IMPORTANCE OF SELF-CARE

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Define and differentiate:
- Vicarious Trauma
- Secondary Traumatic Stress/Compassion Fatigue
- Burnout

Discuss trauma, its symptoms, risk factors, and protective factors

Discuss ethical implications related to clinician's trauma

Discuss importance of applying self care coping strategies and techniques for prevention and intervention
The Bureau of Labor Statistics (BLS) has predicted a 12% growth rate overall for social worker employment from 2014-2024.

Projections indicate that between 2014 and 2024, employment of healthcare social workers will grow by 19%.

Employment of mental health and substance abuse social workers will also grow by 19% between 2014 and 2024.
Between 40% - 85% of “helping professionals” develop vicarious trauma, secondary trauma and/or high rates of traumatic symptoms (Mathieu; 2012) WHY?????

- 84% of psychiatric inpatients have experienced at least one traumatic event; 45% have experienced 3 or more events
- Between 82% - 94% of outpatient mental health clients reported a history of exposure to traumatic events; 31% - 42% meeting criteria for PTSD
- Among those seeking treatment for substance use, 60% to 90% have a history of sexual or physical abuse and 30-50% meet the criteria for a diagnosis of PTSD (Bride, 2007)
WHY ARE WE SOCIAL WORKERS??
Vicarious Trauma

• Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them.

• Empathy
  • When you identify with the pain of people who have endured terrible things, you can bring their grief, fear, anger, and despair into your own awareness and experience.

• Feeling committed or responsible to help
  • Your commitment and sense of responsibility can lead to high expectations and eventually contribute to your feeling burdened, overwhelmed, and hopeless/helpless.

(Saakvive & Pearlman, 1996)
Over time this process can lead to changes in your psychological, physical and spiritual well-being.

- Profound shift in world views and beliefs
- Cumulative – happens over time
- Process of change is ongoing – provides opportunities for us to recognize the impact the work
Secondary Trauma

- Indirect Trauma that occurs when a service provider relates to someone who has undergone/undergoing a traumatic event and begins to experience similar symptoms of PTSD that the trauma survivor is experiencing.
- Charles Figley (1993) renamed the term compassion fatigue to reduce stigma.
- Can occur suddenly and is directly related to the client’s experience of trauma.
- Not a cumulative process.
Burnout

- Can occur in any professional setting
- Related to feeling of being overloaded
- Work stress
- Joy of work is lost
- Progresses gradually as a result of emotional exhaustion, cynicism, and feelings of inefficacy.
- Does **NOT** lead to changes in trust, feelings of control, issues of intimacy, safety concerns, and intrusive traumatic imagery that are foundational to Vicarious Trauma.

(Saakvine & Pearlman, 1996; Headington Institute, 2008)
<table>
<thead>
<tr>
<th></th>
<th>Burnout</th>
<th>Vicarious Trauma</th>
<th>Secondary Trauma/Compassion Fatigue</th>
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<tbody>
<tr>
<td><strong>Cumulative, usually over a long period of time</strong></td>
<td>Cumulative with symptoms that are unique to each service provider</td>
<td>Immediate and mirrors client/patient trauma</td>
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<td><strong>Work dissatisfaction</strong></td>
<td>Life dissatisfaction</td>
<td>Life dissatisfaction</td>
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<td><strong>Evident in work environment</strong></td>
<td>Permeates work and home</td>
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<td><strong>Related to work environment conditions</strong></td>
<td>Related to empathetic relationships with MULTIPLE client’s trauma experiences</td>
<td>Related to empathetic relationships with ONE client’s trauma experience</td>
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<td><strong>Can lead to health problems</strong></td>
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<td><strong>Feel under pressure</strong></td>
<td>Feel out of control</td>
<td>Feel out of control</td>
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<td><strong>Lack of motivation and/or energy</strong></td>
<td>Symptoms of PTSD</td>
<td>Symptoms of PTSD similar to client</td>
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<td><strong>No evidence of triggers</strong></td>
<td>May have triggers that are unique to practitioners</td>
<td>Often have triggers that are similar to the client’s triggers</td>
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<td><strong>Remedy is time away from work (vacation, stress leave) recharge or positive change in work environment (might mean new job)</strong></td>
<td>Remedy is treatment of self, similar to trauma treatment</td>
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<td>Emotional Indicators</td>
<td>Physical Indicators</td>
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<tr>
<td>Anger</td>
<td>Headaches</td>
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<td>Sadness</td>
<td>Stomach aches</td>
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<td>Prolonged grief</td>
<td>Lethargy</td>
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<tr>
<td>Anxiety</td>
<td>Constipation</td>
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<td>Depression</td>
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<th>Personal Indicators</th>
<th>Workplace Indicators</th>
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<td>Self-isolation</td>
<td>Avoidance of certain clients</td>
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<tr>
<td>Cynicism</td>
<td>Missed appointments</td>
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<tr>
<td>Mood swings</td>
<td>Tardiness</td>
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<td>Irritability with spouse/family</td>
<td>Lack of motivation</td>
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Symptoms

Criterion A: Stressor – The traumatic material of the Patient (indirect exposure)

B: Intrusion/ Re-experiencing traumatic event (1 required)
- Intrusive recollections of traumatized patient (TP)
- Thoughts, images, dreams about TP patient
- Reminders of TP’s traumatic event

C: Avoidance (1 required)
- Efforts to avoid thoughts/feelings or patient
- Efforts to avoid activities/situations
- Detachment, estrangement from others, diminished affect

D: Negative Cognitions and Mood (2 required)
- Negative alterations in thought and mood
- Persistent negative emotional state
- Inability to experience positive emotions

E: Arousal/Reactivity (2 required)
- Irritability/outbursts of anger
- Reckless or self-destructive behavior
- Sleep disturbance
- Problems concentrating
- Exaggerated startle response  

(American Psychiatric Association, 2013)
UNDERSTANDING RISK AND PROTECTIVE FACTORS

- Personality and coping style
- Personal trauma history
- Current life circumstances
- Social support/Agency Support/Spiritual Support
- Work style – work/life boundaries
- Affected populations response or reaction

(Headington Institute, 2008)
4.05 Impairment
Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility (NASW, 2008).

2.09 Impairment of Colleagues
Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action (NASW, 2008).
3.07 Administration
Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

3.08 Continuing Education and Staff Development
Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics (NASW, 2006).
Self Care

• Tools of transforming helplessness
  • **Awareness** – Being attuned to own needs, limits, emotions, reactions, resources. Mindfulness and acceptance. Keep mind and body in same place.
  • **Balance** – Professional and personal – rest/work/play. i.e. Eat lunch/go home at end of shift. Spend time laughing with friends
  • **Connection** – To oneself, others, something larger. Decreases isolation, increases validation and hope. An essential part of spiritual connection is to find one’s own path to connecting with a sense of awe, joy, purpose, meaning, and hope and visiting it frequently.

Headington Institute, 2008
Five Areas of Therapeutic Self-Care

Physical Self-Care
- Nutrition
- Sleep
- Exercise
- Water intake
- Medication
- Supplements
- Breathing

Spiritual Self-Care
- Prayer
- Meditation
- Spiritual community
- Forgiveness
- Finding purpose
- and meaning

Lifestyle
- Structure/routine
- Relaxation
- Setting goals
- Fulfilling work
- Time in nature
- Pleasure

Mental/Emotional Self-Care
- Positive self-talk
- Positive beliefs
- Feeling one’s feelings
- Mood journal
- A library of positive memories
- Psychotherapy
- Family of origin healing
- Working through grief
- Working with a good therapist

People Support
- Family
- Friends
- Psychiatrist/therapist
- Minster/rabbi
- Support group
- Day treatment
- Community service

The Goal
To feel vital and balanced, free from depression and anxiety
In Conclusion:

https://www.youtube.com/watch?v=lU69bgH7SAU
References


