

SELF-CARE IS A MANDATE



Illinois HEALS

Website: www.illinoisheals.org

Document Date: January 1, 2021

This project was supported by a grant from the Illinois Criminal Justice Information Authority. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the State of Illinois, or the Illinois Criminal Justice Information Authority.



TABLE OF CONTENTS

Self-Care is a Mandate.....	3
Individual Response.....	5
Systemic Responses for Families, Organizations, & Communities.....	6
Regional Mapping.....	6
Summary.....	7
References.....	8



SELF-CARE IS A MANDATE

Illinois Helping Everyone Access Linked Systems (IL HEALS) Demonstration Site administered by Egyptian Health Department is funded by the Illinois Criminal Justice Information Authority (ICJIA). The overarching vision of IL HEALS is to alleviate the burden of finding services to address victimization by ensuring appropriate care and services are made available to all victims regardless of the door they enter, whether it is a doctor's office, school, or local police station or sheriff's office. Prior to implementing the Demonstration Project, the IL HEALS Research Team at ICJIA collected input through interviews, observations, and surveys from across Illinois to understand the needs of victims, families, organizations, and coalitions. This research found that:

“Providers (and other professionals) throughout the state are recognizing the strain experienced by staff associated with high caseloads (or classroom sizes), limited resources, and exposure to their clients' own experiences of trauma. Caring for and providing treatment to children, youth, and families who have been impacted by violence can have negative impacts on the well-being of staff and may contribute to stress, burnout, and turnover.”



Furthermore, the stress that has accompanied the COVID-19 pandemic with systematic change that has affected the entire world has created a growing need for community healing. The exacerbated stress of coping with the pandemic has disrupted the structure and routine of every citizen of the region which has collectively increased stress activation or the fight, flight, or freeze response amongst co-workers, neighbors, friends, and family members. This over activation of the fight, flight, or freeze response system takes a toll on the body and mind impacting our health and well-being and creating strain on relationships within families, social networks, organizations, and communities. This strain degrades the underlying fabric of the resiliency of community - supportive relationships.

The concept of window of tolerance can be applied to this situation. According to Dan Siegel, the window of tolerance is the optimal zone of arousal that allows an individual to function effectively. When in this zone, individuals are ready to receive, process, integrate, and problem solve effectively. During times of extreme stress, people often experience periods of either hyper-arousal (racing thoughts and panic-feelings of anxiety) or hypo-arousal (the freeze response or immobility). In either of these states, individuals will not be able to process stimuli effectively. The prefrontal cortex shuts down and feelings of dysregulation occur. A narrow window of tolerance, as evidenced by being triggered into this cycle, will cause individuals to feel intense emotions or become inactive. Most people move between these varying states of arousal, but extreme stress can create a situation where the window of tolerance is stuck wide open or closed. This can create mental states of anxiety and depression and anything in between. If left untreated, individuals may slip into an adaptive functioning and could lead to a new baseline of intolerance. To manage the window of tolerance, an individual can use focused mindfulness, grounding, and other tools to stay present and focused. Practice staying within the window of tolerance increases the likelihood an individual will be able to regulate into the zone of arousal needed to be a productive helper. To be able to hold space for others, one needs to feel balanced and grounded.



A rather difficult sector to work in and hold space for others is in child maltreatment. Child victimization has always impacted communities at multiple levels including impacting the individual, family, organization, systems, and community as well as the broader system of care which consists of a very complex network of interactions amongst these different levels to create a space that children and families live. Carl Bell once said, “Risk factors are not predictive factors because of protective factors.” Caring for the most vulnerable in Illinois is never an easy task, but this year it has taken a toll on the human service community like never before. The interactions and relationships amongst individuals, families, organizations, systems, and community create the variables that promote resiliency or exacerbate vulnerability within our communities. The pandemic has created a catalyst for additional stress and strain to an already overtaxed system. Coupled with increased anxiety and depression, it will create a perfect storm for further victimization for children and family units. Under the cover of darkness, the victimization may not be realized until human service providers are able to reach the most isolated groups in southern Illinois. Therefore a healing response to the generations of victims and the recent impact of the pandemic requires a multi-level response that includes individual, family, organizational system, and community strategies to help our system of care heal and grow.

The well-being and emotional resilience of caregiving professionals are key components of maintaining essential human services. Many people in the helping profession will sacrifice themselves for others. Enhancing self-care will create growth in self-compassion, building integrative wellness and growth in spirituality. The more compassion you have for yourself, the more compassion you will have for others. Monitoring and assessing the mental health and well-being of professionals is essential. Considering both elements of individual and institutional supports using meaningful self-care strategies are crucial.

Individual Response

Self-care for caregiving professionals can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs. Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of the professionals without making them feel unrealistically responsible for the lives of their clients/students/patients.

Self-care refers to engagement in activities to promote one's physical and psychological well-being (Rupert & Dorociak, 2019). It is an important area of professional development for professionals not only because of its contribution to well-being, but also because of its connection to ethical practices (Wise, Hersh, & Gibson, 2012). Engaging in self-care can effectively reduce professional stress and secondary traumatic stress, prevent burnout, and improve compassion satisfaction and job performance among service providers (Hotchkiss, 2018; La Mott & Martin, 2019; Rupert & Dorociak, 2019). Without proper self-care, caregiving professionals are more likely to experience stress and burnout, which can influence the quality of care and ultimately impact agency and consumer well-being.

Various studies have confirmed the impact of self-care practices on the well-being and job performance of mental health professionals with small to large effect sizes (Hotchkiss, 2018; La Mott & Martin, 2019; Rupert & Dorociak, 2019). This same research can be imposed on the professional workforce serving victims, with evidence based self-care strategies focus on six primary domains:

- Physical (e.g. eating healthy and regularly, exercising regularly, drinking enough water)
- Psychological (e.g. making time for self-reflection, participating in own counseling)
- Emotional (e.g. deep breathing, guided imagery, self-affirmations)
- Spiritual (e.g. meditating, praying, walkabouts)
- Relational (e.g. spending time with others, making a friend at work, making time to see friends)
- Professional (e.g. avoiding workplace isolation, taking a break, making quiet time to complete tasks)



For those in caregiving professions, there is no outside equipment or machinery utilized in helping the clients and families they serve; the professionals themselves are the tool by which their job is done. For other professions where outside equipment is utilized, preventative maintenance on equipment is necessary in order to make sure it is in proper working order and contributes to effective job completion. If those in caregiving professions are the tools by which their work is done, then preventative maintenance in the form of self-care is just as important to ensure that professionals are able to complete their work to the best of their abilities and most effectively help their clients.

Systemic Responses for Families, Organizations, and Communities

The ICJIA Research Hub Team concluded that some approaches are being implemented and considered for systemic level change.

“While some organizations are trying to implement practices aimed at supporting the health and well-being of staff, such as regular supervision and promoting self-care, some practices are reactionary in nature, implemented only after staff report or exhibit unmanageable levels of stress. Burnout and vicarious trauma also were concerns for many organizations who emphasized the need to better support their staff and mitigate the impact of trauma exposure and high caseloads.”



Overall, organizations across the state “recognized a consistent need to prioritize care and institutionalize staff well-being.” Their study found that some organizations offer support to staff including supervision or other supportive relationships, space to debrief or share about stress, preparation time, and administrative support. A handful of provider organizations said they have created purposeful spaces for staff to decompress, debrief, and reflect.

Organizational strategies work toward developing a supportive environment by identifying common needs amongst staff, developing policies and procedures to address these needs, and invest in the development of resources for staff. Multiple assessment tools are available that help identify the common needs of staff such as the ProQOL. Some of the systemic needs may call for changes in policies or procedures that can universally reduce high stress characteristics of the workplace or position. Often organizations will conduct small tests of change through a Plan-Do-Study Act or Continuous Quality Improvement process to create organizational or programmatic changes.

Regional Mapping



The IL HEALS Advisory Group conducted a mapping of self-care practices across the region during the COVID-19 pandemic. This mapping found that most practitioners could name self-care activities done to manage workplace stress and fatigue. Also, organizations across the region strategically work to provide structural changes and support to encourage self-care and manage stress. Many innovative ideas and programs are occurring all across the region that target every domain of evidence-

based self-care - physical, psychological, emotional, spiritual, relational, and professional. At the same time, the demands of high needs clients, propensity for professionals to put others’ needs before their own, and high caseload responsibilities limit the strategies implemented and amount of self-care practiced in the region.

Summary

The cost of helping children and families that have been hurt by victimization paired with the increased burden and stress during the pandemic has increased the already prevalent need for healing communities. The complicated environments that make up the systems of care for children within communities requires a multi-level approach to healing and ongoing self-care. These approaches should include strategies for the individual, family, organizations, systems or sectors, and communities to consider and adopt to create a healthier systems of care or community for children and families to heal. Effective self-care strategies have been found to reduce unhealthy levels of stress, burnout, and compassion fatigue. These strategies are not only beneficial, but some will consider them mandatory for all professionals to best serve children and families affected by victimization.

Although there is no perfect strategy or a “one-size fits all” approach to self-care, a plethora of resources and tools have been developed. A framework that is utilized for IL HEALS for serving child victims is the Recognize, Connect, and Engage framework. Similar for self-care and healing at the multiple levels of our systems of care, strategies include:

- Recognizing through formal (assessment or screening) or informal (observation) approaches that individuals, organizations, or systems or sectors are impacted by the exposure to victimization.
- Connecting individuals, organizations, systems or sectors, or communities to each other and to supports and resources that could help. Connecting is to make these resources and supports more accessible and for organizations, systems or sectors, or communities to remove the burden on the individual to find and connect with these resources.
- Engaging with evidence-based strategies and resources that are built on the foundation of an effective working relationship to address the self-care or healing needs of the individual, organization, system or sector, or community.

References

- Bloomquist, K. R., Wood, L., Friedmeyer-Trainor, K., & Kim, H. W. (2015). Self-care and professional quality of life: Predictive factors among MSW practitioners. *Advances in Social Work, 16*(2), 292-311.
- Dorociak, K. E., Rupert, P. A., Bryant, F. B., & Zahniser, E. (2017). Development of the Professional Self-Care Scale. *Journal of Counseling Psychology, 64*(3), 325-334.
- Hayashi, A. S., Selia, E., & McDonnell, K. (2009). Stress and provider retention in underserved communities. *Journal of Health Care for the Poor and Underserved, 20*(3), 597-604.
- Hotchkiss, J. T. (2018). Mindful self-care and secondary traumatic stress mediate a relationship between compassion satisfaction and burnout risk among hospice care professionals. *American Journal of Hospice and Palliative Medicine®*, 35(8), 1099-1108.
- La Mott, J., & Martin, L. A. (2019). Adverse childhood experiences, self-care, and compassion outcomes in mental health providers working with trauma. *Journal of clinical psychology, 75*(6), 1066-1083.
- Lundgren-Nilsson, Å., Jonsdottir, I. H., Pallant, J., & Ahlborg, G. (2012). Internal construct validity of the Shirom-Melamed Burnout questionnaire (SMBQ). *BMC public health, 12*(1), 1.
- Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice, 50*(5), 343-350.
- Salloum, A., Choi, M. J., & Stover, C. S. (2018). Development of a trauma-informed self-care measure with child welfare workers. *Children and Youth Services Review, 93*, 108-116.
- Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Re-envisioning the stress-distress continuum. *Professional Psychology: Research and Practice, 43*, 487-494.

REDEPLOY ILLINOIS

