Hazards of Our Helping Profession: A Practical Self-Care Model for Community Practice

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The social work profession is a helping profession; social workers provide services with the intent to improve life opportunities in pursuit of social justice for individuals, groups, communities, and society as a whole. Social workers are called to work on behalf of the most vulnerable people in our society, and as such, the hazards of our helping profession are abundant. Though the literature offers numerous frameworks that can be used by social workers in a variety of settings, many issues that are unique to community practice settings can lead to professional burnout and compassion fatigue for social workers. At present there are no comprehensive models for self-care that attend specifically to the unique needs of the community practitioner. This article presents the *iM*-PAACT model, a four-part conceptual framework that helps to fill this gap in the literature. This practical self-care model has been designed specifically for social workers engaged primarily in community practice settings, including the community activist, community organizer, and community-engaged scholar.

KEY WORDS: *burnout; community organizers; community practice; self-care; social workers*

The social work profession is a helping profession; social workers provide services with the intent to improve life opportunities in pursuit of social justice for individuals, groups, communities, and society as a whole. Whether working in a hospital or behavioral health clinic, military base, senior center, government agency, school, or community setting, social workers find themselves working with or on behalf of some of the most vulnerable people in our society, and as such, the hazards of this helping profession are abundant. Professional burnout, secondary trauma, vicarious trauma, and compassion fatigue are some of the ever-present hazards that can affect social workers in any sphere of professional practice (Howe, 2004; Lloyd, King, & Chenoweth, 2002; Wagaman, Geiger, Shockley, & Segal, 2015). It is critical for social workers to recognize the importance of self-care and to mitigate these hazards through a personalized and regularly practiced self-care routine.

The literature highlights numerous techniques and frameworks that can be used by social work professionals and social work students in a variety of practice and educational settings (see Lee & Miller, 2013; Newell & Nelson-Gardell, 2014; Smullens, 2015). However, none of these models attend to the unique needs of social workers engaged primarily in community-level practice.

Similarly to direct practice settings, many issues that are unique to community practice settings can lead to professional burnout and compromise the well-being of social workers. Thus, specific guidance for self-care in these contexts is important, but to date does not exist. The purpose of this article is to present a practical model for self-care practice for social workers in community practice settings.

LITERATURE REVIEW
Hazards of Our Helping Profession

"Burnout," "compassion fatigue," "secondary trauma," and "vicarious trauma"—these terms describe everyday hazards to the health and well-being of helping professionals. As helping professionals, social workers engage with clients in typically high-stress circumstances and are particularly vulnerable to these experiences (Lloyd et al., 2002; Soderfeldt, Soderfeldt, & Warg, 1995; Wagaman et al., 2015; Williams, 2014).

Burnout has been described as an "overwhelming emotional exhaustion, depersonalization, and feelings of professional insufficiency" (Wagaman et al., 2015, p. 201). Burnout usually has a gradual onset and is associated with feelings of hopelessness, depletion, and an inability to effectively do one's work. An early definition of burnout described it as "a state of fatigue or frustration brought about by devotion to a cause, way of life or relationship that

failed to produce the expected reward" (Freudenberger, 1980, p. 13). Burnout typically involves emotional depletion, negativity, detachment and cynicism, and a diminished sense of one's ability to make a difference (Hamama, 2012; Maslach, Jackson, & Leiter, 1997). Experiences of burnout affect social workers in professional, personal, social, and physical ways (Smullens, 2015).

Compassion fatigue signifies the general emotional and physical exhaustion related to the empathetic approach helping professionals take with their work with clients experiencing trauma (Bourassa, 2009; Newell & MacNeil, 2010). Compassion fatigue has been said to intensify for helping professionals when clients do not seem to improve through their efforts (Corcoran, 1987; Smullens, 2013). *Secondary or vicarious trauma* describes exposure of helping professionals to trauma through the shared experiences of their clients (Pryce, Shackelford, & Pryce, 2007) and has been described as contributing to burnout in the social work profession (Wagaman et al., 2015). Burnout, vicarious and secondary trauma, and compassion fatigue affect many helping professionals in detrimental ways, thereby affecting the clients we serve.

Recommendations for Self-Care for Social Workers

As social workers we often find ourselves teaching the value of self-care to consumers of our services, communities where we work, our colleagues, and students. Social workers are taught self-care strategies as an aspect of their professional preparation (Wagaman et al., 2015). Self-care involves the active and continual practice of promoting and maintaining one's health and well-being (Diaconescu, 2015; Newcomb, Burton, & Edwards, 2017; Newell & Nelson-Gardell, 2014; Salloum, Kondrat, Johnco, & Olson, 2015) to be prepared to respond to the "emotional and psychological challenges of [social work] practice" (Newcomb et al., 2017, p. 337).

Previous studies have suggested that mindfulness and boundary setting are important practices for social workers to manage the impact of compassion fatigue, burnout, and secondary and vicarious trauma (Wagaman et al., 2015). Smullens (2015) has offered a guidebook on prevention and coping with burnout for social work professionals and students, pointing to the practice of mindfulness, self-awareness, physical exercise, and supportive relationships through personalized plans of self-care

as burnout prevention strategies. Reinforcing the need for supportive relationships in burnout prevention practice, previous research has suggested that social supports from colleagues can reduce the experience of burnout (Haj-Yahia, Bargal, & Guterman, 2002; Hamama, 2012). Commonly suggested strategies for self-care have included healthy eating, physical exercise, social supports, mindfulness, meditation, a culture of wellness promotion in the workplace, and healthy boundary setting (Lee & Miller, 2013; McGarrigle & Walsh, 2011; Napoli & Bonifas, 2011; Newcomb et al., 2017; Smullens, 2015).

Challenges for the Community Practitioner

Barriers to self-care practice have been described as a lack of time, organizational support, and an appropriate environment in which to practice self-care strategies (Smullens, 2015). Inadequate organizational supports, work conditions, and social supports have been cited as intensifying the experience of burnout (Hamama, 2012).

Social workers often allow their need to care for others to take precedence over the need for self-care (Smullens, 2015). Conflicts with colleagues, personality styles, and differing backgrounds and interaction styles have been cited as contributors to burnout (Barak, Nissly, & Levin, 2001; Lloyd et al., 2002; Newell & MacNeil, 2010). Risk factors for burnout have included a lack of supervision, inadequate supports, and resources (Newell & MacNeil, 2010).

In macro social work practice all of these barriers to self-care and risks of burnout can be present. Depending on the context, community practitioners are often isolated from other social workers and may not be interacting as frequently with supervisors or other social workers due to the intensity of the fieldwork. Boundary setting can be especially problematic for community practitioners, who rely on relationships and social capital to be able to get things accomplished. Building relationships with community partner organizations and community members is time consuming and takes a great deal of emotional investment and rapport building. As contemporary community organizing often involves a greater emphasis on convening and facilitating cross-sector partnerships, social workers in community practice are often navigating partner conflicts, organizational conflicts, self-interests, and differing agendas. Cultural norms, ethics, and

values of these organizations commonly differ from those of the social work profession. Community work often takes place in the evenings or on weekends to engage community members who may be working during the day, as such community practitioners have a difficult time protecting time for their own personal lives to be available to meet community needs. Although social workers outside of community practice settings may have these experiences as well, they represent a myriad of challenges commonly present in community practice.

At present there are no comprehensive models for self-care that attend specifically to the unique needs and common experiences of the community practitioner. The following model offers a conceptual framework to fill this gap in the literature by introducing a practical self-care model for social workers engaged primarily in community practice settings, including the community activist, community organizer, and community-engaged scholar.

iM-PAACT: CONCEPTUAL FRAMEWORK FOR SELF-CARE FOR COMMUNITY PRACTICE

Building from the literature and extensive field experiences in community practice settings, I present this four-stage model for self-care for the community practitioner: *iM*-PAACT—*invest in Me*: Prioritize, Act and Assess, Connect, and Thrive. The first three stages involve planning for, initiating, testing, and assessing various self-care strategies to develop an individualized self-care routine that is most effective. The final stage involves incorporating this plan into routine practice and maintaining this practice for ongoing self-care. Although this model has been designed specifically for social workers engaged in community practice, social workers in other practice settings may also find it to be a helpful approach in devising a personalized self-care strategy. It is also important to note that this framework is intended for use when one is not in a crisis situation or experiencing professional burnout, secondary trauma, or compassion fatigue—in those cases professional help should be sought. This framework focuses on the identification and practice of health promotion and life balance activities in an effort to help mitigate or prevent those more serious experiences.

The *iM* of *iM*-PAACT

The *iM* emphasis of the overall model—*invest in Me*—serves as a reminder to community practi-
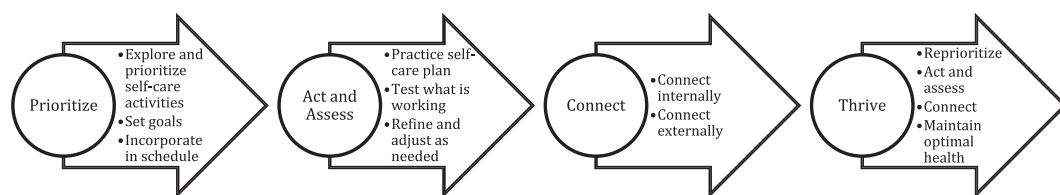
tioners that investing in oneself is a worthy use of time. Honoring that investment is both a necessity and a priority for one to be able to achieve and sustain optimum performance at work and maintain well-being in other aspects of life. This emphasis is a fundamental focus for engaging in each of the stages of the conceptual model and as such should be considered throughout. This model offers a framework for designing and maintaining an everyday self-care practice that intends to optimize practitioner well-being, but this framework will not work if the community practitioner does not recognize and prioritize the value of investing in themselves and their self-care. Thus, prior to engaging in practicing this model it is essential for the community practitioner to acknowledge that self-care is both a priority and a valuable investment of their time. The model's four stages are outlined in Figure 1.

Stage 1: Prioritize

In the *prioritize* stage there are three goals: (1) to explore individualized self-care activities, (2) to set self-care practice goals, and (3) to incorporate self-care into your weekly schedule. In this stage, the community practitioner explores activities that promote positive health and well-being—physical, spiritual, mental, emotional, and relational. Consideration for these aspects of well-being may be overlapping, and possible activities that promote self-care in achieving optimal well-being can include physical health care (for example, exercise, sleep, and eating habits), spiritual health care (for example, participation in cultural, spiritual, and religious groups, activities, and events), mental and emotional health care (for example, activities that are intellectually stimulating such as reading and journaling, meditation and mindfulness, arts and other creative hobbies), and relational health care (for example, activities involving interactions with other people and groups that are fulfilling and stimulating, entertainment and meals with friends and family). These are merely a few examples of the types of activities that can be considered when attending to these various aspects of health and well-being. Each individual must find the combination of personalized activities that are most rewarding in consideration of physical, spiritual, mental, emotional, and relational health care.

Finding balance in achieving and maintaining health across these areas in everyday life is essential

Prioritize
•Explore and prioritize self-care activities
•Set goals
•Incorporate in schedule

Act and Assess
•Practice self-care plan
•Test what is working
•Refine and adjust as needed

Connect
•Connect internally
•Connect externally

Thrive
•Reprioritize
•Act and assess
•Connect
•Maintain optimal health

to increasing resiliency and promoting overall well-being. The goal at the prioritize stage is to identify a variety of activities that seem most likely to bring fulfillment and are realistic for the particular individual. Consideration for personal interests and resources is key. At this stage the practitioner should consider how to incorporate these activities into their daily, weekly, and monthly schedules. The practitioner will want to prioritize which activities require greater investment for greatest reward, and identify which activities are less time intensive but remain an important investment, and schedule accordingly. Mapping out these activities in a routine schedule should be considered as important as mapping out community meetings and other professional commitments.

Equally important, this is also the stage to assess the habits and tendencies in your life that are not working for you, and learn how to eliminate or reduce those tendencies in your life. A common challenge for community practitioners is protecting time outside of normal work hours for self-care, as community meetings and socializing events occur at all hours of the day and all days of the week. The community practitioner relies on social capital and relationships to achieve professional goals, and as such it can be difficult to set and maintain clear boundaries while engaging in community work. However, to be able to give one's full focus and care to building and maintaining relationships with community members at work, it is critical to prioritize one's personal schedule that incorporates self-care activities and learning to say no to work-related events that occur during these protected times. As professional relationships are key for community practitioners to effective practice, it is easy to allow one's professional community to become the primary community in which one is engaged. For optimal health, the community practitioner should engage in communities outside of their community of practice—whether it be a running or exercise group, a book club, a religious group, or other type of personal community network. Planning how to avoid overextending and overcommitting to professional demands during this stage is as important as prioritizing your self-care practice goals.

Stage 2: Act and Assess

In the second stage—*act and assess*—the goal is to practice your self-care plan and to assess what is working and what is not working, and make adjustments accordingly. This stage involves developing a greater understanding of who you are and what is required in a regular routine to help you most closely achieve balance. During this stage it is important to be willing to try a variety of activities in various dosages, and to not be afraid to take risks. This is the stage to test and refine your strategies as you learn the best and most effective practices for self-care. During this stage it is important to recognize when you are out of your comfort zone, and to remember to challenge yourself, be gentle with yourself, and reward yourself as needed. An important note at this stage is not to berate yourself if and when you fall short of achieving your goals. Criticizing yourself for falling short of meeting your self-care objectives is counterproductive. Instead, in this stage as you strive to practice and encounter barriers make note of what those barriers are and how they arose, and whether or not they are barriers you have the power to address at this point in time. Understanding what is not working or keeping you from meeting your goals is as important as understanding what is working and why. Act and assess is a stage that provides the space to make adjustments in your self-care plan and routine to address barriers as appropriate, incorporate new strategies, and ensure that your overall plan is achievable and maintainable.

For the community practitioner this is an important time to assess the scheduling of your self-

care routine. In community practice invitations to important meetings and events may arise suddenly, and these can easily consume your scheduled time off the clock for engaging in self-care. This stage is the time to assess the practicality of maintaining rigid boundaries, or to devise a plan B for how you will make time to honor your self-care commitments when pressing meetings and events require your participation. In addition, as is common in community practice, you may find that your schedule is imbalanced in favor of work-related commitments. In this case, rather than overwhelm yourself with lofty and impractical aims requiring a major scheduling and prioritization shift, you may choose to roll your self-care plan out more slowly and intentionally, setting goals to engage in a few activities in one or two of your priority health care areas each week or each month, so that you slowly but steadily work toward full engagement in your self-care practice plan. It is important to be mindful not to set yourself up for failure, which could lead to counterproductive thinking and behaviors, and worse, could lead to abandoning your self-care plan entirely. Therefore in this stage remember to act and assess with success in mind, aiming for what is realistic and achievable for you, and to celebrate those successes regularly.

Stage 3: Connect

The third stage, *connect*, involves connecting internally and externally to further promote the successful implementation of your self-care plan. At this point the community practitioner has designed and prioritized an approach to self-care that involves attending to physical, mental, emotional, spiritual, and relational health promotion, and has tested these strategies and incorporated them into a regular routine. Connecting internally in this stage involves checking in regularly with your plan and being responsive to evolving interests and needs; connecting externally involves checking in with trusted people in your network who are supportive of your self-care plan and can help keep you accountable to achieving your goals.

To connect externally, consider the trusted people in your social networks, those who understand the demands of your community work and are willing to invest time and energy in supporting you and holding you accountable to your self-care practice goals. Identify a small group of individuals (for example, partners, family members, friends,

mentors, colleagues) whom you trust and have a high regard for and who have confidence in you, are not afraid to challenge you, and are willing to serve in a supportive role. Ask these confidants to provide you with accountability and support, and be clear about what your expectations for this role entail. Determine how you would like for others to hold you accountable to your plan and to provide support (for example, regularly scheduled check-ins in person, via e-mail; unscheduled check-ins; partnering with you in certain self-care activities). Also determine and share the ways in which you want others to communicate with you when they are noticing you do not seem to be achieving your goals, and how (or whether) you would like for them to be involved in getting you back on track.

To connect internally, set a plan for yourself to check in regularly on the achievement and maintenance of your self-care goals. Identify blocks of time in your schedule to regularly self-evaluate your progress. This is an extension of stage 2, when you assess your progress and achievements as compared with your schedule and goals, and identify any new barriers and make adjustments as appropriate. Create a space and environment for internal check-ins that is solely focused on you and your plan. For community practitioners it can be easy to prioritize the needs of the community members they serve over their own needs, and as such to let their self-care plan take a backseat to the needs of others. If you find yourself missing these internal check-in appointments, consider alternative strategies to reminding yourself to slow down and focus internally on your progress to optimal health. One strategy to achieve this could be to write letters or notes to yourself in advance, and have an accountability partner mail them to you monthly or as you deem will be most effective.

Stage 4: Thrive

Thrive is the final stage, and at this stage you are fully engaged in your self-care plan and routinely reprioritize, act, assess, and connect to maintain optimal health and prevent professional burnout. At this stage self-care should have become a regular part of your daily routine, and you should be reaping the benefits. As we evolve and grow, our interests change and we become exposed to new ideas and experiences. Thus, during the maintenance stage we continue to check in on our plan and adjust as new opportunities and interests arise,

and as new barriers present themselves. The thrive stage involves continuing what is working, adjusting what is not, enlisting new connections for accountability and support as needed, identifying new avenues for self-care maintenance, revisiting the self-care routine schedule and making changes based on changing life demands, and reaffirming one's commitment to a lifelong emphasis on investing in oneself to be in optimal health for oneself and others.

It is important to be mindful that no self-care plan or routine can fully safeguard from experiences of trauma, secondary or vicarious trauma, burnout, or compassion fatigue in social work community practice. It is essential that during the thrive stage the community practitioner regularly assesses their self-care plan and adjusts as needed when new opportunities and barriers arise and work demands shift, but it is equally essential that the community practitioner asks for support when needed. At this stage the community practitioner can devise a plan for emergency self-care, determining what actions one will take when and if the issues one is facing are beyond the scope of prevention and self-care maintenance, and how to identify when it is time to seek professional support.

CONCLUSION

The *iM*-PAACT model is a simple conceptual framework intended to aid community practitioners to design, practice, test, assess, and maintain a self-care routine to promote optimal health and prevent professional burnout and compassion fatigue. Community practitioners face unique demands on their time and energy that require intentional consideration for routine self-care practice. Community practitioners must recognize that self-care is as essential as their care for the communities they serve. If we are not taking the time necessary to thoughtfully and intentionally tend to our own needs and promote our health and well-being, we are not thriving, and instead are often merely surviving. As such we are not in a position to give our best self to our work and to our community practice. By using the *iM*-PAACT framework, community practitioners can explore and prioritize individualized self-care activities that are realistic and achievable, refine and adjust the plan as needed, connect internally and externally for accountability and support, and maintain optimal health and well-being. **SW**

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