

QUICK-GUIDE SUGGESTIONS PREVENTION/INTERVENTION WITH THE NEGATIVE EFFECTS OF CAREGIVING

B. Hudnall Stamm, Ph.D.

Individual Level

1. Self Assessment

- a. History of traumatic events
 - i) If you have a history, welcome to the 50% who do ☺
 - ii) What are your triggers?
 - iii) Can you reduce their potency by therapy or other positive means?
- b. Stressor load outside of work environment
 - i) Do you do things that refresh you?
 - ii) What tasks do you have to do that use your energy?
 - (1) Is there a way to share the load with friends or family?
 - (2) What can you “not do” e.g. should you alter your expectations of what is “necessary”

2. Health behaviors

- a. Sleep—most people are sleep deprived which makes you more physically and psychologically vulnerable
- b. Exercise: even 20 minutes 3 times a week makes a difference.
 - i) Consider exercising with people who help “refresh” you, multi-tasking!
- c. Diet
 - i) Do you eat at regular intervals, skip meals?
 - ii) Do you eat enough fresh foods?
 - iii) How about your caffeine, nicotine intake?
- d. Interpersonal Relationships
 - i) Do you have unfinished business with others that uses energy?
 - ii) Can you tell your friends and colleagues about how your work affects you (not your client’s details) and ask for their support?
 - iii) Can you tell your friends and family not to expect you to solve their problems since you are “so good at it”?

3. Other Assessment

- a. What would your friends and family tell you about your work?
- b. Can you use them to help monitor your exposure, let you know when you start to seem stressed?
- c. What do you lean from your supervision?
 - i) Is your supervision “safe,” or do you monitor what you tell your supervisor? If it is not safe, can you change supervisors? Should you add an “outside of work” supervisor?

Work-Group Level

1. Caseload

- a. Can you vary your caseload?
- b. If you cannot see a variety of different patients/clients, can you:
 - i) Intersperse patients/clients with administrative tasks
 - ii) Distribute the level of distress of cases, mix people who are doing well and nearer completion of their therapy, or more stable cases for case management with those who are more volatile and struggling.
- c. Try to end the day (if at all possible) with a positive activity so that you don’t head home with fresh feelings of distress that you have not had time to dissipate in the work-setting where they belong. Otherwise, it is all too easy to imagine that they belong in your home/personal sphere.

2. Collegial and Professional-Peer Support

- a. Can you count on your colleagues to help
 - i) Listen if you are struggling
 - ii) Tell you when you are struggling more than a conversation by the coffee-pot can contain; when you need to seek supervision or professional support to deal with your feelings about work?
- b. If you cannot count on your work-colleagues
 - i) Find a collegial group you can trust
 - (1) This may be in person, for example, a professional “lunch” group that meets for support
 - (2) Alternatively, it can utilize technology, e.g. telehealth, and be virtual community
 - ii) Set basic ground rules for confidentiality
 - (1) Client confidentiality—you don’t have to tell their story; you really need to deal with how working with them made you feel! This is about you, not them.
 - (2) Provider (e.g. your) confidentiality—what you share should be considered confidential unless the group agrees to share particular information. It is a necessary part of feeling safe to share.

3. Professional Hope

- a. Burnout eats your ability to envision a better life.
- b. Professionals who have hope are far better at offering it to others!