

MIRT
MOBILE RESPONSE TEAM
Frontline Psychosocial Support

**COLLECTIVE CARE IN THE ZONE OF FABULOUSNESS:
Responding to the opioid epidemic with connection and solidarity**

This project is a collaboration of Vikki Reynolds, PhD, RCC and the Provincial Overdose Mobile Response Team, Health Emergency Management BC, a program of the Provincial Health Services Authority.

The video series is produced by Love Intersections (David Ng and Jen Sungshine).

THE HELPERS OF THE OVERDOSE PUBLIC HEALTH EMERGENCY

The opioid epidemic was declared an overdose public health emergency in British Columbia on April 14, 2016 (Province of British Columbia, 2016). Taking a harm reduction approach, existing and newly established Supervised Consumption Sites and numerous Overdose Prevention Services work to keep people safe by providing services such as distributing harm reduction supplies, providing Take Home Naloxone training and kits, referring to mental health and substance use services, offering safe disposal of used supplies, drug checking, and monitoring of substance use. In the event of an overdose, the team of workers on-site intervene to save the person's life, and often do this for different people multiple times a day.

First responders and frontline workers from various agencies respond to overdoses in the community, and help people get connected with resources for further support. Many of the people they serve are those with whom they work closely, and have built a relationship with over time. The responders in this opioid epidemic also include these community members themselves – people with lived experience who may use substances, who keep watch over one another, save lives, and work to support each other in staying safe.



Compassion and Purpose

Compassion is just one of the qualities required of those who respond to trauma in the overdose public health emergency. Compassion is holding space for others – it's listening, giving of your time and patience, supporting and accepting people with where they are at, and connecting on a human level. It's providing a sense of safety, and it's genuine (Plett, 2015).

Frontline helpers share a deep sense of responsibility and purpose in serving others while offering hope and support. It's important to understand what drives you to help and why you have made the choice to help. Having this sense of purpose and meaning can assist in keeping you well and helping responsibly.

Being a responsible helper means maintaining your own wellness and supporting the wellness of your co-workers or members of your community, so that you can keep responding effectively to the people you serve (World Health Organization, 2011). It includes enhancing your skills for resilience, so that you can continue adapting to the demands of your role. It also involves creating and maintaining boundaries, seeking social support, and using tools to emotionally, physically, and mentally process the impacts of your response.

**WHAT SENSE OF PURPOSE
DO YOU HAVE IN YOUR
ROLE AS A RESPONDER?**

**WHAT KEEPS YOU
MOTIVATED AS A HELPER?**



THE ZONE OF FABULOUSNESS: A client-centered approach to burnout

The Zone of Fabulousness is a framework for frontline responders to explore how we sustain ourselves and care for each other in the work that we do. It focuses on keeping the people we serve at the center of our response.

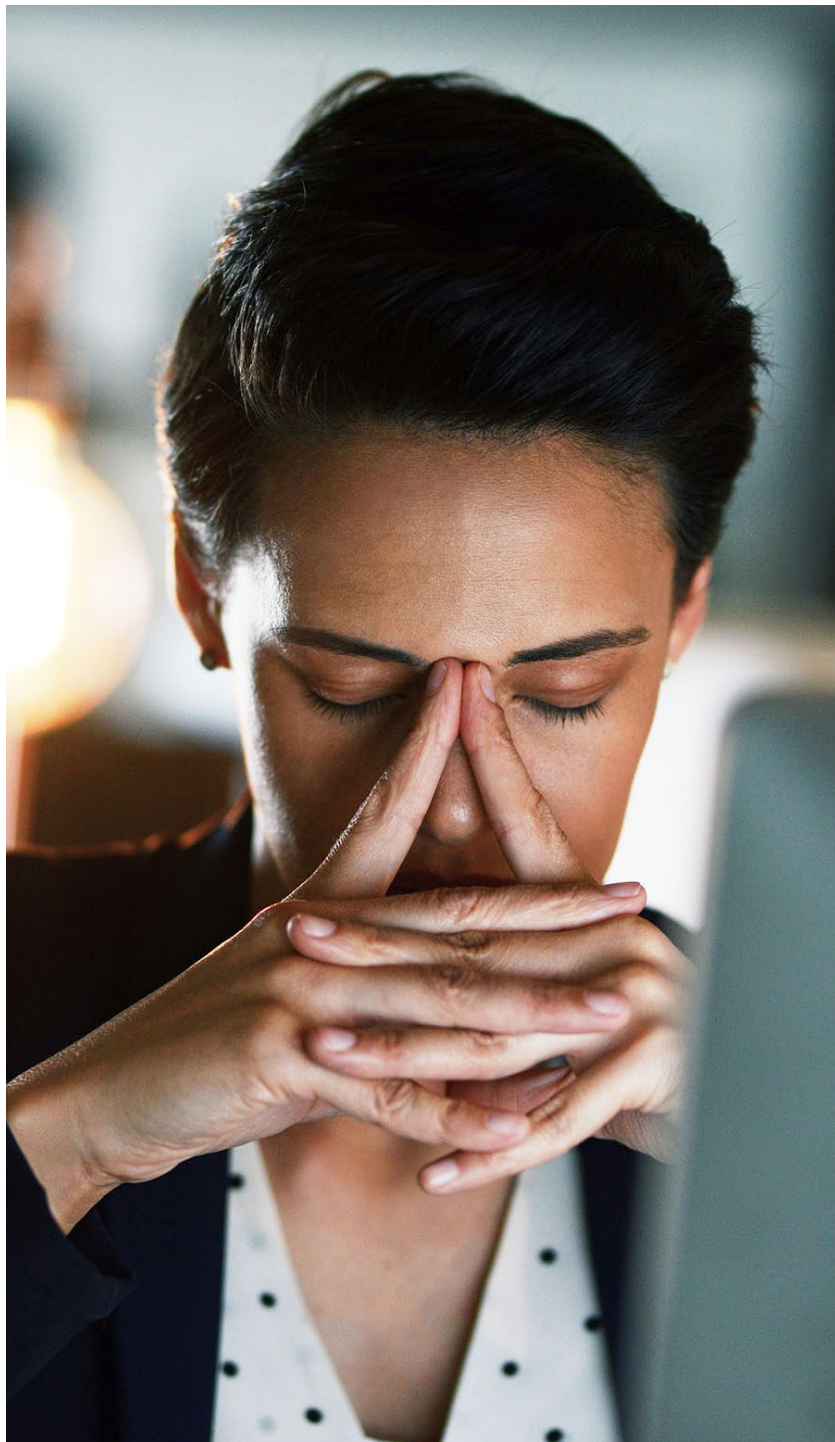
In the Zone of Fabulousness, we find our balance in working with clients:

- We connect with people in a safe, predictable, and consistent way
- We hold ourselves and our co-workers accountable to working within our ethics and boundaries
- We have a positive impact on the communities we serve

On the frontlines of the opioid epidemic, responders do experience the emotional, spiritual, mental, and physical impacts of the work, often leading to feelings of compassion fatigue or “burnout”. Worker responses to burnout can arise in a couple of ways:

- 1) Enmeshment
- 2) Disconnection





Enmeshment

When workers become enmeshed with clients, professional and personal boundaries are crossed. This makes for an emotionally unsafe, confusing, and overwhelming situation for a client. These types of relationships with people are intrusive and unsustainable. The physical safety of both the client and the worker may also be at risk. Clients can develop unrealistic expectations of the services available, and the role of the worker. The worker may act as a “hero”, feeling the need to “save” the client. They may isolate themselves in their work with clients, acting as though they are the only ones that can work effectively with a client, while diminishing the work of their colleagues. In these circumstances, the reputation of the worker’s agency and/or the profession may be compromised.

Disconnection

When feeling disconnected, helpers distance themselves from the people they are trying to serve. They feel numb, and begin avoiding the people they are there to help, co-workers or other community members, the workplace and situations involving a helping role. They disconnect from their own bodies, spirituality, community, other people, and they may present a lot of negativity or cynical outlook. If unchecked, this disconnection prevents recovery from burnout.

They may shut down new ideas presented by co-workers and the organization, and in effect, steal the hope of the people around them. A helper experiencing a sense of disconnection from their role will also isolate themselves, keeping everyone at bay. They may behave as though they are “victims” of their work or helping, acting as though the work or helping is hardest on them.

BOUNDARIES

Identifying and maintaining boundaries are necessary to help stay within the Zone of Fabulousness while serving others. Working within our boundaries promotes a mutual sense of safety and respect in our relationships, while maintaining our ethics. Boundaries help to clarify our role as helpers, the limits of our role, and our responsibilities to those we serve. Being clear about our boundaries also helps to model healthy relationships for the people we work with, it allows us to offer support to others in developing their own.

There are some challenges in maintaining boundaries:

- **Dual relationships:** the helper and the person they serve know each other in a personal context from another setting
- **Lack of acceptance of client values, experiences, choices:** a values conflict in which the helper believes they know what is best for the client
- **Vicarious trauma:** the helper experiences trauma symptoms through witnessing the client's experiences, and may be triggered due to their own circumstances
- **Playing the “hero” role:** the helper becomes enmeshed and feels a need to “save” the client
- **Poor teamwork:** the helper does not trust that co-workers are fulfilling their responsibilities, and may take over the roles of other members of their team

QUESTIONS FOR REFLECTION

- What does it mean to have boundaries?
- What are the boundaries that you maintain for yourself?
- Can you identify any boundaries that you would like to develop or adjust?
- What are some challenges in setting boundaries in your work?



DEBRIEFING WITH CONNECTION

In this overdose public health emergency, frontline workers are supporting a lot of different people in ways that they have never done so in the past. With constant new information and overdose alerts during this opioid epidemic, there are changes in **why** teams debrief and what they debrief.

Now, the purpose of debriefing is not just about the tragedy, it's about the passing off of information to the incoming crew, and keeping the lines of communication open. There is new meaning and reason for it. This sense of purpose and usefulness to debriefings helps individuals and teams stay present in their work.

These debriefings must be done with immediacy, meaning that workers are to prioritize this time to connect with each other. This can reduce isolation, and increase feelings of solidarity within a team. It involves a commitment to each other's wellness, and to making the time immediately after the incident to check in with each other.

In debriefing with connection and sharing knowledge and learning in the work with clients during this overdose epidemic, teams can focus on answering key questions:

- What did we do right?
- What do we need to do differently?
- What do you need? (A way to check in with co-workers/ other helpers and offer choices of useful strategies for regulating when feeling overwhelmed.)



RESPONDING TO DEATH AND DARKNESS

In this public health emergency, frontline workers are witnessing the tragic deaths of people they serve in their work, many with whom they had professional relationships. Many workers describe a deep sense of dread as they anticipate who they know that might be the next person to die of an overdose. Tragic deaths are unnatural, sudden, and leave us with the recognition that the outcome could have been different. They are very distinct from deaths that are a part of living - those due to natural causes or medical illnesses.

This opioid epidemic has claimed thousands of lives in British Columbia alone. So how do we resist people becoming just a statistic? We keep a person's memory alive by remembering who they are, and what they taught us. There is always something we can remember that has mattered. We can focus on remembering what we respected and loved about them, considering the difference we made in their lives, and the difference they made in ours.

Our accountability to the people we serve is to resist their disappearance.

In keeping ourselves well in our work, we must remember that we are not the ones being directly harmed. We do experience grief and anger when we witness the loss of people we have worked with and come to know, but it is not our own tragedy. We can focus on keeping our clients at the center by remembering our acts of service, and why we are called on to do this work.



HOLDING ON WITH LETTING GO

(Reynolds, 2010)

The purpose of this conversation is to honour our relationships with people we have worked alongside who have disappeared, are missing, or have died. Our collective intention is to hold on to that which has been most meaningful in our relationships with people, not to move on, get over, or in some way settle ourselves or accommodate ourselves to situations which lack social justice and are intolerable.

Remember a person you have worked alongside whom you have lost and with whom you had a meaningful relationship.

- Who is this person? What do you respect, celebrate and hold dear about them? What is at the heart of your care for this person?
- How was your work alongside this person of use to them?
- If this person were here now, what would they say about you in terms of your ways of being or the qualities you hold which were most useful to them?
- What are some of the teachings which you received in your work alongside this person?
- How has this person been helpful for you in terms of being helpful to others? To yourself?
- How will you re-member this person, and keep this person and their teachings alive in your work? (Resisting their disappearance, or just being a number)
- How might this person's life have amplified your hope, or kept your hope alive?



SOLIDARITY TEAMS

Solidarity draws us to frontline work as we connect through our shared ethics, and solidarity is what keeps us here. In staying well in the work, the best resource we have is each other. When we are not feeling well, and we begin to slip out of the Zone of Fabulousness, solidarity means that we know who we can turn to, and we trust that they will reach out, offer a critique, and help bring us back to wellness.

To work in solidarity with one another, we need to have pre-existing relationships of respect and dignity. It is crucial to identify who shoulders you up in your work, and honour the people that keep you well. Who are the people, and what are the practices and experiences that keep you alive and connected to your ethics? They may be the people you work with, or not. The focus here is on collective care – we are in this frontline work together, and we cannot do it alone.

Solidarity is not about helping a co-worker to feel good about slipping out of the Zone of Fabulousness, or ignoring their behaviours when they are moving towards enmeshment or disconnection. As co-workers on the frontline, we owe each other a tremendous loyalty. With moral courage, we can offer our co-workers critique and help bring them back to the Zone of Fabulousness, where we keep our clients at the center and do our best work.



CREATING YOUR SOLIDARITY TEAM

(Reynolds, 2010)

- Who would you invite to be on your Solidarity Team?
- What qualifies them (theory/practice in a relationship with ethics)?
- What qualities, resources, ideas, positions in relation with ethics connect you with this person? With these folks?
- What is your history of solidarity with these folks?
- How will you invite these folks onto your team?
- How will you embrace Solidarity Team members with whom you have no physical contact, such as mentors who have passed on, or people whom you have not met?
- What are the expectations, responsibilities, of this position as Solidarity Team member?
- How might you access solidarity with your Solidarity Team in your work?
- When might you invite particular members to be in solidarity with you? When might you have the whole team? In what circumstances will you use internalized other practices, and when might you actually bring another person to a conversation, or make physical contact with a person?
- Consider your relationship with a particular Solidarity Team member. How will being in solidarity with this team member make it possible for you to be of use to your client, and more in line with your own ethics? If I were to ask this Solidarity Team member about their particular experiences and knowings of your relationships with ethics, how would they respond? If I were to ask the Solidarity Team member how you have been in solidarity with them, how would they respond?
- How will you hold yourself accountable to the members of your Solidarity Team? Are there times when you would not invite a particular member into a conversation with you?
- What difference will belonging in this Solidarity Team make for you? For the people you've invited to be in solidarity with you? For the people you work alongside?

WITNESSING OUR COLLECTIVE ETHICS

(Reynolds, 2012)

Collective Ethics are those important points of connection that weave us together as therapists and community workers. In most of our work these collective ethics go unnamed, but they are the basis for the solidarity that brought us together and can hold us together. I have found it useful to map out collective ethics within teams of workers to invite a collective commitment to these ethics and create shared meanings. Naming collectively held ethics can invite rich critique, and clearer agreements. As community workers we do not have to create perfect collective ethics, as points of departure and distinctions in our ethical positioning can also offer multiple possibilities that can expand our usefulness.

- What are the ethics that drew you to do this work? What ways of being in this work do you value, hold close, maybe even sacred? What ethics are required for your work, without which you would be unable to work?
- What is the history of your relationship to these values and ethics? Who taught you this? How have these ethics shown up in your life and work?
- What ethics or values do we hold collectively?
- What ethics are alive in our work when we're doing work that clients experience as most useful?
- How do we do this work in ways that are in accord with our collective ethics?
- How can the holding close of our collective ethics foster our sustainability and transformation across time?



RESOURCES FOR INFORMATION AND SUPPORT

BC 211

Phone: 2-1-1

Web: www.bc211.ca

BC Centre for Disease Control – Harm Reduction Services

Web: www.towardtheheart.com

BC Centre on Substance Use

Phone: 778-945-7616

Email: inquiries@bccsu.ubc.ca

Web: www.bccsu.ca

Crisis Centre

Distress Line: 1-800-784-2433 (24 hours/day, 7 days/week)

Web: www.crisiscentre.bc.ca

Online crisis chat available from Noon – 1:00am

Provincial Overdose Mobile Response Team

Phone: 1-888-686-3022 (24 hours/day, 7 days/ week)

Email: mrt@phsa.ca

WorksafeBC Critical Incident Response Program

Phone: 1-888-922-3700

Hours: 7 days/week, 9:00am – 11:00pm

Web: <https://www.worksafebc.com/en/claims/report-workplace-injury-illness/critical-incident-response>

MENTAL HEALTH & WELLNESS APPS



Calm (www.calm.com)

- Free on Android and iPhone
- Premium content available via paid subscription
- Useful for improving sleep, reducing anxiety and stress, and practising mindfulness
- Features calming sleep stories, guided meditations, breathing exercises, sound therapy, blog posts



Calm in the Storm (www.calminthestormapp.com)

- Free on iPhone
- Useful for identifying and managing stress.
- Features guided meditations, identifying own signs and symptoms of stress, stress rating tool, and a personal safety planning to help keep safe in times of distress



Headspace (www.headspace.com)

- Free on Android and iPhone
- Premium content available via paid subscription
- Useful for reducing anxiety and stress, improving sleep, and practising mindfulness
- Features guided meditations on different topics, and exercises for mindfulness



I Am Sober (www.iamsoberapp.com)

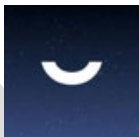
- Free on Android and iPhone
- Useful for tracking milestones and progress in staying sober
- Features daily pledges, sobriety milestones and calculator, tracking your day, daily motivations.

**Mindshift (www.anxietycanada.com/MindShift-CBT)**

- Free on Android and iPhone
- Useful for reducing anxiety and improving relaxation and mindfulness
- Features tools for mindfulness, quick relief of anxiety, challenging your thinking, tracking mood and anxiety, and setting goals

**Pacifica (www.thinkpacifica.com)**

- Free on Android and iPhone
- Useful for managing depression, reducing stress and anxiety
- Features mood/ health tracking, relaxation techniques, daily challenges, supportive community, guided meditations, and progress tracking over time

**Pzizz (www.pzizz.com)**

- Free on Android and iPhone
- Premium content available via paid subscription
- Useful tools for reducing insomnia, and help with falling asleep and staying asleep
- Features music, voiceovers, and sound effects to help induce sleep – nap or longer sleep options

REFERENCES

Plett, Heather (2015). What it means to “hold space” for people, plus eight tips on how to do it well. Retrieved from <http://heatherplett.com/2015/03/hold-space/>

Province of British Columbia (2016). Provincial health officer declares public health emergency. Retrieved from <https://news.gov.bc.ca/releases/2016hlth0026-000568>

Reynolds, Vikki (2017). Holding on with letting go. Retrieved from <https://vikkireynoldsdotca.files.wordpress.com/2018/02/holding-on-with-letting-go-reynolds-2017.pdf>

Reynolds, Vikki (2012). Witnessing our collective ethics. Retrieved from <https://vikkireynoldsdotca.files.wordpress.com/2017/12/witnessingourcollectiveethics2012.pdf>

Reynolds, Vikki (2010). Creating your solidarity team. Retrieved from <https://vikkireynoldsdotca.files.wordpress.com/2017/12/reynoldsexercisecreatingssolidarityteam.pdf>

World Health Organization (2011). Psychological first aid: Guide for field workers. Retrieved from https://www.who.int/mental_health/publications/guide_field_workers/en/

MRT

MOBILE RESPONSE TEAM
Frontline Psychosocial Support

Toll-Free: 1.888.686.3022

Email: MRT@phsa.ca

HEMBC
Health Emergency
Management

 Provincial Health
Services Authority
Province-wide solutions.
Better health.