Contents

List of illustrations xi
Acknowledgements xiii
Notes on the editors xiv
Notes on contributors xv

PART I The professional context 1

1 Social work and wellbeing: setting the scene 3
Louise Grant, Gail Kinman and Richard Fountain
   Chapter overview 3
   Stress: an overview 3
   Stress in social work 6
   Introducing this book 10
   Introducing the chapters 12

2 What is resilience? 16
Louise Grant and Gail Kinman
   Chapter overview 16
   Resilience: an exceptional quality or ‘ordinary magic?’ 16
   Resilience and social workers 19
   Resilience: the underlying competencies 22
   Conclusion 30

PART II Developing techniques to build resilience 31

3 The work/home interface – building effective boundaries 33
Gail Kinman, Almuth McDowall and Mariette Uys
   Chapter overview 33
   What is work–life balance? 34
Roles, work–life conflict and wellbeing 34
The impact of work–life conflict 37
Work–life conflict in social work 38
Individual differences in work–life balance needs 41
Recovery 46
The employers’ role in enhancing work–life balance 50
How can work–life balance be enhanced? 51

4 Critical reflection and reflective supervision 54
Louise Grant and Becky Brewer

Chapter overview 54
Critical reflection and emotional resilience 54
The role of supervision in promoting reflection and
enhancing resilience 56
The supervisee’s role: preparing for reflective supervision 59
The role of the supervisor in promoting resilience 62
How can supervisors enhance resilience in the staff they
manage? 64
Supervisors need supervision to build their own
emotional resilience 70
Conclusion 71

5 Personal organization and time management 73
Siobhan Wray and Sacha Rymell

Chapter overview 73
The social work role: managing competing demands 73
What is time management? 74
Time management and work: what’s the use? 75
Time management behaviours and resilient practice 76
Know thyself: using a time diary 79
But all this will take too long to do and I am too busy 82
Setting and achieving goals 83
Setting goals in practice 84
Defining and operationalizing goals 85
There is always too much to do 88
Urgency, importance and the presence of others 89
Strategies for managing interruptions 90
Monitoring and feedback 91
Conclusion 91
6 Cognitive behavioural-based strategies
Kelly Alexander, Sara Henley and Kay Newman

Chapter overview
Emotional reactions to practice
What is cognitive behavioural therapy?
Using CBT to manage anxiety
Application of CBT
Thinking errors
Conclusion

7 Mindfulness for resilience in social work
Rose Parkes and Susan Kelly

Chapter overview
What is mindfulness, and why is it important?
The nature of mindfulness
Responding to stress with mindful awareness
Recognizing and managing difficult emotions in social work
Mindfulness and reflective practice
Mindfulness, emotional exhaustion and job satisfaction
Other benefits associated with mindfulness
Mindfulness training as a vehicle for developing self-care strategies in the workplace
Conclusion

8 Peer support and peer coaching
Sarah Baker and Kathryn Jones

Chapter overview
Peer coaching: the context
Peer coaching in action
Peer-coaching techniques
Peak moments
Using strengths
Gains for the coach as well as the coachee
Clarifying misconceptions
Conclusion
9 Enhancing self-knowledge, coping skills and stress resistance
Gail Kinman, Isabella McMurray and Jo Williams

Chapter overview 148
The importance of self-knowledge 149
Managing expectations 149
Frameworks of work-related stress: an overview 151
Key resilience resource: control and support 153
Key resilience resource: rewards 155
The wide-ranging impact of stress 156
Your personal stress reactions 160
The importance of appraisal 162
Appraising your resources 163
Coping with stress 164
Stress inoculation training 166
Conclusion 167

10 Resilient individuals and organizations: an integrated approach
Gail Kinman and Louise Grant

Chapter overview 169
The role of the organization in promoting resilience 169
An integrated approach 170
The HSE Management Standards approach: tackling stressors at source 172
Line-manager competencies: identifying the behaviours that protect employee wellbeing 175
The way forward 177
Conclusion 178

References 179
Index 205
PART I

The professional context
CHAPTER 1

Social work and wellbeing: setting the scene

Louise Grant, Gail Kinman and Richard Fountain

CHAPTER OVERVIEW

Although social work is undoubtedly rewarding, practitioners frequently encounter situations that are emotionally demanding and potentially stressful. The stress experienced by social workers arises from a combination of occupational demands (such as managing a high caseload) and organizational constraints on effectiveness (such as working within bureaucratic cultures and coping with rapid change). This chapter sets the scene for the book by considering the context of social work practice and the demands that social workers face. A key aim of the chapter is to highlight the value of a perspective derived from positive psychology that aims to enhance wellbeing and resilience, rather than merely offer a range of tools to social workers to help them manage stress. While the emotional demands of social work require professionals to be personally resilient, it is emphasized that the responsibility for recognizing and ameliorating the causes of stress lies with the organization. The chapter concludes by outlining the aims of the book and introducing each chapter.

Stress: an overview

The terms ‘pressure’ and ‘stress’ are often used synonymously, but there are important differences between them. We need some pressure in our
lives to help us meet the many challenges we encounter. Stress, on the other hand, occurs when the demands of work outweigh our ability to manage them and is likely to have negative effects on health, quality of life and job performance. The UK Health and Safety Executive (HSE) defines work-related stress as ‘the process that arises where work demands of various types and combinations exceed the person’s capacity and capability to cope’ (HSE, 2009). This considers stress to be an imbalance between environmental demands (or stressors) and personal resources. The next section provides an overview of acute and chronic stress and their implications for the wellbeing of social workers and their professional practice.

**Acute and chronic stress**

Although stress has been conceptualized in many ways, essentially there are two types: acute and chronic. Acute (or short-term) stress is a reaction to an immediate demand, one that has occurred recently, or one that is anticipated in the near future. Examples of such demands within the workplace include rushing to finish a report, worrying about the outcomes of yesterday’s case conference, or being concerned about a service user who is self-harming. Some intermittent demands, such as working towards a tight deadline, keep us alert, boost performance and can even protect us against disease (Emmons, 1986). Other types of acute demands, however, such as bereavement, divorce, job change and redundancy, can seriously impair wellbeing.

Early research findings demonstrated that the number and severity of life events experienced in a 12-month period were significantly related to several mental psychological and physical health conditions (Holmes and Masuda, 1973). It was generally argued that life events (even positive ones such as marriage and holidays) threaten wellbeing as they require social readjustment, and as adaptation to change is intrinsically stressful it depletes personal resources (Greene and Grant, 2003). Nonetheless, more recent research indicates that experiencing even the most severe life events can help us cope more effectively with future stressful situations (Kutilek and Earnest, 2001). The notion of ‘stress inoculation’ arising from such research is discussed further in Chapter 9.

Acute stressors can undoubtedly threaten wellbeing, but there is evidence that chronic (or long-term) stress is likely to be more damaging (Grant, 2012). The work-related demands described above may
enhance health and performance in the short term, but if workload is always heavy, deadlines frequently unrealistic, case conferences usually emotionally demanding, and service users often a cause for serious concern, personal resources will be depleted over the longer term with negative implications for health (Green, Oades and Grant, 2006; Koeske and Koeske, 1989). Studies of social workers support this view, whereby ‘daily hassles’, or minor irritating events, annoyances and frustrations, are the most common sources of stress and the most likely to impair wellbeing (Green, Grant and Rynsaardt, 2007; Joyce and Showers, 1982).

The physiological response to stress discussed in Box 1.1 below accounts for the different ways that acute and chronic stress impact on health. It should be recognized, however, that the effects of stress are considerably broader, with serious implications for wellbeing and job performance. This is discussed in greater depth in Chapter 9.

**BOX 1.1 THE STRESS RESPONSE**

The physiological response to stress can account for the different impact of acute and chronic stress on health. Acute stress causes the release of stress hormones (such as adrenalin and noradrenalin), which instigates a chain of rapidly occurring bodily reactions including increased heart rate, blood pressure and respiration; muscle tension; sweating and suppression of the digestive system. People may also experience panic attacks involving sudden and intense anxiety which can lead to feelings of confusion and disorientation. This ‘fight and flight’ response is designed to be an adaptive reaction to short-term stress; when the threat recedes, the body will return to its normal state. Under conditions of long-term stress, however, physiological stress reactions can escalate from acute to chronic, resulting in persistent headaches, musculoskeletal problems, gastric disorders, generalized anxiety disorder and serious diseases such as hypertension and coronary heart disease (Jones and Bright, 2001). Chronic stress can also engender ‘learned helplessness’, where the individual perceives little control over the events in their life, gives up searching for solutions and may demonstrate a negative and defensive approach to work (Peterson and Seligman, 1984; Ladyshewsky, 2010).
Stress in social work

For several years, the UK Labour Force Survey (HSE, 2013) has found the highest prevalence rates of work-related stress amongst health and social care workers. This reflects the findings of studies of social workers conducted over the last twenty years or so that have observed high levels of stress and associated health problems in the profession (e.g. Jones and Ibbeston, 1991; Collings and Murray, 1996; Barak, Nissly and Levin, 2001; Maidment, 2003; Coffey, Dugdill and Tattersall, 2004; Stalker et al., 2007; Kinman and Grant, 2011; Ting, Jacobson and Sanders, 2011; Wilberforce et al., 2012).

The Health and Safety Executive (HSE) definition of work-related stress was provided earlier in this chapter. There are many potential stressors that can be experienced in the workplace but the HSE (2010) have identified the key sources of job-related stress as: excessive demands; insufficient support from managers and colleagues; role overload, conflict and ambiguity; poor workplace relationships; lack of control; and ineffective management of change. Like other professions, social work also has a range of more job-specific stressors such as high levels of bureaucracy (Hussein et al., 2013), frequent reorganization and revised policies and procedures (Storey andBillingham, 2001), tension between social work values and meeting targets (Lloyd, King and Chenoweth, 2002), poor public image of the profession (Collings and Murray, 1996; CPCSW, 2007) and threats of violence (Jones and Ibbeston, 1991; Wilberforce et al., 2012). Nonetheless, research findings indicate that stressors are more likely to emanate from the organization itself rather than intrinsic features of social work practice (Ramon and Morris, 2005). Like other public-sector providers in the UK, the recent austerity measures have led to increasing demands for social workers to do more with less, resulting in feelings of overload, job insecurity and anxiety (Collins, 2008; ADCS, 2013). Drawing on the HSE framework outlined above, the following section will consider the sources of stress in social work and the impact they may have in greater detail. Chapter 9 will further discuss demands and support in terms of their potential to alleviate the negative effects of work-related stress and build resilience.

Surveys typically find that job demands are the most frequent and potentially damaging sources of job-related stress (HSE, 2013). Social workers experience demands from different areas which have strong potential to conflict. They are required to adhere to social work values
and ethics, fulfilling the needs of service users in a timely and compassionate manner whilst complying with statutory requirements and meeting externally imposed deadlines. Caseloads may be high and service users’ needs diverse, requiring continuous reprioritization (ADCS, 2013). Moreover, high sickness and turnover rates and difficulties recruiting new staff can lead to a vicious circle of increased workload and longer working hours for the survivors (Van Heugten, 2011), with clear implications for wellbeing and the quality of professional practice.

Job control encompasses the flexibility of working time and the ability to take breaks, as well as autonomy over the pace and method of working. There is evidence that social workers who lack job control are more likely to experience work-related stress and burnout (Stalker et al., 2007; Kim and Stoner, 2008). Conversely, a strong sense of control can mitigate the negative effects of work stress and foster job satisfaction and commitment (Collins, 2008; Hussein et al., 2013). The damaging effects of a lack of support at work have been highlighted. A study of social workers in Romania found that low levels of perceived support from supervisors and colleagues, combined with excessive demands and time constraints, were key predictors of stress and burnout (Marc and Oşvat, 2013). In social work, support from managers is most commonly gained through supervision. Nonetheless, it is generally acknowledged that the supportive elements of supervision have been compromised in recent years in favour of a performance management approach. Research conducted by the British Association of Social Workers (BASW, 2011) highlights the variability in the quality and effectiveness of supervision. Although 40 percent of participants rated the supervision they received as ‘excellent’ or ‘good’, 70 percent claimed that they received insufficient emotional support in supervision sessions. The importance of reflective supervision and how this may be enhanced is discussed in Chapter 4.

Good working relationships underpin a healthy and resilient organizational culture (Ferguson, 2011). Bullying at work can have particularly powerful effects on wellbeing and quality of life (Nielsen and Einarsen, 2012). Indeed there is evidence that bullying behaviours (such as belittling comments, persistent and non-constructive criticism of work, and withholding resources or information) can be more harmful to employees than sexual harassment (Hershcovis and Barling, 2010). Employees need not be victims of bullying for them to suffer its negative effects. Daily diary research conducted by Totterdell et al. (2012) found that witnessing unpleasant interactions between
colleagues tended to result in emotional exhaustion. The findings of a study conducted by Whitaker (2012) suggest that bullying may be a particular problem in social work. Fifty-eight percent of the sample reported being the targets of demeaning, rude, and hostile workplace interactions more than once in the previous year. There is a clear need for the social work profession to develop effective tools and clear guidelines to eradicate such behaviour, and build mutually supportive working relationships at all levels of the organization.

As well as evidence of incivility within the social work profession, a blame culture has arisen in recent years. It has become increasingly common for individual social workers, particularly within child protection, to be publicly castigated for ‘failing to manage’ high-profile cases which have had tragic outcomes. It could be argued that this approach to ‘performance management’ is principally driven by political imperatives that favour public demonstrations of assertive action (Ayre and Calder, 2010). Nonetheless, it fails to address the systemic failures in the ‘social care machinery’ that are typically responsible for such incidents. It seems that the first question to be asked when something goes wrong is ‘who is at fault?’, rather ‘what can be learned from the situation?’ As well as instilling a constant state of anxiety, a blame culture is likely to stifle innovative practice, as social workers fear making errors of judgement. Essentially, they are in a ‘double bind’ whereby taking pre-emptive action can be interpreted in a negative light (such as ‘child-snatching’ by the agents of a ‘nanny state’) or, if they fail to act, a tragedy could ensue for which they will inevitably be blamed (CPCS, 2007).

The blame culture within social work has been promulgated by the media, which is extremely powerful in forming public opinion. Unsurprisingly, research indicates that public perceptions of social workers are generally poor (CPCS, 2007) which, combined with views of social work as a stressful career, has had an adverse impact on recruitment (Eborall, Garmeson and Britain, 2001). The impact of these negative perceptions on social work students is well illustrated in a study conducted by the authors whereby 69 percent of a large sample of social work students considered that social workers were unfairly blamed when something goes wrong (Kinman and Grant, 2011). Other research highlights examples of stigmatization of the profession within students’ personal communities and even within their own family (Clements, Kinman and Guppy, 2014).

The need to combat the stigma attached to social work has been recognized and advertising campaigns developed in an attempt to
attract high-quality recruits (Sweney, 2009). Recognizing the potentially corrosive impact of a blame culture on social workers and service users, the Munro (2011) report recommended that employers must foster an environment where social workers feel supported by their managers and peers. Moreover, there is a growing understanding that a systemic approach will be considerably more effective than seeking to apportion blame in identifying the root causes of problems and how these might be best addressed (Munro, 2011). The development of a ‘resilient organization’ within social work is likely to facilitate such a culture change (see Chapter 10).

Research findings also indicate that role stress is a particular source of strain for social workers. Role stress comprises three elements: role overload (where an employee has too many roles, each associated with specific demands and expectations); role conflict (where the demands and expectations of one role make it difficult to fulfil those of another) and role ambiguity (where the expectations, responsibilities, tasks and behaviours expected of a particular role are unclear) (Kahn et al., 1964). Role conflict, in particular, can have wide-ranging negative implications (e.g. Fried et al., 1998). Research conducted by Kim and Stoner (2008) found that role stress was a powerful cause of burnout and turnover intentions in a sample of American social workers. The effects were particularly strong amongst those who lacked job control and social support. Role stress also has major implications for work–life balance, which is discussed in Chapter 3.

As people have an inherent need for predictability and order, it is unsurprising that change is a common cause of stress. Responding to major organizational change can deplete employees’ resources and engender anxiety, fear and frustration, poor morale, a lack of confidence in their abilities and uncertainty about their future (Ferrie et al., 1998; Callan, Terry and Schweitzer, 1994; Dahl, 2011). Changes that increase job demands and reduce resources, in particular, can have serious implications for physical and psychological health, impair sleep quality and recovery, and increase sickness absence (Schaufeli, Leiter and Maslach, 2009; Greubel and Kecklund, 2011). Social workers have experienced numerous and wide-ranging changes over the last few years in response to political, economic, social and environmental imperatives. One of the most profound changes recently experienced in the public sector in the UK has been the adoption of private-sector management practices. The aim was to transform social services departments into managed services, where centralized management
models of practice and decision-making are utilized, rather than relying on professional judgements of need (Chard and Ayre (2010) cited in Ayre and Preston-Shoot (2010)). An increased emphasis on administrative and prescriptive procedural systems has led to a devaluation of social workers’ expertise and an erosion of their professional discretion and autonomy (Wastell et al., 2010). Social work practice was further transformed following the deaths of Victoria Climbié and, more recently, Peter Connolly. Recommendations of serious case reviews and inquiries led to the introduction of a raft of strategic and practice requirements which, combined with the increasingly managerialist approach to delivery of services, further constrained the professional autonomy of social workers (Ayre and Preston-Shoot, 2010).

It has been argued that the profession, similar to the health and social care sector in general, is collectively suffering from change fatigue (McMillan and Perron, 2013). Perceiving too many changes occurring at one time means that employees experience difficulties aligning their thoughts and actions to make sense of change (Bernerth, Walker and Harris, 2011). There is also evidence that the extent and pace of change have engendered a sense of professional devaluation in social workers which can compound the existing demands of practice (Lloyd et al., 2002). Change fatigue, therefore, has serious implications for job performance as well as personal wellbeing.

The intrinsic pressures of the role combined with the political, economic and environmental context of contemporary social work presents practitioners with many challenges. As discussed above, such working conditions can have wide-ranging negative consequences. Although employers have a legal and moral duty of care to safeguard the wellbeing of their staff, the organizational and occupational demands inherent in social work require practitioners to be emotionally resilient. Fostering personal and professional resilience that is sustainable over the longer term is crucial, not only for the protection of the individual social worker but also for the quality of the service they provide. This book provides the reader with a range of evidence-based techniques firmly grounded in the social work context to help them accomplish this.

**Introducing this book**

There are very many books available on how to manage workplace stress. This book provides an alternative perspective by drawing on
Index

absenteeism 22, 38
stress and 157, 158
accurate empathy see empathy, accurate
active listening 143
adaptability 36
adaptive coping strategies 11
affective rumination 48–9
alcohol consumption 24, 37, 156, 165
alexithymia 58
all-or-nothing thinking 102
anxiety 6, 37, 55, 58
child cases and 94–5
management 65
appraisal
importance of 162–3
primary 18
resources 163
secondary 18
Appreciative Inquiry 69
apprehension 158
attrition 22
autonomy 17
avoidance strategies 122

behaviour-based work–life conflict 36–7
benchmarks for job-related wellbeing 172
blame culture 8–9
boundary management style 44–6
British Association for Social Workers 171
bullying at work 7–8, 156
burnout 7, 9, 27, 55, 58, 94, 95, 98, 149, 150, 158, 160
catastrophizing 102
change fatigue 10
child protection cases 8, 94–5
children, resilience in 65
Climbié, Victoria 10
cognitive behavioural therapy (CBT) 42, 52, 93–108, 151, 160
in anxiety management 97–9
application 99–101
benefits of 97–9
case studies 100, 106, 117
definition 95–7
thinking errors 101–8
cognitive distortions 101–8
cognitive impairments 38
College of Social Workers 171
common life stressors 37
communication skills 28, 29
compassion 143
compassion fatigue 27, 58, 122, 158
compassion satisfaction 122
concentration, impaired 38, 157
confidentiality 130
containment 65–6
COPE Scale 164–6
coping 163, 164–6
coping styles 22, 165
creative work–life balance
management 51
critical reflection 28, 54–71
emotional resilience and 54–6
critical thinking skills 57
cultural awareness 29

cynicism 122
decision-making abilities 157
demands–abilities fit 153
depersonalization 158
depression 37
detachment as rumination 48, 49
diaries see reflective diaries; time
diaries
discontentment 158
effective supervision 28, 40, 59, 65, 70–1
Effort–Reward imbalance model of stress 153, 155, 170
emotion-focused coping 164
emotion management 65
emotional disclosure 58, 59–60
emotional exhaustion 37, 122, 158
emotional intelligence 22–5
emotional labour 39, 122
emotional literacy 22–5, 36, 55, 57, 58, 62
case study 24
interpersonal 23
intrapersonal 23
emotional reasoning 101, 102, 104
emotional resilience 59, 98, 160
critical reflection and 54–6
emotional support 51, 57, 154
empathic concern 27, 28
empathic distress 27, 28, 58
empathic reflection 25, 28
empathy 21, 26–8, 65, 143
empathy, accurate 13, 21, 22, 28, 41, 65, 68, 110, 111, 122, 126
case study 27
employers’ role in work–life balance 50–1
empty chair role-play technique 68–9
environmental resilience 12
error-making 157
evaluative feedback 131
expectations, management of 149–51
experiential learning 57

family
dynamics 151
pressures 38
wellbeing and work-life conflict 37
family-friendly policies 50
fatigue 157
feedback 62, 91–2
evaluative 131
non-evaluative 131–2
‘fight or flight’ reaction 5, 118
Firsters (work–life balance style) 45, 46
flexibility 36, 143
psychological 99
flexible working policies 50–1
flow, concept of 50, 153
fortune-telling 102
frustration 158
Fusion Lovers (work–life balance style) 45, 46

Gestalt therapy 68
goal setting 83, 84–5
goal theory 83
goals 136–7
defining and operationalizing 85–8
operationalizing 87
personal development 84
planning and monitoring 86–8
planning for individual tasks 87
prioritizing and reprioritizing 88–9
professional 84

hardiness 36
‘healthy worker effect’ 21
home-to-work conflict 36
hope 21, 59
hopelessness, sense of 98
hostility 156
hours of work 39
HSE Indicator Tool 172, 173, 174
humour 143

ideal self 41
inadequacy, feelings of 36
incivility 8
Information Communication
   Technologies (ICTs) and
   recovery 48
informational support 154
injustice, feelings of 156
insomnia 37
instrumental support 51, 154
integrated interventions 170–2
Integrators (work–life balance style)
   45–6
inter-role conflict 35
interpersonal boundaries 22
interpersonal conflict 48, 156
interruptions, managing 89–91
intra-role conflict 35
intrapersonal strategies 21
intrusive thoughts 98

job change 4
job control 7, 153–5, 160
job demands 6–7
job insecurity 6
job satisfaction 7, 11, 12, 19, 22, 35,
   122, 123, 129, 132, 174
Job–Demand–Control–Support
   model 153
Job Warriors (work–life balance
   style) 46

key performance indicators 64
Kolb’s model of experiencing,
   reflecting, theorizing and
   conceptualizing 57

lack of commitment 38
learned helplessness 5
life events, wellbeing and 4
line-manager competencies 175–7
listening skills 132

magnification/minimization 102
meditation 121
memory 38
   faulty 77
mental filtering 102
mentoring 129, 130
meta-cognition 121
mind-reading/fortune-telling 102
mindfulness 39, 41, 50, 52, 110–26
   benefits of 123–4
   case studies 120, 125
   definition 110–11
   emotional exhaustion and job
   satisfaction 122
   importance of 110–11
   recognizing/managing difficult
   emotions 120–1
   reflective practice and 121–2
   responding to stress with 116–19
   role play in 68
   and self-care strategies 124–6
Mindfulness-Based Cognitive
   Therapy 111, 114, 118, 121
Mindfulness-Based Stress Reduction
   (MBSR) 114, 121, 124
multiple discrepancy theory 42–4

needs–supplies fit 153
negative thoughts 99–101, 103,
   106–7
non-evaluative feedback 131–2

open-question enquiry for reflective
   thinking 69–70
optimism 21, 59, 62, 158, 159
organizational change, stress and
   9–10
organizational skills 52
organizations
  role in promoting resilience 169–70
over-empathizing 58
over-generalization 101, 102, 104
overload, feelings of 6
peer coaching 52–3, 128–47, 153
  benefits to coaches 145–6
  case studies 131, 133, 124, 144
context 128–9
definition 129–33
  peak moments 140–3
problem-focused vs solution-focused approaches 138–40
  techniques 138–45
  using strengths 143–5
peer support 52–3
performance management 8
person–environment fit 152, 153
personal accomplishment
  feelings of 129
  reduced 158
personal organizational skills 52
personalization 101, 102, 104
perspective-taking 27, 28
pessimism 62, 158, 159
physical activity 37
physical health 156
positive psychology 11, 12, 19
powerlessness, feelings of 36
presenteeism, stress and 157–8
pressure, definition 3–4
prioritization 83, 88–9
proactive, resilience as 20
problem-focused coping 164
problem-solving 22, 143, 157
problem-solving pondering 48, 49
professional autonomy 66
psychological capital 59
psychological contract 157
psychological health 156, 158
psychological wellbeing, goals and 132
psychosocial hazards 172
Quality Timers, work–life balance style 46
questioning, solution-focused, case study 140
rapport-building 143
reactive, resilience as 20
Reactors (work–life balance style) 45–6
recovery 46–50
reflection see critical reflection
reflective ability 65, 130
reflective communication 25
reflective cycle in adult learning 57
reflective diary 60–2
reflective practice, mindfulness and 121–2
reflective spaces 56
reflective supervision 7, 38, 41, 51–2, 54–61, 151, 153
  definition 56–7
  role of supervisee in preparation for 60–2
  role of supervisor in promoting 56–9
reflective thinking skills 25–6
  case study 26
rescuer syndrome 41, 149–50
resilience 59
  characteristics 18
  in children 65
  definition 16–19
  role of supervisor in promoting 62–4
  social workers and 19–20
  supervisor role in enhancing 64–70
see also emotional resilience
‘resilient organization’, development of 9
resource-drain theory 35
resourcefulness 17
rewards 155
role ambiguity 9, 39
role conflict 9, 34–5
role modelling 51
role overload 9
role play 29, 68–9
case study 29
role stress 9
roles, multiple 34
rumination 47–9

Search for Strengths approach 102–3
self-acceptance 143
self-alienation 40
self-awareness 57, 65, 124, 130
self-belief 143
self-care 11, 171
self-compassion 11, 122
self-confidence 29, 65, 132
self-discrepancy theory 41
self-efficacy 57, 59, 95, 103, 122, 128, 130
self-esteem 17, 144, 150
self-fulfilling prophecy 64, 98
self-image 150
self-knowledge 36, 53, 129, 149, 164, 167
self-monitoring 91–2
self-reflection 25, 36
Separators, work–life balance style 45
sexual harassment 7
sickness absence 99
silence, use of, in supervision 69
sitting meditation 121
sleeping problems 47, 156
SMART goals 85–6
social and relational health 156–7
social confidence 29–30
social skills 28–30
social support 153–5, 160
socially prescribed perfectionism 149
Socratic questioning 69–70
staff turnover 7, 9, 38
stigma, of stress 8–9, 68
strain-based work–life conflict 36, 49
strength-based approach 143–5
stress 55, 94
acute 4
chronic 4–5
definition 3–4
impact of 156–60
physiological response to 5
in social work 6
stigma of 8–9, 68
symptoms of 161
work-related, models 151–3
stress diary 166
stress inoculation 4, 166–7
stress management skills 11, 132
stress reactions, personal 160–2
stress resilience 11
stretch goals 84, 130
supervision 129–30
case studies 61, 63, 67
in promoting reflection and enhancing resilience 56–9
for supervisors 70–1
support 57, 175
surveillance 63
task and target strategies 56
team-level information 171
telescoping 77
TGROW framework, in coaching 145–8
thinking errors 101–8
threat, sense of 94
time, assessment of 76–9
index

time-allocation strategies 79

time-based conflict 36

time diary 79–82, 87, 91
review and analysis 80–2
time allocation to 82–3
time management 52
definition 74–5
importance of 75–6
time-management behaviours 74–92
case studies 76–8
monitoring and feedback 91
resilience practice and 76–9
time diaries 79–83
see also goals
time pressures 38–9
training and development 175
transactional approach to stress and coping 18
transference 66
transition, work-home 49–50
trust 64, 130

UK Health and Safety Executive 172–4, 175
uncertainty management 65

vicarious trauma 58, 122
victimization 156
vitamin model of stress 151
Volleyers (work–life balance style) 46

wellbeing 34, 144
reflection and 56
withdrawal strategies 122
work pressures 38
working health 156, 157–8
working relationships 7–8
work–life balance
case study 42
definition 34
employers’ role in 50–1
individual differences in needs 41–6
integration 41
segmentation 41
style 45, 46
work–life balance wheel 44
work–life conflict 34, 35–7, 51
behaviour-based 36–7, 52
impact of 37–8
in social work 38–41
strain-based 33, 36–8, 48, 52–3
time-based 52
work–life fit, definition 34
workplace-orientated interventions 160
work-related stress
definition 4, 6
sources of 6
work-to-home conflict 36
work-to-life enrichment 39

yoga 115, 121