



# Psychological Preparedness and Healthy Self-Care: Got Your Hazmat Suit?

~ Gerry D. Blasingame, Psy.D

There are laws and safety guidelines for handling hazardous materials. Hazardous material might be chemical or biological in nature. Some of these might be toxic chemicals or gasses, corrosive acids or materials, flammables or even explosives. The safety laws are designed to protect workers from the consequences of handling materials that are known to cause health or environmental problems, sometimes much later in life.

First responders who deal with hazardous materials are required to have specified training for

handling different materials or situations. It is the responders' responsibility to assess how hazardous the situation is and take appropriate precautions and actions. Most of these situations are caused by accidents but others might be due to particular occupational hazards. These professionals are trained to use various materials to contain and clean up the hazardous materials that they come in contact with. They typically bring a disaster kit with them so they are prepared when they arrive on scene.

How does this apply to

our work with people who have offended sexually? Having empathy and maintaining professional boundaries can be difficult. We work with otherwise toxic information, and some of our clients are exploitive. We are exposed to materials such as the details of abuses that have been perpetrated, the deviant fantasies and behaviors clients may report, or the sudden abandonment by clients who have gotten revoked or rearrested after we have forged a relationship with them. At least theoretically,

**Continued on page 3**

## President's Message

~ by Guy Groot

With this newsletter, we have the hope that as a board we continue to meet the goal of communicating and reaching out to the membership in increasingly meaningful ways. An added direction to this newsletter has been our focus on one content area related to our field of work. In this case, that is on the broad area of "wellness." Over time I have had the benefit of watching and discussing this topic with many colleagues. Some have recognized and found

ways to maintain levels of personal wellness while involved in this work. Others, while appearing to have an understanding of the concept, nevertheless seem to "slide" into habit areas and thinking that seems to be indirectly influenced by the work we do with offenders. Both level of responses to the work emphasize the need to dig deeper into the impact of working with sexual abuse and exploring adaptive self-care. Certainly, as we grow and develop in our

vocation, a parallel need arises to grow and develop in the way we practice self-care. A few years back during a conversation on the list serve, Mario Dennis from Virginia gave the following list of therapist's traits when commenting on a question about what traits we should aspire to possess to work in our field. They seem to have broad ranging application. And, I could not come up with a better list if I thought about the topic for years:

**Continued on page 3**

### In this issue:

PSYCHOLOGICAL PREPAREDNESS.....1

PRESIDENT'S MESSAGE.....1

QUICK WELLNESS TIPS.....2

IMPACT OF THERAPIST QUALITIES ON CBT (reprinted with permission from NEARI Press).....4

SURVEY OF THE LITERATURE ON ISSUES RELATED TO WELLNESS.....4

RESOURCE SPOTLIGHT.....4



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*IL-ATSA would like  
to thank the  
facilitators of our  
2013 webinars*

**Guy Groot**  
**Rhonda Meacham**  
**Dr. Gene Abel**  
**Dr. Brett White**  
**Dr. Robin Wilson**

*Watch your email for  
information related  
to our next series of  
webinars! Your  
feedback will be  
requested!*

**Quick Wellness Tips: Practicing What We Teach**

- by Rhonda Meacham

We've all been there. Our stress level has peaked. We're sure if we have to listen to one more complaint, story, or word from our clients, co-workers, or supervisors it will send us right over the edge. Here is a reminder of some things we can do right there, in the moment, to bring some mental and emotional balance back (you know... that thing we're always preaching about and teaching to our clients).

**1. Meditate**

Any repetitive action can be a source of meditation if it keeps your attention calmly in the present moment. When you catch yourself thinking about stressors let the thought go and bring your mind back to the repetitive activity. Try it for 5 to 10 minutes a day.

**2. Picture Yourself Relaxed**

Create a peaceful "dreamscape". Visualize a favorite vacation spot, a fantasy island, or something "touchable," like the feel of your

favorite fuzzy sweater, something that evokes a sense of calm. The more realistic your "dreamscape", the more relaxation you'll experience.

**3. Breathe Deeply**

Let out a big sigh, dropping your chest, and exhaling through your lips. Imagine your low belly, as a deep, powerful place. Feel your breath coming and going as your mind stays focused there. Inhale, feeling your entire belly, sides and lower back expand. Exhale, sighing again as you drop your chest, and feeling your belly, back and sides contract. Repeat 10 times.

**4. Look Around You**

"Mindfulness is the here-and-now approach to living. Mindfulness means focusing on one activity at a time. Practice it by focusing on your immediate surroundings...the shapes, colors, and sounds around you.

**5. Try Self-Massage**

Place both hands on your

shoulders and neck. Squeeze with your fingers and palms. Rub vigorously, keeping shoulders relaxed. Wrap one hand around the other forearm. Squeeze the muscles with thumb and fingers. Move up and down from your elbow to fingertips and back again. Repeat with other arm.

**6. Take a Time-Out**

Find a quiet place to sit or lie down. Take a few deep breaths and concentrate on releasing tension and calming your heartbeat.

**7. Try a Musical Detour**

Align your heartbeat with the slow tempo of a relaxing song. You might want to make that a classical tune.

**8. Take an Attitude Break**

Engage your heart and your mind in positive thinking. Start by envisioning anything that triggers a positive feeling. Conjuring up the thought will help slow breathing, relax tense muscles and put a smile on your face.

**Editor's Note**

Welcome to the 2nd installment of the Illinois-ATSA newsletter. I would like to thank all of our contributors, particularly, *Gerry D. Blasingame, PsyD*, for discussing his theme of arming ourselves with a "hazmat suit," and how it relates to self-care. I would also like to thank *NEARI Press* for granting us permission to reprint one of their newsletters. Although the piece does not speak directly to the issue of "wellness," I felt it complimented our theme by noting therapist qualities that can enhance treatment. I believe these qualities are much easier to emulate when we are practicing good self-care. You will have to read the article to see if you agree. Enjoy our newsletter, and as always, if you have contributions, questions, or feedback regarding the newsletter, feel free to email me. ~ Tracy



### Got Your Hazmat Suit? ...continued from Page 1

~by Gerry D. Blasingame, Psy.D

psychological injury could occur due to being exposed to the reports of unhealthy human behaviors that clinicians in the sexual trauma field deal with on a regular basis. Just think about some of those lunch table conversations that we would never have with someone outside our field!

How we deal with this potentially toxic information is important in many ways. How we deal with our clients, present

and future, could become jaded. How we cope with our own life issues could be contaminated. How we relate to our family members and friends might be impaired if we start to believe that there is an offender in every room.

What to do? Perhaps we need to learn to wear a psychological version of the hazmat suit? As specialists called to the scene where psychologically hazardous

materials are being discussed on a daily basis, perhaps the hazmat suit could help protect us from being unnecessarily exposed or potentially injured due to this occupational hazard. It would also be helpful to have a disaster preparedness kit. While the hazmat suit may help insulate us and protect us from making direct contact with the toxic material, in our kit we can keep reminders of our

professional mission and role, the deep breathing skills to self-calm, and a list of healthy self-care activities like exercise, getting out in nature, watching our diet, limiting our alcohol intake, and making sure we connect often with friends and family outside the profession to make sure we maintain our own healthy relationships.

Gerry D. Blasingame, PsyD, is available by email at [gerryblasingame@aol.com](mailto:gerryblasingame@aol.com)

### President's Message...continued from page 1

~by Guy Groot

- 1)Cognitive flexibility
- 2)Emotional resilience (getting your life satisfaction from a variety of sources, not just doing a good job)
- 3)The ability to detach from the environment when not actually at work (leaving the job at the workplace)
- 4)The ability to manage one's emotions and opinions so as to not punish or demean individuals who have done heinous things and then deny, minimize or rationalize them
- 5)The willingness to see positive gains and qualities in people who are demonized by others

- 6)The ability to gain a sense of professional satisfaction in spite of minimal external reinforcers
- 7)The ability to work with other departments (security, medical, housing) in a collaborative way; i.e., not being territorial
- 8)A willingness to read the literature and try to incorporate sound findings into one's practice and program
- 9)A willingness to mentor even as one seeks support and supervision (being humble)

- 10) A determination to do the right thing, not be right
- 11) The ability to recognize when it's a good idea to take a vacation, a day off, or perhaps seek a different assignment
- 12) Seeing one's choice to work with sexual abuser's as a career decision, not just a job

This year is the opportunity for you, your colleagues and others who have a stakeholder's interest in reducing sexual abuse to attend a phenomenal conference. Start now, to support ATSA's mission of preventing sexual abuse. Plan on attending, as well as encouraging others to

attend, ATSA's 32<sup>nd</sup> Annual Research and Treatment Conference being held this October 30<sup>th</sup> to November 2<sup>nd</sup> at the Sheraton Chicago Towers. This year's conference theme is "Shouldering Responsibility: Making Society Safer." We don't just do that by individually providing therapy, assessment, management, prevention, supervision, prosecution, or research with and into sexual abusers. We do that by enthusiastically sharing the load with others in our field, learning collectively, and respectfully. I hope to see everyone in Chicago in October.

**And, by the way, Go BLACKHAWKS!**



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**Are you web savvy? IL-ATSA is looking for someone to update our webpage. Contact Rhonda Meacham if you're interested.**



## Impact of Therapist Qualities on Cognitive-Behavioral Therapy

~by Steven Bengis, David S. Prescott, and Joan Tabachnick

(Reprinted with permission from NEARI Press News: *Translating Research into Practice*, Vol 5/Issue 8, Aug 2012)

### Question

*Do the qualities a therapist brings to a treatment group impact the outcome of cognitive-behavioral therapy?*

### The Research

In Marshall's 2005 article, he describes a process whereby he aggregated a listing of 28 therapist qualities and then trained raters to identify these qualities in observed therapist-to-client interactions. These raters then observed the presence/absence of those attributes in taped sessions supplied by the HM Prison Service in England of cognitive-behavioral therapy approaches with adult sex offenders. The researchers concluded that there was a statistically significant difference in positive outcomes where therapists exhibited certain qualities and these therapist features exerted a positive influence over-and-above whatever influence the procedures specified in the treatment manual. Among the influential therapist behaviors identified in this study, the most important appear to be: Warmth, Empathy, Rewardingness (verbal encouragement to clients for small steps toward whatever goal was being sought) and Directiveness (the importance of being firm and challenging to encourage a client's responsibility for their behavior. Researchers noted that these four characteristics accounted for between 32% and 61%

of the specific indices of change in treatment outcomes. They also noted that other characteristics identified in the general literature such as **supportiveness, genuineness, respectfulness, and confidence**, go hand-in-hand with these four features.

### Implications for Professionals

In some circles, these four characteristics (warmth, empathy, rewardingness, and directiveness) have become known by the acronym WERD. This can be a helpful way to remember them. Some professionals have noted that these characteristics share some similarities with the six "core conditions" originally described by Carl Rogers (e.g., empathy and genuineness). Following this original work, one can see how these characteristics could produce direct benefits such as a stronger therapeutic alliance as well as indirect benefits such as reductions in adverse termination from treatment. The client may find it easier to stay in treatment and benefit from it when he or she sees a therapist as empathic. Ultimately, evidence-based treatment curricula can only be as effective as the therapeutic alliance in which they occur. If therapist qualities

influence outcomes with adult offenders in highly structured manualized programs within a prison environment, we would hypothesize that these qualities have an even greater impact on treatment outcomes with children and adolescents. If we are seeking self-regulation, individual responsibility, accountability and altered behaviors, then **who we are** (bringing our qualities as a therapist) is as important as **what we do** (the techniques we employ). If we are striving for effective outcomes, the therapist qualities that the general literature indicates support successful treatment outcomes are critical to our work with children and adolescents who have sexually abused.

### Implications for the Field

As the field strives to coalesce around evidence-based best practices and consistency of procedures and techniques, we must not lose sight of the human factors that influence change. It is imperative that while we train clinicians to identify appropriate risk factors, provide appropriate treatment interventions, address diagnostically different clients and build safety plans and community-based safety nets, a therapy approach that also provides support, encouragement, humor,

rewards, and directiveness must have an equal place at the training "table". What might be difficult for others outside of our field is the importance of these qualities with clients who have caused harm in others. Therefore, discussing these qualities within the context of taking responsibility for behaviors to create better outcomes is critical to greater acceptance of these principles.

### Citation

Marshall, W. L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research & Treatment*, 17(2), 109-116.

### Abstract

This paper describes the results of our review of the broad process literature as well as summarizing two studies examining the influence of the therapist in generating changes in treatment targets among sexual offenders. We conclude that displays of empathy and warmth by the therapist as well as the provision of rewards for progress and some degree of directiveness, maximize the benefits derived from the procedures employed in treating sexual offenders.

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## A Quick Survey of The ATSA Literature: Articles on Burnout, Vicarious Traumatization and Related Issues

### Therapist Awareness and Responsibility in Working With Sexual Offenders

Heather M. Moulden and Philip Firestone  
*Sex Abuse*, December 2010; vol. 22, 4: pp. 374-386.

### Predicting Psychological Distress in Sex Offender Therapists

Liam Ennis and Sharon Home  
*Sex Abuse*, April 2003; vol. 15, 2: pp. 149-157.

### Brief Report: Dimensions of Burnout in Professionals Working with Sex Offenders

Geoffrey L. Thorpe, Sue Righthand, and Elizabeth K. Kubik  
*Sex Abuse*, July 2001; vol. 13, 3: pp. 197-203.

### The Ethics of Care and Treatment of Sex Offenders

Tony Ward and Karen Salmon  
*Sex Abuse*, September 2011; vol. 23, 3: pp. 397-413.

### Boundaries and Dual Relationships

Steven Sawyer and David Prescott  
*Sex Abuse*, September 2011; vol. 23, 3: pp. 365-380.

### Vicarious Traumatization: The Impact on Therapists Who Work With Sexual Offenders

Heather M. Moulden and Philip Firestone  
*Trauma, Violence, & Abuse*, January 2007; vol. 8, 1: pp. 67-83

### Parole Officers' Experiences of the Symptoms of Secondary Trauma in the Supervision of Sex Offenders

Margaret Severson and Carrie Pettus-Davis  
*International Journal of Offender Therapy and Comparative Criminology*, January 2013; vol. 57, 1: pp. 5-24.

### Conceptualizing Mindfulness and Acceptance as Components of Psychological Resilience to Trauma

Rachel W. Thompson, Diane B. Arnkoff, and Carol R. Glass  
*Trauma, Violence, & Abuse*, October 2011; vol. 12, 4: pp. 220-235.

### The Counselor's Trauma as Counseling Motivation: Vulnerability or Stress Inoculation?

Sharon Rae Jenkins, Jessica L. Mitchell, Stephanie Baird,

Sarah Roby Whitfield, and Heather Lynn Meyer  
*Journal of Interpersonal Violence*, August 2011; vol. 26, 12: pp. 2392-2412.

### The Culture of Organizations Dealing With Trauma: Sources of Work-Related Stress and Conflict

Christian Pross and Sonja Schweitzer  
*Traumatology*, December 2010; vol. 16, 4: pp. 97-108.

### Secondary Traumatic Stress Among Domestic Violence Advocates: Workplace Risk and Protective Factors

Suzanne M. Slattery and Lisa A. Goodman  
*Violence Against Women*, November 2009; vol. 15, 11: pp. 1358-1379.

### Toward An Understanding of Traumatized Organizations and How to Intervene in Them

Shana Hormann and Pat Vivian  
*Traumatology*, September 2005; vol. 11, 3: pp. 159-169.

### Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders

Ineke Way, Karen M. VanDeusen, Gail Martln, Brooks Applegate, and

Deborah Jandle  
*Journal of Interpersonal Violence*, January 2004; vol. 19, 1: pp. 49-71.

### Vicarious Traumatization and Burnout Among Therapists Working with Sex Offenders

Michaela A. Kadambi and Derek Truscott  
*Traumatology*, December 2003; vol. 9, 4: pp. 216-230.

ATSA members can access these full articles by going to the ATSA website, scrolling down the page and clicking on "Atsa Library" under the heading "Quick Links." You will be asked to input your username and password. Read the instructions for accessing the SAGE library to access other journals besides "Sex Abuse." All of these articles are FREE.

**Congratulations and Welcome to our new Board Member!**

**Jeff Reynolds**

**Thank You for your Service, to our recently departed board members!**

**Adam Brown  
Jennifer King**

### Resource Spotlight!



Had a tough session? Feel the tension in your body? Have internet access at work? Check out <http://www.allaboutdepression.com/relax/index.html>.

The brief audio clips range from 6 – 9 minutes in length and use visualization, breathing and other techniques to facilitate a relaxation response. As a bonus, they can be used in session with your clients.

**HOSPITALITY SUITE!\* Illinois-ATSA will be hosting a gathering at the Fall Conference In Chicago! Details pending...**

\*(lizards not included)→

