

Professional Self-Care and Social Work

BACKGROUND

Professional self-care is an essential underpinning to best practice in the profession of social work. The need for professional self-care has relevance to all social workers in the setting within which they practice. The practice of self-care is critical to the survival and growth of the profession. Yet professional self-care has not been fully examined or addressed within the profession.

The profession of social work offers unique challenges that are both rewarding and potentially overwhelming for the professional social worker. Authors such as Munson (2002) and Shulman (1993) discussed the importance of understanding the stress reactions of social workers and the role that supervisors may play in helping social workers to prevent or overcome stress. Some authors specifically emphasize an ongoing self-awareness and urge preparation for our work by seeking and creating supportive networks (Murphy & Dillon, 2003).

It is not often that social workers engage in thoughtful discourse of the unique challenges of our profession and ways of addressing and managing the effect. Numerous stressors are prevalent in the social work arena such as long hours, time constraints and deadlines, large and professionally challenging client caseloads, limited or inadequate resources, crises and emergencies, low pay, safety concerns (Whitaker, Weismiller, & Clark, 2006), and lack of recognition and autonomy. These stressors tend to be related to the organizational structure and operations of agencies, as well as the cultural, community, and political context affecting clients and practice.

The earliest explorations of the effect of helping in social work practice recognized the risk of stress and burnout (Arches, 1991; Edelwich,

& Brodsky, 1980; Gillespie, 1987; Powell, 1994; Söderfeldt, Söderfeldt, & Warg, 1995; Um & Harrison, 1998). Many early authors connected with the work of Maslach (1993, 2003) who defined *burnout* as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people-work’ of some kind.” Later definitions included a loss of enthusiasm for the work, a loss of a sense of commitment to the profession, and a disengagement and distancing from clients (Conrad & Joseph, 2003; Joseph, 1988).

Later research helped to enlighten social workers and other helping professionals about conditions that could result from the process of listening to the clients’ stories and the therapeutic conversations, with themes of helplessness and hopelessness. Frameworks have been developed for understanding specific experiences such as compassion fatigue (Figley, 1995, 2002), secondary traumatic stress (Figley, 2002; Stamm, 1999), and vicarious traumatization (McCann & Pearlman, 1990; Pearlman, 1995; Pearlman & Saakvitne, 1995). *Compassion fatigue*, or secondary traumatic stress, is defined “as the natural, predictable, treatable, and preventable unwanted consequence of working with suffering people, that is, the cost of caring” (Figley, 1995; Stamm, 1999). *Vicarious traumatization* refers to a cumulative transformative effect or condition experienced by trauma therapists as they work with specific populations of survivors of traumatic life events (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). The common characteristic is that they represent the negative, unwanted, psychological effects of the experience of helping and therefore, uniquely affect the helping professional.

Particular focus of the literature has been on the effect of trauma work on social workers in settings dealing with family violence (Bell, 2003; Bell, Kulkarni, & Dalton, 2003), child protective service (Cornille & Meyers, 1999; Dane, 2000; Pryce, Shackelford, & Pryce, 2007; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004), sexual abuse (Couper, 2000; Cunningham, 1999), and grief and loss (Walsh-Burke, 2006). Cunningham (2003) described two types of trauma: human induced trauma, such as sexual abuse, and naturally caused trauma such as cancer. Some studies have examined the effect of disasters on social workers (Adams, Boscarino, & Figley, 2006; Boscarino, Figley, & Adams, 2004) and the incidence of secondary traumatic stress in child welfare (Pryce et al., 2007). Greene (2007) and others have expanded resilience to the workplace, and the risks for those professionals involved with the “occupational hazards that presents for Social Work professionals time and again . . . of taking care of others, both before and more than ourselves” (Fink-Samnick, 2007).

Some attention has been focused on educating social work students about these conditions through classroom experiences where stress management techniques are taught (Dziegielewska, Tumage, & Roest-Marti, 2004) and through lectures exploring vicarious trauma as one of the psychological effects of helping (Cunningham, 2004).

Throughout the explorations and discussions of these stress factors, most authors emphasize the need for social workers and other helping professionals. Some recommend specific strategies that are self-affirming, self-protecting, and self-nurturing (Pearlman & Saakvitne, 1995). Others discuss survival strategies and tools that address the physical, psychological, professional, interpersonal, and spiritual aspects of the practitioner (Figley, 1995). One study, using the strengths perspective in family violence work, identified five distinct characteristics of the more resilient workers as having a sense of competence about coping, maintaining an objective motivation, resolving personal traumas, drawing on positive role models of coping, and having buffering personal beliefs (Bell, 2003).

ISSUE STATEMENT

In light of recent and significant research indicating that social workers engaged in direct practice are likely to develop symptoms of secondary traumatic stress, it is imperative that the social work profession devotes greater attention to and creates greater awareness of these issues.

The critical key to prevention and management of adverse conditions such as stress, burnout, compassion fatigue, and secondary traumatic stress or vicarious trauma is the practice of self-care. Baker (2003) conceptualized self-care as the combination of three processes: self-awareness, self-regulation, and balancing connections between self, others, and the larger community. *Professional self-care* in social work can be defined as a core essential component to social work practice and reflects a choice and commitment to become actively involved in maintaining one’s effectiveness as a social worker. Furthermore, in promoting the practice of professional self-care, a repertoire of self-care strategies is essential to support the social worker in preventing, addressing, and coping with the natural, yet unwanted, consequences of helping (Lopez, 2007).

Professional self-care is vital to the profession of social work for several reasons:

- Professional self-care is an essential component in competent, compassionate, and ethical social work practice, requiring time, energy, and commitment.
- Promoting the practice of professional self-care in social work explicitly acknowledges the challenging and often overwhelming nature of our work.
- Professional self-care places emphasis on primary prevention of these unwanted conditions and implies that tools and strategies should be part of one’s overall professional self-care plan. Actively preparing social workers with knowledge and skill for overcoming these experiences is key.
- Professional self-care in social work is critical to maintaining ethical and professional behavior and providing competent services to clients across diverse settings.

- Although the practice of professional self-care applies to all social workers, it is especially critical for social workers providing care to traumatized populations

- Acknowledging professional self-care in social work is an important first step in preserving the integrity of social workers and in retaining valued professionals in the profession. Actively preparing social workers to effectively face these conditions will support social workers in maintaining their commitment to the profession.

POLICY STATEMENT

NASW recognizes and acknowledges the unique and valuable contributions of the professional social worker. NASW supports the practice of professional self-care for social workers as a means of maintaining their competence, strengthening the profession, and preserving the integrity of their work with clients. Education, self-awareness, and commitment are considered key to promoting the practice of professional self-care. In recognition of social workers as valued professional resources across diverse practice settings, NASW supports

- the establishment and implementation of organizational policies that promote participatory decision making, interactive coping styles, and environments in which organizational values and conflict can be openly discussed and negotiated.

- the establishment and enforcement of organizational policies and practices that address and enhance safety in the workplace. Organizations may be supportive by examining the organizational culture, redefining workload, providing essential supervision, encouraging self-care practices, allowing for group support, and creating a supportive work environment.

- the promotion, support, and modeling of the practice of professional self-care by social work supervisors with social work supervisees.

- the promotion and support of the practice of professional self-care by social work administrators. Social work administrators can demonstrate support for self-care by reflecting

self-care in policies and in the process of evaluation; offering supportive supervision, ongoing processing and debriefing after traumatic or stressful occurrences, staff retreats, team building with a focus on rejuvenating social work staff; and actively sponsoring healthy lifestyle activities within the work environment, such as walking, running, aerobics, healthy eating, encouraging time off, taking breaks and mental health days, and providing relaxing and nurturing environments for meditating.

- the development of individual professional self-care plans by all social workers that includes a repertoire of personalized strategies for maintaining health, preventing burnout and compassion fatigue, and addressing secondary traumatic stress or vicarious trauma. The plan should also include the development or enhancement of interactive coping styles that deal directly with the management of organizational conflict and differences with colleagues. Social workers should cultivate and maintain self-awareness of their personal and professional limitations and monitor their efforts to promote the practice of professional self-care and to support social work colleagues in these processes as well.

- the development of continuing education programs on professional self-care and conditions such as stress, burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma.

- the development of creative and innovative support services for social workers, which may include support groups, professional retreats, Web site resources, online support, and chat groups.

- the recognition by social work education programs of their critically important roles in educating social work students about the practice of professional self-care by integrating such content into existing student standards, policies, foundation and advanced curriculums, field practicum, and assignments and projects.

- the training of social work students about professional self-care in their field experiences and the modeling of these behaviors by field instructors.

- further research to continue the exploration of the prevalence of secondary traumatic stress and vicarious trauma among social workers in a variety of settings and to examine resiliency factors and self-care practices among social workers.
- further development of publications that address the issue of professional self-care and social work and that offer tools and strategies for thriving in social work practice.

REFERENCES

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry, 76*, 103–108.
- Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work, 36*, 202–206.
- Baker, E. (2003). *Caring for ourselves as psychologists*. Retrieved May 30, 2008, from http://www.google.com/search?hl=en&as_q=Baker+and+2003&as_epq=professional+self-care&as_oq=&as_eq=&num=10&lr=lang_en&as_filetype=&ft=i&as_sitesearch=&as_qdr=all&as_rights=&as_occt=any&cr=&as_nlo=&as_nhi=&safe=images
- Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work, 48*, 513–522.
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society, 84*, 463–470.
- Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York city social workers. *International Journal of Emergency Mental Health, 6*(2), 57–66.
- Conrad, A. P., & Joseph, M. V. (2003). Spirituality and burnout prevention. In *Solid Practice III*. Hong Kong: Cosmos Books.
- Cornille, T. A., & Meyers, T. W. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. *Traumatology, 5*, 15–31.
- Couper, D. (2000). The impact of the sexually abused child's pain on the worker and the team. *Journal of Social Work Practice, 14*(1), 9–16.
- Cunningham, M. (1999). The impact of sexual abuse treatment on the social work clinician. *Child and Adolescent Social Work Journal, 16*, 277–290.
- Cunningham, M. (2003). Impact of trauma on social work clinicians: Empirical findings. *Social Work, 48*, 451–459.
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education, 40*, 305–317.
- Dane, B. (2000). Child welfare workers: An innovative approach for interacting with secondary trauma. *Journal of Social Work Education, 36*, 27–38.
- Dziegielewska, S. F., Turnage, B., & Roest-Marti, S. (2004). Addressing stress with social work students: A controlled evaluation. *Journal of Social Work Education, 40*, 105–119.
- Edelwich, J., & Brodsky, A. (1980). *Burn-out*. New York: Human Sciences Press.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- Figley, C. R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Fink-Samnick, E. (2007). Fostering a sense of professional resilience. *The New Social Worker, 14*(3), 24–27.
- Gillespie, D. F. (Ed.). (1987). *Burnout among social workers*. New York: Haworth Press.
- Greene, R. R. (2007). *Social work practice: A risk and resilience perspective*. Belmont, CA: Brooks/Cole.
- Joseph, M. V. (1988, January). The roots of burnout: Implications of church ministries. *Church Personnel Issues*, pp. 1–6.
- Lopez, S. A. (2007, July 20). *Professional self-care & social work*. Opening keynote Address—NASW Texas Chapter Sandra A. Lopez Leadership Institute, Austin.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 19–32). Washington, DC: Taylor & Francis.

- Maslach, C. (2003). *The burnout: The cost of caring*. Cambridge, MA: Malor Book.
- McCann, L. L., & Pearlman, L. A. (1990). Vicarious traumatization: A contextual model for understanding the effects of trauma on helpers. *Journal of Traumatic Stress, 3*, 131–149.
- Munson, C. E. (2002). *Handbook of clinical social work supervision* (3rd ed.). New York: Haworth Press.
- Murphy, B. C., & Dillon, C. (2003). *Interviewing in action: Relationship, process, and change*. Pacific Grove, CA: Brooks/Cole.
- Pearlman, L. A. (1995). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 51–64). Lutherville, MD: Sidran Press.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York: W. W. Norton.
- Powell, W. E. (1994). The relationship between feelings of alienation and burnout in social work. *Families in Society, 75*, 229–235.
- Pryce, J., Shackelford, K., & Pryce, D. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago: Lyceum Books.
- Regehr, C., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of posttraumatic distress in child welfare workers: A linear structural equation model. *Ontario Association of Children's Aid Societies Journal, 48*(4), 25–30.
- Shulman, L. (1993). *Interactional supervision*. Washington, DC: NASW Press.
- Söderfeldt, M., Söderfeldt, B., & Warg, L.-E. (1995). Burnout in social work. *Social Work, 40*, 638–646.
- Stamm, B. H. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (2nd ed.). Baltimore: Sidran Press.
- Um, M.-Y., & Harrison, D. F. (1998). Role stressors, burnout, mediators, and job satisfaction: A stress–strain–outcome model and an empirical test. *Social Work Research, 22*, 100–115.
- Walsh-Burke, K. (2006). *Grief and loss: Theories and skills for helping professionals*. Boston: Pearson Education, Inc.
- Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers* [Executive Summary]. Washington, DC: National Association of Social Workers.

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