Supervision and Service Delivery from a Strengths-Based, Person-Centered Perspective

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"I need someone well versed in the art of torture—do you know PowerPoint?"

Six Evidence-Based Practices

- Standardized Pharmacological Treatment
- Illness Management and Recovery Skills
- Supported Employment
- Family Psychoeducation
- Assertive Community Treatment
- Integrated Dual Disorders Treatment (IDDT)

Today's Challenges in Case Management Services

- Integrated Behavioral Healthcare movement
- Healthcare Reform
- Recovery Oriented
- Person-Centered
- Strengths-Based
- Culturally competent
- Anti-Stigmatizing
- Trauma Informed
- Dual Diagnosis Capable/Enhanced
- Shared Decision Making

Today's Challenges in Case Management Services

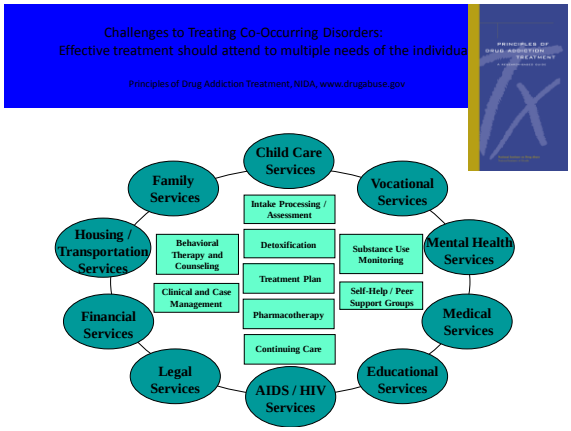
- Practices:
  - Illness Management and Recovery
  - Supported Employment
  - Assertive Community Treatment
  - Integrated Dual Disorders Treatment
  - Family Psychoeducation
  - Seeking Safety
  - Mental Health First Aid
  - Shared Decision Making
  - Wellness Recovery Action Planning
  - Motivational Interviewing
  - Stagewise Treatment
  - Dialectical Behavioral Therapy
  - Cognitive Behavioral Therapy

Double then Triple Stigma

- Creates barriers to receiving community-based services
- Not preferred candidates for rehabilitation programs or residential facilities
- Misfits in both SA and MH systems
- Even with services in place become involved with the court system due to behaviors as related to addiction

Areas of Poor Outcome (Minkoff)

- Relapse and rehospitalization
- Suicidality and violence
- Medical involvement (HIV/STD)
- Criminal Involvement (90% prison population)
- Homelessness (70% homelessness)
- Trauma vulnerability (85% women with COD, 50% men with COD)
- Family Disruption/Abuse
- High Service Utilization (70% of high utilizers)



Welcoming System of Care

- Empathy and hope are critical
- Engagement process
- Fundamental clinical skills
- Strengths-based approaches

Hope is a Three Step Process (Minkoff)

1. Empathize with reality of despair
2. Establish legitimacy of need to ask for extensive help
3. Empathize a hopeful vision of pride and dignity to counter self-stigmatization

Treatment Rules

- Empathic, hopeful, clinical relationship
- Promote activities to initiate and maintain integrated, continuing, hopeful relationships whenever possible

www.MED.UPENN.EDU/CMHPSR

Most Significant Predictor of Treatment Success:

"…the ability of a program or intervention to provide…through an individual clinician, team of clinicians, or a community of recovering peers and clinicians…

an empathetic, hopeful, continuous relationship, which provides integrated treatment and coordination of care through the course of multiple treatment episodes"

SAMHSA Definition of Recovery in Behavioral Health

- **Recovery from Mental Disorders and Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA Definition of Recovery in Behavioral Health

- Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:
- ***Health***: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- ***Home:*** a stable and safe place to live;

SAMHSA Definition of Recovery in Behavioral Health

- ***Purpose:*** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- ***Community***: relationships and social networks that provide support, friendship, love, and hope.

SAMHSA Guiding Principles of Recovery

- ***Recovery emerges from hope:*** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

SAMHSA Guiding Principles of Recovery

- ***Recovery is person-driven:*** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

SAMHSA Guiding Principles of Recovery

- ***Recovery occurs via many pathways:*** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds ? including trauma experiences ? that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

SAMHSA Guiding Principles of Recovery

- ***Recovery is holistic:*** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

SAMHSA Guiding Principles of Recovery

- ***Recovery is supported by peers and allies:*** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery

SAMHSA Guiding Principles of Recovery

- ***Recovery is supported through relationship and social networks:*** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

SAMHSA Guiding Principles of Recovery

- ***Recovery is culturally-based and influenced*** : Culture and cultural background in all of its diverse representations ? including values, traditions, and beliefs ? are keys in determining a person's journey and unique pathway to recovery.

SAMHSA Guiding Principles of Recovery

- ***Recovery is supported by addressing trauma*** : Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

SAMHSA Guiding Principles of Recovery

- ***Recovery involves individual, family, and community strengths and responsibility:*** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

SAMHSA Guiding Principles of Recovery

- ***Recovery is based on respect*** *:* Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

http://www.samhsa.gov/recovery

Empathy

- The skill of understanding a person's feelings and perspectives without judging, criticizing or blaming
  - This does not mean that a worker agrees with or endorses that perspective.
  - It means that when the helper can support a person while accepting him/her as they are, power struggles and defenses are minimized, and people feel freer to change

Effective, Empathetic Listeners

- Desire to be other-directed, rather than to project one's own feelings and ideas onto the other.
- Desire to be non-defensive, rather than to protect the self. When the self is being protected, it is difficult to focus on another person.
- Desire to imagine the roles, perspectives, or experiences of the other, rather than assuming they are the same as one' own or that the listener could/would never experience such things.
- Desire to listen as a caring receiver, not as a critic.
- Desire to truly understand the other person rather than to achieve agreement or change in that person.

ENGAGEMENT

- Give the "set" of the interview and then listen and observe
- Begin with assumption of SA and normalize use
- Explore past use before focusing on current use
- Be flexible and open
- Maintain empathic detachment

ENGAGEMENT

- Early on in process review confidentiality, legal issues, dangerousness issues, your role, your agency's role, etc.
- Maintain sensitivity to cultural, and trauma and abuse issues
- Give client opportunity to describe past, childhood and family life.
- Adolescent are more comfortable talking about MH than SA (?)

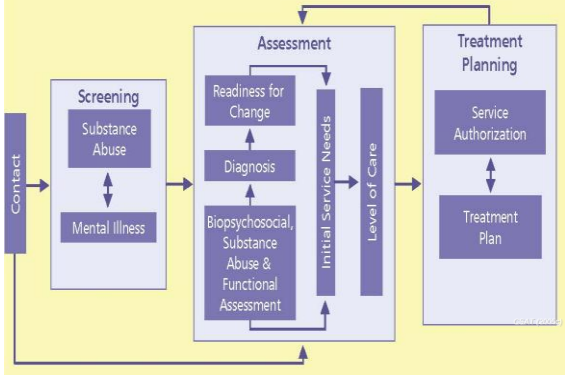
Don't Argue with Resistance

Goal of Treatment

- Maintain Calm/Continuous/ Engaged State
- Prevent Discontinuous States
- Build Cognitive Structures that allow choices

MHA Office of Special Needs Populations
TAMAR Project 2011

Figure 1: Relationships Among Screening, Assessment, and Treatment Planning



Challenges in Screening and Assessing COD

- Chronic use may create MH Symptoms
- MH symptoms may resolve with abstinence
- Psych disorders may be mimicked by use and withdrawal states
- Psych symptoms may appear when use stops
- Psych symptoms may be exacerbated or worsen with use

Challenges in Screening and Assessing COD

- Psych symptoms may be masked by use
- Symptoms of one disorder can contribute to relapse of other disorders
- Two disorders may present sequentially, at any given time
- Two disorders may be independent
- Drug-using behavior and psych symptoms develop independently

Pitfalls in Screening and Assessing for COD

- Lack of engagement
- Lack of trust (client or provider)
- Failure to take careful history
- Knowledge about SA or MH
- Belief differences – SA & MH
- System barriers
- Stigma

Pitfalls in Screening and Assessing for COD

- Cultural differences
- Time constraints
- Self-reporting inaccuracies/minimization
- Pending legal actions
- Incomplete or inaccurate records
- Complexities of the disorders
- Underlying trauma

Pitfalls in Screening and Assessing for COD

- Inconsistency in patterns of use
- Differences in norms for substance abuse for people with Severe Mental Illness
- Waxing and waning courses of both disorders
- Symptom interactions
- Other situational factors
- Higher levels of stress in daily living
- Differences in the consequences of substance abuse

Integrated Screening

- **Integrated screening addresses both mental health and substance abuse and is inclusive of psychological trauma, traumatic brain in jury, and intellectual disorder each in the context of the other disorder.**

Comprehensive Screening

A comprehensive screening process also includes exploration of a variety of related service needs including (but not limited to):

- ✓ medical needs
- ✓ housing needs
- ✓ need for victims' services
- ✓ presence of trauma

What are Minimum Screening Requirements?

- Gathering information about thoughts, behaviors or impulses related to self-harm or harm to others.
- Screening for the presence of co-occurring substance use and mental disorder and has the ability to refer to another source for assessment.
- Screening for trauma is becoming standard best practice.
- Screening for cognitive deficits as related to Intellectual Disability and Traumatic Brain Injury

COD Tools

- Practical Adolescent Dual Diagnostic Interview (PADDI) for adolescents.
- Comprehensive Addictions and Psychological Evaluation (CAAPE) for adults.
- M.I.N.I. International Neuropsychiatric Interview (M.I.N.I.)
- Triage Assessment of Psychiatric Disorder (TAPD) – a brief mental health and screen for addictions.

Substance Screening Tools

- CAGE questionnaire screens for alcohol and drugs
- The CRAFFT is an adolescent substance use screening tool used to identify substance abuse in adolescents
- Alcohol Use Disorders Identification Test (AUDIT)
- Dartmouth Assessment of Lifestyle Inventory (DALI), a substance abuse screen for people with severe mental illness
- Mental Illness Drug and Alcohol Screening (MIDAS)
- There are also symptoms and severity check lists such as the Alcohol Use Scale (AUS) or Drug Use Scale (DUS) revised that include common categories of substances, history of associated problems with use, etc.

Mental Health Screening

- GAIN (Global Assessment of Individual Need)
- Mental Health Screening Form (MHSF-III) is a two-page tool designed as explore previous psychiatric history and past and present symptoms
- Beck Depression Inventory, used to screen for the presence and rate the severity of depression symptoms.

Trauma Screening

- Should be done universally
- Should be straightforward but not intrusive
- Should be empathic and respectful
- Can be done over time
- TIP 36 – "Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues" (childhood trauma)
- TIP 25 – "Substance Abuse Treatment and Domestic Violence" (domestic violence)

Three TBI Screening Tools

The Ohio Valley Center for Brain Injury Prevention and Rehabilitation (www.ohiovalley.org):

- Produced with support from www.brainline.org.
- This screening is the longest of the three, therefore, more "specific".
- It includes a "How to Judge Injury Severity" grid, considerations regarding injury timing, treatment consideration guidelines and "Suggestions for Professionals Working with TBI".

Three TBI Screening Tools

Ohio State University TBI Identification Method Short Form (www.ohiovalley.org):

- This screening has been validated with prison populations in Ohio.

HELPS Brain Injury Screening Tool:

- This is a quick instrument that is used widely around the country.

Integrated Treatment

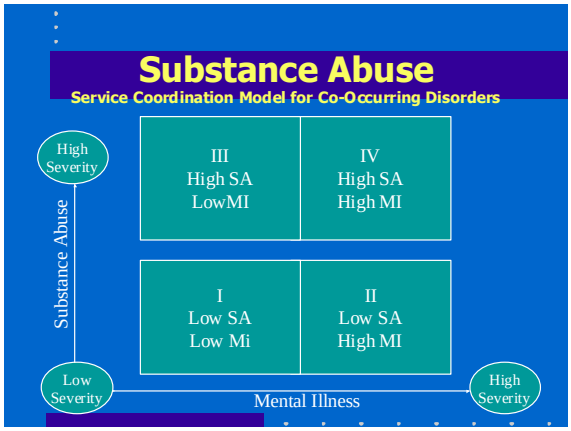
- Refers to any of a number of mechanisms by which established diagnosis-specific and stage-specific treatments for each disorder are combined into a person-centered coherent whole at the level of the consumer, and each treatment can be modified as needed to accommodate issues related to the other disorder.

Matrix for Treatment Matching

Four Quadrant Model

Stage of Change

Level of treatment engagement



Six Dimensions of ASAM PPC2R

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

DIMENSION 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS

Six Dimensions of ASAM PPC2R

DIMENSION 4: READINESS TO CHANGE (FORMERLY TREATMENT ACCEPTANCE/RESISTANCE)

DIMENSION 5: RELAPSE/CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

DIMENSION 6: RECOVERY/LIVING ENVIRONMENT

Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse & recycling
- Termination

What Stage of Change?

- John has lost 2 jobs in the past year and both have been due to lateness, absences, and missed project deadlines. John is wondering if his drinking with the boys on the weekend is beginning to affect his ability to focus. He realizes that he misses mostly Mondays and deadlines due to his continual headaches. John thinks, "Maybe I'll consider cutting down on my drinking."

Phases of Treatment & Recovery

- Engagement
- Persuasion
- Active treatment
- Relapse Prevention

SUBSTANCE ABUSE TREATMENT SCALE

1. Pre-engagement
2. Engagement
3. Early Persuasion
4. Late Persuasion
5. Early Active Treatment
6. Late Active Treatment
7. Relapse Prevention
8. In Remission or Recovery

McHugo, Drake, Burton, Ackerson

Six Guiding Principles for
Integrated Treatment (CSAT, TIP #42)

- **Employ a recovery perspective**
- **Adopt a multi-problem viewpoint**
- **Develop a phased approach to treatment**

Six Guiding Principles for
Integrated Treatment (CSAT, TIP #42)

- **Address specific real-life problems early in treatment**
- **Plan for cognitive and functional impairments**
- **Use support systems to maintain and extend treatment effectiveness**

Individualized Treatment Planning - Steps

1. Evaluate pressing needs
2. Determine motivation to address substance use/mental health problems
3. Select target behaviors for change

Individualized Treatment Planning - Steps

4. Determine interventions to achieve desired goals.
5. Choose measures to evaluate the intervention
6. Select follow-up times to review the plan.

Key Practices and Principles in Person-centered Planning – What are we really talking about?

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Diane Grieder, M.Ed
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The Case for PCP

People who rely on public mental health services should be directly involved in designing their own care plan. Even though state and local agencies often include consumers and other advocates in care planning, they often allow them to have only a marginal role and fail to provide important information that could enable them to participate fully and effectively.

Bazelon Center 2008

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Emerging consensus this is a good thing but…

- *Consumers demand it, public service systems endorse it, medical and professional programs are encouraged to teach it, and researchers investigate it. Yet, people struggle to understand exactly what "It" is and what "It" might look in practice.*
  - *Tondora et al., 2005,* Implementation of Person-Centered Care and Planning: How Philosophy Can Inform Practice

This could be "It"

- "Your job is not to tell people what treatment they need, or how to live their lives, but to help facilitate people's dreams"

  – Sheilah Clay, CEO, Neighborhood Service Organization, Detroit

Challenges for Case Managers

- "I'm not a case and I don't want to be managed"

Re-defining the framework

Being Person-centered in Practice

- The consumer as a whole person
- Sharing power and responsibility
- Having a therapeutic alliance
- The clinician as person

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What does a recovery oriented system of care look like?

From:	To:
Illness Focused	Recovery Focused
"Compliance" valued	"Choice" valued
Deficit Focused	Strength Focused
Being known by what's wrong	Being known as an individual
Professional "in charge"	Shared decision making
Learned Helplessness	Active Participation
"Silo of care" focused	Broad bio-psychosocial focused
Institutional resources	Community resources/integration
Planning is done for the person	Planning is collaborative, recurring, and involves an ongoing commitment to the person

Current Thinking

- PCP can be the bridge between the system as it exists now and where we need to go in the future

- PCPs are a key lever of personal and systems transformation at all levels:
  - Individual and family
  - Provider
  - Administrator
  - Policy and oversight

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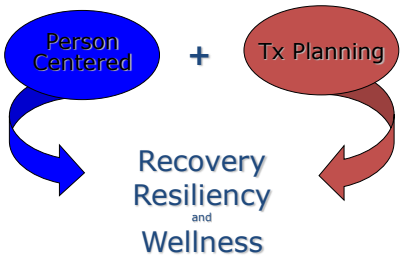
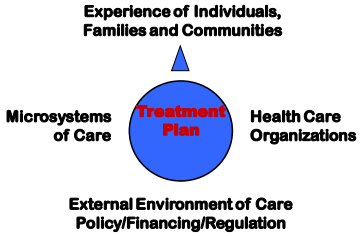
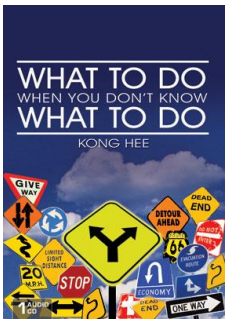
Making recovery real…



Setting the compass





What is PCP?
Taking a Closer Look

- Person-centered planning
  - is a collaborative process resulting in a recovery oriented treatment plan
  - is directed by consumers and produced in partnership with care providers and natural supporters
  - supports consumer preferences and a recovery orientation

Adams/Grieder

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A Person-Centered Approach to Service Planning

- Collaboration and partnership are the hallmarks of creating a good recovery plan.
- The plan prioritizes the consumer's desires while also including a provider perspective.

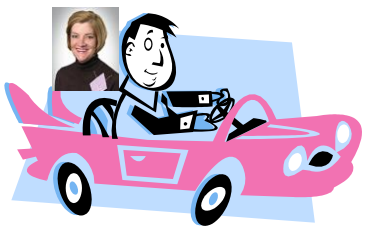
Recovery-Oriented Care

Person-Centered Shared decision-making

Treatment Plans
and
Shared Understanding

Person-driven or based on professional recommendations?

- BOTH! PCP is based on a model of PARTNERSHIP…
- Respects the person's right to be in the driver's seat but also recognizes the value of the professional co-pilot(s)

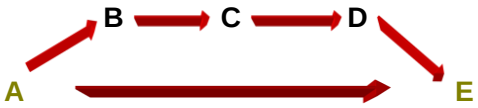


The Recovery Plan

- It is the "work/social contract", created by the person and provider.

A Plan is a Road Map

- Provides hope by breaking a seemingly overwhelming journey into manageable steps for both the provider and the person served



"life is a journey…not a destination"

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Building the Plan

Inquiring about Strengths and Culture in Assessment

Why Strengths ?

- Critical component of PCP because focusing **solely** on deficits/barriers ignores the resources a person has on which to build their efforts towards recovery
- Focusing on strengths may help the individual to form a goal
- Provides the practitioner with the WHOLE view of the individual
- Point of engagement with the focus person

Strengths

- Spirituality, family, other individuals, group membership, work
- Skills or abilities
- Stage of Change
- Strategies that have already worked
- Accomplishments
- Interests and activities

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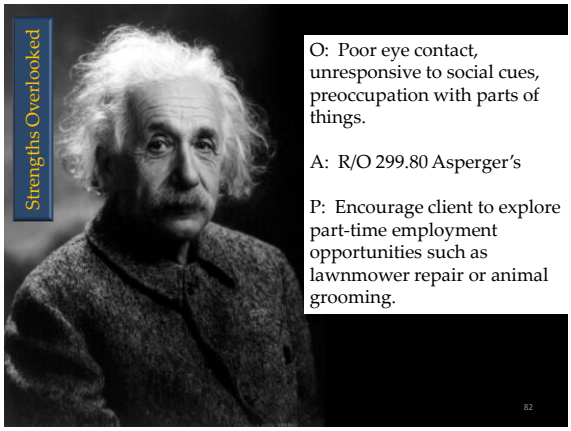


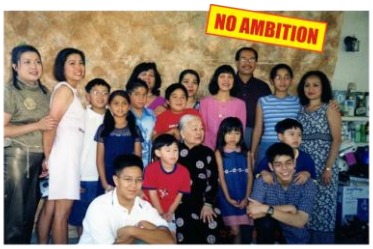
Perspective

- "It's about what's STRONG, not about what's WRONG! "
  - » Gina, a former patient at a state psychiatric hospital

Consider the Whole Person

- All of these factors must be viewed in context of the individual's life/societal role, culture, family and community.

Minimal attention is paid to an individual's cultural norms & traditions…



"Patient still living at home with his parents and has no ambition to move out."

MTP for a Vietnamese client, circa 1996.

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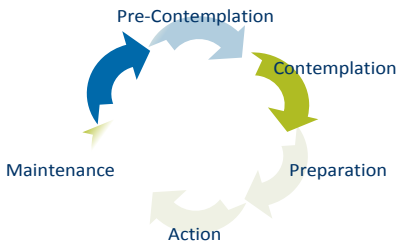
Stages of Change



Prochaska and DiClemente

Transformational Care Planning
Advancing Recovery, Resiliency and Wellness

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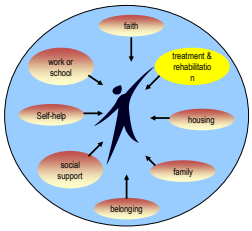
Another View of the Stages of Recovery…

Impact of the illness	Life is limited	Change is possible	Commitment to change	Actions for change
Overwhelmed	Not ready to commit to change	Believes there is more to life	Willing to explore possibilities	Taking responsibility for a new direction

Developing Goals and a Vision

- Goals and objectives in the recovery plan are not limited to clinically-valued outcomes:



(reducing symptoms, increasing adherence), but rather, are defined by the person with a focus on building "recovery capital" and pursuing a life in the community.

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What Do People Want?

- **Commonly expressed goals of persons served**
  - Manage their own lives
  - Social opportunity
  - Activity / Accomplishment
  - Transportation
  - Spiritual fulfillment
  - Satisfying relationships
  - quality of life
  - Education
  - Work
  - Housing
  - Health / Well-being

… to be part of the life of the community

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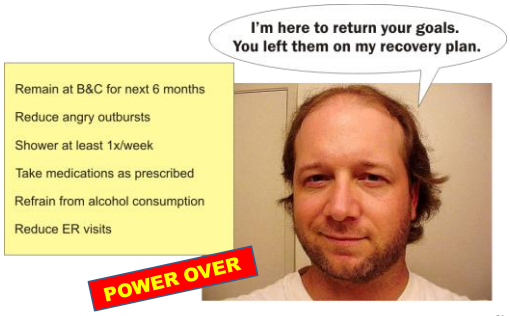
Goals reflect someone else's priorities.



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Goals are based on diagnoses & tend to become one-size-fits-all over time

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Meet with psychiatrist

Gain increased insight

Attend sobriety group

Meet with employment specialist

Goals often focus on process over outcomes

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Stability mistaken for fulfillment

- ✓ Lives in subsidized housing
- ✓ "0" psych hospitalizations last 12 mo.
- ✓ Good hygiene & grooming
- ✓ Eats 3 meals a day
- ✓ Exercises regularly
- ✓ Medication compliant
- ✓ Sees dentist & PCP at least 1x/year

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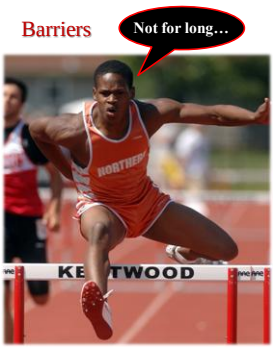
Barriers



- ✓ **Frequent depressive episodes during which client stops working and withdraws from contact with others.**
- ✓ **Use of methamphetamine on an ongoing basis in an attempt to self-treat depressive symptoms.**
- ✓ **Difficulty concentrating and staying on-task, during both manic and depressive episodes.**
- ✓ **Belief that he is "cured," causing him to stop taking medications. This results in relapse.**
- ✓ **Reluctance to apply for citizenship due to feelings of hopelessness.**

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Objectives

- Milestones along the path to the over-arching goal.
- Describe how things will look at a future point in time.
- Help answer the question, "How will we know if what we're doing is working?"
- Should be concrete, positive, and measurable.

One objective can be enough. Stage of change is important here!

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Interventions

- Each objective has a set of interventions.
- These describe what each member of the recovery team will do, including the client -- usually, how often, for how many minutes, and for what length of time.
- Reason for the service. How will it benefit the client?
- The "recovery team" can include family members & other important persons in the client's life.

"CM will meet with Mary for 60 minutes, at least 1x/week, for the next 6 months. Purpose is to provide case management services such as linking Mary to senior centers in her community, and mental health services such as helping Mary improve her social skills."

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Examples of Interventions:

"Psychiatrist will meet with Mary 1x per month for 30 minutes for the next 6 months to adjust medications. Purpose is to reduce symptoms, including Mary's tendency to isolate and avoid social situations."

"PSC will meet with Mary at least 1x/week for the next 6 months. Dring these meetings, PSC will help Mary learn skills necessary to use ACCESS and go into the community by herself. Anxiety reduction techniques and social skills training will also be provided."

"For the next 6 months, Mary will collect information from friends, family, and other sources about programs for senior citizens in her community."

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Another example…."old style plan"

- **Problem** = Housing
- **Goal** = Develop skills to live independently
- **Objectives** =
  - 1)Identify resources in the community
  - 2) Learn/practice appointment compliance
- I**ntervention** = Case Manager will help Sam find a place to live 1x p/w

"New" style plan

- **Goal** = (Housing) "I want my own place to live"
- **Barriers (to achieving goal)** = lacks financial skills/has rep payee, lack of familiarity with the community, fearful of new situations/high anxiety/panic attacks
- **Objectives (steps to recovery)** =
  - 1) Within 60 days he will explore housing options in the community
  - 2) Within 120 days he will have obtained a bank account and learned how to pay bills/balance checkbook
- **Interventions/Supports (services and natural supports)** =
  - 1) John, CM, will go with Sam 1x per week into the community to look for housing situations /referrals for the next 60 days to help him identify alternatives and become knowledgeable of the community
  - 2) MH Support worker will meet with Sam every other week for the next 120 days to help him develop financial management skills so that he will be able to live on his own

Interventions for Sam, cont.

- 3) Sam's friend, Sally, will go with him to open a bank account within 30 days *(building on strength of having friends*)
- 4) Susan Smith, therapist, will provide individual therapy every other week for 4 months to help him develop skills to manage anxiety/panic attacks
- 5) John, CM, will evaluate Sam's skill development around better managing his anxiety/panic attacks and financial abilities on a monthly basis for 4 months

"What Every Caregiver Should Know About Compassion Fatigue"

Learning Objectives

- Develop a personalized self-care plan to prevent compassion fatigue.
- Identify sign and symptoms of traumatic stress.
- Identify actions and behaviors that violate healthy boundaries.

Psychological First Aid

When caring is more like labor, than a labor of love, take steps to heal the healer.

American Academy Family Physicians, April 2000

Compassion **Fatigue**

Is the emotional exhaustion that comes from "living" an individuals stresses, struggles, and fears day in and day out.

Compassion Fatigue vs. Burnout

Compassion Fatigue	Burnout
• Personal	• Organizational
• Stress related compassion demands	• Stress related time demands
• Internal factors	• External factors
• Holistic (mental, emotional, physical, behavioral, etc.	• Holistic (physical, emotional, behavioral, etc.

Untreated Compassion Fatigue

Decreases one's ability to be empathetic and compassionate which can contribute to a cycle of self-destruction, escape and decreased sense of /for humanity.

"The Eater of Sin"

Recognizing Signs and Symptoms

Examples of Compassion Fatigue

Cognitive	Emotional	Behavioral	Spiritual	Personal Relationship	Physical Somatic	Work Performance
lowered concentration	powerless	impatient	question the meaning of life	withdrawal	shock	low morale
less self-esteem	guilt	withdrawn	loss of purpose	decreased interest in intimacy & sex	sweating	low motivation
apathy	anger/rage	moody	decrease self-appraisal	mistrust	rapid breathing	task avoidance
rigidity	survivor guilt	regression	pervasive hopelessness	isolation from others	increased heart rate	obsession about details
disorientation	shutdown numbness	sleep disturbance	anger at god	overprotective as parent/spouse	breathing difficult	dichotomous thinking
perfectionism	fear	nightmares	question religious beliefs	projective anger or blame	joint and muscle aches	apathy
preoccupation with trauma	helplessness	appetite changes	loss of faith in higher power	intolerance	dizziness and disorientation	negativity

Figley, C.R., 1995;97

Compassion Fatigue

Prevention Plan

Compassion Fatigue Prevention/Intervention Plan

- Three Essential Components
  - Triggers: are things that set off an action, process, or series of events.
  - Early Warning Signs: are signals of distress that are physical precursors and manifestations of a possible crisis. Some signals are not observable, but some are.
  - Strategies: are individual-specific calming mechanisms to manage and minimize the fatigue.

Self Care

It is unethical not to practice self care as a caregiver, because self care prevents harming those we serve.

Strategies of Self-Care

- Commit to replenishing yourself
- The alternative is to continue doing advocacy at an impaired level or leave the field
- Be aware of how well you are eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities you love.

Compassion Fatigue

Workplace Prevention Program

Bi-Directional Feedback

Items to discuss:

- Difficult, new, or unusual cases.
- Cases involving vicarious trauma.
- Cases with boundary issues.
- Cases in which you are meeting with the victim more than once a week, or for a total of 12 sessions.

Workplace Prevention Program

- Proper screening for the work assignment.
- Orientation of the emotional cost.
- Educate about self care, wellness, compassion, fatigue.
- Proper self monitoring.
- Regular emotional debriefings, self-monitoring, and orientation to wellness and spiritual renewal.
- If you notice a colleague in distress, reach out to them.

Questions/comments/dialog