



Enhancing Social Work Practice Through Holistic Mindful Self-Care

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Enhancing Social Work Practice Through Holistic Mindful Self-Care

Betsy L. Wisner and Linda Aguilar Hawkins

Social workers represent a diverse workforce encompassing micro, mezzo, and macro practice roles. These practice roles may be defined as incorporating work with individuals, families, treatment and educational groups, and community groups and organizations. Although the specific job duties of social workers practicing within these roles present unique practice opportunities, there is a strong likelihood that significant amounts of stress and work overload accompany these careers. Social workers, particularly in micro and mezzo settings, often hear first-hand narratives and directly witness events related to clients' emotional distress, family conflicts, violence, and life-compromising circumstances. Macro settings also carry the potential for high levels of stress, particularly in the current climate of difficult fiscal decisions and a reduced workforce providing services to rising numbers of clients. A deep sense of empathy and compassion compels social workers to help others, and these emotions also play a role in some of the personal and professional challenges faced by social workers.

Empathy has been described as "the act of perceiving, understanding, experiencing, and responding to the emotional state and ideas of another person" (Barker, 2003, p.141). Compassion is a "deep sense or quality of knowing or an awareness [among helping professionals] of the suffering of another coupled with the wish to relieve it" (Radey & Figley, 2007, p. 207). Workers, and even social work students, who feel empathy and compassion for those impacted by trauma may also experience some level of personal trauma and are at risk of developing symptoms

related to vicarious traumatization (VT), secondary traumatic stress (STS), compassion fatigue (CF), and burnout (Bride, 2007; Cunningham, 2004; Figley, 1995; Figley, 2002; Jenaro, Flores, & Arias, 2007).

Vicarious traumatization and STS may occur when helping professionals are engaged in ongoing empathic relationships with trauma survivors (Bride, 2007; McCann & Pearlman, 1990). Vicarious traumatization manifests as cognitive symptoms including changes in concerns about personal safety, self-conception, and worldview (McCann & Pearlman, 1990; Pearlman, 1999; Pearlman & Saakvitne, 1995). For example, it is not uncommon for social workers to question personal spiritual beliefs when faced with unrelenting suffering of trauma survivors. In contrast, those experiencing STS, rather than showing the cognitive symptoms of VT, encounter behavioral symptoms typically observed in Post Traumatic Stress Disorder (Bride, 2007; Figley, 1995; Newell & MacNeil, 2010). Examples of these behavioral symptoms include sleep problems, intrusive images, and increased startle responses.

Compassion fatigue has been described as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p. 7). Prolonged exposure to VT and STS with the continual use of worker empathy and compassion resources on behalf of clients may result in CF (McCann & Pearlman, 1990; Newell & MacNeil, 2010; Radey & Figley, 2007). Other factors contributing to CF include limited or nonexistent emotional support in the workplace and poor self-care (Radey & Figley, 2007). Professionals experiencing CF may no longer be able to call up the

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emotional or cognitive resources needed to effectively work with clients.

In addition to VT, STS, and CF, burnout is a concern for social workers. Burnout occurs due to organizational factors affecting workers. Workplace factors contributing to burnout in helping professions may include “low salaries, varying work shifts, demanding schedules, low social recognition, and a lack of financial resources” (Jenaro, Flores, & Arias, 2007, p.80). In addition, unrelenting institutional stress and unrealistic workload expectations are common concerns related to potential burnout in these settings (Jenaro et al., 2007; Sprang, Clark, & Whitt-Woosley, 2007; Conrad & Kellar-Guenther, 2006). Long-term exposure to such stressors, in the absence of effective coping strategies or organizational changes, may result in burnout (Alkema, Linton, & Davies, 2008; Busch-Amendariz, Kalergis, & Garza, n.d.; Jenaro et al., 2007). Untreated burnout eventually manifests as “a syndrome composed of emotional exhaustion, depersonalization, and reduction of personal accomplishments” (Jenaro et al., 2007, p. 80).

Clearly, the time, energy, and compassion dedicated to the social work profession can take a physical and emotional toll on workers. In addition to emotional and physical health concerns for social workers with symptoms related to VT, STS, CF, and burnout there is also risk of compromised care to clients. Due to these professional stressors, and the paucity of educational programs about self-care, taking time for self-care may seem less important than the immediate need to care for others. However, self-care is a crucial component of overall wellness for social workers, and plays a vital role in professional and ethical practice. In fact, for social workers, “The critical key to prevention and management of adverse conditions such as stress, burnout, compassion fatigue, and secondary traumatic stress or vicarious trauma, is the practice of self-care” (NASW, 2009, p. 269).

Benefits of mindfulness as a clinical skill and as a potential self-care strategy for social workers have been introduced in the literature (Berceli & Napoli, 2006; Birnbaum, 2008; Birnbaum &

Birnbaum, 2008; Hick, 2009; McGarrigle & Walsh, 2011; Richards, Compenni, & Muse-Burke, 2010; Shapiro & Carlson, 2009; Turner, 2009; Keefe, 2010; Wisniewski, 2008). However, an exploration of the potential benefits and applications of mindfulness as a self-care method for social workers from a holistic approach has not been fully explored. The purpose of this article is to explore the concept of self-care for social workers, to discuss mindfulness in social work in order to highlight the benefits of mindful and holistic self-care for social workers, and to illustrate the practical application of mindful self-care skills.

Personal and Professional Self-Care

Self-Care Defined

Given the potential for self-care to minimize VT, STS, CF, and burnout, it is important to look more closely at the concept of self-care as it relates to professional practice and personal wellness. Professional self-care is sometimes viewed as the use of skills and strategies to maintain personal and interpersonal needs while attending to client needs (Figley, 2002; Newell & MacNeil, 2010; Stamm, 1999). Self-care may also be viewed as the maintenance of wellness activities in various spheres such as physical, psychological, support, and spiritual (Guy, 2000; Mahoney, 1997; Norcross, 2000; Richards et al., 2010, Valente & Marotta, 2005).

Self-care may be best viewed in a holistic manner with attention to the care of the body, emotions and thoughts, relationships, and spiritual needs as conceptualized by Jones (2005, 2008). Building on this holistic framework, we define self-care as effective personal and professional coping in order to maintain professional, biological, psychological, social, emotional, cognitive, and spiritual wellness.

The Role of Self-Care in Social Work

The National Association of Social Workers (NASW, 2009) suggests a pivotal role for self-

care in social work with the following policy statement, "Professional self-care is an essential underpinning to best practice in the profession of social work. The need for professional self-care has relevance to all social workers in the setting within which they practice. The practice of self-care is critical to the survival and growth of the profession" (p. 268). Furthermore, "Professional self-care is a core essential component to social work practice and reflects a choice and commitment to become actively involved in maintaining one's effectiveness as a social worker" (NASW, 2009, p. 269). Dale (2008) echoes these concerns in the suggestion that the social work profession must prioritize self-care since successful social workers use self-care to avoid professional exhaustion. In addition, Radey and Figley (2007) suggest that, "Self-care is a potential mechanism to increase clinicians' positive affect and physical, intellectual, and social resources" (p. 210).

Consequences of Neglecting Self-Care

Neglecting self-care is not uncommon and can be detrimental on both personal and professional levels. It is often the case that, "As healthcare professionals, we recognize the privilege of sharing so deeply in the lives of our clients, yet often we do not devote similar care and attention to ourselves" (Shapiro & Carlson, 2009, p. 108). Using our holistic framework, neglecting self-care may result in a breakdown in personal and professional coping and negative consequences in professional, biological, psychological, social, emotional, cognitive, and spiritual spheres. Pope and Vasquez (2007) suggest, "Neglecting self-care can drain the enthusiasm, joy, resilience, and meaning out of a career, sometimes interfering with the therapist's ability to practice ethically, and can lead to compassion fatigue and burnout" (p. 57). Pope and Vasquez illustrate this point and suggest that, "Disrespecting work and clients, lacking energy, losing interest, becoming anxious and afraid, and isolation, may be a consequence of, intensified by, or a reflection of neglecting self-care" (pp. 58-59).

Unfortunately, the importance of self-care has

not received enough attention in education and training programs, and there are few self-care programs for helping professionals (Berceli & Napoli, 2006; Busch-Amendariz, Kalergis & Garza, n.d.). Promoting self-care in the workplace may be one way to enhance compassion satisfaction and decrease burnout and compassion fatigue (Alkema, Linton, & Davies, 2008; Busch-Amendariz et al., n.d.). However, as Alkema et al., point out, "little empirical research exists in choosing effective and proven self-care strategies" (p. 105).

This is ample reason to explore effective self-care practices that may be of help to social workers in an effort to cope with job-related stressors. Jones (2005, 2008), in her discussion of hospice professionals, suggests that self-care is not an option and effective self-care planning is crucial for professionals who have a personal and professional obligation to stay healthy in order to effectively care for self and others. Jones (2008) advises developing an individualized holistic self-care plan that addresses all aspects of the personal and professional life.

Effective Holistic Self-Care

In exploring the dynamics of self-care, Baker (2003) suggests that self-care may be conceptualized as "comprising the processes of self-awareness, self-regulation, and the balancing of connections among self (involving the psychological, physical, and spiritual, as well as the professional), others (including personal and professional relationships), and the larger community (encompassing civic and professional involvement)" (pp. 13-14). Applying this conceptualization through our holistic lens, self-care is maintained by balancing personal and professional needs through a sense of self-awareness of biological, psychological, social, and spiritual wellness in a way that facilitates self-regulation of emotions, cognitions, and behaviors. Using this framework, on a broad level, the most effective self-care strategies would be those with the potential to promote effective coping in a holistic manner with attention to self-awareness, self-

regulation, and balancing connections. One such promising self-care practice, the use of mindfulness skills, is gaining acceptance and an evidence-base for self-care effectiveness.

Mindfulness practices are being used to help clients, students, and professionals alike to decrease stress and suffering and cope more effectively (Berceli & Napoli, 2006; Birnbaum, 2008; Birnbaum & Birnbaum, 2008; Hick, 2009; Kabat-Zinn, 2005; McGarrigle & Walsh, 2011; Richards et al., 2010; Shapiro & Carlson, 2009; Turner, 2009; Keefe, 2010). In fact, Richards et al. (2010) highlight the pivotal role of mindfulness in self-care in the suggestion that “to receive the full benefits of well-being from perceiving self-care as important, one must achieve a state of mindfulness” (p. 258). In keeping with our focus on the importance of holistic self-care practices, mindfulness as a meditative practice offers benefits “that span the range of bio-psycho-social-spiritual functioning” (Wisner & Starzec, 2011, p. 150). Thus, an exploration of mindfulness presents unique and significant opportunities for the social work profession and for holistic self-care.

Mindfulness

Mindfulness Defined

Pioneering mind-body medicine physician Jon Kabat-Zinn (2005) defines mindfulness as an “openhearted, moment-to-moment, non-judgmental awareness” (p. 24). Practicing mindfulness allows full experiencing of the present moment without attempting to change what is occurring in terms of thinking or feeling. Mindfulness skills are developed through maintaining this awareness. Mindfulness skills may be used within simple contexts such as routine activities and can also be enhanced through mindfulness meditation.

Mindfulness meditation may be practiced by setting aside a specified period of time and simply sitting or lying in a quiet location with non-judgmental mindful awareness in the absence of an attempt to control thoughts, emotions, or sensations. If possible, meditation is practiced in a

comfortable posture in a quiet place with a minimum of interruptions. It may be helpful to start with a brief meditation session (less than five minutes) and slowly increase the length of the sessions. Mindfulness meditation, practiced on a daily basis, will provide many of the important benefits of effective holistic self-care.

Benefits of Mindfulness

Mindfulness-based approaches, considered part of the third wave of cognitive-behavioral interventions, are gaining popularity as a treatment method (Hayes, 2004). These approaches offer a means for treating a wide range of emotional and health concerns, for supporting behavioral and psychological functioning, and for promoting neural integration and stress reduction (Berceli & Napoli, 2006; Birnbaum, 2008; Birnbaum & Birnbaum, 2008; Hick, 2009; Kabat-Zinn, 2005; Keefe, 2010; McGarrigle & Walsh, 2011; Richards et al., 2010; Shapiro & Carlson, 2009; Siegel, 2007; Thomas, 2009; Turner, 2009).

There are now numerous programs that incorporate cognitive-behavioral therapy and mindfulness practices, referred to as acceptance-based therapies. There are four main programs that have been identified in the psychotherapy literature and exposed to substantiation through research (Baer, 2003; Germer, Siegel, & Fulton, 2005). These therapies are Mindfulness-Based Stress Reduction (MBSR), Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT). Mindfulness-Based Stress Reduction combines mindfulness meditation and yoga to treat a wide range of physical illnesses, diseases, and emotional disorders (Kabat-Zinn, 1990). Dialectical Behavior Therapy uses cognitive-behavioral techniques combined with mindfulness to achieve personal goals and to improve emotional self-regulation for those with personality disorders. Moreover, the mindfulness component of DBT may be of particular importance in reducing harmful and impulsive behavior (McQuillan et al., 2005). Mindfulness-Based Cognitive Therapy combines elements of MBSR with traditional

cognitive therapy to treat depressive relapse (Segal, Williams, & Teasdale, 2002). Acceptance and Commitment Therapy incorporates the assumption that human suffering is intricately interwoven with verbal activity and the therapeutic approach teaches individuals to observe their thoughts, sensations, and emotions in a way that prevents continued problematic behaviors (Hayes, Strosahl, & Wilson, 1999). This therapeutic approach has been used in stress reduction programs and to treat problems such as addiction.

Mindfulness-based practices are also gaining popularity as a means to self-care for helping professionals. This isn't surprising given the striking similarities between the salient components of the practice of mindfulness (self-awareness, self-regulation, and a non-judgmental stance) compared to Baker's (2003) important self-care processes of self-awareness, self-regulation, and balance. Gockel (2010) contends that, "Mindfulness is thought to increase life satisfaction and well-being by helping the practitioner become more present to the joys of the moment and by reducing time spent in ruminative contemplation of the past or worry about the future" (p. 263). Berceci and Napoli (2006) suggest, "Mindfulness is a useful tool for regulating emotions by increasing awareness and developing flexibility and adaptability in responding to one's emotional experiences" (p. 155).

As such, educational training programs are now incorporating mindfulness practices in coursework to decrease stress and burnout, to increase self-care for students learning clinical skills, and to promote empathy and compassion (Birnbaum & Birnbaum, 2008; Gerdes & Segal, 2011; Gockel, 2010; Christopher & Maris, 2010). Gockel (2010) suggests that, "Mindfulness training introduces the possibility of integrating a mechanism for self-care directly into clinical training that may help to prevent and address burnout and vicarious trauma at an individual level" (p. 249). Since practitioners who have worked in the field for an extended time may not be aware of these mindfulness practices, it is also important to offer continuing education sessions on these practices.

Mindfulness in Social Work

The relevance of mindfulness within social work is recognized in the literature. Stephen Hick's book, *Mindfulness and Social Work*, is a valuable resource providing connections between mindfulness and micro, mezzo, and macro social work practice. Hick suggests that, "The present moment orientation that mindfulness provides, allows us to tune into what is going on within us and around us while we are practicing social work" (Hick, 2009, p. 24).

Applications to clinical and direct practice have been explored with discussions of the benefits of mindfulness to clinicians and clients alike. Turner (2009) suggests that training in mindfulness skills is particularly helpful, for both clients and therapists, in the development of qualities related to "attention, affect regulation, attunement and empathy" (p. 97). Wisniewski (2008) suggests that "learning to be present each moment could enhance the social worker's empathy and ability to develop a solid therapeutic alliance since clients will most likely feel more 'felt' by the social worker's ability to be with them right where they are, in the present moment" (p. 18). Macro practice and social justice applications in social work include mindfulness-informed work in the "sustainable activism" of social change (Todd, 2009, p.185) and in developing "multicultural mindfulness" in work with immigrants (George, 2009, p. 167).

Berceci and Napoli (2006) encourage professionals to utilize various types of self-help programs suggesting that "successful self-help protocols would help to ensure optimal benefit not only for the social work professional and the professional community for social workers but also for all helping professionals working in the field of trauma." (p. 161). The authors point to a Trauma Prevention Program incorporating mindfulness practices that has the potential to considerably reduce stress and trauma associated with social work. Social workers modeling good self-care are more effective practitioners. Given the importance of self-care for personal wellness and ethical social work practice, application of holis-

tic mindful self-care may prove to be an important tool for social workers.

Application of Holistic Mindful Self-Care

Mindfulness practices offer important resources for social workers to perform self-care practices within each of the components of self-care including professional, biological, cognitive, psychological, social-emotional, and spiritual. Based on the holistic needs of social work practitioners and the mindfulness literature, we have constructed a table that provides an overview of the potential benefits of mindfulness practices for the components of holistic self-care (Table 1).

A personal example of holistic mindful self-care with applications within social work practice and education may help to illustrate some of these points. This narrative is based on the experiences of one of the authors, Betsy Wisner.

My Interest in Meditation Develops

My exploration of meditation as a spiritual tool for self-awareness and self-development began when I was a young woman in my late teens and early twenties. Later, as I began working toward my MSW degree and throughout my social work career, I began to use meditation and mindfulness practices to facilitate my personal self-care.

My Career as a Clinical Social Worker

My career as a social work practitioner focused on family mental health and I worked with vulnerable children and adolescents and their families. Helping families in crisis cope with their concerns was very fulfilling but I also began to feel the stressful effects of my work. I was privileged to have clients, young and old, trust me with their deepest thoughts, feelings, hopes, and memories. I also heard many narratives of suffering and trauma. There were stressors of making Child Protective Services reports to protect children and adolescents and visiting my young clients in foster homes and juvenile justice facilities.

Through these experiences, meditation and mindfulness began to play a crucial role in helping me cope with my own feelings and responses to this rewarding and difficult work. I took classes in various meditation approaches (including classes in Tai Chi Chuan, sometimes called moving meditation) and began a consistent daily meditation practice.

In my clinical work the most important benefits of my mindfulness practices were related to therapeutic relationships with clients. I was able to convey to my clients my deepest feelings of empathy and compassion for them in a non-judgmental manner while also maintaining professional boundaries. This rewarded me with clients who stayed with me in the difficult, but ultimately rewarding, task of working through the pain and suffering that accompanies living. While I have to say that I did experience some level of VT and initial concerns related to CF, mindfulness helped me to cope with these stressors without experiencing the full-blown effects of STS or CF.

Working Toward my Doctoral Degree

I eventually began to work toward my social work doctorate and it was during this time that I found I needed additional help to cope with the unique stressors of all that goes with being an older, part-time, primarily non-residential doctoral student who continued to work. At this point I started attending classes and services at a local Zen Center to learn more about meditation and Buddhist philosophy and psychology in order to enhance my coping skills. Self-care now included a focus on spiritual and psychological wellness. I used mindfulness, meditation, and Zen philosophy to help me process my sense of meaning in life and to assist in emotional self-regulation. Particularly helpful was the Buddhist emphasis on non-attachment and present moment awareness that mirrored my mindfulness practice. Non-attachment does not mean not caring about something. I can care very deeply and do my best but I am also mindful that I can let

Enhancing Social Work Practice

Table 1 *Potential Benefits of Mindfulness Practices within Holistic Self-Care*

Self-Care Components	Potential Benefits of Mindfulness
Professional	<ul style="list-style-type: none"> • Reduces symptoms related to vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout • Reduces potential boundary violations through self-awareness • Facilitates therapeutic relationships through present moment awareness • Promotes empathy and compassion for clients and for self • Facilitates therapeutic relationships through non-judgmental attitude • Evokes creative solutions • Facilitates self-aware decision making including when to seek supervision and personal counseling • Facilitates balance of professional and personal roles
Biological	<ul style="list-style-type: none"> • Reduces physiological manifestations of stress • Reduces anxiety • Improves sleep • Assists in regulating breathing, heart rate, and blood pressure
Cognitive	<ul style="list-style-type: none"> • Increases concentration and focus • Reduces mind chatter, worry, and rumination • Decreases self-defeating thoughts • Increases cognitive flexibility, adaptability, and receptivity
Psychological	<ul style="list-style-type: none"> • Enhances personal self-awareness • Reduces feelings of emotional distress • Improves self-esteem
Social/Emotional	<ul style="list-style-type: none"> • Increases empathy and compassion • Increases interpersonal adaptability • Decreases self-defeating emotions • Assists in emotional self-regulation • Facilitates social relationships through promotion of empathy
Spiritual	<ul style="list-style-type: none"> • Increases present moment awareness and openness to spiritual experiences • Enhances sense of purpose and meaning in life • Increases sense of meaningful connection to others

go of the outcome because I know that the outcome is not within my control.

Life as an Assistant Professor of Social Work

I still use a daily mindfulness practice to cope with this demanding profession. Sometimes I need meditation now for biological self-regulation. For example, recent work on a grant proposal sent my blood pressure up and I used meditation and yoga to biologically self-regulate. Mindfulness also helps with cognitive self-care in that the job calls for multi-tasking and clear focus and attention and mindfulness helps with this challenge. There are times when I use a mindfulness meditation CD (my preference is Kabat-Zinn's (2002) 45 minute guided mindfulness body scan) as biological self-care to help me sleep.

My goal is to teach mindfully and I also integrate mindfulness practices into my courses and find that many students appreciate learning mindfulness skills. Students have told me of incorporating mindfulness skills into direct practice settings including adult and juvenile psychiatric centers, alternative schools, and child welfare settings. Students also report using meditation for self-care.

My scholarship and service has also been influenced by mindfulness. I eventually combined my interest in helping adolescents with my interest in mindfulness and completed my doctoral dissertation on the benefits of mindfulness meditation for alternative high school students (Wisner, 2008). Using mindfulness meditation has helped me to more effectively conduct research as well. For example, after one meditation session I remembered to include some crucial questions on a qualitative interview guide that I thought was already comprehensive. I have also taught meditation skills to diverse groups such as child welfare workers, conference attendees, student veterans, and clients in a substance abuse day treatment program.

This description of the integration of medita-

tion and mindfulness practices into a personal self-care regimen as a social worker illustrates the broad applications of mindfulness. The best way to proceed, for those interested in incorporating mindfulness skills as self-care practice into daily life, depends on the particular needs and circumstances of each social worker. Social workers can use mindfulness for many different purposes and there are a number of ways to learn these skills.

For those beginning a mindfulness practice for general health there are wellness classes and programs offered by experienced practitioners through meditation centers. There are also books and media sources that present clear guidance for developing a mindfulness practice and helpful guided mindfulness meditations (e.g., Kabat-Zinn, 2002; Kabat-Zinn, 2005). There are also many websites devoted to spreading the word about mindfulness. Students may be exposed to mindfulness practices in the classroom and, as more social workers become interested in mindfulness, it may be possible to find like-minded colleagues to form a meditation group. As more self-care programs are developed for social workers, these programs are likely to be offered as professional development at conferences and through continuing education programs. In the best-case scenario, programs may be offered through workplace in-service programs.

Those interested in integrating mindfulness into clinical practice may wish to attend continuing education workshops or programs in the various mindfulness-based approaches including MBSR, MBCT, ACT, and DBT (Table 2). Practitioners can develop personal mindfulness practices as they learn these therapeutic approaches. Social workers who recognize personal symptoms of VT, STS, CF, or burnout may wish to seek counseling or therapy from a practitioner experienced in mindfulness-based approaches to treat these concerns. Other options are available through hospitals and health-care facilities that offer intervention groups such as Mindfulness-Based Stress Reduction (MBSR) for those with compromising health and emotional conditions.

There are also self-care resources specifically designed for social work professionals, such as the Mindfulness-Based Trauma Prevention Pro-

Enhancing Social Work Practice

Table 2 *Continuing Education Options for Mindfulness-Based Approaches*

Therapy	Training	Website Resource
MBSR	Teacher Training Program	http://www.umassmed.edu/cfm/oasis/index.aspx
MBCT	Professional Training and Post-graduate Programs	http://www.mbct.com/Resources_sub04.htm
ACT	Professional Training and Post-graduate Programs	http://contextualpsychology.org/
DBT	Beginning and Intensive Training Programs	http://behavioraltech.org/training/guidelines_experienced.cfm

gram (Berceli & Napoli, 2006). This program, modeled on MBSR, contains exercises including mindful breathing, mindful body scans, and trauma-releasing exercises (Berceli & Napoli, 2006). Thus, by accessing available resources, mindfulness-based exercises can be effectively integrated into self-care practices for social workers.

Conclusion

Social work practice brings with it profound and meaningful rewards and also brings equally profound challenges. In order to meet challenging work-related stressors, social workers access their considerable strengths to provide the best services possible. However, there are times when exposure to traumatic events through client contact, coupled with other stressors, proves too strong for the coping methods employed by the worker. This may manifest in symptoms and conditions related to STS, VT, CF, or burnout. It is at this point that approaching self-care in a holistic manner may be especially warranted. Mindfulness practices are applicable to each of the main components of self-care (professional, biological, cognitive, psychological, social/emotional, and spiritual) and are effective tools for self-care practice. This holistic approach, if used proactively, may also help to prevent undue reactions to stressful work conditions and circumstances.

Holistic and mindful self-care, when practiced effectively, may be viewed as a protective factor that guards against stress and prevents burnout. It is a strategy for both personal and professional wellness, and aids in coping and staying biologically, psychologically, socially, emotionally, and spiritually fit. Access to professional development and continuing education programs highlighting the importance of self-care planning is crucial for social workers in order to maintain worker wellness. As the importance of effective self-care is increasingly recognized as critical to effective social work practice, it is likely that the literature on holistic mindful self-care will continue to grow and inform social work practice. Particularly helpful would be research validating the benefits of mindful self-care on the broad personal and professional self-care components of various populations of social workers.

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Enhancing Social Work Practice

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