



Project Number: 2020-1-PL-KA202-082075

MOOC 2 – UNIT 3

Individual Training in Early Intervention Psychology, as an Emergency Psychologist (EP)

Chapter 3

Stress Management in the Work of Emergency Psychologist

Developed by Jan Kochanowski University (PL)



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

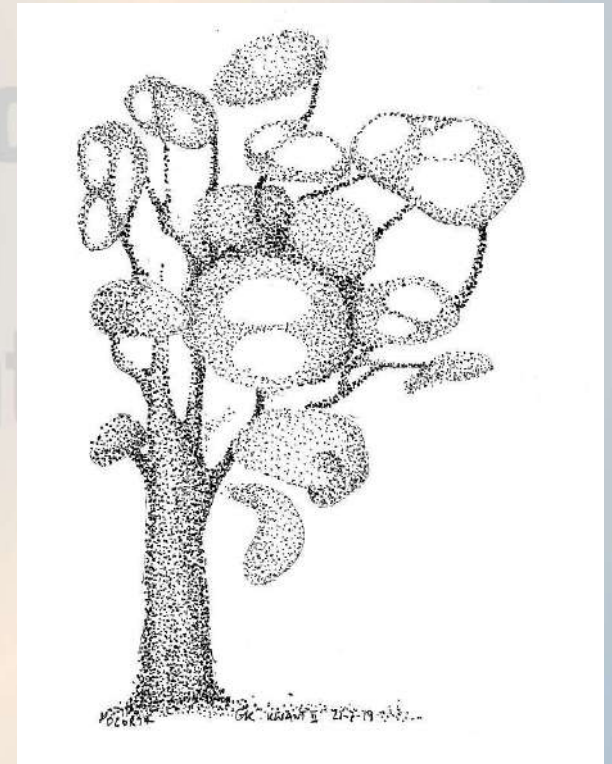
CHAPTER 3.

STRESS MANAGEMENT IN THE WORK OF EMERGENCY PSYCHOLOGIST

Introduction to the chapter

Stress management in the work of a psychologist relates to the following issues:

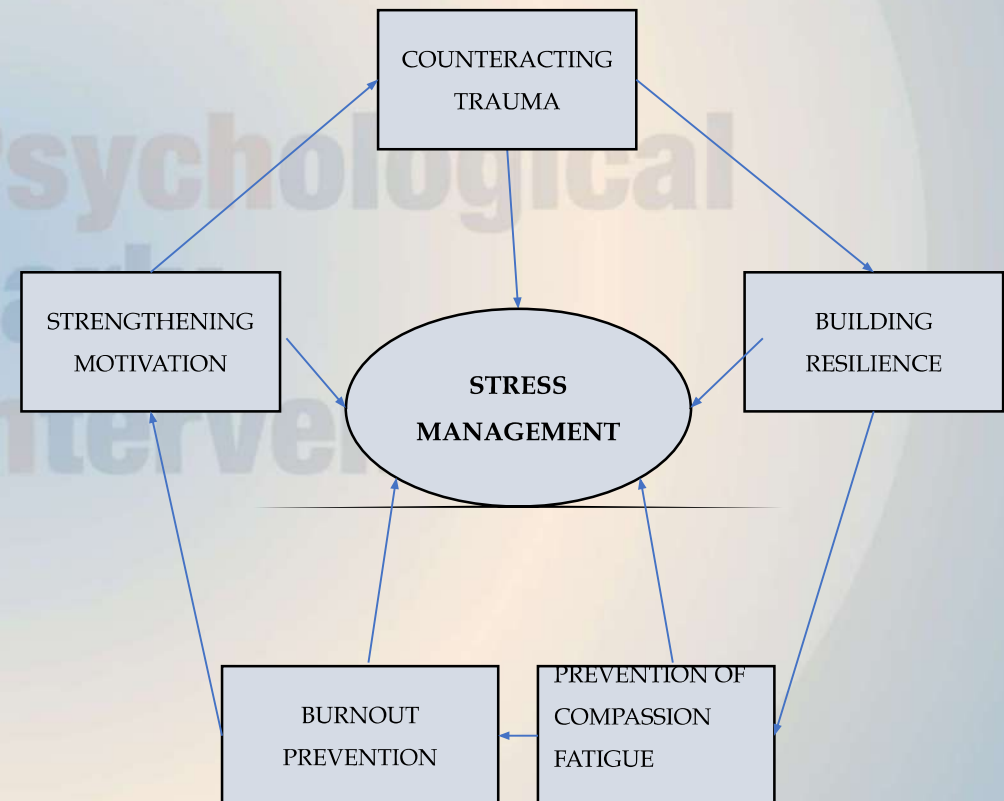
- strengthening the motivation to become a psychologist (professional and personal self),
- strengthening motivation to help others,
- counteracting substitute traumatization,
- containing emotions,
- preventing burnout and building a support system,
- strengthening protective factors,
- building resilience and resistance to adversity and trauma,
- strengthening the sense of work and meaning in life.



CHAPTER 3.

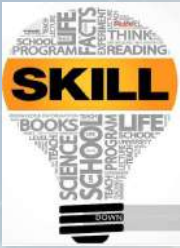
STRESS MANAGEMENT IN THE WORK OF EMERGENCY PSYCHOLOGIST

- Strengthening motivation,
- Counteracting trauma,
- Burnout prevention,
- Prevention of compassion fatigue,
- Strengthening protective factors





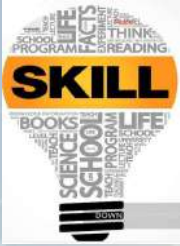
- Motivation is a multidimensional phenomenon that is difficult to conceptualize.
- It is a creative process during which a person draws from the wealth of his own experiences, ideas and thoughts in order to take effective actions for a specific goal. Motives pursuing a goal create a specific hierarchy.
- Different life experiences and different motivations make people decide to pursue a profession related to helping others.
- It is important for the EP to reflect on the various motivations related to their profession, their sources and the benefits of practicing this profession:
 - Professional self: what motives influence my career as a psychologist?
 - Personal self: what motivates me in life?



3.1. Stress Management - Motivation

3.1.2. "Cleaning" and strengthening the motivation to help others

- It also seems useful to "clean up" the motivations, that is, to deepen the awareness of the various intentions they direct to help others.
- It also helps to distance yourself from getting involved in relationships with clients, ignoring yourself, your needs, putting your work ahead of your own or family matters, emotional burnout, etc.
- Different life experiences and different motivations make people decide to pursue a profession related to helping others. Sometimes it is difficult to tell a person what made him or her become, for example, an intervener.
- It is important to constantly reflect on and reflect on various motivations, where they come from, and what are the benefits of practicing the profession.
- It also seems useful to "clean up" the motivations, that is, to deepen the awareness of the various intentions they direct to help others.
- It also helps to distance yourself from the possibility of getting involved in relationships with clients, ignoring yourself, your needs, putting your work ahead of your own affairs, or family matters, emotional burnout, etc.

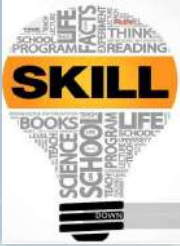


3.2. Stress Management – Counteracting Trauma

3.2.1. Replacement traumatisatisation - skills

- Prevention. Prevention of indirect traumatization. Skillful use of support and rest,
- Self-consciousness. Being aware of your own difficulties and limitations. This applies not only to the present, but also to life experiences, especially from childhood and adolescence. Historical experiences increase the risk of indirect traumatization,
- Openness. If necessary, use own therapy,
- Skillful use of work supervision (discussing experienced difficulties in a team). Peer supervision can play a very important role.

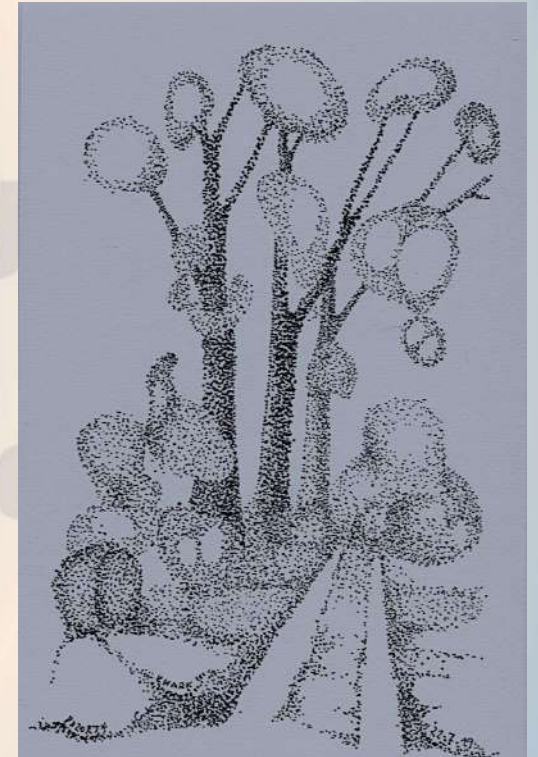




3.2. Stress Management – Counteracting Trauma

3.2.2. Replacement traumatisatisation in work – containing emotions

- Contact with other people, especially those who have experienced a traumatic situation, is associated with experiencing strong emotions. They appear not only on the client's side, but also on the intervener's side.
- Unconsciously, the supported person may place the emotions he or she experiences in the intervention, which can be an additional burden at work.
- It is important to constantly deepen the intervener's ability to contain their own emotions and to have a supportive environment that could also act as an emotional container for the supporting person.



(5) GOOD PRACTICES 3.2.: stress, burnout and Balint groups





3.3. Stress Management – Burnout Prevention

3.3.1. Building a support system (personal, professional)

The support that a person receives from relatives and colleagues allows them to maintain good mental and physical condition for a long time. Building a support system is based on six criteria:

1. Listening - It's important to have someone who will listen in an empathetic way, without advice or judgment.
2. Technical support - it is important to have a person who will confirm the rightness of the intervener's actions "I would do the same", "in this situation there was no other way", etc. It is important that it is a professional.
3. Putting yourself technical challenges through contact with other professionals, creative cooperation.
4. Emotional support. Intervener needs a person who will be on their side in difficult situations, even in relations with colleagues. It doesn't have to be a professional.
5. Facing emotional challenges - motivating oneself to accommodate the issues and difficulties of clients more, researching whether all possibilities related to providing help and support have run out.



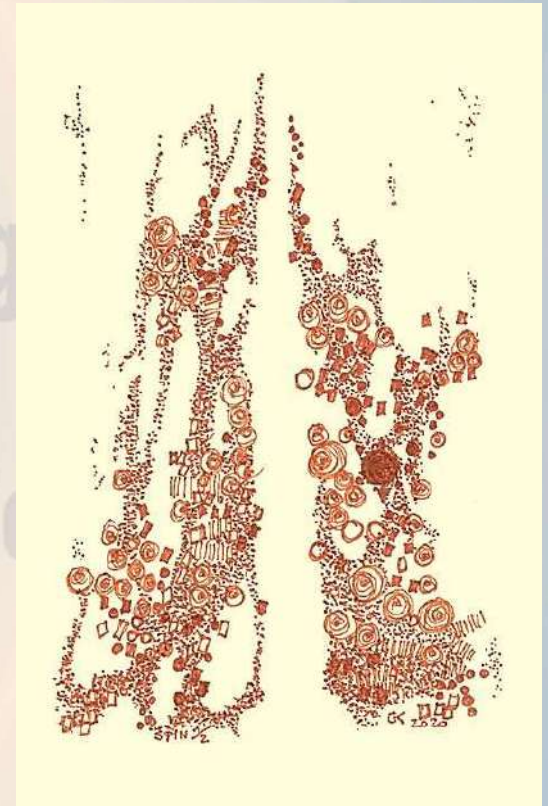
Sharing work experiences. An extremely important criterion, especially when the intervener feels that they're losing the ability to assess what is happening in the relationship with the client,

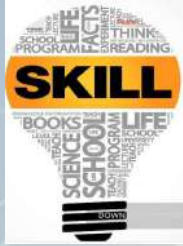


3.4. Strengthening Protective Factors

Among the protective factors, resilience is the most significant concept

- We usually associate strengthening of protective factors with personal and professional development. However, we can look at the protective factors more broadly - through the concept of resilience.
- Resilience is a process shaped by various protective factors, not just a property of the person
- It leads to good functioning despite adversities
- Resilience can therefore be defined as all the possibilities, abilities and strategies of coping with adversity and stress supporting the processes and immune mechanisms related to the interactive interaction of risk and protective factors.





3.4.1. Resilience. Violence

To minimize the risk of violence, consider the following issues when talking to a client

- History of previous acts of violence committed by the client (are there any reports from the police)
- The presence of antisocial mental / behaviour / personality disorders such as borderline, paranoid, manic, psychotic, depressive (with suicidal thoughts and attacks).
- Determining the overall level of life frustration due to socio-economic problems
- History of violence in the family of origin
- Levels of disorientation
- The occurrence of tensions and quarrels between family members / relatives brought in
- Client intoxication
- Observation of the physics of the supported person's body (muscle tension, tremors, "distracted eyesight", lack of eye contact, insistent gazing at the intervener, defensive body posture, psychophysical restlessness, increased alertness, verbal signals like increased tone of voice, aggressiveness, speech rate, profanity)
- Senile dementia, Alzheimer's, dementia

The more disturbing the signals, the greater the risk of violence / aggressive behaviour

Be in good physical shape

Don't be alone when you see the risks

Avoid clash

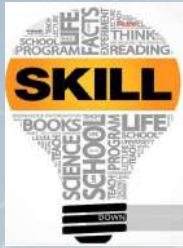
Stay calm



3.4.2. Resilience. Violence - How Can I Protect Yourself?

- Intervention requires vigilance, caution and proper organization of work.
- Don't be afraid to ask directly: Have you ever lost your temper and acted violently? (Could be clarified: under what circumstances control was lost)
- Precautions when talking to the client:
 - Maintaining calmness, balance, and relaxation
 - Calm, gentle tone of voice despite the client's agitation
 - Showing concern for the supported person, encouraging verbal discharge of emotions, asking what would be reassuring for the client
 - Setting boundaries, providing clear explanations about the consequences of violent behaviour
 - Providing a sense of security
 - Taking care of your own safety - not being alone with the client we know is impulsive,
 - Avoiding judging and provoking the client
 - Maintaining the appropriate distance, ensuring that the client can freely leave the room
 - Respecting the dignity of the client
 - Making sure you are well understood by the client
 - Calm, calm, calm 😊

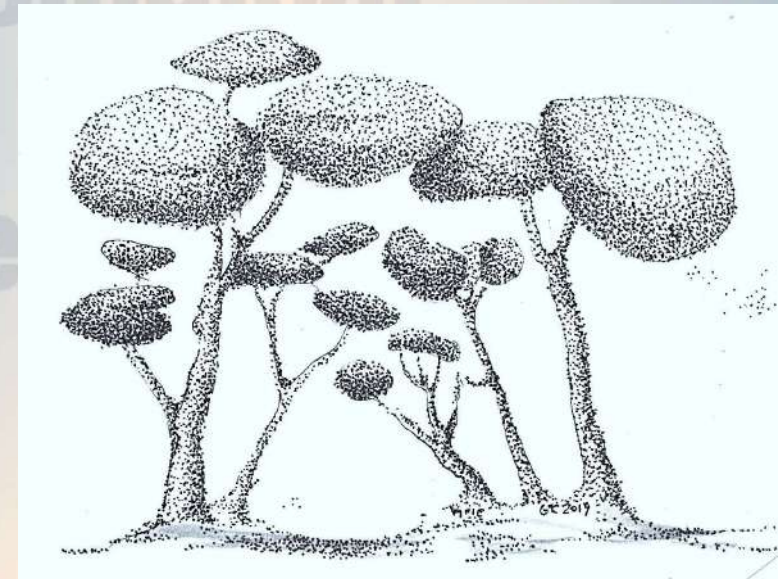
Read more: Benson, J., Magraith, K., (2005). Compassion fatigue and burnout: The role of Balint groups. Australian Family Physician, 34(6), 497-8.

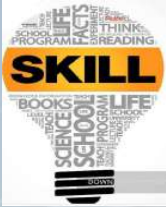


3.4.3. Processes of Resilience.

Containment of emotions - How to Develop the Skill?

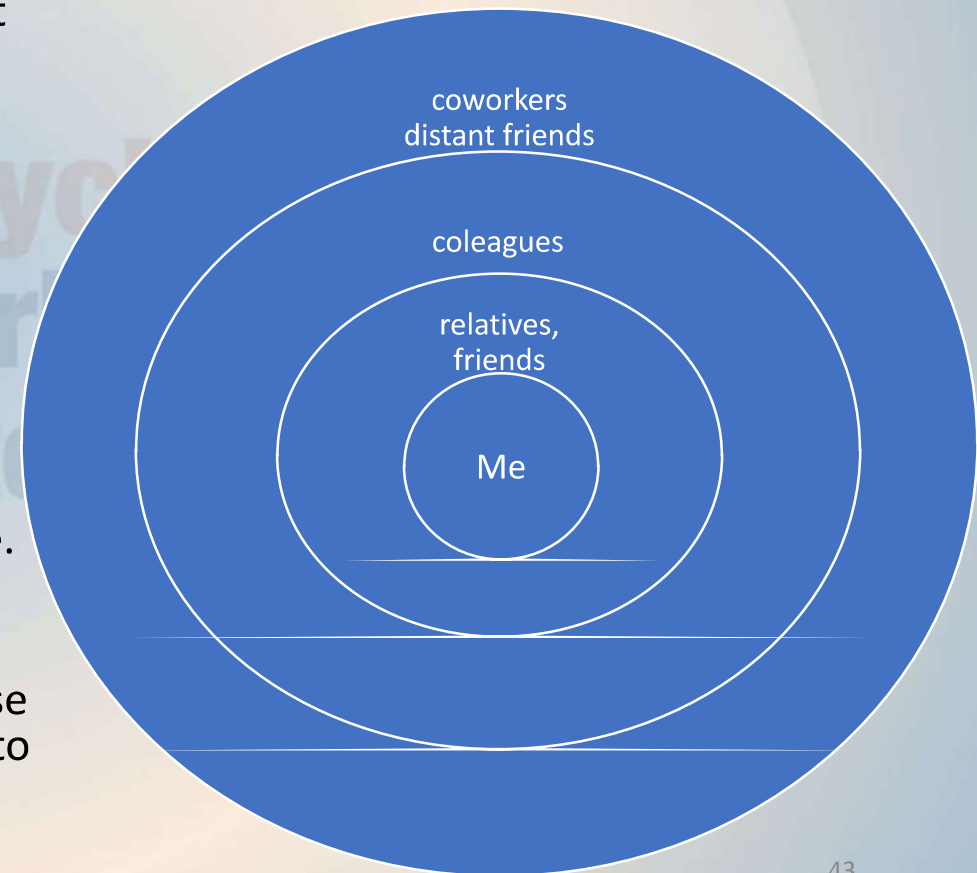
- Containment of emotions is not only a skill that you have at the moment. It is a process that takes time and leads to the creation of a specific competence and attitude. Containment of emotions can be exercised and developed through:
- Breathing exercises (short inhale, long exhale), diaphragm breathing,
- Relaxation training
- Calm down, relax with the use of music,
- Paying attention to the current needs, taking care of them (wanting to be in silence, talking to someone on a completely different topic, etc.)
- Forgiving yourself mistakes, imperfections, the ability to let go





3.4.4. Resilience Processes. A Good Relationship

- Man is a social being, who participates and shapes numerous relationships with other people. The basis of these relationships is the type of attachment that has developed in our lives,
- Our quality of life and functioning, including professional ones, to a large extent depends on the quality of these relations,
- By helping others, we often create very intense, complex and difficult relationships with them, both for them and for ourselves. These relationships are time-limited and impermanent.
- In order to effectively help others, we ourselves should have various relationships with other people. These people can be found variously close or far from ourselves.
- The basis of our functioning, however, is having close and stable relationships with other people. Thanks to them, we can develop, fulfill, and benefit from support in existentially difficult or stressful situations.





3.4.5. Resilience Processes. The Sense of the Meaning of Work and the Meaning of Life

A SET OF PRINCIPLES TO HELP THERAPISTS STAY LIVE

- LEAVE EVERY SIGNIFICANT PERSON IN YOUR WORK TO THE SECOND PLAN.
- LEARN TO LOVE.
- DEVELOP RESPECT FOR YOUR OWN IMPULSES, BUT BE SUSPICIOUS OF YOUR OWN BEHAVIOUR.
- ENJOY YOUR PARTNER MORE THAN YOUR OWN CHILDREN, BE CHILDISH WITH THEM.
- KEEP YOUR IMPOTENTIAL AS ONE OF THE MOST EFFECTIVE TOOLS.
- BUILD LONG-LASTING RELATIONSHIPS SO YOU CAN BE FREE TO SAFELY HATE.
- AGREE WITH THE FACT THAT YOU HAVE TO GROW UP TO BE ABLE TO DIE.
- DEVELOP YOUR SENSE OF THE GENTLE ABSURDENESS OF LIFE.
- LEARN THE TRANSCENDENCE OF YOUR EXPERIENCES.
- SHOW YOUR OWN CRAZINESS TO SOMEONE WITH WHOM YOU FEEL SAFE.
- CREATE A GROUP OF PROFESSIONALS TO HUG WITH. IT WILL ALLOW YOU NOT TO BURDEN YOUR CLOSE ONES WITH WHAT STAYS AFTER THE WORK DAY.
- PRACTICE DYING SO YOU ARE NOT AFRAID OF LIVING.

Carl A. Whitaker

resilience 5



(8) GOOD PRACTICES 3.4.5.: building resilience

References

- Benson, J., Magraith, K., (2005). Compassion fatigue and burnout: The role of Balint groups. *Australian Family Physician*, 34(6), 497-8.
<https://pubmed.ncbi.nlm.nih.gov/15931410/>
- Dupre, M.A., (2012). *Crisis supervision: A qualitative study of the needs and experiences of licensed professional counselors*, Dissertations. 66.
<https://commons.lib.jmu.edu/diss201019/66>
- Greinacher, A, Derezza-Greeven, C, Herzog, W, and Nikendei, Ch., (2019). Secondary traumatization in first responders: a systematic review. *European Journal Of Psychotraumatology*, 2019, 10, 1562840
<https://doi.org/10.1080/20008198.2018.1562840>
- Kanel K. (2019). *A Guide to Crisis Intervention*. Cengage Learning, Inc.
- Brown Cross A., Mulvey E.P., Schubert C. A., Griffin P.A., Filone S., Winckworth-Prejsnar K., DeMatteo D., Heilbrun K. (2014). An Agenda for Advancing Research on Crisis Intervention Teams for Mental Health Emergencies. *Psychiatric Services*, 65(4), 530-536. <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201200566>
- Palmer, N. (1997). Resilience in Adult Children of Alcoholics: A nonpathological approach to social work practice. *Health & Social Work*, 22(3): 201-209
- Southwick, SM, Bonanno, GA, Masten, AS, Panter-Brick, C, and Yehuda, R, (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5: 25338 - <http://dx.doi.org/10.3402/ejpt.v5.25338>

