Authentic Trainings, LLC

PRACTICAL, RELATABLE, & COMPASSIONATE

Recovery Month and My Story

Greetings!

Recovery Month put me in a reflective mood.

In this newsletter, I am going to share my personal journey and outline the steps I took to heal myself so I could fully show up for others.

Below I will also share some strategies that have helped me in my personal healing, steps toward professional resilience, and a link to my newest blog post.

People have always asked me why I work with clients with substance use disorder.

The underlying message was, “How could you work with those people?” like they were sub-human or unworthy.

My comeback would be, "Where else can you see such growth and transformation in such a short period of time?"

My strategy was to hold two images of the person in my mind: what they looked like when they entered treatment and what they looked like when they left.

Even if they did not complete their program, they were often in a better space than when they started. When people came back months or years later and shared how their life changed, it kept me going.

I learned how to let go of people when they were ready, and immediately turn and embrace the new person coming in. I would visualize the handoff in the ongoing life cycle. As I let go of one hand, I would extend a hand to the next person at the beginning of their journey.

I entered the field in the mid ’80s, thinking that it would be a stepping stone in my career. My goal was to work with trauma survivors.

It didn’t take long for me to realize that almost everyone in treatment for substance use disorder was a trauma survivor. They came in with childhood trauma, or there were traumatic experiences inherent with drug use.

Now 35 plus years later, I have worked in every aspect of SUD treatment and have recently retired as a supervisor at a hospital-based SUD program. My last few years were spent supervising a women’s day rehabilitation program, a medication-supported recovery program, and the Celebrating Families program.

As with most SUD treatment programs, I worked with mandated individuals for most of my career. The question becomes:

How did I survive working in this difficult environment with individuals that often did not want to be in treatment?

Like most people that end up in SUD treatment, I was intimately familiar with both trauma and SUD.

As a childhood abuse survivor, the child and grandchild of alcoholics, the wife of a substance user, and then the mother of two substance-using children, I was on a mission to fight against this deadly disease.

I found out quickly that to survive in this field, I had to do my own work.

Many blessings,

Sandy

PS. Keep reading below to discover the key steps in my healing journey, strategies for developing resilience in your own professional practice, and upcoming trainings. ⬇

My Path to Healing

I would like to share some of the healing strategies that worked for me.

Resilience is a muscle and like all muscles, it can be exercised, strengthened and nurtured.

My career would not have been possible if I had not done my own

1. Get a good therapist and tell your story.

Internal Family System’s, hypnotherapy, EMDR, and psychodrama are important avenues for the healing journey.

2. Use embodied therapies to release past trauma.

Yoga, massage therapy, music, dance, are a few of my personal favorites.

3. Recognize that trauma work is not a one and done.

It requires revisiting with each changing life cycle or event.

4. As counselors, peer professionals,

personal healing.

and therapists we have important skills to offer, but it is our presence, confidence, and willingness to heal ourselves that brings the most value to our profession.

Professional Resilience Strategies

1. I embraced a little book called "Becoming Naturally Therapeutic" by Jacqueline Small.

This book identifies 10 heart characteristics of the most effective therapists.

2. Learn to see through the lens of vicarious resilience.

When I allow myself to look at the obstacles the individual has overcome instead of the behaviors they exhibit, I develop a sense of awe instead of judgement.
Ask yourself, could I have survived what this person went through?

3. Embrace the perspective that the individual is the expert in their own life.

This allowed me to let go of the outcome and be present with the individual. I was not responsible for their decisions. My job was to help them find their own answers.

4. Recognize that talk therapy is not usually enough.

Embracing expressive art techniques, psychodrama and other experiential methods of treatment/intervention provided a deeper experience for the individuals and myself. These are powerful experiences, and when processed well, lead to deep self-reflection and change.

5. Surround yourself with people that think outside the box.

People who are willing to be genuine, and tell you what you need to hear, not what you want to hear. Sometimes this happens in supervision, sometimes you must seek it out. It is crucial to your ability to continue to grow in your profession.

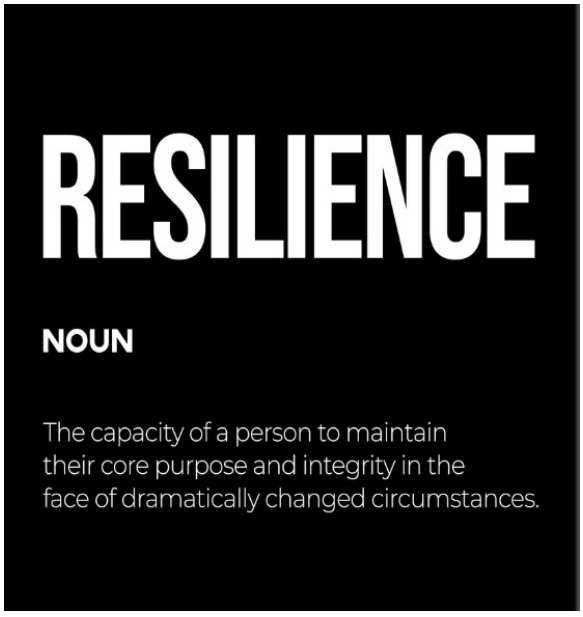
Burnout and vicarious trauma are real, but so are vicarious resilience and post traumatic growth.

You get to decide which path to follow.

Studies have shown that once you are at burnout, you usually have to leave your current job.

This is the point of no return.

If you make the change now to vicarious resilience and see people on the spectrum of post traumatic growth, your faith in humanity can be restored.



Check Out the Blog

Working in any kind of health care system today is challenging.

Anxiety and fear are whittling away at morale, causing health concerns that lead to more missed days at work and burnout.

What do we do?

Follow the link below to read my four helpful tips for building resiliency in the healthcare field.

Read the full Blog here

Register for our Upcoming Training Events

Clinical Supervision Foundations

Who should attend?

- Active QHP supervisors (CASAC, LMSW, LCSW, CRC, LMHCs)
- Team Leaders or professionals on track to becoming a supervisor.
- Anyone wanting an Advanced or Master's CASAC in NYS.

This 16 hour virtual classroom training developed by the Addiction Technology Transfer Center, (along with the 14 hr. online prerequisite training,) will meet the 30-hour Clinical Supervision training requirement for the Advanced Counselor and Master Counselor status in the OASAS Substance Use Disorder Scope of Practice Functions.

This training recognizes the crucial role that Clinical Supervision holds as the cornerstone of performance improvement at both the program and client level.

This virtual training meets the established OASAS standards for:

- Credentialed Alcoholism and Substance Abuse Counselor (CASAC renewal),
- Credentialed Prevention Professional/Credentialed Prevention Specialist (CPP/CPS) initial section 3 and renewal.

Date and Times:
11/3/22, 11/4/22, 11/17/22, 11/18/22
8:30 am - 12:45 pm ET

Location: Virtual Event

Cost: $250

[Register Now]

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