Module 9: Caring for Yourself so You Can Care for Others

Principle 8 in the Ten Treatment Principles of TST is “Take care of yourself and your team.” It is no surprise that those of us involved in the care and treatment of traumatized children and their caregivers are prone to withdrawal, burnout and personal life stress. When we become burned out, stressed out, etc., we are less effective and often less compassionate in our care abilities. In this module we will cover many issues workers and caregivers are prone to experiencing and how to care for the team and self. Also we will discuss how child welfare professionals should approach and make sense of their work.

How working with traumatized children can affect caregivers

Just as it is best practice to provide trauma-informed care to children and their families, it is best practice to do so as an organization as well. It is important to address the common experience of vicarious traumatization, secondary traumatic stress, burnout, compassion fatigue, and countertransference issues. While they all mean slightly different things, these conditions interfere with our ability to provide the high level of quality care we want to provide.

Vicarious traumatization

Vicarious trauma has been referred to as “causing profound changes in the core aspects” of a treatment provider’s self; a traumatic reaction to specific client-presented information (Trippany, Kress & Wilcoxen, 2004). Vicarious traumatization may lead to PTSD in helping professionals by being exposed to traumatic material from the victim; from talking to others about the trauma; from working indirectly with victims; and from reading, researching, and teaching about trauma (NCTSN.org, 2007).

Secondary traumatic stress

According to C.R. Figley (1995) secondary traumatic stress is defined as the “natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, and the stress resulting from helping or wanting to help a traumatized person”.

Burn-out

Burn-out described in an article by Pine (1981) as “a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations. Unlike secondary traumatic stress, burnout can be described as emotional exhaustion, depersonalization and a reduced feeling of personal accomplishment”.

**Countertransference**

Countertransference refers to helping professionals' responses to clients and their behaviors; it applies to how those reactions affect the work with clients.

**Important:**

It is important to define these terms and acknowledge the propensity for those of us working with traumatized children to experience these, since they can negatively affect our own self-care and our ability to provide compassionate care.
Recognizing Our Own Defense Mechanisms

• Many of us have an innate sense of wanting to protect ourselves from constant exposure to trauma; however, sometimes these feelings can be overwhelming and may trigger responses that contribute to problems in clients and co-workers. These are some warning signs to look out for:
  • Minimizing or avoiding the traumatic information.
  • Being unwilling or unable to believe what the child is saying.
  • Distancing ourselves from the child or others, which negatively impacts the capacity for empathy or rapport building; or becoming overly enmeshed and enabling.
  • Failing to follow through with services, thereby abandoning the child.

Exercise 9.1: Please write a short entry about any experienced you have had or experienced regarding the issues mentioned above.

Vicarious traumatization:

Secondary trauma:

Burnout:

Countertransference:
• Difficulties dealing with emotions i.e. overly tearful, hostile or critical.
• Questioning our values, spiritual beliefs and life itself; developing a pessimistic world view.
• Second guessing our sense of safety when there are no indicators that it is necessary.

Physical and Emotional Indicators of Concern:
• Increased fatigue or illness
• Headaches, stomach problems or increases in blood pressure
• Difficulty getting to sleep or staying asleep
• Nightmares or dreams about clients or work in general
• Unplanned weight gain or loss
• Increase use of alcohol, gambling, spending
• Increase in feelings of despair, frustration, anxiety, or cynicism
• Excess vigilance
• Intrusive thoughts or images
• Inability to repeatedly be productive and accomplish tasks, meet deadlines.

When helping professionals begin to see themselves experience these nontherapeutic reactions, they may:
• Become punitive and blame their reactions on characteristics of the child, the child’s caregiver or the system.
• Alter how they think about their work.
• Alter how they feel about themselves and others.
• Alter professional and personal relationships.
• Notice an impact on their families and those relationships.

Working with traumatized children (and their families/caregivers) may impact a staff member’s response to a child, including attempts to control the child or situation, boundary violations, and attempts to rescue the child.

Caring for the Team and Self
Management has a duty to help staff understand the effects of constant exposure to negative life events and to help integrate and transform their reactions to these traumas in positive ways. It is essential for management and staff to work together to consistently help staff manage difficulties associated with their job and to internally examine their own needs and coping styles.

On-the-job support
Managing staff needs requires support systems to be in place to take care of the team. Reflective supervision and other group-style support systems allow opportunities for debriefing, team collaboration and professional growth. Moreover, proper and on-going
training for staff is essential. Employee Assistance Programs offer another way to address such needs.

Opportunities to discuss and debrief

With TST’s emphasis on collaboration and taking care of oneself and the team, multiple opportunities arise for members of the team to take part in debriefing and reflective supervision. Team meetings, informal debriefings and other opportunities for collaboration nurture the team’s ability to share their experiences. It is crucial that everyone on the team feels safe about sharing these possible struggles and respects confidentiality.

How to Approach Your Work

In Gordon R. Hodas’ article, “Empowering Direct Care Workers Who Work with Children and Youth in Institutional Care,” three key domains are identified in empowering workers.

• Values and beliefs
• Job-specific expectations and competencies
• Professional self-awareness and self-control

Children must be viewed as:

• Significantly different than adults, due in part to an extensive, rapid developmental process, which staff need to recognize and promote.

Exercise 9.2: Write a short entry about the characteristics you’ve experienced or witnessed from co-workers after exposure to trauma.
• Doing the best they can, given current circumstances and limitations.
• Survivors, whose behavior reflects adaptation to adverse circumstances, limited skills and physiological imbalances. Children should not be viewed as “bad,” “manipulative,” or “attention-seeking.”
• In need of understanding, respect, support and redirection rather than control, management, coercion, or shaming.
• In need of encouragement to recognize and build upon their strengths and competencies.
• Possessing a capacity for resilience and positive change.
• Capable of active participation in their own treatment.

Families must be viewed as:
• Caring and competent.
• Experts in relation to their child and therefore key sources of information.
• Partners in treatment, not individuals to be blamed.
• Allies to professional staff.
• People who may have their own issues of traumatic stress.

Mental health treatment, along with therapeutic interventions in related child-serving systems, should be viewed as:
• Viable and meaningful.
• Helped through relationship and the restoration of hope.
• Facilitated by a team process.
• Focused on accountability and natural consequences; not on punishment.
• Free from violence, threats and coercion towards children.
• Respectful of the integrity of the child’s body and avoiding use of restraint, except in an extreme emergency.
• Involved in on-going efforts to help the child identify constructive alternatives to challenging behaviors and poor decision making.

Individuals working with children in placement should be motivated by a desire to:
• Help children; not control or exploit them.
• “Give back” to the community and to others.
• Provide children the positive experience they deserve.
• Learn and grow as a professional and not just “pass through.”
Thinking about your own values and belief systems within these areas can be helpful to increasing your understanding of yourself, your background’s effect on your life and your motivation to be in the helping profession.

Activity 9.3

Please write a short journal entry about how your values and belief systems about children with mental health issues and their families affect your work with them.

Write a short journal entry about why you chose and continue to work in the child welfare environment.

It is important to accept that we can all struggle with frustration and stress—that we are human. Ask yourself, “Is the workplace or my support network providing me the opportunity to share, process, and grow from these struggles and stress?”

Now that you have completed the reading, KVC users can return to www.freestatesocialwork.com/kvc and Washington DC Child and Family Services Agency users can return to www.freestatesocialwork.com/dccfsa to complete the post-test.