The Cost of Caring for Others – An Evidence-Based Look at the Science of Self-Care for Caregivers and Professionals

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Welcome

WHO AM I?
WHO ARE YOU?
WHAT DO YOU WANT TO GET OUT OF TODAY’S TALK?
Sooo Human Service Professionals....?

...do we practice what we preach in self-care?

Have you ever experienced Burnout, or “Compassion Fatigue?”
Before we go any further – Let’s Look at the Ethical Issue at Hand

How do you manage yourself when you are experiencing/listening to trauma, sadness, anxiety, triggers?

*Sally parenting “learning experience...”*

You must do your own work of emotional regulation in order to work with these clients AND to self-regulate in front of them to model behavior.

Or, ethical and boundary issues will pop up...
Compassion Fatigue

The natural consequences of stress resulting from caring for and helping traumatized or suffering people or animals

It’s a set of symptoms, not a disease

Empathy and response to pain of others are key factors.

A primary cause of leaving a helping profession.

A state of exhaustion and dysfunction (biologically, psychologically, spiritually, and socially) as a result of prolonged exposure to compassion stress.

Causes – placing needs of other’s before your own, unresolved past trauma and pain, lack of healthy personal and professional coping skills, lack of personal boundaries, inability to communicate needs in a healthy way.
Resiliency Research

Generation of self-sacrifice

Compassion Fatigue vs. Burnout

Symptoms: irritability and sarcasm, lack of attention, physical problems, suppressed immune/cortisol, obsessing about anger, negativity/numbness.

I’m so busy = I’m so important
Traumagenesis – A Different Way of Looking at Trauma

The idea that toxic or trauma-genic environments are generating symptoms in people in:

- Families
  - Schools
  - Workplaces

This is generating a secondary trauma for those who listen to traumatic stories day in/day out.

WE ARE DEVELOPING OUR OWN SYMPTOMS
Traumagenesis

It’s not about the Event -- It’s about the chronicity/intensity of the response.

Repeated activation of threat-response system through painful learning (real or perceived).

Nervous system becomes chronically over-activated.

Activation does NOT require abuse, abandonment, physical or sexual hurts— just the repeated perception of threat is adequate.
Sally after 8 Years Hearing Sad Stories
Sick Families/Agencies are Ones that Activate

PATHWAYS OF TRAUMAGENESIS:

PTS – POSTTRAUMATIC STRESS
STS – SECONDARY TRAUMATIC STRESS
ENV – ENVIRONMENTAL/AMBIENT
### Big T vs. Little t

*No longer useful to decipher – both equally significant*

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<thead>
<tr>
<th>Big T Traumas</th>
<th>Little t Traumas</th>
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<td>War</td>
<td>Emotional Abuse</td>
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<td>Disasters</td>
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<td>Rape</td>
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<td>Childhood sexual or physical abuse</td>
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<td>Crime victimization</td>
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<td>Witnessing violence or death</td>
<td>Stress at work or school</td>
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<td>Domestic Violence</td>
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PTS – Posttraumatic Stress

Painful learning and reactions due to events, or repetitive events (i.e. acts of war, car accidents, death of a loved one, sexual assault, physical abuse and neglect)
STS – Secondary Traumatic Stress

Traumatic learning through witnessing or interacting with trauma survivors

MEDIA – bombardment of STS which builds fear and anxiety

MORE STS = MORE DANGEROUS WORLD

More dangerous world = the more active the body’s threat response system is and there is an increase in STRESS

Often become desensitized depending on what environment we’re in

More to do with the prep to react than actual events.
ENV – Environmental (Ambient)

High Demand relationships+lower quality connections of attachments

Dysregulating environments tend to stabilize at the level of the lowest functioning member of that environment

Psychological, emotional and relational resources not sufficient for the demand which in turn activates the threat response system.

◦ i.e. family/friends demanding but not enough of a relational/emotional payoff – you get angry and hostile.
Sound familiar?
Have you ever worked in a high demand, low leadership awareness environment with high turnover?
So, which generates the most trauma?

PTS?
STS?
ENV?
Is the USA a dangerous place?

High murder rate?
Sally’s Perspective

• Seven years in community mental health
• Obesity epidemic=Depression
• The “Vacuum” of local, National, and Global Anxiety
• Lifestyle vs Genetic role of mental illness
• Could our modern frenzied technology-laden world be to blame?
A third of all users admit they are addicted to their device.

THE AVERAGE MOBILE PHONE USER CHECKS A DEVICE **150 TIMES** A DAY.
What are you aiming for personally and professionally?

Are smartphones and social networking bringing you closer to that goal?

If so, how? Let’s leverage technology to help us hit what we’re aiming for.

If not, what can we do about it?
Smartphones and Their Hold on Us

80% of the world’s population has a smartphone, tablet, or laptop.

--- Rosen, 2012

The genie is out of the bottle – connectivity is here to stay!
The Onset of Technology – Linked to the Depression Epidemic?

Antidepressant use has skyrocketed in recent years—despite this, the rate of depression in the US has INCREASED. It’s roughly 10 times higher today than it was just two generations ago.

One in four Americans – over 70 million people – will meet criteria for major depression at some point in their lives. -- Ilardi, 2009

World Health Organization predicts that by 2030 more people worldwide will be affected by depression than any other health condition. – Weil, 2011
Ways Technology Affects Mental Health

1. Sleep – Using a laptop, cell phone, or ipad late at night can seriously mess with your sleep patterns and habits, potentially leaving you with a sleep disorder. Late night use is also associated with stress and depressive symptoms.
2. Depression

A Swedish study found that participants who felt the need to have their cell phones constantly accessible were more likely to report depressive mental health symptoms.
3. Addiction

Several studies have actually suggested that the brains of technology abusers develop a certain pattern of change over time. Studies also suggest that the amount of times technology abusers check their gadgets are just enough to trigger the addiction-oriented parts of our brain.
4. 24/7 Stress

When we come home from school or work and immediately hop on the Internet or turn on the iPad, our brains don’t get the chance to de-stress and unwind from the day’s activities, so our brains get stuck in stress mode 24/7.
5. FOMO aka “Fear of Missing out”

It’s a real thing now. The popularity of social media and sharing everything has led to this new sensation where everyone from middle school-ers to working adults feel the pressure to attend every event and share every experience. It’s the “is everybody having fun without me?” disease. (Hint: they’re not)
6. Isolation

Related to FOMO, excessive technology use can lead to feelings of isolation or the eventual isolation of a person due to so much time spent with technology as opposed to making real connections aka human friends.
7. Incivility

Research has shown that with the ascent of Internet and technology use, rudeness and incivility on social media sites has also increased. This is bad, as being rude to someone is wrong on its own, but it can also lead to Internet bullying.
8. Insecurity

Kind of like FOMO, social media, and constant access to it through our phones, tablets and laptops means we are constantly plugged into what everyone is doing. All the time. So we are constantly comparing ourselves to everyone else. All the time. But what we are seeing is everyone’s glamour shots and our average moments. Not exactly a fair comparison, huh?
9. Anxiety

Social media on our gadgets can give us anxiety about everything from FOMO to fear that our life is not “pinteresting” enough. Literally. Surveys have found that women often have anxiety that they are not crafty, creative or cute enough after using Pinterest. Social media can also cause anxiety such as fear of not being successful enough or smart enough with use of sites like Facebook and Twitter.

--- Sources: Forbes, Washington Post
Major Depressive Disorder

A debilitating illness characterized by:

- Sleep disturbance
- Motor retardation
- Concentration, memory, attentional deficits
- Neurotoxicity (prefrontal, hippocampal)
- Impaired ability to work, love, play . . .
- Suicidality (> 30,000 annually in U.S.)
Our brain -- modern stressors vs. ancient ones

An evolutionary “don’t get killed machine” has set us up to be critical, skeptical, and hyper vigilant...

Useful in caveman days – not so useful now.

...“certain genes that endow vulnerability to anxiety, for example, i.e. the shorter allele of the serotonin transporter gene, may encourage sensitivity to anxiety activation and be evolutionarily helpful in the caveman days. In modern world, however, such sensitivity to anxiety would be dysfunctional and a “psychiatric syndrome.” – Leigh, 2010
Stress and mental illness – Fear Modulation Cycle

PTSD and acute stress disorder are results of massive identifiable stress and are manifested by emotional and behavioral symptoms. Stress plays a prominent role in depression and anxiety, and, in fact, most psychiatric conditions are either precipitated by or contributed by stress.

Even exacerbations of schizophrenia, often thought to be primarily biological, are induced by emotional stress.

Sally’s Top 5 Tips for Staying Emotionally Resilient In a Technology and Overwork Absorbed Culture

1. Get antidepressant exercise and do it outside
2. Put limitations, filters, and limits on gadgets and social networking personally and professionally
3. Protect sleep above all else
4. Facetime trumps screentime
5. Mindfulness

(Influenced heavily by Dr. Stephen Ilardi, KU Psychologist and Depression Researcher)
American Outliers: The Amish
Across the globe, the risk of depressive illness varies as a function of:

- **urbanization** (Colla, Buka, Harrington, & Murphy, 2006; Harpham, 1994); and

- **industrialization** (Weissman et al., 1996; also Simpson, Schumaker, Dorahy, & Shrestha, 1996)
Anthropologist Edward Schieffelin (1985) spent a decade among the Kaluli. In a population of over 2,000 he was able to identify only 1 marginal case of major depressive disorder.
Dr. Ilardi explaining the depression epidemic

**The hypothesis:**

*We were never designed for the modern sedentary, indoor, social isolated, fast-food-laden, frenzied, sleep-deprived way of life.*
Key features of the ancestral environment provide antidepressant benefit
1: Antidepressant exercise outside

- Hunter-gatherers engage in vigorous exercise on a regular basis, perhaps at the level of today’s elite athletes.
  - estimated in excess of 4 hours daily

- 26% of Americans exercise at a level recommended for physical/mental health.

- 59% engage in NO physical activity at all!

(Centers for Disease Control and Prevention, 2003).

Shoot for integrative exercise – exercise necessary to accomplish some task. (Weil, 2011).
Exercise and mental health benefits

- Superior to placebo
  (e.g. Holmes & McCann, 1984)
- Equivalent to CBT
  (Fremont & Craighead, 1987)
- Equivalent to SSRI
  (Blumenthal et al, 1999)
- Lower rates of relapse
  (Babyak et al, 2000)
Bright light benefits

• Depression scores correlated with total time spent outdoors (Espiritu et al., 1994)

• Superior to placebo as stand-alone treatment (Tuunainen, Kripke & Endo, 2004)
  • Average symptom reduction = 35%

• Superior to dim light in combination with SSRI (Martiny, Lunde, Unden, Dam, & Bech, 2005)
  • 71% vs 39% treatment response
Bright light research trials

• Participants are asked to get at least 30 minutes of bright light each day
• Full-Spectrum 10k lux Light Boxes provided
• Outdoor exposure is preferable to light box
• Morning or afternoon light is preferred
Recommen
ded steps -

Leave phone behind on walks outside – “Nature deficit disorder.”

Take 10 minutes out of each hour to do anything that calms the brain – nature, music, etc.
2: Limit gadgets and social networking

Detox from data plan for a few hours or days (i.e. only use your phone for calling), Sabbath-N0-Smartphone-Sundays...use the airplane mode.

Family time gadget charging – everyone charges at 9pm to have facetime sans gadgets. No head's down discussions.

Keep email inbox to 5-10 max. OHIO rule.

Gadgets on vibrate, low volume, use voice mail religiously.
Disable vibrations or audio alert notifications for emails or texts coming in.

Facebook and Twitter – friends only setting, disable Facebook ads, disable notification when folks comment, “deactivate account” vacation is encouraged (lent?), disable status updates, log-in only 2-3 times a day, 5-10 minutes each, set timer.

Gadgets ok in social settings if ok to do crossword puzzle.

USE gmail filters liberally and google voice for “work” cell #

Consider having a limited texting plan. Reward in family for who texts the least!?

Don’t check work email until you get to work (Sieberg, 2011).
3: Protect sleep

Average number of hours of sleep per night has decreased from 9 to 6.9 hours over the past century

(National Sleep Foundation, 2002)
Sleep Hygiene: Evidence

• Sleep disturbances associated with increased risk for depression onset and poorer long-term treatment outcomes (Breslau et al, 1993)

• Sleep problems as a residual symptom predict an increased risk of relapse (Nierenberg et al., 1999)

• Treating insomnia alone with CBT was effective in reducing depressive symptoms by 58% (Kuo, Manber & Loewy, 2001)
Sleep Hygiene

• Try to get 8 hours of sleep a night
• Bed is only for sleeping and sex
• Reduce stimulation an hour before bedtime
  • Lower lights
  • No TV/Computer
  • No late-night meals
• Reduce caffeine intake after 3pm
• Turn down thermostat
• Phone in kitchen, not bedroom
• End “e-day” at 7:30p.m. – disable data.
4: Facetime trumps screentime where it counts – work/home balance

- Sally story – getting held up
- In hunter-gatherer societies, it is virtually impossible to survive without the support of the tribe
- Today, ~1/4 households consist of a single person (Wright, 1995)
- Social relationships linked to improved survival (Lunstad, 2010)
- UCLA study on friendship in women and oxytocin (Klein, 3002)
Social Support: Evidence

- Disruption of social support increases the risk of depression (Seeman, 1996)
- Social Support is strongly correlated with remission in treatment (Ezquiaga, Garcia, Pallares, and Bravo (1999)
- Treatments designed to improve interpersonal relationships (IPT)
When we’re alone we chew our cud...

- Rumination is a chief symptom of depression (Ingram, 1984)
- It is most likely to take place when people are alone and idle, often online, Facebooking, etc.
- Intent, relationship is best translated in facetime.
Increasing activity and access to reinforcement can be an effective treatment for depression symptoms (Jacobson et al., 1996; Martell, Addis, & Jacobson, 2001)

- Social Activity
- Exercise
- Pleasant Events Planning
5. Mindfulness....

Meditation – esp in combo with Dialectical Behavioral therapy, Cognitive Behavioral Therapy, and Acceptance and Commitment therapy, utilizes mindfulness as a tool against chronic depression and anxiety.

Constant electronic connectedness enables us to lose our ability to be present, aware of our emotions, and able to tolerate difficult emotions.

° -- Walsh, 2011
Mindful Breathing for Anxiety and Depression

Establishes the “mind-body” connection

Belize snorkeling

Current research is establishing associations between the vagal nerve and vagal tone (measured by heart rate variability (HRV))

Yogic breathing is a unique form of breathing used to balance our autonomic (automatic) nervous system.

This results in an effect on psychological and stress related disorders.

Try this next time you’re on an email break (Thicht naht Hahn):
1. Breath in, out – let go
2. Breathe in, out – be here
3. Breathe in, out – now what

Mindful eating? Mindful socializing? (Keep phone off table during meals).

- Hill, 2007
How Meditation Changes Behavior

Mindfulness and Healthcare – Kaiser Permanente and Aetna offers to patients and staff

Staff to avoid burnout – Univ of Mass and Mayo clinic.

Mindfulness in Classroom -- Improves classroom attention, participation, respect for others, optimism and self-acceptance.

Mindfulness in the Workplace – Aetna, General Mills, AOL, Twitter, Nike, Target -- programs reduced perceived stress and stress levels for employees. -- Davich 2014
How It Changes Behavior

Mindfulness in the Military – “Mindfulness Based Fitness Training” US Marine Core.

Mindfulness in Congress – US Rep Tim Ryan teaches Mindfulness to fellow Congressmen.
How Meditation Changes Emotion

10+ years research has shown meditation reduces stress and thus lowers cortisol and cholesterol levels.

A new review study in the JAMA found that mindfulness meditation may be as effective as antidepressants in easing the symptoms of moderate depression.

Neuroimaging research reported in the Journal of Psychiatric Research showed that engaging in a mindfulness meditation program for just eight weeks is linked with changes in the memory, empathy, stress, and “sense of self” regions of the brain.
The Neuroscience of Meditation

Hippocampus vs. Amygdala – conscious vs. unconscious fear triggers.

How contemplative practices rewire the brain...

◦ Able to create new neurons!? Wha!?
◦ How? Physical exercise! - Growth in hippocampus after exercise
◦ Stress damages the hippocampus due to cortisol
◦ When stress is chronic, hippocampus begins to shrink
◦ Menninger research on meditation – meditation goes into theta brain wave activity.
◦ Increased activity in prefrontal cortex – positive emotions, emotional control.
  ◦ NurrieStearns, 2010
Use the highest privacy settings for social networking sites. Create a “lock” on Twitter accounts in order to deny access to requests to “follow” you.

Manage the information available about you online by creating a professional Web site that describes your credentials and expertise. If the Web site includes a blog, it should not be enabled for reader’s comments in order to avoid issues regarding confidentiality.

Check your online profile by periodically searching your name. View what clients and potential clients can see about you.

When you contract with clients, include discussion about policies with respect to social networking, as well as contact through other electronic methods.

Create agency policies regarding ethical practice and the use of technology and social networking by staff.

When posting on professional Web sites (such as socialworkchat.org) or commenting on a blog, keep it professional as your comments can be viewed by the public and are archived.
My opinion (i.e. this old therapist)

NEVER EVER EVER use Facebook or Twitter with clients, EVER.

For FB, set privacy settings to friends only, no public viewing. Be careful, FB is always changing their privacy settings! Anonymous names. “Mustang Sally”

What if a client asks me if I’m on FB? Don’t lie! Answer truthfully but be clear that it represents one’s personal life and model healthy boundaries by discouraging not crossing that line.

Anonymize twitter – “MSW student from Missouri”
E-mail and text messaging: Social workers who correspond with clients via e-mail or text messages about sensitive, clinically relevant information may expose a client to confidentiality and privacy breaches. E-mail correspondence and text messages are not 100% secure. Further, informal e-mail and text message exchanges, especially during what are customarily nonworking hours, may confuse clients about the boundaries in their relationship with social workers. A social media policy should explain to clients that social workers limit such electronic messages to appointment scheduling and other routine correspondence. Clients should understand that e-mail and text message communications may not be secure and that any electronic messages may become part of the clinical record.
Have you googled yourself lately?

Your home address is out there whether you want it or not.

There are no current legitimate pay for takedown data services.

Some ideas from a IT security expert:

- Follow take down steps for free sites that offer your info.
- Turn off Wifi when not using it.
- Register your home in a trust so your names aren’t on public property records.
- Use a PO Box for everything (bills, taxes, licenses, renewals, etc)

- Take home thought – anonymity of any kind takes a lot of work.
Radical Self-Care

Reach deep within yourself

Look at your values system

Start making changes based on that

Reject what the culture, society thinks you should have, be in on, or keep up on or what job or insurance you must have if these things are making you sick.

You can do it!
Questions? Comments?
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References


Thank you!

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*Sally King Consulting - providing aging and mental health consulting, counseling, and training to agencies, seniors, and their families.*

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