700: Managing the Impact of Stress and Traumatic Stress on the Child Welfare Leader

Participant Guide

The Pennsylvania Child Welfare Resource Center

University of Pittsburgh, School of Social Work

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Strategies for Managing Stress and Trauma

Mindful Movements

Self-Reflection

Do I feel like I get enough movement throughout the day?

What opportunities do I have to incorporate more mindful movements throughout the day?

How can I use this skill in my leadership role?

Cognitive Reframing
Self-Reflection

Name at least one example of unhealthy thinking style that I have used in the workplace?............
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Section I: Introduction
Learning Objectives

At the conclusion of this course, participants will be able to:

- Assess through self-reflection, the impact of stress, traumatic stress and personal strengths on one’s personal and professional life
- Develop strategies to manage stress and traumatic stress and to promote resiliency

Agenda

1. Introduction
2. Assessing Your Professional Quality of Life
3. Strategies for Managing Stress and Trauma
4. Commitment and Next Steps
5. Conclusion and Evaluation
Setting the Stage

Let’s explore the various kinds of stressors we face in doing child welfare work as well as some related terminology.

**Stress**

What is stress? Stress is an event that disturbs the equilibrium of a person in such a way as actually or potentially to shorten the person’s lifespan (Figley, 1998).

**Trauma**

What is trauma? Professionals have historically embraced differing definitions of trauma leading to different approaches to interventions. SAMHSA coordinated an extensive review and discussion on the definition of trauma with nationally recognized professional associations, family and consumer/peer specialist groups, research and practice entities, and diagnostic and medical groups. Through this effort, the following working definition of individual trauma was developed:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.* (SAMHSA, 2013).

Three components are necessary to meet the criteria of trauma, sometimes referred to as the Three E’s: Event, Experience, and Effects.

**Traumatic Stress**

Our working definition of traumatic stress combines the definitions of both stress and trauma. *Traumatic stress is the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being to the extent that it could actually or potentially shorten the person’s lifespan.*

Exposure to traumatic stress is recognized as an occupational hazard in the child welfare profession.

**Primary and Secondary Traumatic Stress**

What is primary traumatic stress? Primary traumatic stress is an experienced event outside the range of usual human experiences that would be markedly distressing to almost anyone; an event such as a serious threat to one’s self or sudden destruction to...
one’s environment. (Figley, C.R., 1995).

An example of primary traumatic stress for a child welfare leader might be going into a high-crime neighborhood. For many of us, this is an ongoing requirement of the job. Therefore, this trauma exposure is ongoing or chronic.

What is secondary traumatic stress? Secondary traumatic stress (STS) is natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 2002).

An example of secondary traumatic stress for a child welfare leader might be needing to listen to court testimony or detailed second hand stories of families’ traumatic events, reading casefiles, or even listening to how staff experienced STS.

Again, for many of us, this is a part of our daily job. Therefore, this trauma exposure is ongoing or chronic.

To simplify, primary traumatic stress results from trauma experienced by the individual and secondary traumatic stress results from the individual hearing/knowing about trauma experienced by another person.

Some professionals in helping fields may choose to use other terms when describing secondary trauma such as vicarious trauma, compassion fatigue, critical incidents etc.

**Burnout**

Burnout is the state of impaired health, suffering or that of having a negative outlook on life because of the impact or overload of their work. (Rothschild, B. 2006).

**Burnout and Traumatic Stress - What’s the Difference?**

- Both conditions have similar roots. Both conditions involve the cumulative effects of stress. Both conditions elicit similar responses from affected employees.
- While traumatic stress deals with exposure to personal trauma and clients’ trauma, burnout adds the daily stressors of functioning in the overall workplace.

Explain that the rest of the day will focus on dealing with exposure to traumatic stress. By focusing on the appropriate response to trauma, we can also address many of the conditions that contribute to burnout, thereby getting additional benefit from a singularly focused exercise.
Notes Page: Section I

Want to remember it? Jot it down.
Section II:
Assessing Your Professional Quality of Life
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

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Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

**Compassion Satisfaction**

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

**Burnout**

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

**Secondary Traumatic Stress**

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

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WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test and then you can compare your score to the interpretation below.

To find your score on each section, total the questions listed on the left in each section and then find your score in the table on the right of the section.

**Compassion Satisfaction Scale:**

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<th>12.</th>
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| **Total:** ____

**Burnout Scale:**

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Reverse the scores for those that are starred.

0=0, 1=5, 2=4, 3=3, 4=2, 5=1

**Total:** ____

**Secondary Trauma Scale:**

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Section III:
Strategies for Managing Stress and Trauma
Mindful Movements

Self-Reflection

Do I feel like I get enough movement throughout the day?

What opportunities do I have to incorporate more mindful movements throughout the day?

How can I use this skill in my leadership role?
Cognitive Reframing

Cognitive reframing is the practice of identifying unhealthy thinking styles and replacing and refuting the negative thoughts they generate with more positive and realistic thoughts.

Steps to Reframing

1. Identify your negative thoughts when they occur
2. Challenge the implied assumptions behind your thoughts
   a. Identify evidence that supports your negative thought.
   b. Identify evidence that refutes your negative thought.
3. Replace the negative thoughts with a more positive or realistic one.

Reframing Tips:

- Explore what’s stressing you: View your situation with positive eyes.

- Find what you can change: If you could, what parts of your situation would you most like to change? With positive reframing, you may see possibilities you weren’t aware of before.

- Identify benefits: Find the benefits in the situation you face.

- Discover the humor: Find the aspects of your situation that are so absurd that you can’t help but laugh.

(The Resilience Alliance, 2011)
Cognitive Reframing

Unhelpful Thinking Styles

- **All or nothing thinking**
  - Sometimes called ‘black and white thinking’
  - If I’m not perfect I have failed
  - Either I do it right or not at all

- **Over-generalizing**
  - “everything is always rubbish”
  - “nothing good ever happens”

- **Mental filter**
  - Only paying attention to certain types of evidence.
  - Noticing our failures but not seeing our successes

- **Disqualifying the positive**
  - Discounting the good things that have happened or that you have done for some reason or another
  - That doesn’t count

- **Jumping to conclusions**
  - There are two key types of jumping to conclusions:
    - Mind reading (imagining what others are thinking)
    - Fortune telling (predicting the future)

- **Magnification (catastrophising) & minimisation**
  - Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

- **Emotional reasoning**
  - Assuming that because we feel a certain way what we think must be true.
  - If I feel embarrassed so I must be an idiot

- **Labeling**
  - Assigning labels to ourselves or other people
  - I’m a loser
  - I’m completely useless
  - They’re such an idiot

- **Personalization**
  - Blaming yourself or taking responsibility for something that wasn’t completely your fault.
  - Conversely, blaming other people for something that was your fault.
Cognitive Reframing

Self-Reflection

Name at least one example of unhealthy thinking style that I have used in the workplace?

Identify evidence that supported your negative thought.

Identify evidence that refutes your negative thought.

Reframe your negative thought by replacing it with a more positive or realistic one.

How can I use cognitive reframing in my role as a leader?
Guided Imagery, Deep Breathing, and Biofeedback

Inexpensive or free mobile applications can be downloaded on your smart phone so you can practice these activities on the go whenever you have a few spare minutes.

1. Calm
2. 
3. 
4. 
5. 

Self-Reflection

Identify times throughout your day when you are alone and can choose to relax.

Are there times throughout your day when you can choose to relax rather than use social media apps?

How can I use these new skills in my role as a leader?
Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual – with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Let others know different aspects of you
Self-Care Assessment Worksheet

___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
___ Practice receiving from others
___ Be curious
___ Say “no” to extra responsibilities sometimes
___ Other:

**Emotional Self-Care**

___ Spend time with others whose company you enjoy
___ Stay in contact with important people in your life
___ Give yourself affirmations, praise yourself
___ Love yourself
___ Re-read favorite books, re-view favorite movies
___ Identify comforting activities, objects, people, relationships, places and seek them out
___ Allow yourself to cry
___ Find things that make you laugh
___ Express your outrage in social action, letters and donations, marches, protests
___ Play with children
___ Other:

**Spiritual Self-Care**

___ Make time for reflection
___ Spend time with nature
___ Find a spiritual connection or community
___ Be open to inspiration
___ Cherish your optimism and hope
___ Be aware of nonmaterial aspects of life
___ Try at times not to be in charge or the expert
___ Be open to not knowing
Self-Care Assessment Worksheet

_____ Identify what is meaningful to you and notice its place in your life
_____ Meditate
_____ Pray
_____ Sing
_____ Spend time with children
_____ Have experiences of awe
_____ Contribute to causes in which you believe
_____ Read inspirational literature (talks, music, etc.)
_____ Other:

Workplace or Professional Self-Care
_____ Take a break during the workday (e.g. lunch)
_____ Take time to chat with co-workers
_____ Make quiet time to complete tasks
_____ Identify projects or tasks that are exciting and rewarding
_____ Set limits with your clients and colleagues
_____ Balance your caseload so that no one day or part of a day is “too much”
_____ Arrange your work space so it is comfortable and comforting
_____ Get regular supervision or consultation
_____ Negotiate for your needs (benefits, pay raise)
_____ Have a peer support group
_____ Develop a non-trauma area of professional interest
_____ Other:

Balance
_____ Strive for balance within your work-life and workday
_____ Strive for balance among work, family, relationships, play and rest
Impressions of my personal self-care practices:

In triads, discuss impressions of Self-Care Assessment Worksheet by responding to the following questions:

- What are my strengths in the area of self-care?

- Do I over-rely on my strengths to the point it becomes a weakness? If so, how?

- What areas of opportunities do I have to enhance my self-care?
Section IV: Commitments and Next Steps
Individual Self-Care Plan

Create a plan to use the knowledge that you gained in this workshop in your efforts as child welfare professional. If you need assistance or have any questions, please talk with your trainer.

I commit to start practicing the following self-care activities during the **next week**:

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Programs and resources available in my county or local community that I will explore to help me enhance my ability to practice self-care.

I will begin to practice the following self-care activity during the workday in my role as a leader.

My next step I will commit to do **today** to practice self-care.
Section V: Summary and Evaluation
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