Harm Reduction for the Harm Reductionist: Self-Care

Harm Reduction in the House: It’s not just about Drugs

September 13, 2013
Self-care

• Ability to refill and refuel oneself in healthy ways
• Maintaining a life that is rich with meaning and gratification outside the workplace
Resilience

• A dynamic process whereby an individuals exhibit positive behavioral adaptation when they encounter adversity

• More than simply an individual characteristic—resilience includes engaging social, cultural, spiritual, or physical resources in a meaningful and interactive way
Factors that promote resilience

• Good problem-solving skills
• Seeking help
• Believing that you can manage feelings and cope with stress
• Social support
• Accepting circumstances that cannot be changed
Factors that promote resilience

• Self-disclosure of trauma/adverse circumstances
• Maintaining a hopeful outlook
• Identifying as survivor, not victim
• Taking care of mind and body
• Finding positive meaning in adversity
This work is HARD!

- Bearing witness to harm
  - Micro:
    - Behavioral choices
    - Interpersonal violence
    - Death and loss
  - Macro:
    - Poverty (our clients’ and our own)
    - Structural violence
    - Punitive systems
Post-Traumatic System Disorder
Recognizing Vicarious & Secondary Trauma

Symptoms (aka “burnout”/“compassion fatigue”):
• Intrusive
• Avoidant
• Arousal

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Intrusive

• Thoughts/images associated with client’s trauma
• Client/work issues encroaching on personal time
• Perception of survivors as fragile
• Seeing the world in terms of victims and perpetrators
Avoidant

- Silencing response
- Cessation of self-care
- Loss of hope with some clients
- Loss of sense of competency
- Secretive self-medication
- Relational dysfunction
Arousal

- Increased anxiety
- Impulsivity/reactivity
- Increased perception of demand/threat (in both job and environment)
- Sleep disturbance
- Difficulty concentrating
- Somatic symptoms
Desensitization and reprocessing

- Pathological condition → normal by-products & indicators to continue self-care
- Symptoms are messages of what is right and good within us, not indicators of what is wrong
What to do?

• Intentionality
• Supervision
• Connectedness
• Illustrate parallel processes
Intentionality

• Recognition and acceptance of symptoms
  – Regular self inventory

• Commitment to address—not to avoid—those symptoms
  – Goal setting
  – Personal/professional mission statement

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Intentionality

- Build breaks in between sessions
- Create an office environment that is warm, welcoming, and soothing to you and your participants
- Know why you are doing this work, remind yourself, and cultivate gratitude
Models of Supervision

• Tutorial, one-on-one
• Case consultation, one-on-one
• Group supervision
• Peer supervision
• Tandem supervision
• Team supervision
MISUNDERSTOOD, OVERWORKED, UNDERPAID AND STRESSED... IT'S BOUND TO LEAD TO DEPRESSION. STILL ENOUGH OF MY PROBLEMS WHAT CAN I DO FOR YOU?
Supervisors

• Tell new or prospective employees what to expect
• Establish a support system
• Encourage staff to talk about their feelings
• Honor supervision
• Nourish your staff (play, retreats, breaking bread together, training)
• Advocate for staff
Debriefing

• Traumatic workplace situation → debriefing to:
  • Let everyone express their feelings about the event
  • Allow for multiple perspectives on what happened
  • Facilitate learning for future procedures
Supervision or Therapy?

**SUPERVISION**
- Helps supervisee become a better worker
- Focus is on professional self
- Supervisor has vested interest in outcome
- Worker often constrained from terminating relationship

**THERAPY**
- Helps client become a healthier person
- Focus is on total self
- Therapist has less direct vested interest in outcome
- Clients can usually terminate relationship at will
resilience
WEAVING
advocacy
Space for remembrance
Connection

• Caregivers may become increasingly isolated or fear being perceived as weak or incompetent
• Healthy relationships are mitigating factors
• Self-acceptance is enhanced through self-disclosure with supportive peers
Connection to supportive peers

• Connect to peers within & outside your org
  – Peer supervision
  – Harm Reduction Roundtable
  – MHRI Facebook page
  – Conferences
  – Ongoing education
  – Support groups
  – Engage in community advocacy (include participants)
Public displays; collective grief; tangible activism

Lobbying for 911 Good Sam in MO- quilt- 400
Quilt detail

IAN MURPHY-MITCHARD
Our Son
NOT ALL WHO WANDER
ARE LOST
9.21.79 ☢️ 9.24.07
Public displays; collective grief; tangible activism

911 Good Samaritan advocacy, NY
Recognize Parallel Process

• Any Positive Change
• Perfect is the enemy of good
• The myth of ‘us’ and ‘them’
• Inside work (foundation of self-worth) vs. outside work (habits and practices)
• 3 levels of self-care:
  – Quick Fix
  – Reactive
  – Self-investment

What does a ‘drug user’ look like?

Helping students and service providers unpack their baggage about drug users

Midwest Harm Reduction Institute
(Pretend this is a)
mirror
Personal Counter-Narrative

Interrogating our own complicity with constructions of illness, disability, gender, etc. that have limited our view of humanity
Counternarratives: challenging the dominant narratives re: drug use
Beyond Survival – Getting Together

• Which strategies have you used to survive in this system?
• When have you gotten together with others for change? What are current examples from our community?
• What information, skills, understanding, and resources do people need to act together?
• What are ways that you could implement more democratic processes in your family, work, school, or community life? What is your next step in doing so?
• What is your next step in participating in local or national struggles for social justice and democracy?
• Identify persons who have worked for economic justice and democracy who have inspired you.
• Give a current example of something that gives you hope for the possibility of a more just and sustainable world.

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