AN EXPLORATORY STUDY OF STRESS AND COPING

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Jamie Soule
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DEDICATION

This work is dedicated to my family.
To my husband and best friend Andy; we did this together, thank you for making it possible. Grow old along with me the best is yet to be.
To my son Kolby and my daughter Cali; the focus, courage and strength it took me to get through this is also within you.
Kolby your character and heart will guide you in life; I hope you enjoy the journey.
Cali your drive and quick wit will serve you well in life, I hope you enjoy the journey.
To my mother Sharron; your encouragement and support could never be forgotten.
To my mother and father-in-law, Linda and Dale; your love, support, and guidance in our life is a treasure.
To my brother Joaquin; thank you for all the years of being a brother and a father for me, and thanks for junior college.
To my sister Jennifer; my role model in so many ways, thank you for being there.
To my brother-in-law Jeremy, thanks for all the hours of discussion about coping in our careers.
To Rachelle my niece, my friend, thank you for your unconditional support.
To Courtney my niece; don’t be afraid to dream and know that you are an amazing young woman.
To Jack my nephew; it is a pleasure to know you. Your character and approach to life are a strength for you and unlike most young men your age, use and develop them.
To Jackie my sister; thank you for your encouragement and love.
To my friend Sunday, your love and friendship has helped me stay true to who I am and where I came from.

Let this dedication recognize the support, love and encouragement that my family operates within. Thank you to you all for your sacrifices during this project.
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ABSTRACT

AN EXPLORATORY STUDY OF STRESS AND COPING

by

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Master of Social Work

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This thesis uses a participatory research methodology to explore the stress experiences and coping strategies used by a group of mental health professionals and a group of graduate students in social work. Focus groups were conducted for the purpose of collecting qualitative data from the 17 participants. This data was analyzed to identify themes reflecting various stress appraisals and meaning focused coping strategies used by these human service workers. Participants were also supported in their effort to deal with potential burnout, secondary trauma, compassion fatigue, and vicarious trauma. Results indicate that members in both groups use cognitive appraisals concerning harm, threat, and challenge posed by stressful events. They also appear to use certain coping strategies, such as finding benefits in their work and infusing ordinary events with meaning. Participants also indicated that they find value in supervision and debriefing with colleagues as a means of coping with occupational stress.
CHAPTER I

INTRODUCTION

This study is a qualitative exploration of stress and coping among helping professionals. Stress and coping is viewed cognitively in order to better understand the thinking processes of helping professionals exposed to client trauma. There is much research on the various types of stress faced by helping professionals; however, there is little research on how these professionals cope with the stress. This research will add to what is known about stress and coping among helping professionals by exploring stress appraisals, coping strategies, and the nature of thoughts about client trauma.

Background

The majority of existing research on trauma among helping professionals was developed in the early 1990’s and much of it has consisted of quantitative approach proving prevalence of stress among helping professionals. This area of research has continued to hold the attention of many researchers today with the field moving towards an exploration of how and why helping professionals are affected. The body of research is expanding, with investigators attempting to understand the process of coping with the inherent dangers faced by professionals in helping roles, such as trauma therapist, social worker, emergency responder, mental health worker, and nurse. To date, however, little is known about how worldviews, coping strategies and appraisals are developed and used.
Projected future dimensions in this field of research look to develop education and training material that provide a deeper understanding of the risks involved with the helping professions as well as preventative coping strategies. According to Folkman (2009), one future direction for research around stress appraisals involves developing the ideas around stress appraisals, such as “anticipatory coping processes that, in advance, minimize or avoid threats and harms,” (p. 75). Folkman also asserts that there is work to be done to further develop meaning focused coping measurements in order to more fully understand the coping process. The current study is aimed at contributing to what is known about the nature of cognitive processes experienced by helping professionals that may be used to guide the development of education and training programs to aid professionals in coping with the stress of the job.

Statement of the Problem

Social workers and mental health professionals are exposed to a variety of different forms of stress, including burnout, secondary traumatic stress and vicarious trauma. They often experience their own symptoms of trauma as a result of empathic engagement with clients that have been traumatized, (Nelson-Gardell, 2003). McCann and Pearlman’s research indicates that despite extensive training, mental health professionals “are not immune to the painful images, thoughts, and feelings associated with exposure to their clients’ traumatic memories” (1990, p.132). Other existing research reveals that secondary traumatic stress is rampant among mental health workers (Ting et al., 2005). Secondary Trauma is defined and discussed at length later in this document. A 2007 study on the prevalence of stress among social workers found that
many of these employees developed a secondary traumatic stress disorder as a result of working with traumatized populations. Furthermore, as a result of this study the researcher asserts that “many social workers are likely to experience at least some symptoms of Secondary Traumatic Stress (STS), and a significant minority may meet the diagnostic criteria for PTSD” (Bride, p. 63). Research on secondary traumatic stress among helping professionals is evolving at a rapid pace. However, a 2004 review of fifteen studies found that results varied so much that more investigation is needed in this field in order to draw any substantive conclusions on the topic (Bride, as cited in Pryce, Shackelford & Pryce, 2007).

It is clear that professionals have been treating trauma victims for a long time; however, recently the numbers of survivors seeking help have increased (Pearlman & Mac Ian, 1995). As a result of this explosion in recent years, the study of stress in the helping professions has received greater attention. There is clear consensus among existing literature that there is significant health risk related to occupational stress, which is greater for helping professionals than workers in other occupations (Lazarus & Folkman, 1984; Spector, 2002; Biron et al., 2006; Ting et al., 2005; Conrad & Kellar-Guenther, 2006). Conrad and Kellar-Guenther (2006) studied compassion fatigue, burnout, and compassion satisfaction amid child protection workers in Colorado and asserted that high stress has been linked to turnover in human services agencies. These terms will be further defined below. These authors expand stating that extremely high levels of turnover in helping professions increase the already large amounts of money spent by organizations on staff recruitment, training and hiring (Conrad & Kellar-Guenther, 2006). An example given by these researchers of a public agency with higher
than usual level of turnover is the child protective services agencies (Conrad & Kellar-Guenther, 2003). The researchers found specifically that about 50% of these child protection workers experienced a high level of compassion fatigue.

Through the act of helping, professionals are exposed to client trauma in addition to typical occupational stress (Dillenburger, 2004; Figley, 2002; Soderfeldt et al., 1995; Ting et al., 2005). For this reason, it is essential that attention be paid to helping professionals. When prolonged stress and burnout occur, workers commonly experience a loss of morale, plan to leave the job, or develop psychological and physiological symptoms (Conrad & Kellar-Guenther, 2006; Koeske & Koeske, 1989). Gellis (2002) discusses coping for individuals and organizations: “The extent to which human service organizations and individual social workers learn to cope effectively with the stresses of work has important implications for their continued well-being and productivity,” (p.38).

Purpose of the Study

The purpose of this study is to explore rather than to predict thoughts and thought processes of mental health professionals and social work students who are working with clients suffering from trauma. In addition, this study holds a commitment to educating the study participants, with the hope that they will learn something of value to them. Results of this exploratory research are intended to inform training seminars and educational programs focused on professional stress and coping. Ying and Han (2009) are just some of the many researchers calling for development of curricula in schools for social work students that are aimed at strengthening their coping capacity as professionals. This study will add to what is known about the experience of professional
social workers and social work students as a step toward the development of coping strategies that may be useful to them.

Theoretical Base

Experiences with trauma and vicarious trauma are viewed by many researchers through the use of Constructivist Self Development Theory (CSDT), which recognizes the development of the self and trauma’s impact on that development. The researchers who developed the term Vicarious Trauma (VT) did so conceptualizing this condition through CSDT (Pearlman & McCann, 1990). CSDT is a combination of psychoanalytic theories of object relations and self-psychology, further mixed with social cognition theories (Pearlman & Mac Ian, 1995). This mixture is used to understand how people who have survived traumatic events develop a sense of self after traumatic exposure (Pearlman & Mac Ian, 1995). Saakvitne, Tennen, and Affleck (1998) present the idea of studying thriving using the theory of CSDT in order to identify growth after trauma. They describe CSDT as a mixed personality theory that attempts to describe the impact of trauma on self-development including personality. CSDT outlines precise components of the self which traumatic events affect most including; frame of reference, self-capacities, ego resources, central psychological needs, perceptual and memory system (Saakvitne et al., 1998). McCann and Pearlman (1990) studied 188 trauma therapists and posit that people construct their personal realities by means of the development of these components, adding that components are in constant development. In their critique of theories for identifying growth after trauma Saakvitne and colleagues (1998) offer CSDT as a template to identify growth as well as damage after trauma. It
illustrates the process through which the helping professional’s inner experience as well as the worldview are altered “as a direct result of secondary exposure to trauma through his or her work” (2002, p. 157).

Limitations

There is a limit to the extent to which the study results are generalizable to workers in other helping professions other than mental health and social work. This is due to the fact that the study sample was limited to workers in these areas of practice. Another noteworthy limitation is that of the demographics of the group of mental health workers. Additionally over 60% of the total participants from both groups were female, limiting the generalizability of results to males. This study was also limited by time constraints that allowed for the implementation of only two focus groups. Future research might replicate the process used here with more employees across different types of work settings.

Definition of Terms

A helping professional will be defined as a person working in a profession which focuses on providing human services on a daily basis, interacting with individuals and/or families in a public or non-profit agency setting, while focusing the interaction on helping the client system with a problem. For the purpose of this study coping will be viewed as an appraisal process through which an individual manages the demands created by an event that is appraised as stressful. Stress is defined as a complex phenomenon based on a person and their interactions with their environment (Collins, Coffey & Morris, 2010). This definition makes clear that stress levels are constantly changing and
increase in “response to an inappropriate level of pressure” (p. 964). Collins et. al expand this definition by stating that stress is related to the individual’s perceptions and the structural and organizational contexts within which they live.
CHAPTER II

LITERATURE REVIEW

The Gale Encyclopedia of Psychology (2001) recognizes the lack of consensus within the field of psychology about an exact definition for the term stress, further stating that there is agreement “that stress results when demands placed on an organism cause unusual physical, psychological, or emotional responses” (p.633). Stressors can be minor everyday issues or global issues with large magnitude. The literature review that follows will focus on various stress reactions that occur among helping professionals who have direct contact with clients, as well as on the knowledge of the coping processes used during those stressful events.

Burnout

The term burnout refers to the ways in which the work environment stressors can affect helping professionals over time (Meyerson, 1994; Jayaratne & Others, 1986; McCann & Pearlman, 1990). It is thought to occur as a response to prolonged stress on the job. Figley (2002) states that “burnout is a result of frustration, powerlessness, and inability to achieve work goals,” (p.19). Conrad and Kellar-Guenther describe it as a syndrome consisting of depersonalization, emotional exhaustion and lowered personal accomplishment. Overall these researchers describe burnout as rooted in the organizational setting, with that setting often consisting of high demands and low rewards.
for workers (2006). Burnout can result in headaches, arousal, sleep disturbances, aggression, diminishing work performance, physical and mental exhaustion, cynicism, problems in work relationships and irritability. When exposed to prolonged occupational stress, helping professionals may also lose their ability to help as well as the ability to be objective (Conrad & Kellar-Guenther, 2006; Spector, 2002; Biron, Ivers, Brun & Cooper, 2006; Latack, 1986; Ganster, 2008). Koeske & Koeske, (1989) expand on this stating that professionals experiencing burnout may exhibit symptoms of decreased morale, develop physiological and psychological symptoms, and plan to leave their job. Jayaratne & Others, (1986) studied burnout in 75 helping professionals and their spouses and found that depression, irritability, and anxiety were associated with higher feelings of burnout. In their study of child protective workers, Conrad and Kellar-Guenther (2006) described burnout as a process through which a committed professional separates themselves from their work as a way to cope with strain and stress on their job.

Compassion Fatigue/Secondary Traumatic Stress

Compassion Fatigue (CF) refers to emotional and physical symptoms experienced by helping professionals who have been exposed to trauma secondarily through working with traumatic materials presented by clients (Figley, 2002). CF results from the professional’s empathy for the traumatized client (Ting et al., 2005). Some of the symptoms listed by Figley in his 2002 book on CF include lowered concentration, decreased self-esteem, rigidity, powerlessness, anxiety, guilt, anger, survivor guilt, numbness, fear, irritability, sleep disturbances, nightmares, questioning the meaning of life, mistrust, isolation, hyper vigilance, rapid heartbeat, absenteeism, poor work
performance, and staff conflicts. In a study on CF among 363 Child Protective Service Workers in Colorado, Conrad & Kellar-Guenther (2006) found that CF affects hotline workers, police officers, nurses, and mental health professional who have worked with clients who have been exposed to trauma. These researchers reported symptoms of compassion fatigue as sleeplessness, depression and sadness, as well as general anxiety. Figley is the dominant researcher in the field of CF and considers the term CF to be interchangeable with the term Secondary Traumatic Stress (STS). Figley introduced the term CF as a more user friendly term than STS.

Figley (2002) found that helping professionals who are exposed to victims of trauma are as likely as the victims to develop symptoms and disorders of traumatic stress. These findings are based upon the knowledge that traumatic stress may develop within the helping professional even when they are not directly exposed to harm. In fact, it can develop from one interaction with one client (Pryce, Shackleford & Pryce, 2007). In his 2002 book on compassion fatigue, Figley cites authors who declare that people with mental health issues are largely subject to trauma in their lives; thus the mental health professionals who are treating them are commonly dealing with trauma. In a study of social workers, Bride (2007) found that many of them experienced some STS symptoms, while “a significant minority” meet the criteria for a Post Traumatic Stress Disorder (PTSD) diagnosis. Studies conducted on mental health professionals working in trauma produce empirical evidence that symptoms of traumatic stress commonly result from working with trauma survivors (Wee and Myers, as cited in Figley, 2002). Symptoms prevalent for workers in these studies were fatigue, avoidance, arousal, intrusive thoughts, compulsive behaviors, shock, functional impairment, depersonalization, and
helplessness. Pryce, Shackleford & Pryce investigated child protection workers and posit that the result of being exposed to secondary trauma for these workers is “avoidance of thoughts and feelings or situations that serve as reminders of the trauma, psychogenic amnesia, withdrawal from others, a loss of interests, feeling flat and in some cases a loss of a sense of future” (2007, p.12).

Vicarious Trauma

Vicarious trauma (VT) is defined as a shift or a transformation of the worldview and inner experience held by a helping professional (Adams & Riggs, 2008; Workshops for the Helping Professions, 2007). VT is a phenomenon that occurs over time as traumatic stress is shared through observation and or listening to the stories of traumatic events experienced by another person (Figley, 2002). When a helping professional is experiencing VT they begin to interpret things differently, and relate to the world differently than they previously did (Figley, 2002; Pearlman & McCann, 1990). A helping professional may change in a way that mirrors client trauma even exhibiting related symptoms (Figley, 2002).

VT is a term that was initially presented by researchers Pearlman and McCann in 1990. VT is considered by these authors to be an occupational hazard for helping professionals that is encountered through empathic engagement with clients. Engagement includes hearing detailed descriptions of horrific events, witnessing people being cruel to each other, as well as working with traumatic re-enactments with clients (Pearlman & McCann, 1990). Some authors assert that the worldview of the helping professional can be negatively affected by traumatic exposure. For example, they may question the
meaning of life or their own sense of safety (Pryce, Shackleford & Pryce, 2007). These researchers posit that VT is cumulative and develops over time, rather than from one session or with one client. Not only are the effects cumulative, but also permanent (Figley, 2002; McCann & Pearlman, 1990; Jenkins & Baird, 2002; Ting, Jacobson, Sanders, Bride, & Harrington, 2005). These effects become apparent in the personal and professional lives of those afflicted (Figley, 2002). The helping professional holds characteristics that interact with the work situation and over time these individual characteristics may contribute to the rise of VT. In a study done on trauma therapists exposed to traumatic material it was found that disruptions of worldview were significantly higher for therapists who had a history of personal trauma, indicating that trauma therapists who had trauma in their own past were more likely to be effected by VT (Pearlman & Mac Ian, 1995). In Figley’s 1995 work on STS and CF, he listed factors that make professionals vulnerable to these afflictions as children’s trauma, a history of personal trauma, unresolved trauma, and empathy.

Comparison: Vicarious Trauma (VT), Compassion Fatigue (CF)/Secondary Traumatic Stress (STS) and Burnout (BO)

It can be somewhat difficult to differentiate between the concepts of VT, CF/STS, and BO. To clarify their similarities and differences a visual diagram is provided in Appendix A. It shows that these terms represent different phenomenon that can occur simultaneously. Unlike burnout, the professional develops CF/STS or VT through hearing the details of traumatic events (Ting et al., 2005; Figley, 2002; Pryce Shackleford & Pryce, 2007). CF/STS can develop from a single interaction with a client
exposed to trauma, whereas burnout is a condition that develops over time and is rooted in factors that pertain to the work environment (Conrad & Kellar-Guenther, 2006).

Adams, Figley, and Boscarino (2008) studied the difference between job burnout and STS and found that both are related to psychological distress. Ting et al. (2006) recognizes similarities between burnout and CF in that they both produce feelings of loneliness, helplessness, depression and anxiety. In general individuals recover faster from CF than they do from burnout (as cited in Conrad & Kellar-Guenther, 2006). In 1983, Figley defined STS as different from Post-Traumatic Stress Disorder (PTSD) only by ways in which an individual was exposed to trauma, primarily or secondarily. This shows that PTSD is a result of primary exposure to trauma, whereas STS is a result of secondary exposure through hearing a story, reading a file, or witnessing a re-enactment. In 1995, Figley renamed STS as CF (Figley, 2002; Jenkins and Baird, 2002). Authors Pryce Shackleford & Pryce (2007) cite literature from Figley in 1995 stating that STS is equivalent to PTSD. Additionally, Ting et al. (2005) recognized that STS reactions are similar to that of primary exposure stress reactions. In an additional study on STS Simon, Pryce, Roff, and Klemmack (2005) draw upon similarities of PTSD and STS stating that the disorders produce the same symptoms.

Cognitive Schemata

In her 1998 study of the mental health of female social workers in child welfare, Gold quoted a woman as stating that after you work in the field “you see things in a more negative way” (p.712). According to Pearlman (1995) cognitive schemata concerns the way that the world is seen and experienced by an individual, in this case the
helping professional. These authors posit that cognitive schemata are concepts about self that include assumptions about safety, trust/dependency, independence, power, esteem, intimacy, and control. Within the literature on VT and CF/STS authors consistently emphasize that traumatic stress experienced by the professional transforms their inner experience, or schemata (Pryce, Shackleford & Pryce, 2007; Figley, 2002; Norcross & Guy, 2007, Mc Cann & Pearlman, 1990). Ting and colleagues state “long term reactions include transformations of the professional’s own cognitive schemas and beliefs, alteration of one’s sense of trust and expectations about others” (2005). These reactions negatively affect the helping professional’s ability to make decisions in their occupation, function personally and professionally (Figley, 2002; Pryce, Shackleford & Pryce, 2007; Gold, 1998; Ting et al., 2005).

In 2010, researchers Wright, Collinsworth and Fitzgerald examined cognitive schemata disruption relative to PTSD. The study examined cognitive schemata to guide understanding of the ways in which traumatic events are processed. The researchers posit that schemata may facilitate adaptation during traumatic experiences. Another study cited by these researchers “…found that schemas partially mediated the effects of job-related traumatic events on PTSD in a sample of male and female journalists” (p.1803). This study also found that schema disruption was higher among victims of sexual trauma than for nonsexual trauma.

A 2002 study by Glaser, Campbell, Calhoun, Bates, and Petrocelli examined a short form questionnaire on maladaptive schemata. In this work, the authors refer to schemata functioning as a process involving core beliefs that operate on a fundamentally cognitive level. These authors further define cognitive schema as prearranged
foundations based on experience and knowledge of past experiences. Maladaptive schemas are listed by Glaser et al. (2002) as those that focus on abandonment/instability, defectiveness/shame, dependence/incompetence, emotional deprivation, over control, enmeshment/undeveloped self, entitlement/self-centeredness, failure, insufficient self-control/self-discipline, mistrust/abuse, subjugation, social isolation/alienation, self-sacrifice, unrelenting standards and vulnerability to danger/random events.

Cognitive Distortions

Cognitive distortions are maladaptive thinking patterns held by individuals. Some examples are dichotomous thinking, perfectionism, overgeneralization, catastrophizing, and personalization. Dichotomous thinking is an all or nothing view or way of thinking (Oshio, 2009). An example is seen when a wife complains that she doesn’t like her husband’s temper and he says “that’s the way I am, take it or leave it.” Perfectionism reflects a view which demands perfection of one’s-self (Sherry, Sherry, Hewitt, Flett, & Graham, 2010). These perfectionistic demands reflect a view that mistakes are not okay. An example is seen in the belief that “I must do my job perfectly, anything less will not be okay.” Overgeneralization is seen when an individual reaches broad and excessive conclusions based on an inability to accurately assess themselves and others (Epstein, 1992). An example of this distortion is seen when on one occasion a parent tells a daughter that she can’t spend the night with a friend and the child says, “you never let me go anywhere.” Catastrophizing occurs when an individual overestimates the significance of a stressful event causing exaggerated negative outcomes (Langer, Romano, Levy, Walker, & Whitehead, 2009). For instance a parent might be
catastrophizing if they respond to a checkbook out of balance with the statement “we are financially ruined!” Personalization occurs when an individual overestimates the degree to which behavior or an event is related to them as a person. An example of this distortion may be seen when a little boy concludes that his sister does not like him because she would rather talk on the phone than play with him.

Cognitive Appraisal

Cognitive appraisal is the basis of the Stress and Coping Model created by Lazarus and Folkman (1984). These authors suggest that how we cope with a stressful event is based upon our cognitive appraisal of that situation. They also distinguish between primary and secondary appraisals. Primary appraisal is defined as the initial assessment of the seriousness of the threat posed by the stressor. The threat may be perceived as: irrelevant, benign positive, or stressful. According to the authors an irrelevant appraisal is made when the outcome is believed to have little or no effect on the person positively or negatively, while benign-positive is used when the outcome is expected to be positive. Stress appraisals are made when the outcome is expected to include harm, loss, or threat to the individual. The authors propose three types of stress appraisals, including a harm/loss appraisal that occurs when the harm or loss has already occurred (1984). Threat appraisal is made when an individual is anticipating harm or loss. Finally, challenge appraisals are made when gain or growth is expected as a result of the stressful event.

Secondary appraisal is defined by Lazarus and Folkman (1984) as a complex appraisal of what and how something can be done to deal with a stressful situation.
Secondary appraisal is described by these authors as an evaluation of coping options including, strategies that would potentially be involved in each option. The secondary appraisal process is also said to involve assessing “the likelihood that a given coping option will accomplish what it is supposed to, and the likelihood that one can apply a particular strategy or set of strategies effectively” (p.35).

The Stress and Coping Model also offers a framework that illustrates the stress and coping process. This model is the basis of the Revised Model offered by Folkman in 2009. An individual is said to experience an event and then goes into an appraisal of the event as a harm, threat or challenge, (Lazarus & Folkman, 1984). From appraisal, one begins to cope with problem focused efforts or emotion focus efforts resulting in either a favorable or unfavorable outcome. Problem focused coping is a strategy involving an assessment of a stressor followed with an action aimed at solving the problem (Lazarus & Folkman, 1984). Folkman (2009) states that problem focused coping is often used in a situation where something can be done about the problem. Emotion focused coping is more likely to be used in a situation that must be accepted. Emotion focused coping is largely a cognitive process focused on minimizing emotional distress using strategies like avoidance or management (Lazarus & Folkman, 1984; Folkman & Moloskowitz, 2004). Folkman & Moloskowitz (2004) go on to clarify that one coping strategy may be effective initially and may later on be considered ineffective, so people may waiver from one to the other during the coping process.

Following the event outcome is the emotion outcome of positive emotions for a favorable event outcome, and distress for an unfavorable event outcome. Folkman (2009) discusses protective aspects of the stress process, citing proactive coping and
resilience as protective factors in the process. Proactive coping is directed at minimizing and avoiding future stress. Resilience is associated with a capacity to lessen long-term results of a stressful encounter.

Meaning Focused Coping

In her revised version of the Stress and Coping Model noted above, Folkman (2008) includes meaning focused coping (MFC) as an important element. Meaning focused coping (MFC) is described as an appraisal based process where a person looks to their values, beliefs, and existential goals in order to create and maintain coping during a difficult event or experience. MFC is said by Folkman (2008) to be less situation-specific than emotion or problem focused coping. Categories of meaning focused coping include “benefit finding, benefit reminding, adaptive goal processes, reordering priorities, and infusing ordinary events with positive meaning,” (p.7). According to Folkman, benefit finding is seen when the stressor is “assessed in terms of growth in wisdom, patience, and competence; greater appreciation for life, greater clarity about what matters, strengthened faith or spirituality; and improved quality of social relationships” (2008, p.7). Benefit finding occurs when an individual is able to find some benefit as a result of a stressful event. Benefit reminding is a cognitive effort made by an individual to remind themselves of the benefits that have resulted from the stressful event. Benefit reminding can be viewed as a continual process or even as a onetime event. Adaptive goal processes refers to an individual’s process of abandoning an unattainable goal and re-establishing a valued and meaningful alternative goal in order to move on. Folkman also suggests that reordering of priorities can be effortful or just happen. It involves a person appraising
their world differently after reordering values and/or priorities. Because goals are so deeply related to purpose and meaning, often an event is appraised as stressful because the event has the potential to threaten the attainment of our goals (Folkman, 2008). Thus the element of adapting goals becomes clearly integral in coping with a stressful event. Infusing ordinary events with positive meaning offers people a breather and a pleasant moment wherein they feel good about something ordinary (Folkman, 2008). Folkman goes on to state that people desire feeling good which perpetuates the use of this coping strategy. The positive emotions derived through MFC help restore people emotionally as well as physically. The current research reveals that “underlying beliefs, values, and goals are heavily implicated in these coping processes and that the regulation of meaning is the key common theme” (2008, p.11). Little research has been conducted to help us understand the cognitive processes used by helping professionals in processing or coping with stressful or traumatic work related events. This research is aimed at developing some understanding of the nature of the cognitive schemata among these workers and the ways in which they use MFC. Additional research on the cognitive appraisals of helping professionals is needed in order to better understand how their view of themselves, others, and the world is impacted by their work related experiences.

Use of Focus Groups

Focus groups were used by Gold in 1998 in a study that used participatory research in order to promote mental and physical health among social workers who were female and working in child welfare at the time. Participatory research is defined as holding a commitment to help solve problems involved in the issues it studies, rather than
just describing the problems (Gold, 1998). Participatory research also regards research subjects as participants as opposed to subjects, facilitating empowerment within those involved. The three basic components involved in participatory research are investigation, education and action (Gold, 1998). The current study used focus groups to draw qualitative data that was analyzed in terms of themes and salient issues. Folkman and Moskowitz’s (2004) recent research found that narrative approaches to compiling information are useful and reveal details about coping which may not be listed on quantitative measures currently in use. In 2009 Folkman expands this idea again recognizing that qualitative approaches are highly effective in coping research and are less predisposed to social desirability bias.

Many examples can be found of the use of focus groups in research. For instance, they were used by one group of researchers to study social support in a community disaster (Cline, et al., 2010). Ren and Langhout (2010) used focus groups in participatory research studying problems during recess on the school playground. This research was also aimed at discovering potential interventions for fixing the problems on the playground. Focus groups were also used in a study conducted in Wales on the relationships between mental health consumers and providers (Thomas, Wilson & Jones, 2010). Discussions from focus groups have also been used to study the experiences of foster care parents (Broady, Stoyles, McMullen, Caputi, & Crittenden, 2010).
CHAPTER III

METHODOLOGY

This study uses a participatory research methodology that aims to empower the participants of two focus groups held to study stress and coping in the helping professions. This researcher was committed to helping the group members process their work related stress and coping alternatives. The basic components of participatory research were used in this study including: investigation, education, and action.

Upon receiving approval from California State University, Chico’s Human Subjects Review Board, the two focus groups were conducted in order to obtain discussion data for qualitative analysis. Prior to conducting the groups, this researcher created an educational module including two conceptual maps as well as written materials on concepts and processes of stress and coping. These handouts were given to participants at the beginning of each group. A purposive sampling process was used to select participants on the basis of their interest in being involved in this project.

Workers were recruited from this researcher’s field placement site (a public mental health center) and from her cohort of second year graduate students in social work. One group was held in a county mental health office and the other in a university classroom. These locations were chosen for the convenience of both participants and the researcher. The group of mental health professionals consisted of nine people, seven women and two men. The group of graduate students consisted of eight people, three men
and five women. No information was gathered on ethnicity. Each group met for 90
minutes and were structured and executed in a similar fashion. The only difference in the
methods used for the two groups was that continuing education units were offered to the
licensed participants at the public mental health center as an incentive for participation.

A digital recorder was used to record the discussions. The groups began with
confidentiality and consent discussion and paperwork. A confidentiality statement was
read and discussed, and informed consent providing details of participant involvement
were read and signed. The next step involved a narrative word association where the
researcher provided three words that participants responded to in writing. The words used
for this word association process were: “trauma,” “burnout,” and “compassion.”
Participants were instructed to write down whatever thoughts came into their mind when
they heard the words. Written responses were collected at the end of the group.

Following this exercise, the researcher provided an educational component
covering burnout, secondary traumatic stress/compassion fatigue, and vicarious trauma.
A printed handout that was given to participants can be found in Appendix B of this
document. After the lecture, the researcher facilitated discussion among group members,
instructing them to first describe situations where they were exposed to clients suffering
from trauma. Next, they were asked to describe their thoughts about themselves, the
client, perpetrators, parents, and the larger systems involved. The researchers then
introduced the concept of the stress and coping process, as well as the concept of
meaning focused coping and its categories. Next, she facilitated discussion outlining the
use or possible use of meaning focused coping in the scenarios described earlier. To end
the group, this researcher outlined information obtained in the literature on how to protect
oneself from the risks involved in helping the traumatized. Participants were also encouraged to further review the recommendations to see what they may already be doing and what might be helpful to them in the future.

Following the completion of the groups, the recordings were transcribed by the researcher into an electronic word document for analysis. The written documents were reviewed and analyzed for emerging themes pertaining to the stress and coping process utilized by participants. This was done by color-coding various statements using the Microsoft Word highlighting feature. Comments were categorized based on their illustration of various types of stress appraisal, cognitive schemata, and coping methods (emotion focused or problem focused). Comments reflecting emotion focused coping were later subcategorized as either avoidance or management oriented strategies. Additionally, the transcripts were analyzed to detect evidence of meaning focused coping efforts, including benefit finding, benefit reminding, adaptive goal processes, and infusing ordinary events with meaning. There were a total of five analyses conducted on the transcribed document that will be discussed below.
CHAPTER IV

RESULTS AND DISCUSSION

Themes that emerged within responses to the narrative word association were categorized by each trigger word. For the trigger word “trauma,” responses made in the mental health group reflected thoughts of pain, fear, and sadness. For the group of students the response to this trigger word was similar reflecting thoughts about pain, fear, and childhood. In response to the trigger word “burnout” the mental health group reported thoughts of being incapable, exhausted, and hopeless. The group of students responded to “burnout” with themes of excessive work, incapability, and stress. The trigger word “compassion” prompted responses from participants that revealed themes of loving and helpfulness from group one. Compassion triggered a theme of support and understanding from the group of students.

When participants were asked to describe a situation in which they were exposed to traumatic client material, several scenarios were provided, the details of which follow. One participant recalled working with a three year old client who had been molested by his grandfather; another described working with a foster teen that had just been told that his biological mother had died. One participant discussed a situation where she was working for child protective services and had to detain a five year old girl for physical abuse by the mother’s boyfriend; another scenario was described where the participant was working with an older adult who was in need of medical attention and
suffering from self-neglect. Additional situations recalled by participants involved work with a 13 year old boy whose father had physically abused him, work with women who had been sexually abused, and work with drug addicted families. Other scenario’s described involved detaining a seven year old girl from her family who seemingly just decided that they didn’t want her anymore; working with teenagers in foster care who are moving from home to home, and efforts to provide community outreach. When participants described these situations they were prompted to disclose their thoughts in terms of three levels: the client or themselves, the organization, and the larger systems involved in the work.

Participants were prompted to identify the immediate thoughts they had in response to these situations and a variety of themes emerged. Analysis of the transcripts revealed themes pertaining to cognitive schemata, including trust, safety, independence, power, and control. Stress appraisals were present in the discussions and included those of the harm/loss, challenge, and threat type. Use of all four meaning focused coping categories were identified in the transcripts as well; benefit finding, benefit reminding, adapting goals, and infusing ordinary events with meaning. Furthermore, statements revealed use of problem focused coping and emotion focused coping. Emotion focused coping will additionally be analyzed for avoidance and management types of emotion focused coping. The avoidance type of emotion-focused coping is conceptualized as an effort made to escape the emotional component of what’s happening for the professional through avoiding thoughts, experiences and feelings in order to cope. Management type emotion-focused coping is viewed as an activity aimed at helping the individual manage the emotional processes experienced.
Cognitive Schemata

The transcripts were additionally analyzed for material related to the cognitive schemata of these participants. Cognitive schemata are conceptualized as basic beliefs and assumptions relating to trust, safety, independence, power, esteem, intimacy, and control. The theme of trust was apparent in a participant’s comment about a client’s experience having her trust violated by her entire family. Another participant may have been revealing her trust schemata when she described her experience working with parents whom she didn’t trust and stated, “the mom doesn’t like me and I didn’t want her to turn on me.” One participant described a stressful encounter where her trust was being questioned by a client due to her confidentiality practices. This worker had to re-establish trust with the client. A participant described his mistrust of professionals in other disciplines with the care of one of his clients. He stated, “I was thinking to myself, if I wasn’t there they would’ve left him there and who knows what would’ve happened to him?”

Themes regarding safety can be seen in the responses of nearly all participants. Many identified concerns for a client’s safety at some point within the group discussions. Some examples of clients for whom the professionals had safety concerns included: a three year old boy, a seven year old girl, an elderly man, a five year old girl, a 13 year old boy, and a 17 year old boy. An example of a statement reflecting safety concern is “oh my god, here’s this kid and he’s all alone.” The next type of schemata that was explored is independence. One participant exerted independence when working with a parent of a young girl who was in the emergency room at a local hospital. The participant asked the parent to leave, revealing a belief in the importance of independent
action. Intimacy was used by group members as a mediator of stress, in terms of using the intimacy in a relationship as a safe and comfortable place to debrief. Another theme that emerged in the transcripts concerned power. An example of a statement that may have reflected power schemata was made by a participant who was working with a teen in foster care, “I felt powerless, very helpless.” Another comment that reflects a sense of powerlessness was made by a participant who works with many crises’, “I’m one person, what can I really do?” Power seems to be viewed by several participants as limited due to the shortcomings of the larger systems involved in their work. For example, one participant stated, “the person [client] is so damaged by the abuse and then you’ve got s system that’s not really able to back you up.” Powerlessness is evident in this statement as well: “you can’t do anything.”

The category of esteem was revealed in beliefs that participants are not valued by their agency and that they should not reveal their true emotions related to what was happening to them. Participants made comments reflecting their self-esteem when questioning their capabilities within certain situations. For example, when discussing a situation in which a participant was removing a child from the custody of her family, one participant stated that she thought she might make the wrong decision. A general theme included a lack of feeling valued by administration within agencies as well as by the larger governmental systems that fund their services. The theme of control also emerged within the data, as seen in the statement, “I wanted to make that short amount of time that I was there with him as fun as possible”. Schemata related to control were also seen in comments made about efforts to manage emotions, self, and situations. Control was viewed by both groups as a coping method as well as a source of stress. Participants
searched for areas in which they had control versus those where they didn’t. Such efforts appear to help workers cope with highly stressful situations. For example, in conveying a sense of limited control, a student who had previously been employed in a child protective service agency described her frustration concerning regulations guiding worker activities. She stated, “I had a lot of guilt. I had a lot of anger at the system in which timelines for investigations are just sometimes not adequate.”

Stress Appraisals

Transcripts were also analyzed for evidence of varying types of stress appraisals. A challenge appraisal is made when an individual recognizes that gain or growth may result from a stressful event. Challenge appraisal themes emerged in both groups. An example of a challenge appraisal is illustrated in the following statement about working with a young boy with trauma exposure “I wanted to try and move forward and take this kid to a place that is probably better than where he’s at right now”. Challenge appraisals were present in appraisals of stressful events toward client interaction and toward themselves. One more example of a challenge appraisal can be seen in a discussion about dealing with the stress of the job through challenging one’s self. The participant described the challenge involved in carrying out his professional role and stated “if my mind is fresh enough, if I’m mindful, I’m listening intuitively”. It is clear in this statement that the worker is challenging himself to expect a sense of gain or growth in his work. He went on to discuss this method as a means of preventing burnout.

Harm appraisals are made when loss or damage has already occurred as a result of a stressful event. Harm appraisals were a common theme for both groups. For
example a participant discussed a situation in which a child was not wanted by her family and was being removed from her family’s custody. The participant recalled the following: “it was a really kind of awkward situation - kind of rough to watch. It really hit hard with me”. In this statement it is clear that the respondent is focused on the damage and harm that have occurred as a result of this situation. Another example of a harm appraisal is apparent when a participant described working with a teenage youth. This worker shared her belief that the client’s position in life had been changed and that damage had been inflicted upon him due to his environment. “He doesn’t know how to even just be a kid because he’s been constantly parenting his mother”. Some other examples of harm appraisals can be seen in the following statements: “the person is so damaged by the abuse,” “I could feel for her I could see it in her, I saw the trauma on him,” “he was violated by someone he trusted.” A student recalled working with a five-year old girl and described physical harm done, as apparent in her bruises, “they were really dark and she had really pale skin so it just was so stark in my mind.”

Threat appraisal is made when future harm or loss is expected as a result of a stressful event. A threat appraisal is evident when a participant considers the future damage to a client as a result of traumatic exposure. For example, in discussing potential damage to a client, one participant contemplated the following: “he’s three years old and how’s this [abuse] going to affect him 10 years down the line?” This participant went on to describe his concern for the boy’s ability to develop trust with all males as he grows up, further illustrating a threat appraisal. More examples of threat appraisal can be seen in these statements “I truly believe that she will suicide” and “if he [male client] thinks he is going to foster care, he will run”.

Meaning Focused Coping

Benefit finding was discussed and widely used by nearly all participants. In referring to a situation involving community outreach with other professionals, a mental health professional stated “I try to really look at how those battles now could give better care to somebody later. I try to look at that as a benefit.” When prompted about ways that benefit finding might be used, one participant responded “I grab onto those little victories.” Benefit finding was reportedly used in situations that had to be accepted, as well as those that something could be done about. Without prompting, one student described a situation where he was doing an assessment on a 3-year old boy who had been molested by his grandfather and used benefit finding to cope during the assessment: “this kid is now going to be getting the help that he needs.” In response to a prompt for clarification the respondent replied “from now on things are going to get better for this person. So yeah I think that was the benefit finding, to say now help is here or it’s coming.” Another participant focused on the benefits of treatment when discussing work done with a teenage client whose mother had just died. She focused on the positive when stating, “He’s going to graduate from high school.”

Benefit reminding was reportedly used by members of both groups in order to cope during a stressful encounter with client material. This was apparent when the workers discussed ways that they remind themselves of benefits during the moment of the stressor. A mental health worker described holding onto “little victories” as reminders of the good things about her work and reminding herself of them regularly. Another example of the use of benefit reminding was described as “remembering all the good things that are happening, even when something bad happens”. This respondent went on
to say that she is continually aware of the fact that she is always learning. Another participant discussed the process of working with a client who was in despair. She reported using benefit reminding to maintain self-control during a stressful event. She reminded herself that she was lucky to be the person helping rather than the person seeking services: “I feel lucky…that could very well be me sitting there. I grab onto those little victories and hang onto them for a long time.”

Adaptive goal processes were discussed by members of both groups as a means of coping. An example of adapting goal processes is highlighted by a student who stated “what has happened has happened and I had no control over that. What I do have control over is helping this person.” This statement illustrates the respondent’s ability to adapt his goal from saving the client to a different yet meaningful goal of helping the client. Participants also stated that they use adaptive goal processes when they shift their objective from “fixing” people and their situations to just being “present” in the moment in which they are working with their clients. Both groups revealed a variety of scenarios where adaptive goal processes were used in situations where circumstances had to be accepted.

When prompted to consider meaning focused coping, a number of participants provided responses that fall into the category of infusing ordinary events with meaning. Ordinary events that group members infused with positive meaning involved appreciating nature, taking a scenic route to work, cooking, listening to music in the car, watching movies, and doing art work. An example of this coping strategy is seen in the following statement: “I see the beauty in the small things and so I look at the trees, and they’re pretty, especially this time of year.”
Evidence of problem and emotion-focused coping is presented below and then statements involving emotion-focused coping will be further divided into categories of avoidance and management types. When describing a traumatic situation in which he was working with an emaciated elderly client, a participant reported using problem-focused coping when he stopped his interview and got the client some food before proceeding. Problem-focused coping was used by both groups in multiple scenarios in which something could be done to solve a problem. Another example of problem-focused coping was given by a participant who was faced with a suicidal and drug addicted parent who was threatening suicide over the telephone. The participant stated that she contacted law enforcement in order to have them do a welfare check on the client.

Emotion-focused coping emerged within both groups as well, mainly when situations or outcomes had to be accepted because there was nothing that could be done to solve the problem or change the circumstances. Emotion-focused coping was used by nearly all participants in order to control their emotional and initial reactions to client trauma. Some participants reported a belief that they should never show their emotions to clients or co-workers. One student discussed her reasoning for using emotion focused coping during a situation with a teenage client: “I felt as though …if I was crying I would kind of take away from his time to process whatever he needed to process.” Another situation was described by a respondent who had been working to remove young girls from their family’s care because of physical abuse. The worker stated that she felt that there was no appropriate time for her, the professional, to break down the way she felt she needed to after seeing what had been done to a five year old. This participant
went on to say, “I remember holding back my tears cause I couldn’t lose it in the situation that I was in.”

Next, statements revealing emotion-focused coping were further analyzed for themes of avoidance and management types. A participant described the use of avoidance when he recalled asking a step-parent to leave the hospital because he was having difficulty controlling his emotions that were triggered by this step-parent’s cold and insensitive response to his child. The respondent was avoiding contact with the step-parent as a way of coping emotionally in the situation. Nearly all members in the group of students reported the use of avoidance type of emotion-focused coping with clients as well as co-workers and supervisors. The group also agreed that even in a supportive work environment they feel they needed to avoid showing their true emotional reactions to the work they are doing.

Management type emotion focused coping was reported by both groups to a lesser extent than avoidance type emotion focused coping. When used however, the strategies for coping also seemed to fit within the categories of challenge appraisal and benefit finding and benefit reminding. For example, a participant described looking at himself as a helping tool, as a way of helping himself manage his emotional reactions to client trauma. By viewing himself as a helping tool, he was able to manage his emotions in order to be present with the client. Nearly all participants discussed management of emotions during client interactions as a professional requirement for their job. An example of management type emotion focused coping can be seen in the statement “It was just a really hard situation but I just tried to deal with it and accept that it already happened.” This statement illustrates acceptance as a management tool for coping. Other
statements reflected participant’s use of prayer, mindfulness, listening to music, exercise, debriefing/talking, supervision, and having an active personal life.
CHAPTER V

DISCUSSION

These results indicate, similar to previous research in this field, that participants had experienced some level of stress due to traumatic exposure through their work. In analyzing these transcripts for suggestions made by theory, a connection is clearly identified. Their comments provide evidence of elements included in Lazarus and Folkman’s Stress and Coping Model (1984). Harm appraisals were the most common type of stress appraisals presented by participants in the groups relating to physical and emotional harm. The overall nature of the harm appraisals consisted of harm that directly affected clients with whom participants were working. Challenge appraisals were presented mostly when participants were challenging themselves to cope with the work they were faced with doing. Threat appraisals were experienced in terms of potential threats to the clients, as well as perceived threat to themselves in some instances. This understanding of appraisals is valuable because it can be used in the anticipatory stress management process created by Folkman (2009).

The cognitive schema that can be identified most concerned issues related to trust. A variety of statements were focused on the participant’s struggle with mistrust directed towards themselves or their client. Although trust was the strongest theme to emerge there were themes relating to safety, independence, power, esteem, intimacy, and control. Sometimes these statements reflected concerns regarding these issues, though
somewhere workers are able to find a sense of power, independence, intimacy and control.
It is important to note that having concerns about trust, safety, and control, in certain
situations may be appropriate and reasonable and does not necessarily indicate a
disrupted view of self or the world in general.

Problem and emotion-focused coping efforts are apparently used by both
groups in this study. Problem-focused coping was more likely to be used in situations
where something could be done to solve or change a problem, whereas emotion-focused
coping was more likely to be used in situations where the outcome had to be accepted or
the participant had to get through the day with co-workers. Members in both groups felt
that it is their professional obligation to control their emotions with clients and within the
agencies in which they work.

Participants revealed the use of meaning focused coping, most commonly
using benefit finding and reminding. Interestingly, the students appear to adapt their goals
more often than the mental health workers by abandoning unattainable goals and finding
meaningful alternative goals. Both groups reported that they infuse ordinary events with
positive meaning by being thankful and appreciating ordinary things. They discussed
taking the long way to work in order to have a more scenic drive and infuse the drive
with positive meaning. These participants also discussed infusing meaning into things
that were small victories for their clients. Some of the examples of reports of infusing
ordinary events with positive meaning included the use of music, art, and observing
nature. The most promising finding of this work can be seen in the use of meaning
focused coping and its future potential in the field of coping. The fact that these groups
were both already using some meaning focused coping may indicate that they would
benefit from education and training that would build on this strength. Meaning focused coping appears to be a concept that workers understand.

The transcripts also revealed that these participants highly regard supervision and group debriefing opportunities with other professionals. The group of mental health workers suggested that one thing management could do to support them would be to offer groups like the one they were attending. The students brought up statements reflecting a need for supervision. Supervision represents a sense of protection for students. Both groups also described a frustration with the larger systems involved in their professional roles in terms of limiting their ability to feel successful and appreciated. Overall, the findings made clear that the participants are deeply affected by their work. While they are intermittently using some coping tools, like meaning focused coping, these professionals may benefit from a more concrete approach to the stress and coping processes. They responded positively to discussion about ways to increase meaning and satisfaction within this work.

This study has much to offer future researchers on the topic of stress and coping in the helping professions. It provides a framework for continuing investigation of meaning focused coping. It also provides information that might be used in education and training devoted to stress and coping in the field. Findings also suggest the value of process groups and supervision with human services workers. Future research is needed to evaluate the impact of such process groups on participants. Continued qualitative research is also needed to further explore the nature of occupational stress in various social work settings. This field needs to expand knowledge on the how and what of stress and coping processes in order to shed light on what can be done to mediate occupational
stress and its effects. It is clear that professionals are suffering. Therefore we must not only study the prevalence of STS, VT and burnout, but also develop effective strategies for managing the risks involved in the helping professions.
REFERENCES
REFERENCES


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OVERLAPPING CONSTRUCTS VISUAL DIAGRAM

Overlapping Constructs Mapped Out

Trauma Exposure & Empathic Engagement

- STS/CF
- Emotional
- &
- Physical
- Symptoms

Work Environmental Stress

- VT
- Cognitive
- Schemas
- Disruption
- (over time)

- Burnout
- (over time)
- Mental &
- Physical Sx
FOCUS GROUP HANDOUTS

Focus Group

Work Related Stress and Coping

Presented by Jamie Soule

Handout
**Burnout**

*Burnout* (BO) is a term that is used to describe how work environment stressors can affect helping professionals.

A process occurring over time.

When exposed to prolonged occupational stress helping professionals may lose their ability to help as well as the ability to be objective, while also suffering physically.
Burnout Symptoms

- Headaches & Anxiety
- Sleep disturbances
- Aggression & irritability
- Diminishing work performance
- Physical and mental exhaustion
- Cynicism
- Problems in work relationships
- Decreased morale
- Plan to leave the job
- Depression
- Depersonalization

Stress

"...stress results when demands placed on an organism cause unusual physical, psychological, or emotional responses" (Stress, 2001, p.633).

• Collins, Cofey & Morris, (2010) explain stress as a complex phenomenon based on a person and their interactions with their environment and further state that it is constantly changing. This definition asserts that stress is the “response to an inappropriate level of pressure” (p. 964).

• Collins et. al expand stating that stress is related to individual’s perceptions and the structural and organizational contexts that they work within.

• Stressors can be minor everyday issues or global issues with large magnitude (Stress, 2001).
Secondary Traumatic Stress (STS) Compassion Fatigue (CF)

- Terms that describe emotional, behavioral and physical symptoms exhibited by helping professionals as a result of secondary trauma exposure through the process of empathic engagement with clients.

- STS/CF can affect a helping professional suddenly, resulting from one engagement with one client.

- Professionals who are exposed to trauma on a regular basis are increasingly likely to be afflicted.

**STS/CF Symptoms**

- Lowered concentration
- Decreased self-esteem
- Rigidity
- Powerlessness
- Anxiety
- Fear
- Guilt
- Anger
- Numbness
- Irritability
- Sleep disturbances
- Nightmares
- Questioning the meaning of life
- Survivor guilt
- Mistrust
STS/CF Symptoms cont.

- Isolation
- Hyper-vigilance
- Rapid heartbeat
- Absenteeism
- Poor work performance
- Depression
- Fatigue
- Avoidance
- Arousal
- Intrusive thoughts
- Compulsive behavior
- Functional impairment
- Depersonalization
- Staff conflicts

Vicarious Trauma

- Vicarious Trauma (VT) is a shift or transformation of the world view and inner experience held by a professional.

- This phenomenon is cumulative and occurs over time as traumatic stress is shared through observation and or listening to the stories of traumatic events experienced by another person.

- The helping professional’s inner experience as well as the worldview is altered “as a direct result of secondary exposure to trauma through his or her work”.

VT Symptoms

- When a helping professional is experiencing VT they begin to interpret things differently and to relate to the world differently.

- These changes mirror what a client’s changes look like after exposure to trauma.

- VT changes within the helping professional are considered by researchers to be permanent.

Overlapping Constructs Mapped Out

Trauma Exposure & Empathic Engagement

- STS/CF Emotional & Physical Symptoms

Work Environmental Stress

- VT Cognitive Schemata Disruption (over time)

- Burnout (over time) Mental & Physical Sx
VT & Cognitive Schemata

- “You see the world in a more negative way”.

- Cognitive schemata are defined as the way that the world is seen and experienced by an individual, in this case for the helping professional.

- Cognitive schemata are central to one’s sense of self including: safety, trust/dependency, independence, power, esteem, intimacy, and control. This is what is affected by VT.

Problem Focused Coping

- Problem focused coping: a strategy involving an assessment of a stressor followed with an action aimed at solving the problem (Lazarus & Folkman, 1984).

- Folkman (2009) states that problem focused coping is often used in a situation where something can be done about the problem.
Emotion Focused Coping

**Emotion focused coping**: Emotion focused coping is largely a cognitive process focused on minimizing emotional distress using strategies like avoidance (Lazarus & Folkman, 1984; Folkman & Moloskowitz, 2004). Emotion focused coping is more likely to be used in a situation that must be accepted.

Both problem and emotion focused coping can lead to favorable and unfavorable event outcomes. As you can see a favorable event outcome leads to positive emotions. Where unfavorable outcomes lead to distress and or meaning focused coping.

Meaning Focused Coping (MFC)

**Meaning Focused Coping**: described as an appraisal process where a person looks to their values, beliefs, and existential goals in order to create and maintain coping during a difficult event or experience.

**Categories include**: benefit finding, benefit reminding, adaptive goal processes, reordering priorities, and infusing ordinary events with positive meaning.
MFC Categories

**Benefit finding:** occurs when an individual is able to find some benefit as a result of a stressful event.

**Benefit reminding:** a cognitive effort made by an individual to remind themselves of the benefits resulting from the stressful event.

**Adaptive goal processes:** refers to an individual’s process of abandoning an unattainable goal and re-establishing a valued and meaningful alternative goal in order to move on.

MFC Categories cont.

**Reordering priorities:** involves a person appraising their world differently than they previously did in terms of reordering values and/or priorities.

**Infusing ordinary events with positive meaning:** occurs when individuals find meaning in everyday events in order to experience positive emotions to restore their resources.
Recommendations from Researchers

• Redefine what you see as success (Gold, 1998).
• Folkman (2009) notes that further research is needed on anticipatory coping processes that, in advance, minimize or avoid threat and harm appraisals.
• New directions in stress & coping research indicates that positive emotions may have a protective function with respect to mental and physical health, (Folkman, 2009).
• Figley cites Freud’s idea that we need to re-evaluate our approach and personal stressors every few years as they change.
• Lead a balanced life & maintain social supports. Group support through collegial sharing is recommended by researchers (Berzoff & Kita, 2010).
• Prevention and intervention efforts should occur across four dimensions: wellness, organizational, supervision, and education, (Helm, PhD, 2007).
• A national study of 185 clinical social workers found that it was not clients’ level of distress per se but the professional’s outlook on life and self-perception that resulted in effective coping and prevented burnout” (as cited by Ying & Han, 2009).

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Recommendations from Researchers

• Mindfulness is recommended by researchers for a maintenance of a moment awareness of ones experience rather than over identifying and losing oneself in subjective emotions and cognitions.
• Study on Self compassion (SC)- compassion directed at self. SC was directly related to lower stress and greater satisfaction, while religiosity & spirituality did not emerge as significantly related to either. SC is a self-care measure.
• Coping strategies revealed in a study using focus groups dealing with vicarious trauma were:

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- Striving for balance between personal & professional lives; balancing a clinical caseload with other professional involvements such as research and teaching that can replenish us; balancing victim with non-victim cases; being aware of and respecting our own personal boundaries, such as limiting evening or type of work; giving ourselves permission to experience fully any emotional reactions of which we are aware; finding ways to nurture and support ourselves; engaging in political work for social change; and seeking out non-victim related activities that provide hope and optimism (McCann & Pearlman, 1990).
Somewhere to start: Self-Care

Harness the power of your work environment to flourish.

Conduct an environmental audit of your workspace for comfort and appeal.

Improve your work environment by providing pleasure in your furniture, aesthetics in your décor, and replenishment in your cupboard.

Increase sensory awareness: using vision, hearing, touch, and olfaction counterbalances the cognitive and affective work of psychotherapy.

Take protective measures to ensure your safety and that of your practice environment.

Somewhere to start

Give yourself time between patients, 10 minutes to breathe, relax, make notes, review notes, return calls, and process what has happened during the preceding 50 minutes.

Determine whether your clinical talents and interpersonal interests are poorly invested in paperwork. If so, consider a computer, a clerical assistant, a billing service or other alternatives.

Delegate, defer, and simplify the business aspects of your clinical position.

Build behavioral boundaries to temporarily separate yourself from the clinical world by means of routines and time.

Increase supports and reduce constraints to deep high-demand institutional jobs bearable and rewarding.
**Somewhere to start**

Search for ways to create greater freedom and independence in your work.

Beware of false interventions and short-term fixes in dysfunctional institutions; treat the systemic roots, not just the acute symptoms.

Create a self-care village in a workaholic world by advocating for self-care as a means of improving productivity and outcomes.

Assist your colleagues and administrators in acknowledging the occupational hazards and in offering group support, Me Time, and other replenishment opportunities.

Cultivate a self-care ethos in clinical training by improving the selection of students, broadening the training goals, increasing the availability of personal therapy, modeling the commitment to personal development, and encouraging research on psychotherapist self-care.

**Somewhere to start**

*Begin self-care at the top:* insist that your professional associations include self-care in their ethics, accreditation standards, publications, conferences, and continuing education.
References


References


References


References


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References


References

RESULTS EXAMPLE CHARTS

Example Chart: Cognitive Schemata

- [power & control] "I felt powerless, very helpless."
- [safety] "oh my god, here's this kid and he's all alone."
- [trust] "the mom doesn't like me and I don't want her to turn on me."
- [trust] "I was thinking to myself, if I wasn't there they would've left him there and who knows what would've happened to him?"

Statements Related to Cognitive Schemata
Example Charts: Stress Appraisals

“...he was violated by someone he trusted.”

“...the person is so damaged by the abuse,”

“A student recalled working with a five-year-old girl and described her risks revealing an appraisal of harm type “...really dark and she had really pale skin so it just was so stark in my mind.”

“...discussed a situation of removing a child from her family and recalled the following “...it was a really kind of awkward situation kind of rough to watch. It really hit hard with me.”

“...he doesn’t know how to even just be a kid because he’s been constantly parenting his mother.”

“I could feel for her. I could see it in her, I saw the trauma on him,”
Stress Appraisals Continued

"... I wanted to make that short amount of time that I was there with him as fun as possible."

"... to try and move forward and take this kid to a place that is probably better than where he’s at right now"

"... focusing on moving forward from here."
Stress Appraisal Charts Continued

"...he’s three years old and how’s this going to affect him 10 years down the line?"

"...if he thinks he is going to foster care he will run"

"If he falls or if the food runs out, or he needs medical attention who’s going to help him? He has no friends, no family, nobody."

"I truly believe that she will suicide"
Problem Focused Coping Chart

A clinician who was faced with a suicidal drug-addicted parent threatening suicide over the telephone when the clinician used problem-focused coping to contact law enforcement in order to have them do a welfare check on the client.

"...you have to have a sense of when you step in and when you step out."

"...I need to step this up and get you some food...so I got money and got him some food."

"...he will run if he has to go to foster care so we are already starting to find him a place with family."

"...meeting together and solution seeking, reinforcing, validating, boosting..."
Emotion Focused Coping

Chart

"I had to control myself and it was difficult to just try to be the social worker in that situation."

"It was just a really hard situation but I just tried to deal with it and accept that it already happened."

"I was so tired and exhausted from holding my own emotions that I was numb for days."

"I get a lot of transference... I'm constantly in my supervisors office talking to her when it comes up..."

"It's really important to practice mindfulness."
One group agreed that even in a supportive work environment they felt they needed to avoid showing their true emotional reactions to the work they were doing.

Nearly all members in the group of students reported use of avoidance type emotion focused coping with clients as well as co-workers and supervisors.

...clinician was avoiding working with the step parent as a way of coping emotionally in the situation.
Emotion Focused Coping: Management Type

A clinician intern described looking at himself as a helping tool, as a way of helping him manage his emotional reaction to client trauma.

It was just a really hard situation but I just tried to deal with it and accept that it already happened. This statement illustrates acceptance as a management tool for coping.

Nearly all participants discussed management of emotions during client interactions as a professional requirement for their job.
Meaning Focused Coping Charts: Benefit Finding

"...look at you you're here today. You're helping your kid and you're talking about it, you're looking for resources..."

"...so he is in a safe place now."

"This kid is now going to be getting the help that he needs."

"I try to look at how those battles now could give batter care to somebody later."
Meaning Focused Coping Charts: Benefit Reminding

"I believe people can change, that's my statement and so I have to do that benefit reminding that people can change."

A student discussed working with a client in despair and using benefit reminding to maintain during an event appraised as stressful reminding herself that she was lucky to be the person helping rather than the person seeking services.

"I grab onto those little victories, ... and hang onto them for a long time."

"... even when something bad happens you're always learning..."
Meaning Focused Coping: Adaptive Goal Processes

"I've begun to focus more on the why than the what of these situations."

"...I learned ok there's something else I can do here."

"...what has happened has happened and I had no control over that. What I do have control over is helping this person."

Adaptive Goal Process
Meaning Focused Coping Chart: Infusing Ordinary Events with Positive Meaning

Ordinary events that group members infused with positive meaning were things like appreciating nature, taking a scenic route to work, cooking, listening to music in the car, watching movies, and doing art work.

"I become aware of the wind and the leaves."

"...seeing the beauty in the small things and so I look at the trees, and they're pretty especially this time of year."