



Reducing Stress & Stigma During Challenging Times

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Presentation Goals

- ✦ Explore the roles health and human service professionals can play in ameliorating heightened stress and stigma within communities experiencing economic and social distress
- ✦ Discuss how service professionals and service organizations can sustain their health during such periods



Some Basic Terms

- ▼ Stress: A demand for change
 - * Pace of demands
 - * Intensity of demands
 - * Cascade effects: Problem synergy
- ▼ Distress: Demands for change that exceed our personal, family, organizational or community coping capacities
- ▼ Stigma: Mark of social shame or discredit



Relationship between Personal Distress & Social Stigma

- ✓ Manifestations of social stigma rise in tandem with collective distress/fear
- ✓ Such manifestations include:
 - * Xenophobia (fear of outsiders)
 - * Scapegoating (ranging from social exclusion to genocide)
 - * Increase in NIMBY (Not in My Back Yard)



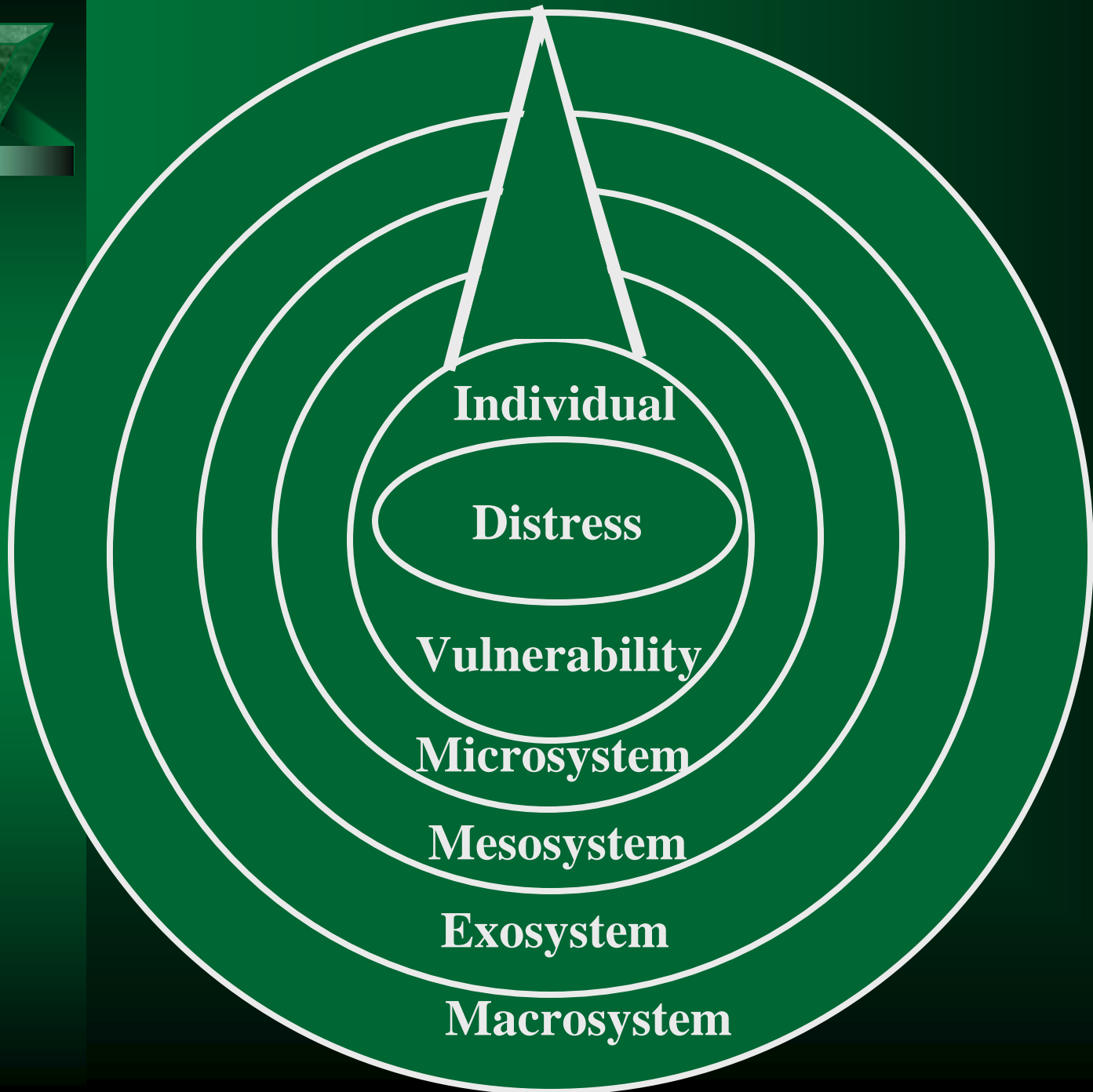
Relationship between Personal Distress & Social Stigma

- ✔ But times of crisis also provide a window of opportunity to break down social stigma and forge new relationships across social boundaries, e.g., disaster response.
- ✔ Factors that influence constructive vs. destructive responses to distress include leadership, vision, values and mobilization of mutual support.



Distressed Ecosystems

- ▼ Distress in one part of the ecosystem increases distress on other elements of the ecosystem.
- ▼ Distress and wellness are both ecologically contagious.
- ▼ Effective responses to community distress must target multiple layers of the ecosystem.





How can we respond to increased community distress?

- ▼ Two Broad Approaches
 1. Doing what we do best: Respond to the personal distress of individuals and families
 2. Lead or participate in larger community or cultural mobilization & renewal efforts



Recognizing Signs of Distress

- ▼ Individuals
- ▼ Families
- ▼ Organizations
- ▼ The community as a whole



Personal Indicators of Distress

- ✓ Health Indicators
- ✓ Excessive Behavior Indicators
- ✓ Emotional Indicators
- ✓ Relationship Indicators
- ✓ Attitude Indicators
- ✓ Value Indicators



Personal Distress & Professional Boundaries

Boundary Issues: Decisions that increase or decrease intimacy in the service relationship.

Detachment

Enmeshment

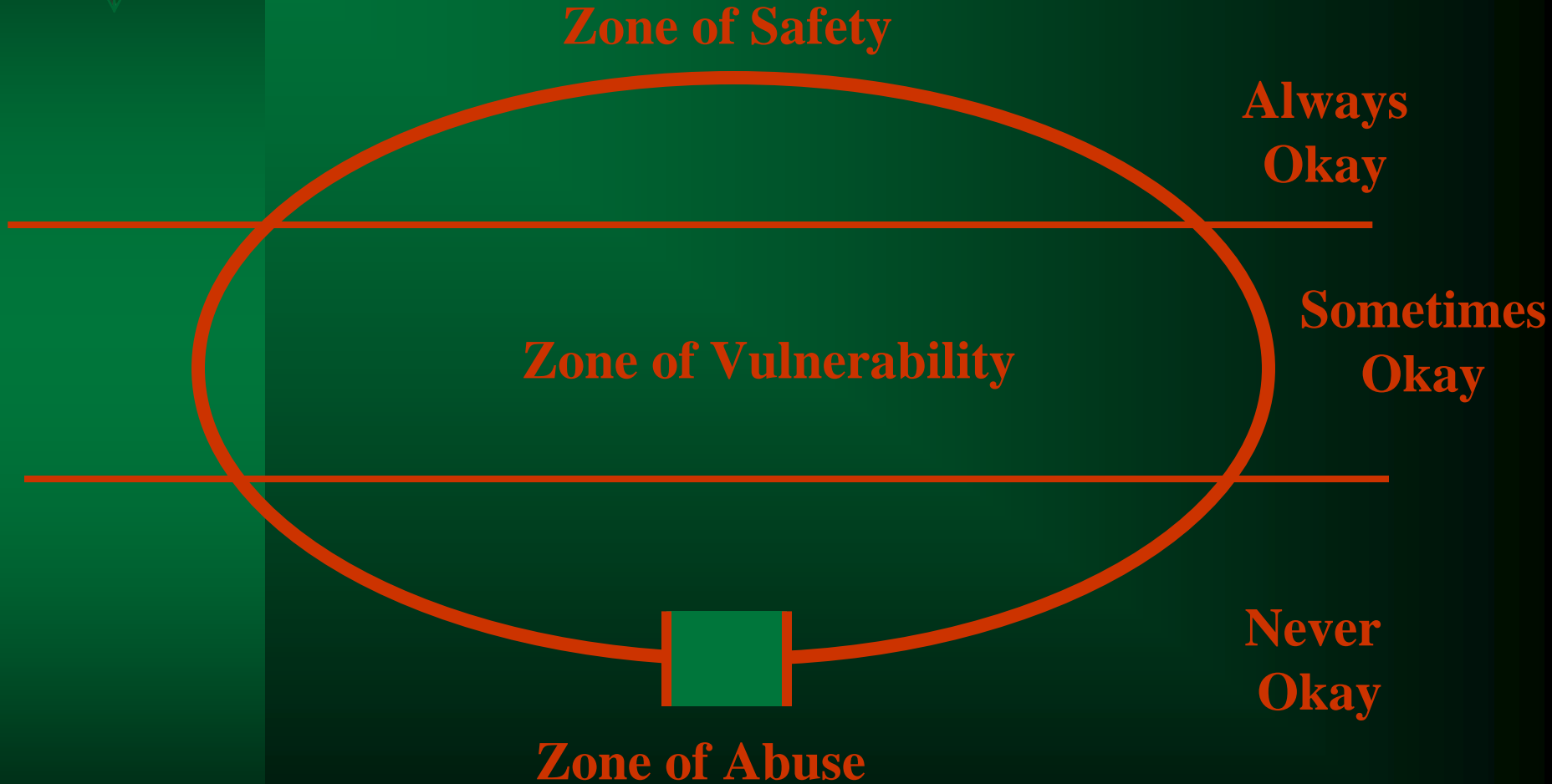
Abuse

Abuse



Boundary

Zones of Safety/Vulnerability





Family Indicators of Distress

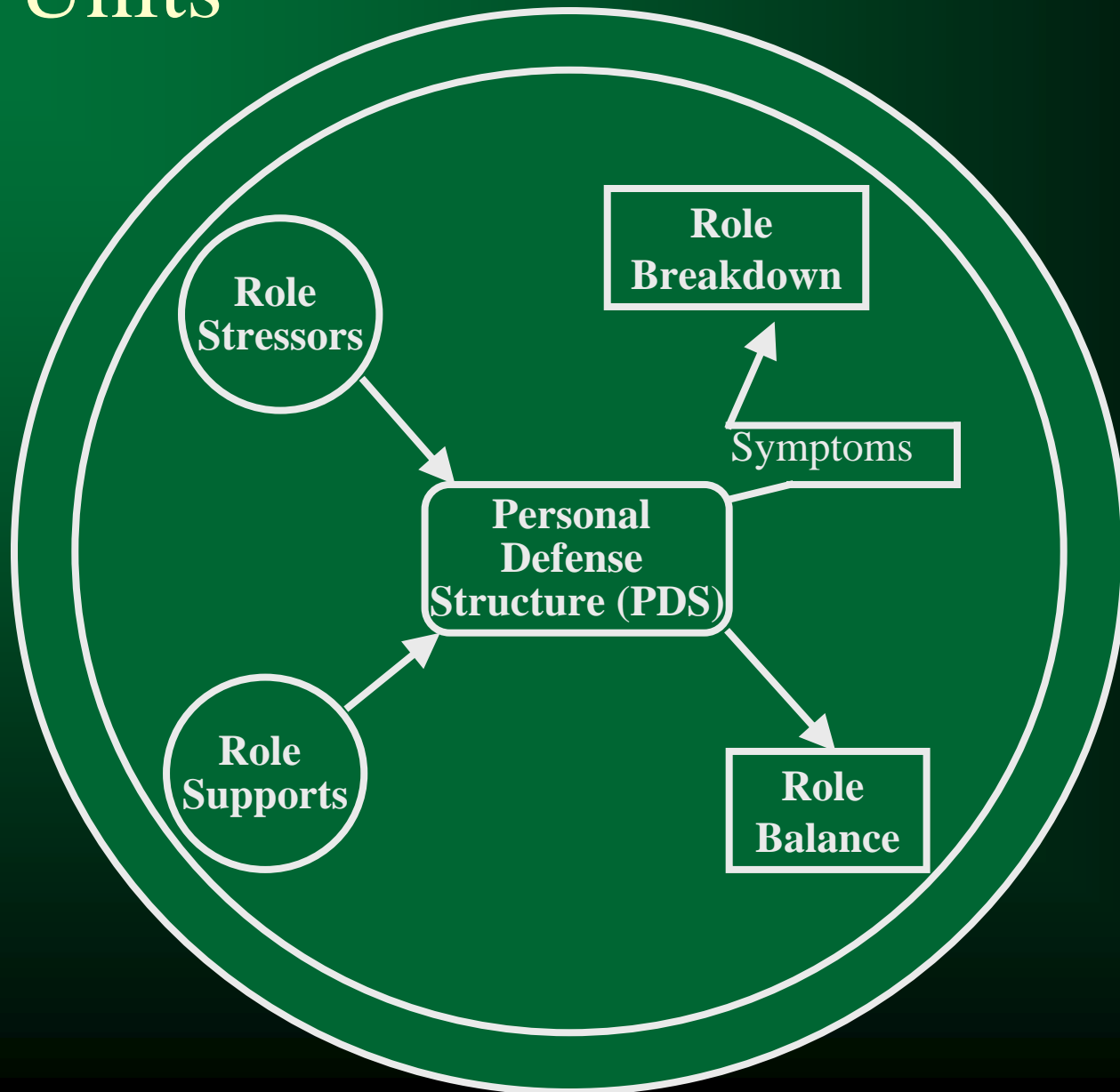
- ✓ Strain in family subsystem relationships
 - * Adult intimate relationships
 - * Parent-child relationships
 - * Sibling relationships
 - * Deterioration or loss of extended kinship supports
- ✓ Disruption in family roles, rules and rituals
- ✓ Shifts in family boundary transactions



Organizational Indicators of Distress

- ✓ Health Care Costs
- ✓ Productivity Indicators
- ✓ Issues in Supervision
- ✓ Employee Turnover (high and low)
- ✓ Deterioration in Professional Peer Relationships
- ✓ Quality Indicators, e.g., service relationships

Distress within Organizational Units





Common Role Stressors

- ✔ Role-Person Mismatch
- ✔ Role Conflict
- ✔ Role Ambiguity
- ✔ Insufficient Role Feedback
- ✔ Role Overload



Common Role Stressors

- ✓ Role Safety Hazards
- ✓ Role Insecurity
- ✓ Role Connectedness Problems
- ✓ Role Termination



Microsystem Interventions

1. Decrease Stressors
2. Increase Supports
3. Strengthen and Support the PDS



Distress and Organizational Health

- ✔ Organizations tend to radically alter their boundary transactions during periods of heightened distress.
- ✔ Can become a closed system as a protective mechanism.
- ✔ Can become porous system in response to rapid change and loss of vision.



Stages of Professional Closure

- ✓ Dogma
- ✓ High Priest and Inner Circle
- ✓ Isolation
- ✓ Homogenization
- ✓ Addiction to Crisis
- ✓ Excessive Demands for Loyalty



Stages of Professional Closure

- ✓ Merger of Personal/Organizational Identities
- ✓ Relationship Casualties
- ✓ Mirroring, Boredom, Loss of Faith
- ✓ Xenophobia and Scapegoating
- ✓ Fear and Paranoia
- ✓ Plots and Conspiracies



Stages of Professional Closure

- ✓ Distancing of Administrative Staff
- ✓ Ethical and Legal Breaches
- ✓ The Fall of the High Priest
- ✓ Breakup of the Organizational Family



Porous Organizations

- ✓ Loss of organizational identity
 - Re-organizations, mergers, takeovers
- ✓ No sense of mission/purpose/core values
- ✓ Weak leadership
- ✓ Weak gatekeeping



Maintaining Health in the Face of Distress

- ✓ Managing boundary transactions
- ✓ Providing sufficient openness to access external resources and respond to needs to service constituents
- ✓ Providing sufficient closure to assure safety, security and team cohesion



Signs of Community Distress

- ✔ Erosion of Economic Infrastructure
- ✔ Physical Deterioration of Neighborhoods
- ✔ Increased Inter-group Conflict
- ✔ Rapid Population Shifts
- ✔ Increased School Failure, Crime, Violence
- ✔ Increased Help-seeking



Community-level Interventions during Times of Social/Economic Distress

- ✔ What is the role of the health and human service agency in responding to global distress within the community it serves?
- ✔ Such agencies are uniquely qualified to help mobilize community-level responses to such distress.



Concepts to Help Assist Distressed Communities

▼ Resilience

▼ Resistance

▼ Recovery



Resilience

- ✓ The capacity of individuals, families and communities to respond to threats to their survival and health
- ✓ That capacity does not ensure survival or health if those resources are not activated.

Key Question: What internal and external resources can be identified and placed in a state of readiness?



Resistance

✓ Acts of individuals, families and communities in response to threats to survival and health

1. Alarm Stage
2. Stage of Resistance
3. Stage of Exhaustion

Key Question: How can internal and external resources be mobilized?



Recovery

- ✔ Process through which individuals, families and communities repair their wounds and move beyond sickness to global health, citizenship and increased community cohesion.

Key Question: How can the strengths mobilized in response to crisis become permanent features of personal, family or community character?



How We Can Enhance Resilience, Resistance & Recovery

▼ Outreach

▼ Inreach

▼ Community Building



Outreach

- ✔ Extending the influence of the helping organization into the larger community
- ✔ Viewing the community as the “client”
- ✔ Moving beyond individuals and families to work with key organizations, neighborhoods and community coalitions
- ✔ Organizational acts of community service



Inreach

- ✔ Involving the indigenous resources of the community within the life of the service organization
- ✔ Increased partnering with businesses, civic organizations, churches, schools, etc.
- ✔ Increased use of volunteer resources
- ✔ Increased mobilization of peer recovery support services



Community Building

- ✓ Mobilizing latent strengths within the community
- ✓ Coalition building
- ✓ “Counseling the community” (expressing optimism and hope, sharing success stories, celebrating collective action)



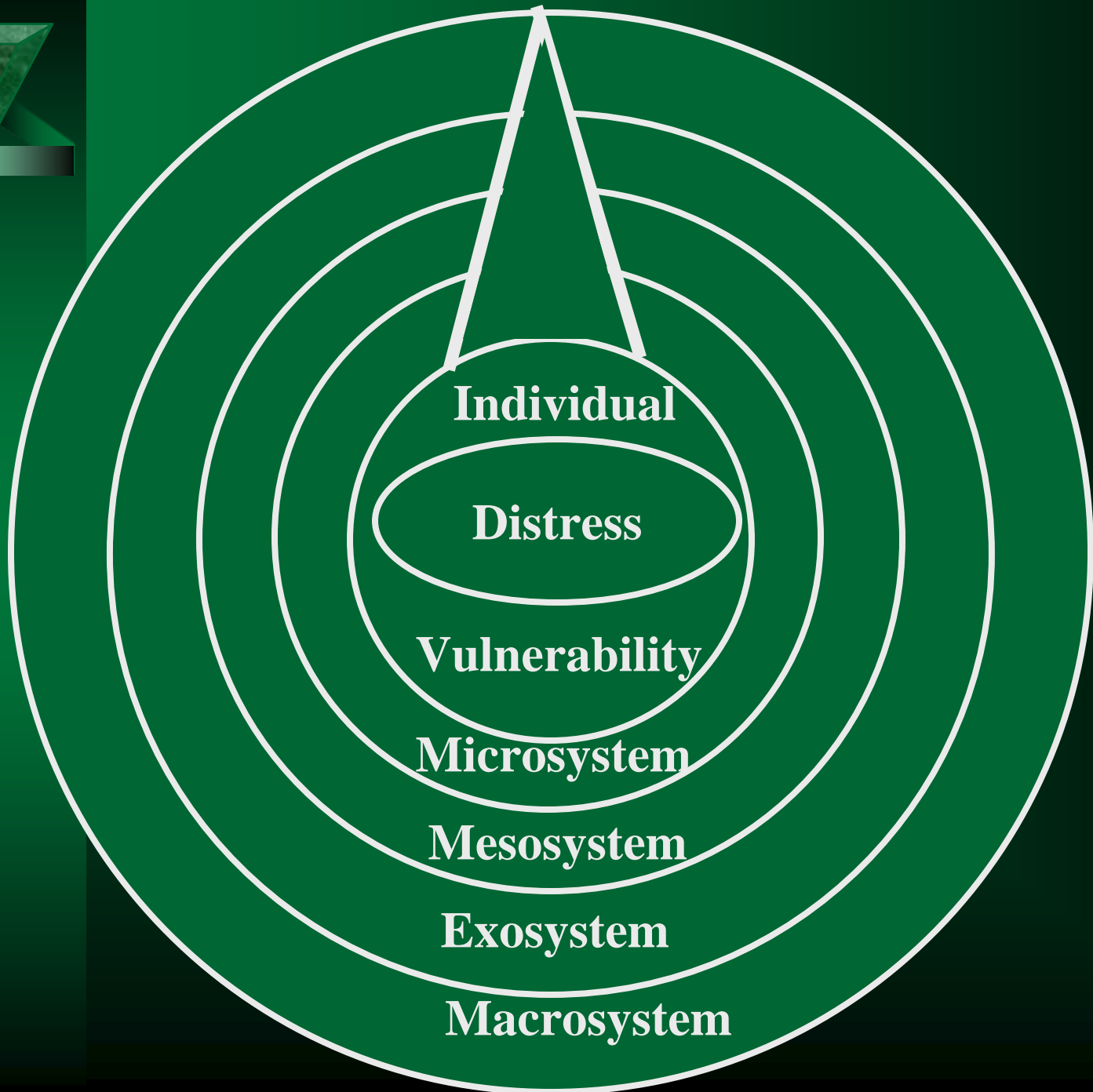
Summary

- ✔ Times of heightened distress within local communities provide opportunities for local health and human service agencies to heighten their response to the needs of individuals and families and to serve the community as a whole.
- ✔ Achieving those opportunities requires maintaining organizational and professional health.



Keys to Maintaining Personal Health during Sustained Periods of Distress

- ✓ Centering Rituals
- ✓ Mirroring Rituals
- ✓ Acts of Self-Care (Responsibility)
- ✓ Unpaid Acts of Service





Closing

- ✔ To respond to community distress, we must rise above our own parochial concerns (e.g. potential funding cuts) and find ways to help the community respond as a community.
- ✔ The best antidotes to distress are community cohesion, collective action, mutual support.
- ✔ We can advocate and model that solution.
- ✔ We can only do that if we as a field take care of ourselves personally and collectively.