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## MODULE 6

### Managing Professional and Personal Stress

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Training Time: 65 minutes (1 hour 5 minutes)

#### Key Learning Points

1. Child welfare is a high-risk profession with potential for secondary traumatic stress.
2. Secondary traumatic stress differs from traditional “burnout.”
3. Child welfare workers may experience *parallel process*, reactions similar to those of the traumatized children on their caseload that can affect their ability to manage stress.
4. Child welfare workers need to have a personal plan for addressing secondary traumatic stress.
5. Module 6 emphasizes the following Essential Element:
  9. Manage professional and personal stress.

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## ACTIVITY 6A

### LECTURE

#### Essential Element 9: Manage Professional and Personal Stress

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Activity Time: 10 minutes

#### Materials Needed

- PowerPoint Slides 103–107

#### Trainer Activities

- Using lecture format, present the following information utilizing PowerPoint Slides 103–107.

- Child welfare is a high-risk profession, and child welfare workers are confronted every day—both directly and indirectly—with danger and trauma. Threats may come in from violent or angry family members.
- Multiple terms have been used to designate exposure to the trauma experienced in one's role as a helper. Four terms are most common:
  - ▶ Countertransference
  - ▶ Compassion fatigue
  - ▶ Vicarious traumatization
  - ▶ Secondary traumatic stress.

We will use the term *secondary traumatic stress* (STS).

- Research has shown that STS is highly likely among social workers; also, even among those with only *indirect* exposure to trauma, the rate of PTSD is twice as high as among the general public (Bride, 2007).
- STS is different from traditional burnout. STS and burnout have some risk factors in common, such as high caseload demands, a personal history of trauma, limited access to supervision, and the lack of a supportive work environment and/or a supportive social network. Burnout, however, is often due to long-term involvement in an unsupportive work environment with large caseloads and onerous paperwork. *With burnout, increased work load and institutional stress, rather than exposure to clients' trauma, are the precipitating factors.*
- STS refers to the emotional effects that proximity to and continued contact with individuals who have experienced trauma can have on family, friends, and human service professionals. Like their clients, staff members who work with victims are at risk of experiencing *alterations in their thinking* about the world, their feelings, their relationships, and their lives.
- Staff can be stressed by hearing detailed reports of trauma from children day after day and by dealing with the powerful emotional responses and the impact of abuse and violence on children. Dealing with a community system that has limited resources and is not always responsive to the needs of these children can also be stressful to staff.
- To prevent the potential risk of STS for staff and, by extension, to enable them to continue to meet the goals of safety, permanency, and well-being of children, it is critical to be aware and to have a plan that provides positive coping strategies.

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## ACTIVITY 6B

### CASE VIGNETTE

#### Mary

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Activity Time: 15 minutes

#### Materials Needed

- Supplemental Handout: *Case Vignette—Mary*

#### Trainer Activities

- Read aloud the case vignette of Mary. This vignette focuses on the professional challenges that face child welfare workers by following a worker from her initial hiring to the point when she becomes overwhelmed by the demands of multiple cases.

**TRAINER TIP:** Avoid distributing the case vignette to participants for individual reading or small group discussion. It is used here as an illustration only. Because the training relies heavily on case vignettes, we do not want the participants to experience an “overdose” of case vignettes.

- Ask and discuss the following points. (Ideas of what you would like to elicit from participants in the discussion appear in parentheses.)
  - What is happening to Mary? On a continuum, how would you distinguish between Mary’s “realistic,” practical approach to facing a heavy workload vs. “burnout” vs. “secondary traumatic stress”? (Her situation may have started as traditional burnout, but it has evolved into STS as a direct result of Mary’s experiencing the trauma of her clients.)
  - What behavioral impact do the responsibilities of the job and exposure to traumatized children and their families have on Mary’s personal goals and job performance? In other words, what are signs of STS?

(*Symptoms* of STS can include some of the same symptoms experienced by the direct victims of trauma, including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness, despair,

nightmares, feelings of reexperiencing the event, unwanted thoughts or images of traumatic events, anxiety, excess vigilance, avoidance of people or activities, or persistent anger and sadness.

*Effects* of STS may also include changes in how the individual experiences himself or herself and others, such as changes in feelings of safety, increased cynicism, questioning one's belief systems, and disconnection from coworkers and/or loved ones. In the workplace, STS has been associated with higher rates of physical illness, greater absenteeism, higher turnover, lower morale, and lower productivity.

People affected by STS may also experience difficulties in their personal or professional relationships, in managing boundaries, and in dealing with their emotions. They may have difficulties sleeping, may overeat or use too much alcohol, and may feel anxiety for their own children and irritability toward their colleagues and family.)

- How are Mary's experiences both similar to and different from those of our traumatized clients?
  - ▶ The trauma suffered by these children can result in serious and chronic emotional and behavioral problems. Feeling frustrated when trying to deal with a complicated, often insensitive, system, and experiencing the sense of "helplessness" when trying to heal these children make staff vulnerable to developing their own emotional and physical problems (Perry, 2003).
  - ▶ An event such as the death of a child on Mary's caseload is devastating. The worker's ability to continue after such events is influenced by past experiences and his or her view of the world. For the worker, support from co-workers, supervisors, and administration also influences his or her ability to go on to help other children. And for children, support from their own family and communities is crucial to going on with their lives.
  - ▶ Without support, Mary (or any child welfare worker) may begin to feel emotionally overwhelmed by the STS brought on by the pressures of the job and by repeatedly hearing stories of traumatized children. When something else happens—in this case, a death of a child on her caseload (every worker's nightmare)—it amplifies her stress, guilt, and shame. With each subsequent traumatized child in her caseload, she may reexperience old feelings, think repetitive thoughts, and be more prone to emotional reactions to other cases. These reactions are similar to those of a traumatized child. For child welfare workers, this is known as a "parallel process" to many of their clients.

- ▶ Mary will carry such types of cases with her forever (as would any other child welfare worker); she will be reminded of this one every time she handles a case that shares attributes with it. However, with proper resources and supports, Mary will be able to address and manage her feelings and will continue to be productive and helpful to many more children and families.

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## ACTIVITY 6C DISCUSSION

### What Can Help Prevent or Mitigate Secondary Traumatic Stress?

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Activity Time: 15 minutes

#### Materials Needed

- Flip chart
- Markers
- PowerPoint Slide 107
- Supplemental Handout: *Child Welfare Work and Secondary Traumatic Stress*

#### Trainer Activities

- Remind participants of the framework that we have used throughout the training for assistance to clients: Child Welfare Tools, Resources and Supports, and Practical Assistance.
- Write those headings, one each on three flip chart sheets, and post.
- Ask participants to brainstorm ideas in those three categories to prevent or mitigate STS. Write their ideas on the flip chart sheets. Continue until participants run out of ideas.

**TRAINER TIP:** Ask three participants to be the scribes of the ideas—with three people writing, participants can generate and capture ideas more quickly.

- Be sure that most of the following ideas are captured (but other great ideas that we haven't thought of are likely to emerge!):

### **Child Welfare Tools**

- Work with teams within the child welfare agency and within the provider community.
- Request and expect regular supervision and supportive consultation.
- Utilize peer support.
- Provide regular safety training for all workers.
- Balance workers' caseloads so they are not dealing only with traumatized children and their families.
- Provide sufficient release time and safe physical space for workers.
- Provide training on STS for all staff.

### **Resources and Supports:**

- Seek continuing education on the effects of trauma on child welfare professionals.
- Utilize agency resources such as Employee Assistance Programs for intermittent support if needed.
- Cultivate a workplace culture that normalizes (and does not stigmatize) getting help for mental health difficulties.
- Consider therapy for unresolved trauma that the child welfare work may be activating.

### **Practical Assistance:**

- Set realistic goals and expectations.
  - Practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.
  - Develop a written plan focused on work-life balance.
- Conclude this activity by referring participants to the five-page Supplemental Handout: *Child Welfare Work and Secondary Traumatic Stress*. Note that it explains STS in much greater detail, especially as it pertains to child welfare practice, and includes additional ideas about professional, personal, and agency strategies that can be implemented to mitigate STS.

**IF PRESENTING THIS TRAINING IN TWO FULL DAYS,  
TAKE A 15-MINUTE BREAK HERE.**

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## **ACTIVITY 6D**

### **RELAXATION EXERCISES**

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**Activity Time: 10 minutes**

#### **Materials Needed**

- CD with relaxing music (optional)
- Supplemental Handout: *Work/Life Balance Plan*
- Supplemental Handout: *Self-Care Inventory*

#### **Trainer Activities**

- Inform participants that you will be practicing one of many relaxation exercises that they can employ while at work (or that they can teach to children and their parents and resource parents). This exercise will also serve to help bring the training to a close.
- Let participants know that anyone who wishes to opt out of this activity may do so. Put on the CD with relaxing music.
- Instruct participants to find a relaxed, comfortable position and to close their eyes.
- Provide step-by-step instructions for the following relaxation activity:
  1. Inhale slowly (counting, “one-thousand-one; one-thousand-two; one-thousand-three,” etc.) through your nose and comfortably fill your lungs all the way down until your stomach expands.
  2. Silently and gently say to yourself, “My body is filled with calmness.” Exhale slowly (“one-thousand-one; one-thousand-two; one-thousand-three”) through your mouth and comfortably empty your lungs all the way down, deflating your stomach as well.
  3. Silently and gently say to yourself, “My body is releasing the tension.”

4. Repeat five times slowly and comfortably. Invite participants to open their eyes.
  5. Emphasize to participants that they can do this as many times a day as needed.
- Refer participants to Supplemental Handout: *Work/Life Balance Plan* and Supplemental Handout: *Self-Care Inventory* as other tools that they can use to help them think about how to address STS.

**TRAINER TIP:** As noted at the end of Module 3, if you are doing this training in two full days, you can let participants know at the end of the first day that you will be doing relaxation exercises on the second day, and ask for volunteers who would like to share ones which they personally use and like.

**TRAINER TIP:** You may substitute any relaxation/visualization exercise that you like and that is familiar to you. There are many commercially available videotapes, audiotapes, and CDs which demonstrate techniques for stretching and relaxation.

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## ACTIVITY 6E

### SUMMARY OF ESSENTIAL ELEMENT 9

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**Activity Time: 15 minutes**

#### Materials Needed

- Supplemental Handout: *Bringing It Back to Work: Essential Element 9*

#### Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Element 9* to all participants.

- Instruct participants on how to complete the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Element 9*.
  - For this activity, ask participants to focus on the strategies that address Essential Element 9. Ask them to review the strategies listed under each of the categories of Essential Element 9.
  - Ask participants to mark an “X” in up to three boxes next to the ideas they think they would MOST like to emphasize in their daily child welfare practice for this Essential Element.
- Debrief: For Essential Element 9, ask participants to call out a few of the strategies that they indicated they would most like to emphasize in their daily child welfare practice, and why.