UNDERSTANDING STRESS AND STRESS MANAGEMENT FOR HOME VISITORS

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This document provides an overview of the types of stressors that can affect home visitors and subsequently impact their work with the families they serve. As such, it defines risk factors, protective factors, and ways to protect home visitors from being negatively affected by these stressors.

This document is intended for home visitors, agencies and their staff. The information provided within can be adapted to provide support to workers to reduce the negative impact that can be related to their work with high-risk families. The first section introduces the reader to the types of stress that can affect staff. The second section explores the impact of stressors on home visitors. The third section details risk and protective factors; and the fourth section provides recommendations to organizations and individuals. Finally, a list of resources will be provided for the reader.

Introduction

The delivery of home visiting services is a rewarding and energizing experience, but it is also challenging and stressful. Home visiting staff is often at the frontlines working with families in some of the most difficult circumstances. Staff are exposed to many challenges within the home and in the communities, they serve. There is an expectation that home visiting staff will immerse themselves into the lives of the client, making relationships and gaining knowledge of the situations that led to the continuing circumstances that families are currently experiencing and that affect their daily living. This, coupled with staff members' personal challenges as well as negative organizational issues, can play a role in worsening stressors that the worker experiences. This continuous exposure to stress can be very demanding and can lead to burnout, vicarious trauma, and secondary traumatic stress. It is important that home visiting staff and program administration understand the indicators and impact of stress, what puts staff at risk, what protects them, and ways to practice self-care.

Types of Stress

There are three types of stress that home visitors and administrative staff should be concerned about and watchful of with staff.

Burnout

Burnout is defined as a prolonged response to chronic emotional and interpersonal stressors related to working with high-risk and vulnerable groups. It is defined by the three characteristics: overwhelming physical and mental exhaustion; feelings of negativity towards and disinterest in the job; and a feeling of being unsuccessful on the job. Burnout results from persistent stressors that occur over a prolonged period of time and can also be connected to work-related challenges, organization bureaucracy, and/or administrative demands. Factors such as high caseload, lack of support from peers, immediate supervisors, and administration, as well as poor job training are elements that contribute to burnout. Administration should look for staff who exhibit chronic lateness and/or absenteeism, struggle with completing administrative activities, are unresponsive to clients, or show signs of and fatigue, as these are all indicators of possible burnout.

Home visitors struggling with burnout experience:

- Extreme exhaustion from the persistent needs, demands, and expectations of clients
- A need to distance themselves emotionally from their families and co-workers
- A dissatisfaction with their work
- Suspicious outlook toward work-related activities
- A lack of motivation
- Insufficient energy to engage in intense work related activities
- Feeling as if they are not successful in their work activities

Symptoms of burnout include: chronic fatigue; insomnia; forgetfulness; physical symptoms; increased illness; loss of appetite; anxiety; depression and anger.

The Case of Ms. R

Ms. R has been a home visitor for 10 years. She has always been a good worker and has had some of the most difficult cases in the agency. Lately, Ms. R has been late for work and, in some instances, she has not come to work at all. Her supervisor has reported a steady decline in her coming to work, the quality of her work, and in her interaction with staff in the agency. While in the past she had always been enthusiastic about her work, for the last several months she has not seemed to be connected to her clients and she has complained that she feels ineffective and unmotivated by her work. She often forgets things, looks tired, has become thinner, and seems like she has been sicker than she has been in the past.

Vicarious Trauma

Vicarious trauma arises from constant empathetic interactions with individuals who have experienced trauma. Staff who struggle with vicarious trauma experience a cognitive shift in the way they view themselves and their belief systems based on their constant exposure to the traumatic events of their clients. Challenges for home visiting staff may include: a feeling of being unsafe; a lack of trust and a lack of control; and a change in spiritual beliefs. Vicarious trauma can occur subsequent to many experiences with an individual who has experienced a traumatic event.

Home visitors struggling with vicarious trauma may experience:

- Feeling unsafe in places where they normally felt safe
- A lack of trust in individuals
- A change in their normal interactions with clients and staff

Symptoms of vicarious trauma are similar to burnout, but the effects of vicarious trauma are more prevalent as it affects the physical, mental, and belief systems as well as the personality of an individual.

The Case of Mr. P

Mr. P has always been a committed home visitor. He has always been supportive of his families, despite having many of the most difficult clients in the agency. Mr. P has noticed that since meeting with his last family, who were survivors of horrible trauma, he has been avoiding that family and other clients with very traumatic experiences. While home has always been a safe space for him, he has been feeling nervous when at home. He notices himself looking around the house and checking to determine if the door is locked, over and over again. He has also been experiencing a lack of faith despite being a very spiritual person. He no longer trusts his supervisor and feeling like he is unable to control his emotions, reactions, and responses to people.

Secondary Traumatic Stress

Secondary traumatic stress is defined as the "natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person".[9] When an individual is experiencing secondary traumatic stress, they are experiencing the emotional remnants of the pain, horror, and suffering that a client has experienced. A staff person suffering from this type of stress exhibits the same traumatic symptoms, which are often related to the Post Traumatic Stress Disorder (PTSD) responses that the client is exhibiting. Secondary traumatic stress can occur after just one traumatic interaction with a client.

Home visitors who are affected by secondary traumatic stress may struggle with:

- Behavioral changes that impact their personal lives
- Behavioral alterations that impact their professional lives

Symptoms of secondary trauma include: intrusive thoughts; traumatic memories or nightmares; insomnia; chronic irritability or angry outbursts; fatigue; difficulty concentrating; avoidance of clients and client situations; and hyper vigilance.

The Case of Ms. F

Ms. F's supervisor has noticed that Ms. F has been very jittery lately. She has reported being unable to sleep and yesterday she became angry at someone and yelled for the first time since she began working at the agency. While talking with her supervisor the other day in supervision, she seemed to drift off into space and despite reorienting her several times, she was unable to focus on what was being said during the meeting. In reflecting on a past meeting, Ms. F's supervisor remembers her telling her about a new family that she had just met and that had experienced extreme physical abuse to the extent that the client was hospitalized. In addition to the hospitalization, the client was diagnosed with PTSD and is receiving treatment, as the patient was unable to function.

The Impact of Stress

There is very little research on the impact of stress on home visitors. However, the effects can be reasonably concluded using both the research from stress and its effects on social workers combined with the sparse research on its effects on home visiting staff. Stress clearly can have a major impact on the staff, the organization, and the families that they serve. The constant exposure to high-risk families can create a physical, emotional, and spiritual assault on the home visiting staff and their personal and professional functioning.

Home visiting staff who are negatively impacted by these stressors tend to be more prone to being physically sick more often and to have an increase in depression, anxiety, challenges with self-esteem, and substance abuse. Staff can also struggle with sleep disorders, a lack of recreational activities, a lack of motivation, and poor job satisfaction. There is also a reduced ability to deal with demanding and difficult clients as they are often experienced as hostile and aggressive by the provider. This can create difficulties for staff as they attempt to navigate the most problematic and frustrating situations.

Organizationally, stressors can affect overall work performance, leaving at risk the very people who professionals are charged to help. There is a correlation between these three stressors and increased absenteeism, staff turnover, as well as lower productivity and effectiveness at work.

The impact can be the greatest for the families that they serve. The home visitors afflicted with these stressors are unable to provide quality, reliable, consistent services. Research shows that stressors such as burnout impact the quality of the relationships that are formed with families. This is a challenge, as the relationship is the main and most important factor in engaging and retaining families within services. There is also indication that the amount of time spent in the home with families is decreased significantly when workers are experiencing these types of stress.

Risk Factors

Several risk factors have been identified as challenges and put a home visitor at risk for any of the three types of stress.

Individual

1. **The age and experience of worker** – The more experienced the worker is and their maturity level plays a key role in how the individual manages the workplace, their work with families, and work-related administrative duties. Inexperienced staff working with a myriad of high-risk families with trauma histories may have a hard time managing their caseload and their own experiences with challenging families.
2. **Individuals who struggle with anxiety, mood disorders, and past history of trauma may be at risk for these types of stress** – Staff who have experienced their own challenges with mental health and unresolved trauma tend to struggle more with managing their responses to stressors that relate to their work with high-risk, challenging families. They tend to have poor coping mechanisms such as suppression of emotions and distancing and can also display acting out behaviors that reflect a past history of abuse and makes it difficult for them to manage both their feelings and that of the families that they would be serving.
3. **The chronic use of empathy** – Home visitors are continually challenged by their clients as they are expected to routinely display feelings and emotions towards their clients. This constant use of using of feelings and emotions makes a home visitor particularly vulnerable and open to feeling overwhelmed.

Organizational

1. **Organization settings and culture –** Increased stress is correlated with factors such as unfairness in the organizational structure and discipline; high caseloads; having enough time to complete paperwork; and not having control or influence over policy and procedures. In addition, a focus solely on the completion of work and not on quality can lead to higher stress for staff.
2. **Inadequate supervision –** Not having regular, structured and supportive supervision can have adverse consequences for home visiting staff. Staff need support around understanding client experiences, needs, and behaviors. Not having a supervisor to assist in providing support and various ways of interacting and understanding problematic families can create increased negative feelings about the job and subsequently impact the home visitors work productivity and overall functioning.
3. **Lack of client resources –** Families that home visitors work with are in need of a myriad of services. Thus, a home visitor's inability to identify the necessary services or resources for families can add to the already highly-charged work that they do.
4. **Lack of peer support** - Colleagues who have conflicting relationships with their peers do not have a supportive space to discuss and debrief about challenges with their organizations or families. This form of isolation can create an overwhelming, unfriendly and unsafe environment for home visiting staff.

Protective Factors

Individual

1. **Strategies to deal with challenging feelings and emotions** – Staff who have established methods to identify, express, and deal with challenging feelings and emotions tend to able to deal with stress more effectively and will use these strategies quickly and more often. They are also more often able to ask for help and support when they need it.
2. **Not taking work home –** Being able to separate between personal and professional time is an important protective factor. Individuals who are able to leave the stressors at work and not do work at home are less overwhelmed.
3. **Open to growth and development –** Being open to and receiving training and support from supervisor and organizations provides opportunities for staff to learn new techniques and skills to deal with high-risk families. It also allows staff to openly discuss challenges that they are experiencing with families.
4. **Being hopeful and enjoying work –** Being hopeful has been shown to ameliorate stress in staff. Hope has curative properties that assist individuals in healing.

Organizational

1. **Empowerment** – Staff feeling as though they have input on policy and procedures within an organization and having control over their work leads to reduced stress. This same feeling of empowerment is often transferred to families as they engage in a parallel process.
2. **Reflective Practice** – Task oriented supervision tends to increase stress for staff, and thus the importance of reflective practice and a focus on quality services for families.
3. **Organizational climate and practices** – Creating an efficient and supportive environment is imperative for providing a supportive space for staff. Staff thrive in spaces that are organized, responsive, and safe.

Reducing and Alleviating Stress and Supporting Staff

Various resources were identified as ways to alleviate burnout in individuals working in high stress jobs and places of employment. An individual's ability to have autonomy in their job and participate in decision-making process reduce burnout since these decrease the likelihood of feeling alienated.

Job satisfaction that includes rewards, compensation, support, team motivation, and advocacy reduce burnout. Supervisors must ensure that staff have supportive environments that include regular supervision, a proper work environment, are inclusive of up-to-date computers and comfortable work spaces, provides psychological services for staff, and resizing work tasks to best support staff. Staff must be clear about their job roles and develop effective coping strategies as this directly impacts their emotional state and their ability to control responses effectively.

A healthy lifestyle that includes exercise and proper sleep are helpful for staff.   In addition, maintaining good relationships with colleagues and the ability to receive professional growth and development are ways to support staff and reduce risk of burnout. Staff must be committed to self-care activities, stress management, and have outside activities with friends and families to improve their overall ability to function effectively at work.

The installation of hope is an essential element of effective staff. Hope is defined as a goal-directed attribute that assists staff by focusing on successes and increasing their chances of achieving.[12] Hope has restorative properties that correlate with recovery from illness and is predictive of high performance.

Hope is comprised of three interrelated components: the first component is having goals that are meaningful, challenging, and sustainable that can be achieved. The second component is willpower, or the ability to persevere regardless of what is encountered. The third component is the ability to problem solve and find ways, despite the obstacles, to achieve the goal.[12]

Ways to Reduce Stressors for Home Visitors

Individual	Organizations
Proper nutrition	Training and policies on the various types of stressors and traumas
Exercise	Infuse reflective practice/strength-based framework
Having a hobby	Regular, consistent supervision
Activities with family and friends	Supportive environment for staff
Massages	Empowering staff to have a voice in program activities and policies
Manicures and pedicures	Keep caseload at a manageable load and balanced
Quiet time activities – reading	Encourage peer support and activities
Organizing time	Appreciation for staff
Spiritual/church activities	Incorporate self-care as a part of training activities
Don't take work home	Provide staff with appropriate resources to accomplish work activities
Using reflective practice/strength based framework	
Ask for help	

Recommendations for Individuals and Organizations

1. It is essential that staff are provided training that identifies and provides insight into the various stressors that can negatively affect them as they work with high-risk staff
2. Staff should be encouraged to create and use self-care plans that can be used in and out of the agency
3. Agencies should create activities that facilitate self-care
4. Reflective supervision and strength-based practice should be infused throughout agencies
5. Agencies should work towards empowering staff to have input in program policies, activities, and services that they provide to families
6. Provide tool yearly to assess for stress in staff
7. Caseloads that are varied with a mix of challenging and less challenging families

Resources

Fact sheet from NCTSN on Secondary traumatic stress
http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf

Self-Care Toolkit - Office of Justice Program
https://vtt.ovc.ojp.gov/

Self-Care Starter Kit – University at Buffalo – School of Social Work
 https://socialwork.buffalo.edu/resources/self-care-starter-kit.html

Booklet
Volk, K.T., Guarino, K., Edson Grandin, M., & Clervil, R. (2008). What about You? A Workbook for Those Who Work with Others. The National Center on Family Homelessness.
http://508.center4si.com/SelfCareforCareGivers.pdf

Assesment tool
PorQOL assessment tool assessing negative and positive affects of helping other
http://proqol.org/ProQol_Test.html

Books
Burnout and Self-Care in Social Work
A Guidebook for Students and Those in Mental Health and Related Professions
SaraKay Smullens

Center for the Study of Social Policy's
http://www.cssp.org/reform/strtheningfamilies/systems/body/Self-Care-for-Home-Visitors.pdf

HRSA – Creating a Trauma Informed Home Visiting Program
https://www.recharge4resilience.org/sites/default/files/Creating%20a%20Trauma%20Informed%20Home%20Visiting%20Program%20Issue%20Brief%20January%202017.pdf

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