AWARENESS AND WELLNESS AROUND THE CHALLENGES SOCIAL WORKERS FACE: AN INFORMATIVE APPROACH TO SELF-CARE

By

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Abstract

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The field of social work is by nature, built on upon a foundational ability to empathize with others. Common occupational stressors of social work practice compromise our connection with empathy, and negatively impacting both professional and personal lives of social workers. Far too often, fledgling social workers enter the field of practice underprepared for the negative impact of these stressors. In the interest of preserving the health and wellbeing of social work professionals, I believe the best place to start is with the social work curriculum at the university level. This project explores ways in which educators can assist social work students to operationalize competent self-care practice through a workshop presentation that includes: identifying occupational stressors of social work practice, the physiological response to accumulated stress, and skillsets to help mitigate and buffer the negative impact of occupational stressors.
Acknowledgements

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# Table of Contents

Abstract ........................................................................................................................................ ii
Acknowledgements .................................................................................................................. iii
List of Tables ............................................................................................................................. vi
List of Figures ........................................................................................................................... vii
Introduction .................................................................................................................................. 1
  Purpose ...................................................................................................................................... 2
  Project Aims .............................................................................................................................. 3
  Project Approach ...................................................................................................................... 4
  Anticipated Outcomes .............................................................................................................. 4
  Project Assumptions ................................................................................................................ 4
  Significance .............................................................................................................................. 5
Review of Literature ................................................................................................................... 6
  Purpose ...................................................................................................................................... 6
  Occupational Stressors ............................................................................................................. 7
  Physiological Response ........................................................................................................... 9
  Ethical Responsibility ............................................................................................................... 11
  Self-Care ................................................................................................................................. 13
Method ....................................................................................................................................... 14
  Overview .................................................................................................................................... 15
  Participants ............................................................................................................................... 16
  Project Design .......................................................................................................................... 16
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>17</td>
</tr>
<tr>
<td>Results</td>
<td>18</td>
</tr>
<tr>
<td>Discussion</td>
<td>23</td>
</tr>
<tr>
<td>Implications to Social Work policy and practice</td>
<td>23</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>23</td>
</tr>
<tr>
<td>Sustainability Plan</td>
<td>24</td>
</tr>
<tr>
<td>Sustainability Two Year Plan</td>
<td>25</td>
</tr>
<tr>
<td>Project Limitations</td>
<td>25</td>
</tr>
<tr>
<td>Summary</td>
<td>26</td>
</tr>
<tr>
<td>References</td>
<td>28</td>
</tr>
<tr>
<td>Appendix A</td>
<td>30</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>30</td>
</tr>
<tr>
<td>Participant Pre &amp; Post -Questions</td>
<td>32</td>
</tr>
<tr>
<td>Appendix D</td>
<td>34</td>
</tr>
</tbody>
</table>
List of Tables

Table 1. Sustainability Plan ................................................................. 23
List of Figures

Figure 1. Finding Balance in Professional Practice .......................................................... 18
Introduction

Social Work is a professional experience of providing caring service to others. For many it is a calling, a journey in which one is able to fight social injustices, advocate for those in need, empower others, and find authentic meaning in relationship with one’s self, community, and beyond. As such, social work is considered by many to be a profession of profound fulfillment.

Equally profound, are the less talked about challenges of caring professionals, known as occupational stressors of caring professionals: Burnout, Secondary Trauma, Compassion Fatigue, and Vicarious Trauma. These common stressors carry severe consequences if not properly managed. The work we do as social workers activates our empathetic connection with others. What makes these occupational stressors important to our awareness is how effectively they compromise the integrity and ability to empathize.

As care professionals, our psychological and physical health waivers on how well we balance our empathic connection with others, while sustaining the intense and accumulated impact of stressful experiences involved in this work. A recent study reported over 60% of professional social workers are negatively impacted as a result of these occupational stressors (Kim, Ji, & Kao, 2011). Unhealthy responses to these stressors such as empathetic shutting down, smoking, self-medicating, depression, anxiety, among others, can lead to psychological, physical, spiritual distress with grave consequences (Kim, Ji, & Kao, 2011).
Social workers will most likely encounter one if not all of these occupational stressors in their professional experience. Given the consequential negative impacts associated with these stressors, the professional field of social worker is challenged with finding ways in which to cultivate sustainable wellness within professional practice. A critical step towards healthy practice is the gift of collective knowledge to our next generations of social workers. Education and awareness offers preventative action aimed at mitigating the negative impact of occupational stressors associated with social work practice.

As caring professionals, social workers have an important voice in bringing change in our society that focuses on awareness and solutions that buffer the impact of these occupational hazards. By addressing these occupational stressors throughout the academic experience of current social work students, educational institutions break down the cultural taboo surrounding these issues, and contribute to the collective wellness of our profession.

Purpose

The purpose of this project is to foster awareness for Humboldt State University (HSU) current Bachelor of Social Work (BASW) students around the occupational stressors of professional social work practice. A workshop presentation was offered to BSW students that introduced and identified common occupational stressors social worker professionals face: Burnout, Secondary Trauma, Vicarious Trauma, and Compassion Fatigue.
In addition, the purpose of this project was to provide students with a clear understanding of how to operationalize self-care practice from an informed approach. Personal cultivation of self-care action will allow students to develop skillsets that serve to buffer the negative impact of these stressors, and help promote sustainable wellness in professional practice.

Project Aims

This project aims to bridge the gap between academic social work learning and professional social work challenges through awareness and action. This project further aims, to fill in a critically missing piece of the HSU’s BASW curriculum in guiding students to operationalize Self-Care practice with an emphasis on Self-Assessment, Self-Regulation, and Self-Efficiency (Jackson, 2014). This project aims to highlight the significant ethical responsibility organizations such as Humboldt State University, have in cultivating a foundation for social work students regarding sustainable wellness in future professional practice. This workshop focuses on an approach to bring about a conversation regarding the importance of self-reflection to support and sustain wellness in professional practice, with great focus on operationalizing individual self-care practice for future social workers.
Project Approach

For my project, I conducted a workshop aimed at promoting awareness to the occupational stressors: Burnout (BO), Secondary Trauma (ST), Vicarious Trauma (VT), Compassion Fatigue (CF) as a proactive step towards fostering sustainable wellness in professional practice for future social workers.

Anticipated Outcomes

This project has the following anticipations:

- Promotion of a strong knowledge base of the psychological and physical effects brought about by the occupational stressors of social work practice.
- Participants will have an informed foundation to build upon for development of skill sets that will serve to buffer the negative impact of occupational stressors.
- Students will be able to move forward with operationalizing self-care practice as a means to wellness and sustainability in professional practice

Project Assumptions

This project has the following assumptions:

- There will be willing participants attending the workshop and completing the pre- and post-questionnaires.
- There will be an available venue for the workshop presentation.
• After the workshop, students will be able to define and identify occupational hazards of caring professionals.

• Students will appreciate the value of operationalizing self-care practice as a preventative measure for sustainable wellness in professional social work practice.

• Occupational hazards will continue to exist in social work practice.

Significance

This project is significant for social work students in aiding in the cultivation of self-management skills that promote sustainable wellness in professional practice. BO, ST, VT, and CF are common occupational stressors in social work practice, and not a professional or personal weakness. This project synthesizes research correlating these occupational stressors with the psychological & physical well being of social work practitioners. The significance also includes reasons for a high turnover rate in the social work profession.
Review of Literature

Purpose

As caring professionals, social workers are often exposed to the traumatic experiences of their clients on a regular basis. Gradually, the helping field has begun to recognize some profound and negative impacts cumulative exposure to these experiences can have on the caring professional. Finley (1995), a leading trauma Specialist, was the first to coin the phrase, ‘The Cost of Caring’, when referring to the prolonged and repeated exposure to the traumatic experiences of others. This exposure changes us on a fundamental level that carries with it both reward and consequence (Mathieu, 2012, p. 1). These consequences are reflected in our mental and physical health, our relationships on personal and professional levels, and through the paradigm of which we view the world and ourselves (Mathieu, 2012, p. 2).

Research suggests, that by sending ill prepared social workers out into the field with a lack of awareness and appropriate self-care skills regarding these issues, we are helping to perpetuate the negative impact of occupational stressors of social work practice. Identifying the roots of key occupational stressors of social work professional practice is critical to buffering the negative impact they carry.
Occupational Stressors

Burnout (BO), is an emotional and physical exhaustion of a worker’s experience when they have an overall sense of low job satisfaction, powerless, and overwhelming job experience (Mathieu, 2012, p. 10). Burnout is often a precursor to more impactful stressors, and it can be dismissed as a non-serious lack of energy and motivation for work. Yet it is a breeding ground for cynicism that leaves social workers vulnerable to other occupational stressors, resulting in negative consequences.

Secondary Trauma Stress (STS) can be defined as our response as care professionals in symptomatic reaction, to the traumatic experiences of others (Wang, Stroskey, & Fletes, 2014). Compassion Fatigue (CF), is defined as the “gradual erosion of all the things that keep us conned to others in our caregiver role,” empathy, hope, and compassion for others and ourselves (Mathieu, 2012, p. 14). Finally, the term Vicarious Trauma (VT) is the cumulative process, of which the consequence of knowing of awareness or knowing the traumatic stories of others. A “profound shift that workers experience in their world view when they work with clients who have experienced trauma” (Mathieu, 2012, p.14).

A common coping mechanism within the care professional model is an engagement of protective measures to avoid psychological and physiological distress or harm, such as: self-medication, isolation, overworking, and others. Some of the most common STS symptoms are recognized as detachment from the empathetic nature of work with others. This symptom parallels those of Post-Traumatic Stress Disorder
(PTSD) for the caring professionals. The negative impact of STS can compromise not only the psychological and physical health of the care professional but also the quality of service provided to clients (Mathieu, 2012, p. 14).

Wang, Stroskey, & Fletes found similarities among stressors to include the three core intrusive factors of “re-experiencing of the primary survivor's traumatic event, persistent arousal, and the avoidance of reminders of the traumatic event” (Wang, Stroskey, & Fletes, 2014, p. 281). Additional symptoms include the inability to empathize or manifest an emotional connection with client as a consequence to prolonged and constant exposure of clients’ experiences of pain, suffering, and fear (Wang, Stroskey, & Fletes, 2014).

Current research suggests a direct correlation of psychosocial health and well being of caring professional and their constant exposure to the pain and suffering of others. Additional research is needed regarding this area of concern to further develop the theoretical conceptualization of the ill effects occupational stressors have on caring professionals (Sabo, 2011). However, there is growing empirical evidence supporting the necessary and essential step for social workers to actively engage in interventions and practices that support wellness and sustainability for both the psychological and physical health; Self-Care (Sabo, 2011).

In 2007, a study found that 40.5 percent of Social Workers reported experiencing the negative impact of STS resulting from the accumulated encounters working with traumatized clients (Bride, 2007). Empirical evidence further suggests, that the prolonged and indirect exposure to client’s traumatic experiences combined with
common social work risk factors, such as: increased caseloads, limited resources, intense severity of client needs, lack of organizational support, proper supervision, training, and lack of experience further perpetuate the harmful effects of STS, CF, and VT (Wang, Stroskey, & Fletes, 2014).

Physiological Response

On a physiological level, we know that our bodies are designed to respond to stress on a biological level in what is commonly known as the “Fight or Flight” mode. When you perceive a threat, like encountering a bear in the wilderness, a small area in your brain called the hypothalamus sends a message throughout your body of alarm. This alarm signal cues the release of hormones from your adrenal glands called adrenaline and cortisol to alert your body of the perceived threat (Mayo Clinic Staff, 2014).

Adrenaline elevates the heart rate, blood pressure, and energy to increase alertness. Cortisol, the main stress hormone, silences areas of the body functions that are not needed during this stage of alarm, such as: tiredness, hunger, reproduction, and growth. Cortisol simultaneously elevates and circulates high glucose levels throughout the body, while altering hormones in our brain for the purposes of mood control, such as fear. This series of events is naturally and automatically triggered by the body as a means to motivate a mode of survival (Mayo Clinic Staff, 2014). When the perceived threat is no longer present, the body naturally drops the levels of cortisol and adrenaline,
allowing for normal body hormone activity. This process has been referred to as the “Relaxation Response” (Accreditation HealthCare Commission, 2013).

However, when the body remains sustained in a stressful state for a long period of time, the levels of cortisol and adrenaline remain present and elevated. The continued elevated presence of stress hormones have been linked to: cardiovascular disease, diabetes, cancer, compromised and weakened immune systems, digestive problems, anxiety, weight gain, depression, memory impairment, sleep disorders, and many others. (Mayo Clinic Staff, 2014; Randall, 2010).

Empirical evidence has come forth over the past decade regarding the prevalent exposure to chronic stress in the social work profession (Kim, Ji, & Kao, 2011). The heavy empathic demands of social work combined occupational stressors, such as: lack of resources, funding, high turnover, staff shortages, poor supervision, increased paperwork, among others, have been directly correlated to the psychological and physical distress of social workers. Poor management of chronic stress can lead to a number of serious health issues, including behaviors that heighten the negative impact of chronic stress, such as: overeating, smoking, substance abuse, and self-medicating (Kim, Ji, & Kao, 2011). Society as a whole has an ethical responsibility to help bring about awareness of these issues and cultivate strategies to buffer the negative impact of common occupational stressors in the lives of caring professionals, such as, law enforcement officers, emergency respondents, firefighters, therapists, etc.
Ethical Responsibility

Harrison and Westwood (2009), suggest that there is an ethical responsibility to address the very real concerns of STS, CF, and VT not only for care professionals on a micro individual level, but also in context of mezzo organizational, and macro societal levels as well (Wang, Stroskey, & Fletes, 2014). By devoting time and considerable attention to promoting awareness of these challenges, we can buffer and or weaken the impact of negative consequences that are commonly present in the field of Social Work (Thoits, 2010). Recent studies suggests an effective way to combat the negative effects of STS, CF, VT, and other occupational stressors of social work, is for the care professional to have a keen understanding of self-awareness. That is, a clear understanding of ones body, past traumas, stress history, personal expectations, needs, and fulfillment as a way to identify triggers that may arise in our work with others (Sabo, 2011).

The National Association of Social Workers (NASW) directly address this issue in the following sections of their Code of Ethics:

4.05 Impairment
(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others (NASW, 2006, n.p.).
The NASW’s Code of Ethics specifically charges professional social workers in this section to seek help if they find that their personal issues cause impairment to an ethically sound job performance. This crucial step is to prevent social workers and their clients from being subjected to unnecessary and/or damaging consequences of such impairment (Wharton, 2008).

The NASW’s Code of Ethics goes further as seen in 2.09 “Impairment of Colleagues:”

(a) Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations (NASW, 2006, n.p.)

This section of the NASW Code of Ethics demonstrates the imperative nature of the ethical obligation social workers have to address any personal factors that may deteriorate the quality of service and performance we are bound to uphold. Section 3.07 “Administration,” directs to the mezzo level of agency and organization responsibility to provide adequate staff and supervision. Again, in section 3.08 “Continuing Education and Staff Development,” we find there are specific roles agencies have in arranging and providing adequate opportunity, time, and space for grounding ethical development in professional social work practice (Wharton, 2008).

In addition to the NASW’s code of ethics, our society has an ethical responsibility to bring about awareness around the negative implications of social work stressors. As
discussed earlier, the psychological and physical negative impact chronic social work stressors have on professionals can lead to number of issues. Studies have found a correlation of chronic stress and health of social workers to result in a domino effect that negatively impacts society on a mezzo and macro levels. For example, “lost workdays, diminished job effectiveness, permanent disabilities, and increased compensation for sick leave” (Kim, Ji, & Kao, 2011 p. 3) effectively drain limited resources on both organizational and community levels.

Self-Care

Social worker Self-Care Practice has been referred to in a recent article as “The Overlooked Core Competency” (Jackson, 2014). Jackson (2014) outlines the critical importance for awareness around the challenges social workers face, and the engagement of self-care practice stating, “The cost of self-neglect is high and ranges from nagging stress that can erode health and well-being to compassion fatigue to job burnout so crippling that individuals may walk away from their chosen profession” (Jackson, 2014, p. 14).

Recent research development highlights the importance of self-care practices as a preventative measure to ensure sustainable wellness for social workers. Yet, the social work field is still struggling with the ambiguity of self-care education for social work students. Fledgling social workers are expected to have the wherewithal to maintain wellness in a highly stressful occupation with little to no training on how to develop self-
care skill sets. The ability to repair or heal from the negative impacts of occupational stressors in healthy ways is imperative for a profession that operates in the realm of empathy and compassionate service to others (Cox & Steiner, 2013).

The idea of self-care practice has a long history in a number of caring professions. In relationship to social work, self-care practice has traditionally taken an individual choice such as a free-fall approach rather than one built from collective experience and knowledge. Jackson notes that California State University Chico professors Kathy Cox, PhD and Sue Steiner, PhD, have focused their efforts on building a culture around the practice of self-care for their students. Cox and Steiner have pioneered a curriculum around a number of assessment tools and resources that help students promote self-care in preparation for professional practice (Jackson, 2014).

Cox and Steiner illustrate how imperative it is that social work educational programs cultivate a culture around the importance of self-care coping strategies, the need of appropriate supervision, continued education, and supportive professional peer groups for future social workers. Operationalizing self-care practices is one of the greatest protective measures against these common occupational stressors. As such, self-care practice should be implemented into social work curriculum as an invaluable tool of professional practice.
Method

Overview

Studies show that social workers providing supportive care to traumatized individuals can offer both rewarding fulfillment and psychological consequence. Common occupational stressors can result in caring professionals poorly managing their behaviors and emotions as a way to combat the negative impact these consequences. In providing coping strategies for the emotional and physical well-being of future BASW students, universities such as HSU, help to cultivate cognitive management skills that will serve to support sustainable wellness for them in professional practice (Adams, Boscarino, & Figley, 2006).

According to the U.S Department of Labor, Bureau of Labor Statistics (2014) the caring profession of social work is estimated to grow as much as 23 percent by the year 2022, due to the growing aging population, and returning war veterans. It is imperative that academic organizations prepare future social work students for the occupational stressors of caring professionals in practice.

My project aims to meet this need by offering a workshop designed to inform current HSU BASW students of the occupational stressors of BO, SF, CF, and VT. I presented this workshop to assist students in developing a strong knowledge base of, while providing supportive strategies and interventions that will help operational self-care practice.
Participants

The participants for this workshop consisted of 23 Humboldt State BASW students, during an one-time, 2-hour long, on February 24, 2015. The participant’s ages range from approximately 18 – 50 years old. The gender of the participants was both male and female. Participants were in their final year of the BASW program, expected to graduate in May 2015. The workshop lasted approximately 90 minutes, leaving approximately 30 minutes for questions at the end.

Voluntary participants were extended an oral invitation for their participation on December 02, 2014, during a 15-minute classroom presentation. Potential participants were provided with an overview of the project including the Informed Consent process and the questionnaires for data collection to be used as the measurable instrument for the project. The questionnaire contained 8 questions, with an estimated 10 minutes to complete.

Project Design

The design of this project stems from the ethical need to bring awareness of the occupational stressors associated with social work practice to undergraduate students. The purpose of this design is to assist students in operationalizing self-care practices as a means to buffer the negative impact associated with common occupational stressors. A one-time workshop was offered to HSU BASW students on February 24,
2015. This project has a quantitative and qualitative narrative design, using pre- and post-workshop questionnaires as a measurable instrument.

Data Collection

All participants were presented with a written Informed Consent Form (see Appendix A) and signatures were obtained before any data could be used in this project. Pre- and Post- Workshop questions (see Appendices B & C) were presented to participants both in written form and online survey, as a measurable means of qualitative data collection. Both Constant Comparative Method and Ethnographic Data Analysis were used in the qualitative data collection for this project.

The focus of this data collection was to determine: whether or not students felt the SW academic curriculum at HSU had provided them with a full understanding of self-care practice, how capable students felt they would be able to sustain wellness in professional practice, and if they felt a greater emphasis in the HSU undergraduate Social Work curriculum was needed to further support student skill cultivation of sustainable wellness in professional practice.
Figure 1. Finding Balance in Professional Practice.
Results

Pre-Workshop Questionnaire Results

The results of data collected in the pre-workshop questionnaire shows that all 23 participants were familiar with the term Burnout (BO), 14 participants were familiar with the term Secondary Trauma (ST), 12 participants were familiar with the term Compassion Fatigue (CF) and 4 were familiar with the term Vicarious Trauma (VT). Out of the 23 participants, 4 were familiar with all four occupational stressor terms of BO, ST, VT, and CF.

Identifying participant understanding of self-care had mixed results due to the lack of consistency in answering the question. Eight participants did not enter a response to this question, 10 participants felt self-care was around engagement of an activity, three participants identified self-care as having one’s needs met, one participant identified it as know specific techniques, and 1 student identified self-care as knowing oneself.

Prior to the workshop participants rated their self-care plan on likert scale of 1 to 5, with 1 being poor/no plan and 5 being well/a plan in place. 10 participants rated their self-care plans with a 3, five participants rated themselves with a 4, three participants rated themselves with a 5, three participants rated themselves with a 1, and two participants rated themselves with a 2.

All 23 participants had multiple answers for whom they consulted for professional support. The finding were as follows: five students reported consulting their supervisors, six students reported consulting instructors, four students reported consulting their
professional peers, four participants reported consulting doctors or therapists, and three students report consulting their family or friends. The primary investigator chose not to include the pre-workshop question of which participants consulted for personal support, citing it as an irrelevant variable for the purposes of the project.

Pre-workshop results showed that seventeen out of the 23 participants stated that finding balance as a social work professional was a concern of theirs, three stated that it was not a concern of theirs, and two participants stated they were concerned a little.

Post-Workshop Questionnaire Results

Out of the 23 participants, 21 filled out the post-workshop questionnaire. The findings were as follows:

Of all participants, 21 participants were familiar with the terms BO and ST, 20 participants stated being familiar with CF, and 19 participants stated being familiar with VT. Participants rated their self-care plan on likert scale of 1 to 5, with 1 being poor/no plan and 5 being well/a plan in place, 10 participants rated their self-care plans with a 3, six participants rated themselves with a 4, four participants rated themselves with a 5, one participant rated themselves with a 1, and 0 participants rated themselves with a 2.

From the participants, 11 out of 21 responding participants indicated that the workshop influenced whom they would go to for future professional support. Of the group, 100% of responding participants found the workshop to be helpful in assisting them with the development of their self-care plans.
The data findings for this project reflect an inconsistency of how participants define self-care practice, pre-workshop experience. Findings also conclude that the majority of participants (pre-workshop presentation) were unfamiliar with 3 out of 4 common occupational stressors of social work practice (i.e. ST, CF, & VT).
Discussion

Implications

The implications of data collected for this project identify areas of participant concern around sustainable wellness in future professional practice. The lack of student awareness around common occupational stressors of social work practice represents a significant oversight on the part of the Social Work department to properly prepare future social work professionals based on the participant responses. The unanimous consensus of workshop participants is for the HSU SW department to further support students in a more focused approach of self-care practice within the academic curriculum of the program.

Data from this project shows that over 60% (n= 17) of participants are concerned with finding a balance in professional social work practice. In other words, over half of the graduating BASW students who participated in this project, are concerned with their ability to successfully manage challenges of this profession. This finding further supports the call for the HSU Social Work department to take on a more formal commitment to the cultivation of student academic and professional success through curriculum.

If academic institutions directly address the importance of self-care practice and common occupational stressors for students, the more likely it will be for future social workers to properly identify, prevent, and mitigate the negative impacts of occupational
stressors. Thus, supporting the wellness of not only students, but also the social work profession as a whole.

Ethical Considerations

For this project, I am presenting the following ethical considerations:

1. Influential findings regarding the negative impact of occupational stressors as new studies are conducted regarding BO, VT, ST, and CF.

2. The audience privy to this workshop is limited to only two thirds of the current Humboldt State University BASW, Senior students during the Spring ‘15 semester. As such, the data collected for this project was limited to only the participants, not representing the entire senior 2015 BASW cohort.

3. Data was not collected from the majority of current HSU Social Work students, both BASW students and Master’s of Social Work (MSW) students. Therefore, the data collected in this project is not a full representation of the entire and current HSU Social Work student body.

4. Information presented for the purposes of this project has been considered through a Western paradigm, not considering its impact on tribal communities and their members.

5. Social Work department faculty and staff were not used as a resource for data collection (i.e. individual teaching plans, lectures, syllabi, classroom observation, etc.).
6. As a former on campus BASW student, the Primary Investigator is subject to bias of previous department curriculum and instruction student support on how to operationalize self-care practice.

Sustainability Plan

As a means of sustainability, I grant the HSU Social Work department use of the PowerPoint presentation used for the workshop presented in the Spring 2015. I have also included a detailed agenda of the workshop for the department, to be used with the manuscript for further curriculum development. In addition, I have offered two additional class presentations for HSU instructors who asked me to present to their social work students in the Spring 2015 semester.

Table 1. Sustainability Two Year Plan

<table>
<thead>
<tr>
<th>Component/Method</th>
<th>Action Steps</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Needs Assessment</td>
<td>HSU SW Staff review of Project findings and materials.</td>
<td>Summer 2014</td>
</tr>
<tr>
<td></td>
<td>Discuss Possible Implementation of relevant curriculum material. For list of potential texts and articles see Appendix</td>
<td>Summer 2014</td>
</tr>
<tr>
<td>Planning of Curriculum</td>
<td>Begin with a test workshop added to the undergraduate and graduate academic calendar. Solidify resource materials and workshop presenter.</td>
<td>Summer 2014</td>
</tr>
<tr>
<td>Component/Method</td>
<td>Action Steps</td>
<td>Timeline</td>
</tr>
<tr>
<td>--------------------------</td>
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<td>-------------------</td>
</tr>
<tr>
<td>SW Dept. Implementation</td>
<td>Present workshop to students</td>
<td>Fall Semester 2014</td>
</tr>
<tr>
<td>SW Dept. Review</td>
<td>SW dept. to review feedback from students around the pros/cons of the workshop</td>
<td>Fall Semester 2014</td>
</tr>
<tr>
<td>SW Community Discussion</td>
<td>Form a committee to discuss how material would best serve the sustainable wellness for students in future practice (workshop or semester course)</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>SW Dept. Curriculum Design</td>
<td>Implement community feedback; solidify resource materials for course curriculum. Enroll students into course</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Course Implementation</td>
<td>Present course as part of the curriculum for undergraduate and graduate students</td>
<td>Spring 2016</td>
</tr>
<tr>
<td>SW Community Review</td>
<td>Review feedback from staff and students regarding the effectiveness of course. Move forward with continued emphasis of personal self-care practice, and awareness education that best suites the needs of the community.</td>
<td>Spring/Summer 2016</td>
</tr>
<tr>
<td>SW Dept.</td>
<td>Permanent this course in the curriculum of all department students.</td>
<td>Ongoing</td>
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**Project Limitations**

Limitations for this project include the availability of the workshop given by the primary investigator to only take place at the date and times agreed upon by the primary investigator and department of Social Work at HSU. There were financial restraints.
obtaining relevant peer reviewed articles, which may have influenced the presentation of material.

Also, the parameters of this project did not include the entire senior cohort, foundation year BASW students, MSW students, Distance Learning (DL) students, or students from other disciplines who may have taken HSU BASW courses. As such, this project does not represent the entirety of the HSU SW student body.

The primary investigator (due to the guidelines of the Informed Consent) could not require participation feedback. Therefore, the full scale of data was not collected or recorded for the purposes of this project. For example, participants had the right not to complete pre or post questionnaires. As a result, only 21 out of 23 participants completed the post-questionnaire.

Lastly, certain faculty members and administration may currently be supporting student cultivation of self-care practice. The data in the project did not include syllabi or faculty interview to verify that forms of self-care instruction was entirely absent from the curriculum.

Summary

One of the most defining elements of social work practice is the facilitation of change and intervention that strengthens and supports individuals in achieving their goals. This element of social work practice is honored in a section of the HSU SW Department’s Vision statement noting that, “The relational quality between students and
faculty reflects a mutual learning and educational process. The faculty is dedicated to the well being of the social work students based on caring and compassion” (Humboldt State University Department of Social Work, n.d.).

The data collected for the purposes of this project, highlights a potential need of HSU BASW’s students to be supported in their academic development around these issues. A curriculum that specifically focuses on student awareness of common occupational stressors and how to operationalize self-care practice has the potential of cultivating sustainable wellness for students venturing into professional practice.
References


Interpersonal Functioning Among Mental Health Therapists. *Journal of interpersonal violence*, 29(8), 1477-1496.


Appendix A: Informed Consent Form

PURPOSE AND BENEFITS: The purpose of the study is to learn more from you about your perceptions of, and participation in, classroom discussions about controversial/sensitive topics. The information gathered from the study will provide useful information to instructors who wish to be more effective with their use of discussion teaching and to the university regarding areas we may improve upon.

PROCEDURES:  If voluntary consent is given, you will complete be given a questionnaire (approx. 5 questions) to complete before and after the workshop. You may refuse to answer any question or choose to not complete the questionnaire at any time. Personal or sensitive questions will NOT be asked. No service of any kind will be lost or jeopardized if you choose to not participate in the study.  No risks are anticipated.

CONFIDENTIALITY: The information received by the participants and any identifying data will remain confidential. The responsible investigator and research team will be the only ones with access to the data. Anonymous direct quotations will be used in the findings. The participants’ identities will not be connected with the data in reporting any of the findings.

You understand that the Investigator will answer any questions you may have concerning the investigation or the procedures at any time. You also understand that your participation in any study is entirely voluntary and that you may decline to enter this study or may withdraw from it at any time without jeopardy. You understand that the investigator may terminate your participation in the study at any time. Original information gathered at the workshop will be used for PI manuscript, which will be available to the public through the HSU library.

If you have any concerns regarding this project, or any dissatisfaction with any part of this study, you may contact the IRB Chair, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545. If you have questions regarding your rights as a participant, you may report them to the IRB Institutional Official at HSU, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169.

Please print this informed consent form now and retain it for your future reference. If you agree to voluntarily participate in this research as described, please click on the consent option below and continue with the survey. Thank you for your participation in this research.

Contact information:
Larissa Krause, HSU Primary Investigator, lam104@humboldt.edu
I have read and understand the information provided and agree to participate in the following Project.

Name  Date
Appendix B: Participant Pre–Questions

1. Are you familiar with any of the following terms? (circle all that apply)
   - Burnout
   - Secondary Trauma
   - Vicarious Trauma
   - Compassion Fatigue

2. On a scale of 1 to 5, how would you rate your self-care plan? (1 = not well, I don’t have one. 5 = well, I have one in place).

3. Who do you go to for personal support?

4. Who do you go to for professional support?

5. Is finding balance of personal and professional life as a Social Work professional a concern of yours? (Please circle your answer).
   - Yes
   - A little
   - No
Appendix C: Post Questions:

1. How do you define self-care?

2. Are you familiar with any of the following terms?  
   (Circle all that apply)
   Burnout        Secondary Trauma   Vicarious Trauma   Compassion Fatigue

3. On a scale from 1 to 5 how would you rate your self-care plan?  
   1= not well, I don’t have a plan.  3= a good idea  5= well, I have a plan

4. After participating in the workshop, do you have new strategic approaches to self-care practice?

5. Did the workshop influence whom you go to for support personally?  
   (Circle your response)
   Yes         No

6. Did the workshop influence whom you go to for support professionally?  
   (Circle your response)
   Yes         No

7. Did you find this workshop helpful in assisting you with a plan for self care?  
   (Circle your response)
   Yes         No

8. Would you like to see more of this material in the HSU Social Work curriculum?  
   (Any additional feedback is welcome here)
Appendix D: Workshop Agenda

Workshop Agenda: Awareness and Wellness Around the Challenges Social Workers Face: An Informative Approach to Self-Care

I. Getting Started Together
   Introduction
   Point B, a poem by Sarah Kay
   Discussion

II. Ethical Responsibility
   NASW Code of Ethics
   Personal Ethical Responsibility
   Primary Trauma

II. Naming it
   Definitions: Burnout, Vicarious Trauma, Secondary Trauma, and Compassion Fatigue.
   Neuroscience and physiological aspects of stress (Hormones, neural pathways, bodies physical response).

**** 5-10 Minute BREAK (Hot Chocolate, and Tea FOOD will be provided) *****

Self-Care Practice
Self-Assessment, Self-Regulation, Self-Efficiency/Alignment
Strategies and Interventions
Closing Activity
Questions/Discussion