5-2017

Effectiveness of Self-Care in Reducing Symptoms of Secondary Traumatic Stress

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by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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Abstract

Social workers who work with traumatized clients have an increased risk of experiencing secondary traumatic stress (Sprang, Whitt-Woosley, & Clark, 2007). Up to 70% of workers reported at least one symptom of secondary traumatic stress in the past week (Bride, Robinson, Yegidis, & Figley, 2004). Secondary trauma was also believed to be a significant reason workers in the human services field left their employment (Bride, 2007). High turnover in human services organizations may lead to high recruiting and training costs and can also reduce the efficacy of services to clients (Harrison & Westwood, 2009). An intervention that was found to be successful in reducing the symptoms of secondary traumatic stress for social workers was self-care (Lee & Miller, 2013). The research identified five main types of self-care including physical, emotional, psychological, spiritual, and professional. The findings supported the standpoint that self-care was effective in reducing symptoms of secondary traumatic stress for social workers. Being proactive and building a strong foundation of support with family, friends, colleagues and other professionals may be a key to reduce the effects of the stress experienced by social workers (Bloomquist et al., 2015; Eastwood & Ecklund, 2008; Killian, 2008). By reducing the risks of STS for social workers, employees may experience increased well-being (Goncher, Sherman, Barnett, & Haskins, 2013), employers may have greater staff retention (Bride, 2007), while clients will receive more consistent and a higher quality of care (Harrison & Westwood, 2009).

Acknowledgements

I would like to acknowledge and thank everyone who has supported me through completing this research. First I would like to thank the professors, instructors, and staff with the School of Social Work at the University of St. Thomas and St. Catherine's University. The knowledge and skills that they have taught were critical in seeing this research to completion. I would also like to thank my committee, include my chair, Sarah Ferguson, who was a great motivator and very grounding throughout the research process. To my other committee members Lisa Thibodeau and Julie Krings, thank you for your support and encouragement through this entire process. I would like to thank my cohort; their kindness, compassion, encouragement, and humor are second to none. A note of gratitude also to my friends and coworkers who were patient and supportive during this past year. Finally, a heartfelt thank you to my family. Your patience, support, understanding and willingness to take on extra tasks has been more than I could have hoped for. Andrea and Josie, I am so blessed to have you in my life.

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Introduction

Social workers play a vital role in our communities by offering support, advocacy, counseling, and healing to individuals, families, and systems. As part of their role, social workers often work with people who have experienced trauma. By supporting clients, social workers can be affected by the trauma that they share. According to the ACS-NYU Children's Trauma Institute (2012), secondary trauma or secondary traumatic stress (STS) occurs when someone is emotionally affected by someone else's shared traumatic experience. This may result in symptoms that look like post-traumatic stress disorder such as (a) difficulty sleeping, (b) anxiousness, (c) fear, (d) physical sicknesses, (e) fatigue, (f) irritability, (g) hopelessness, and (h) guilt (National Child Traumatic Stress Network, 2011). Although not all secondary traumatic stress is significant enough to meet criteria for a Posttraumatic Stress Disorder (PTSD) diagnosis (National Child Traumatic Stress Network, 2011).

According to the *Occupational Outlook Handbook* (2016), in 2014 there were 649,300 social workers in the United States (Bureau of Labor Statistics, 2016). In a survey of MSW social workers, Bride (2007) concluded that over 97% of clients the social workers worked with had experienced trauma and over 88% of the work with the client was regarding the past trauma. Bride's study consisted of social workers from various fields of practice including child welfare, mental health, health care, school social work, community organizing and public welfare. Additionally, Bride noted that social workers from various backgrounds were at risk for experiencing secondary trauma which led to increased sick days for staff, decreased job satisfaction, and less experienced staff serving clients. Secondary trauma may also increase staff

turnover and ultimately this will raise costs for the employer to recruit, hire, train and supervise new employees (Siegfried, 2008; Sprang, Whitt-Woosley, & Clark, 2007).

Secondary traumatic stress has been a recurrent topic of discussion in social work in the past several years. With social worker's increased exposure to vicarious trauma and working with families who are experiencing trauma, the risk is much greater for social workers to be affected by secondary traumatic stress. Surveying 282 MSW social workers using the Secondary Traumatic Stress Scale (STSS), Bride, Robinson, Yegidis, and Figley (2004) concluded that 70% of respondents had experienced at least one symptom of secondary traumatic stress in the past week. Likewise, 15.2% identified enough symptoms to be meet the diagnostic criteria for posttraumatic stress disorder (Bride et al., 2007).

In a similar manner, Sprang et al. (2007) found that of the mental health professionals surveyed using the Professional Quality of Life Scale (ProQOL), 13% were considered high risk in the areas of burnout and compassion fatigue, which were also symptoms of secondary traumatic stress. Furthermore, about 50% of clinicians working with survivors of sexual abuse and the sexual offenders, have identified trauma symptoms that were considered in the high range (Way, VanDeusen, Martin, Applegate, & Jandle, 2004). Rural mental health providers also experienced more STS symptoms than urban mental health providers (Sprang et al., 2007), and 70% of workers that are experiencing STS symptoms are at higher risk of developing more of the PTSD symptoms if their symptoms are not addressed and reduced (Bride, 2007). According to the American Psychiatric Association (2013), 8.7% of the population of the United States will experience PTSD sometime in their life. However, at any given time about 3.5% of the general population will experience PTSD symptoms (American Psychiatric Association, 2013). With

15.2% of social workers and 34% of child protection workers surveyed meeting criteria for PTSD (Bride, 2007), this is well over the PTSD rate found in the general population.

Secondary trauma was believed to be a significant reason workers in the human services field left their employment (Bride, 2007). High turnover in human services organizations may lead to high recruiting and training costs. According to The Center for American Progress, to replace an employee with an annual salary less than $75,000 costs the company about 20% of that individual's yearly gross income to recruit, hire, and train a new employee (Boushey & Glynn, 2012). In 2015, the median wage for a social worker was $45,900 (Bureau of Labor Statistics, 2016) in which case it would cost the employer over $9,000 to hire a new employee.

Existing research suggests that secondary trauma affects social workers; therefore, it is vital for employers to find evidence-based practices to screen for secondary trauma to address and offer treatment options to staff. Employers also need to implement protocols to be proactive and prevent secondary trauma. For the systematic review study, the literature review examined the effectiveness of self-care in reducing the symptoms of secondary traumatic stress for social workers. The systematic review was important as secondary traumatic stress is common amongst social works, which may lead to staff burnout and turnover. Social workers have an ethical responsibility to address any beliefs or personal challenges that may affect a professional's ability to make decisions in the best interest of the client (National Association of Social Workers [NASW], 2008). Symptoms of STS including burnout and compassion fatigue have been linked to staff becoming more cognitively and emotionally distant to clients which may result in poor delivery of service (Harrison & Westwood, 2009). By addressing and reducing the symptoms of secondary trauma, social workers may be more effective in their practice and be

able to provide a higher quality of care. By not taking care of themselves, workers may be at an increased risk of harming clients (Harrison & Westwood, 2009).

Literature Review

Identifying Secondary Traumatic Stress

There are several self-assessment tools available for individuals to determine experienced levels of STS. An option for employers is to offer social workers self-assessments that screen for secondary trauma. The Secondary Traumatic Stress Scale (SSTS) (Bride et al., 2004) is a 17 item scale that measures the frequency of symptoms in three areas-avoidance, arousal, and intrusion, which are common symptoms with social workers who are working with clients who have experienced trauma. This scale only measures the past seven days; therefore, this scale can be used more often, such as quarterly for either staff to self-monitor any STS symptoms or even for employers to get an overall feel for STS that is present in the workplace and then be able to address this in a proactive manner (Bride et al., 2004).

The ProQOL scale (Stamm, 2005) which measures the level of burnout, compassion satisfaction and compassion fatigue, can also be completed frequently, such as quarterly. According to Stamm (2005), the benefit of the 30 item scale also provided a focus on how happy an individual was with their work. Likewise, the higher scores for compassion satisfaction represented the individual's belief that they were happy and efficient in their job (Stamm, 2005). While the higher scores for burnout suggest that the individual may feel that their work is ineffective or they are feeling overwhelmed with their job responsibilities (Stamm, 2005). Lastly, the STS scale measured an individual's experience when working with others who had experienced trauma (Stamm, 2005). About 25% of individuals who completed this survey scored

in the high range for STS and burnout which indicated that symptoms of STS need to be addressed (Stamm, 2005).

Interventions

There are a number of interventions to prevent STS and to respond to social workers who are experiencing STS. Prevention can be difficult especially when professionals may not be open and willing to share that they are struggling. Not sharing information among professionals may be due to stigma or fears of jeopardizing their employment or supervisors may question their competency (Sexton, 1999). However, Sexton (1999) claimed that team meetings, and individual supervision may aid in identifying professionals who were struggling. Supervisors and team members who validated each other's experience and offered support was found to be helpful.

One way employers can be proactive and prevent STS is to reduce overall caseload for social workers. A study by Killian (2008) concluded that by doing so, workers were less likely to experience new traumas continually. Researchers also suggested that when a social worker was able to find a balance in the caseload with some clients not experiencing traumatic events, they were better able to manage the more stressful and traumatic encounters with other clients (Hensel, Ruiz, Finney, & Dewa, 2015).

Empathy was also found to be beneficial in reducing STS. Social workers do not have control of many of the aspects of their work, but Way et al. (2004) argued that social workers do have control of their empathy toward clients. Way et al. (2004) found that social workers who had more longevity in social work expressed more empathy toward clients and experienced fewer symptoms of STS. Likewise, it was believed to be due to those workers having learned healthy ways to cope with those stressors (Way et al., 2004). Empathy could be taught, and with

proper supervision and professional development focused on empathy building, the risk of STS can be reduced.

Self-Care

Researchers suggested that STS was an issue in the social work population which affected not only the social worker but also the organization and clients. Lee and Miller (2013) noted that recognition and focus of self-care proved to be an effective intervention for reducing the symptoms of secondary traumatic stress, and because of this, self-care was the focus of this literature review. According to Lee and Miller (2013), "Self-care is a means of empowering social workers to negotiate and offset some of the profound structural, organizational, and interpersonal challenges associated with social work practice" (p. 101). In determining the most effective options of self-care, Lee and Miller (2013) proposed that it was important for social workers to make their self-care work in their environment. Subsequently, self-care needs to happen in a holistic manner in the professional and personal life of social workers.

Miller (2015) identified seven areas to focus on, which included (a) deepening self-awareness, (b) meaning, (c) pleasure, (d) enjoyment, (e) altruism, (f) relational connections, (g) exercise, and (h) mindfulness. These areas of focus demonstrated the importance of having an internal and external focus when determining self-care (Miller, 2015). In a similar manner, Newell and MacNeil (2010) identified the areas of focus as (a) physical exercise, (b) nutrition, (c) sleep, (d) spent time with family and friends, (e) self-expression, and (f) maintaining a spiritual connection. By focusing on these areas, social workers can feel more able to create change in their world and feel more empowered to create change for their clients (Miller, 2015).

Self-care is also empowering to the social worker as it relies partially on the worker to be self-directed in determining which strategies are most helpful. However, the impact of the

employer contribution to self-care cannot be minimized. Several studies identify the need for the employers to be tuned in to employees and offer support which included supervision, peer support, and resources (Cox & Steiner, 2013; Hensel et al., 2015; Lee & Miller, 2015; McGarrigle & Walsh, 2011). Practitioners felt that employers rarely taught effective self-care strategies and struggled with taking earned vacation time when needed (Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2015). Bloomquist et al. (2015) recommended that employers need to be aware of these stressors for staff and promote and encourage self-care and create a culture where the employer values self-care.

Though interventions to address STS have been found helpful for social workers, some studies suggest the greatest benefit is to offer interventions primarily to the most high-risk group of social workers. Elwood, Mott, Lohr, & Galovski, (2011) also warned not to implement STS interventions in an excessive manner such as implying all social workers experience STS or all social workers should expect to feel overwhelmed. By overgeneralizing this experience for social workers, this may increase STS symptoms such as increased anxiety and rumination for individuals (Elwood et al., 2011). However, with the current research, there is clearly a benefit for social workers to take a proactive approach to STS and promote self-care as a way to prevent and manage STS and the daily stressors of social work.

Bride, Jones, and MacMaster (2007) concluded that 92% of social workers reported they experienced occasional symptoms of STS; thus this problem cannot be minimized. An average of one-fifth of the workforce voluntarily ends their employment yearly (Boushey & Glynn, 2012). With a high correlation between experienced STS and social workers intent to remain in that job, it is important that employers be aware of STS and engaged in providing and promoting self-care options for workers (Bride et al., 2007). Ultimately, by reducing or eliminating STS, it may

create an opportunity for increased employee job satisfaction, improved employee retention and overall quality of service to clients will increase.

Methods

This systematic review focused on the effectiveness of self-care in reducing symptoms of secondary traumatic stress for social workers. The systematic review was accomplished by first conducting a literature review regarding this topic. A systematic review which is a summary of available research relating to a research question was then achieved by reviewing and combining the results of several studies relevant to the question of determining if self-care is effective in reducing symptoms of secondary traumatic stress for social workers.

Research Question

Is self-care effective in reducing symptoms of secondary traumatic stress for social workers? This researcher hypothesized that self-care was effective in reducing symptoms of secondary traumatic stress for social workers. By creating some balance and focus on the needs of social workers and other roles in their lives (i.e., a parent, friend, or spouse), this may create more balance, resilience, and tolerance for social workers. Appropriate balance and focus may reduce the symptoms associated with secondary traumatic stress in social work. This research question was answered through the systematic review of studies that sought to respond to this question.

Data Collection

Inclusion Criteria

Articles selected for this literature review were empirical peer reviewed articles that analyzed the effectiveness of self-care in reducing symptoms of secondary traumatic stress for individuals working with clients who experienced trauma. Articles were reviewed and included

in the systematic review that met the criteria of qualitative research, peer reviewed, and empirical. If a longitudinal study was found it was also included. Articles chosen had study participants who were in a helping profession such as social work, mental health, child development or the medical field to ensure the article was relevant to the research question of whether self-care is effective in reducing the symptoms of secondary traumatic stress for social works. The articles that did not meet all of these criteria were not included in the systematic review. Also, material and articles found to be relevant to this topic were included and referenced accordingly.

Search Strategy

The research gathered for this literature review was found on-line and in the following databases supported by the University of St. Thomas library, PsychInfo, SocIndex, PILOTS (Published International Literature on Traumatic Stress), Social Work Abstracts, and Pubmed. Articles were found using the following search keywords, *secondary traumatic stress, secondary trauma, vicarious trauma, social workers, human service professionals, and self-care.* These search words were run individually and in combination. Once an article was identified as a possible option for the systematic review, the article abstract was reviewed to determine relevance to the research question, and if the information seemed to be relevant, the article was included in the initial phase of screening. The article was then reviewed, and if the article met the inclusion criteria, the article was included in the systematic review. The number of articles screened, used in the systematic review and rejected were tracked.

Data Analysis

Data Abstraction

Once the articles that met the inclusion criteria were determined, information was gathered from each article. The information that was gathered included tools used to collect the data in that particular study, the data from the participants, the sample group demographics including the participants' profession, targeted interventions, and outcomes of the study. This information was necessary for determining the effectiveness of self-care in reducing the symptoms of secondary traumatic stress.

The following is a list of information that was gathered from each article that met the inclusion criteria:

- Article Name;
- Sample/Profession of participants;
- Measure/Assessment used;
- Interventions-if any; and
- Findings

Strengths and Limitations

Strengths of this systematic review included the various studies reviewed which led to the results being more generalized to social workers and human service workers. This systematic review was also peer reviewed to provide validity and integrity to the review.

Limitations of this systematic review included several professions which were then generalized to direct social work practice. Another limitation of this systematic review was that not all studies utilized the same forms of measurement to determine the effectiveness of self-care

in reducing symptoms of secondary traumatic stress for social workers. The researcher ensured that the results of the studies were relevant to the research question in this systematic review.

Findings

Introduction

This findings section will focus on answering the question: Is self-care effective in reducing the symptoms of secondary traumatic stress for social workers? The findings offered evidence if self-care was effective in reducing the symptoms of secondary traumatic stress for social workers. In this systematic review, twelve journal articles were identified that met the inclusion criteria. The search strategy in the methods section resulted in only two qualitative studies so quantitative studies were also included in this systematic review. Nine studies were found by utilizing the above-listed search strategy, though this was short of the desired twelve articles. The references of the included journal articles were reviewed for other possible articles following the inclusion criteria. Three more articles were found using this method.

There were over 1,900 study participants from the twelve studies. Participants were from varying backgrounds including social work, children's residential care workers, mental health therapist, psychology, nursing, healthcare, and graduate or doctoral students in social work or psychology. Most participants were currently working with clients who had experienced trauma, or were working in an environment such as a children's Intensive Care Unit where workers were likely to experience trauma and loss. Some of the other professions of the participants included hospice workers, child welfare, and therapists specializing in childhood sexual abuse and domestic violence.

Several different measurements were used in the included studies. Researchers gathered information using open-ended interviewing, focus groups, surveys, questionnaires or scales. Some of the researchers used multiple tools to access the research they were looking for, and some researchers created surveys or questionnaires depending on their needs. Other researchers used the following measurement tools: (a)Impact of Events Scale, (b) Traumatic Stress Institute Belief Scale, (c) Coping Strategies Inventory, (d) Self-Reflection and Insight Scale, (e) Professional Quality of Life Scale, (f) Trauma and Attachment Belief Scale, (g) Perceived Self-Care Emphasis Questionnaire, (h) Self-Care Utilization Questionnaire, (i) Quality of Life Index, (j) Emotional Self-Awareness Questionnaire, (k) Social Readjustment Scale, (l) Index of Clinical Stress, (m) Vicarious Trauma Scale, and (n) Multi-dimensional Scale of Perceived Social Support.

Views of Self-Care

The gathered research discussed participants' views of self-care. Participants believed in the value of self-care, and that self-care was effective in reducing the symptoms of traumatic stress. Participants also reported less secondary traumatic stress (STS) when they had a more positive view of self-care (Bloomquist et al., 2015). Workers that felt stressed reported higher levels of burnout and burnout contributed to compassion fatigue (Eastwood & Ecklund, 2008) which also increases STS. Burnout was more common with workers who felt less successful with self-care (Eastwood & Ecklund, 2008). However, workers that took time for themselves by utilizing meditation, massages, exercise, healthy eating, vacation and setting limits, reported lower stress, lower burnout and reported a better work/personal life balance (Eastwood & Ecklund, 2008; Meadors & Lamson, 2008). A holistic self-care approach was found to be essential in maintaining professional and personal well-being (Harrison & Westwood, 2009).

The research identified five main types of self-care including physical, emotional, psychological, spiritual, and professional. Overall, participants who reported engagement in self-care improved their quality of life (Goncher, Sherman, Barnett, & Haskins, 2013).

Physical Self-Care

Physical self-care is identified as healthy eating, getting enough regular sleep, exercise, taking time for vacations, engaging in a hobby, and seeking medical care as needed. The most common and highest rated forms of physical self-care are identified as healthy eating and sleeping regularly (Bloomquist et al., 2015). However, workers often engage in unhealthy self-care activities with the most common activities identified as consuming caffeinated beverages, junk food and fast food meals (Eastwood & Ecklund, 2008). Workers who engage in a hobby, and take vacation, found these activities helpful in reducing the effects of trauma work (Eastwood & Ecklund, 2008; Bober & Regehr, 2005). Workers also identified exercise as important (Killian, 2008) and as workers engaged in physical activities, they became more body aware and were more able to recognize their bodies need for rest, nutrition, movement and hydration before they become ill (Christopher & Maris, 2010).

Emotional Self-Care

Emotional self-care as defined as spending time with enjoyable people, laughing, nurturing healthy/trusting relationships, reading a favorite book, and therapy. The most common forms of emotional self-care were identified as laughing and spending time with family and friends (Bloomquist et al., 2015; Eastwood & Ecklund, 2008). As social supports increased, stress and symptoms of vicarious trauma decreased (Killian, 2008; Michalopoulos & Aparicio, 2012). Spending time with pets also provided comfort and helped relieve stress (Cox & Steiner, 2013), while reading for pleasure lowered rates of burnout and compassion fatigue for workers

(Eastwood & Ecklund, 2008). Participants reported they rarely sought individual or group therapy (Bloomquist et al., 2015), though participants acknowledged it was important for those who worked with traumatized clients to look for some form of therapy to address the effects of vicarious trauma (Harrison & Westwood, 2009).

Psychological Self-Care

Psychological self-care is defined as practicing mindfulness, journaling, personal goal setting, and making time for reflection. Practicing mindfulness and time for reflection were the most common forms of psychological self-care (Bloomquist et al., 2015). Mindfulness practice included conscious breathing and putting attention on that moment, thereby feeling calmer and more grounded (Harrison & Westwood, 2009). By practicing mindfulness throughout the day from the time of waking up to being mindful before sleep, participants reported they increased their presence, compassion, and patience (Harrison & Westwood, 2009). Participants also reported mindfulness helped them to accept their limitations and that of their clients, thereby reducing the stress that they were responsible for the outcome of clients (Harrison & Westwood, 2009). Participants described mindfulness as having an awareness of the internal and external environments of self (Harrison & Westwood, 2009). This awareness of self was found to be positively correlated with mindfulness, well-being and the participant's belief about the importance of self-care (Richards, Campenni, & Muse-Burke, 2010). Mindfulness alone was also found to be positively correlated to well-being (Richards et al., 2010). By practicing mindfulness and staying in the moment, it supported workers in being able to have separation and balanced between their professional and personal life (Harrison & Westwood, 2009).

A study by Christopher and Maris (2010) had graduate students in the healthcare profession participate in a 15-week class with the goals of developing personal and professional

growth. Mindfulness training with the use of qigong, yoga, tai chi and body scan were the main focus and was found to improve the emotional, mental, interpersonal and physical well-being of participants (Christopher & Maris, 2010). Feelings of calmness, a less judgmental attitude, confidence in their abilities, increased tolerance of ambiguity and enhanced ability to relinquish control, were also noted for participants at the completion of the class (Christopher & Maris, 2010). A five-year follow-up interview was conducted with participants who reported the course influenced their professional life, and participants had incorporated mindfulness into their personal and professional lives (Christopher & Moris, 2010). Participants reported more awareness, compassion, acceptance of themselves and were less reactive, even five years after the class (Christopher & Maris, 2010).

In a study of 148 mental health professionals, the importance of self-care was found to be positively correlated with mindfulness and well-being (Richards et al., 2010). Richards et al. (2010) argued that there was a strong positive correlation between well-being and mindfulness. Positive correlation suggested that individuals who practiced mindfulness place an increased sense of importance on self-care and wellness.

Spiritual Self-Care

Spiritual self-care is defined as spending time in a spiritual community, prayer, spending time in nature, meditation, and yoga. Spirituality, including meditation, spiritual connection, and prayer were a significant part of self-care and valuable in managing workplace trauma and stress (Cox & Steiner, 2013; Killian, 2008). On the Self-Care Assessment Worksheet, participants scored spiritual care highest of the self-care areas (Alkema, Linton, & Davies, 2008). Participants reported spirituality helped reduce despair and isolation because workers were reassured that what they did mattered and that they were a part of something that was bigger than

themselves (Harrison & Westwood, 2009). Spending time in nature was also a way workers experienced a feeling of connection when practicing their spirituality (Harrison & Westwood, 2009).

Professional Self-Care

In this systematic review, the journals and articles strongly focused on professional self-care, which was defined as (a) seeking supervision, (b) setting limits with clients and employers, (c) taking breaks, (d) balanced caseloads, (e) on-going training, (f) talking with colleagues regarding personal and professional events, and (g) finding a balance between work life and personal life. Participants scored the balance between work and personal life, lowest on the Self-Care Assessment Worksheet, identifying the difficulty in maintaining this balance (Alkema et al., 2008). The mean score for work/life balance was 8.5, and the mean for workplace self-care was 40.8 while the mean for physical care and spiritual care was 55.1 and 64.6 respectively. The results indicated professionals were better able to engage in individual self-care outside of work but may have struggled with the professional self-care and finding the balance between work and personal time (Alkema et al., 2008). This is also evident in other studies where participants indicated their employer valued self-care much less than they did as an individual worker and participants felt employers did not promote and teach self-care practices (Bloomquist et al., 2015).

The most common forms of professional self-care included (a) setting limits with clients, making time to complete tasks, (b) talking with colleagues about cases, (c) taking breaks during the work day, and (d) laughing with colleagues (Bloomquist et al., 2015). Other ways that helped reduce the risk of STS included workers having diverse roles in their work (Harrison & Westwood, 2009) so the worker was not always working with traumatized clients but able to

engage with other individuals including community members, which created a sense of connection and hope (Harrison & Westwood, 2009).

Participants felt self-care was an important part of professional development, though they had not been trained in self-care in their education or their employment (Killian, 2008). A participant pointed out that when working with clients it was important to model behaviors to clients, and it was difficult to model self-care when the clinician was not practicing self-care (Killian, 2009). Another participant stated self-care was how that clinician kept "from experiencing burnout, or the physiological problems" associated with working with traumatized clients (Killian, 2008, p. 36). Since workers were often not trained in self-care, it was important for workers to have opportunities for on-going training to learn these skills (Killian, 2008).

On-going training. Mentoring, on-going training and organizational support were important in helping to reduce isolation, anxiety and despair and connecting workers to their professional community (Harrison & Westwood, 2009). In a study by Meadors and Lamson (2008), participants attended a four-hour training on 'Compassion Fatigue: Addressing the Biopsychosocial Needs of Professional Caregivers' which focused on compassion fatigue, stress management and factors of grief. Following the training, workers reported increased knowledge of the signs of compassion fatigue and an increase in resources to manage work and home stressors (Meadors & Lamson, 2008). Workers also felt they had greater resources to manage loss, grief and vicarious trauma and felt less overwhelmed and less tension after the training (Meadors & Lamson, 2008). Another valuable resource identified by workers to reduce stressors was supervision (Cox & Steiner, 2013).

Supervision. Employers have a responsibility to encourage workers to become more self-aware through opportunities for workers to discuss vicarious trauma in a safe and nonjudgmental

environment (Harrison & Westwood, 2009). Confidentiality prohibits clinicians and employees from talking with their natural supports outside of the workplace about their experience when working with clients. Participants emphasized the importance of support from colleagues and supervisors in helping them cope with the traumatic stress of working with traumatized clients (Cox & Steiner, 2013). Participants reported they felt it was important to talk with supervisors and colleagues about their experiences and stressors, as these individual were the only people that understood them, offered support, and offered suggestions regarding continued client treatment (Killian, 2008). A participant stated, "I don't see any way to do this work without that (Killian, 2008, p. 36)," referring to receiving support from supervisors and colleagues.

Supervision in any form including with a supervisor, informal with peers, or paid consultation helped decrease feelings of isolation and shame that were associated with experiencing vicarious trauma (Harrison & Westwood, 2009). Peer supervision offered the opportunity to learn skills from peers as to how they address vicarious trauma and reinforces the importance of self-care (Harrison & Westwood, 2009). This also creates an environment for peer support and peer feedback in maintaining a balance between work and personal life. Being able to discuss current caseload and stressors with a supervisor was considered somewhat and usually helpful (Bober & Regehr, 2005). Staff who believed supervision and self-care were both important in reducing the effects of secondary trauma put more effort into seeking out supervision and following through with self-care activities (Bober & Regehr, 2005). While staff that did not believe self-care or supervision was beneficial offered less time for these activities (Bober & Regehr, 2005). Participants reported creating a culture of self-care, improved the quality of life for workers and students going into helping professions (Goncher et al., 2013).

Discussion

The purpose of this systematic review was to determine if self-care was effective in reducing the symptoms of secondary traumatic stress for social workers. Even though the participants of the 12 studies used in this systematic review were from various backgrounds, several were social workers, and all were in helping professions. Because of this, the findings were generalized to social workers. The findings supported the standpoint that self-care was effective in reducing symptoms of secondary traumatic stress for social workers. Self-care should be taught as a component of social work education while employers should also have a clear plan as to how to support professional and personal self-care in the workplace. The objective of this section was to discuss the findings and provide suggestions that could potentially be incorporated into a social workers life to promote self-care in their personal and professional life.

Effects of STS

When workers were exposed to vicarious and primary trauma, this could affect the employee's overall well-being and compassion toward their clients. Mental health therapists in the Killian (2008) study who worked with traumatized clients reported symptoms of being easily distracted, had difficulty concentrating, had sleep disturbances and moods changes. They also reported symptoms of being less patient with colleagues and family members and felt more panicky, anxious and edgy (Killian, 2008). Killian (2008) also pointed out that these symptoms were also diagnostic criteria for PTSD and this was evidence that STS symptoms do need to be addressed before the symptoms progress to PTSD.

Views of Self-Care

Helping professionals believed that self-care was relevant and useful in reducing stress and those that practiced self-care in one area tended to practice self-care in several of the areas (Alkema et al., 2008; Bober & Regehr, 2006). However, professionals often did not set aside sufficient time to participate in self-care activities (Bloomquist et al., 2015; Bober & Regehr, 2006). Participants disclosed that family, workload, social life, and community obligations were not the reason for inconsistent self-care practices (Bloomquist et al., 2015). The actual grounds of social workers' lacking engagement in self-care are unknown. However, this is not uncommon, often individuals can verbalize their beliefs and knowledge, but their actions contradicted their beliefs. Harrison and Westwood (2009) advocated that participants that were successful in separating their work and personal life developed specific plans or strategies to manage this separation better. Future research may benefit from looking into barriers for social workers in practicing self-care.

Physical Self-Care

Physical self-care was reported as the most common practiced form of self-care which included (a) laughing, (b) healthy eating, and (c) spending time with friends and family (Bloomquist et al., 2015; Eastwood & Ecklund, 2008). Taking time off work and taking vacation were the least common forms of physical self-care (Bloomquist et al., 2015). Practicing physical self-care may be more frequently used because it tends to be a less expensive way to engage in self-care, while other self-care options such as attending therapy, yoga classes or seminars can be more expensive. Embracing self-care may be an opportunity for employers to support social workers by encouraging the most frequently utilized form of self-care. If workers can join a gym

or participate in a class such as yoga at a reduced cost, this may encourage increased self-care without the financial burden.

Emotional Self-Care

When participants reported receiving low levels of social support, vicarious trauma scores were in the moderate range, yet participants who reported high levels of social support reported less vicarious trauma and higher compassion satisfaction (Killian, 2008; Michalopoulos & Aparicio, 2012). High levels of social support suggested that having a personal connection with others reduced the likelihood of developing symptoms of vicarious trauma (Michalopoulos & Aparicio, 2012). By spending time with social supports, clinicians identified they were less likely to feel exhausted after working with traumatized clients (Harrison & Westwood, 2009). This finding supported the importance of workers exposed to vicarious and primary trauma to build their social supports and engage in activities they enjoy outside of work.

Psychological Self-Care

Social work is a profession where the worker often has to reflect on their values and monitor their reactions with clients, so the worker does not approach a situation in a place of judgment, based on their value system. Social workers must also ensure their beliefs are not interfering with the services provided to clients, and this in and of its self can be a daily challenge for many social workers. Finally, psychological self-care and awareness of oneself are important in social work.

Workers who engaged in mindfulness practices tend to be more aware, open and less defensive in their job and supervision (Christopher & Maris, 2010). Engagement in mindfulness practices allows for the social worker to not worry as much about their beliefs about their inability to support an individual who has experience trauma so, in turn, they can then be more

present for the client. As a result, the worker can be more sensitive to the needs of the client which can reduce the stress and risk of STS. Participating in individual therapy can be a resource to support a social workers development of their limitations and boundaries while increasing their sense of self-awareness (Richards et al., 2010).

However, Bloomquist et al. (2015) associated psychological self-care with higher levels of burnout and STS. Bloomquist et al. (2015) suggested this may be due to the typical psychological self-care activities which include journaling, therapy, reflection and saying "no" to extra duties or activities. Practicing these activities alone can lead to internalizing symptoms such as questioning one's abilities to help others effectively, anxiety, feeling edgy, increasing feelings of distraction and can eventually decrease the worker's overall well-being. Bloomquist et al. (2015) also suggested workers who practice psychological self-care are more likely to be highly self-aware, which if that is balanced with other forms of self-care can be an effective way to manage stressors. This systematic review does not provide enough evidence to support that psychological self-care is not helpful or that it is even harmful. Self-awareness is necessary in social work but having other outlets to balance this self-care is important. The field of social work would benefit from more research on how psychological self-care does affect professionals who work with traumatized clients.

Spiritual Self-Care

Participants in the Harrison & Westwood (2009) study reported spiritual self-care was an important part of a holistic approach when practicing self-care. The feeling of connectedness when engaging in spiritual activities reinforced their positivity and optimism in their work (Harrison & Westwood, 2009). This sense of connectedness can be accomplished through (a)

prayer, (b) meditation, (c) nature walks, (d) inspirational reading, or (e) participating in a spiritual community. Five benefits of spirituality practices were identified:

1. The recognition that people can heal.
2. Knowing life is more than suffering.
3. The worker's efforts are meaningful.
4. Growth can occur after trauma.
5. The employee is not solely responsible for healing someone's trauma (Harrison & Westwood, 2009).

The benefits of spirituality exhibits the importance of spiritual connection and practice, and how spiritual self-care supports workers in continuing to help others, despite the difficulties of their work. Alkem et al. (2008) reported spiritual self-care was rated highest of the self-care areas. However, Bloomquist et al. (2015) revealed spirituality was rated lowest of the self-care areas. There seems to be little research on spiritual self-care, but the research available supported the importance of having a spiritual connection, so workers feel as though they were a part of something bigger than themselves (Harrison & Westwood, 2009).

Professional Self-Care

Being proactive and building a strong foundation of support with colleagues and other professionals may be a key to reduce the effects of the stress experienced by social workers. For instance, the sound basis of support may be accomplished through encouragement to peers, creating a support group, or spending time with a colleague discussing work and how it affects them in their personal and professional life (Killian, 2008).

Killian (2008) explained that as the hours of clinical contact increased, compassion satisfaction decreased. By examining individual caseloads and determining a manageable

number of clients, this may reduce the worker's stress. Workers who report low stress can set limits at work and report they feel as though they have some control in their workplace. Employee empowerment may encourage employees to share feelings and opinions about their workplace, which in turn, can contribute to the administrative policies which can lead to some predictability in their workload (Killian, 2008; Meadors & Lamson, 2008). Creating a work culture that encourages workers to take time off, find a balance in their job/personal life and supports the emotional and physical health of their employees is critical in social work (Meadors & Lamson, 2008). Supervision and on-going training are also important in creating the culture of professional self-care.

On-going training. Providing training for workers to learn about the risks and stressors of social work and how to recognize and manage the symptoms, gives workers tools to be able to be proactive in their self-care and stress management. Training was consistently identified as a need for workers to recognize and manage STS in their personal and professional life (Michalopoulos & Aparicio, 2012). By employers making training available and encouraging the social worker to participate, this may create a sound basis for workers to be proactive in their self-care. After taking part in training about compassion fatigue (a symptom of STS), and how to manage and reduce the symptoms, participants reported increased awareness and felt an immediate sense of having resources and the ability to cope with the symptoms (Meadors & Lamson, 2008).

Supervision. Supervision is a place where the worker should be able to process and share their feelings and perceptions of client traumas (Cox & Steiner, 2013). The importance of the supervisor to build a trusting relationship with the social worker and monitor for signs the worker was experiencing STS or VT was evident in the Michalopoulos and Aparicio (2012)

study. With the intensity of their work, social workers should feel comfortable to share their experience without the fear of being shamed or their competence questioned (Michalopoulos & Aparicio, 2012). Sharing personal experiences may cause fear for many social workers, that if they allow themselves to be vulnerable and share how they are struggling, they will be viewed as ineffective in their work and with clients. Professional self-care where there is a trusting relationship with the supervisor can be helpful in addressing STS symptoms in a space that feels safe for the worker.

Additionally, the employer also has responsibilities to the workers. Killian (2008) indicated that employers should be careful to not focus on the individual employees and their self-care or coping strategies. Killian (2008) suggested by maintaining the focus on the individual, this "implies that helping professionals who are hurting are somehow at fault-they are not balancing work and life (i.e., “just take some leisure time”), or they are failing to make use of their opportunities for supervision, or educational seminars…” (p. 42). Instead, Killian (2008) suggested employers find ways to get workers involved in administrative policies, help workers balance caseloads and create/provide a space where workers can seek support from each other. Killian (2008) also recommended employers and employees get more connected and engaged in community movements such as advocacy, policies affecting clients and community education. By having these supports in place for social workers, it is likely the risk of STS may be reduced, thereby protecting the employer’s investment in the social worker and improving the quality of client care (Michalopoulos & Aparicio, 2012).

Conclusion

Since social workers are often working directly with individuals who have experienced trauma, it is essential that social workers take care of themselves on a personal and professional level. Repeated exposure to STS or VT can take its toll on social workers, their families and eventually their employer and the care provided to the clients they serve. This study emphasized the need for personal and professional self-care and the importance of employers providing the necessary supports for social workers. If employers and social workers disregard the importance of self-care, this may compromise the social worker's well-being and their ability to provide the best quality of care for clients.

Social workers were able to identify the importance of self-care but did not engage in self-care as often. Future research regarding self-care may include identifying ways to encourage social workers to engage in self-care. Other beneficial research would include identifying effective supervision programming or curriculum to promote professional self-care.

Overall, this systematic review provided evidence to determine if self-care was effective in reducing the symptoms of secondary traumatic stress for social workers. Self-care such as (a) increasing social supports, (b) taking time off work, (c) exercise, (d) nutrition, and (e) other forms of self-care were protective factors in reducing the risk of STS. Other factors such as (a) high caseloads, (b) high numbers of traumatized clients per worker, and (c) lack of supportive resources from the employer all contributed to STS. By reducing the risks of STS for social workers, employees may experience increased well-being, employers may have greater staff retention while clients will receive more consistent and a higher quality of care.

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