Executive Summary for the CARE Project

For: The Leadership Academy Journey: A presentation of experience, research findings, and social work burn out intervention planning. March 30, 2016

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The CARE (Cultivating an Atmosphere of Restoration and Encouragement) project was an integral part of the National Association of Social Workers Leadership Academy in the state of Arkansas. At the beginning of our leadership program, we were challenged to pick a group project to apply the content from our classes to learn the process of developing a program. We would all be assigned different tasks and would discuss our progress and needs at our classes, and develop a program of our choosing

The process began with testing our group dynamics and leadership skills with games and obstacles to overcome, similar to doing a low ropes course. The Leadership Task force gave the fellows four potential problems related to social work at our first meeting. We would select a problem and develop a plan or solutions for tackling the problem. We used a SWOT analysis to evaluate which issue we connected with most. The SWOT analysis evaluated the Strengths, Weaknesses, Opportunities and Threats involved in the problem and would be used to help formulate our objectives. After SWOT analysis of all four issues we selected social worker burnout and self-care our project.

Our own NASW Board cited “48% of the total social work workforce in the United States experiences high levels of personal distress as a result of their work” (Strozier & Evans, 1998). Our instructions were to provide burnout prevention strategies for social workers, especially for those who faced the potential loss of their license due to disciplinary actions resulting from burnout. We ended the first class with developing our mission statement, goals, and dividing into teams.

We used our group game as well as our own experiences to help us assess our personal strengths and divide tasks based on that information. We divided our tasks into gatekeeper (housing the information so it's not duplicated), project leader (ensure deadlines, monitor plan and task lists), research team, development team (which would also include implementation of project if needed), and execution/ implementation team (getting the information to the public).

Our mission statement was to create and implement a holistic program for social workers in the state of Arkansas that promotes self-care, burnout prevention, and self-advocacy in a safe environment. Our goal was to provide information, understanding, training, and support regarding self-care and burnout prevention.

Based on our own anecdotal evidence, we started to draw our own conclusions as to why social workers experience burnout. Many of us have heard of colleagues, co-workers, from our

teachers, and even one of the Leadership Academy's fellow members who had experienced burnout. We've heard individual stories of damage to the body, ulcers, headaches, back pain all the way to the development of chronic and more debilitating conditions such as, adrenal fatigue, and major disruptions from mental and emotional fatigue resulting in loss of judgment in regards to work performance and ethics. Not only does this have consequences for us as professionals, but it also hurts our clients and others we work with.

Our research evolved over the time of the project. Initially, we found programs to address burnout in other helping professions. Clergy, physicians, and police officers have various programs. Fraternal Order of Police (FOP) has a "True Blue Valor" program that educates trains, and supports their peers. Other programs address similar issues as seen in these websites:

- copsalive.com/burnout-in-law enforcement;
- lillyendowment.org/religion_cts.html;
- thehappymd.com/resident-wellness-resident-burnout-proof-yourcareer-workshop;
- stepsforward.org/modules/physician-burnout.

Some groups offer retreats to help their professionals rejuvenate. Others educated professionals about advocating for their own self-care at their work places.

We also found articles exploring the causes of social worker burnout and the tendency for social workers and psychotherapists to lack self-care, leading to a higher potential for burnout. A survey with licensed social workers in Minnesota showed while there was no significance in quantitative results between self-care and burnout, (part of this might have been due to a small sample size), there was significance in the qualitative data. That data showed that when "social workers felt supported, they experienced lower levels of burnout or stress." *Agency Support for Self-Care and Burnout Among Licensed Social Workers, Catherine Wyman, 2014.* Wyman also found that social workers believed self-care is required to insure quality delivery of services to their clients. Workers would independently explore resources when they were not provided by the agency. She concluded more research should be done to include how the community or organization could help assist in the burden of ensuring self-care.

In *Compassion Fatigue: Psychotherapists' Chronic Lack of Self-Care, (Nov 2002),* Cr Figley distinguishes 3 categories of burnout and their implications.

- Counter-transference: "an emotional reaction to a client by the therapist- irrespective of empathy, the trauma, or suffering. Defined as the process of seeing oneself in the client or of meeting client needs through the client.

- Simple burnout: "…a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations" (*Pines & Aranson, 1988*) rather than specific exposure to trauma and suffering of a specific client.

- Compassion fatigue: similar to PTSD but is considered secondary trauma, coming from experiencing the trauma through the client. There is a persistent arousal (i.e. Anxiety) when associated with the patient. In his model he shows the complexities of compassion fatigue in leading to burnout. It leads to sense of helplessness and confusion, a greater sense of isolating from support, and is disconnected from real causes, triggered by other experiences. It also has a faster onset than the other two listed but, when identified it has a faster recovery.

In its article, *Professional Self-Care and Social Work, 2008,* the NASW compares compassion fatigue with vicarious trauma. And defines Self-care vs. Professional self-care. They also issue a policy statement reflecting their concerns about the low level of self-care and the high rates of burnout in professional social workers.

At our next meeting, we learned how to craft a speech for presenting to the NASW Board the program that we had chosen. We developed a PowerPoint presentation, in which we shared a true burn out story, explained the problem and our mission to help, shared our research on the subject of burn out and self-care. The presentation also explained how we would progress in developing a program for social workers and seek required funding. We also solicited the Board for its help in the process, especially when we were ready to take our requests to the Social Work Licensing Board. The Board was eager to cooperate with us and offered its services. At this time, we had two fellows drop out the morning before we were to give the presentation. The group debriefed with its leaders in the Leadership Task force and banded together to take over the parts the others had been responsible for to ensure a smooth and thorough presentation.

Before the next class, more resources about burnout and self-care were collected. In her book, *Burn Out and Self-Care in Social Work, 2015*, SaraKay Smullens brings structure to the burnout issue. She surveyed 200 participants and concludes several variables and characteristics of burnout, and three components of stress related burnout that need to be studied more closely. She also goes in to self-care modalities that can help one prevent or intervene in high stress situations.

In her studies, she found

Five demographics that put social workers at higher risk for burnout:

1) Under the age of 30
2) Female (especially if single)
3) Higher level of education
4) Low seniority
5) Transient (stepping stone to another career)

4 characteristics of burnout:

- Professional: inflated self-ideations mixed with negative thoughts about the work, its setting, authority figures, and one's own ability to do the work. It includes helpless feelings resulting from frustrations with society, laws, supervisors, and colleagues not being supportive.
- Personal: "cognitive distortions created by anxiety or depression. When leaders don't support them, social workers blame themselves. They feel personal responsibility for clients in comparing their situation as better, and feel guilty/ hopeless, when limited in how they can help them.
- Social: lashing out at family members, feel that others that are trying to help are attacking/ criticizing. They put themselves on a pedestal as the only one that can help client. They may play a social worker role with friends, confusing boundaries/ damaging relationships.
- Physical: body signals with aches, pain, graduating to greater signals of "musculoskeletal disorders, cardiovascular disease, somatic complaints, flu, sleep disturbances, compromised immune system" as a result of high stress.

Smullens argues that the right self-care strategies are a better predictor than demographic statistics or "professional intent" and that we need to intentionally "connect self care efforts with the arenas where burnout is directly experienced."

Her work showed there are symptoms unique to social workers that have potential for more damaging effects. Similar to Cr Figley, she comes up with three categories, adding the term vicarious trauma.

1. Compassion Fatigue: emotional and physical fatigue from chronic empathy in where we identify too closely with clients in thought and emotion. We sympathize but don't separate ourselves from them. We may see the problem as something we need to solve for them or tell them how to solve it). This can leads to codependency, entitlement, invasiveness, and power struggles. Our goal should be to empathize and not sympathize or pity the client. Empathy being defined as we can feel and see their world but separate ours from theirs. Self-care is a big part of our separating and can lead to us having compassion satisfaction.

2. Countertransference: taking on the "psychological realities of our clients with no clear boundaries between our experience and theirs. This can occur because of traumatic content or because of our inability to say no. Many therapists are drawn to this work because of their own unconscious. If these are triggered constantly, they will exhaust us. It takes a skilled supervisor and increased awareness to recognize and work on these areas.

3. Vicarious Trauma: "persistent re-experiencing of symptoms from the past; avoiding places, events, or objects that are reminders of an experience; or being easily startled and feeling tense and or on edge". It comes from "emotions that result from knowing about a traumatizing event experienced by a client and the stress resulting from wanting to help". It can result from working with clients who have committed unconscionable and monstrous acts, or from those that don't want to change. It's compounded by the lack of support from others who don't understand what we do.

She concluded that guidance and support to help intervene is missing. When burnout symptoms appear, whether from compassion fatigue, countertransference, or vicarious trauma, as well as the other stressors of high caseload, unrealistic expectations, difficult clients, lower wages, lack of support, etc. it's difficult for the worker to maintain objectivity and logic to take steps to get back into balance. She suggests more emphasis on prevention in school and early in the field would be helpful.

Smullens provides tools for assessing stressors to bring awareness to their level of vulnerability. She defines self-care as "those behaviors, attitudes, and types of relationship that nurture us as social workers and those in related professionals." She champions many modalities of self-care; first emphasizing it takes commitment to a self-care strategy to bring change to work/ life balance.

In *Little and Often, Psychotherapy Networker, 2015*, Ashley Davis Bush, gives micro self-care tools to use in the busy clinician's schedule. She discovered this in her own session one day, when she was impacted by a client's crisis. She remembered a Buddhist practice that helped people who worked with the dying. The exercise was called "strong back, soft front." The back stays strong and long for support and they soften their front for compassion. Using the technique changed her immediately. She was able to listen to the client in a relaxed state and stay clear and centered in herself. She experimented with one minute meditations, physical exercises and short poems. Used three times a day, these tools counter the effects of burnout, compassion fatigue and secondary traumatization. She explored which methods seemed to work best. She concluded that more than the exercises themselves, the notion she was taking care of herself mindfully helped ease tensions of the day and helped her feel supported and less panicked.

Over time, more assignments were given to assess risk from social workers via a survey of need for intervention, explore website resources for self care, research grant or other funding options, develop a program to teach self care skills, and provide training to a mentorship program on burnout prevention. Based on all this data, we concluded that there was a need for a mentor program to educate about self-care and to provide additional support when it was lacking in the work place. We also explored the possibility of having a website that would provide additional information and link people to supportive services.

Before the holidays, a class session on strategic planning lead us to assess whether the needs of the social workers in our state matched the needs reflected in our literature review. We changed our mission to cultivating an atmosphere of restoration and encouragement for social workers in the state of Arkansas. This became the title of our project. We also turned our efforts from developing a program, to developing a survey that would assess licensed NASW social workers stress and risk levels for burnout and their efforts of self care in preventing it.

Many of our assumptions and hypotheses were in line with the survey results. And much of the survey reflected the literature review.

- More than half of our professionals had a higher level of education.
- Almost half were Mental Health professionals.
- The most challenging part of the job were:
    - lack of resources,
    - lack of client recovery or progress,
    - and low income.
- Many saw work as emotionally demanding.
- Work stress impacted their functioning abilities at home as well as at work.
- More than half of participants have considered leaving the field for the following reasons:
    - emotional demands,
    - lack of support,
    - high caseload,
    - low income,
    - and feeling ineffective.
- Most participants reported their stress was moderate to high.

Income significantly impacted the pursuit of self-care in the quality of work/ life balance. Income levels determined the amount of money they could spend, the types of activities in which they could engage, and the amount of time they could spend doing it. Participants indicated their work experience could be enhanced by the following services: peer support, and education on self-care, and time management resources.

As you can see, our assumptions are in line with our recent statewide data as far as high stress being a reality for most social workers. Lack of support was a reason many of the participants have considered leaving their jobs. Providing education on self-care and more support to social workers would help enhance their perception of their work experience and could help prevent them from getting to the point of burnout.

References

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