

Mentored  
Internship  
Program



# Working Smart!

## Preventing Burnout, Seeking Balance, and Managing Challenges

Mentored Internship Program (MIP)

August 2, 2022 | 12:00–1:00 p.m. PT



# Indigenous Land Acknowledgement

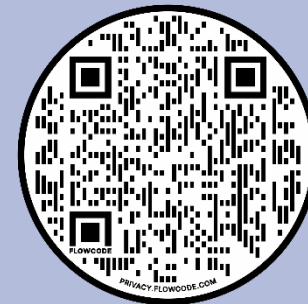
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office currently resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

## Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





# Mentored Internship Program Purpose

To help achieve the BHWD goals, the Mentored Internship Program (MIP) is designed to provide

1. Opportunities for students 18 and older, and at multiple stages of their education, to gain practical on-the-job experience as paid interns in nonprofit organizations and county-operated provider settings providing behavioral health (BH) services; and
2. BH provider organizations with an increased workforce of diverse and talented interns who are potentially interested in being hired as members of the BH workforce upon graduation and/or following their internship.



**MIP's overarching goal is to enhance the professional development of diverse talent to help meet the urgent needs of California's BH workforce in the near term and develop ongoing partnerships with schools.**



# Modalities of TTA Participation

## TTA will include:

- Regional quarterly Learning Collaborative meetings
- Coaching calls and webinars
- Affinity Groups, organized by profession, populations served, topics of interest, local needs, age groups served, etc.
- Tailored TA based on grantee requests and needs





# Advocates for Human Potential (AHP) MIP Team



Kathleen West  
Project Director



Tammy Bernstein  
Project Manager



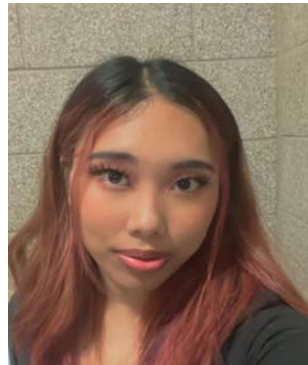
Kate Cox  
Operations Manager



Ellen Radis  
TA Resources



Susan Lange  
TTA Provider



Vic Walker  
Operations  
Specialist



Jennifer Ortiz  
Grantee Coach



Tiffany Malone  
Grantee Coach



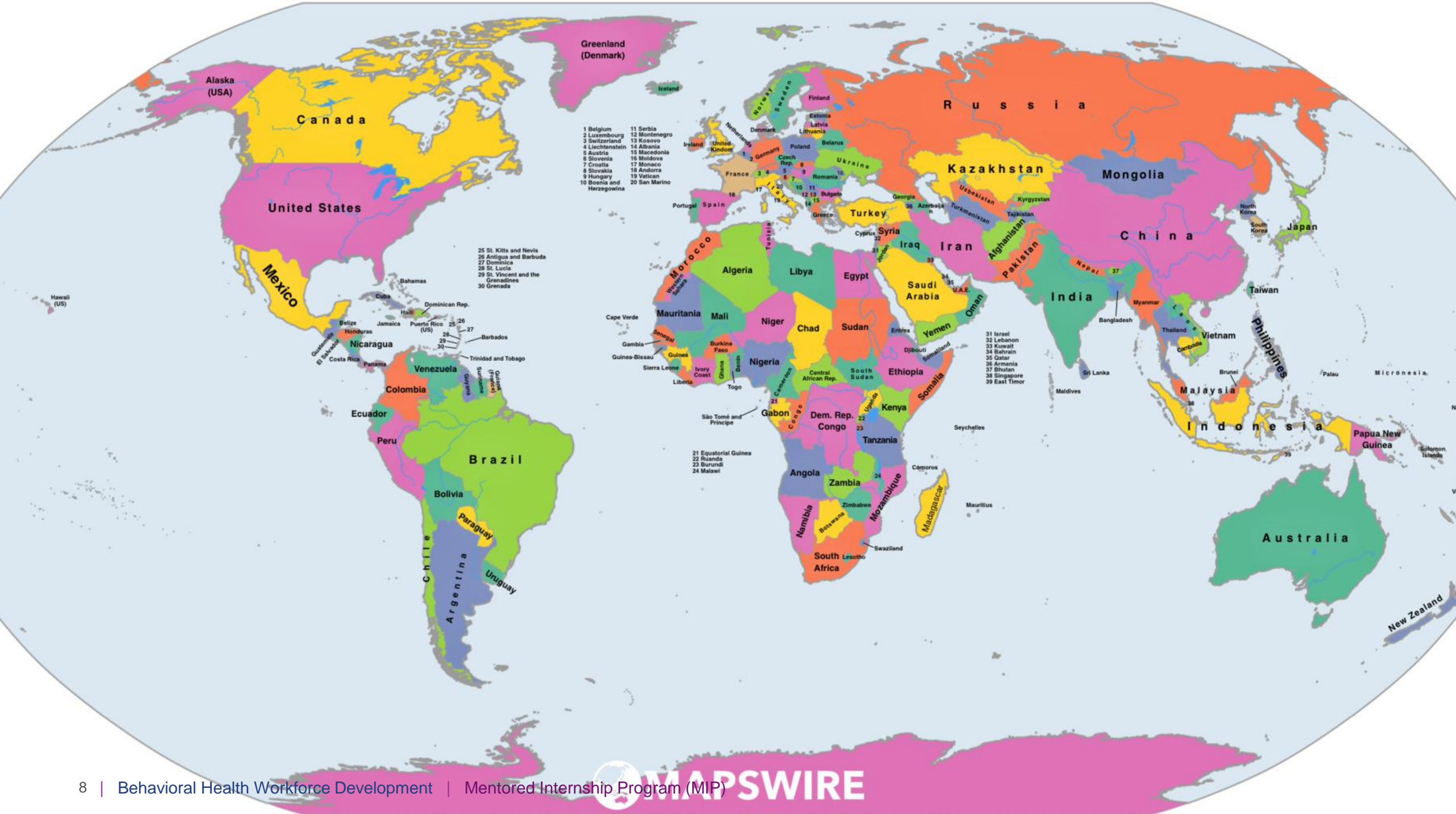
Cklara Moradian  
Grantee Coach

Caitlin Storm  
Quality Assurance

## Session Objectives

- Identify signs of burnout and mental fatigue.
- Assess and monitor employee mental health and identify strategies for balancing their personal and professional lives.
- Identify 10 de-escalation tips for BH professionals.





# Burnout in Behavioral Health

Product of systems & relationships

Moves us away from wellness

Ceases to serve our need for fulfillment, meaning, sustainability, and connection to a mission bigger than ourselves





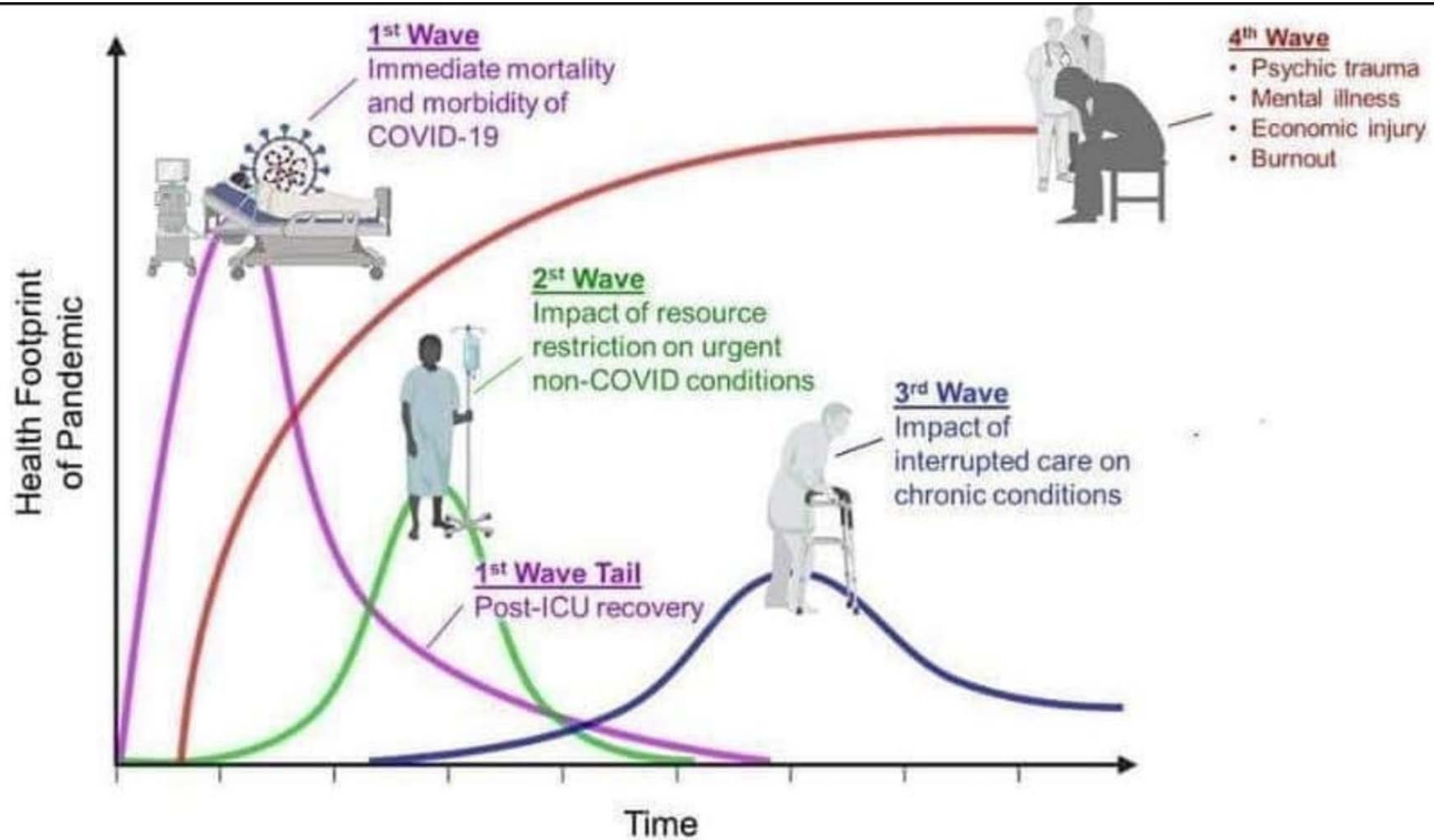
# Burnout in Behavioral Health

Burnout is defined as “The state of mental and physical exhaustion caused by one’s professional life.”

(Freudenberger, 1974)



# Health Footprint of Pandemic



Source: Tseng, 2020

# Consequences of Professional Trauma and Fatigue

## Personal

- Absenteeism
- Inability to complete tasks
- Somatic symptoms and mental and physical distress
- Feeling “checked out”
- Reduced ability to feel empathy toward clients
- Lack of joy/satisfaction
- Feeling ineffectual
- Disillusionment, cynicism, exhaustion

## Organizational



High rates of turnover/staffing issues



Inability for teams to work together



Unhealthy competition between staff



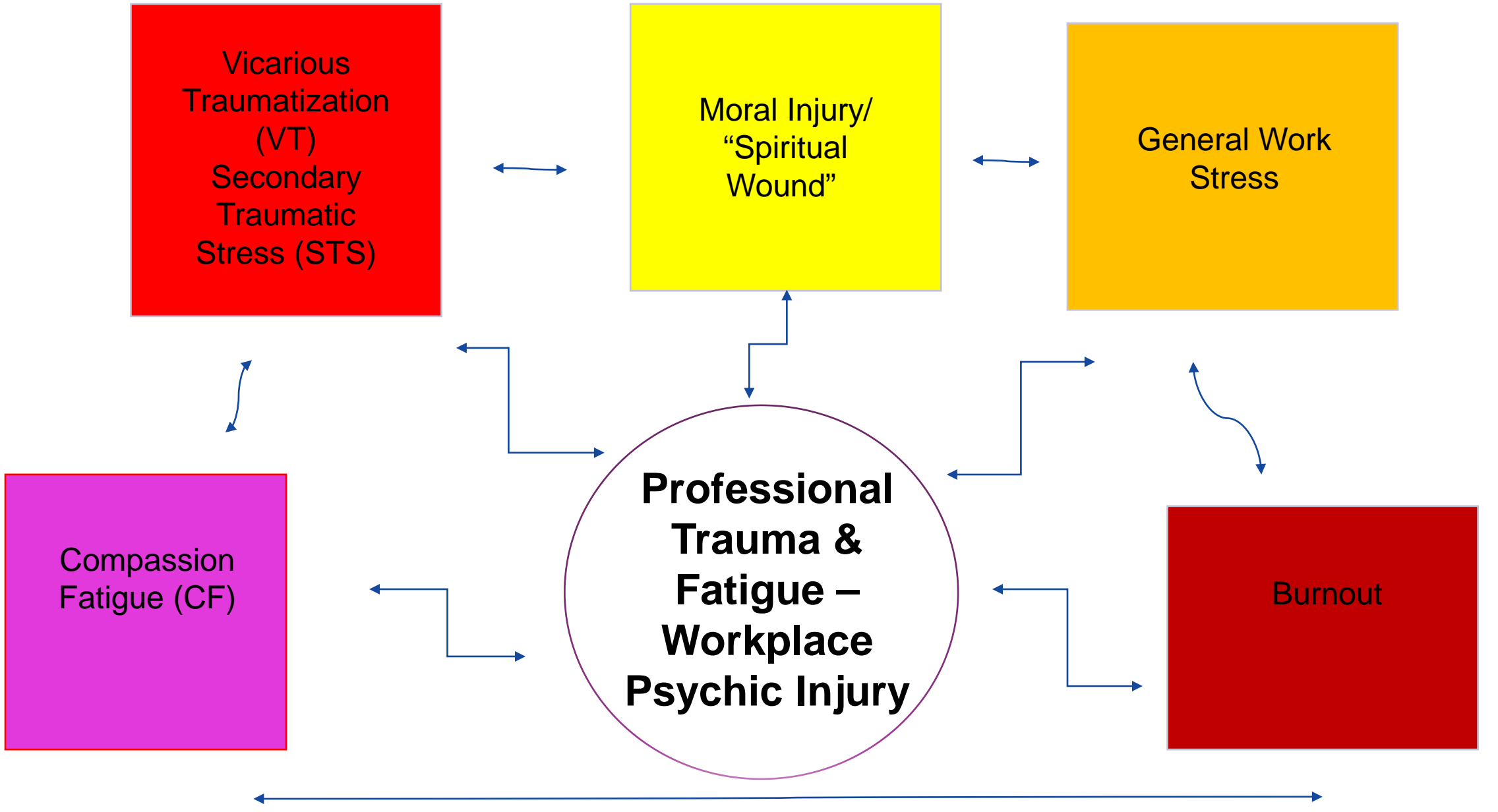
Conflicts and rampant gossip



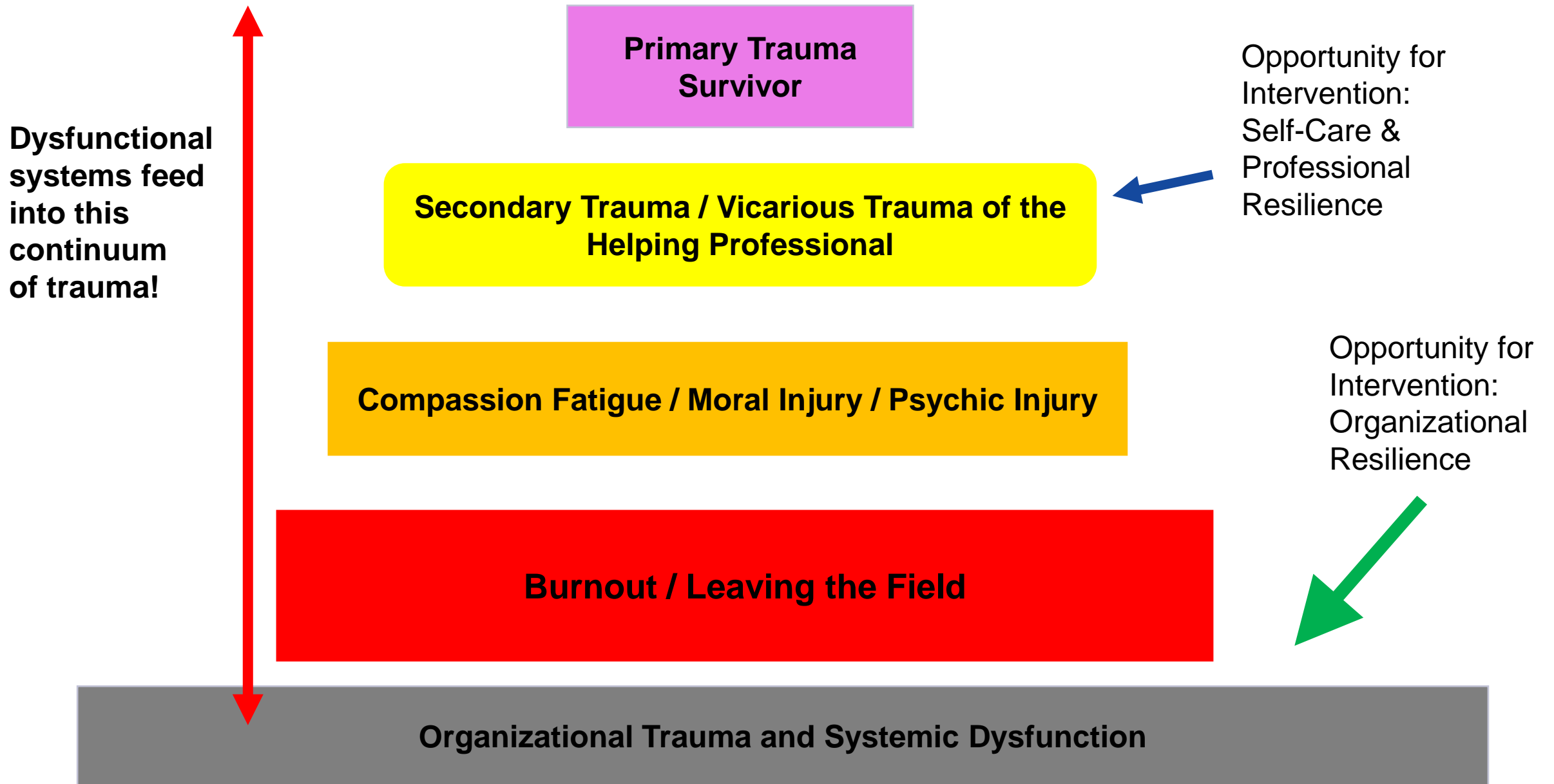
Programs sustain harm by being less effective and responsive to the needs of clients



Loss of reputation







# Self-care is critical for well-being, but what's wrong with the self-care model of addressing burnout in the behavioral health field?

## Individualistic

Our mental health does not exist in a vacuum—we are beings within an ecology, families, systems, institutions, and dynamics of power and oppression that alienate and disenfranchise us.

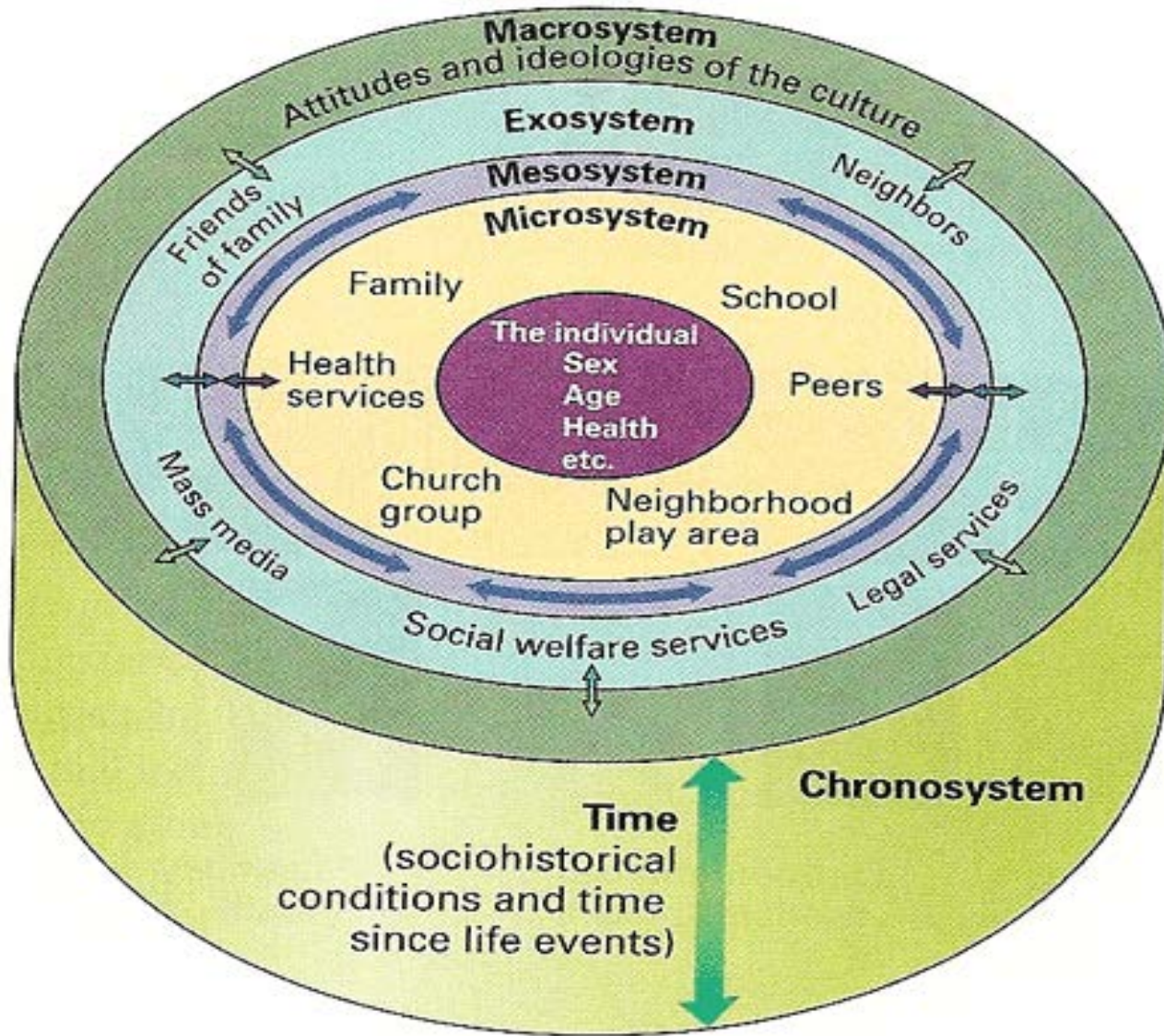
## Burden on those most impacted

Those hurting are asked to do the lifting.

Systems remain harmful to those we want to serve and those who are providing services.

## Change is limited

While the research supports self-care and mindfulness as evidence-based interventions for mental health in general, meta-analysis on person-directed interventions on burnout of health care workers shows a moderate effect at best.



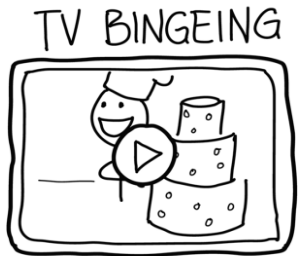
We know systems act on our clients and their mental health, but this also applies to us as healers, practitioners, providers, and leaders. Within each system, there is a need and opportunity for intervention to prevent workplace trauma and fatigue.

Bronfenbrenner's Ecological Systems Theory. (Source: Santrock, 2008, p. 24)



# SELF-SOOTHING

Activities that provide distraction and/or comfort in difficult times



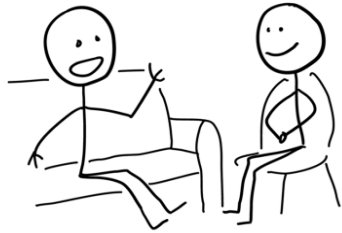
@deannazandt

Source: Zandt, 2019

# SELF-CARE

Activities that help you find meaning, and that support your growth & groundedness

GOING TO THERAPY



EATING WELL FOR YOUR BODY



MEDITATING

TAKING OWNERSHIP OF YOUR FINANCES



GETTING MEDICAL CARE



MASSAGE

EXERCISE



*Saying YES and NO when you really mean it*



YOGA



SETTING - & KEEPING! - BOUNDARIES

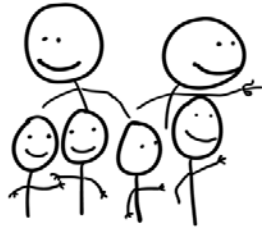
@deannazandt

Source: Zandt, 2019

# COMMUNITY CARE

Workarounds for systems that don't inherently support care (ie, capitalism!)

CHILDCARE



EDUCATION COLLECTIVES



DIGNIFIED, SUPPORTIVE HEALTHCARE ORGS



WORKER-OWNED COOPS



INTIMATE RELATIONSHIPS OUTSIDE OF TRADITIONAL, ROMANTIC COUPLEHOOD NORMS

CREDIT UNIONS



FREecycle & BUY NOTHING GROUPS



CO-HOUSING



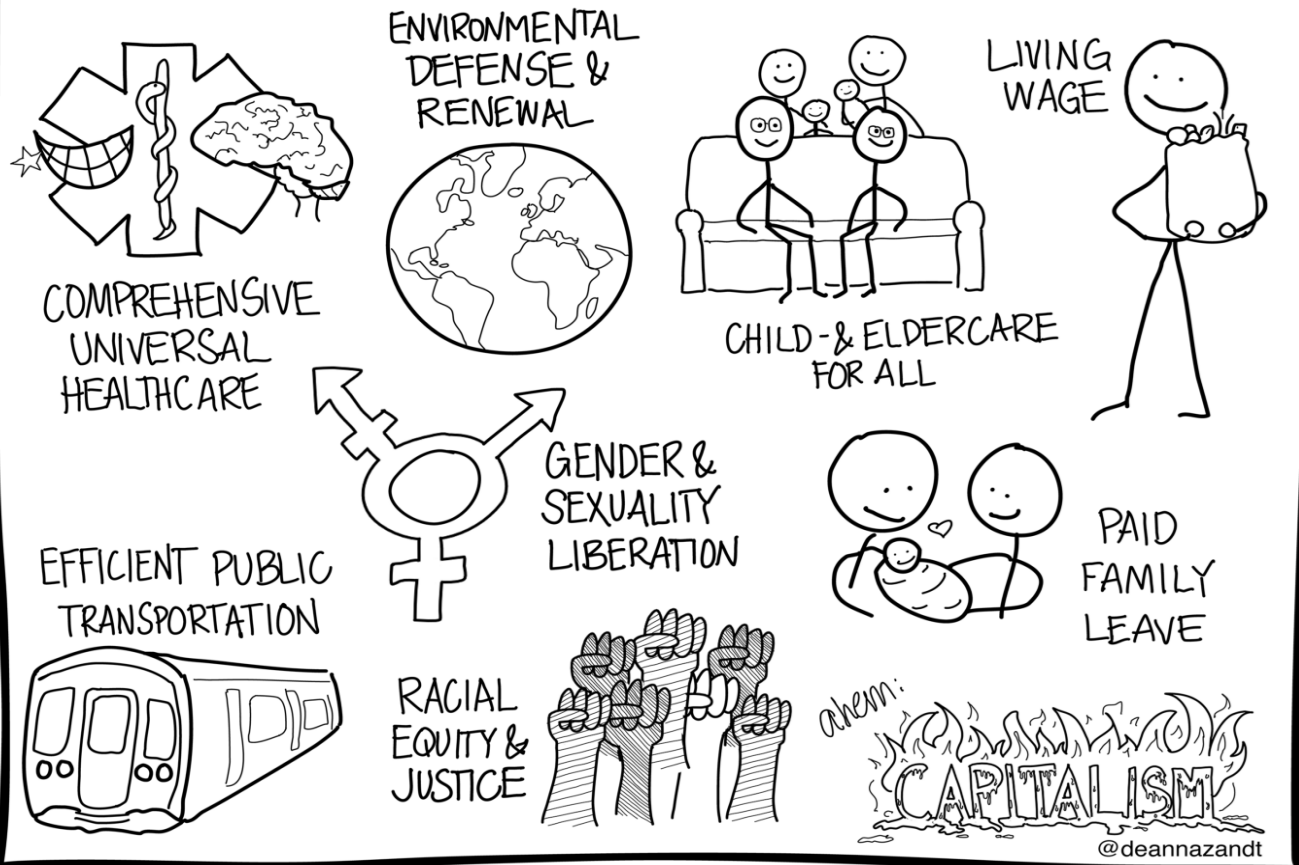
SKILL SHARING & MUTUAL AID

@deannazandt

Source: Zandt, 2019

# STRUCTURAL CARE

Systems that support community care, self-care AND self-soothing

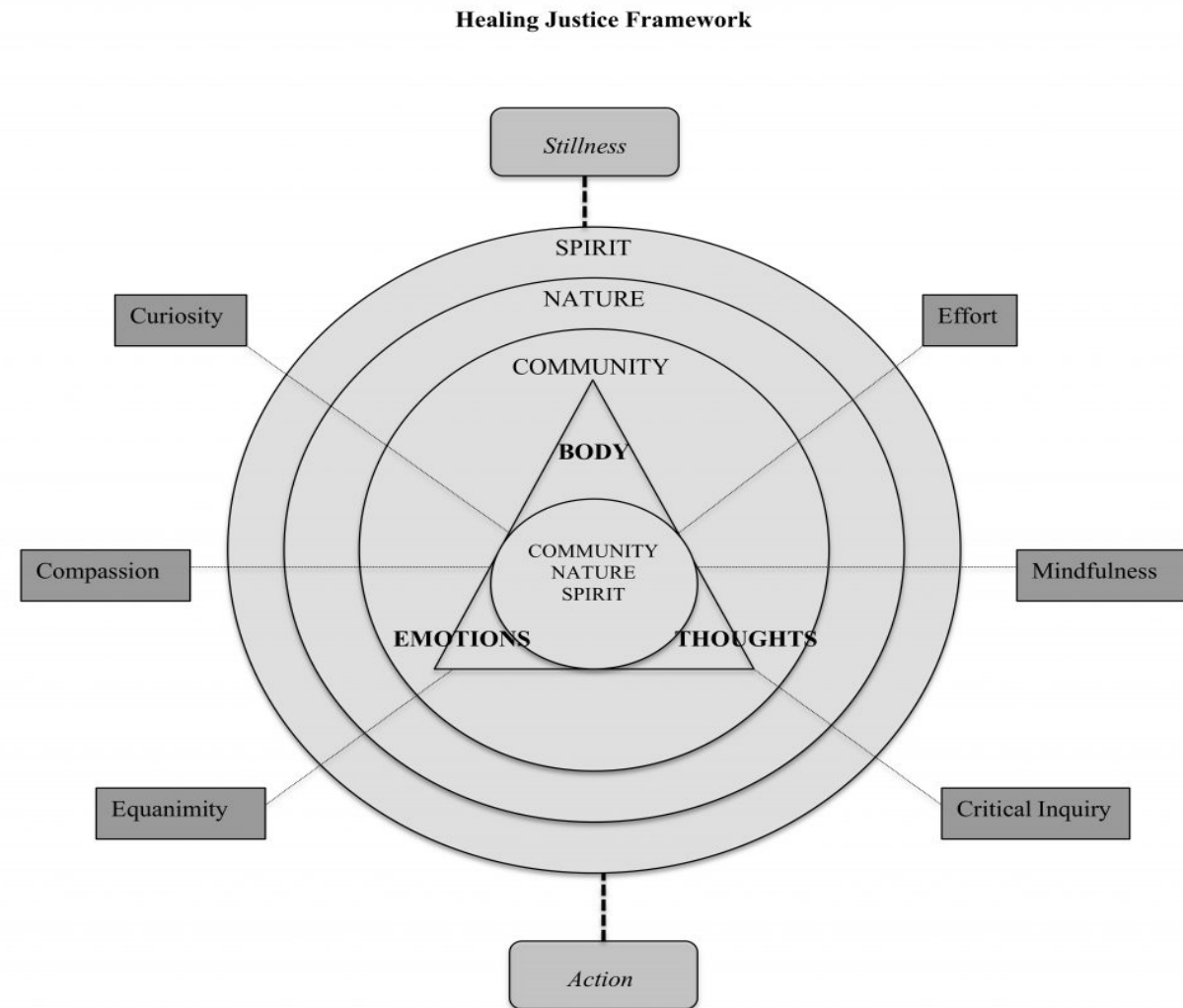


Source: Zandt, 2019

# Case Example

- A graduate-level intern is in their 3rd month of an unpaid internship in a community mental health setting with clients experiencing chronic and persistent mental health issues. The intern's lived experiences are similar to many of the clients they are serving. In addition, this intern works part-time to pay for their schooling. They are often tired, and experience high stress levels related to the demands of their life as a working student. Recently, they have noticed frequent headaches and digestive issues.
- The intern was just assigned to a new client. When they introduce themselves as an intern, the client becomes very angry, screams at them, misgenders them, and tells them that he is tired of working with inexperienced therapists who leave after a few months. This is his 3rd therapist in the past 2 years.
- When this student intern recounts their session with their supervisor, the supervisor responds: "You will eventually stop taking this personally. How did you document the session?" The intern feels demoralized and exhausted.

Healing Justice is a framework that might help us seek a holistic approach to the issues of professional trauma and fatigue.



# Examples of Interventions

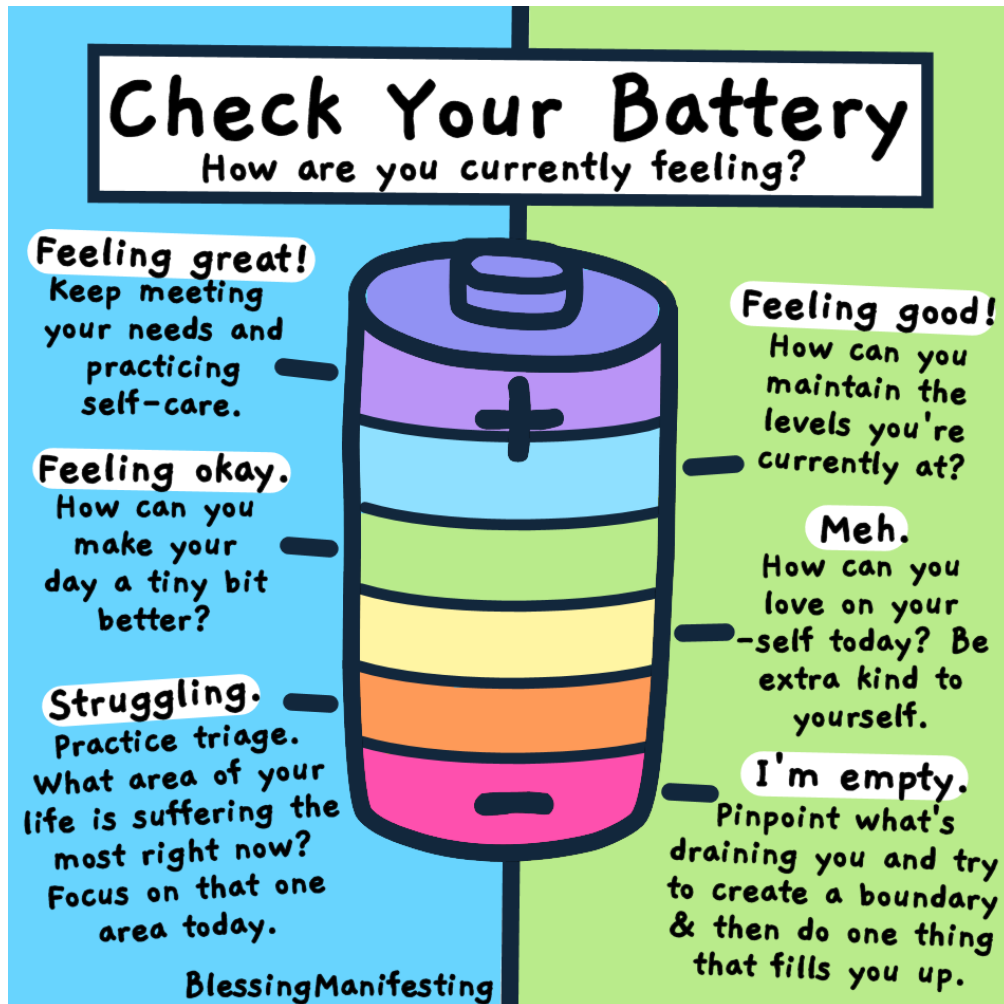
## Personal

- Strong personal mission and vision
- Strong ethical compass
- Work boundaries and time management
- Conflict resolution skills
- Physical self-care (healthy meals and exercise, medical care when sick, sleep hygiene)
- Psychological self-care (personal therapy, hobbies, time for reflection, journaling)
- Spiritual self-care (meditation, prayer, spiritual community)
- Relationship self-care (healthy boundaries, seeking connections with important people in your life)

## Organizational

- Ethical guidelines, strong mission and vision, practices and procedures to reinforce guiding values
- Structured and protected time for mentorship and supervision
- Co-creation and collaboration
- Strong commitment to DEIJB+ values and actions
- Providing opportunities for growth and autonomy, reinforcing personal agency in the workforce
- Responsive leadership
- Space for collective bonding and reflection
- Commitment to adequate, equitable pay & benefits for everyone
- Ongoing feedback and opportunities for learning as an organization
- Reasonable expectations and willingness to troubleshoot when issues come up

# Is There a Place for Joy in Our Work?



What does that look like?

Can you think of practices your agency has implemented that have increased cohesiveness and harmony for your teams and increased satisfaction for direct practice employees?

Please share in the chat.

Source: Blessing Manifesting, 2019



# Resilience: The ability to spring back and adapt to adversity

## Resilience (A Working Model)

Charney, ISTSS Keynote Presentation, 2013



<https://www.slideshare.net/MFBarnes51/barnes-understanding-compassion-fatigue-phoenix-ms>

# Organizational Resilience

- [ICOR | Resilience Frameworks \(build-resilience.org\)](https://www.build-resilience.org)



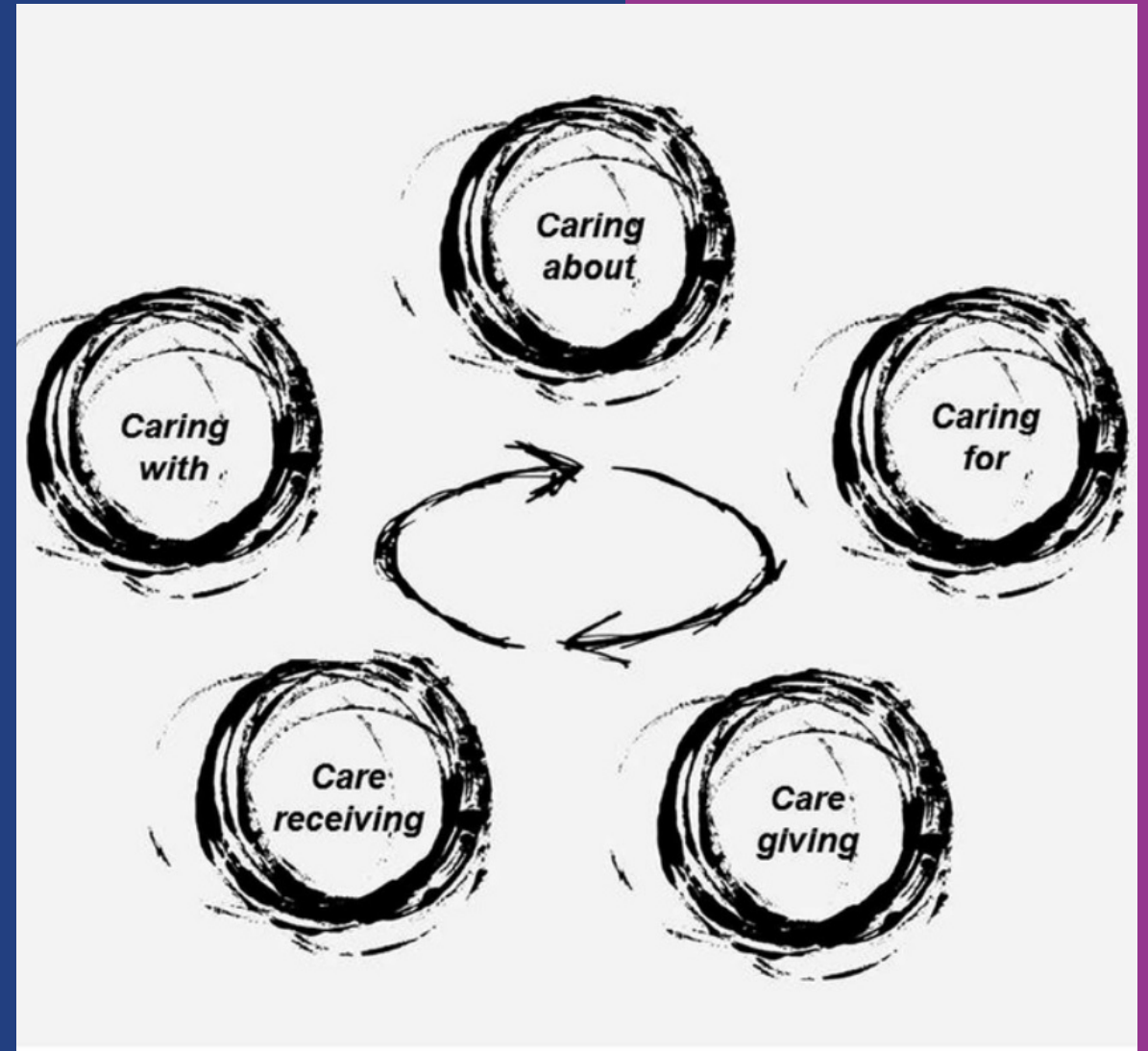
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Has your agency or educational institution added training and formal or informal conversations about these topics with your interns?

A: Yes

B: No

C: We are working on it



Five stages of a second-generation ethics of care of tronto (2013)

# De-Escalation Tips

One of the most challenging aspects of direct practice work for interns and those new to the profession is how to respond to difficult encounters with clients who might be upset or angry about the services they are receiving.

We found these 10 de-escalation tips for healthcare professionals by the Crisis Prevention Institute helpful and wanted to share them with you.

[DeEscalation-Tips-for-Healthcare.pdf \(dcha.org\)](#)

## We ask that mentors or supervisors incorporate these tips into their training with new interns:

- TIP 1: Be Empathetic and Nonjudgmental
- TIP 2: Respect Personal Space
- TIP 3: Allow Time for Decisions
- TIP 4: Use Nonthreatening Nonverbals
- TIP 5: Set Limits
- TIP 6: Focus on Feelings
- TIP 7: Ignore Challenging Questions
- TIP 8: Avoid Overreacting
- TIP 9: Choose What You Insist Upon Wisely
- TIP 10: Allow Silence for Reflection

Q & A

# Upcoming Events and Important Reminders

- [MIP Educational Institution Program Capacity Survey](#): **Was due June 17, 2022**, for all MIP Educational Partners. Please ask your Ed Partners to submit ASAP.
- [MIP Intern Self-Assessment](#): Please distribute this link to your interns. **Each intern must take this self-assessment survey as soon as their internship is confirmed with your agency and no later than 1 work week after the first day of their internship.**
- [MIP Mentor Self-Assessment](#): Each mentor must take this self-assessment survey as soon as their role as a mentor is confirmed within your organization and no later than 1 month before they are assigned their first intern.
- **Contracts**: Contracts have begun to go out! Please be sure to follow the instructions in the email and submit the signed contract to [ahpcontracts@ahpnet.com](mailto:ahpcontracts@ahpnet.com).
- **Invoices**: The MIP Invoice Template was sent out Friday, June 17, 2022, and may be submitted upon execution of contract.

# Upcoming Events and Important Reminders

- **August MIP events:**
  - August 9–10, 2022
    - Regional Administrative Group Coaching Calls – Invites to come
  - August 11, 2022
    - Mentor Office Hours (Optional): 12:00–1:00 p.m.
    - Intern Office Hours (Optional): 2:00–3:00 p.m.



# Save the Dates!

The Learning Collaboratives will be 2-hour regional interactive sessions from 10:00 a.m. to 12:00 p.m. and 1:00 pm to 3:00 p.m. More information (plus invites) to come!

## Learning Collaborative Dates:

- September 21 & 22
- December 14 & 15

# Thank You!

# References

- Blessing Manifesting. (2019, January 31). *Check your battery*. <https://www.selfloverainbow.com/2019/01/self-care-battery-recharge-yours.html>
- Čartolovni, A., Stolt, M., Scott, P. A., & Suhonen, R. (2021). Moral injury in healthcare professionals: A scoping review and discussion. *Nursing Ethics*, 28(5), 590–602. <https://doi.org/10.1177/0969733020966776>
- Charney. (2013). *Resilience (a working model)* [Keynote presentation]. ITSS.
- Figley, C. R. (2013). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Routledge.
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1), 159–165. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>
- The International Consortium for Organizational Resilience. (2016). *Organizational Resilience Model*. <https://www.build-resilience.org/OR-Model.php>
- Koenig, H. G., & Al Zaben, F. (2021). Moral injury: An increasingly recognized and widespread syndrome. *Journal of Religion and Health*, 60(5), 2989–3011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8270769/>
- Ledoux, K. (2015). Understanding compassion fatigue: understanding compassion. *Journal of Advanced Nursing*, 71(9), 2041–2050.
- Maslach, C., & Jackson, S. E. (1981) The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal*, 6(2), 57–68.
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74–99. <https://doi.org/10.1016/j.eurpsy.2018.06.003>
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. Hundall Stamm (Ed.), *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators* (pp. 51–64). Sidram Press.
- Pyles, L. (2020). Healing justice, transformative justice, and holistic self-care for social workers. *Social Work*, 65(2), 178–187. <https://doi.org/10.1093/sw/swaa013>
- Reyes Ortega, M. A., Kuczynski, A. M., Kanter, J. W., De Montis, I. A., & Santos, M. M. (2019). A preliminary test of a social connectedness burnout intervention for Mexican mental health professionals. *The Psychological Record*, 69(2), 267–276.
- Ruriani, A. (n.d.). *Dig deeper* [Illustration].
- Santrock, J. (2008) *Educational psychology* (3rd ed.). McGraw-Hill.
- Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, 74(9), 1431–1456.
- Tseng, V. [@VectorSting]. (2020, March 30). *As our friends and colleagues brave the front lines, we must also get ready for a series of aftershocks. It's* [Image attached] [Tweet]. Twitter. <https://twitter.com/VectorSting/status/1244671755781898241>
- Zandt, D. (2019, October 17). *The unspoken complexity of "self-care."* Medium. <https://medium.com/@deanna/the-unspoken-complexity-of-self-care-8c9f30233467>

# Burnout

Anyone in the helping profession can experience burnout.

Burnout is defined as a “state of mental and physical exhaustion caused by one’s professional life” (Freudenberger, 1974).

Maslach and Jackson (1981) defined burnout as “a psychological syndrome that occurs in professionals who work with other people in challenging situations that is characterized by (a) emotional exhaustion; feeling overburdened and depleted of emotional and physical resources, (b) depersonalization; a negative and cynical attitude towards people, and (c) a diminished sense of personal accomplishment.”

This is something that happens with time and accumulated work-related stress. It is a slow and gradual process.

It is not exclusive to working with clients who struggle with mental health, substance use, and/or trauma.

On a personal level, burnout is the leading cause of reduced job satisfaction.

On an organizational level, it causes systemic dysfunction and even a toxic work environment.

# Compassion Fatigue (CF)

Compassion Fatigue (CF) is defined in the literature as “the formal caregiver’s reduced capacity or interest in being empathic or bearing the suffering of clients and (is) the behavioral and emotional state that results from knowing about a traumatizing event experienced by another person” (Figley, 2013).

- Compassion fatigue is a term that is used to describe a stress response in healthcare providers.
- Compassion fatigue is considered a key contributor to the loss of compassion in health care.
- Some researchers have suggested that the term “compassion fatigue” is problematic and ill defined, and efforts directed at the development of interventions are criticized.

(Ledoux, 2015)

# Vicarious Traumatization (VT) / Secondary Traumatic Stress (STS)

VT refers to “a process of [cognitive] change resulting from [chronic] empathic engagement with trauma survivors” (Pearlman, 1999, p. 52).

The symptoms of STS mirror the symptoms of post-traumatic stress disorder (PTSD) experienced by the primary victim of trauma.

Can happen in just a few incidents of exposure to the trauma of others. Not as slow and gradual as burnout, but very harmful to the health and well-being of the individual.

**Moral Injury (which we talked about during our last webinar) occurs through repeated misalignment of what we are asked to do and what we believe to be the right thing to do.**

**Are You Experiencing Burnout Due to Work Fatigue or Moral Fatigue?**

## Work-related fatigue

- High caseloads
- Unpredictable work hours
- Low compensation/ high expectations
- Inadequate supervision and support

VS.

## Moral fatigue

- Having to make decisions that are misaligned with professional and/or personal sense of right and wrong
- Witnessing those in power harm others with discriminatory practices
- Having to turn away people in need due to program policies or institutional barriers

# Risk Factors for Professional Trauma and Fatigue on a Personal and an Organization Level

## Personal

- High empathy and compassion
- History of trauma
- History of mental health concerns
- Younger age
- Years of experience
- Types of adaptive vs. maladaptive coping mechanism and quality of social support

(Simionato & Simpson, 2018)

## Organizational



Poor communication, too much change in policy and procedure



High expectations and low compensation



Ineffective or unresponsive leadership



Lack of adequate supervision and mentorship



Staffing struggles



Rules not being articulated or not followed consistently, lack of values



# What Is Healing Justice?

As named by Cara Page and Kindred Southern Healing Justice Collective, “healing justice...identifies how we can holistically respond to and intervene on generational trauma and violence, and to bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts and minds.”

“HEALING JUSTICE IS THE PRACTICE OF REIMAGINING WHOLENESS AT THE INTERSECTION OF INTERGENERATIONAL TRAUMA, CURRENT STRUCTURES OF OPPRESSION, AND A GENERATIVE AND CO-CREATED FUTURE. WE HOLD THAT JOY AND PLEASURE CREATE POSSIBILITY TO BE IN RIGHT RELATIONSHIP WITH OURSELVES, EACH OTHER, AND THE LAND.”

Source: ALLIED MEDIA CONFERENCE 2018 HEALING JUSTICE PRACTICE SPACE AND HEALING JUSTICE TRACK COORDINATORS