Module 13

# Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care

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Module 13

# Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care

## 13a Content and Comments

Many of the care workers that decide to work with survivors of war and (sexual) violence do so out of great commitment, idealism, solidarity, a deep wish to set something straight, to heal what was broken. Many of us have experienced that working with survivors of trauma is not only healing for our clients, but in some way also for ourselves. Under circumstances of war and conflict, helping others may help to reduce our own feelings of helplessness in the face of so much suffering and destruction.

What many care workers do not realise however, is the impact of their work onto themselves.

The suffering of clients, in combination with limited sources and possibilities to help, can be overwhelming and can cause various forms of professional stress. These forms of stress are the topic of this module. It deals with the psychological consequences of working with survivors of violence and the way care workers respond to these consequences. The second part deals with coping strategies for care workers and the organizations they work in.

## 13b Objectives

- To be aware of the risk of professional stress, burn-out and indirect traumatization.
- To be able to recognize the symptoms of indirect traumatic stress and burn-out.
- To develop skills and broaden the scope of mechanisms to cope with professional stress and vicarious traumatization.
- To develop support mechanisms to address burn-out and indirect traumatization.

## 13c Suggested Training Schedule

| **Day 1** | | **In minutes** |
|---|---|---|
| 13.1 | Introductory Circle | 30 |
| 13.2 | Presentation: Psychological Consequences of Working with Violence Survivors | 45 |
| 13.3 | Exercise: What is Stress? | 15 |
| 13.4 | Presentation: What is Stress? | 15 |
| 13.5 | Exercise: Different Aspects of Stress Response | 90 |
| 13.6 | Presentation: The Burn-out Syndrome | 30 |
| 13.7 | Exercise: Assess your Burn-out Level | 45 |
| 13.8 | Presentation: Sources of Professional Stress and Burn-out | 30 |

| | | |
|---|---|---|
| 13.9 | Exercise: Sources of Professional Stress-Individual Assessment | 75 |
| 13.10 | Rounding off the Day | 30 |

**Day 2**

| | | |
|---|---|---|
| 13.11 | Starting the Day | 30 |
| 13.12 | Presentation: Vicarious or Indirect Trauma with Care Workers | 30 |
| 13.13 | Exercise: How to Cope Better I: The Tree of Life | 90 |
| 13.14 | Exercise: How to Cope Better II: Social Action | 45 |
| 13.15 | Presentation: Strategies of Self-Help | 30 |
| 13.16 | Exercise: What is Going On With Me? | 30 |
| 13.17 | Presentation: Self-Observation of Exposure to Stress and It's Consequences | 30 |
| 13.18 | Exercise: Self-Help Strategies | 60 |
| 13.19 | Presentation: The Technique of Relaxation | 15 |
| 13.20 | Exercise: Relaxation | 30 |
| 13.21 | Evaluation | 30 |

## 13d Ideas and Suggestions for Trainers

- This training can be done in two days, but can also be equally spread over four or five three-hour sessions with some time in between. Many of the exercises can be used for home-assignments.
- Part of this training is a relaxation exercise. It is recommended that one of the trainers has experience with relaxation exercises. It is possible, if there is time, to add additional short exercises for relaxation and fun. (See Module 14 The Body Remembers: Dealing with Feelings.)

## 13e Training Material

- Flipchart and markers
- Overhead projector and sheets
- Individual writing paper
- Handouts
- Optional: relaxing music for exercise

# 13 Content of the Module on Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care

## Day 1

### 13.1 Introductory Circle (30 min)

All participants state their name, work and organization, and their motivation to attend this seminar. The trainers introduce themselves, and explain the programme, rules etc.

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### 13.2 Presentation: Psychological Consequences of Working With Clients who were Exposed to Violence (45 min)

**Why is the mental health of care workers at risk?**

Occupational or professional stress arises from a poor balance between the requirements of a job and its working environment on the one hand, and the abilities, skills, beliefs and expectations related to these requirements on the other. All professions are not equally exposed to professional stress. Professions that are particularly stress-exposed are those including working with people. There are different degrees, however, among these professions. A bank-window clerk, a teacher, and people who work with traumatized persons or persons in distress are not equally exposed to professional stress. Members of the latter group, who are usually referred to as “care workers”, are exposed to specific sources of stress. Before describing the specific sources and reactions common to helping professions, we shall try to define the concepts of “helping profession” and “care worker”.

**What are helping professions?**

The helping professions are a range of professions that involve the work with people whose mental health is at risk or who need assistance to overcome a psychological crisis. These professions are oriented on helping other people to find ways to solve their own problems and regain psychological balance and become productive. What they have in common is the personal contact between the care worker and a person in need.

**Who are the care workers?**

Care workers are the ones attending to people in need if the regular help channels for people in distress or crisis prove to be insufficient, and additional help is called for. People of various professions and experience work as care workers, some of them professionally, others voluntarily. In order to clarify the term, we can identify three categories of care workers.

**Professional care workers** are trained for various helping professions (e.g. psychologists, social workers, physicians, nurses, teachers, special needs teachers, pedagogues, etc.). In order to be able to work with clients who have been exposed to violence, the professionals usually receive additional training. The second group is **paraprofessionals**, i.e. persons who have not been formally

trained for a helping job, but choose to provide aid as a vocation. They receive additional training and gain experience in the course of their work. Like professionals, paraprofessionals offer assistance to people in distress on a permanent basis and in the form of a regular job for which they are paid.
The third group is made up of **volunteers** who are not paid for their work. They are usually people of good will who help individuals in distress, but not as a regular job. To be sure, there certainly are professionals amongst these volunteers who do their job without pay. Most volunteers, however, are laypersons in the field of mental health.

People in helping professions are susceptible to stress because of the direct communication with people who need the help of other people. This communication entails a direct relationship and empathy with the emotional states and the suffering of other persons. In the course of their work, care workers hear numerous sad and tragic life stories, descriptions of traumatic experiences and tragic losses of other persons. They are often emotionally overwhelmed by these insights. In addition, they usually face very limited sources and possibilities to help traumatized persons.

Daily encounters with the material presented by traumatized clients are a serious risk for the mental health of care workers. Hearing other people's devastating experiences often shakes care workers' sense of control over their own lives and their world view assumptions. Care workers can thus become traumatized themselves and experience situations of crisis. The awareness of this threat to care workers' mental health, i.e. their exposure to clients' traumas, has been among the most important insights in the field of understanding crisis conditions and trauma treatment over the last 15 years.

The psychological consequences of working with people in distress and crisis are usually classified into the following categories *(sheet 1):*

- Burn-out syndrome
- Counter transference reaction
- Indirect traumatization of care workers

**Burn-out syndrome**
With the burn-out syndrome we refer to the fact that some care workers become depressed, unmotivated in their work, emotionally empty and discouraged. They manifest various physical symptoms of stress, a drop of their immune system, an increase of accidental self-injuries, etc. Cynicism or indifference can take the place of their previous understanding for distressed clients. Generally speaking, burn-out syndrome is one of the worst consequences of working with people in distress, and one of the most incapacitating outcomes of professional stress of care workers.

The various symptoms of the syndrome can partly be explained by the individual characteristics of care workers. Examples of characteristics that contribute to the syndrome are perfection, idealised views of helping people in distress, need for self-affirmation, inability to say "no", inability to delegate some work to others, undue expectations and lack of professional skills. On the other hand, burn-out

can also be caused by a number of environmental circumstances such as a poor organization of work, a heavy caseload, inadequate working space, lack of support, professional isolation, etc.

**Counter transference reactions**
This type of reactions can be defined as the re-emergence of personal emotional reactions of care workers in a helping situation, i.e., as the transfer of the care worker's emotions to the person he works with. These strong emotional reactions are a result of the interaction between the experience that a person in distress is going through, and the unresolved difficulties, and previous life experiences of a care worker. Listening to dramatic stories, care workers may have to face feelings of their own that are difficult to integrate in the helping process (e.g., the fear of dying and the awareness of his or her vulnerability, the fear that something similar could happen to your family and friends, etc.). This process triggers off a number of defence mechanisms such as suppression, denial or projection, which can manifest in non-functional professional behaviour and impaired relations with colleagues. These strong emotional reactions on the part of care workers can hamper their work, rather than contribute to their understanding of clients and a creative use of professional skills.

**Indirect traumatization**
Indirect trauma (sometimes referred to as vicarious or secondary traumatization) refers to the psychological effects that working with traumatized people has on care workers. Care workers often experience the same phenomenon as the traumatized clients they work with, such as nightmares, intrusive thoughts, depression, anger, irritability, the feeling of helplessness, chronic exhaustion, digestive problems, being prone to infections, increased consumption of alcohol, smoking, addiction to medicines, etc.

**Caring for the mental health needs of care workers**
The systematic training of professionals and paraprofessionals for survivors of war and sexual violence began several years ago. However, not enough attention was paid to the psychological challenges faced by care workers. In practice, this meant that the psychological needs of the care workers were usually very low on the priority lists of various services and organizations working with traumatized people. However, care workers' professional difficulties became a poignant reality with a growing impact on their work, diminishing their efficiency and endangering their mental well-being. Thus, care for the mental health of care workers is not a luxury, but a part of the professional responsibility both of the care workers and of the organizations they work for.

Care workers are frequently unaware of the impact of their work upon themselves and tend to refrain from seeking help. This is not surprising if we keep in mind the dominant professional framework and the existing power structure in which survivors and care workers meet. Victims are weak, helpless, and without resources. Care workers are strong, powerful and resourceful. In this context a care worker may feel that his or her need for consultation is a personal weakness, and will therefore be proud to bear anything in order to maintain an image of self-control and invulnerability. Care workers often refuse to admit that they have psychological difficulties out of fear of losing status, respect, and the trust of their co-workers.

What can we do to feel better, become more efficient as care workers and reduce negative consequences in terms of our mental and physical health? Care for the mental health of care workers should be an indispensable part of any programme of psychosocial care for survivors of war, violence or trauma.
This involves *(sheet 2):*

1. Preparing care workers for situations of stress and the work with people in crisis.
2. Teaching care workers about the effects that helping victims of violence can have on their own mental health.
3. Providing opportunities for continuous improvement of their (professional) competence.
4. Supporting care workers through supervision and consultations.
5. Developing self-help skills and new coping strategies.
6. Awareness of the responsibility for your own mental health and acknowledgement of the effects of indirect trauma.
7. Debriefing after crisis incidents.

The purpose of this training is to draw attention to the consequences that working with victims of violence and traumatized clients have on the personal and professional life of care workers, to demonstrate a few skills of self-protection and self-help and to advocate ways of successful care of the mental health of care workers.

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## 13.3 Exercise: What is Stress? (15 min)

**Objective:** To become aware of your personal perception of stress.

**Method:** Plenary brainstorm.

**Material:** Flipchart and markers.

**Steps:**
1. The trainer asks the following question: When YOU think about stress, what comes to your mind?
2. The answers are written on the flipchart.

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## 13.4 Presentation: What is Stress? (15 min)

**What is stress?**
Stress is a state of psychological and physical arousal that comes about as a result of a threat, challenge or change in one's environment (Mitchell and Bray, 1990).

What are the important aspects of this definition? In stress people perceive or assess the situation to be threatening, or they feel like facing a substantial challenge while there is a wrong balance between the requirements and the capacities to meet these requirements (e.g. starting a new job or a project, losing

a job, questioning one's knowledge and skills, expectations, etc.). A (future) major change in a person's life or environment also typically results in stress (e.g. marriage, birth of a child in the family, moving to a new home, passing of an important other, losing a home, changing jobs, etc.)
Every change requires energy and a period of adjustment, and every major change is accompanied by stress. Effects of stress can be physical and/or emotional. Actually, nothing happens to the body that does not affect the mind and what goes on in our minds affects our body.

Points to remember about stress (Platt & Sullivan, 1995) *(sheet 3):*
1. Stress is a natural part of life. Without some stress we would remain unchanged and unproductive.
2. There is difference between terms STRESSOR and STRESS. A stressor is an event, and stress is our response to that event.
3. Perception of the same stressor differs widely among individuals. Stress reactions of different people in the same situation can vary a lot.
4. Some stress can be avoided, but most cannot. Instead, we need to try to reduce it and manage it.
5. Stress can be managed in a healthy or unhealthy way. It is important to learn the difference.
6. It is important to understand the full spectrum of responses to stress in order to manage them effectively. Often the stress itself is less of a problem, than how we think and talk about it to ourselves.

**Types of stress**
Stress is a normal and natural response that is designed to protect, maintain and enhance our lives. An understanding of how stress affects us physically, mentally and emotionally prepares us for an active emphasis on positive stress and an effective response to the negative aspects of stress.
The following three types of stress can be identified *(sheet 4)*:

1. *Day-to-day stress*
- Common to all people
- Part of every day decision-making and problem solving
- Motivates people to be more productive
- Managed routinely

2. *Cumulative stress*
- Result of prolonged, accumulated, unrelieved exposure to a variety of stressors
- Combination of personal and environmental factors, which are frustrating
- When not recognised and managed, develops into burn-out

3. *Critical incident stress*
- Caused by extraordinary events which provoke high level of stress in almost everyone involved
- Sudden and disruptive
- Involves actual or perceived threat and loss
- Causes sense of vulnerability
- Disrupts sense of being in control and perception of world as safe and predictable

Critical stress can also be *traumatic stress*. Traumatic stress is caused by an extremely overwhelming event, which is beyond ordinary human experience, involving extreme suffering, a life threatening situation for all, and a sense of helplessness. This description contains two important elements *(sheet 5):*

- A traumatic event is different from a stressful event, as, due to its intensity and type, it causes suffering in most people regardless of their psychophysical condition before the event and the available coping mechanisms. This means that emphasis is placed on the intensity of a traumatic event rather than on factors that make people liable to stress.
- Second, reactions to traumatic experiences are considered to be inevitable and universal. Although the manifestation of specific symptoms and the content of reactions may vary depending on a person's age, the nature of the trauma and its significance for the individual, the general form of posttraumatic reactions is the same for all people.

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## 13.5 Exercise: Different Aspects of Stress Response (90 min)

**Objective:** To become aware of a range of stress symptoms.

**Method:** Guided fantasy, individual thinking, discussion in small groups, discussion in plenary.

**Material:** Flipchart and markers, Handout 1, 2, 3 and 4.

**Steps:**

1. Introduction:
   A stress response is individual. Our personality, cultural background, history of stressful experiences, health, etc. determine our "response style". Sometimes it is easier to spot stress in other people than in ourselves. We need to be able to recognise our particular ways of responding so that we can analyse the aspects of these responses and develop healthy coping strategies. In order to analyse them we are going to imagine a typical stressful situation at the workplace.
2. Guided Fantasy:
   Sit conformably. Put your feet on the ground and your hands in your lap. Close your eyes. Concentrate on your breathing.
   Recall a situation at your workplace when you felt exhausted, when you felt that "whatever you did, it wasn't good enough", that "you couldn't go on like that anymore", that "it was just too much for you". Remember the details of that situation – what was going on, what was your role and the role of other people involved, what was expected of you? What was stressful in that situation? How did your body react? How did you feel? What were the signs that showed you that you were under stress?
3. Give out Handout 1. Ask the participants to write down their stress signs next to the five categories.

*Handout 1*

**Five aspects of stress responses**

Divide all stress signs into these five categories:

1. PHYSICAL (our bodily reactions)
2. EMOTIONAL (our feelings)
3. COGNITIVE (our thoughts and efforts to understand)
4. SPIRITUAL (our beliefs and values)
5. BEHAVIOURAL (our actions)

**Steps:**

4. Ask the participants to split up into small groups, no smaller than three, no bigger than four. The participants present their answers to the stress responses and discuss them for 20 minutes.
5. From each group a representative presents their conclusions in the plenary after writing them down on a sheet of paper.
6. Give out handouts 2, 3 and 4. Allow some time to read them. After this there is a group discussion on the following issues:
   - Why is it important to be aware of your stress signs?
   - Is there a difference between immediate or delayed stress reactions?
   - How do we recognise that people in our environment – colleagues, friends, clients – are distressed; what helps to recognise their signs of stress?

*Handout 2*
**Signs of Cumulative Stress**

Stress is experienced in a highly individual manner. The best defence against the harmful effects of various stressors is information about some of the more common signs and symptoms of these effects. CUMULATIVE STRESS is the result of prolonged, unrelieved exposure to a variety of events, work related, personal or incident specific. The following is not a comprehensive list but an illustration of how people who suffer from cumulative stress may react.

PHYSICAL REACTIONS
- Extended fatigue
- Frequent psychical complaints
- Sleep disorders
- Appetite changes

EMOTIONAL REACTIONS
- Anxiety
- Feeling alienated from others
- Desire to be alone
- Negativism/cynicism
- Suspiciousness/paranoia
- Depression/chronic sadness
- Feeling pressured/overwhelmed
- Diminished pleasure

COGNITIVE REACTIONS
- Tired of thinking
- Obsessive thinking
- Difficulty concentrating
- Increased distractibility/loss of interest
- Problems with decision/priorities
- Feeling indispensable/obsessions
- Diminished tolerance for ambiguity
- Constricted thoughts
- Rigid, inflexible thinking

SPIRITUAL REACTIONS
- Doubting value system/religious belief
- Questioning major life areas (Profession, employment, lifestyle)
- Feeling threatened and victimised
- Disillusionment
- Self-preoccupation

BEHAVIOURAL REACTIONS
- Irritability
- Anger displacement, blaming others
- Reluctance to start/finish projects
- Social withdrawal
- Absenteeism
- Unwillingness/refusal to take leave
- Substance abuse, self-medication
- Disregard for safety/risky behaviour

*Handout 3*

**Critical Incident Stress**

Stress is experienced in a highly individual manner. The best defence against the harmful effects of various stresses is information about some of the more common signs and symptoms of these effects. Critical Incident Stress results from exposure to a critical incident, usually an event that is sudden, violent and beyond the range of normal human experience. Such events temporarily overwhelm our usual capacity to cope. Critical incident stress can be immediate or delayed and it is important to remember that the reactions below are normal reactions of normal people to abnormal events. The following is not a comprehensive list, but provides examples of what people may experience after a critical incident.

**IMMEDIATE REACTIONS**

PHYSICAL REACTIONS
- Nausea, gastro – intestinal distress
- Sweating, shivering
- Faintness, dizziness

- Muscle tremors/weakness
- Elevated heartbeat, respiration
- Uncoordinated movements
- Extreme fatigue/exhaustion
- Headaches

EMOTIONAL REACTIONS
- Rapidly shifting emotions
- Numbness, anxiety, fear
- Guilt/survivor guilt
- Exhilaration, survivor joy
- Anger, sadness
- Helplessness/feeling overwhelmed
- Detachment, feeling unreal
- Disorientation
- Numbness
- Feeling out of control

COGNITIVE REACTIONS
- Difficulty concentrating
- Racing, circular thoughts
- Slowed thinking
- Memory problems
- Confusion
- Impaired problem-solving and math calculations
- Difficulty making decisions
- Intrusive images
- Loss of perspective

BEHAVIOURAL REACTIONS
- Startle reaction/restlessness
- Sleep and appetite disorders
- Difficulty expressing oneself
- Constant talking about the event
- Arguments
- Withdrawal
- Excessive black humour
- Slowed reactions/accident proneness
- Inability to rest or to let go

SPIRITUAL REACTIONS
- Profound loss of trust

*Handout 4*

**Delayed Reactions**

Many people are surprised by the aftermath of a critical incident. While we wish the event to be "over", persistent or delayed reactions are common. People whose responsibilities or coping styles require a high degree of emotional control during a critical incident may find themselves reacting some time after the incident. Some of these manners are noted below. Most people's reactions gradually diminish until a person feels more or less back to normal in a few weeks. The reappearance of reactions around the anniversary of the critical incident, or in response to a similar event, is not unusual.

PHYSICAL REACTIONS

- Sleep disorders
- Nightmares
- Aches and pains
- Appetite and digestive changes
- Lowered resistance to colds and infections
- Persistent fatigue

EMOTIONAL REACTIONS

- Mood swings, feeling unstable
- Anxiety, fear of recurrence
- Depression, grief
- Irritability, hostility
- Self-blame, shame
- Fragility, feeling vulnerable
- Numbness, detachment

COGNITIVE REACTIONS

- Intrusive memories
- Reactivation of previous traumatic events
- Preoccupation with an event

SPIRITUAL REACTIONS

- "Why me" struggle
- Increased cynicism
- Loss of self confidence
- Loss of purpose
- Renewed faith in a higher being
- Profound existential questioning
- Loss of belief in co-operative spirit of mankind

BEHAVIOURAL REACTIONS

- Avoiding reminders of the event
- Social relational disorders
- Difficulty connecting with "outsiders"
- Lowered activity level
- Increased use of alcohol, drugs (self medication for depression, anxiety)

## 13.6 Presentation: The Burn-out Syndrome (30 min)

**Symptoms of burn-out**
The "burn-out" syndrome is one of the worst consequences of professional stress. Next to individual differences, a number of symptoms of burn-out are common to the majority of cases of stress.
The most frequent symptoms of burn-out amongst care workers are *(sheet 6):*

- Feelings of physical and emotional exhaustion
- Decreased self-esteem
- Negative feelings about yourself as a care worker, about the goals of the work, and about the organization
- Loss of interest in clients, cynicism, and insensitivity to the needs of others
- Feelings of helplessness and hopelessness, often expressed in statements such as, "Nothing can be done anyway," and pessimism
- Irritability and low tolerance to frustration, sudden and inappropriate anger, intolerance, and suspicions
- Rigidity and lack of adaptability
- Withdrawal from social relationships
- Frequent conflicts and aggressive outbursts
- Increased consumption of alcohol, tobacco, stimulants, and medicine
- Increased absence from work
- General weakness
- Frequent illnesses
- Oversensitivity to stimuli (sounds, smells, warmth, etc.)
- Loss of sexual interest and sexual problems
- Physical symptoms such as headaches, backaches, respiratory difficulties, insomnia, eating problems, and gastrointestinal symptoms

Although burn-out is related to work, its presence also clearly manifests itself outside the working environment. A care worker's motivation for the work is exhausted, but she/he also has a number of difficulties in the family sphere and in social relations. She/he is apathetic and loses interest in associating with friends or taking part in usual family activities (e.g., family birthday parties, excursions). A person who is burned out at work is often irritable, impatient, and intolerant when at home with the family. Characteristics of burn-out become more evident both at the workplace and at home during the later stages of the syndrome.

**Stages of burn-out**
The burn-out syndrome does not appear overnight. It is a cumulative process. It starts with small signals of warning. If we do not take these seriously and refrain from taking adequate measures of self-protection, they can develop into chronic exhaustion and dissatisfaction. A care worker who is likely to become burned out will experience several symptoms before reaching the syndrome's final stage.

Care workers with excessive expectations are especially liable to burn-out. The first stage of burn-out is therefore characterised by *an excessive enthusiasm for the work*, which is marked by unrealistic expectations and excessive devotion. Care workers who are faced with a large number of people in distress and their

exceptionally complicated problems often work extra hours at this stage, without allowing themselves a daily and weekly rest, or annual vacation. The gap between care workers' professional efforts and the difference they make often leads to personal disappointment and the first signs of helplessness. This is characterised by comments such as: "There are so many traumatized people, and my work is just a drop in the ocean of what they need."

The stage of stagnation begins when a care worker becomes aware that his or her achievements do not reach as far as he or she had imagined. This stage is typically characterised by increased pessimism and professional dissatisfaction.

We then come to the next stage of *frustration and social withdrawal*, which is accompanied by disappointment and doubts about our personal competence, as well as negativism. Communication difficulties with both colleagues and clients become increasingly frequent. The care worker becomes distrustful and does not feel a part of the working environment. At this stage, care workers become emotionally withdrawn and isolated and avoid unfavourable situations and conflicts at work. Of course, this is a short term and volatile solution. Emotional estrangement from clients and isolation from colleagues increases the feeling of absurdity and worthlessness of efforts, and the burn-out process goes on. It is even accelerated by physical troubles at this stage, such as headaches, chronic exhaustion, insomnia, allergies, etc. These symptoms of burn-out represent additional stress-inducing factors for care worker, leading to the last stage of burn-out.

The last stage of burn-out can be recapped as *apathy and loss of professional confidence*. In fact, it is a form of defence against chronic frustration at work. Initial empathy and enthusiasm are replaced at this stage by cynicism and indifference to clients' problems. Frequent comments at this stage are comments such as, "I can't give them what they need anyway". Signs of depression become evident. The care worker's motivation for work and other personal resources are exhausted. This can be manifested in the poor immune defence abilities of the organism, so that otherwise harmless physical infections (influenza for example) become more serious and last longer. Minor accidents, such as sprains, cuts and falls, become more frequent at this stage.

Stages of burn-out can be represented schematically in the following way (according to Golsizek, 1993) (sheet 7 and Handout 5):

*Handout 5*

**Stages of burn-out at work**

FIRST STAGE: *High expectations and idealism*
- Excessive enthusiasm for work
- Dedication to work
- High degree of energy consumption
- Positive and constructive attitude
- Great achievements

SECOND STAGE: *Pessimism and first signs of dissatisfaction with work*
- Physical and mental exhaustion
- Frustration and loss of ideals
- Reduced working morale
- Boredom
- Early psychosomatic symptoms of stress

THIRD STAGE: *Withdrawal and isolation*
- Avoiding contact with collaborators
- Anger and hostility
- Serious negativism
- Depression and other emotional difficulties
- Inability to think or concentrate
- Exceptional physical and mental strain
- A large number of stress symptoms

FOURTH STAGE: *Loss of professional interests and apathy*
- Low self-esteem
- Chronic absences from work
- Negative attitudes towards work
- Complete cynicism
- Inability to interact with other persons
- Serious emotional difficulties
- Serious stress symptoms on a physical and emotional level
- Thoughts of leaving the job or profession

Before the final stage of burn-out, it is possible to stop its progress and reverse it by changing work goals, attitudes, and behaviour. There are very few people, however, who can do this without professional help once they have reached the final stage. In the following chapter we shall describe several efficient strategies to successfully cope with work stress and prevent burn-out. However, in order to understand and apply them successfully in everyday life, it is necessary to continuously identify and re-appraise sources of work stress and burn-out syndrome.

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## 13.7 Exercise: Asses Your Burn-out Level (45 min)

**Objectives:** To assess your personal level of burn-out, to demonstrate different ways of discussing burn-out.

**Method 1:** There is a choice of methods: one possibility is to use the questionnaire, The Helpers' Burn-out Scale (Ajdukovic and Ajdukovic 1994).

**Material:** Handout 6.

**Steps:** Distribute the questionnaire. Each participant individually assesses his or her own level of burn-out. Then present the normative data for care workers in the region (Ajdukovic and Ajdukovic 1997). The participants go back into small groups and discuss the following questions:

- Does your result (above or under the average score) correspond with your personal feelings of burn-out?
- What signs are the most intensive and how do they influence the different aspects of your life?
- In the plenary there can be a discussion on how this exercise may be used with different groups of trainees, and if there are any alternative ways to do this exercise.

**Method 2:** Method two uses cards of the questions of the Helpers Burn-out Scale.

**Material:** Written cards, approx. 8 by 4 centimetres, with all the questions of the Scale, a complete set for each group.

**Steps:**
1. The participants split up into small groups, 4 or 5 people. Each group gets a set of cards. In turn, each participant takes a card, reflects on the question and shares their thoughts with the others. Every participant will have about 4 to 5 turns to reflect about an aspect of burn-out in his or her professional and/or personal life.
2. In the plenary the participants can react on what it was like to do this exercise, how to use this exercise with different groups of trainees, and alternative ways to do the exercise.

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## 13.8 Presentation: Sources of Professional Stress and Burn-out with Care Workers (30 min)

The sources of professional stress and burn-out with care workers can be divided into two groups. In the first group are sources that depend primarily on the care workers themselves: their personality, previous experiences, work style, system of values, self-image, etc. These sources are internal. The second group is made up of external factors. External stressors can be further divided into those related to working conditions, the organization of work, relationships with other people within an organization and the characteristics of clients.

*(Sheet 8)*

**1. Internal sources of stress – care workers' individual characteristics**

- Unrealistic work-related expectations, surpassing actual possibilities and being out of balance with reality after the initial adaptation period
- Excessive identification with clients and their problems
- Need for permanent and complete control over a situation
- Excessive commitment to the work and a feeling of sole responsibility
- Complete identification with the work, which becomes the main or only content and meaning in a care worker's life, as well as the only area of his or her affirmation
- Substitution of work for private and social life
- Failure to delegate (some) work to others
- Excessive persistence, rigidity, and stubbornness to reach a goal at any cost
- Poor time management
- Having no work priorities, so that everything becomes equally important
- Feelings of professional incompetence

*(Sheet 9)*

**2. Stressors related to working conditions**

- Inadequate working space and inadequate equipment
- Inadequate microclimatic conditions (insufficient heating in winter, excessive heat in summer, dampness, noise, stuffiness, poor lighting)
- Crowded conditions because of too many clients or co-workers
- Lack of privacy and constant exposure to clients

*(Sheet 10)*

**3. Stressors related to the organization of work**

- Too many hours of direct contact with clients every day
- The pressure of schedules and too little time to achieve goals
- Excessive responsibility of care workers with respect to the actual possibilities to help clients with their problems
- Responsibility without influence or power
- Undue expectations of the organization
- No daily breaks
- Poorly defined organizational structure
- Unclear roles, tasks, and expectations of care workers
- Unclear division of work, responsibility, and overlap of competence
- Undefined rules of rewarding and time off; the existence of privileges
- Lack of a system of professional training to meet the changing needs of care workers
- Undefined rules of replacing an absent care worker and taking over his or her tasks and responsibilities
- Lack of time and lack of motivation for debriefing after critical incidents

*(Sheet 11)*

**4. Stressors related to relationships within the organization**

- Poor psychosocial climate within an organization and frustrating relations (e.g. competition and rivalry, suspicion, lack of support for workers' personal growth, uncertainty, etc.)
- Decision-making and management style (e.g., rigid, authoritarian, and centralistic, no room to express opinions, suggestions, and influence decisions from below)
- Lack of a clear philosophy of organization and its mission
- Lack of feedback on achievements
- Imperviousness of organization to external information and experiences
- No system of professional and personal support among care workers
- Poor group spirit and no feelings of commitment to a team
- No clear and fair criteria for promotion and rewards

*(Sheet 12)*

**5. Stressors related to the type of relief work and characteristics of clients**

- Too many clients in need of intensive help because they are in great distress or crisis
- Too many clients with problems that are either not satisfactorily resolved or have little chance of being successfully resolved, or require long-term attention and have an uncertain outcome
- Indirect traumatization and emotional exhaustion as a result of the constant

awareness of the great needs of clients
- The uniformity of problems of the population that care workers work with
- Danger of being physically attacked by a client
- Similarities of the care worker's own personal experiences with the traumatic experiences they hear of (counter transference reactions)

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## 13.9 Exercise: Sources of Professional Stress and Burn-out – Individual Assessment (75 min)

**Objectives:**
- To identify current sources of professional stress and burn-out.
- To learn how to analyse and reappraise sources of stress.

**Material:**
- Handout 7: The Circle
- Individual writing paper
- Pencils in two different colours for each participant (red, green, black or blue)
- Flip-chart paper with a big circle

**Steps:**
1. Introduction: Remind the participants of the previous lecture and sum up its first and last part.
2. Ask the participants to think about a typical day, week or month and to list all sources of stress that they remember from then (5 min).
3. Give the participants handout 7 with the circle and ask them to classify sources of stress according to these two criteria:
   - Control over the source of stress
   - The influence of a particular stressor on the level of professional stress or/and burn-out

   This means that in the circle they should put sources of stress that they feel are under their control, on which they have a grip. Outside the circle they should list sources of stress that are beyond their control, on which they have little or no influence. The two colours are to indicate the strength of each stressor: The stressors that have a great impact should be written in red and those with a lower impact in green (or blue or black).
4. Each participant ends up with a clear picture of their sources of stress classified according to their intensity and possible control. One by one, they all describe their circle. Collect all stressors in the big circle on the flip chart paper.
5. After all the participants have listed their sources of stress according to the given criteria, the following issues are discussed:
   - Are there sources of stress that were classified inside and outside the circle by different participants?
   - Are their sources that should change position and be put inside or outside the circle after the discussion?
   - How do the number of sources and their characteristics influence the level of burn-out?
   - How can this analysis be used in stress management?
6. Explanation given to participants on professional values:

The part of summing up is a statement that the helping profession is difficult and that helpers are exposed to different stressors related to specific characteristics of the helping profession. But, the helping profession is also very rewarding. The exercise should finish focusing on rewarding aspects of the helping profession. Each participant will say what, for him or her, is the enjoyable aspect of working as a helper for him or her. Which personal value they achieve by working as care workers? When one participant says it, she or he "calls" another one in the circle to do the same.

7. The Group leader writes down on the poster their responses.

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### 13.10 Rounding off the Day (30 min)

All participants are asked after the most important learning points for this day. If there is enough time between this day and the next, the participants can be given a home assignment. For instance, they could monitor themselves throughout the week about stressful events and times, their reactions, how they coped. They could make a diary about stress.

### 13.11 Starting the Day (30 min)

If the participants made a homework assignment, start with discussing the results. If not, take some time to discuss any thoughts that came up after the last day of the seminar that the participants want to share.
It is possible to start the new day with some easy physical exercise, to relax, or to wake up. (See Module 14 The Body Remembers: Dealing with Feelings)

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### 13.12 Presentation: Vicarious or Indirect Trauma with Care Workers (30 min)

Vicarious or indirect traumatization is a possible result of working with trauma survivors and victims of violence. It refers to care workers' thoughts, feelings, and behaviours that are *(sheet 13):*

- Parallel to those of trauma survivors;
- Generated from the experiences of clients;
- Transmitted from clients to workers.

The survey of the effects of working with sexual violence survivors (Schauben and Fraizer, 1995) shows that female counsellors who worked with a higher percentage of survivors had more disruptive beliefs, particularly about the goodness of people; more symptoms of PTSD, and more self-reported vicarious trauma signs. Symptomatology was not related to the counsellors' own history of victimization or burn-out. These results have two important implications:

- Care workers working with sexual violence survivors are exposed to secondary trauma;
- Strategies for coping with professional stress and burn-out need to be broadened in order to cope with indirect traumatization.

It is critical to acknowledge the effects of vicarious traumatization in order to develop more effective strategies to cope with working with violence survivors. Transmitted trauma material in the relationship can be either useful or damaging. On the one hand, it increases empathy, which is very important to develop a healing relationship. On the other hand, it makes it more difficult to keep boundaries with clients, but also with co-workers. If these effects are acknowledged by the counsellor/therapist, they can enhance the recovery process. If denied, they can harm both the care worker and the client.

As already mentioned, the most common signs of vicarious trauma are:

- Changes in beliefs
- Posttraumatic stress symptoms
- Painful emotions

The following indirect trauma symptom checklist will enable care workers to better recognise these signs *(handout 8).*

*Handout 8: Vicarious trauma checklist*

**Intrusive symptoms among care workers**

- Clients' traumatic experiences appearing in providers' disturbing dreams
- Preoccupation with a client intrudes thoughts while attempting to concentrate on other things
- Illusions of seeing a client in the street, in a supermarket, on a bus, etc.
- Re-experiencing emotions connected with the case

**Avoidance/numbing symptoms**

- Forgetting appointments with a client, forgetting key clinical material
- Feeling unable to enjoy work, hostility or mistrust against formerly liked co-workers
- Losing interest in usual pleasures and relationships outside of work
- Losing touch with long-term ambitions and ideals
- Phobic avoidance of a client and/or supervisor/colleague related to a case may turn into a fear of answering telephones or leaving the office (may alternate with idealisation of a client)

**Persistent hyper arousal**

- Restlessness, difficulty concentrating
- Disordered sleeping pattern
- Hyper vigilance for communications relating to case
- Digestive disorders, breathing difficulties, headaches, backaches, muscle spasms
- Constantly being on edge, personality changes

**Loss of self-confidence**

- Sense of complete difference from colleagues not doing similar work
- Failing in personal and professional self-care
- Feelings of hopelessness and despair
- Having pervasive thoughts of deceit, betrayal, and exploitation
- Lying to colleagues/supervisors

How do the counsellors/therapists cope with these difficulties? In fact, many of the coping strategies reported by them are the same kind of strategies they recommend to their clients *(sheet 14):*

- Take care of physical health and well-being through exercise and healthy living.
- Express emotions and get support.
- Take time for leisure activities.

Focus on:

- Activities involving imagination or spirituality (i.e. relaxation, visualisation)
- Cognitive reframing (i.e. to see work with trauma survivors in a more positive light)
- Social action on behalf of provider's or clients' interest

Regarding cognitive reframing or seeing work with trauma survivors in a more positive light, care workers often report *(sheet 15):*

- Seeing clients grow and change
- Being part of an important healing process
- Learning about human beings through client's strength and resilience
- Personal growth and change
- The importance of the work
- The creativity in the work

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## 13.13 Exercise: How to Cope Better with Vicarious Traumatization I, The Tree of Life (90 min)

**Objectives:**
- To develop a new understanding of vicarious trauma.
- To learn about ways to cope with the impact of indirect trauma.

**Methods:** Individual drawing exercise, discussion in small groups, plenary discussion.

**Material:**
- Tree of Life, Handout 9
- Crayons in different colours

**Steps:**
1. All participants draw a tree of their life with special emphasis on their career choice to work with violence survivors. (30 min)
2. In the plenary or in small groups the participants present their trees. Their satisfactions and achievements are listed on the flip chart. (30 min)
3. Wrap up the session reflecting on the value of this exercise. How did they feel doing it? What were particularly important insights? Do they see ways to use similar exercises in their trainings? (30 min)

*Handout 9*

**Tree of Life**

Draw a Tree of Your Life symbolising positive and negative aspects of:

- Factors influencing your career choice
- Your sense of efficacy in job/role
- Your sense of satisfaction in job/role of a helper working with violence survivors

Use the following symbolic elements to draw your tree:

Unripe fruit:
- Hopes

- Dreams
- Future goals
- Path onwards

Ripe fruit:
- Feelings about work and career
- Appraisal of performance
- Satisfaction

Leaves:
- Personality
- Feelings
- Individual qualities

Branches:
- Current relationships
- Friends
- Colleagues

Trunk:
- Education
- Environment
- Opportunities
- Constraints

Roots:
- Childhood
- Family of origin
- Influences on career choice

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## 13.14 Exercise: How to Cope Better with Vicarious Traumatization II: Social Action (45 min)

**Objective:** To plan action in a professional community on better care for helpers working with violence survivors.

**Methods:** Introduction, discussion in small groups, plenary.

**Material:**
- Handout 10
- Individual writing paper
- Flipchart and markers

**Steps:**
1. Introduction: Sum up the basic points from the lecture emphasising that helpers working with violence survivors regularly have parallel traumatic responses with their clients. These responses can be used to enhance therapy, but, when denied, they can be harmful to the therapist. Denial is normal and likely to occur. What can we do for our professional community to minimise

the negative consequences, and to maximise positive experiences in the work with violence survivors? (5 min)
2. Plan of action: The participants are divided into small groups (5 to 6). Their task is to write a proposal for their NGO or professional association regarding better care for helpers working with violence survivors. The proposal should contain guidelines (the trainer may use the attached example to explain to the participants what is expected of them).
   Each group writes down at least 6 to 8 suggestions on how and why the mental health of helpers who work with violence survivors should be protected at an organizational level or at the level of professional association guidelines. (20 min)
3. Each group presents its guidelines. The other participants comment on them. (20 min)
4. Wrap up with some special focus on how this outcome can be translated to concrete action. Distribute Handout 10 and discuss it in the group. (20 min)

*Handout 10:*

**GUIDELINES FOR PERSONAL ACTION**
**TO REDUCE NEGATIVE EFFECTS OF INDIRECT TRAUMA**

1. Acknowledge and respect the value and danger of indirect trauma responses in yourself and others.
2. Do not think that you can do trauma work all alone, or assume that anyone else can.
3. Be aware that your feelings and reactions related to trauma work are important clinical data, as are those of others.
4. As the well-being of clients is connected to the well-being of their care workers, be aware that you are always a model and that you never work alone.
5. The helping process is an endless creative process; do not assume that what you or others have previously learned will work the next time.
6. Strive to create a professional community that recognises these guidelines, and promote self-care for care providers.

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## 13.15 Presentation: Strategies of Self-Help (30 min)

Recognizing sources of professional stress or burn-out is critical for the development of effective coping strategies that will help beat or alleviate it. The same is true for indirect traumatization. It is important to have in mind that although it is very clear which strategies are not efficient and healthy (i.e. alcohol, drugs), there are no universally preferred coping strategies. The most effective coping strategy always depends on an individual assessment of *(sheet16):*

- A stressor's characteristics
- The possibility to control the situation

Then we have a choice of three generally accepted ways of coping with stress:

- To change the source of stress
- To accept the source of stress
- To avoid the source of stress

However, very often, especially when we are distressed, it is difficult to identify the strategy that is most effective. Cognitive assessment of the possibility to control a situation and assessment of the distress level can help to make the distinction and to choose the most appropriate strategy. The mechanisms can also contribute to the coping with the effects of vicarious trauma, although some specific procedures are needed, as illustrated before.

The everyday work of care workers who work with victims of violence requires them to focus on another person, listen actively, and be able to bear situations dominated by helplessness, fear, shame, despair or deep sorrow of clients. Since situations encountered by care workers require great commitment, it is important to recognise the moment when everyday work-related strain surpasses the "usual" individual limit of tolerance. In these situations, self-help strategies are important means to alleviate stress and prevent burn-out before it goes too far.

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## 13.16 Exercise: What is Going On With Me? (30 min)

**Objective:** To become aware of personal reactions to work- related strain.

**Method:** Individual thinking exercise, plenary discussion.

**Material:** Handout 11.

**Steps:**
1. Distribute Handout 11. The participants each write down their reflections to the questions on the handout (20 min).
2. Invite some participants to share their reflections (10 min).

*Handout 11*

**AWARENESS: WHAT IS GOING ON WITH ME?**

1. In what situations do I get very tired? What is typical for these situations?
2. What are the "signs of warning" preceding such situations? What should I pay attention to in the outside world, and what warnings come from within me?
3. What thoughts and ideas come up after my feelings of exhaustion or arousal?
4. How do I react when I see that a story of the person in front of me matches my personal problems or losses in some way or another?
5. Under which circumstances does my work seem easy? How do I achieve this?
6. What happens if I refuse a task or a request for help? How do others react and how does this affect me?

## 13.17 Presentation: Self-Observation of Exposure to Stress and Its Consequences (30 min)

The first step towards the development of self-help strategies is full awareness of what is going on, i.e. what is happening to me?
The second step is identification and appraisal of stressors.
A further step is to identify the most appropriate means of self-help or an individual combination of various self-help methods.
In order to recognise a range of individual strategies of self-help, the most common procedures are systematised below:

**I. Self-observation of exposure to stress and its consequences**

Systematic self-observation is the most efficient means to prevent burn-out syndrome. Also, it offers insights on how to change your own harmful behaviour. Being aware and changing your behaviour reduces the chance of adding stress-inducing behaviour to a work situation that is already highly stressful. Self-observation includes *(sheet 17):*

1. Monitoring how working with survivors of violence influences:
   - Sleep
   - Alcohol, coffee, tea, and cigarette consumption
   - The occurrence of minor illnesses, general condition of health
   - The frequency of mistakes at work
   - Attitudes towards clients and other people
   - Cynicism, negativism, criticism
   - Social behaviours (irritability, impulsiveness, tendency toward isolation)
   - Relations with family members
   - Feelings of helplessness, depression, exhaustion

2. Talking with friends or family members about how they see us, whether we have changed in their eyes. And, if we have, how have we changed?

3. Monitoring the time we spend working: daily, weekly, and monthly. How much time do we spend resting, for entertainment, social life, recreation?

**II. Time management**

Each care worker faces a number of simultaneous tasks and requirements at work. Bringing some order into the distribution of tasks can reduce the fear of not being able to meet the deadlines or the uncertainty about when to start a certain activity. The elements of time management includes *(sheet 18):*

- Defining the main areas of work according to their importance and priority. Each day priorities should be set, and only the most pressing matters should be dealt with.
- A review of the work of the day before, a schedule of today's activities and a list of work priorities for the next day.
- Learning about personal preferences with regard to particular tasks during the day and the distribution of tasks according to our daily biorhythm. (During working hours, there are periods of less energy and concentration, and times when we are fit and ready for greater effort. If we can schedule our tasks in such a way that we leave the more difficult work for the times when we have

more energy, we can prevent exhaustion).
- Planning resting periods at work.

**III. Setting limits**
It is important to limit our participation in various tasks, which means that we should *(sheet 19):*
- Examine whether our expectations of accomplishing a certain task are realistic.
- Set realistic short-term and long-term goals.
- Accept small tasks and small goals, according to the following rule: Finish something every day.
- Allow ourselves to rest.
- Promise ourselves that we will work neither overtime nor over the weekends.
- Practice how to say "no" and not promise too much.

**IV. Observing the interior dialogue**
The content of an inner dialogue or intimate thoughts can be a sign of stress, but also a means to lower the stress level.
We should be aware of our own inner statements, such as, "I shall not be able to do this in time," "Today is a bad day for me," and "I have had enough."
We should rephrase these sentences in a positive way, e.g., "Today I shall go no further than page 33," and "When I have a bad day like this, I should do something cheerful, like bringing flowers to the neighbour."
Being aware of stress symptoms and relating them to the stressor can make the situation a bit more controllable and reduce the number of problems, e.g., "I feel weak because I am tired and hungry."

**V. Methods of self-encouragement**
Positive and helpful attitudes: "I do not feel like talking to that man now, but as I was able to do it before, I can do it now". We should praise and award ourselves for a job well done.

**VI. Relaxation techniques**
Various relaxation techniques can be used within the framework of self-care to reduce stress. Among the best known are progressive muscular relaxation, autogenuos training, meditation, yoga, and physical exercise (See at the end of this module, and Module 14 The Body Remembers: Dealing with Feelings)

**VII. Recreation**
It is important to draw a clear line between leisure and working hours. Leisure time should be planned for the renewal of energy. In our time off we can meet other people and dedicate ourselves to sports and hobbies. We should go for walks in the country. Recreation can also be intellectual, like going to the cinema or reading a book. It is a well-known fact that humour and laughter can reduce tension. This is best achieved through association with people who are close to us. Taking care of our nutrition and health in general, sleeping regularly, etc. are also important self-help factors.

## 13.18 Exercise: Self-Help Strategies (60 min)

**Objectives:** To broaden the scope of self-help strategies.

**Materials:**
- Handout 12: List of self-help strategies
- Handout 13: Form "Helper's Powers"
- Pencils in two colours

**Method:** Individual thinking exercise, discussion in small groups.

**Steps:**
1. Distribute Handout 12, the list with self-help strategies. Ask the participants to circle the self-help strategies that they regularly use to reduce negative effects of professional stress. They can also add some specific strategies. (5 min)
2. Have small group discussions (3 to 4) about the situations in which the participants use specific strategies. Ask the participants to pick a new strategy that could be helpful to them and which they could use in the future. Then they should identify a new strategy that might be beneficial to their colleagues (team) and then another strategy that they would like to use to reduce the level of stress in their working environment. The group leader should emphasize that individual care workers greatly benefit if stress in the working environment and among the colleagues in the team is reduced. (20 min)
3. The participants stay in the same small groups. Give out them Handout 13. Each fills out the form "Helpers' Powers", indicating what they already do to reduce their own stress. With a pencil in another colour they indicate at least one new strategy that they can use at each of the following levels – themselves, colleagues and professional environment. (5 min)
4. The participants, still in small groups, discuss what they would do first to introduce these new strategies. Have them make concrete plans of action – WHAT, WHEN, WITH WHOM, HOW WILL THEY KNOW IF IT IS EFFICIENT? (25 min)
5. The group leader summarises the discussion, pointing out that self-care is closely linked to care for others. (5 min)

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## 13.19 Presentation: The Technique of Relaxation (15 min)

Relaxation is passive or active. **Passive relaxation** includes unsystematic ways of relaxing, such as walking, reading, and listening to music. Most activities that result in pleasure are relaxing activities at the same time. **Active relaxation** includes techniques that systematically put the whole organism into a relaxed state. Through the mastering of relaxation techniques we acquire the ability to relax in any situation, regardless of its danger or seriousness.

**Systematic relaxation techniques** can help us to endure conditions of psychophysical strain. They also help us to alleviate or prevent psychosomatic disturbances. They can be used as a form of first aid in situations of momentarily increased strain (fear, anger). Their effectiveness increases in combination with other strategies of self-help.

Different relaxation techniques affect different systems within our organism. Muscular relaxation results in the systematic relaxation of individual muscle groups and produces an increased awareness of some parts of our body. Autogenuos training and breathing techniques have an impact on the vegetative system. “Fantasy journeys” affect the emotional level, while meditation is relaxation on the spiritual level. All these levels are interrelated, which means that successful relaxation in one area can very well have a positive impact on other areas.

**Muscular Relaxation**
Muscular strain often is an external sign of internal tension. Muscular relaxation can thus result in “inner” relaxation. Progressive muscular relaxation (Jacobson’s technique of tightening and relaxing muscles) is about having conscious control over our muscles. This technique does not affect the cardiac muscle or digestive tract muscles, as they are not under our conscious control, but even these muscles can relax indirectly by relaxing other (larger) groups of muscles.

**Fantasy journey**
This kind of relaxation enables us to travel without changing places, and to arrive in places where we feel good. Images from our memory are combined with symbolic elements that endow those images with an even more soothing character. This includes details that add to the physiological relaxation processes (the sensation of weight, warmth, and rhythmical breathing). Attention is directed to the sensation of sounds, smells, visual impressions, kinetic sensations, etc. This visualisation can be accompanied by soft music, which can have an additional soothing effect.

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## 13.20 Exercise: Relaxation (30 min)

**Objective:** Demonstration of a relaxation technique.

**Method:** All participate in a relaxation exercise led by the trainer.

**Material:** Optional: relaxing music.

**Steps:**
1. Discuss the methods of relaxation that the participants use, e.g. how often do they use it?
2. After this, do one exercise. You may want to do a ‘fantasy journey’ (see for method ‘guided fantasy’ in Module 1 War, Trauma and Recovery; exercise 1.5 Guided Fantasy- A Safe Place) or a simple exercise. Instructions for a simple exercise follow below.
3. After the exercise, discuss how the participants felt doing it.

**PROGRESSIVE MUSCULAR RELAXATION**
(Instruction for the trainer)

(Make sure that everybody has a comfortable place to sit. If you wish, you can put on relaxing music. Use a clear but gentle voice. Take your time)

- Sit comfortably and close your eyes.
- Breathe deeply and exhale slowly.
- Notice how your chest and stomach go up and down with your breathing.
- Start with your right hand. Tighten your right hand with half your strength and direct your attention to the sensation of increasing tension in your hand.
- Then tighten your hand strongly, but not as much that it hurts.
- Keep the pressure and concentrate on the sensation of tension while you inhale and exhale. Relax the pressure and rest your hand.
- Observe the difference between when your hand was tense and when it was tightly squeezed.
- Repeat with your left hand.
- Tighten the muscles of your upper arm with half your strength, and then as firm as you can, as if you are showing your arm muscles.
- Tighten your muscles, then inhale and relax your muscles while exhaling.
- Feel the change in your upper arm that comes with the relaxation of your muscles.
- Repeat with your left arm.
- Direct your attention to the sensation of tension and then relaxation.
- Proceed to the muscles of your head and face.
- Start with your forehead.
- Tighten your eyebrows, as if you were frowning, first half as tight as you can and then as much as you can.
- Inhale and relax the muscles of your forehead while exhaling, so that your forehead becomes smooth and relaxed again.
- Feel the difference between before and after relaxation.
- Tighten your eye muscles by closing your eyes half as hard as you can and then as tight as you can.
- Relax while exhaling.
- Proceed to the jaw muscles.
- Tighten them by tightening your teeth, and slowly increase the pressure.
- Don't forget to continue breathing deeply.
- Relax the pressure.
- Feel the weight in your jaw, as your muscles relax.
- Press your palate with your tongue, and relax.
- Tighten the muscles around your lips, by protruding your lips as much as you can, as if to compress them into the smallest possible space.
- Then relax the pressure.
- Feel the change in weight.
- Continue towards the muscles of your shoulders.
- Raise your shoulders gradually, as much as you can, until they reach your ears.
- Incline your head backwards a little, until you feel the "cushion" between the back of your head and your shoulder.
- Retain this position, inhale and relax your shoulders and head while exhaling.
- Let the feeling of weight spread through this part of your body.
- Tighten your chest muscles: inhale deeply, hold your breath briefly, and exhale.

- The tension in your chest disappears when you exhale.
- You can tighten your back by pushing your elbows backwards, and relax your muscles slowly as before; or make an arch in the lumbar part of your backbone (push the lower part of your backbone inside, and its upper part, near the shoulder blades, outwards.
- Relax.
- You can tighten the muscles of your upper leg by raising them and tightening the muscles on which you sit.
- Increase the tension slowly, and then relax.
- Tighten your calves by keeping your toes on the surface, and raise your heels from the surface as much as you can.
- Relax.
- Lower your heels to the floor and raise your toes slowly.
- Relax.
- Concentrate on your breathing.
- Inhale deeply and exhale slowly.
- Observe the movement of your chest and stomach muscles while breathing.
- Feel the weight and relaxation in all parts of your body.
- Stay relaxed for some time and enjoy it.
- You do not have to do anything.
- Your body is warm and heavy.
- When you wish to return from the relaxed state, stretch out, move your limbs and open your eyes.
- Avoid abrupt movements and stand up slowly.
- You now feel calm, relaxed, and fresh.

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### 13.21 Evaluation and Closing Session (30 min)

Have some sort of evaluation, written or spoken.
Ask the participant to discuss in pairs what has been valuable about this seminar, and to make a small, practical one-step plan for the near future. Exchange these plans in the plenary.
The trainer should coach the participants if they come up with impractical or unfeasible plans. Ask them: “Who are you going to phone or ask for advice if it doesn’t work?” Ideally, everyone should have a team, a team member, and a supervisor to tell about their plan. If there is a follow-up of this seminar, the first point should be “what happened to the plans?” Did they work? If they didn’t, why not, and what can be done instead?

## 13f Acknowledgements

This module was developed and written by Dean Ajdukovic and Marina Ajdukovic of the Society for Psychological Assistance, Zagreb.

## 13g To Continue...

The emphasis in this training has been on cognitive methods of dealing with different sorts of stress and vicarious traumatization.
A different approach is to put more emphasis on the emotional reactions of care workers in working with survivors of violence, on discharging emotions and dealing with feelings of counter transference. See also module 14.

# Sheets and Handouts

Module 13

# Prevention of Professional Burn-out with Care Workers: Self-Care and Organizational Care

# Psychological Consequences of Working with Traumatized Clients:

- Burn-out Syndrome
- Counter Transference Reaction
- Indirect Traumatization of Care Workers

# Mental Health Care for Care workers:

1. Preparing for Situations of Stress
2. Teaching About Effects of Working with Traumatized People
3. Improving Competence
4. Support Through Supervision
5. Developing Self-Help Skills
6. Acknowledging Personal Responsibility
7. Debriefing After Crisis

## Points to Remember About Stress:

1. Stress is Natural
2. The Difference Between Stress and Stressor
3. Different People Have Different Stress Reactions
4. Some Stress Can Be Avoided, Some Can not
5. There Are Healthy and Unhealthy Ways to Deal With Stress
6. Understanding Stress is Important

## Three Types of Stress:

1. Day-to-Day Stress
2. Cumulative Stress
3. Critical Incident Stress

Critical Stress Sometimes Is Traumatic Stress

## Two important Elements of Traumatic Stress:

1. It is Extremely Intense
2. Reactions are Inevitable and Universal

## The Most Frequent Symptoms of Burn-out Are:

- Feelings of physical and emotional exhaustion
- Decreased self-esteem
- Negative thoughts about yourself, work and organization
- Loss of interest in clients, cynicism, and insensitivity to the needs of others
- Feelings of helplessness, hopelessness and pessimism
- Irritability and sudden anger
- Rigidity and lack of adaptability
- Withdrawal from social relationships
- Frequent conflicts and aggressive outbursts
- Increased consumption of stimulants and medicine
- Increased absence from work
- General weakness
- Frequent illnesses
- Oversensitivity to stimuli
- Loss of sexual interest and sexual problems
- Physical symptoms

## Stages of Burn-out at Work:

1. High Expectations and Idealism
2. Initial Dissatisfaction and Pessimism
3. Withdrawal and Isolation
4. Loss of Professional Interest and Apathy
5. Total Burn-out

# Internal sources of stress – care workers' individual characteristics

- Unrealistic work-related expectations
- Excessive identification with clients
- Need for complete control over a situation
- Excessive commitment to work
- Complete identification with work
- Substitution of work for private and social life
- Failure to delegate
- Excessive persistence in reaching a goal
- Poor time management
- Lack of work priorities
- Feeling of professional incompetence

## Stressors related to working conditions

- Inadequate working space and equipment
- Inadequate microclimatic conditions
- Crowded conditions
- Lack of privacy and constant exposure to clients

## Stressors related to the organization of work

- Too many hours of direct contact with clients
- Pressure of schedules, not enough time
- Excessive responsibility
- Responsibility without power
- Excessive expectations of the organization
- No daily breaks
- Poorly defined organizational structure
- Unclear tasks and expectations of care workers
- Unclear division of responsibilities
- Undefined rules on rewards
- Lack of a professional training system
- Unclear rules about replacing care workers
- No debriefing after critical incidents

## Stressors related to relationships within the organization

- Poor psychosocial climate
- Rigid decision-making and management style
- Lack of a clear mission philosophy
- Lack of feedback on achievements
- No flow of external information
- Lack of professional and personal support
- Lack of group spirit and team commitment
- Lack of clear and fair criteria for promotion

## Stressors related to the type of relief work and characteristics of clients

- Too many clients requiring intensive help
- Too many clients with complicated problems
- Emotional exhaustion and indirect traumatization because of clients' needs
- Uniformity of problems of client population
- Risk of being physically attacked by clients
- Similarity between care worker's experiences and clients' trauma (counter transference)

## Vicarious traumatization by having feelings and experiences:

- Parallel to those of the trauma survivors
- Generated from the experiences of the clients
- Transmitted from the clients to the workers

## Coping strategies:

- Taking care of physical health.
- Expressing emotions and getting support
- Leisure activities
- Activities involving imagination and spirituality
- Cognitive reframing
- Social action

## Cognitive Reframing
## (Seeing things more positive):

- Watching clients grow and change
- Being part of an important healing process
- Learning about human beings through client's strength and resilience
- Personal growth and change
- Importance of the work
- Creativity in work

The effective coping strategy will depend upon individual assessment of:

- The characteristics of a stressor
- The possibility to control the situation

Three generally accepted ways of coping with stress:

- To change the source of stress
- To accept the source of stress
- To avoid the source of stress

## Monitoring Influences

1. Monitoring the effect that working with survivors of violence has on:
   - Sleep
   - Alcohol, coffee, tea, cigarette consumption
   - The occurrence of minor illnesses
   - Frequency of professional mistakes
   - Attitudes towards clients and other people
   - Cynicism, negativism, criticism
   - Social behaviours (irritability, impulsiveness, tendency toward isolation)
   - Relations with family members
   - Feelings of helplessness, depression, exhaustion

2. Talking with friends or family members: have we changed and how?

3. Monitoring the time we spend working, and resting or recreating

## The elements of time management:

- Setting priorities every day
- A review of yesterday's work, a schedule of today's activities and setting priorities to be done the following day
- Watching our biorhythm and dividing tasks accordingly
- Planning our rest periods at work

## How to put limits to work load:

- Learn to be realistic about accomplishing a certain task.
- Set realistic short-term and long-term goals.
- Accept small tasks and small goals, according to the following rule: Finish something every day.
- Allow ourselves to rest.
- Promise ourselves that we will work neither overtime nor over the weekends.
- Practice how to say “no” and not promise too much.

**Five aspects of stress responses**

Divide all stress signs into these five categories:

1. PHYSICAL (our bodily reactions)

2. EMOTIONAL (our feelings)

3. COGNITIVE (our thoughts and efforts to understand)

4. SPIRITUAL (our beliefs and values)

5. BEHAVIOURAL (our actions)

**Signs of Cumulative Stress**

Stress is experienced in a highly individual manner. The best defence against the harmful effects of various stressors is information about some of the more common signs and symptoms of these effects. CUMULATIVE STRESS is the result of prolonged, unrelieved exposure to a variety of events, work related, personal or incident specific. The following is not a comprehensive list but an illustration of how people who suffer from cumulative stress may react.

PHYSICAL REACTIONS

- Extended fatigue
- Frequent psychical complaints
- Sleep disorders
- Appetite changes

EMOTIONAL REACTIONS

- Anxiety
- Feeling alienated from others
- Desire to be alone
- Negativism/cynicism
- Suspiciousness/paranoia
- Depression/chronic sadness
- Feeling pressured/overwhelmed
- Diminished pleasure

COGNITIVE REACTIONS

- Tired of thinking
- Obsessive thinking
- Difficulty concentrating
- Increased distractibility/loss of interest
- Problems with decision/priorities
- Feeling indispensable/obsessions
- Diminished tolerance for ambiguity
- Constricted thoughts
- Rigid, inflexible thinking

SPIRITUAL REACTIONS

- Doubting value system/religious belief
- Questioning major life areas (Profession, employment, lifestyle)
- Feeling threatened and victimised
- Disillusionment
- Self-preoccupation

BEHAVIOURAL REACTIONS

- Irritability
- Anger displacement, blaming others
- Reluctance to start/finish projects
- Social withdrawal
- Absenteeism
- Unwillingness/refusal to take leave
- Substance abuse, self-medication
- Disregard for safety/risky behaviour

**Critical Incident Stress**

Stress is experienced in a highly individual manner. The best defence against the harmful effects of various stresses is information about some of the more common signs and symptoms of these effects. Critical Incident Stress results from exposure to a critical incident, usually an event that is sudden, violent and beyond the range of normal human experience. Such events temporarily overwhelm our usual capacity to cope. Critical incident stress can be immediate or delayed and it is important to remember that the reactions below are normal reactions of normal people to abnormal events. The following is not a comprehensive list, but provides examples of what people may experience after a critical incident.

**IMMEDIATE REACTIONS**

PHYSICAL REACTIONS

- Nausea, gastro – intestinal distress
- Sweating, shivering
- Faintness, dizziness
- Muscle tremors/weakness
- Elevated heartbeat, respiration
- Uncoordinated movements
- Extreme fatigue/exhaustion
- Headaches

EMOTIONAL REACTIONS

- Rapidly shifting emotions
- Numbness, anxiety, fear
- Guilt/survivor guilt
- Exhilaration, survivor joy
- Anger, sadness
- Helplessness/feeling overwhelmed
- Detachment, feeling unreal
- Disorientation
- Numbness
- Feeling out of control

COGNITIVE REACTIONS

- Difficulty concentrating
- Racing, circular thoughts
- Slowed thinking
- Memory problems
- Confusion
- Impaired problem-solving and math calculations
- Difficulty making decisions
- Intrusive images
- Loss of perspective

BEHAVIOURAL REACTIONS

- Startle reaction/restlessness
- Sleep and appetite disorders
- Difficulty expressing oneself
- Constant talking about the event
- Arguments
- Withdrawal
- Excessive black humour
- Slowed reactions/accident proneness
- Inability to rest or to let go

SPIRITUAL REACTIONS

- Profound loss of trust

**Delayed Reactions**

Many people are surprised by the aftermath of a critical incident. While we wish the event to be "over", persistent or delayed reactions are common. People whose responsibilities or coping styles require a high degree of emotional control during a critical incident may find themselves reacting some time after the incident. Some of these manners are noted below. Most people's reactions gradually diminish until a person feels more or less back to normal in a few weeks. The reappearance of reactions around the anniversary of the critical incident, or in response to a similar event, is not unusual.

PHYSICAL REACTIONS

- Sleep disorders
- Nightmares
- Aches and pains
- Appetite and digestive changes
- Lowered resistance to colds and infections
- Persistent fatigue

EMOTIONAL REACTIONS

- Mood swings, feeling unstable
- Anxiety, fear of recurrence
- Depression, grief
- Irritability, hostility
- Self-blame, shame
- Fragility, feeling vulnerable
- Numbness, detachment

COGNITIVE REACTIONS

- Intrusive memories
- Reactivation of previous traumatic events
- Preoccupation with an event

SPIRITUAL REACTIONS

- "Why me" struggle
- Increased cynicism
- Loss of self confidence
- Loss of purpose
- Renewed faith in a higher being
- Profound existential questioning
- Loss of belief in co-operative spirit of mankind

BEHAVIOURAL REACTIONS

- Avoiding reminders of the event
- Social relational disorders
- Difficulty connecting with "outsiders"
- Lowered activity level
- Increased use of alcohol, drugs (self medication for depression, anxiety)

**Stages of burn-out at work**

FIRST STAGE: *High expectations and idealism*
- Excessive enthusiasm for work
- Dedication to work
- High degree of energy consumption
- Positive and constructive attitude
- Great achievements

SECOND STAGE: *Pessimism and first signs of dissatisfaction with work*
- Physical and mental exhaustion
- Frustration and loss of ideals
- Reduced working morale
- Boredom
- Early psychosomatic symptoms of stress

THIRD STAGE: *Withdrawal and isolation*
- Avoiding contact with collaborators
- Anger and hostility
- Serious negativism
- Depression and other emotional difficulties
- Inability to think or concentrate
- Exceptional physical and mental strain
- A large number of stress symptoms

FOURTH STAGE: *Loss of professional interests and apathy*
- Low self-esteem
- Chronic absences from work
- Negative attitudes towards work
- Complete cynicism
- Inability to interact with other persons
- Serious emotional difficulties
- Serious stress symptoms on a physical and emotional level
- Thoughts of leaving the job or profession

**Helper's Burnout Scale**

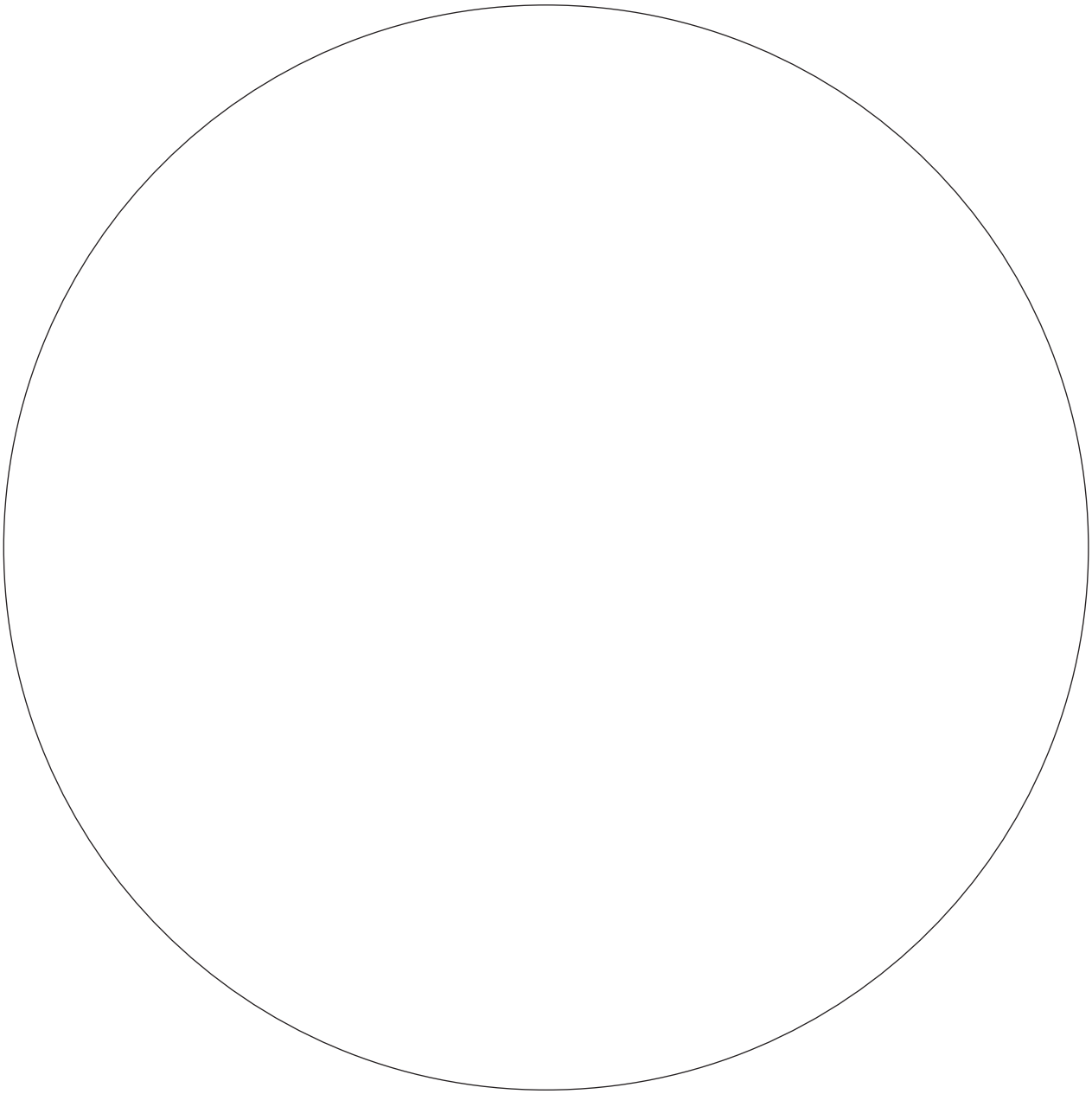
Name: Date:

Position at work: Score:

By assessing how much the following statements relate to you, you can determine your exposure to professional burnout. Please read all the statement and circle the number by each statement that describes you best.

| | Seldom | Sometimes | Always |
|---|---|---|---|
| 1. I feel hostile and angry at work | 1 | 2 | 3 |
| 2. I am withdrawing from my colleagues | 1 | 2 | 3 |
| 3. I feel the things I am asked to do at work as imposed | 1 | 2 | 3 |
| 4. I am becoming less compassionate with clients and colleagues | 1 | 2 | 3 |
| 5. My job is very boring, tiring and routine | 1 | 2 | 3 |
| 6. I think of my job in a negative way and focus only on its bad sides | 1 | 2 | 3 |
| 7. I feel that I am achieving less than ever before | 1 | 2 | 3 |
| 8. I have difficulties in organizing my job and work time | 1 | 2 | 3 |
| 9. I am more irritated than ever before | 1 | 2 | 3 |
| 10. I feel powerless to change anything at my work | 1 | 2 | 3 |
| 11. I take frustrations from the job into my private life | 1 | 2 | 3 |
| 12. I am aware that I avoid personal contacts as never before | 1 | 2 | 3 |
| 13. I am wondering if my job is adequate for me | 1 | 2 | 3 |
| 14. I think about my job negatively, even before going to sleep | 1 | 2 | 3 |
| 15. I start every work day by thinking "Can stand another day" | 1 | 2 | 3 |
| 16. I seems to me that nobody cares about what I do at work | 1 | 2 | 3 |
| 17. I spend more time avoiding work than working | 1 | 2 | 3 |
| 18. At work I feel tired and exhausted, even after a good night sleep | 1 | 2 | 3 |

**IDENTIFICATION OF CONTROLLABLE STRESSORS**



**Vicarious trauma checklist**

**Intrusive symptoms among care workers**

- Clients' traumatic experiences appearing in providers' disturbing dreams
- Preoccupation with a client intrudes thoughts while attempting to concentrate on other things
- Illusions of seeing a client in the street, in a supermarket, on a bus, etc.
- Re-experiencing emotions connected with the case

**Avoidance/numbing symptoms**

- Forgetting appointments with a client, forgetting key clinical material
- Feeling unable to enjoy work, hostility or mistrust against formerly liked co-workers
- Losing interest in usual pleasures and relationships outside of work
- Losing touch with long-term ambitions and ideals
- Phobic avoidance of a client and/or supervisor/colleague related to a case may turn into a fear of answering telephones or leaving the office (may alternate with idealisation of a client)

**Persistent hyper arousal**

- Restlessness, difficulty concentrating
- Disordered sleeping pattern
- Hyper vigilance for communications relating to case
- Digestive disorders, breathing difficulties, headaches, backaches, muscle spasms
- Constantly being on edge, personality changes

**Loss of self-confidence**

- Sense of complete difference from colleagues not doing similar work
- Failing in personal and professional self-care
- Feelings of hopelessness and despair
- Having pervasive thoughts of deceit, betrayal, and exploitation
- Lying to colleagues/supervisors

**Tree of Life**

Draw a Tree of Your Life symbolising positive and negative aspects of:

- Factors influencing your career choice
- Your sense of efficacy in job/role
- Your sense of satisfaction in job/role of a helper working with violence survivors

Use the following symbolic elements to draw your tree:

Unripe fruit:
- Hopes
- Dreams
- Future goals
- Path onwards

Ripe fruit:
- Feelings about work and career
- Appraisal of performance
- Satisfaction

Leaves:
- Personality
- Feelings
- Individual qualities

Branches:
- Current relationships
- Friends
- Colleagues

Trunk:
- Education
- Environment
- Opportunities
- Constraints

Roots:
- Childhood
- Family of origin
- Influences on career choice

**GUIDELINES FOR PERSONAL ACTION**
**IN REDUCING NEGATIVE EFFECTS OF INDIRECT TRAUMA**

1. Acknowledge and respect the value and danger of indirect trauma responses in yourself and others.

2. Do not think that you can do trauma work all alone, or assume that anyone else can.

3. Be aware that your feelings and reactions related to trauma work are important clinical data, as are those of others.

4. As the well-being of clients is connected to the well-being of their care workers, be aware that you are always a model and that you never work alone.

5. The helping process is an endless creative process; do not assume that what you or others have previously learned will work the next time.

6. Strive to create a professional community that recognises these guidelines, and promote self-care for care providers.

**AWARENESS: WHAT IS GOING ON WITH ME?**

1. In what situations do I get very tired? What is typical for these situations?

2. What are the "signs of warning" preceding such situations? What should I pay attention to in the outside world, and what warnings come from within me?

3. What thoughts and ideas come up after my feelings of exhaustion or arousal?

4. How do I react when I see that a story of the person in front of me matches my personal problems or losses in some way or another?

5. Under which circumstances does my work seem easy? How do I achieve this?

6. What happens if I refuse a task or a request for help? How do others react and how does this affect me?

**List of Self Help Strategies: Self-observation and Monitoring**

1. In my case, how does working with survivors of violence affect:
   - Sleep
   - Alcohol, coffee, tea, cigarette consumption
   - The occurrence of minor illnesses
   - Frequency of professional mistakes
   - Attitudes towards clients and other people
   - Cynicism, negativism, criticism
   - Social behaviours (irritability, impulsiveness, tendency toward isolation)
   - Relations with family members
   - Feelings of helplessness, depression, exhaustion
   - What should I change?

2. If I would talk with friends and family members, what would they probably say about how I have changed?
   What does this tell me?

3. How much time do I spend daily on work, rest, entertainment, social life, recreation?
   Can this be improved?

4. Am I efficient in: setting daily priorities? Scheduling today's and tomorrow's priorities? Knowing my own biorhythm and distributing my tasks accordingly? Planning rest periods at work?
   What should change?

5. Am I efficient in setting limits? Are my expectations of accomplishing tasks realistic? Can I set short-term and long-term goals? Do I allow myself to rest in between? Do I work overtime and in weekends? Can I say "no"? Do I promise too much?
   What should change?

6. What about my internal dialogues? Can I rephrase negative thoughts in a positive way?

7. What about my methods of self-encouragement?

8. What about my relaxation skills?

9. What do I do for recreation?

10. What other self-help strategies do I have?

11. What are my points for improvement?

**THE STRENGTHS OF HELPERS IN FIGHTING PROFESSIONAL STRESS**

Please use a blue pencil to write into each concentric circle something you are already successfully using to fight professional stress, and use the red pencil to write down one or two strategies you could start using in order to help reduce professional stress.