The Well-Being of Public Interest Professionals: Engaged or Invisible?

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Co-Chair, CJS Alternatives to Incarceration & Diversion Committee
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List of Suggested Reference Materials

Research:

1. The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys
   http://journals.lww.com/journaladdictionmedicine/Pages/articleviewer.aspx?year=2016&issue=02000&article=00008&type=Fulltext

2. The Path to Lawyer Well-Being: Practical Recommendations for Positive Change
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   https://www.americanbar.org/content/dam/aba/administrative/professional_responsibility/lawyer_well_being_report_final.authcheckdam.pdf

3. Well-Being Toolkit for Lawyers and Legal Employers
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   https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_well-being_toolkit_for_lawyers_legal_employers.authcheckdam.pdf

4. Transform Lawyer Well-Being into a Team Sport
   Anne M. Brafford, Esq., MAPP, in The Best Lawyer You Can Be, edited by Stewart Levine, 41-50, ABA Law Practice Division, 2018

5. Mindful Lawyering
   Prof. Nathalie Martin, in The Best Lawyer You Can Be, edited by Stewart Levine, 27-39, ABA Law Practice Division, 2018

6. Think Like a (Mindful) Lawyer: Incorporating Mindfulness, Professional Identity, and Emotional Intelligence into the First Year Law Curriculum
7a. Lawyering from the Inside Out: Learning Professional Development through Mindfulness and Emotional Intelligence
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7b. Yoga for Lawyers: Mind-Body Techniques To Feel Better All the Time
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8. How Can Attorneys Get Help Without Harming Their Careers?
Patrick R. Krill, Esq., ABA Journal (Podcast with Transcript), March 2, 2015

9. ABA President Bob Colson: Comments on Well-Being in the Legal Profession
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The Journal of Nervous and Mental Disease, 199(12), December 2011, by Andrew P. Levin, MD, Linda Albert, LCSW, Avi Besser, PhD, Deborah Smith, JD, Alex Zelenski, MBA, Stacy Rodriguez, PhD, and Yuval Neria, PhD
12. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change  
*The National Academies Press* (2016)  

13. The First Thing We Do, Let’s Heal All the Law Students: Incorporating Self Care into a Criminal Defense Clinic  

14a. Stress and Effects on Health  
National Center for Biotechnology Information, U.S. National Library of Medicine  
[http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568977/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568977/)

American Psychological Association  

HelpGuide.org: Stress Symptoms, Signs, Causes, and Coping Tips  

14b. Alcohol Facts and Statistics  
National Institute on Alcohol Abuse and Alcoholism (NIAAA), August 2018  
Self-Care Resources:

15. The Therapist’s Workbook: Self-Assessment, Self-Care, and Self-Improvement Exercises for Mental Health Professionals
Jeffrey A. Kottler, Ph.D. (John Wiley & Sons, Inc.)

Attached sample chapters (with permission from author):

Chapter 3: Identifying Sources of Stress
Chapter 8: Avoiding and Countering Burnout
Chapter 10: Building and Maintaining a Support System

Please Note: While this resource is written by a therapist for other therapists, you will find that for purposes of the exercises presented, you may easily switch “counselor at law” for “therapist.” We are both in the helping professions with similar issues and challenges. Go on, try it!

16. Helpful Apps:

- Calm: www.calm.com
- Breathe: www.stopbreathethink.com
- Headspace: www.headspace.com
- Yoga: www.healthline.com

Legal Profession and Other Professional Resources:

17. ABA Commission on Lawyer Assistance Programs (CoLAP)

http://www.americanbar.org/groups/lawyer_assistance.html

National Directory of Lawyer Assistance Programs

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18. ABA Center for Professional Responsibility Surveys on Lawyer Discipline Systems

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Positive Professionals: Creating High-Performing Profitable Firms Though the Science of Engagement (ABA Law Practice Division, 2017)

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20. ABA Model Rules of Professional Conduct


Rule 1.1: Competence

Rule 1.3: Diligence

Rule 1.4: Communications

Rule 1.16(a)(2): Declining or Terminating Representation (Impaired Attorney)

Rule 8.3: Reporting of Professional Misconduct

Rule 8.4: Misconduct

21. The Other Bar, Inc.: Supporting Recovery in the Legal Community
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22. Lawyers With Depression
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http://www.lawyerswithdepression.com/
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New York State Lawyer Assistance Trust, 2004, Prof. Marjorie A. Silver

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The Attorney Well-Being Issue, January 2019


27. Compassion Fatigue, Burnout and the Strengths-Based Workplace
National Association of Alcohol and Drug Addiction Counselors

Free webinar presentation available here:
http://www.naadac.org/workplaceburnout

28. The Lawyer Setting The Bar for Recovery
The Fix, June 8, 2016, by Dorri Olds

https://www.thefix.com/lawyers-rate-high-alcoholism

See also:
Girl Walks Out of a Bar: A Memoir
Lisa F. Smith, SelectBooks, 2016

Available at: https://www.amazon.com/Girl-Walks-Out-Bar-Memoir/dp/1590793218
29. **Law Career Counseling**  
Career Planning Services  

http://lawcareercounseling.com/

30. **ABA Resources for Lawyers**  
Legal Profession Statistics  

http://www.americanbar.org/resources_for_lawyers/profession_statistics.html  

Lawyer Demographics Table – 2016  

http://www.americanbar.org/content/dam/aba/administrative/market_research/lawyer-demographics-tables-2016.authcheckdam.pdf

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Jon Krop, J.D.  

http://static1.squarespace.com/static/5558d71ae4b02de6a6ee2344/t/57744b5bcd0f6814c7d522d6/1467239259900/Mindfulness+for+Lawyers+-+Attorney+Handbook.pdf

32. **Retention Toolkit: Cultural Competence**  
University of Washington and the State of Washington, 2014  

http://adai.uw.edu/retentiontoolkit/culturalcompetence.htm

**State and Local Bar Association Support**

33. **California Lawyer Assistance Program**  
California State Bar  

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Attorney Diversion and Assistance Act (California B&P Code §§6230-6238)  

http://www.calbar.ca.gov/LinkClick.aspx?fileticket=iPN68GN9ulE%3d&tabid=1183  

The (California) Lawyer Assistance Program Strategic Plan (2017-2020)  

http://www.calbar.ca.gov/Portals/0/documents/cc/LAP-StrategicPlan.pdf
34. **Am I An Alcoholic?**  
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[link](http://mabaattorneys.com/sites/default/files/Maba%20Newsletter%202016%2C%20issue%202.pdf)

35. **Health and Well Being Committee**  
Cincinnati Bar Association

[link](http://www.cincybar.org/groups/health-and-well-being.php)

36. **Health and Wellness for Legal Professionals**  
Ohio State Bar Association

[link](https://www.ohiobar.org/ForLawyers/Pages/Attorney-Wellness.aspx)

37. **Judges and Lawyers Assistance Program, Inc.**  
Louisiana Lawyers Helping Lawyers (JLAP Related Publications)

[link](http://louisianajlap.com/resources/jlap-related-publications/)


38. **Lawyers Concerned for Lawyers**  
Minnesota Lawyers Concerned for Lawyers

[link](http://www.mnlcl.org/)

39. **Lawyers Helping Lawyers**  
Oklahoma Bar Association

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40. **Attorney Well Being Committee**  
Tennessee Bar Association

[link](http://www.tba.org/committee/attorney-well-being-committee)
41. Other Notable Examples of State Bar Wellness Programs and Lawyer Concerned for Lawyer Groups (see also ABA CoLAP National Directory):

Colorado:  http://www.clhl.org/

Connecticut:  http://cbalawyerwellbeing.com

Massachusetts:  http://www.lclma.org/

New Jersey:  http://www.njlap.org/

Nevada:  https://www.nvbar.org/member-services-3895/nlap/lcl/

Pennsylvania:  http://www.lclpa.org/about/

South Carolina:  http://www.scbar.org/Bar-Members/Lawyers-Helping-Lawyer

Texas:  List of TLCL Meetings:  
https://www.texasbar.com/AM/Template.cfm?Section=Lawyers&Template=/CM/ContentDisplay.cfm&ContentID=15115

Virginia:  http://www.valhl.org/

See, also, recent Supreme Court of Virginia ethics opinion regarding the duty of partners and supervising attorneys to report significant impairment of lawyer(s), available here:

42. **Other Recent Citations and Resources:**

- **A Black Partner Responds to GCs on Law Firm Diversity**
  
  [https://www.law.com/americanlawyer/2019/01/30/a-black-partner-responds-to-gcs-on-law-firm-diversity/](https://www.law.com/americanlawyer/2019/01/30/a-black-partner-responds-to-gcs-on-law-firm-diversity/)

- **Yes, A Happier Practice of Law is Possible!**
  

- **The Danger of Remaining Silent On Mental Health**
  
  [https://avoveithelaw.com/2019/02/the-danger-of-remaining-silent-on-mental-health/](https://avoveithelaw.com/2019/02/the-danger-of-remaining-silent-on-mental-health/)

- **Attorney Suicide: What Every Lawyer Needs to Know**
  

- **Identification of Secondary Trauma and How to Deal with It**
  
  [https://www.proskauerforgood.com/2019/02/how-to-identify-and-address-secondary-trauma/](https://www.proskauerforgood.com/2019/02/how-to-identify-and-address-secondary-trauma/) or available at:


- **JLAP: Lawyer Wellness Push Extends Beyond Law Firms**
  

- **Supreme Judicial Court Steering Committee on Lawyer Well-Being: Report to the Justices**
  
  Boston, Massachusetts (July 15, 2019)
  

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Trauma Stewardship: What It Ain’t, What It Looks Like and What It Can Be.
Jose H. Varela
Marin County Public Defender

Trauma Stewardship is not an excuse for a bad hire or for the retention of one who should not be a public defender. If a person is not cut out to be public defender, traditional employment law responses, such as probationary period dismissal and disciplinary work plans, are the appropriate way to handle the situation. While an employee may wish to cloud their deficiencies by alluding to trauma public defender managers must be informed on trauma stewardship to ferret out such misuse.

Trauma in a professional public defender setting often involves personal family issues in conjunction with repeated exposure to ugly case factual situations or extremely difficult clients or a continuing exposure to caseloads that far exceed a person’s ability to effectively do their job. Such trauma is often manifested by conduct consistent with burn-out or desperation. Public defender managers must be aware of how to address these issues or face the possible implosive behavior of those whose trauma experience is passed on to other employees. Most office morale problems can be traced back to incredibly charismatic employees who need the support of others to face work place issues. Understanding trauma stewardship allows public defender managers to head off problems in a way that gains them credibility and supports the other hardworking employees who want to concentrate on representing clients instead of dealing with a colleague’s individual issues.

What does trauma look like in a public defender setting? An attorney is assigned a child molestation case. This brings up issues that continue to haunt her. The attorney begins to leave work early. The attorney begins to avoid communicating with her supervisor. The attorney then asks to be reassigned from the case. The attorney who gets the case is upset and others in the office applaud the team player and silently ignore the attorney who had the case reassigned, though everyone knows that this attorney is a “kick ass” lawyer who is loved by clients. Though the case was reassigned the attorney feels the pain of not being a tough public defender. This talented attorney considers leaving the public defender office. This attorney is an eight year attorney in whom the county has invested close to one million dollars in salary and benefits.

What happens in this instance? In some cases a public defender manager might be happy to see such a person go and the manager begins the process of hiring someone new. In this particular case the following happened. The attorney attended a training done by a public defender office on trauma for attorneys. She gained solace from knowing that others had the same feelings that she was having. She returned to speak to her supervisor and asked to second chair the case that she had reassigned away from her. She admitted that she was still too emotionally raw but felt that she could do the motions and other written work on the case.

Working with colleagues who were also interested in trauma stewardship, she began taking control of her own trauma response. She found the courage to sit through the trial as second chair. After this experience, she joined a trial psycho-drama group that allowed her to become more personally involved in telling her client’s story. She began to address her trauma through seeing her cases in a more objective way. She then returned to the court room and won a complete acquittal on a case others said was a dead bang loser and her client rather than receive a life sentence was allowed to leave the courtroom upon the finding of NOT GUILTY on all charges. She is now involved in pyscho-drama group and shares her experiences with others who may be facing the same fears and traumas she faced.
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*About the Author*  

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CHAPTER 3

Identifying Sources of Stress

If the good news is that you enjoy quite a few benefits as a result of being a therapist, the bad news is you also pay a dear price for them. Being a therapist is hard, hard work, sometimes both emotionally and physically exhausting. Each day, we sit in a sanctuary where people file in and dump their problems, share their suffering, play defensive games, test the limits of what they can get away with, and sometimes do whatever they can to earn their reputations as incorrigible or hopeless cases. At times, it feels like we are sentenced to join them in a psychological prison, with no chance of parole.

Over time you may begin to experience a number of symptoms and side effects of your work, running the gambit from forms of self-medication and acting-out behavior to unhealthy lifestyle choices. The same symptoms of stress that afflict your clients—discouragement, frustration, disengagement, boredom, depression, and burnout—may strike you as well, especially after years of practice.

This is a big chapter, as it should be, for it covers a critical path along this journey. It will take courage, a willingness to take risks, and fortitude to be really honest with yourself about the issues that plague you the most, and to face the weaknesses that compromise your personal and professional effectiveness.

Fair warning: The exercises contained herein are specifically designed to stir things up a bit.
Sources of Stress in a Therapist’s Life

The process we often follow with our clients begins with a description of presenting issues and identification of contributing undercurrents. Next, some attention is often devoted to exploring the factors that contribute most to the disturbing symptoms. It is no less valid to apply this same process to the life of a therapist.

While some of us experience a kind of chronic angst that is triggered by getting too close to other people’s pain, all of us, at times, feel a degree of stress from the inevitable challenges that come with the job. We live with pressure brought on by work settings—the politics, paperwork, and time demands that require more from us than we can possibly deliver. There are also unrealistic demands placed on us by clients—that we fix them in a single meeting, that we suffer their verbal abuse, that we tolerate their acting out. Another source of stress emanates from events in our lives, some of them normal developmental transitions like those of our clients, others brought on by life crises related to loss and death, family conflicts, financial problems, or physical maladies. Finally, there is the anxiety we bring on ourselves through our own feelings of perfectionism and/or self-doubt. Although not all these forms of stress may be a problem for you, it’s likely that at least a few of them will hit home as you read.

As you review the following inventory of contributors to stress, identify any that seem particularly relevant to your life. Write an explanatory note to yourself next to those items that seem especially troublesome.

Client-Induced Stress

This category of stress results from client behavior, especially when acting out takes place, we experience some sort of extreme abuse, or we become a pawn in, for example, the power games of a toxic family.

Perhaps like you, I have had clients manipulate me for their own nefarious ends. I have been told whopper lies—I mean complete fabrications. I have been screamed at for failing to meet expectations; I have been triangulated into dysfunctional systemic dynamics; I have watched clients deteriorate no matter what I tried to do. I have, variously, felt helpless, incompetent, or discouraged, and have lost faith in my helping powers along the way.
Check any of the following that have recently been part of your client experiences. Elaborate on those that have been most distressing to you.

- Client’s angry outbursts
- Accusations of incompetence
- Client’s intense depression and lethargy
- Presentation of truly overwhelming problems (e.g., incest, incredible deprivation, terrible loss, and so on)
- Suicidal threats
- Triangulation into client’s family
- Client’s deceit or lies
- Premature termination
- Client’s major deterioration

**Work Environment Stress**

This group of stress precipitants is related to the work setting in which you practice. Perhaps the demands of your job, the behavior of your colleagues and/or supervisors, the bureaucracy of your organization, or the requirements...
of managed care operations handicap you in ways that make it difficult for you to recover and remain focused and productive.

Begin by checking all the work environment stressors that apply.

- Time pressures
- Caseload that is excessive in size, scope, or intensity
- Organizational politics
- Rules and restrictions on freedom
- Unsupportive or difficult colleagues
- Supervisory incompetence
- Excessive paperwork
- Unrealistic or unreasonable demands by organization or managed care
- Torn allegiances between client, organization, and self
- Lack of money or resources

Now describe examples of those that have been most difficult for you to manage, and why.
Event-Related Stress

The first two sets of stressors are related to factors mostly associated with other people's behavior; this category and the next one are connected more to your own attitudes or actions.

The first group results from experiences in your personal life that may affect how you perform on the job.

How many of these apply to you?

- Legal actions taken against you
- Major life transitions (age transitions and developmental changes)
- Traumas from the past
- Life crises
- Physical or medical problems
- Family problems
- Economic cutbacks
- Money pressures
- Change in job responsibilities

Write about those that are currently causing the most difficulties for you.
Self-Induced Stress

The last set of stressors are all self-initiated, as a result of unrealistic expectations, faulty thinking, or unresolved personal issues that interfere with your ability to accept or forgive yourself for your limitations.

Check all that resonate for you.

☐ Feelings of perfectionism
☐ Fear of failure
☐ Self-doubt
☐ Need for approval
☐ Emotional depletion
☐ Unhealthy lifestyle

Now, look back and try to see the pattern that emerges, and note which items seem to have the greatest impact on your stress levels.

Sources of Stress from Clinical Work

Although the nature of your job, the people you work with, and the settings you work in impose some of the stress in your life, pressure also emanates from the particular strengths and weaknesses of your clinical style. As hard as you
try to be helpful to your clients, you face personal and professional limitations on a daily basis. Furthermore, you confront your own lapses in knowledge, execution, and thinking. There isn’t a session you’ve ever conducted about which you can’t think of at least a dozen things you could have done differently or of a few issues that you wished you had handled in another way.

**Self-Assessment: Weaknesses**

Since your earliest training, what weaknesses in your clinical work have been most consistently identified by supervisors? List several in each category (resist the urge to skip any).

**Case Conceptualization**

The particular formulation of treatment plans often includes consistent lapses or errors that result from our blind spots and biases.

Example: “I consistently fail to recognize cultural and gender differences in client narratives, relying too much on what is familiar and what I assume, based on my own prior experience.”

**Personal Characteristics**

Therapeutic effectiveness results not only from the mastery of skills and therapeutic interventions but also from personal qualities.

Example: “My need to be right interferes with my flexibility to try alternative strategies.”

(continued)
Attitudes

If I were to interview your former clients, what would they tell me are some of your most prominent attitudes and beliefs that you think you were able to control or disguise?

Example: “Some clients sense my unflattering judgment of them because I think they are not as ambitious and productive as they could or should be.”

Clinical Skills

We learned a number of identifiable generic therapeutic skills in training: interpretation, confrontation, reflection of feeling, goal setting, and so on. It is likely that you execute certain of these skills better than others. What are some of your particular weaknesses?

Example: “I confront prematurely and, when facing resistance, press onward stubbornly.”

Managing Boundaries

To what extent are you able to deal appropriately and consistently with boundary issues?
Example: “Previous problems with authority figures interfere with my willingness to enforce consistent limits with clients who test me."

Clients from Hell

During a time in my life when I was “toast”—totally burned out by my work—I had this great idea for a book that I would call Clients from Hell. Each chapter would be about a specific kind of client that seemed to me had been sent from hell to make my life miserable. There was the adolescent who would tell me to “go fuck myself”; the client who wouldn’t talk; the one who rambled constantly; the one who dutifully came to sessions but never made any progress; the client who continuously lied; the one who was manipulative, controlling, noncompliant, resistant, challenging, abusive; and so on. I think you get the idea.

One of the reviewers of the book suggested I might have a problem in that I seemed to have lost my compassion.

Bingo!

Describe the clients who most often and successfully get under your skin and who seem to you have been “sent from hell” to torture you and shatter any illusions you may have that you know what you’re doing.

(continued)
Guiding into the Unknown

We therapists can sometimes get in a rut, where we prefer to stick with what is familiar and comfortable rather than venturing into new territory that carries certain risks. Just like our clients, we may be reluctant to take risks—for example, trying creative innovations that might not work out as anticipated, even though the situation might require such new explorations.

When have you gotten stuck in a rut and failed to take "the road less traveled"?

Example: "I rely way too much on the same old metaphors, stories, and favorite interventions because it feels like too much work to adapt, create, or discover strategies that are better customized to each client and situation."
Living with Confusion and Uncertainty

Let’s be honest: Some of the time we have no idea what is really going on with a client or during a session. One of the major life tasks of a therapist is to learn to tolerate this confusion and uncertainty, even embrace the mysterious nature of human experience.

How has being unable or unwilling to live with confusion and uncertainty impacted your therapeutic practice?

Example: “I became a therapist in the first place because I wanted the illusion of certainty, truth, and understanding. I wanted to simplify the complexity and ambiguity of my life. I still struggle with honoring the mysteries of life and the complexity of human behavior without the need to reduce them to simple (albeit, faulty) assumptions.”

Remaining Fully Present

What percentage of the time in sessions would you estimate that you are truly and completely present? I have been asking this question of hundreds of therapists over the years, curious about what they would say. I have heard estimates ranging from one-quarter to three-quarters of the time—although I think even 50 percent is overstating, especially with some individuals.

Of course, there are some clients to whom we remain riveted almost all the time because their stories are so compelling or because we are so engaged
in the relationship. Then there are the others, for whom we are barely present; we “check out,” just nodding from time to time and glancing at the clock every few minutes, amazed so little time has elapsed.

What about you? What percentage of the time would you estimate you remain truly engaged in the sessions with a typical client?

Example: “This is a tough one for me! As much as I concentrate, as hard as I try to remain focused, my attention constantly wanders. I feel itchy sitting still for long periods of time. I become bored easily. I want to be entertained by my clients, and tune out when I think I’ve heard it all before.”

Even more interesting, when you “leave the room,” when your attention wanders, where do you go? What are your favorite escape fantasies, and what do you think they say about you?
Self-Assessment: Strengths

You’ve reviewed your weaknesses and limitations in the areas examined in this section. Now it’s time to record your greatest strengths in each.

Case Conceptualization

Personal Characteristics

Attitudes

Clinical Skills

(continued)
Managing Boundaries

To expand this exercise, consult with at least two other colleagues who are intimately familiar with your clinical work and ask them what they see as your greatest gifts as a therapist. Note here what you learned from them and then compare this information with your own self-assessment.

Assessing the Hazards

As we’ve been discussing, therapists experience a number of side effects from and suffer hazards in their work. Some of the most commonly reported are listed in the next exercise for you to evaluate.
Hazard Assessment

Rate these hazards on a scale of 1 to 3, being as honest as you can with yourself about the extent to which each of them is or may be a problem for you. If you sense that you may be denying or disowning some of these issues, discuss them with others you know well and trust to be truthful.

Hazard Rating Scale
Not a problem: 1
Could be a problem: 2
Definitely a problem: 3

Common Hazardous Attitudes

☐ Arrogance: I am perceived by others as a know-it-all.
☐ Omnipotence: I inflate my sense of power and control.
☐ Cynicism: I act as though I’ve seen it all, and I appear skeptical.
☐ Narcissism: I take myself too seriously and/or inflate my self-importance.
☐ Hypocrisy: I don’t practice in my own life what I expect of others.

Comment:

Self-Defeating Work Habits

☐ Workaholism: I work too many hours and overstructure my life.
☐ Negligence: I act out by failing to complete paperwork in a timely manner.
☐ Boredom: I feel bored and stale in sessions, like I’m going through the motions.
☐ Isolation: I spend too much time alone.

(continued)
Unidimensionality: I hang around only with other therapists and talk about work-related stuff.

Comment:

Other Side Effects

- Futility: I get discouraged and frustrated with progress (or lack thereof) in my work.
- Fatigue: I lead a lifestyle that drains me of energy.
- Intellectualizing: I restrict my degree of emotional expressiveness.
- Mistrust: I find it difficult to experience intimacy in my personal relationships.
- Relationships: I face a number of conflicts with colleagues at work.

Comment:

Formulating a Self-Diagnosis

Now that you have completed the hazard assessment “intake questionnaire,” along with the exercises earlier in the chapter, create a kind of diagnostic impression of yourself based on the data generated. I am not talking about choosing a label from the DSM, but rather about writing a summary case report, describing yourself as if you were a client who walked into your own office.

The Therapist's Workbook
For example, I might write about myself as follows:

This is an individual with a high level of need for approval, which he can’t seem to satisfy. He reports that his ambition and drive to succeed seem out of control, to the point where he is often planning for the future rather than enjoying the present. He appears to struggle with boredom a lot, stirring things up in his life periodically as a way to meet his need for novelty and stimulation. Although he says that he wants more intimate friendships in his life, he reports that he has not been successful in making that happen to the extent he’d like. Issues of power and control, two main themes in his life, might interfere with his ability and willingness to compromise in relationships.

Write a similar case report and diagnostic impression of your own patterns.

Looking at Relationships

Of the side effects you might experience as a therapist, usually those that are most problematic are related to connections to loved ones (or perhaps to the lack of such connections). Therapists are used to a high degree of intimacy, as well as conflict, in client relationships. For better or worse, this can predispose us to respond to family, friends, and colleagues in ways that are less than
constructive. Conversely, there is nobody walking around this planet better equipped than a therapist to enjoy close connections with others.

**Relationship Inventory**

Take an inventory of your current primary relationships, noting sources of both joy and hardship. Answer the following questions by writing down the name of the person (or persons) that immediately comes to mind.

- Who is the greatest source of conflict in your personal life right now?

- Whom do you feel most distrustful of, judged by, and in conflict with at work?

- Which of your client relationships currently feels most frustrating and futile?
Working on a Relationship

Now select one of the relationships you identified as most disturbing and disruptive in your life, and highlight what it is about this relationship that challenges you the most.

Next calculate the amount of time and energy you invest thinking (even obsessing) about this conflicted relationship. Describe the toll it has taken on your life.

Doing Things Differently

I don’t know about you, but I hate it when I’m asked, or when I ask it of myself, what I would say to one of my clients when confronting a problem of my own. I feel like a hypocrite, certainly; but more than that, it reminds me what it feels like to be someone who may well understand what is going on but still feel powerless to change. Nevertheless, it is a good exercise.
Although there will be time in later chapters to return to this relationship problem and work out a plan for altering dysfunctional patterns, for now consider what you would say to a client who can’t think of a viable way to do things differently.

**Therapist Impairment**

Take a deep breath. We are about to delve into an area that is often perceived as the most difficult for therapists to examine honestly. You would certainly not ask your clients about these issues before establishing a fairly solid relationship. And we’ve only just begun this journey together.

“Impairment” is an awfully strong word to use when describing any person’s functioning, especially when that person is a therapist. Most of us have learned quite well from our training and have been able to shore up our defenses. We are an adaptable group, by and large. Typically, we are also good at presenting ourselves to others in the best possible light. This posture is, in fact, necessary to instill in others confidence and trust in us.

Nevertheless, for many of us the question is not whether we are impaired but to what extent we are impaired at this moment. Each of us struggles on a daily basis with our own unresolved issues that may or may not interfere with our personal and professional functioning. I am not talking here about only gross dysfunctions, such as addiction, depression, or personality disorders.
Rather, in this context, I’m defining *impairment* as any of your qualities, behaviors, or attitudes that somehow compromise your maximum effectiveness—as a human being and as a professional.

Each of us is haunted by the past. We all have unresolved issues. Most of us walk around feeling wounded at least some of the time, though we do our best to behave as if everything is just fine. But I’d like you to let the veil down for a few minutes to complete the next exercise. After all, it’s just the two of us talking here.

For as many of the following questions as you like (or maybe don’t like), write down what immediately comes to mind. Don’t think or analyze too much; just put down the first thing that you think of. (Note: The examples following each question are intended to expand rather than limit your responses.)

- **What haunts you?**

  Example: “I am plagued by the feeling of not being good enough, that no matter how hard I try and how much I learn and grow, it still isn’t enough for me to overcome my essential mediocrity.”

- **In what ways are you not fully functioning?**

  Example: “I worry too much about things I can’t control. I don’t sleep well some nights, while my brain runs over all the things I have to do, want to do, or should do.”

(continued)
• What are some aspects of your lifestyle that are unhealthy?
  Example: “I try to pack too much into each day, so I don’t get as much time as I need to relax, to reflect on things, to enjoy more fully what I’m doing.”

• How do you “medicate” yourself?
  Example: “That’s an easy one: ice cream, or when I’m “good,” frozen yogurt. That’s my comfort food, the indulgence that I use instead of alcohol or drugs. I also exercise a bit too fanatically to work off excess nervous energy.”

• What lies do you tell yourself?
  Example: “I say things in sessions that I convince myself are to help the client, but they are really to meet my own needs or satisfy my curiosity. I tell myself that I’m in this field primarily to help people, but I acknowledge I’m also in it for the fame and glory.”
• What are you hiding from?
  Example: "From stillness. If I stopped moving, stopped working so hard, stopped achieving, ceased all the distractions in my life, I'd face that person that is me, stripped of all adornments."

• How does your narcissism reveal itself?
  Example: "In my desire to be the center of attention. In the credit I seek for being the impetus, if not the motivation, for other people's growth."

• Who "gets to you" most, and why?
  Example: "Any one from whom I can sense judgment or disapproval of me. People who are bullies. People who talk in movies. People who talk loudly on their cell phones or text in the middle of a conversation. As for the why, I think it's about feeling not in control or not valued."

(continued)
• What is it about these questions that you find most threatening?
  Example: “That I’ll have to face the fact that I don’t know myself nearly as well as I pretend to, or think I do.”

Looking Back

As I explained at the beginning, the purpose of this chapter was to generate as much material as possible to help us work together effectively in the exercises to come in the following chapters.

In the first go-round you might not have been as honest or forthcoming as you could have been, so before moving on to the next chapter, review your responses (or lack thereof) to the preceding exercises and note here what is haunting you the most.
When therapists neglect themselves to the point where they not only lose joy in what they’re doing but also lose themselves in the process, burnout may result. This is an insidious and progressive condition. In fact, the term rustout might be more appropriate, because a professional doesn’t usually flame out all at once, in a single moment, but rather slowly loses interest in work and begins to exhibit the same or similar symptoms as those of his or her clients.

Typically, therapists who are already burned out realize that they are—they count the minutes of their sessions and the days until retirement—but many therapists may be showing early-warning signs of burnout without being aware of what is happening to them.

Assessing Burnout

Rate each of the following items on a scale of 1 to 3, with 1 indicating that the symptom is not present, 3 indicating that it is definitely present, and 2 meaning that you’re not sure.

___ I “disasterize” or exaggerate consequences.
___ I find it difficult to stay present in sessions: My mind wanders.
___ I am prone to fantasy. My attention is constantly diverted.

(continued)
Increasingly, I am impatient toward my clients, colleagues, or both.

I feel cynical, suspicious, and judgmental toward many clients.

I sense a lack of support, or even active conflict or disagreement, with many colleagues.

I am resistant to going to work in the morning.

I am minimally invested in the quality of my work.

I feel more than a little relieved when clients cancel appointments.

Work seems like a routine—predictable, boring, and without challenge.

I notice stress symptoms that are interfering with my sleep and other daily functioning.

I feel isolated and alienated.

I fantasize a lot about doing something else.

Add up your score, divide it by the number of years you’ve been practicing, multiply by your shoe size... just kidding! The total score doesn’t mean much. What’s important is that you’ve just reviewed the extent to which you feel burned out. The operative word in the previous sentence is *extent*, because burnout is not only gradual but falls on a continuum. Almost all of us feel burned out at times. It is a problem when it becomes chronic, leads to destructive behavior, and interferes with the quality of our lives and the effectiveness of our work.

In reviewing the various symptoms of burnout just listed, which ones are most problematic for you?

1.

2.

3.
Things You Can Do

Rustout becomes chronic, or flames into burnout, when you feel reluctant or powerless to make needed changes in your work or personal life.

Consider the following list of things you might do to prevent burnout or counteract its polluting influence.

- Initiate proactive changes in your work setting to create a more humane environment.
- Change the setting in which you do therapy.
- Reduce stress in your daily schedule by setting necessary limits.
- Confront the source of your negative attitudes.
- Begin studying a new kind of therapeutic method that interests you.
- Recruit a new supervisor who will challenge you in different ways.
- Make some new friends.
- Take some constructive risks; go outside your comfort zone.
- Spend a part of each day engaged in some type of meditative, reflective activity.
- Start or join a support group.
- Go to a retreat center to clear your mind and invigorate your spirit.
- Take an extended sabbatical and see another part of the world.
- Arrange an exchange of jobs for a period.
- Get into therapy.
- Redefine who you are as a person and/or as a therapist.
- Become involved in more interests outside of work.
- Reduce your debt and acquisitive desire.
- Go back to school.
- Get involved in a service or social justice project.
- Keep a journal about your efforts at recovery.
- Consider a new line of work.
- Complete a workbook for therapists that focuses on self-assessment, self-care, and self-improvement. Oh, you’re already doing that one!
What are at least two actions you could take to counteract each of the symptoms of burnout that you checked off in the Assessing Burnout exercise? Don’t limit the possibilities to only the suggestions I just listed; they are intended primarily to get you thinking about options.

1.

2.

**Brainstorming Session**

There is only so much you can do on your own. So get together with a group of trusted colleagues over lunch. But instead of talking about the usual topics, complaining about the same annoyances, griping to one another about the things and people you dislike, structure the conversation so that, together, you generate an exhaustive list of all the creative actions you could take to counteract burnout and prevent recurrences. Offer to act as the scribe, to write out the list; then duplicate it and distribute it to all who participated.

Of the new options generated in the brainstorming session, which were your favorite ones?

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Other Steps You Can Take

In addition to the ideas that you came up with on your own and in your brainstorming session, there are several other steps that you can take to counteract burnout—or better yet, prevent it from taking hold.

- *Diversify your life*: What are some ways you can stretch yourself—for example, by developing interests, friendships, and leisure pursuits—so that all your satisfaction in life isn’t connected to a single aspect of your existence?

- *Focus on the positive*: You make a difference in your work through cumulative effort over time. What, in your assessment, have you done that matters most?

- *Reach out to others*: Whom can you consult with as a resource? What are some ways that you could expand the quantity and quality of your primary relationships?
• **Structure a healthy lifestyle:** What changes can you make in your daily regimen—in your eating, sleeping, and exercise habits—and how you manage your time that would improve your overall health?

• **Talk to yourself differently:** How can you reframe your predicament so that you don’t feel as helpless or powerless?

• **Live how you advise others to live:** How can you take a stand for being more growth oriented?
Resolving to Act

Remind yourself to do one thing in the next week that will help you to resist burning out in the future. Make a resolution to reach out to a colleague who may be struggling with burnout.
CHAPTER 10

Building and Maintaining a Support System

Many of the problems we have explored related to stress, burnout, boredom, and inertia are traceable to the depth and breadth of support we have in our lives. Therapists are notorious for overscheduling themselves to the point where friendships and family relationships are put on hold or even neglected. Also, because we work with people all the time, especially individuals who are having very bad days, we are sometimes inclined to avoid contact with others when we might need them most.

Among all of the solutions that can be implemented to improve the quality of your life, none is more important than expanding your support system. This means populating your world with a rich assortment of folks who are both stimulating and loving. It also means nurturing those relationships in such a way that enables you to remain clear and balanced.

Inventory of Relationships

Let’s begin by taking a look at some of your most fulfilling relationships.

- Who is your staunchest source of support at work?

(continued)
- Which relationship with a client stands out to you as being the most productive and satisfying?

This preliminary inventory should represent those of your current relationships that sustain you most effectively. They are hardly enough to provide all the support you need—and deserve—but they are models for what you care about the most.

**Pushing People Away**

Assume for the moment that one reason you don’t have enough support in your life is because of things you do to keep people at a distance. Some of this behavior could be intentional on your part, although unconscious motives may also be operating.

Check the items in this exercise that apply to the way see yourself functioning in relationships, and supply an example of a recent time when you engaged in this behavior.

- Making yourself inaccessible to others.

  Example: “If I don’t go out much or put myself in situations where I might meet new people, it just isn’t going to happen. Sometimes I can be a bit of a recluse.”
- Being critical and judgmental toward others.

  Example: "I spend a lot of time acting cynical about the way other people behave. It makes me feel superior, but it also distances me; I don't give others a chance to know me, or me to know them."

- Seeking to control relationships in ways that make others become frustrated.

  Example: "I like to think I'm pretty flexible, but in actuality I work behind the scenes to get my way. I might win the battle, but at great cost."

- Refusing to initiate contact or take risks with people I perceive as attractive or interesting.

  Example: "When at social gatherings, I interact with the same familiar people, even though I'd very much like to make new contacts and connections."

(continued)
☐ Hiding behind your role as a therapist to prevent others from getting close to you.

Example: “I notice that much of the time I end up being the listener, the one with the answers. Yet even when people try to get to know me better, I deftly switch the focus back to them, because that’s where I’m more comfortable.”

☐ Being withholding.

Example: “I am withholding with my clients as well as with my family. I tend to pout when I don’t get my way. I say to myself, ‘Okay, you don’t want what I’m offering? Fine.’ Then I pull away to punish them.”

☐ Refusing to invest sufficient time and energy in relationships; failing to make them a priority.

Example: “I say I want more support in my life, more intimate relationships, but I lack the initiative to follow through on my intentions. It’s so much easier to remain in my comfortable, flawed little world.”
An Action Plan

It’s likely that as a result of reviewing how you might be keeping people at a distance and thus undermining potential for a more solid support system, you have discovered several self-defeating behaviors in yourself. To change this pattern, you are going to have to take decisive action.

What actions are you willing to commit to taking in your efforts to build a more loving and satisfying support system?

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What are you willing to commit to doing to move what has been getting in your way?

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Based on the commitments you’ve just made, identify sequential steps you intend to follow to achieve your ultimate goals.

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2.
3.
4.
5.
Watching Your Support Group in Action

For therapists, one of the familiar patterns that often emerges at work is to seek out and spend time with trusted colleagues. These are the people we eat lunch with, share a drink with after work, socialize with, or gravitate toward during periods of inactivity or times of need. Our interactions with these individuals are crucial to our well-being. They help us to feel less alone, better supported, and more securely grounded.

In some cases, however, the time we spend with confidants can make things worse as well as better. One of the patterns I’ve noticed when getting together with colleagues is that under the guise of being helpful to one another, we spend much of our time complaining about our lives—about how we are treated, about how unappreciated and underpaid we are, about the clients and colleagues not in our inner circle who make our lives so unnecessarily difficult.

Whether in the teachers’ lounge in a school, the staff room of an agency, the coffee shop near work, or the bar down the street, therapists tend to spend a lot of time bitching and complaining to one another. Of course, this feels good; that’s why we do it. The critical question I raise here is whether this sort of “support” is all that beneficial in the long run.

Identifying Consequences

What are some of the negative consequences you have observed as a result of getting together with colleagues to vent?

Among the negative side effects that therapists frequently mention as emanating from their discouraging collegial relationships are the following. Provide examples of those that may apply to your own situation.

- Reinforcing a victim mentality.
• Creating a climate of complaint.

• Investing energy in the negative rather than the positive.

• Engaging in circular interactions that lead back to where you started, rather than forward.

• Refusing to take responsibility for your own role, and actions taken, with regard to the problems under discussion.

• Feeling good for a short time, but then worse later.
Acting as a Process Consultant

What if you were to change how you interact with your collegial support system so that you continued to be there for one another but without the emphasis on whining and complaining? What alterations could you make in the patterns that mark how you currently spend time together?

Assume you are a paid leader or organizational consultant hired to observe your primary support group in action. What functional, as well as dysfunctional, dynamics and behaviors would you find most significant?

Most constructive and helpful patterns in action:

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Most dysfunctional dynamics in action:

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Making Recommendations

Once you have identified the patterns that seem consistently present in your primary support group, what actions would you recommend participants take to help them make their time together more beneficial, satisfying, and supportive?
1. Establish boundaries to make interactions more helpful:
   
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2. Set ground rules to make interactions more supportive:
   
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3. Alter patterns to encourage greater caring and respect:
   
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4. Exclude certain kinds of content to keep the tone of get-togethers more positive:
   
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5. Implement a new process to encourage a deeper level of sharing:
   
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6. Agree on interventions that would keep topics of discussion focused and constructive:
   
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Overcoming Obstacles

Continuing as the process observer and consultant who is studying your primary support group, what obstacles can you envision that might make initiating these changes a problem?

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What actions would you recommend for overcoming these obstacles?

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Time to Act

Collegial support is one reliable way to improve the quality of your work as a therapist, especially if the support group is organized around a few guidelines that create a culture of mutual respect and caring.

What do you intend to do to help change how the members of your current group of friends/colleagues interact with one another?

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What steps do you intend to take to recruit from your community a group of interesting, compassionate, and compatible colleagues who can get together on a regular basis to provide mutual support?

1.
2.
3.
4.
5.