HIV Risk Reduction

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Saying No To Compassion Fatigue

Circle the Wagons and Combat Burnout

Jeannie Little was coming down with something serious, and she knew she had to find a cure.

A young counselor working with abused teens in a London group home during the 1970s, Little was developing a full-blown case of compassion fatigue. Her life overflowed with the drama and stress of counseling 10-to-12 kids who "were pretty much out of control" in a rather poorly run British facility. As she began caring too much about her clients, their problems spilled over into her own life.

"We were essentially their family . . . and my way of making a relationship with the kids was to basically be their big sister and slightly adopt them. They all knew where I lived and, when I wasn't at work, they would come over for tea," Little recalls, "there were no boundaries."

Facing the threat of burnout, Little realized that the time had come to circle the wagons and establish boundaries to separate the important work she was doing from her much-needed private life and personal space. She had to stop promising the kids more than she or some future counselor could possibly sustain.

"I had to develop the skill of being friendly, personable, interested, fun and spontaneous," while maintaining boundaries and managing the teens' expectations. "These were kids in the care of the state – they needed to become self-sufficient," she says. "They were going to be emancipated at age 18 and they weren't going to come live with me."

Today, Jeannie Little is a Clinical Social Worker and Executive Director of the Harm Reduction Therapy Center (HRTC) in San Francisco – the largest harm-reduction organization in the United States. In addition to facilitating positive change among people who use drugs and alcohol, Little and the HRTC staff train healthcare and social-service providers

Jeannie Litle, LCSW, CGP
Harm Reduction Therapy Center
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The focus of the December 2010 Intensive for Early Intervention Services workers was healing compassion fatigue.

While many of the concepts are familiar to veterans, the topic is so critical to the success of HIV work that we explore it further in this issue.

In the cover story, Jeannie Little details four strategies – any one of which can help to empower both HIV worker and client. Used in concert, they can increase job satisfaction and reduce burnout:

Be there and listen carefully.

Whose life is it anyway?

Be positive - - pan for gold.

Acknowledge loss and move on.

worldwide in the principles and practices of harm-reduction therapy, which is designed to help people who are actively using drugs and alcohol to become healthier. HRTC has treatment sites in five San Francisco neighborhoods with 15 clinical staff therapists; these trauma-informed treatment programs are accessible to anyone who asks for help.

At the recent HIV Early Intervention Services (EIS) intensive skill-building conference, Little shared some of her hard-won insights on selfcare with Georgia EIS workers. "Too much investment in the outcome of others' lives can lead to frustration and burnout," Little told the group. "We are most effective when we hold someone else, and their choices, loosely."

When a client is empowered, the person who becomes the hero of their story is not an HIV worker but the client themselves.

Be There and Listen Carefully

That lesson didn't come easily to Little, but after several decades of work at domestic violence shelters, AIDS resource centers, and substance abuse facilities, she has discovered what works. When she launched the Harm Reduction Therapy Center with partner Patt Denning in the 1990s, her primary goal was to help facilitate clients' decision-making process. She and Denning aimed to provide a non-judgmental atmosphere so their clients would feel free to open up and share their stories. Then, with positive feedback, clients began to set goals and find ways to achieve them.

"Being there and listening carefully" can accelerate the healing process, she says before launching into a case in point. Not long ago, an HRTC staff member came into one of the center's staff meetings with a story about a client with whom she'd worked for a few weeks.

The client was HIV positive, bi-polar, not medicated, and homeless, but, said the young counselor, "All he wants to talk about is going to the dentist. He gives me the gory details of this tooth and that tooth. It's making me nuts; clearly this is a part of his psychosis. But I don't know what to do."

Little's advice? Talk about his teeth. "You've got to start where the client is. That's all he wants to talk about so that's where you begin,"said Little.

The very next session, the staff member asked detailed questions about her client's teeth and gums. Fifteen minutes later he told her about his first bi-polar break and described how he was picked up on the street and ultimately went to prison. "For the young therapist," says Little, "it was a breakthrough to learn the power of careful listening."

Whose Life Is It Anyway?

Another real challenge for HIV workers is keeping a professional distance while dealing with an intimate topic. "An HIV test brings up details that we're not used to sharing with other people," Little says. "So, how do we conduct ourselves in a way that puts people at ease? How do we stay relaxed, comfortable, friendly, and empathetic – but at the same time, avoid saying, 'Well, when *I. . .this* and when *I. . . that.*' "

It's critical, she says, that HIV workers keep their own values to themselves. It's about the client's life, not the counselor's. She tells the story of an HRTC staff member that counseled a drug-using client who asked the therapist whether she was religious.

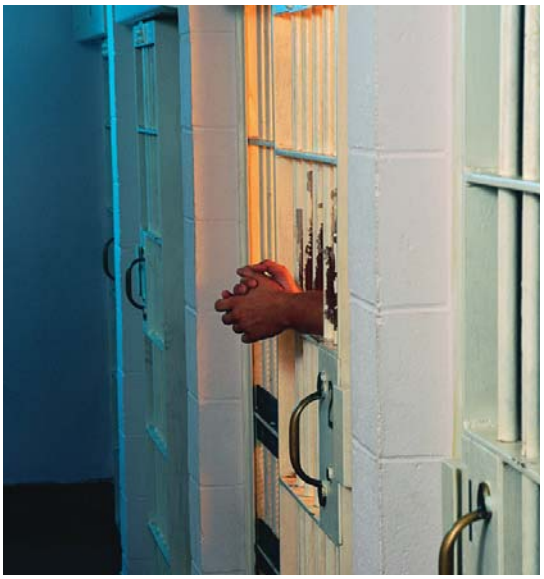
She responded by asking, "What do you mean by religious?" The client rephrased the question to ask whether she was "spiritual."

The therapist revealed to the client that, yes, she was "spiritual." Her response sounded the death knell for that

relationship. The client who, as it happened, was turned off by religion, requested another therapist, "an atheist." Unfortunately, a valuable opportunity to explore his feelings about the matter was missed when the therapist so quickly decared her own values, says Little. By lowering her own personal boundaries, the therapist damaged the trust between herself and the client.

What could she have done? Redirect the focus to the client, explains Little, saying: "It's normal to be curious about your therapist, but my role is to support you in reaching your goals rather than to discuss my own life. I'm really interested in hearing more about you and your concerns."

One of her mantras, says Little is, "Whose life is it, anyway? It's their life, not mine. And," she adds, "I try to keep in mind that they won't be in my life forever."



People have to start with who and where they are before they can begin to imagine a better future. Accepting a client where they are can open the door to change.

Be Positive -- Pan for Gold

Sometimes it's hard to like a client, much less find a path to common ground, Little says. But it's important to stay neutral, avoid judging, and let the client build confidence by discovering anything positive in his or her life. It's a worker's responsibility to look for the positive and help "facilitate a person's decision-making process by freeing them up to think about who they are and what they want, rather than to worry about what other people want or expect. The best way to build someone's confidence is to give them nothing but positive feedback. That's not so easy when you have negative feelings about their life or decisions. But it's like my mother used to say, 'If you don't have anything nice to say, don't say anything at all.'"

Or, says Little, consider the sage advice of William Miller, a substance-abuse treatment specialist and co-author with Stephen Rollnick of *Motivational Interviewing: Preparing People to Change.*

"What Miller says is: people don't have to be motivated to be clean and sober. But just because they're not motivated to be clean and sober doesn't mean that they're unmotivated," she says. "Everyone is motivated about *something*, and our job as counselors is to figure out what the 'something' is. It's like panning for that gold nugget. You have to be really interested in whatever that person is interested in."

For example says Little, when a counselor expresses interest in a client's experience of incarceration, it is often the first time anyone has ever asked about it. "Most of the people that I work with have been locked up. They were kicked out of their family; they lost their spouse; they lost their kids; they're isolated and they've had nothing but negative consequences for being themselves."

"I'm not saying the way they are when they're being themselves is necessarily great. But you have to start with who you are and where you are before you can think about doing something else. If nobody ever lets you arrive at a vision or articulate who you are without punishing you, then you can't think about the next thing.

"It can take days, months, years to help someone articulate their values and wishes, help build self-esteem and self-efficacy or have confidence in themselves that they can do something," Little says.

You Can't Always Get What You Want – Acknowledging Loss and Moving On

At some point, nearly every counselor and nurse will experience loss. Often this takes the form of a client's decision to revert to old, risky behaviors – from drug use to unprotected sex. Little suggests meaningful conversation with a colleague as a way to honor the loss.

"There should be time to talk about the people you've lost,"

Saying No To Compassion Fatigue continued

she says. “Workers are really invested in people changing risky behaviors. When they don’t or the change doesn’t last, it’s important to have a way of acknowledging the disappointment with colleagues – as part of staff meetings or case conferences, or whatever you have.” [Note: For EIS nurses and counselors who may be the only HIV worker in their facility, reaching out to an EIS worker at another site is an option.]

Leaving Work at Work

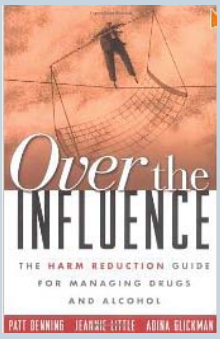
Caregivers the world over must learn to detach. The Dalai Lama recommends, “In dealing with those who are undergoing great suffering, if you feel ‘burnout’ setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself.” But how?

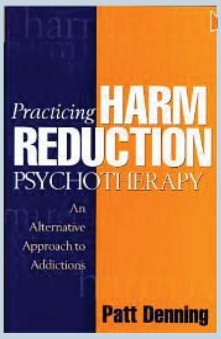
No matter how passionate counselors may feel about their work, says Little, it’s important to know how to detach and be in their own lives. She recommends jotting down a to-do list of any concerns at the office before heading home. If you tend to relive the day’s events and discover something is “bugging you at the end of the day, write it down and leave it at work.”

On your way home, she suggests thinking about a good story from the day. Once home, pursue your personal passions.

“You have to do something that takes you out of your work mind,” says Little, who immerses herself in gardening or cooking complicated dishes that require intense focus.

At the end of the day, she recommends that counselors and nurses follow the same time-proven advice that they offer clients. “If you’re going to think about work after you leave it, think about what you did well that day.”





Jeannie Little is co-author of Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol (Guilford 2004, co-authors Patt Denning and Adina Glickman) and Practicing Harm Reduction Psychotherapy: Alternative Treatment for Addiction (Guilford, in press, co-author Patt Denning).

The right to choose your own path is a sacred privilege. Use it.
Dwell in possibility. - Oprah

Working to help clients make healthier choices can be frustrating because, in part, your success depends on the behavior of others. That’s the bad news and the good news: marginalized, stigmatized people who are struggleing with addiction have the sole power to choose their own path.

We can’t make them do what we think best, says Jeannie Little, but we can influence them by the quality of the relationship that we establish.