Trauma Exposure and the Social Work Practicum

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HOW WELL ARE YOU?

WELLNESS

- Physical
- Psychological
- Social
- Intellectual
- Spiritual
“I required counseling to deal with personal issues triggered by my practicum experiences”

MSW intern
Purpose of the study:

- At the time the project started, there had been no systematic examination of the impact of field work practice on the wellness of student social work practitioners.
1 year exploratory study (quantitative and qualitative) examining student’s experiences of critical incidents/trauma in their practicum settings

To review support offered by the school of social work, field placements and the formal and informal supports utilized by students
Method:

- Extensive Literature Review- family of origin, previous experiences, secondary/vicarious trauma, physical trauma, importance of field instruction.

- Ethics Review accepted- students offered counseling, crisis intervention if needed by facilitators due to sensitive nature of the questionnaires

- Questionnaires (quantitative and qualitative components) implemented between March and June 2007 offered to all BSW and MSW students at King’s University College. 58 surveys were completed
Need to understand need and dilemmas of social work students in their placements- including role of trauma and exposure to trauma;

Secondary trauma- emotional duress experienced by people after having close contact with a trauma survivor

Vicarious trauma- cumulative exposure to traumatized clients over time- length of time varies.

Variables of vicarious trauma: age, sex, amount of interaction, length of treatment, clinicians own history
Compassion fatigue - relatively new: happens over time, focus on the physical, emotional, and spiritual exhaustion that takes over helpers and causes a decline in their ability to care for others - can happen to anyone.

Physical trauma – real or perceived; some studies suggest up to 20% of BSW students verbally or physically assaulted during practicum.

Higher levels of irritability, depression, anxiety and burnout compared to those not threatened or abused.
Self awareness critical for students: examine family of origin, previous life experiences- many students have not done so! - - Family of origin issues critical (i.e. alcoholism, abuse, death, mental health)

Many students have experienced some traumatic event over their life- this can be either an aide or blocker to helping others

Unresolved trauma of worker may be activated if client’s trauma is similar
Data Analysis:

- Reviewed data to look for trends, themes, future research needed in this area

- Charts developed in the following area
  
  a) critical incidents experienced by students
  
  b) areas of anxiety
  
  c) nature, frequency and intensity of traumatic incidents
Issues Entering Practicum
Previous Two Years

- More than one third had been verbally harassed
- More than one third had been verbally threatened
- One quarter had been physically assaulted
- One in five had been sexually harassed
- One in five had been threatened with physical harm

- More than one in five had suffered a bereavement of a parent, partner or child
- Nearly one in five had been sexually assaulted
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Findings: level of anxiety

- Third year students were most anxious regarding the expectations of the school and their practicum agency.

- Fourth year students were more concerned than the other two groups about the client group with whom they were working and about beginning the placement itself.

- MSW students had the least amount of anxiety regarding their practicum.
## Critical Incidents During Practicum

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Findings

- Almost every student experienced a personally upsetting or disturbing incident during practicum.

- Most common support sought to deal traumatic incident exposure was:
  i) friends outside of school (60.3%)
  ii) family (56.9%)
  iii) friends at school (31%)
  iv) community-based counselling (25.9%)
Psychosocial responses that arose among social work students during the course of their practicum included issues with:
I had problems sleeping after gun incident and after witnessing violence.

I was yelled at by a client but I also did not sleep due to the anxiety expressed by client and the reality of having to sleep outside in -20 degree night.

...knowing when I was going to work on the crisis line I had a difficult time sleeping the night before. There really was no training on how to do the crisis line so this added a bit of stress. I found I put off from taking the crisis line and try to find other to do as a result.

My sleeping has been affected by the verbal discipline of (my) supervisor and being yelled at by supervisor.

After reading a particularly traumatic case file or meeting with a traumatized or emotionally charged client, there was the odd night where I could not sleep and would stay up thinking about the client or situation.
I lost 17 lbs between Jan. and April (practicum time frame)

being yelled at by clients affected my eating for a short time after the incident

Sudden changes in a clients situation have caused me to lose sleep, eat excessively; same for a meeting with a client where I hear about a sad situation

after seeing clients with eating disorders: I began to judge myself more harshly, and scrutinize my own body, worry about body and weight

anxiety prior to and during the practicum experience caused decreased appetite as a result of fear of expectations that were unclear in practicum setting and incongruence between practicum expectations and school expectations.
CONCENTRATION

- feelings of anxiety increased – decreased concentration

- I have decreased concentration, I worry for my safety, I felt very uneasy and felt somewhat vulnerable

- I found after being yelled at by client I had poor concentration and increased anxiety. I was not as motivated to attend placement as usual
SUBSTANCE USE

- physically upset after meeting with client, ‘butterflies’ in stomach, increased use of nicotine (cigarettes)

- after reading certain case files from clients and reading their history, I did drink more after placement days and was experiencing some restless nights.

- I drink at home by myself (once or twice a month) – just having a glass or two max., but I didn’t do this before placement

- fourth year over-all an increase in alcohol intake, though still in control

- alcohol use increased when too many demands @placement. i.e. client load, paperwork, crisis.

- resorting to having drink @ times after day @ placement

- yelled at by supervisor – increase use of alcohol hearing traumatic experiences of client - heart racing, distracted
ANXIETY

- being yelled at and having clients make inappropriate comments increase my anxiety and level of confidence. I felt unease and uncomfortable as a student.

- reading case files was particularly difficult at the beginning of the school year; it increased my anxiety prior to meeting with clients.

- my focus is all over the place; I am anxious a lot more, for the first time last week I threw my cell phone against the car window while I was driving.

- I have always looked over my shoulder (I have been stalked when I was younger) but now I find it has increased; when I find my stress is high I am now getting the shakes on the inside.

- sexual harassment led to unease (about) doing the next visit and not wanting to talk as long with that person.

- increased anxiety negative thoughts about self, feelings of inadequacy, being a bad person, thoughts of quitting the program, especially after conversation with practicum supervisor.
after the client yelled and intimidated me I talked with him until he laughed with men and then I left his house. From the door to my car I noticed my hands and body were shaking I immediately contacted my supervisor and debriefed

almost come to tears when I watch the news I am much more reactive to trauma on T.V. Night

physically upset after reading case files - nauseated

after case file/home visit/client meeting had increased heart rate, stomach upset

intake with suicidal – broke down crying uncontrollably that night

after meeting with client (s) – I saw many clients dealing with depression and anxiety. This began affecting my own anxiety levels. I had difficulty sleeping and mini-panic attacks (heart racing, sweaty palms, dizzy)

I required counselling to deal with personal issues triggered by practicum experiences

I cried driving to and from practicum; at the end of 12 weeks I could not go into a room if she was there (field supervisor)
due to anxiety and emotional difficulties, there tended to be a downslide by compensating through missing class for self-care and missing due dates which continues to add emotional and mental stress which continues to add to the cycle rather than fix the original problem.

significant lack of interest in scholastic matters, missed class time due to focus on placement, late papers

my academic well being has suffered the most due to my placement.

my grades dropped after the first semester. Very frustrating and stressful when worrying about class attendance even if need to take time off for myself. When approaching my supervisor @ placement about this workload did not decrease therefore increased stress and anxiety, ultimately effecting my other responsibilities journal writing for placement – did not have 1 hour a day to record therefore late completing because had to do on own time.
Findings

- Unexpected outcome: Students experienced greatest negative impact when being yelled at or feeling verbally intimidated by supervisor, colleague or field instructor;

  ...yelled at by supervisor – avoided supervisor, less confident making decisions...did not want to attend placement

- When students reported their perception of faculty being unsupportive or unresponsive regarding practicum, they felt helpless and oppressed; felt lack of power about future
Student responsibility and recognition of experiences prior to and during social work education/practicum and seeking support accordingly

Supervision during practicum critical

Integration seminars vital- we would suggest that schools who do not use integration seminars may place students at risk

Integration seminars must be safe and supportive;

Need for continued preparatory and ongoing professional education programs for field instructors
- Need to properly support field instructors
- Recognition of the impact of power on students’ well-being and coping
- Impact of organizational politics of students
- Many positive experiences reported by students and low numbers of severe responses or traumatic events
Information for faculty, agencies and students

What students are identifying as symptoms, what supports they utilize – what to watch for and address

Area to consider reviewing further: under-utilization of formal supports
QUESTIONS

- What does your agency do to prepare new interns and workers for the trauma of the work?

- What does your supervision system look like?

- How much time is given for supervision?

- What supports do you have for interns, new workers and long term staff?

- How do you enhance workplace wellness?
Integrated Model of Workplace Wellness

- Professional – Individual Supports
- Peer – Individual Supports
- Professional – Organizational Supports
- Peer – Organizational Supports
This presentation was given at:

We Can Do It: Evidence and Interventions for Transforming Mental Health in the Workplace
4th Annual Canadian Congress for Research on Mental Health and Addiction in the Workplace
Nous pouvons y arriver! Des interventions éprouvées pour améliorer la santé mentale au travail
Le 4ème congrès canadien annuel pour la recherche sur la santé mentale et les toxicomanies en milieu de travail

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