The Resiliency-Focused Supervision Model: Addressing Stress, Burnout, and Self-Care Among Social Workers

Brenda M. Mack

Abstract: Social workers often deal with complex, challenging, and emotionally exhausting situations that can negatively impact their mental and physical health. When a helping professional is in distress, client care may be compromised. Therefore, the necessity of wellness practices to reduce stress and mitigate burnout is gaining recognition in the social work profession. The National Association of Social Workers (2013) asserts that supervisors are responsible for recognizing and responding to supervisees' work-related angst. However, there is little research published that addresses pre-burnout symptoms and self-care practices in the supervisory process. The Resiliency-Focused Supervision Model (RFSM), a culturally-responsive, strengths-based framework, was developed to assist supervisors in helping supervisees to manage stress, avoid burnout, and be successful in the workplace. The RSFM's interrelated domain areas include: 1) structural/environmental, 2) relational, 3) work self-care, and 4) life self-care. The RFSM is a practical, pragmatic option for supervisors to use in partnership with social workers to promote good health, well-being, and resiliency.

Keywords: Stress, burnout, supervision, self-care, resiliency

Self-care in the social work profession has emerged as a means to build a resilient workforce (Newell, 2017; Smullens, 2015). Best practices are being researched and implemented to help social workers rebound from adverse work-related experiences so that compassionate, effective human services work continues (Miller et al., 2018; Newell, 2020). To combat the problem of social worker stress and burnout, the National Association of Social Workers (NASW, 2008, 2013) recommends implementing organizational, educational, and research-informed strategies. NASW (2008) highlights the importance of supervisors addressing self-care with supervisees through education and resource allocation. NASW's self-care policy statement is a call to action for those in the social work profession to generate innovative and concrete solutions.

As a result, the Resiliency-Focused Supervision Model (RFSM) was created by Mack (2020) as an approach to assist supervisors and supervisees to address stress and burnout by strengthening resilience. Newly appointed and veteran supervisors may be interested in a framework to guide conversations during supervision to help supervisees think critically and reflectively about their emotional wellness. Wilkins et al. (2017) found that while almost all supervisors of child and family social workers check-in with supervisees at the beginning of supervisory sessions, once case-specific discussions begin, emotionally-focused conversations discontinue. The RFSM builds on the supervisory best practice standards established by NASW (2013) and is meant to guide supervisors in their role with supervisees and raise awareness of evidence-informed practices. The model prompts supervisors to help supervisees develop, implement, and modify a work/life self-care plan. The purpose of this article is to describe the model and its utility in the supervisory process.

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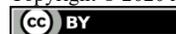
Framing the Problem

Over one-third of social workers employed in the profession consider resigning from employment due to work-related stress (Center for Health Workforce Studies, 2006). Wermeling (2013) found that 31% of social workers have left the field and another 13% are likely to leave their jobs. Social workers who are burned out detach from work-related activities and become less productive, lack commitment to their employers, have thoughts of resigning, quit their positions (Maslach et al., 2001), and may develop physical health issues (Kim et al., 2011). Those in the helping professions who are overly stressed or burned out are more likely to experience emotional exhaustion and fatigue, mental health symptoms, job dissatisfaction (Dane, 2000; Smullens, 2015) and may be less effective with clients (Kim et al., 2011; Maslach et al., 2001). Interestingly, helping professionals who work with child abuse survivors experience higher rates of burnout symptoms due to stressful events in their personal lives (Staudt & Williams-Hayes, 2019). In response to growing concerns within the profession, supervisors, organizations, and governing bodies are interested in solutions that reduce social worker stress and burnout.

Definitions

Work-related stress is an emotional or physical response to occupational stimuli. Stress disrupts an individual's healthy state of being and prompts the fight, flight, or freeze response (Lloyd et al., 2002). Stress is a risk factor that may lead to burnout. Maslach et al. (2001), explain burnout as "a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism and inefficiency" (p. 397). Burnout may be a result of untreated stress and can contribute to social workers showing a lack compassion or empathy toward others (Smullens, 2015).

In 1974, renowned psychologist, Herbert Freudenberger coined the term *job burnout* to describe work-related stress that manifests in physical and behavioral ways. Freudenberger's (1974) seminal article indicated that a lack of inspirational leadership lowered staff morale and contributed to provider mental and physical fatigue. Freudenberger's direct link of burnout to leadership influenced the development of the RFSM.

"Self-care is the thoughtful and mindful engagement in a healthy lifestyle that builds resilience to endure personal and professional challenges and demands" (Mack, 2020, p. 20). According to the University of Buffalo School of Social Work website (n.d.), practicing self-care can help social workers effectively deal with stress and increase their mental and physical vitality. NASW (2017) implicitly recognizes self-care in its code of ethics, specifically in standards 1.01 about client care, 2.08-2.09 about capability and competence, and 4.05 concerning impairment. NASW (2008) calls upon social workers to engage in self-care and recommends "the promotion, support and modeling of the practice of professional self-care by social work supervisors with social work supervisees" (p. 270).

Engaging in self-care helps to strengthen resiliency among social workers. *Resiliency* "is a dynamic and fluid process that enables individuals to cope and recover from stressful work situations" (Acker, 2018, p. 716). Supervisors who follow NASW's recommendations may be better prepared to help supervisees bounce back from

challenging and difficult circumstances, while empowering them to thrive in their personal and professional environments.

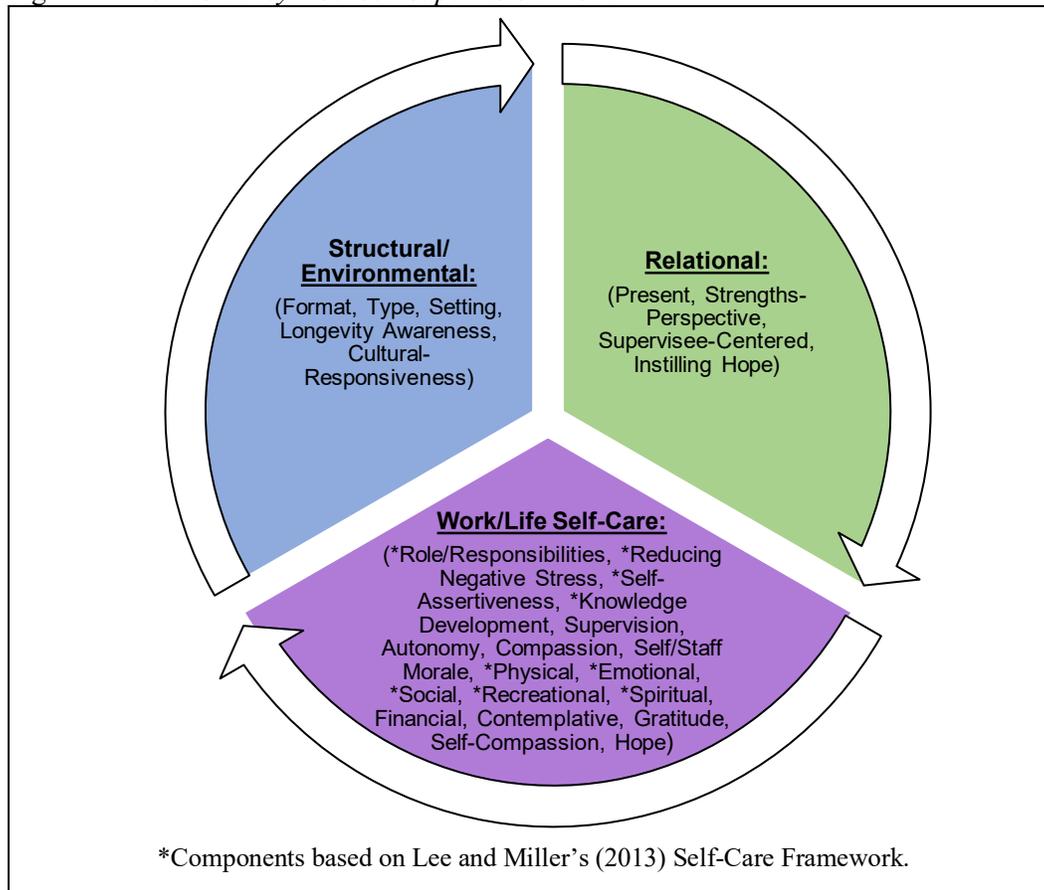**Research about Stress, Burnout, and Self-Care**

During the 1980s and 1990s, stress and burnout research with those in the helping professions included quantitative and longitudinal studies with larger sample sizes and expanded to additional occupations beyond health and human services (Maslach et al., 2001). The findings of these studies led to a greater understanding of the signs, symptoms, causes, and interventions for stress and burnout (Schaufeli et al., 2009).

In 2002, Lloyd et al., conducted a literature review of studies specifically about stress and burnout among social workers. They discovered that very few studies existed on these topics with social work participants and were unable to find empirical data that compared social workers to other helping professionals (Lloyd et al., 2002). Kim and Stoner (2008) surveyed a randomly selected group of 346 social workers about job stress, autonomy, and professional support that impacted burnout and employment retention. Results indicated that social workers who reported elevated feelings of job-related stress experienced burnout and the desire to leave their employment positions (Kim & Stoner, 2008).

Studies that explore self-care among social workers are starting to emerge in the literature. In 2018, Miller et al., surveyed 1,100 social workers and discovered that participants only moderately engage in self-care activities. The researchers recommend that supervisors address self-care with supervisees. Effective, enduring supervision may be a key for social workers to understand and overcome work-related stress and burnout through intentional self-care practices. The RFSM was developed to address self-care in the supervisory process and help supervisees operationalize a health and wellness plan. The model aims to be a viable option for supervisors to help bolster social workers' resiliency.

The Resiliency-Focused Supervision Model

The Resiliency-Focused Supervision Model (RFSM) includes three domains: 1) structural/ environmental, 2) relational, and 3) work/life self-care components, which are separate but interconnected concepts. The RFSM builds on the author's 20 years of supervisory experience and a qualitative, exploratory study conducted in 2019 with supervisors of social workers in a large Midwestern state (Mack, 2020). The model also draws upon empirical studies of human service provider stress, burnout, and self-care practices dating back to the early 1970s and the Self-Care Framework developed by Lee and Miller (2013). While the Lee and Miller framework primarily supports the individual practitioner in developing self-care strategies, the RFSM focuses on the shared responsibility between supervisors and practitioners in implementing resiliency-building best practices. The RFSM addresses the importance of the professional relationships and the workplace environment in which supervisors guide supervisees as they develop and implement self-care plans (see Figure 1).

Figure 1. *The Resiliency-Focused Supervision Model*

**Structural/
Environmental:**
(Format, Type, Setting,
Longevity Awareness,
Cultural-
Responsiveness)

Relational:
(Present, Strengths-
Perspective,
Supervisee-Centered,
Instilling Hope)

Work/Life Self-Care:
(*Role/Responsibilities, *Reducing
Negative Stress, *Self-
Assertiveness, *Knowledge
Development, Supervision,
Autonomy, Compassion, Self/Staff
Morale, *Physical, *Emotional,
*Social, *Recreational, *Spiritual,
Financial, Contemplative, Gratitude,
Self-Compassion, Hope)

*Components based on Lee and Miller's (2013) Self-Care Framework.

Structural/Environmental

The structural/environmental domain of the model includes formats and types of supervision such as formal, informal, peer, internship, technical, client-centered, clinical, and reflective. Supervisees' health and wellness can be addressed by supervisors within the various formats and types of supervision by creating an environment where these topics are strategically infused into conversations or added as agenda items for discussion. Within the various types of supervision, supervisors have an opportunity to help supervisees raise their awareness about the signs and symptoms of work-related stress and encourage them to practice self-care. This domain also encompasses the setting, longevity awareness, cultural-responsiveness, and care planning components. This aspect of the model prompts supervisors to consider the nuances of addressing stress, burnout, resiliency, and self-care within the different types of supervisory meetings and settings. For example, during a group supervision session, if a supervisee looks exhausted and is short-tempered with co-workers the supervisor can initiate a follow-up conversation during a regularly scheduled, formal, one-to-one supervisory session. The supervisor may determine that a private, in-depth discussion with the supervisee, outside of the group environment, is the most

appropriate response. Application of the RFSM works best when supervisors and supervisees meet on a consistent basis. However, supervisors and peers can use the model to guide discussions and identify resiliency-building strategies during infrequent, irregular, or spur-of-the-moment supervisory sessions. For instance, a group of supervisees, with five or more years of experience may decide to meet three times a year over the lunch hour to offer each other support and feedback. They can use the RFSM to discuss stress prevention and emotional wellness strategies and problem-solve implementation barriers regarding self-care practices.

Formal, Informal, Peer, Internship, and Technical

Supervisors and supervisees may engage in one or multiple types of supervision where they focus on the topics of stress, burnout, and resiliency-building. Understanding the structural formats of supervision can help them determine when, where, and how-to best address wellness topics. Formal supervision may involve regularly scheduled meetings between a designated supervisor and supervisee for an uninterrupted, appropriate duration of time. Informal supervision may include unscheduled emergent or non-emergent sessions or conversations between a supervisor and a supervisee to debrief after a challenging client session. Peer supervision may be defined as scheduled or spur-of-the-moment individual or group meetings with colleagues that may or may not be facilitated by a supervisor. Internship supervision may be identified as a learning process facilitated by a field placement site supervisor with social work students. Technical supervision may focus on the operational and administrative duties and responsibilities of a social worker.

Client-Centered, Clinical, and Reflective

Addressing job-related challenges and the emotional and physical outcomes that social workers experience can occur within the various types of supervision, such as client-centered, clinical, or reflective. The RFSM can be embedded into the different types of supervision to guide conversations about stress, burnout, self-care, and resiliency-building practices. Client-centered supervision may occur when the supervisor focuses on a supervisee's caseload by gathering information and offering advice and directives regarding client care. Clinical supervision is a didactic process where a supervisor informs, teaches, and directs supervisees in assisting individuals, families, and groups (Munson, 2001). Reflective supervision may be described as supervisee-driven wherein the social worker brings up client-related issues while the supervisor guides a feelings-identification and critical-thinking process.

Supervisors and supervisees involved in one or multiple types of supervision simultaneously are encouraged to consider the benefits of interweaving health, wellness, and self-care discussions on a consistent and regular basis. The Self-Care Starter Kit available on the University at Buffalo's School of Social Work website may be a helpful resource for supervisors and supervisees to use when engaging in resiliency-building conversations (Butler & McClain-Meeder, 2015).

Setting and Longevity Awareness

The setting component of the RFSM includes time and space issues. Supervisory sessions can occur in a variety of locations such as in a supervisor's office, live on-line using a software platform such as Zoom or Google Meet, or in a conference room during group supervision. Supervisors who are concerned about supervisees in emotional distress may decide that an individual, face-to-face, uninterrupted meeting in a professional, comfortable space is the best option to address concerns. They may determine that peer supervision, where social workers support one another, is the most effective way to address work-related stress using problem-solving solutions (Chiller & Crisp, 2012). Using the supervision process to tackle these issues can be helpful for social workers during all phases of employment, yet the focus may vary depending on tenure and experience. Cleveland et al. (2019) found that neophyte social workers need emotional support from supervisors and peers to strengthen their resiliency. Therefore, supervisors may want to consider the training and mentoring needs of newly hired versus veteran supervisees and respond accordingly. They may want to consider developing a supervision plan with each supervisee that includes the purpose, frequency, and duration of supervisory sessions based on individual needs.

Cultural-Responsiveness and Self-Care Planning

The culturally-responsive component of the RFSM includes awareness regarding supervisors' and supervisees' unique cultural identities and addresses self-care in a thoughtful, respectful, and culturally-appropriate manner. Through the supervisory process, supervisors can initiate and guide discussions regarding power differentials, oppression, marginality, discrimination, or microaggressions that impact supervisees' well-being (O'Neill & Fariña, 2018; Varghese et al., 2018). Together, the supervisors and supervisees can engage in a problem-solving process to promote equity, inclusivity, and justice for supervisees. These strategies and solutions may also be included in supervisees' individualized work/life self-care plans.

An effective individualized self-care plan should reflect the values and beliefs of the supervisee which are supported by the supervisor. Supervisors may consider referencing Cross' (1988) Model of Cultural Competence, Ortega and Faller's (2011) cultural humility framework, and the Varghese et al. (2018) trauma-informed culturally-competent recommendations to self-assess their culturally-responsive supervisory practices. Further, they may want to offer suggestions to their agency boards or administrators about implementing organizational policies and procedures that create an inclusive work environment that honors diversity and equity.

Relational

The relational domain of the RFSM highlights the importance of interpersonal connections between supervisors and supervisees in addressing stress, burnout, and resiliency. Supervisors can build resiliency among supervisees using a strengths perspective, being present in the moment, applying a supervisee-centered approach, and by instilling or fostering hope regarding work successes. The relational components of the

RFSM build upon NASW (2008) best practice standards in social work supervision while *explicitly* prompting supervisors to attend to the emotional health and wellness of supervisees. The relational domain primarily focuses on the supervisor and supervisee relationship, yet recognizes the importance of supervisees having healthy interpersonal relations with co-workers, family members, and friends.

Strengths Perspective

Social workers are trained to use the strengths perspective, which is an empowerment approach to working with clients (Saleebey, 1992). Supervisors may want to consider using this approach during interactions with supervisees as the strengths perspective can be the impetus to supervisees feeling hopeful and open to strategies that may reduce symptoms of stress and burnout. Koenig and Spano (2007) support using the strengths perspective in the supervisory process to increase supervisees' sense of hope and effectiveness when working with clients. When supervisors focus on building supportive, empathetic relationships with supervisees, it may be more comfortable for both parties to address the topics of work-related stress, burnout, and self-care practices.

Present, Supervisee-Centered, and Instilling Hope

Supervisors who are present and alert during supervisory sessions may be more attuned to the needs of their supervisees and better able to pick up on verbal and non-verbal cues. Supervisors might consider ways to create a distraction-free meeting such as turning all cell phones to silent or posting a do-not-disturb sign on the door. Supervisors who give their undivided attention to supervisees demonstrate an investment in the professional relationship when they reduce distractions, set appropriate boundaries, and focus on their responsibilities in the moment.

The RFSM is a supervisee-centered approach that focuses on the strengths and needs of supervisees. Supervisors help supervisees identify job-related challenges and together they problem-solve solutions. Strategies that support a supervisee-centered approach involve the supervisees creating the agenda for supervisory sessions and letting them set priorities for the discussions. During the supervisory meeting, supervisors are encouraged to address supervisees' feelings of hope regarding job success. Social worker hope, defined as having goals, determination, and problem-solving capabilities prevents burnout (Schwartz et al., 2007). Supervisors can raise supervisees' awareness about this research finding and help identify interventions wherein supervisees feel more optimistic and hopeful. A supervisor's genuine, caring approach may help supervisees feel supported and hopeful. In addition to individual sessions, it is recommended that group supervision sessions occur to instill and strengthen social workers' feelings of hope (Koenig & Spano, 2007). The concept of hope is also included in the work/life domain for social workers to consider when developing their individualized self-care plan (see Appendix A).

Work/Life Self-Care

Addressing work/life self-care can start with supervisors helping supervisees identify self-care practices that may prevent or reduce work-related stress and burnout symptoms.

Supervisors and supervisees can engage in thought-provoking discussions about these topics using both open and close-ended questions (see Appendix B). Then, supervisees can start creating self-care plans based on discussions with their supervisor and the self-reflection that occurs during or outside of the supervisory session. Supervisees are the primary decision-makers in identifying activities to include in their unique, individualized work/life self-care plans. Supervisors can assist in the development and implementation of these plans, for example, by encouraging supervisees to take their earned vacation time or refrain from checking work-related e-mail when they are not working. Regular follow-up discussions between the supervisor and supervisee can help determine whether the plans should continue, change, or be modified.

Work Self-Care

The RFSM builds upon the professional self-care recommendations to address job-related stressors that impact employees' well-being specific to their work role (Lee & Miller, 2013). The professional self-care domain consists of job duties, work-related responsibilities, role clarity, professional self-awareness, support from colleagues, training opportunities, and activities that boost morale (Lee & Miller, 2013). When supervisees identify self-care activities in one or more of these areas, it may require a supervisor to follow-up and take action. For example, a social worker wants to attend a local conference to learn about culturally-responsive mindfulness practices to reduce stress and follows the agency policy by getting the supervisor's approval to attend the training. The agency will cover the expense of the conference once the supervisor completes the required paperwork. The supervisor's action step supports the supervisee's professional self-care activity of attending a training regarding contemplative practices to increase resiliency. Along with Lee and Miller's (2013) components, the RFSM's work self-care domain includes autonomy, compassion for others, acknowledging work successes, and self/staff morale components.

Autonomy. Supervisors may want to consider allowing supervisees to be self-directive in completing job tasks and give them decision-making authority regarding their work schedules. Previous studies suggest that employees with greater job autonomy are less likely to experience burnout or resign from their current employment situations (Kim & Stoner, 2008), especially for child welfare workers employed for less than three years (Boyas et al., 2013). Given this data, administrators, leaders, and supervisors can be strategic when recruiting millennials and recent graduates and highlight the autonomy and freedom given to employees after adequate training and onboarding have occurred. Examples include offering supervisees flexible work schedules and work-from-home options that align with the agency's mission to assure quality client care.

Compassion for others. Social workers who are empathetic, compassionate, and focus on the positive impact they have made in the lives of others are better able to deal with work-related stressors (Harr et al., 2014). Supervisors can guide and mentor supervisees in building compassion satisfaction by intentionally addressing this during supervisory sessions. For example, supervisors may ask supervisees compassion-related questions about their work with clients and acknowledge when empathy and kindness are displayed. Supervisors might suggest that supervisees regularly reflect on positive work-related
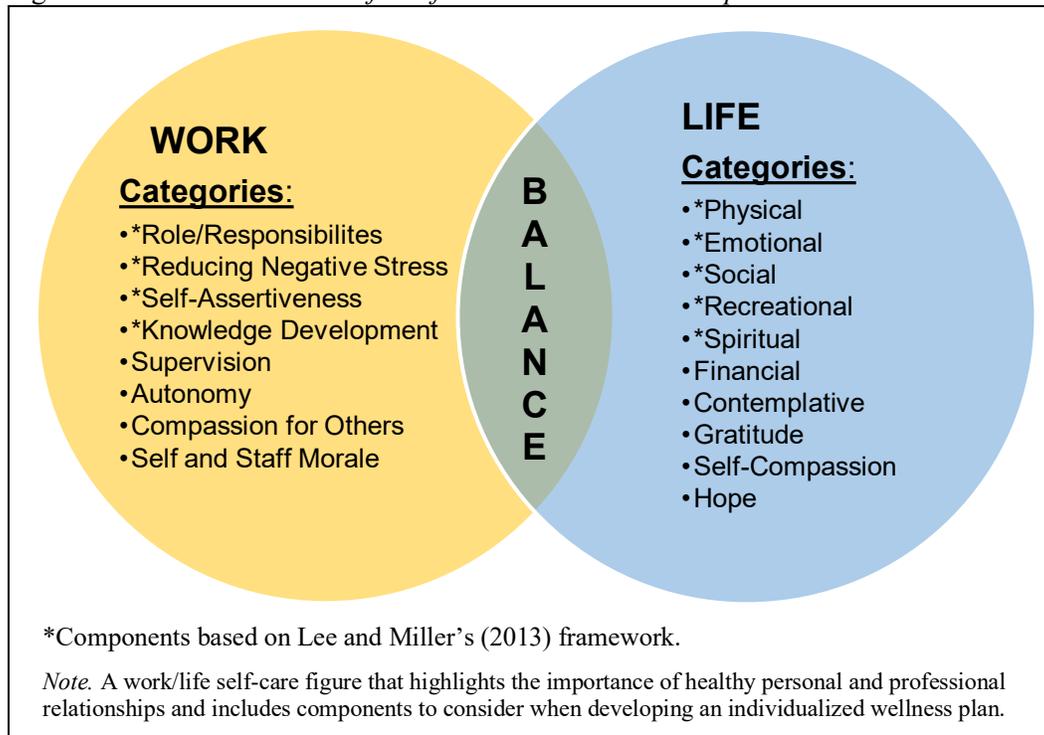
experiences and identify examples of helping others. These strategies are meant to energize social workers to effectively cope with challenging situations and scenarios.

Work Success. Social workers often serve clients who are dealing with difficult, adverse, or traumatic situations. Over time, repeated exposure to other people's adverse experiences may negatively impact their own well-being (Staudt & Williams-Hayes, 2019) and morale especially when they are exhausted, feeling vulnerable, or emotionally triggered in their professional lives. Focusing on adverse experiences for an entire supervisory session may be overwhelming and emotionally depleting, therefore, it is helpful for supervisors to deliberately focus on positives by interjecting the discussion with reminders of more uplifting experiences or rewarding outcomes.

Supervisors may want to consider timing issues, their tone of voice, and when it is appropriate to change topics based on the supervisees' verbal and non-verbal cues. For example, the supervisory session may start with a supervisee discussing the biggest challenges of the week while the supervisor listens attentively and with empathy. At some point in the session, the supervisor may prompt the supervisee to share any successes or inspirational moments that have recently occurred. The supervisor can highlight successes they know about and acknowledge the supervisee's skills, abilities, and efforts so the supervisee can feel more positive or re-energized.

Self/Staff Morale. Supervisors might consider a balanced approach in which they listen to the challenges and frustrations of their supervisees and help them focus on positive client-specific outcomes. Consider a scenario where a social worker, employed by a human services organization, is experiencing symptoms of stress and burnout. That individual feels unhappy, exhausted, and hopeless, and focuses on the negative, frustrating facets of the job. The supervisor can help the supervisee address negative thought patterns by listening and making recommendations to ease dissatisfaction early in the supervisory process. The supervisor can encourage the supervisee to discuss the source of their stress and their thoughts and feelings during supervisory sessions. By doing so, the supervisee may feel relieved and supported which could result in their having a more energized, hopeful demeanor. The supervisor is tasked with helping the supervisee cope effectively with work-related challenges and problem-solve morale issues. Supervisors can help supervisees to focus on positive client outcomes and encourage them to talk about these situations with their colleagues. Another strategy to consider is the development and implementation of staff satisfaction initiatives, such as, agency on-site and virtual employee bulletin boards where all staff members post positive work-related comments or statements of appreciation. Supervisors, administrators, and leaders who focus on multiple morale-boosting solutions may build resiliency with individuals and create a healthy organizational culture and climate (Pittman, 2020). The morale component is a part of the work self-care domain within the RFSM and intersects with the life self-care domain (see Figure 2).

Figure 2. *The RFSM's Work/Life Self-Care Domain and Components*

WORK
Categories:
- •*Role/Responsibilites
- •*Reducing Negative Stress
- •*Self-Assertiveness
- •*Knowledge Development
- •Supervision
- •Autonomy
- •Compassion for Others
- •Self and Staff Morale

BALANCE

LIFE
Categories:
- •*Physical
- •*Emotional
- •*Social
- •*Recreational
- •*Spiritual
- •Financial
- •Contemplative
- •Gratitude
- •Self-Compassion
- •Hope

*Components based on Lee and Miller's (2013) framework.

Note. A work/life self-care figure that highlights the importance of healthy personal and professional relationships and includes components to consider when developing an individualized wellness plan.

Life Self-Care

Self-care includes wellness choices and activities that enhance an individual's emotional and physical health (Lee & Miller, 2013). A personal self-care domain created by Lee and Miller (2013) includes social, emotional, and behavioral components. For example, an individual's self-care plan may include having coffee with a friend, watching inspirational videos, and exercising. Self-care practices in each of these areas will vary based on supervisee interests and desires. The RFSM life self-care domain builds on Lee and Miller's framework and includes financial, contemplative, gratitude, self-compassion, and hope components.

Financial. Financial wellness is an important component of life self-care. A career in social work has been identified as one of the most stressful, underpaid occupations (Dickler, 2009). Lack of financial resources to meet cost-of-living needs can contribute to social workers' worries, therefore, addressing their financial self-care is recommended. Examples include having social workers develop and adhere to a budget, establish an emergency fund, or negotiate salary increases. Supervisors can advocate for larger budgets to pay their supervisees more fairly, help them better negotiate salary increases, share information about student loan forgiveness programs, and provide opportunities for social workers to learn more about budgeting, retirement planning, investments, and mortgages. There are a variety of ways to raise the issue of financial wellness in supervisory processes. For instance, supervisors can share self-care plan templates that include financial wellness

examples, strategies and activities, or they may invite a financial self-care expert to speak during a group supervision session. Financial self-care may be a sensitive topic. Therefore, it is recommended that supervisors use a variety of approaches in addressing economic well-being and pay attention to supervisees' verbal and non-verbal cues and responses.

Contemplative. The contemplative component includes mindfulness and meditative practices that may help supervisees manage work-related stress symptoms, increase cognitive clarity, and experience feelings of calmness and peace. McGarrigle and Walsh (2011) found that human service workers who engaged in peer-group mindfulness exercises increased their ability to manage stress. In addition to group contemplative practices, supervisees may choose to engage in individual activities that produce the same results. Using technology and software applications (apps) such as Calm, Headspace, or Insight Timer may prompt supervisees to engage in contemplative exercises throughout their days and in a variety of settings including a home, office, or vehicle. Supervisors may have to advocate for agency policy changes to support the appropriate use of calming apps on the job.

Gratitude. The gratitude component connects to the field of positive psychology and studies that focus on helping individuals increase feelings of joy and happiness (Rippstein-Leuenberger et al., 2017; Seligman et al., 2005). For example, every evening, individuals write about three positive things that happened during their day or, once per month they compose a gratitude letter for someone and visit face-to-face to read its contents (Seligman et al., 2005). Social workers who express gratitude and appreciation toward themselves and others may find these deliberate acts increase their feelings of positivity. Many supervisors demonstrate their appreciation of supervisees by providing them with direct, specific, positive job-related feedback and are encouraged to continue this practice.

Self-compassion. Neff (2011) describes self-compassion as an individual life-altering and transformational concept that fosters feelings of positivity and hope. Social workers often help others deal with traumatic, painful life events. In certain circumstances, job-related experiences may haunt them or cause them to fixate or ruminate on negative client-related outcomes. When social workers fail to show self-empathy and kindness toward themselves, this may result in increased feelings of shame and inadequacy (Neff, 2011). This may negatively impact their overall health and well-being. Neff (2011) challenges individuals to treat themselves with kindness and compassion just as they would a friend who is hurting. Supervisors can use this information during supervision by recognizing and responding to supervisees who describe themselves in a shame-based, self-defeating manner. Using a step-by-step, empowerment self-talk worksheet (see Appendix C) is a tangible tool that can be completed during and outside of the supervisory session. Supervisees who use the tool will engage in a cognitive restructuring process to reframe negative thoughts and self-talk (Clark & Beck, 2012).

Hope. When social workers are optimistic, focus on the positive aspects of their lives, and envision a future where they thrive, they strengthen and foster feelings of hopefulness (Koenig & Spano, 2007). The hope self-care component includes acknowledging personal strengths and assets and identifying future goals. As social workers work toward accomplishing these goals, they are encouraged to celebrate their successes with family,

friends, co-workers, and supervisors. Having the support of others helps social workers to feel hopeful, build resiliency, and create meaningful, fulfilling lives. Supervisees can include strategies to increase feelings of hopefulness in their self-care plans to avoid or reduce symptoms of stress and burnout.

Organizational Culture

A complementary component of the RFSM moves beyond the bi-directional relationship between the supervisor/supervisee and focuses on organizational culture and climate factors. Supervisors have an opportunity to influence organizational policies, procedures, and practices to enhance the health and well-being of employees. For example, supervisors can advocate for an employee wellness policy with strategic initiatives and having self-care and resiliency-building professional development trainings for all employees (Miller et al., 2018). Doing so may result in social workers feeling less stressed which can have a positive impact on workforce morale and retention rates (Mor-Barak et al., 2001). Organizational culture and climate issues may be adjusted to include best practices to create a positive, culturally-responsive work environment. Pittman (2020) identifies eight neuroleadership strategies to improve the culture and climate within human service organizations, which may increase resiliency among staff. Pittman (2020) offers recommendations for organizations to consider that align with the RFSM practices and strategies to help supervisors support supervisees in combatting stress and burnout. Other best practice examples include offering organizational self-care and mindfulness programs for social work employees (Alenkin, 2019; McGarrigle & Walsh, 2011). Engaging in these programs where supervisees learn to apply stress reduction strategies can be included in their RFSM work/life self-care plans. Finally, organizations are encouraged to offer additional training for supervisors to be effective leaders, continuing education opportunities for both supervisors and supervisees, plus regularly scheduled and ad hoc individual and peer supervision sessions.

Implications

The RFSM intersects with NASW's (2013) *Best Practice Standards in Social Work Supervision*, *Code of Ethics* (2017), and *Professional Self-Care and Social Work Policy Statement* (2008). NASW offers general recommendations about social worker self-care as connected to ethical standards relevant within the profession. NASW (2008) identifies existing models that increase compassion satisfaction and reduce secondary or vicarious trauma. However, there is no mention of a framework that can be used to build resiliency through a combination of organizational, supervisory, and individual self-care policies, procedures, and practices. The RFSM was developed to address this gap and help meet the needs identified in human services research studies and by NASW.

There seems to be agreement across the social work profession that self-care and resiliency-enhancing practices are a necessity in building and maintaining a healthy, vibrant, effective workforce (NASW, 2008). In response to the limited social work specific models, the RFSM was developed as a comprehensive, systematic approach that includes the integration of organizational, supervisory, and individual strategies that may reduce work-related stress and burnout in social workers. The model is both research and practice-

informed, building on the findings of health and human services studies and incorporating experiences from the author's role as a clinical supervisor of social workers and mental health professionals for over two decades. Because the RFSM is newly created, studies to evaluate the model's usefulness and effectiveness are needed.

The RFSM is meant to be a training model for administrators and supervisors to use to build a resilient workforce and help supervisees develop and implement an individualized work/life self-care plan. Supervisors can proactively inform social workers about the signs and symptoms of stress and burnout and self-care practices that promote wellness. Supervisors concerned about supervisees who exhibit signs and symptoms of stress and burnout can use the RFSM to ask relevant questions and problem-solve solutions during supervisory meetings. Supervisors can help *all* supervisees develop and implement tangible, strengths-based, culturally-responsive self-care plans. The plans are flexible and adaptable and may include a combination of supervisory, personal, and professional wellness strategies.

Another proactive resiliency-building approach for supervisors to consider includes training all newly hired social work employees on the signs, symptoms, and impact of stress and burnout as part of the on-boarding process. The RFSM may be useful for social work organizations as a guide for supervisors and supervisees in effective self-care practices to address stress and prevent burnout while building resiliency. This model guides supervisors in preparing the next generation of social workers in recognizing and responding to the emotional pressures of being in a professional helping role. The RFSM is also meant to support supervisees in using a variety of work/life self-care practices to increase their ability to work effectively with others while enjoying a happy, rewarding, and fulfilling career.

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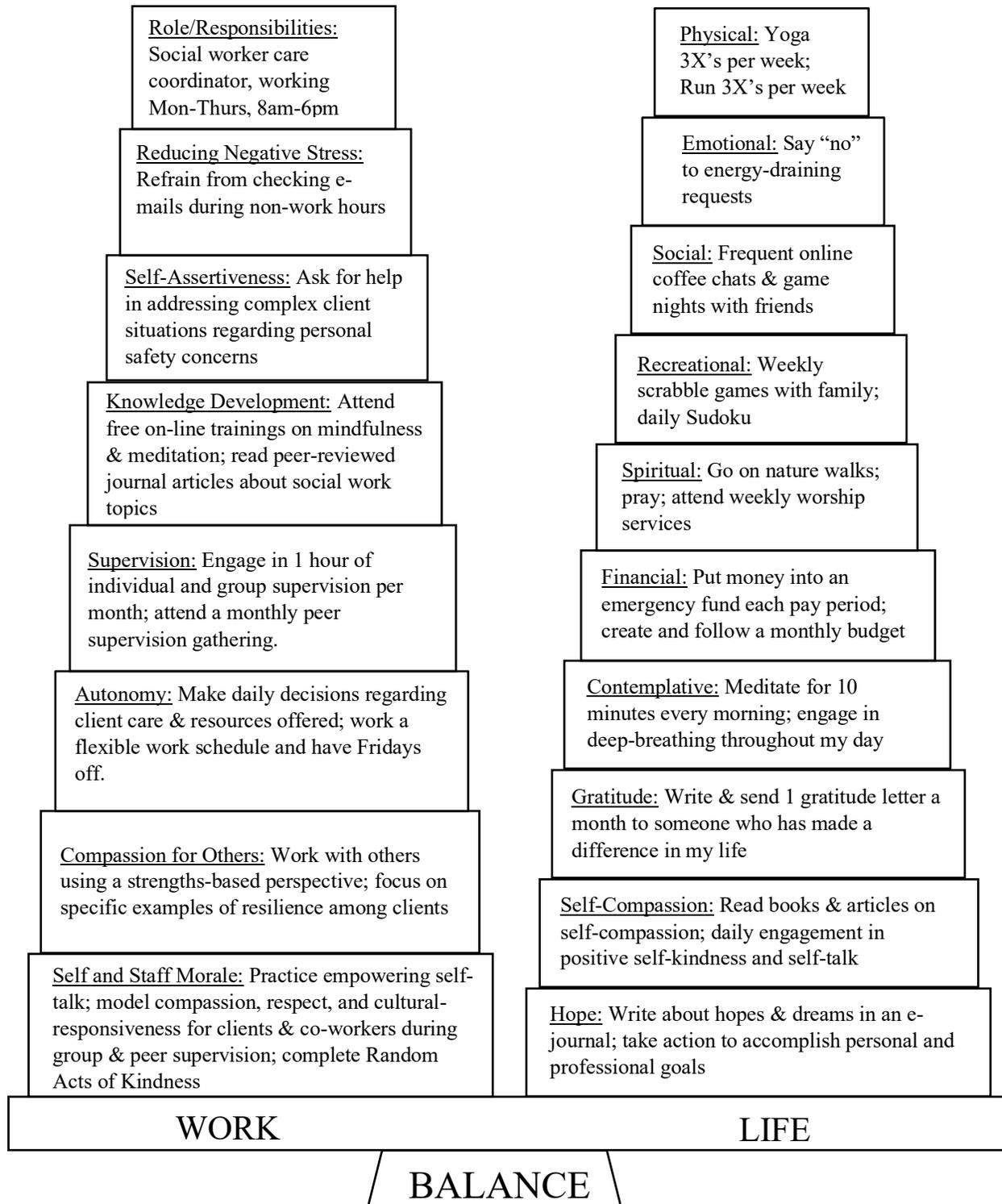
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Appendix A

Work/life self-care plan template with examples to strengthen resiliency among supervisees

Role/Responsibilities:
Social worker care
coordinator, working
Mon-Thurs, 8am-6pm

Physical: Yoga
3X's per week;
Run 3X's per week

Reducing Negative Stress:
Refrain from checking e-
mails during non-work hours

Emotional: Say "no"
to energy-draining
requests

Self-Assertiveness: Ask for help
in addressing complex client
situations regarding personal
safety concerns

Social: Frequent online
coffee chats & game
nights with friends

Knowledge Development: Attend
free on-line trainings on mindfulness
& meditation; read peer-reviewed
journal articles about social work
topics

Recreational: Weekly
scrabble games with family;
daily Sudoku

Supervision: Engage in 1 hour of
individual and group supervision per
month; attend a monthly peer
supervision gathering.

Spiritual: Go on nature walks;
pray; attend weekly worship
services

Autonomy: Make daily decisions regarding
client care & resources offered; work a
flexible work schedule and have Fridays
off.

Financial: Put money into an
emergency fund each pay period;
create and follow a monthly budget

Contemplative: Meditate for 10
minutes every morning; engage in
deep-breathing throughout my day

Compassion for Others: Work with others
using a strengths-based perspective; focus on
specific examples of resilience among clients

Gratitude: Write & send 1 gratitude letter a
month to someone who has made a
difference in my life

Self-Compassion: Read books & articles on
self-compassion; daily engagement in
positive self-kindness and self-talk

Self and Staff Morale: Practice empowering self-
talk; model compassion, respect, and cultural-
responsiveness for clients & co-workers during
group & peer supervision; complete Random
Acts of Kindness

Hope: Write about hopes & dreams in an e-
journal; take action to accomplish personal and
professional goals

WORK   LIFE

BALANCE

Appendix B

Questions to prompt self-care discussions between supervisors and supervisees

	Questions	
	Supervisor	**Supervisee**
Roles/ Responsibilities	Does my supervisee have a detailed job description? What does my supervisee need from me to better understand roles and responsibilities?	Do I fully understand my roles and responsibilities in my organization? If not, what do I need to ask my supervisor about to get more clarification?
Reducing Negative Stress	What negative work-related stress is my supervisee experiencing? What coping strategies can I offer to help reduce the stress?	What advice does my supervisor have regarding helping me reduce my negative stress? What solutions can we come up with together to address work-related stressful situations?
Self-Assertiveness	Does my supervisee advocate for work-related needs? How can I help my supervisee meet these needs? If I am unable to help, support, or authorize a specific request made by a supervisee, have I initiated a conversation to explain decisions?	Have I assessed my needs in the work environment? What will help me meet my needs? In what ways can my supervisor help me meet my needs?
Knowledge Development	What are my supervisee's knowledge development needs? What is the organization or agency's policy about supervisee professional development and continuing education?	What are my training and continuing education needs? What options do I have within my organization to get my training needs met?
Supervision	What format and type of supervision am I providing for supervisees? How am I addressing supervisee health and wellness during supervisory sessions?	Am I comfortable in addressing my work-related stress during supervisory sessions? What do I need during my supervisory sessions to strengthen and build my resiliency?
Autonomy	Does my supervisee have a clear understanding of when to independently make work-related decisions and when input from myself or others is required? Have I discussed job flexibility options with my supervisee?	Do I understand my job-related autonomy? What are the flexibility options of my job?
Compassion for Others	How does my supervisee demonstrate empathy for clients and co-workers? What can I do to help my supervisee build or strengthen compassion satisfaction?	What can I do to build and maintain my empathy for clients and co-workers? How do I demonstrate compassion with my clients and co-workers?
Self/Staff Morale	What can I do to increase supervisee morale? What steps can I take to help my supervisee feel valued and appreciated?	How can I focus on the difference I am making with others in my job? What do I need from my supervisor to help increase my morale? What can I do to help increase morale among co-workers?
Additional Work/ Life Self-Care Questions	What physical, emotional, social, recreational, and spiritual self-care techniques does my supervisee engage in to reduce stress? Have I provided support to my supervisee regarding any financial, contemplative, gratitude, and self-compassion self-care practices? Is there anything else that I can do to support my supervisees in practicing self-care?	What do I need so that I can develop and implement self-care activities and practices? What support do I need from my supervisor to implement my work/life self-care plan?

Appendix C. *Empowerment worksheet*

Old Patterns

Example: "I'm a terrible social worker, I make so many documentation errors"

_____
_____
_____
_____
_____
_____

New Patterns

Example: The best part of my job is working with clients and documentation of sessions is necessary and important"

_____
_____
_____
_____
_____
_____

Thoughts

Example: Shame, frustration, anger

_____
_____
_____
_____
_____
_____
_____

Example: Hopeful, optimistic

_____
_____
_____
_____
_____
_____
_____

Feelings

Example: Avoid completing paperwork, short-tempered with co-workers and family

_____
_____
_____
_____
_____
_____

Example: Ask supervisors and co-workers for help, complete documentation in a timely manner, request additional training if necessary

_____
_____
_____
_____
_____
_____

Behaviors