

***Disclaimer - The information contained in this IMPACT WV product is not necessarily evidence or practiced based, but rather peer informed.**

Topic

The Community of Practice (CoP) was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about self care, burnout, resiliency and secondary trauma related to serving clients currently experiencing or who have past experiences with substance use and neonatal abstinence syndrome (NAS).

Aim

The purpose of this Community of Practice (CoP):

- **Compare and contrast**
 - A peer recovery coach and recovery coach
 - Burnout, secondary trauma and compassion fatigue
- **Share, discuss and apply experiences regarding work with moms and babies with NAS and what approaches have been successful for dealing with burnout, secondary trauma, compassion fatigue and establishing resiliency in the literature and within our team.**
- **Identify, discuss and practice ways to deal with burnout, secondary trauma and compassion fatigue to be resilient when working with moms and babies with NAS.**

General Info

We realize things are changing rapidly in regard to COVID-19. This is what we know at this point from various providers, agencies and resources regarding recommendations and commonly asked questions.

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Krista was born in Webster Springs, WV, and grew up in Cowen, WV. She is the mother to her daughter, Brittany, and a grandmother. Krista managed a 16 bed halfway house and a 10 apartment complex women and children's residence in Charleston, WV, for women struggling with substance use disorders. She is a state-certified peer support specialist, program manager, is active in her recovery community and a leader amongst her peers. Krista is also a person in long term recovery.

westvirginiasoberliving.com



General Info Continued

What is the difference between a peer recovery coach and a recovery coach?

- A peer recovery coach has lived experiences with substance use disorder and recovery.
- A recovery coach does not have lived experiences but may have experiences based on family or friends who have been diagnosed with substance use disorder.
- There are a variety of trainings available for a peer recovery coach to go through for certification to assist individuals in recovery.

Changes in recovery meetings due to COVID-19 and unexpected benefits

- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings have been moved to an online format due to social distancing guidelines in each state.
- Online Zoom meetings have permitted individuals to try a variety of meetings that they may not be able to attend in person due to location or transportation issues.
- There have been reports of individuals attending recovery meetings again after years away due to the increased anonymity allowed through Zoom meetings.
- With Zoom AA and NA meetings the individual does not have to allow video and can choose what name they would like to display.

Develop resources for your toolbox

- Work to find all the resources necessary to keep the families connected
- Many recovery resources have turned to virtual and Zoom meetings such as Celebrate Recovery, Refuge Recovery and 12 step programs
- Information can be found at AA.org or NA.org of resources available
- Continue to check resources as many resources are frequently changing due to the current restrictions
- Having a list of resources will be beneficial to families and create connections with other providers to allow for peer sharing of resources



Goal setting, peer influences, motivational interviewing, focus on the children

- Help the families you are working with identify their goals. This will allow the goals to be more personal to them and increase their desire to work on them.
- Peer influences can have a strong impact on the individual's recovery. Being around individuals who are a positive influence on the individual's recovery assists the individual by being a valuable support system.
- When working with families it is good practice to use motivational interviewing.
 - Motivational interviewing is a client-centered counseling skill that uses four processes to attempt to move an individual towards finding the motivation to make positive decisions and explore goals they wish to accomplish.
 - Four processes of motivational interviewing:
 - **Engaging** the client by getting to know them and developing trust
 - **Focusing** the provider assists the individual to identify what their focus is and what is important to them
 - **Evoke-ing** (known as the why stage) the provider asks questions to help the individual open up about their reason for change
 - **Planning** (known as the how stage) the provider helps the individual create a plan.
- When helping individuals with goal setting remember that not everyone is in the same

Case Study 1

The family has an unexpected death due to an overdose and does not have a strong support system other than the home visitor. The family has asked the home visitor to help with funeral arrangements. In addition, the mother is unsure of how she is going to support the children. The apartment was paid for by the father of the children that passed away. She is unsure of how to explain to her children about the death of their father. She is texting the home visitor throughout the night and on weekends. The mother has a history of depression and since the death of the father, is becoming completely dependent on her home visitor.

What suggestions would you have for the home visitor?

Discussion question: There are so many pieces to detangle here. What areas are within your services directly? For instance, linking the mother to supports might work but not making the arrangements.

Where do you start? (Recommendations from CoP participants)

- Ask the mom to name her priorities from top to bottom and go from there.
- Have a meeting with the home visiting supervisor and come up with a plan that is appropriate to help the family.
- Refer to the Parents as Teacher's Curriculum.

Case Study 1 Continued

To address death in the family

- Connect to a support group or a grief counselor.
- Connect to the Department of Health and Human Resources (DHHR) to help with the funeral cost (based on qualifications).
- Contact Hospice, they are great with not just end of life care but afterward and are required to offer services for one year past death.
- Supply resources to the mom on how to explain the death to her children.
- Children books to help explain the father's death (i.e. The Invisible String)

To address housing

- Connect to low-income housing in the area like the Department of Housing and Urban Development (HUD).
- Connect to emergency housing like the homeless coalition in Wheeling.

To address mom's depression

- Make sure the mom is getting help for her depression.
- Help4WV provides a 24-hour helpline and it deals with addiction as well as mental illness.

Set boundaries

- The home visitor needs lots of support too!
- There is a need to set boundaries, but sometimes crossing them can not be avoided.
- Boundaries are so important, but are different for each home visitor and each client situation.
- Consider saying that any time after 6 pm is my time with my family.
- When it comes to a death it would be easy to break those boundaries, but it would be up to the home visitor to reset the boundaries and let the parent know.
- "I turn my phone to focus mode for certain hours and nothing will come through on my phone. I would let families know that in advance so they would not think I was ignoring them," [advice from a home visitor.]

Discussion question: Do you ever lean on one another to help identify resources or relieve stress?

- We have a group reflection in our office, it has been phenomenal for us.
- We offer time during staff meetings for peer to peer reflection.

And how do you define a crisis that must be responded to NOW? It seems subjective and all circumstances could be a crisis to someone.

- The word crisis alone can mean something different to every client, that is the hard part.

Case Study 2

A young mom with two children lives in a home with two other people. The mom has a history of substance use, but has been in recovery for the last two years since her last child was born. She was on Medication Assisted Treatment (MAT), but has transitioned off appropriately based upon the program she was enrolled in. However, over the last three months, the mom has not been going to group meetings and does not appear to have a peer recovery coach. Although the home visitor does not believe the mom has relapsed, she does have concerns about the other two adults living in the house. She feels that they may have a negative influence on her. However, mom does not have anywhere else to live.

What suggestions would you have for the home visitor?

- Get her connected to a peer coach.
- Focus on what she has been able to accomplish the past two years first (strengths).
- Work on housing. Ask if she would like to apply to move in to her own apartment. Apply to housing developments in the area. Focus on mom getting out of the house.
- Housing may need to be addressed second. Recovery should be her #1 goal.
- Ask the mom to think about her situation and see if she thinks she needs any changes and start there.
- Do a visit outside the home so mom would be able to open up more about the situation. She may not open up if we are doing the visit in the home with the other adults.
- Help her note her triggers, and find ways to avoid them.
- Ask her about her goals and try to keep her focused on reaching those goals so her focus is on the future.
- Peer influences can be strong and difficult to break. Perhaps focus on the children and how those peer influences impact them.
- Have a great group of people who know about those resources and have used them as well as have some stored for own use. Self-advocacy is key here too. How to slowly build their skills up for them to take care of these items more over time.
 - Use Dropbox on phone and laptop so resources are always readily available



Ways you or your clients might be at risk for burnout, secondary trauma or compassion fatigue

- Young worker with less experience
- Professional who may have experienced childhood trauma themselves
- Increase in Neonatal Abstinence Syndrome (NAS)
- More intense issues within families
- Size of caseload

Signs you or your clients may be experiencing burnout, secondary trauma or compassion fatigue

- Exhaustion
- Reduced ability to feel sympathy and empathy
- Anger and irritability
- Increased use of alcohol and drugs
- Dread of working with certain clients
- Diminished sense of enjoyment of career
- Disruption of world view

Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC

What to do about burnout, secondary trauma and compassion fatigue

- Use supervisory reflection
- Take an Emotional Resilience Self-Assessment
- Replace negative thoughts with positive thoughts
- Develop a gratitude journal
- Practice self-awareness
- Practice meditation

Using resiliency resources:

- Assessments are available to help a provider determine their own level of resilience and what areas they may need assistance in. Assessments reviewed are:
 - Emotional Resilience Self-Assessment
 - Resilience Through the Power of Positivity
 - Resilience Through Gratitude
 - Resilience Through Self-Awareness
- How to Build Emotional Resilience: 5 Exercises
positivepsychology.com/emotional-resilience/
 - Emotional Resilience Self-Assessment Scale
 - Resilience Through the Power of Positivity
 - Resilience Through Gratitude
 - Resilience Through Self-Awareness
 - Guided Meditation – this skill walks you through meditation one step at a time allowing you to reach a state of calm and a feeling of being grounded.
- 12-Minute Meditation Guide For Building Resilience:
www.youtube.com/watch?v=PX0P3RSzXeU

RESOURCES

- WV Peers **304-602-3305**
- West Virginia Sober Living, Inc. (WVSL) created for the community needing help with connecting to resources filing for unemployment, food, housing, jobs **westvirginiasoberliving.com** or **304-602-2017**
- WV Coalition to End Homelessness is **www.wvceh.org** or phone **304-842-9522**
- HELP4WV **www.scholastic.com/parents/books-and-reading/raise-a-reader-blog/7-touching-books-to-help-kids-understand-death-and-grief.html**
- Narcotics Anonymous World Services (NAWS) an online meeting list **www.na.org/meetingsearch/**
- Intergroup Video Meetings **aa-intergroup.org/directory.php**
- Online AA chat room **aaonline.org/**
- In the Rooms – Global Recovery Community **www.intherooms.com/home/**
- WV 2-1-1 **prd.icarol.com/landing.html?token=1ae3b4f7-3057-4ae7-a501-6d78d8c9de57&cssMode=Publish&orgNum=126088&db=126088**
- 2-1-1 COVID-19 Information – Includes Internet Services **www.211.org/services/covid19**
- Refuge Recovery online meetings **refugerecovery.org/meetings?tsml-day=any&tsml-region=online-english**
- Smart Recovery online meetings **www.smartrecovery.org/community/calendar.php**
- She Recovers online community **sherecovers.co/**
- CALM app for guided meditation **www.calm.com**
- How to Build Emotional Resilience: 5 Exercises **positivepsychology.com/emotional-resilience/**
- 12-Minute Meditation Guide For Building Resilience: **www.youtube.com/watch?v=PX0P3RSzXeU**

Polling results for Resiliency CoP

- 89% of respondents work with moms who are currently using substances or have used in the past
- 59% percent of respondents were able to tell the difference between a peer recovery coach and a recovery coach
- One skill learned today (can choose more than one)
 - 41% percent resource to use for myself
 - 29% percent resource to share with a co-worker
 - 59% percent strategy to use myself
 - 65% percent strategy to use with the families

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