Preparing the Adult Mental Health Workforce To Succeed in a Transformed System of Care

Life Span Approach to Workforce Development With Stress Management and Self Care: Essential Strategies for Career Success

Module XVIII
NASMHPD/OTA Curriculum
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Created by Hines-Cunningham & Jorgensen

NASMHPD

Self Care and Direct Care Staff

One of the things that doesn't get talked about very much is the trauma of the staff. We talk about the trauma paradigm for our clients or people in recovery

But not very often in my 20 years of work in the field of mental health have I heard much about what happens to us, the workers, and I think that's an area where we need to do some work

I've seen some pretty traumatic things from when I first started 20 years ago. Some of those things still haunt me that I've seen -Said by a Female direct care staff

(SAMHSA, 2005)

Learning Objectives

1. Participants will understand the importance of self care and stress management as key factors in working in a mental health care environment

2. Participants will obtain definitions of burnout, compassion fatigue, and secondary traumatic stress

3. Participants will be introduced to stress self-assessment as a way of self monitoring

4. Participants will participate in developing their own self-care and stress management plan

Lifespan Approach to Workforce Development

Entry:
Preparing the Workforce
Planning
Education
Recruitment

Workforce:
Enhancing Performance
Supervision
Compensation
Systems Support
Lifelong Learning

(*Indart*, 2006)

Exit:
Managing Attrition
Migration
Career Choice
Health and Safety
Retirement

Self-Care Best Practices
for Mental Health Workers

❖ In addition to becoming attuned to the needs of consumers, a transformed mental health system calls us to develop self-care and stress-reduction strategies

❖ Maintaining and improving a psychologically, physically, emotionally, cognitively, and spiritually healthy self enhances our sense of vitality and resilience

Key Factors for Helping in a Transformed Mental Health System

- Offer hope and help the individual to cultivate their own sense of hope

- Do not offer a prognosis of gloom and doom.

- Listen, listen, listen

- Help the individual to solve their own problems

- Help them to believe in themselves

- Help the individual to find support and learn to offer support to others

    (*Swarbick*, 2009)

Potential Vulnerabilities of Health Care Workers

- Repeated exposure to traumatic events
- Carrying out difficult and exhausting tasks
- Exposure to unusual demands to meet others' needs
- Feelings of helplessness
- Frequently facing moral/ethical dilemmas
- Exposure to anger and/or lack of gratitude
- Frustration with bureaucratic policies
- Heightened sense of lack of control

(*Figley*, 1995)

Potential Stress and Work-related Responses

- Quitting the job
- Poor work performance
- Absenteeism
- Tardiness
- Diminished morale
- Diminished concentration
- Difficulty completing tasks

(*Figley*, 1995)

Stress: Non-specific response of the body to any demand placed upon it (*Hans Selye*, 1926)

- Perceived threat
- Change
- Flight or fight
- Deadlines
- Temporary
- Chronic
- Unrelenting
- Constant state of anxiety

- Nerves
- Physiologic changes in your body
- High glucose
- High heart rate
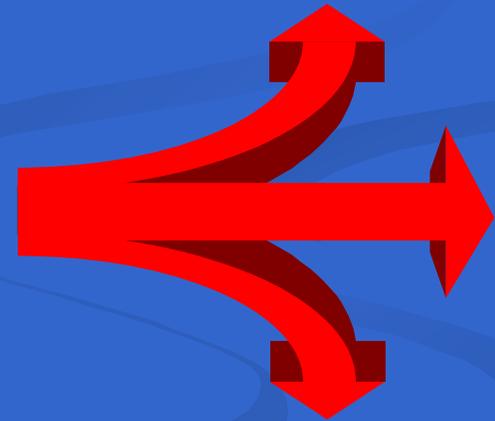- Blood pressure
- Breathing
- Increased abdominal fat

(*Taylor*, 2007)

The Compassion Continuum

Compassion Fatigue   Compassion Satisfaction

(Depletion)   (Vitality)

- ✓ Burnout

- ✓ Secondary traumatic stress (STS)

   --Vicarious traumatization

- ✓ Compassion fatigue
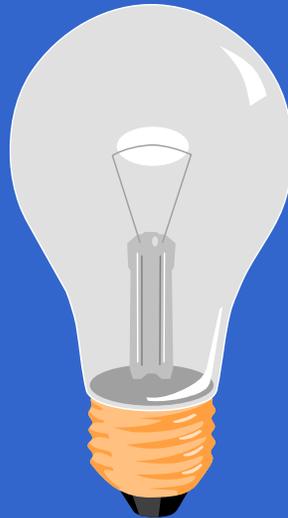
- ✓ Countertransference

(*Figley*, 1995)

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What is Burnout?

A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations

(*Pine & Aronson*, 1988)

Secondary Traumatic Stress (STS) sometimes called _Vicarious Traumatization_

Secondary Traumatic Stress describes a professional worker's subclinical or clinical signs and symptoms of PTSD that are similar to those experienced by trauma clients, friends, or family members

(_Figley_, 1995)

What is Compassion Fatigue?

A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways:

1) Re-experiencing the traumatic event
2) Avoidance/numbing of reminders of the traumatic event
3) Hyper-arousal

(*Figley*, 1995)

Burnout or Compassion Fatigue?

- Unlike burnout, the professional with compassion fatigue experiences:
    - Faster onset of symptoms
    - Faster recovery from symptoms
    - Sense of helplessness and confusion
    - Symptoms disconnected from "real" causes
    - Symptoms triggered by additional events

(*Figley*, 1995)

Burnout or Compassion Fatigue?

- Dose-response relationship: In compassion fatigue, a *dose-response* relationship is often evident, e.g., the more intense the traumatic circumstances of the clients, the greater the risk to the therapist

- Increased exposure leads to increased symptoms (generally)

(*Figley*, 1995)

What helps me [deal with trauma] is professionals who have the ability to take care of themselves, be centered, and not take on what comes out of me – not [be] hurt by what I say – sit, be calm and centered, and not personally take on my issues

--Survivor from Maine

(*Maine Trauma Advisory Group*, 1997)

Compassion Fatigue and Countertransference

- Compassion fatigue – absorbing the reactions *of* the client

- Countertransference – reaction *to* the client
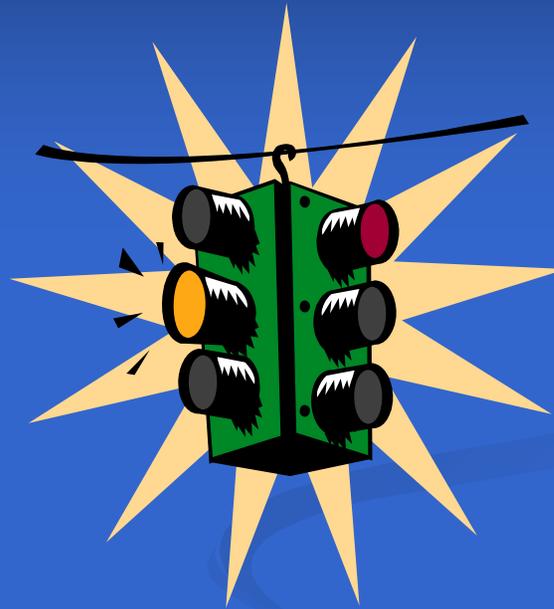
(*Figley*, 1995)

Compassion Fatigue and PTSD

- Similarities between compassion fatigue (also known as secondary stress disorder) and post-traumatic stress disorder (PTSD):

  1. Re-experiencing of the event

  2. Avoidance/numbing

  3. Hyper-arousal

  (*Figley*, 1995)

Compassion Fatigue and Burnout
Warning Signs:

- Fatigue
- Sleep disturbances
- Anxiety
- Helplessness
- Inability to concentrate
- Pessimism
- Absenteeism
- Decreased empathy with clients, coworkers, and self
- Seeing the world as either "victims or perpetrators"
- Lack of meaning in life
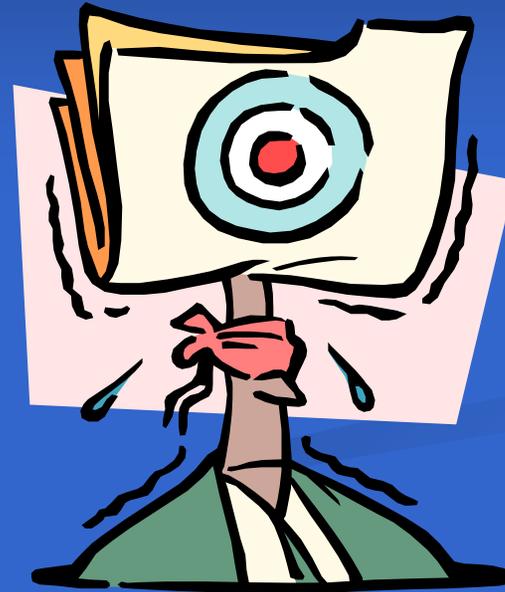
(*Figley*, 1995)

Physical Warning Signs

- Fatigue
- Exhaustion
- Sleep disturbances
- Susceptibility to illness (diminished immune system functioning)
- Specific somatic complaints, such as headache, GI distress, etc.

(*Figley*, 1995)

Emotional Warning Signs

- Irritability
- Anxiety
- Depression
- Guilt
- Helplessness
- Apathy
- Grandiosity
- Loss of joy/pleasure

(*Figley*, 1995)

Behavioral Warning Signs

- Aggressiveness
- Callousness/uncaring attitude
- Inability to concentrate
- Pessimism
- Defensiveness
- Cynicism
- Substance abuse

(*Figley*, 1995)

Work-Related Warning Signs

- Quitting the job
- Poor work performance
- Absenteeism
- Tardiness
- Diminished morale
- Diminished concentration
- Difficulty completing tasks

(*Figley,* 1995)

Interpersonal Warning Signs

- Withdrawal and isolation
- Abrupt communication with coworkers
- Increased conflicts with coworkers and supervisors
- Increased complaints re: clients
- Decreased empathy with clients, coworkers, and self
- Difficulty separating work from personal life

(*Figley*, 1995)

Spiritual Warning Signs

- Shattered assumptions
- Seeing the world as either "victims or perpetrators"
- Crisis of faith
- Cynicism
- Lack of meaning in life
- Loss of framework for understanding
- Profound changes in how one views oneself, the world, and the future

(*Figley*, 1995)

Current Research
Secondary Traumatic Stress (STS)

- There is some evidence that STS is not simply a function of secondary exposure to trauma, but also related to a lack of access to appropriate supports and resources

- Rural workers are more at risk than those in urban areas

- There is some evidence that STS is linked to organizational climate: role ambiguity & role complexity

  (*Rothschild*, 2006)

Secondary Trauma Organizational Prevention

- ✓ Organizations' core values reflect respect for the human dignity of all employees

- ✓ This respect for and value of the employee is conveyed in tangible and intangible ways

- ✓ Leadership leads by example

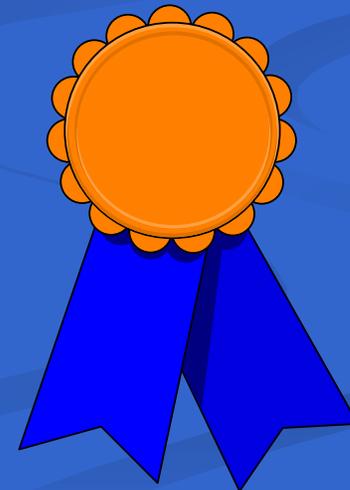(*Indart,* 2006)

Secondary Trauma Organizational Prevention

Organizational Practices:

- ✓ De-stigmatize secondary trauma through organizational recognition and acknowledgement
- ✓ Establish policies
- ✓ Professional consultation, training, and counseling

Self-care Practices:

- ✓ Resiliency
- ✓ Emotional competence
- ✓ Regular self-care practices
- ✓ Compassion for self

(Daniel, 2007)

Self-Care
Prevention and Practices

Self care is personal health maintenance. It is any activity of an individual, family, or community with the intention of improving or restoring...

- ✓ Resiliency
- ✓ Emotional competence—know thyself
- ✓ Regular self-care practices
- ✓ Compassion

(en.wikipedia.org/wiki/Self_care)

What is Resilience?

- Resilience is the ability to adapt well to stress, adversity, trauma or tragedy. It means that, overall, you remain stable and maintain healthy levels of psychological and physical functioning in the face of disruption or chaos

(*Daniel,* 2007)

"The Key to Building Resilience"

The key is to not try to avoid stress altogether, but to manage the stress in our lives in such a way that we avoid the negative consequences of stress!

Accept the fact that there will be certain levels of stress in your life, and work to manage it in a way that you avoid or minimize the negative consequences of the stress

(Daniel, 2007)

Strategies for Building Resilience to Stress

1. Maintain flexibility and balance in your life as you deal with stressful circumstances and traumatic events

2. Let yourself experience strong emotions, and also realize when you may need to avoid experiencing them at times in order to continue functioning

3. Step forward to take action, and also step back to rest yourself

4. Rely on others, and also rely on yourself

(*Daniel,* 2007)

Ten Strategies for Building Resilience

1. Make connections--
   Family, friends, civic groups,
   faith-based organizations,
   other local groups

2. Avoid seeing crises as insurmountable problems. You can change how you interpret and respond to stressful events

3. Accept that change is a part of living.
   The only thing that is constant in life is change

4. Do something regularly, even if it seems small, which enables you to move toward your goals

(*Daniel,* 2007)

Ten Strategies for Building Resilience

5. Take decisive actions rather than detaching completely and wishing problems and stresses would go away

6. Look for opportunities for self-discovery. People often grow in some respect as a result of their struggle with loss

7. Nurture a positive view of yourself. Develop confidence in your ability to solve problems; trust your instincts

8. Keep things in perspective. Keep a long-term perspective--avoid blowing things out of proportion

(*Daniel,* 2007)

Ten Strategies for Building Resilience

9. Maintain a hopeful outlook. Expect that good things will happen in your life; visualize what you want rather than worrying about what you fear

10. Take care of yourself. Pay attention to your own needs and feelings. Engage in activities you enjoy and find relaxing
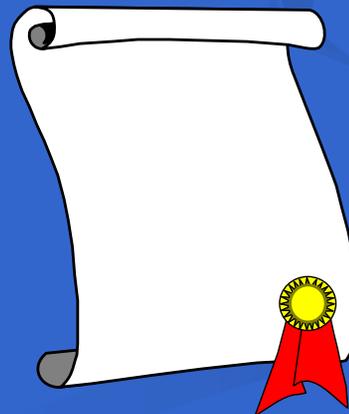
(*Daniel,* 2007)
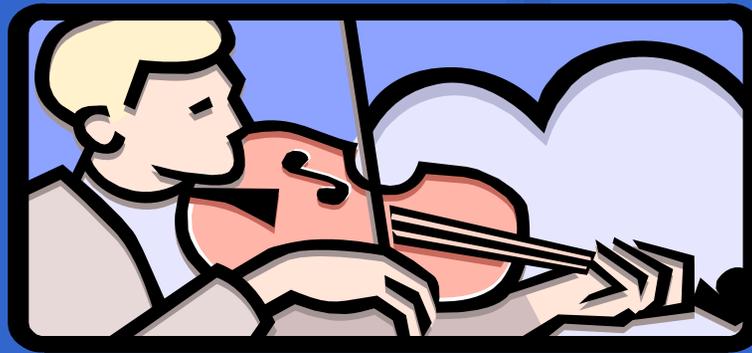
Effective
Stress Management Strategies

Must help you **FEEL** better
Must help you **FUNCTION** better

- **Take action.** Don't just wish your problems would go away or try to ignore them. Instead, figure out what needs to be done, make a plan to do it, and then take action

(Figley, 2002)

Lowell Youth Treatment Center
Staff Office - Lowell, MA

Staff need a little comfort, too

KNOW THY SELF

■ Emotional Competence:

✓ Self-awareness

✓ Self-management

✓ Social awareness

✓ Social skills

(Daniel, 2007)

Your Stress Profile
SELF ASSESMENT

- Things That Stress You Out

- Warning Signs You Are Stressed Out

- Negative Stress Management Strategies

- Positive Stress Management Strategies

(Daniel, 2007)

Self-Care Practices

- Practice good sleep "hygiene"

- Practice good nutrition

- Practice regular exercise

- Practice active relaxation

- Practice your faith

- Practice letting others take care of you for a change

- Practice BREATHING!

(*Daniel,* 2007)

Exercise: Developing Your Self- Care Plan

Self Care is Not Selfish

Thank You