



Developing resiliency and self-care skills in social work students:

A proactive approach to preparing students to succeed as public child welfare workers

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Training Agenda and “Take-Aways”

- Welcome and Introductions
- Self-Care Interactive Activity
- Overview of Core Curriculum on Childhood Trauma (CCCT)
- Application of CCCT for MSW Students’ self-care and preparation to be Public Child Welfare Workers
- Self-Care Interactive Activity
- Questions and Answers



Self-Care Interactive Activity





Core Curriculum on Childhood Trauma (CCCT)

- **Evidence-Based Practice developed by The National Child Traumatic Stress Network**
- 3 Day Training on the “12 Concepts for Understanding Traumatic Stress Responses in Children”
- Training utilizes Problem-Based Learning Model (PBL)
 - Meeting in groups to review “real-life” clinical vignettes
 - Apply the “12 concepts” to discuss facts, hypotheses, next steps and learning issues for a case
 - LA DCFS Students at USC are trained on the CCCT model





12 Concepts for Childhood Trauma

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences and current circumstances.
3. Traumatic events often generate secondary adversities, life changes and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.



12 Concepts for Childhood Trauma

7. Proactive and promotive factors can reduce the adverse impact of trauma.
8. Trauma and post-trauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is interwoven with traumatic experiences, response and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
- 12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.**



Looking Through a Trauma Lens





Addressing Secondary Trauma and Self-Care in the Field Of Public Child Welfare

- The CCCT Model recognizes the importance of addressing secondary trauma and self-care with public child welfare students, and public child welfare workers in general.
- Core Concept #12 of the CCCT Model states; Working with trauma exposed children can evoke distress in providers that makes it more difficult for them to provide good care.



Addressing Secondary Trauma and Self-Care in the Field of Public Child Welfare

- The CCCT Model emphasizes the following concepts when thinking about exposure to secondary trauma in the field of public child welfare.
 1. Mental health care providers must deal with many personal and professional challenges as they confront details of children's traumatic experiences and life adversities, witness children's and families' distress, and attempt to strengthen children's and families' belief in the social contract (NCTSN, 2011).



Addressing Secondary Trauma and Self-Care in the Field of Public Child Welfare

2. Engaging in clinical work may also evoke strong memories of personal trauma- and loss-related experiences. Proper self-care is an important part of providing quality care and of sustaining personal and professional resources and capacities over time (NCTSN, 2011).



How Individuals Experience Secondary Traumatic Stress

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen, avoidance of clients
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic Exhaustion
- Physical Ailments
- Minimizing
- Guilt



Understanding Who Is At Risk

All public child welfare students, workers and staff are at risk of developing secondary trauma.

Secondary Trauma and Related Conditions Can Include:

1. Secondary Traumatic Stress- Refers to the presence of PTSD symptoms.
2. Compassion Fatigue
3. Vicarious Trauma- Refers to changes in the inner experience of the person resulting from empathic engagement with a traumatized client.
4. Burnout- Emotional exhaustion and depersonalization.
5. Compassion Satisfaction- Positive feelings that come from competent work and healthy self-care practices.



Identifying Secondary Traumatic Stress

- **It is crucial that Secondary Traumatic Stress be identified and addressed as early as possible.**
- Possible ways to identify Secondary Traumatic Stress include:
 - Self-Assessment
 - A reflective supervision model



Strategies for Prevention

- Utilizing a variety of strategies for addressing Secondary Traumatic Stress can be very helpful.
- Some of these strategies include:
 1. Psychoeducation
 2. Clinical Supervision
 3. Ongoing skills training
 4. Informal/Formal self-report screening
 5. Workplace self-care groups
 6. Creation of a balanced caseload
 7. Flextime scheduling
 8. Self-care accountability buddy system
 9. Use of evidence-based practices
 10. Exercise and good nutrition



Strategies for Intervention

Research into the effectiveness of various interventions to address secondary trauma is still relatively new and limited. However, the following interventions have been shown to reduce the negative impact of secondary trauma.

- Strategies to evaluate secondary stress
- Cognitive behavioral interventions
- Mindfulness training
- Reflective supervision
- Caseload adjustment
- Informal/Formal Gatherings following crisis events
- Change in job assignment
- Referrals to the Employee Assistance Program (EAP) or outside agencies



Worker Resiliency in the Field Of Public Child Welfare

- Recognize the impact of secondary trauma on the workforce.
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.
- Understand that a traumatized organization is less likely to effectively identify its clients' past trauma or mitigate or prevent future trauma.
- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices (NCTSN, 2011).



Self-Care Interactive Activity





- Thank you!
- Questions.....





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The National Traumatic Stress Network Website (CCCT Model):

<https://learn.nctsn.com>

The National Child Traumatic Stress Network (2011). Secondary Traumatic Stress: A face sheet for child serving professionals. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

STANDARDS OF SELF-CARE

The Green Cross Academy of Traumatology is an organization dedicated to the promotion of ethical trauma care. They offer guidelines for self-care, and suggest making a formal, tangible commitment to self-care: written, specific, and measurable. Review this document for ideas about how you can strengthen your own self-care practices.

I. Purpose of the Guidelines

As with the standards of practice in any field, the practitioner is required to abide by standards of self-care. These guidelines are utilized by all members of the Green Cross. The purpose of the guidelines is twofold: First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services for those that look to you for support as a human being.

II. Ethical Principles of Self-Care in Practice

These principles declare that it is unethical not to attend to your self-care as a practitioner because sufficient self-care prevents harming those we serve.

1. Respect for the dignity and worth of self: A violation lowers your integrity and trust.
2. Responsibility of self-care: Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.
3. Self-care and duty to perform: There must be a recognition that the duty to perform as a helper cannot be fulfilled if there is not, at the same time, a duty to self-care.

III. Standards of Humane Practice of Self-Care

1. Universal right to wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self-care.
2. Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.
3. Emotional rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.
4. Sustenance modulation: Every helper must utilize self-restraint with regard to what and how much they consume (for example food, drink, drugs, stimulation) since it can compromise their competence as a helper.

IV. Standards for Expecting Appreciation and Compensation

1. Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.
2. Make it known that you wish to be recognized for your service: Recognition also increases worker satisfactions that sustain them.
3. Select one or more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self-care.

V. Standards for Establishing and Maintaining Wellness

Section A: Commitment to self-care

1. Make a formal, tangible commitment: written, public, specific, and measurable promises of self-care.
2. Set deadlines and goals: The self-care plan should set deadlines and goals connected to specific activities of self-care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

Section B: Strategies for letting go of work

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.
2. Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self-care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

Section C: Strategies for gaining a sense of self-care achievement

1. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.
2. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

VI. Inventory of Self-Care Practice — Personal

Section A: Physical

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.
2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.
3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

Section B: Psychological

1. Effective behaviors and practices to sustain balance between work and play.
2. Effective relaxation time and methods.
3. Frequent contact with nature or other calming stimuli.
4. Effective methods of creative expression.
5. Effective skills for ongoing self-care:
 - a. assertiveness
 - b. stress reduction
 - c. interpersonal communication

- d. cognitive restructuring
- e. time management.

6. Effective skill and competence in meditation or spiritual practice that is calming.

7. Effective methods of self-assessment and self-awareness.

Section C: Social/interpersonal

1. Social supports: at least five people, including at least two at work, who will be highly supportive when called upon.
2. Getting help: knowing when and how to secure help – both informal and professional – that will be delivered quickly and effectively.
3. Social activism: being involved in addressing or preventing social injustice that result in a better world and a sense of satisfaction for trying to make it so.

VII. Inventory of Self-Care Practice – Professional

1. Balance between work and home: devoting sufficient time and attention to both without compromising either.
2. Boundaries/limit setting: Making a commitment and sticking to regarding:
 - a. time boundaries/overworking
 - b. therapeutic/professional boundaries
 - c. personal boundaries
 - d. dealing with multiple roles (both social and professional)
 - e. Realism in differentiating between things one can change and accepting the others.
3. Getting support/help at work through:
 - a. peer support
 - b. supervision/consultation/therapy
 - c. role models/mentors.
4. Generating work satisfaction: by noticing and remembering the joys and achievements of the work.

VIII. Prevention Plan development

1. Review current self-care and prevention functioning.
2. Select one goal from each category.
3. Analyze the resources for and resistances to achieving goal.
4. Discuss goal and implementation plan with support person.
5. Activate plan.
6. Evaluate plan weekly, monthly, yearly with support person.
7. Notice and appreciate the changes.

