

Self-care and Professional Ethics

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Outline

- Self-care as an ethical principle within helping professions
 - What is self-care?
 - Professional code of ethics; NASW
 - Self-care assessment
 - Strategies to implement Self care
 - Our responsibility as social workers to ourselves and our colleagues
 - Trauma Responsiveness
 - Trauma Informed Organization

Objectives

- Understand Self-care as an ethical principle
- Learn strategies to commit to self-care
- Learn strategies to bring self-care into the work place and to consult with colleagues
- Discuss Trauma History/ACES Study
- Recognize Organizational Trauma Informed Care strategies to address self-care as an ethical responsibility

Principles/Standards of Professional Ethics

National Association of School Psychologists: “Self-monitoring and Peer Monitoring”

National Association of Social Workers:
“Impairment of Colleagues”

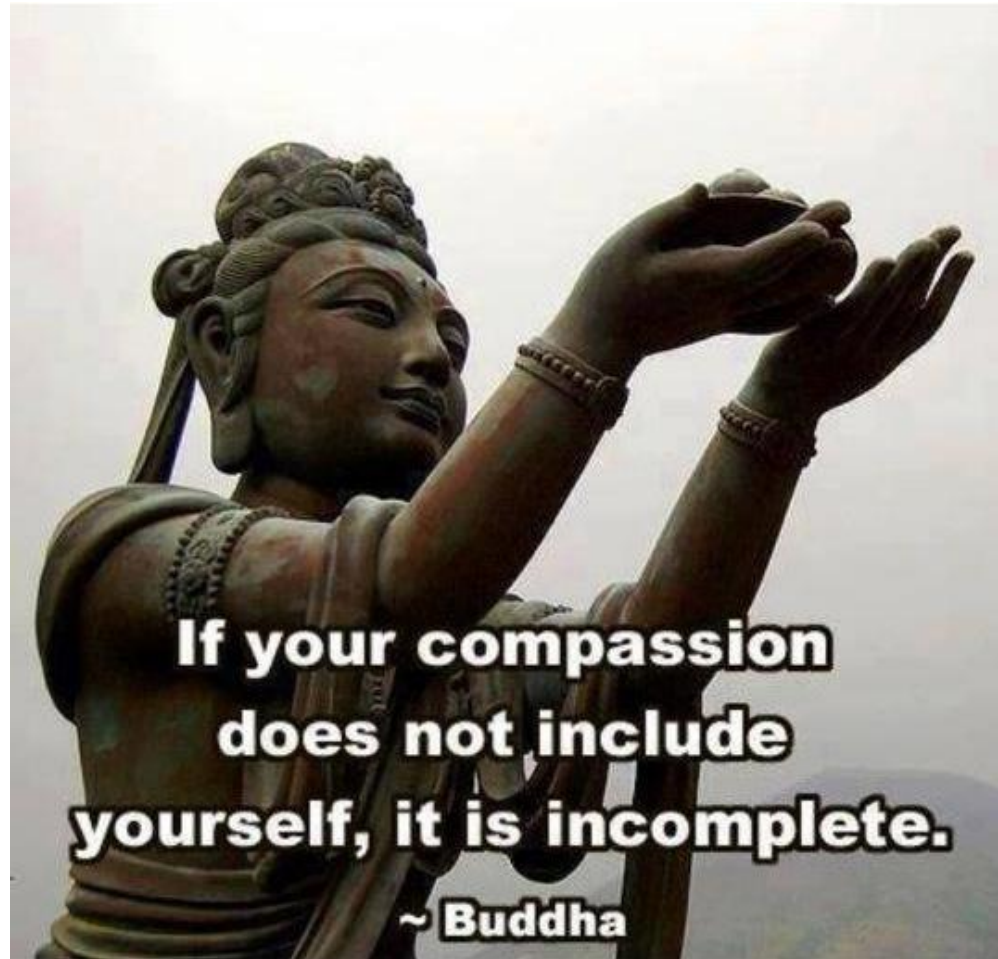
American Nurses Association:
“Addressing Impaired Practice”

American Psychological Association
“Avoiding Harm”

Social Work

Code of Ethics (NASW website)

- **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



Why Self-care?

Burnout

Providing self care for yourself and helping a colleague maintain professional standards must become reality

Workers on the frontline and workers that have been committed to the profession

People don't get the help they need.

- First Responders
- Vicarious Trauma

- Lets Play Family Feud!

<http://www.youtube.com/watch?v=5RxX72u3WCc>

Top 5 ways self/colleague(s) demonstrate impairment

(Cox & Steiner, 2013)

- Not observing your limits
- Loss of interest/motivation
- Excessive use of alcohol/Under the influence
- Drug use
- Uncaring/Numb/Staying in job anyway

- Lets Play Family Feud!

<http://www.youtube.com/watch?v=5RxX72u3WCc>

Top 5 Ways to Practice Self-Care

- Eating right
- Exercise
- Positive Sleep habits
- Stretching
- Establishing clear boundaries between work and home

(Cox & Steiner, 2013, p. 33-37)

Partner Interview

Self Care Assessment

Adapted from Saakvitne, Pearlman, &
Staff of TSI/CAAP (1996).
Transforming the pain: A workbook on
vicarious traumatization. Norton

http://www.socialwork.buffalo.edu/students/self-care/documents/plan/Self-Care_Assessment.pdf

Self-Care Assessment

- Are you more active in some areas of self-care?
- Any patterns in your self-care that surprise you?
- Do you ignore some areas of self-care?
- Is there any type of self-care you would like to include but just haven't gotten around to it?

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the pain: A workbook on vicarious traumatization. Norton

Strategies to implement self care

- Review calendar and identify small amounts of time each week
- Record the activity on your calendar and make a deal with yourself or for one month
- At the end of the month, observe any effects on physical, emotional , or professional functioning, slept better? Calmer? Less irritable?
- What got in the way of self care?

(Cox & Steiner, 2013, p.41)

Self-care specific to Mental Health Practice



1. Start the day with a list of work to be achieved
2. Prioritize
3. Organize based on emotional intensity- breaking up those tasks.
 - a. Looks differently for everyone
 - b. Be aware of your trends and patterns
 - c. Make necessary changes- practice maintenance

Workforce Studies

- 19 % of licensed social workers were no longer practicing within the profession¹
- 30 % social workers did not plan to remain in their current position over the next two years¹
- and of those 30%, nearly 5% plan to leave the profession for other work¹
- 59.6% of mental health professionals acknowledge “working when too distressed to be effective”²

¹Whitaker, Weismiller, & Clark, 2006, retrieved from Center for Workforce Studies at NASW, <http://workforce.socialworkers.org/studies/natstudy.asp>

²Norcross & Barnett, 2008, retrieved from National Register of Health Service Psychologists, http://www.nationalregister.org/trr_spring08_norcross.html

Self-care by Profession

- Psychologists and Mental health workers prefer leisure activities, taking a vacation, or socializing with friends or family. (Pearlman, 1999, as cited in Cox & Steiner, p. 32)
- Psychology interns prefer family and friend support, pleasurable experiences, and humor (Turner & Colleagues, 2005, as cited in Cox & Steiner, p. 32)
- Clinicians working with trauma survivors having a reasonably sized caseload, regular supervision, and supportive work environment processing with peers, having a social network being optimistic and developing self-awareness (Killian, 2008, as cited in Cox & Steiner, p. 32)

- The Social Work Code of Ethics requires us to consult with our colleague who we think may be providing impaired care when feasible and assist them in taking remedial action.

What does this look like? Has anyone ever experienced this before?

ACES Study and Trauma History

- Adverse Childhood Experience Study
- Collaboration b/t CDC and Kaiser Permanente
- Revealed a powerful relationship b/t our emotional experiences as children and our physical/mental health
 - Leading to major causes of adult mortality
- Findings:
 - 1 in 4 exposed to 2 categories of ACE
 - 22% were sexually abused
 - Women are 50% more likely than men to experience 5 or more ACEs

Adverse Childhood Experience (ACE) Questionnaire

- This questionnaire was used to survey the 17,000 participants
- Will help provide some insight into how an adverse childhood experience is defined.
- Your ACE number may surprise you
- Remember it is the accumulation of these experiences that make a difference. The higher the number of ACEs the more likely behavioral health and physical health problems.

Vicarious Trauma

- Also called Secondary Trauma and/or Compassion Fatigue
 - Not direct trauma
 - Caused by second hand exposure
 - Accrual of exposure to other's trauma



Impact on Agencies/Organizations

- Emotional reactions can cause conflict over job assignments and professional limits
- Decreases productivity
- Loss of staff due to sick time and/or high turnover
- Reduced commitment to the organization
- Difficult to manage change
 - Being overwhelmed causes us to use primitive part of the brain

Impaired Organization

What does this look like? (Cox & Steiner, 2013)

- Lack of role clarification
- Lack of staff support
- Low morale on employee reward committee
- No accountability
- Punitive
- Uncaring/Numb
- High Turnover rate

Organizations can be Trauma Informed

- **Organizational Level**

- Leaders need to ask what the agency, program or setting can do to support staff
- Provide trauma informed opportunities to discuss and debrief about work related stressors
- Mental health benefits
- Variety of case load

- **Professional Level**

- Staff and supervisors to enhance work related strengths
- Allowing employees to take off work
- Continued training on new skills

- **Personal Level**

- Self Care

Self-Care & Organizational Self-Care Toolbox



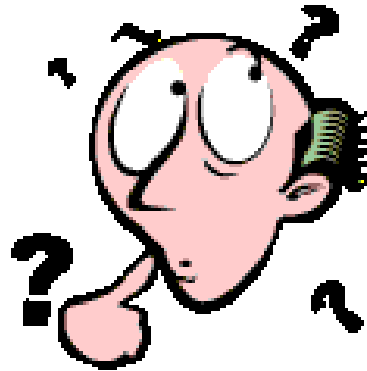
- Examples of items for a self-care kit
- Conversations starters
 - Colleagues
 - Organization
 - Practitioner assessment
 - Self-Assessment of self-care
 - ACES Questionnaire
 - Professional code of ethics for multiple professions
- Certificate of commitment to self-care



Feedback/Survey

- ✓ Please complete survey and provide your email address.
- ✓ Check the box if interested in learning more

Questions



References

- Brys, Shannon, “Professionals must take their own advice to avoid burnout”. Common responses adapted from September 9, 2013 from online blog.
- Cox, K. and Steiner, S. (2013). *Self-Care in Social Work, A Guide for Practitioners, Supervisors, and Administrators*. Washington, DC: NASW Press.
- Hansung Kim, PHD, & Madeleine Stoner, PHD, Administration in Social Work, Volume 32, Issue 3, 2008. Burnout and Turnover Intention Among Social Workers: Effects of Role Stress, Job Autonomy and Social Support. pages 5-25. Published online October 12 2008. Retrieved August 30, 2013.
- Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the pain: A workbook on vicarious traumatization.
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<http://www.socialworkers.org/pubs/code/default.asp>
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http://www.nasponline.org/standards/2010standards/1_%20Ethical%20Principles.pdf
- American Nurses Association Code of Ethics retrieved on 8-23-2013 from
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses.aspx>
- American Psychological Association Code of Ethics retrieved on 8-23-2013 from <http://www.apa.org/ethics/code/index.aspx>
- Norcross & Barnett, 2008, retrieved on 12-31-13 from National Register of Health Service Psychologists,
http://www.nationalregister.org/trr_spring08_norcross.html

Handouts

- http://www.leadership.umn.edu/news/documents/Gold_ResiliencyInventory.pdf = Skovholt Practitioner Resiliency and Self-Care Inventory
- http://proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf = Professional Quality of Life Scale
- http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf = ACE Score Calculator, Add up the points for a Score of 0 to 10. The higher the score, the greater the exposure, and therefore the greater the risk of negative consequences.
- [Self-care assessment.docx \(32 KB\)](#);