will with you.

This work...

Exhilarating and exhausting
Drives me up a wall and opens doors I never imagined
Lays bare a wide range of emotions yet leaves me feeling numb beyond belief
Provides tremendous satisfaction and leaves me feeling profoundly helpless
It evokes genuine empathy and provokes a fearsome intolerance within me
Puts me in touch with deep suffering and points me toward greater wholeness
Brings me face to face with many poverties and enriches me encounter by encounter
This work renews my hope and leaves me grasping for faith
It enables me to envision a future but with no ability to control it
Breaks me apart emotionally and breaks me open spiritually
Leaves me wounded and heals me

In response, I’d like to invite you to engage in a brief exercise. Please take a pen and paper and take some time to list whatever comes immediately to mind in response to these two questions: What is it that depletes you about your work? And what is it that energizes you?



So first of all for about a half minute only, if you could just jot down all the ideas that come to mind: What is it that depletes you? And I'll call you back in just a bit.
(pause 30 sec)

And now, turn if you would to the question of what energizes you. What gives you a sense of vibrancy in your work?
(pause 30 sec)

So we will continue on now, but certainly you are welcome to continue adding to those lists as you choose.

It is important for us to be reminded of our work context and its effect on us. Many of you are PATH providers involved in street outreach, visiting people living in remote camps, working in shelters and drop-in centers. You work in unconventional settings under extraordinary circumstances.

Day in and day out, where you go, what you see, hear, and feel has a direct impact at many levels, some of which you may be unaware. After awhile, you might even begin to see this world of suffering as almost normative, as if no other worlds exist.

Peter Marin, a sociologist, and author of an article in the 1980's that appeared in Harper's magazine entitled: Helping and Hating the Homeless, a rather provocative title. In it, he describes the context of homelessness like this: "Homeless people are the sum total of our dreams, policies, intentions, errors, omissions, cruelties, and kindnesses as a society."

Here is what homelessness looks like in Skid Row in Los Angeles – juxtaposed with these elegant office building that are literally only a few blocks away. While it is difficult to imagine living on the streets in these conditions, it is even more incomprehensible that many hundreds of people live in such poverty in the shadows of such wealth.

I believe that this close co-existence of wealth and poverty, which we find throughout our country, is a major source of deep dis-ease that affects every one of us at a soul-level. It deeply offends our sense of what is right. Moreover, we know it doesn't have to be this way. Homelessness is preventable and resolvable.

I show you this slide because we know that the paradigm shift towards housing first and permanent supportive housing is not only achievable, but it is also a source of tremendous hope that can help sustain us.

Here is one of the many human faces of homelessness in Skid Row.



Here is the same man, Edward, who is now housed through Project 50, a street to home project in Skid Row, and with ongoing support, is turning his life in a new direction. His story can be found at the website of the Skid Row Housing Trust in Los Angeles.

I saw a bumper sticker recently that read: “In war there are no unwounded soldiers.” I believe this to be true. As a corollary, I also believe that “in this work, there are no unaffected care providers” – no one who is untouched by secondary trauma.

Despite the rewards inherent in the work, it inevitably exacts a personal toll. By listening to others’ stories and providing a sense of deep caring, we walk a difficult path. Yet we do so willingly, knowing that first we must “enter into” another’s suffering before we can offer hope and healing. I think it is interesting to note that the word care finds its roots in the Gothic “kara” which means “lament or to mourn, or to express sorrow.”

Caring itself can become burdensome causing us to experience signs and symptoms of what the literature variously calls compassion fatigue, secondary traumatic stress, or vicarious traumatization. This impact is compounded by the frustrations of trying to provide help in the face of structural barriers to care. To feel weighed down by these circumstances is not unusual or pathological. It is, in fact, a quite normal response.

Judith Lewis Herman, who wrote the seminal book, *Trauma and Recovery*, talks about trauma as those events that “overwhelm the ordinary human adaptations to life.”

Secondary traumatic stress is a risk we incur when we engage empathically with others who have been traumatized. It results from knowledge about a traumatizing events experienced by others, hearing their stories, and from wanting to help them in their suffering.

Researchers and practitioners have acknowledged that persons who work with or help traumatized persons are indirectly at risk of developing the same symptoms as persons directly affected by the trauma.

Let’s briefly take a look at some warning signs of secondary traumatic stress. I am indebted to Laura van Dernoot Lipsky for naming these warning signs in her book, *Trauma Stewardship*, which I highly recommend for reading.

I can never do enough! This is a common response of care providers. Yet, rather than constantly feeling like we are falling short in our efforts, how much healthier to take the long view and recognize that we can and do make a difference in people’s lives every day.



Feeling helpless and hopeless: If this is how we feel much of the time, we are unlikely to be of much help to others. Part of the task of our work is to be hope-bearers for others and to believe in them when they can't believe in themselves.

When we find ourselves going through the motions, and have lost our vibrancy and playfulness...it may well be that our secondary traumatic stress level is peaking.

Chronic exhaustion –when we simply feel bone tired, soul tired, heart tired, spirit tired

If one-third of your time is spent looking for things you had a moment ago, stress may be the culprit.

Guilt--about experiencing pleasure when others are suffering, or having things that others don't have, about self-care when others are struggling to survive. This is something that we can sometimes become overwhelmed with, when we see the dissonance of what we have and what others don't have.

When anger turns to a kind of constant cynicism or sarcasm, there's trouble. This can be caused by constant unrelieved stress that skews our outlook and beliefs.

Fortunately, there's good news for those of us who suffer from cynicism and sarcasm. The good news is that we now have sarcasma "Are you tired of repeating the phrase, ya think!? Do you often bite your lip during meetings to suppress your blatant sarcasm from spewing out? Relax, you don't have to live with it anymore and so on and so forth..." (If you want to learn more, Google sarcasma relief capsules and you'll learn everything you'll want to know.)

Another warning sign is addictions. What are the things that bind us? What are things to which we are attached in an unhealthy way? I use the term "addictions" broadly here. We're not talking only about drugs, alcohol, gambling and sex...how about unhealthy attachments to say...shopping, or sarcasm, or to overworking, even and addition to "helping" others, or to caffeine, or even to PPT slides.

Nothing needs to change in the world for us to transform our own life experience, and we already know how to care for ourselves based on what we know about caring for others

So what are some things we know about what works.

We know that being person-centered or client-centered is critical to effective care for others. That is, meeting people "where they are instead of where we think they should be," working collaboratively in a relationship built on trust, eliciting from the people



what are their hopes, needs, and priorities (rather than assuming we know what's best), and empowering people to be the central directors of their own lives.

Turning this around, I would ask: Is caring for yourself a priority? Do you allow yourself, even make arrangements, to be treated in a person-centered manner by others? Do you surround yourself with a circle of care? Do you have trusting safe relationships that accept and nurture you?

We know the importance of trauma-informed care? How about you? Do you treat yourself in a trauma-sensitive and trauma-informed manner – acknowledging your own vulnerabilities and triggers? Do you have people in your life who ask “what happened to you” instead of “what’s wrong with you?” Are you able to find ways to be safe when you feel vulnerable? Is your own healing an ongoing priority?

And just as you assist others in their recovery from addictions, mental illness, and homelessness, what about your own recovery process – from whatever hurts and vulnerabilities you have experienced? Judith Herman says: “Recovery... is based on the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation.” A recovery-oriented perspective is a hopeful perspective.

I love this quote from Buckminster Fuller: "There is nothing about a caterpillar which would suggest that it will turn into a butterfly." Are we able to see the butterfly that we are becoming as we recover from our caterpillar-ness?"

So I did a little research and put a butterfly and a caterpillar side by side. There really is nothing about a caterpillar that suggests it will turn into a butterfly!

Many of you when you fly on an airplane may hear something along these lines. “In the event that oxygen masks may be needed, place the mask over your own face before assisting others.” I think this is a good clue about the importance of caring for our own needs first, so we can then assist others.

To better understand what self-care is, let's first take a look at three things self-care is not:

1) Self-care is not intended to be an “emergency response plan” to be activated when stress becomes overwhelming. Instead, healthy self-care is an intentional, purposeful way of living to diminish stress and its effects. Self-care at its best is preventive. The need for “emergency care” should be an exception to usual practice.



2) Self-care is not about acting selfishly. Instead, I believe that healthy self-care is about being a worthy steward of the self – body, mind and spirit – with which we’ve been entrusted. It is about taking responsibility for oneself and living day to day in a manner consistent with one’s values. It is unwise to think that we can be providers of care to others without being the recipients of proper nurture and sustenance ourselves.

3) Thirdly, Self-care is not about doing more, or adding more tasks to an already overflowing “to do” list. I am one of those people who likes to make “to do” lists. And I take great pleasure in writing a task on it, then crossing it off. Sometimes, I catch myself doing something that I forgot to put on the list, so I write it down anyway after the fact, just to have the satisfaction of crossing it off! Of course, that rarely happens with self-care. It usually languishes at the bottom of the list.

I have come to see self-care as much more about “letting go” than about doing more. It has to do with taking time to be a human being as well as a human doing. It is about letting go of frenzied schedules, meaningless activities, unhealthy behaviors and detrimental attitudes such as worry, guilt, being judgmental and unforgiving.

Self-care can be described as our ability as human beings to function effectively while meeting the multiple challenges of our work with a sense of energy, vitality, and confidence

In the same manner that we provide care for others, we must care for ourselves by first acknowledging and assessing the realities of our condition, creating a realistic plan of care, and acting upon it. Though many providers practice self-care in creative and effective ways, we sometimes lose our sense of balance, and fail to provide the necessary care for ourselves with the same resoluteness that we offer care to others.

The following A, B, C’s of self-care can provide a useful guide in reflecting upon the status of your own practices and attitudes.

Self-care begins in stillness. By quieting our busy lives and entering into a space of solitude, we can develop an awareness of our own true needs, and then act accordingly. I believe this is a space we need to enter frequently, even if only for a brief period. Otherwise, our lives are full of constant activity. You will remember that Thomas Merton suggests that this busyness of our lives can be a form of “violence” that robs us of inner wisdom. Too often we act first without true understanding and then wonder why we feel more burdened, and not relieved. Parker Palmer is a Quaker educator who wrote in his book *Let Your Life Speak* a phrase that I think is worthy to reflect upon in these times of quiet: “Is the life I am living the same as the life that wants to live in me?” and I repeat “Is the life I am living the same as the life that wants to live in me?”



Self-care is a balancing act. It includes balancing action and mindfulness. Balance guides decisions about embracing or relinquishing certain activities, behaviors, or attitudes. It also informs the degree to which we give attention to the physical, emotional, psychological, spiritual, and social aspects of our being. Nature constantly reminds of the need for balance – each 24-hour period is a balancing act of day and night. Every 365 days is a balancing act of the four seasons.

Ironically, healthy self-care cannot take place solely within oneself. It involves being connected in meaningful ways with others and to something larger. We are decidedly interdependent and social beings. We grow and thrive through our connections that occur in friendships, family, social groups, nature, recreational activities, spiritual practices, therapy, and myriad other ways. Often times, our most renewing connections can be found right in our midst in the workplace, with co-workers and with the individuals to whom we provide care.

As we come to a close, I'd like to provide a few modest proposals that we might take a look at. Nurture a spirit of gratitude – practice being mindful and grateful for what you have, rather than dwelling on what you don't. I believe gratitude is fundamental to practicing self-care. It changes you and impacts everyone around you. Meister Eckhart, a 13th century philosopher and mystic said: If the only prayer you said in your whole life is, "thank you," that would suffice.

Eat nourishing food – I think there is a great deal of truth to the saying that you are what you eat – nourishing food satisfies the appetite and it provides the energy we need to do this work.

Do one thing at a time – multi-tasking has its limits – even when faced with many responsibilities, we are at our best when we focus well on one thing at a time.

Breathe – it's not that we aren't breathing of course, but most of us breathe mindlessly, without being aware of it; mindful breathing, even for a short period, allows us to reorient ourselves

“Consider others’ words as a “first draft”” – I read this line in a book I read recently and I was really taken by it: in other words, give others the benefit of the doubt. Rather than assuming what someone means, seek to understand first.

Forgive – I don't suggest this lightly because many of us have experienced significant trauma in our lives. And yet we also know that to hold on to that hurt too tightly over time keeps us tethered and entrapped. Forgiveness is essentially a process – a process of letting go. It is independent of the transgressor. Choosing to forgive is a very powerful form of caring for oneself.



When you eat lunch, eat lunch – or, when you play, play; when you listen, listen... you get the idea – we need to be mindful we need to be present, we need to do one thing at a time, and to do it well.

Take breaks – our bodies, minds and spirits need a change of pace throughout the course of day – mini retreats if you will

Or when you take vacation time off, take a vacation – don't be tempted, as I often am, to use vacation time to catch up on all the things you are not getting done otherwise

And lastly, avoid committing karoshi – I don't know if you are familiar with this term, but there is literally a Japanese word specifically designated to refer to “death by overwork.”

Include organizational health and well-being into the mission statement and the strategic planning of your group. At organizational and team levels, it is important to ask questions such as:

To what extent is there a sense of pride in the workplace?

How well do people like each other?

Is everybody encouraged to think and contribute to solutions?

How well are professional standards supported in a real way?

What personal qualities do leaders in the organization model?

And so forth...

Another idea is to create a team or organizational wellness committee to plan, implement, and evaluate activities that are designed to enhance the well-being of individuals and teams. I also think that staff retreats are a crucial part of this. And I find myself often facilitating staff retreats when many times organizations have gone for years and years and years without having done so and when they do come together and take time to step back and reflect on their work I find it to be a very enriching time for people to spend time in that manner. I think such efforts can make a huge difference.

So a few resources...

I mentioned earlier, the book *Trauma Stewardship: An everyday guide for caring for self while caring for others*. This was authored by a social worker here in Seattle, who works with vulnerable and marginalized populations. In this book she includes lots of interviews with people like yourself as well as people who are world-renowned. She also includes lots of practical tips and best of all she includes a lot of New Yorker cartoons, which make it really fun to read. But I do recommend this book to you if you are interested.

Another book written by a colleague of mine is called *Souls in the Hands of a Tender God*, by Craig Rennebohm. This is written by a mental health Chaplin who has devoted



his life to doing street outreach and working with people who are homeless or mentally ill. In it he compiles and writes stories of hope and healing based on the stories of folks he has interacted with. I find this to be an extremely compelling and rich book that I think can sustain us in our work and give us a sense of solidarity in the kind of work that we're doing. It's also a wonderful book to spell out, if you will, the steps to create a successful outreach process.

You might find this odd, but I'm going to recommend Motivational Interviewing and you might wonder what relationship does that have to self-care. MI is a collaborative, evocative, empowering approach that works. It actively involves clients in their own care; it improves adherence and retention in care. I think it promotes a healthy "helping" role for providers. And, it instills hope and fosters lasting change. All of which are very good reasons, I think for us to continue to develop our skills in a manner of approaching people in an MI-consistent way. And I hope that this is already an on-going process for many of you.

So I have a stress post test for you:

You will be shown a photo of two identical images. Although the images are the same, people under stress tend to see differences between them. Please look carefully at the photo. If you detect even minor differences, you probably need some time off. [*slide: both images are dolphins*]

And there you go.

I would now like to take some time to field any comments ideas, questions that you might have and make this a bit more interactive. So if you would please type questions, comments

And Rachael I will turn this back to you to facilitate this part of the presentation.

Rachael:

If anyone has questions, the best place to put them is in the Q and A box on the right hand side of your screen. If you are unable to figure out how to use that you can also use the chat box and send the message to select all panelists and that will send the message to us

And also as we're doing questions, the poll just popped up on the side of your screen and you can make comments about today's webcast went on there.

Question and Answer Session

The question we'd like to start of with here is "how can supervisors encourage self-care to become part of an organizational culture?"



Ken

That's a great question because I think supervisors are really the key people in organizations who are likely to be most influential in this regard.

I think my first response would be to practice self-care yourself. Don't be a frenzied supervisor. Take time to model, to live self-care both in your own being and in the way you interact with others around you. I really think that supervisees pick up so much more from supervisors by what they observe than anything we tell them or suggest to them or ask them to do. That said, one of the things I think is really an important part of supervision and ought to be built in on a regular basis are some very specific questions that are evocative questions that ask supervisees things like so how's it going, what's working for you in your job right now, what's creating stress, what's making life more difficult, and how are you doing in terms of how you're managing that. And then of course the question "and how can I be of assistance to you?" Those are all just examples of kinds of questions that I think that we might pose as supervisors to really take that time with supervisees to find out how things are going. And as a corollary to that I'm also a strong proponent of individual supervision, that is one to one supervision. It's not to say that group supervision doesn't have its place and can't still coexist, but I really believe that in this type of work where everything is so unconventional, and there really are very few clear cut guides as to how to proceed in outreach, that I think having the opportunity for supervisee to sit down in a safe place with a supervisor on a regularly scheduled basis is critical, not only for the purpose of what's going on clinically, and what's going on with their client load, but to ask these kinds of key questions of how people are doing. Thank you for that question.

Rachael:

I have another question here and it says "how can you do one thing at a time when there are staff shortages and the nature of the work often results in multi-tasking in order to get things done, for example paperwork, phone calls, direct client care?"

Ken:

Yeah, it's a huge challenge, and I'm not here to suggest that multitasking isn't sometimes the way to go. I'll just speak some examples from my own life. If I find myself in a conversation with somebody and I'm multitasking in my mind of what else I need to be doing, to me that is one of those creations of a violation for that particular conversation in that relationship and even if we're hearing, partially, I think that for real conversation to take place, we have to give our full attention to what the person is saying and trying to understand what they mean, even in those brief conversations that take place. So to me that's one example of a time when I think we need to discipline ourselves to really stop even for that brief period of time or whatever the length of time is, to just be focused. You know, I think also, again I know that I am one who does this quite often, when I am eating lunch, I am also checking email, I am also spending time paying attention to things in my environment. You know, I think that we can get away with this sometimes and its okay, so long as, again, to me the test is are we creating any violation of a relationship or



something that needs to be given attention to by our multitasking. There's also a part of me that believes also that it's impossible to multitask. That really, we are always doing one thing at a time, it's that we live with the illusion that we are doing a number of things at the same time, but I may be wrong on that. But I think that ultimately, what we are doing is that we are just trying to pay attention to many many different things in a very brief amount of time. When in fact at any given moment I think our minds only can focus on one thing at a time. I'll leave it at that

Rachael:

The next question we have here is what happens if in the middle of caring for a client we suddenly feel overwhelmed? In the spirit of self-care do you finish the task at hand at your own peril or do you transfer the case to other members of your team to retain your sanity?

Ken:

That's a good question. I'm assuming that we're not referring to necessarily an acute overwhelmed state in the midst of a conversation, but in the long haul we just become overwhelmed with or feel incapable if you will of providing the care that we should or want to. To me this is a supervisory issue at one level, but it's also an opportunity for in that supervisory relationship, or with peers, or whoever we entrust with the conversation about this overwhelmed state, to really explore, what is it that is creating this sense of sort of hyper stressed feeling. I think often times what happens is that we are incredibly empathic with people and we find ourselves really getting into and listening to the story and sometimes its kind of like this notion that we think of empathy as trying to walk with somebody in their shoes. Sometimes I think we actually try to get in their shoes with them, and that's a crowded spot to be, but I think if we can leave our own shoes at the side of the door and really try to just walk alongside people and observe what its like to be in their shoes that's the more healthy place. I do think there are times when we are triggered, when we experience being with somebody in ways that it brings up our own issues, that perhaps need to be looked at, where maybe its this overwhelming sense of compassion, and its probably cumulative from having listened to many stories, those to me are all signals, they're warning signs, they're times for us to step back and to really take an opportunity to literally retreat, and try to renew ourselves, refurbish ourselves, but also to have some really meaningful conversation with someone we trust to just talk out loud about what's going on. Those are just some thoughts that come to mind in the context of that question. Again I really appreciate that kind of question.

Rachael:

We have another question here that says "what warning signs can supervisors look for in their staff, how do you identify an overworked staff member who is close to burnout?"

Ken:

You know, I think burn out is not hard to detect, I think what happens is, and I distinguish burnout from secondary traumatic stress or vicarious traumatization, I think



we can look at all that on a continuum, but to me, burnout is that place where a person is showing overt signs of inability to do their job well. And, people manifest that in many different ways, sometimes its manifest physically, through heightened anxiety, physical anxiety, that shows itself, heightened sickness, illness, days, even in the content of people speaking and talking you start hearing a sense of hopelessness creeping in, a sense of “I don’t know if I can keep doing this.” When we start sort of even thinking in black and white and we start seeing people as either good or bad or we start saying things like “that person will never change” or “that person, they just don’t want my help.” These are all signs and symptoms, I think, of our own, expressions of own inadequacies, not a comment about the client necessarily, and I believe it comes from this sense of being overwhelmed by the emotional, intellectual and physical, and spiritual aspects of this work we do. I think that when anyone reaches the state of burnout, it’s time for supervisors to take action, that is to say, to take a more directive role in helping staff to find ways to take time away, to maybe have a brief sabbatical, certainly to enhance and explore self-care and enhance self-care all of those are the kind of things that we can explore, but burnout, is something which can be detected when clients start coming to supervisors and saying that they’re unhappy with that individual, I think these are all possible warning signs.

Rachael:

We currently have one other question, but we would please like everyone to send their questions to the chat box, or to the Q and A box, if they have additional questions. The question we have right now is “If I am new to my job, how can I convince my supervisor to allow me to do self-care without putting my job at risk, when everyone else around me is putting in extra hours and not practicing self-care”?

Ken:

And that happens so frequently, doesn’t it? There’s a culture that develops in our work where we start working those really long hours because we tell ourselves we are so committed that we are willing to do that. And then there’s this creeping sense that we’re losing our sense of self and our sense of well-being in that. It’s a great question, and I think that a few ideas come to mind. One is that practicing self-care off of the job, which is a huge part of our own self-care is something that we critically need to stay with and keep doing. I also think as supervisees, in our supervisory relationships, that we need to actually train our supervisors to supervise us. By that I mean we need to be willing to go to our supervisor and say these are the things that I think would be really helpful for me if you would be willing to check in with me about. And one of those might be “I would like you to check in with me about how I’m doing self-care-wise. I’d like you to ask me questions to help me gauge where I’m getting overwhelmed, where I’m crossing boundaries, where I’m not functioning as effectively as I can.” That would be one way to do it. I think as a new employee it takes an awful lot of courage, to stand one’s ground if you will, and say that’s going to have to wait or I can’t do all this or say no when somebody comes to you with one more request when you simply know that you can’t. But I will say that if you’re willing to take that stand it will change the culture. I think



that one person who is willing to work in a self-caring way, without being preachy about it, can make a huge difference. And then the other thing is that in team meetings, to encourage retreats, to encourage there are a number of tools like a self-care assessment tool that can be found online, and we can make some of those available, that would be ways for teams to just take ten minutes and say lets just do this and lets just check in with each other and have some conversation about it. Again, just a few ideas off the top of my head.

Rachael:

We currently do not have any more questions. I'd like to ask you all to make sure you fill out the evaluation poll and, if you like, you can take a look at your chat box on your screen to see the results from the poll at the beginning of this webcast.

Ken, do you have some closing remarks?

Ken: I would like to actually just offer a closing for us and wish you all well in your own work, in taking care of yourselves, I want to read to you a blessing that was written by someone anonymously that I use many times when I close out workshops and retreats and I find it something that is inspiring.

May you be blessed with discomfort at easy answers, half-truths and superficial relationships so that you will live deep in your heart--

May you be blessed with anger at injustice, oppression, and exploitation of people and the earth, so that you will work for justice, equity and peace--

May you be blessed with tears to shed for those who suffer so you will reach out your hand to comfort them and change their pain into joy--

And may you be blessed with the foolishness to think that you can make a difference in the world so you will do the things which others say cannot be done.

And I've added one more verse to this:

And May you be blessed with the readiness, willingness and ability to care for yourself while caring for others.

Thank you very much, everyone, for your participation.

Rachael:

Thank you Ken. Before we close the webcast completely, I would like to remind everyone to visit our website at <http://pathprogram.samhsa.gov>. For those of you who missed our introduction to the website, you can register and create your own profile, connect with other PATH provides, access thousands of articles and resources, and get up



to date information on events and training opportunities. Materials from today's webcast will be available on the PATH webcast resources topic page on the path website within a couple of weeks.

If you haven't already, please take a moment to complete the poll about today's webcast. Your feedback is important to us and it helps us to serve you better. On behalf of the PATH technical assistance center I would like to thank our presenter, Ken Kraybill, and all of you for taking time out of your day to be with us. Thank you very much and have a wonderful day.