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Social Worker Self-Care — The Overlooked Core Competency

By Kate Jackson

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Sometimes the last person social workers nurture is themselves. This neglect undermines healthy social work practice but can be corrected if clinicians not only pay attention to client care but also to self-care.



Ask 10 people if they do enough to take care of themselves, and there's a good chance most will give you a handful of reasons why they don't. And if you ask the same question of 10 social workers, it's likely that an equal number will give you similar excuses. The difference is that the social workers are trained to know better.

While they'd certainly advise their clients to tend to their own needs and recognize the consequences of failing to do so, social workers frequently neglect to counsel themselves about self-care or heed the signs and symptoms of the hazards associated with their professional practices. The cost of that 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.

The need to engage in self-care is so great and the consequences so dire that the profession is stepping up in a variety of ways to deliver resources, provide training, and underscore the message that self-care is both fundamental and indispensable.

During her time as an MSW student at New York's Fordham University Graduate School of Social Service, Jade de Saussure, MSW, OMC, continuing education program coordinator and program director of the Fordham CASAC (credentialed alcoholism and substance abuse counselor) program, noticed that students were taught how to care for their clients but were not well educated about caring for themselves. She wanted to "provide the opportunity to help create a culture of self-care." The results of her efforts are "Self Care for Social Workers," a bimonthly continuing education course on stress reduction skills for professionals; periodic three-hour self-care workshops that address burnout and compassion fatigue; and an off-site self-care program that brings this training, in a variety of formats, to outside agencies.

At the University at Buffalo School of Social Work, a self-care starter kit (www.socialwork.buffalo.edu/students/self-care)—a collection of tools and resources—was designed to help students cope with the stresses of academic life. According to associate professor Lisa Butler, PhD, the kit arose from the school's last Council on Social Work Education reaccreditation project. "The faculty decided to infuse a trauma-informed and human rights perspective throughout the curriculum and saw this as having important potential implications for student well-being," she explains. "As a consequence, I became interested in examining stress, trauma, and self-care practices among our students and sought to identify or develop resources they could use for self-care." The Web pages that make up the tool kit grew out of that effort, according to Butler, and they have applications both for students and social work professionals.

Two social workers from the School of Social Work at California State University, Chico—associate professor Kathy Cox, PhD, and professor Sue Steiner, PhD—noticed a lack of understanding about self-care among their students, which led them to research the subject. The students "were unclear what was meant by the term 'self-care,' and many felt frustrated when encouraged to practice it, saying 'We have so much work and responsibility, we don't have time for self-care,'" Cox explains. "We began to wonder ourselves about the meaning of self-care and did an extensive literature review. Next, we conducted a series of focus groups in the community to further explore its meaning to practicing social workers."

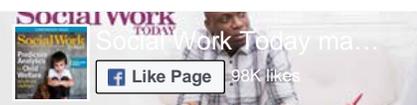
The result is the book *Self-Care in Social Work: A Guide for Practitioners, Supervisors, and Administrators* and the website, Self Care in Social Work (www.selfcareinsocialwork.com), which provides a variety of assessment tools and resources for promoting self-care, along with

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worksheets to accompany chapters in the book.

Obstacles to Self-Care

Among the obstacles experts identify as standing in the way of self-care are a lack of energy, too many responsibilities, and the fear of appearing weak or vulnerable.

de Saussure says another hurdle is a person's difficulty in putting himself or herself first and the inability to acknowledge that his or her needs deserve to be made a priority. Additional reasons people fail to attend to their own care include "self-esteem issues; overstimulation coupled with ambition; underearning, which leads to the need for dual careers; and the lack of free supervision," says Lisa Wessan, LICSW, a psychotherapist, life coach, author, and consultant.

Cox and Steiner point to their research indicating that social workers "fail to practice self-care because they become wrapped up in a state of mind that suggests that they need to work nonstop. They view self-care as an activity that they don't have time for."

And Butler agrees time is one of the most common reasons social workers give for neglecting self-care. That excuse, she adds, typically is followed by this assurance: "I will do it when I need it."

She counters that assertion by likening self-care to dental hygiene. "If one were to follow the 'I will do it when I need it' dictum with dental hygiene, one's gums would be bleeding and teeth falling out before any attention would be paid. It would be too late." That's why Butler stresses the importance of not waiting to cultivate mindfulness and urges social workers to start caring for themselves now. "Begin to implement changes, even very small ones, to take care of yourself," she says.

High Cost of Neglect

There are significant consequences if social workers don't heed that advice, not only to themselves but also to their clients.

Social work "can be a high-stress occupation—a feature it shares with all caring professions. Failure to take care of yourself along the way can result in ongoing stress, which may seep into your personal life and may diminish the satisfactions you derive from work and your ability to be fully present with your clients," Butler says.

"Chronic stress that is not effectively managed" can make people ill, according to Cox. In some cases, it can contribute to hypertension, skin-related conditions, diabetes, or obesity." Behavioral manifestations "include impulsivity, lowered tolerance toward others, or aggression," Cox adds. Over time, she says, "unmanaged stress can result in emotional or physical exhaustion—burnout—or vicarious or secondary retraumatization."

Burnout, "which refers to work-related feelings of hopelessness, emotional exhaustion, and being overwhelmed, may result from work environments that involve excessive workloads and little support," Butler explains. Compassion fatigue, which refers to evidence of secondary traumatization, "is a term people also use to refer to changes in feelings toward clients—losing interest, compassion, or work satisfaction—and to mounting self-doubts about one's abilities or choice of profession," she adds.

de Saussure says that among the consequences of burnout are anxiety, depression, anger, irritation, prolonged health issues, troubled relationships and, in the workplace, absenteeism, difficulty with coworkers, and poor productivity and performance, which "can decrease self-esteem and increase feelings of incompetence."

While burnout refers to emotional and physical exhaustion from the burden of too much demand, compassion fatigue is a consequence of attempting to help a traumatized person, Cox says, adding that "it produces symptoms similar to that of PTSD: disturbing dreams, intrusive thoughts of traumatic events, hypervigilance, or avoidance of trauma reminders." Vicarious traumatic stress "also occurs as a result of working with victims of trauma and leads to an altered worldview and disrupted beliefs concerning safety, trust, control, and intimacy," she says.

When social workers experience burnout or compassion fatigue, their clients suffer as well. It's axiomatic that if social workers don't care for themselves, their ability to care for others will be diminished or even depleted. "As social workers, we really do often put the needs of others before our own, thinking we will eat after everyone has gotten enough food. The problem is we continue to go undernourished until we fall ill or breakdown; then no one gets fed," Wessan says. As a professional, she explains, "the more I have, the more I have to give. When I'm feeling healthy, rested, well nourished, serene, and prosperous, I am much more available to share good stuff with the world. If I'm drained, exhausted, emotionally depleted, and complaining about things, there just isn't that much to give." Social workers, she says, "have a moral and ethical obligation to stay healthy and fit to better serve the world."

The reverberations of burnout go beyond the social workers themselves and the effects on their clients; there's a potential cost to the profession as well. "We are losing so many excellent social workers because they do not have a strong enough self-care routine in place to protect them from burning out too soon," Wessan says. As social workers abandon the profession they trained to join, social work loses the dedicated practitioners who provide its vibrancy and fulfill its



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Creating a Self-Care Plan

de Saussure aligns her view of self-care with Maslow's theory of the hierarchy of needs. "In human services, especially in social work, your most foundational instrument is you," she explains. "To take care of that instrument, which is to take care of yourself, is a two-step process. The first is to heal, which is the minimum of self-care and encourages you to focus on obtaining what you need to survive. The second is to energize, which is a more advanced self-care and encourages you to focus on thriving."

Peace and healing, de Saussure says, require that a person's basic physical, mental, and emotional needs be met. This isn't just a matter of getting enough sleep, nutritious food, and adequate exercise, though those are fundamental. It's also "leaning on trusted others for support, paying attention to when your body signals you to slow down and listening to it, and not pushing yourself to the point of breakdown," she says.

Another key aspect is knowing when to say no. That "is especially relevant for social workers who, because they act from their hearts, often give to anyone and everyone around them," de Saussure says. "They empty their inner resources until there is nothing left, while not giving to themselves or requesting resources in return."

That simple word—no—is both rare and powerful, these experts note. Self-care means "saying yes when I mean yes and no when I mean no, and letting the chips fall where they may," Wessan says. It's a matter of "evolving out of being a people pleaser and learning to set healthy boundaries to be better able to serve the greater good," she adds.

For de Saussure, the second step in the process requires "going beyond survival and healing to learn what happiness, joy, and purpose mean for you in your life. By discovering those aspects of you and then prioritizing them in your life, you will develop strong protection against burnout."

But before taking these steps, social workers must first "view themselves as being worthy of being taken care of," de Saussaure says. Then they can start devising an action plan for self-care. Social workers then may begin that process by "identifying the personal and organizational sources of their stress," Cox says.

"There's no one-size-fits-all self-care plan," Butler says. "Each of us has to develop our own plan because each of us has our own unique life history; we each face our own distinct demands, stressors, and challenges; and we have individual goals and aspirations. These factors influence the kinds of challenges we confront day to day as well as how ably we manage them."

That being said, there are commonalities among all self-care plans, according to Butler. "Taking care of physical health, managing and reducing stress, honoring emotional and spiritual needs, nurturing relationships, and finding balance in personal and work life or student life. To reach these objectives, each person needs to identify what they value and need as part of day-to-day life, which is maintenance self-care, and also identify the strategies they can employ if and when they face a crisis along the way, which is emergency self-care."

The most important practices are to "develop healthy habits, create clear boundaries, ask for and accept help, find ways to center yourself for peace, and manage perfectionist tendencies—to be aware of what you are humanly capable of," de Saussure says. But each person will have to explore the path and practices that best suit their needs. de Saussure maintains calm through meditation, for example, but acknowledges that this practice may not be everyone's preference. Other coping strategies "might be activities such as writing in a journal, talking to a friend, or going for a run," she says.

Part of self-care, too, is knowing when to seek help. Thus, seeking therapy can be an important tactic, not only because it provides perspective from a trained professional, but because the therapist "can also assist social workers in developing their self-care regimens," de Saussure says.

"There is always so much for us to process: unresolved grief from clients, difficult work environments, negative news in the media, declining social policy, not to mention our caregiving responsibilities at home and perhaps for our aging parents. Most of us need to debrief in a safe place with a wise and unconditionally accepting listener," Wessan notes.

"Start slow," she says of self-care. "Take baby steps and don't feel flooded or overwhelmed by a long to-do list for self-care. You want to prevent the 'amygdala hijack,' which will make you even more jittery, and delay self-care treatment. Pick one thing and work on that to start."

Butler has a magnet on her refrigerator that says "Do more of what makes you happy." That, she says, "would seem to be a good place to start."

— *Kate Jackson is an editor and freelance writer based in Milford, PA, and a frequent contributor to **Social Work Today**.*



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