

## THE EFFECTIVENESS OF A TRAINING PROGRAM

### TO DEVELOP SELF-CARE SKILLS, AMONG A SAMPLE OF SOCIAL WORKERS IN PALESTINE

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**Abstract**—The study aimed to identify the effectiveness of a training program, in developing self-care skills, among a sample of social workers. The sample consisted of forty male and female social workers; they divided randomly into two equal groups, Experimental and controlled, the Experimental group those who received the training program, and the control group, those who did not receive it. To answer the questions of this study, means, standard deviations, independent samples T-Test, and paired samples T-Test calculated. Results showed significant differences in self-care skills, between experimental and control groups in favor of experimental groups; this result indicated to the effectiveness of the training program, in provide the social workers with an opportunity to practice various skills. Also, helping them to Dell more efficiently with their clients who are in Need of their intervention. Based on the results, the researcher made some recommendations for counselors, decision-makers, and institutions related.

**Keywords**—*Profession of social work - social workers – self- care*

#### Introduction

Social workers encounter several unique forms of occupational stress daily. The more thoroughly they understand the stressors they face; the better-prepared social workers will be able to manage them successfully. Self-Care in Social Work is a guide to promote effective self-care tailored to the needs of social workers, including both individual and organizational approaches. On a personal level, it goes beyond the typical prescriptions to exercise, eat well, sleep more, and get a massage or meditate. Is

based on the premise that self-care should not be an add-on activity only happening in the rare instance there is some free time. Instead, it conceptualized as a state of mind. Also, considered an integral part of a social worker's training (Kathy and -( Cox, Steiner and LCSW, 2013). Those entering social work, and all related fields, as well as already deeply involved, must be educated about its toll and prepared to address and prevent the depletion it causes. This study provides valuable insights for all who carry complex and divergent responsibilities. To identify three major root causes of burnout compassion fatigue, countertransference, and vicarious trauma—and defines creative strategies for individual self-care opportunities. This resourceful guide offers clarification direction. In addition, an opportunity for reflection to help professionals, in social work, related fields, beyond find balance in their personal and professional lives. As well, as ease work-related stress better serve clients. Moreover, in this way, achieve professional equilibrium; success, and personal fulfillment (Smullens, 2018). Besides, Social workers suffer in their various work fields, from several pressures that may cause by their professional interfering in many problems, and the remnants of relationships. They always need to develop their self-care skills and this may lead to supporting their clients, also, they adapt to their different living stresses. This study aimed at presenting, a training program for developed the capabilities of specialists and supporting their self-care skills.

#### Research questions:

1- What is the level of self-care skills among a sample of social workers working in deference fields?

2- What is the effectiveness of a proposed training program in developing self-care skills among a sample of social workers?

**Importance of the study:**

It Tried to reach beneficial results for specialists in the field of social work, psychological, counseling, and to process those benefits consulting institutions offices in seeking the help of applying the recommendations and proposals reached by the study.

**Objectives of the study:**

- Identify the level of self-care, Consequential from working in deferent social work fields.
- Presenting a proposal-training program to develop self-care skills among the chosen sample.
- Create staff knowledge to contribute actively to participate in helping the community.
- Help the helper to overcome stress and job combustion accrued by deferent social Stress.

**Limitations of the study:**

The study adhered to the following determinants:-  
It is known that each study has its specificities, which reflect the degree of accuracy and commitment to the study methodology in general, and these limits can be explained through the following axes:-

**1-Time:** The study conducted in January until the end of April 2020.

**2- Human:** The researcher applied the study to a random sample of social workers in the field of social work from various social work institutions

**3-Place:** Gaza city

**Previous studies:**

**- Figley and Bride study (2017)**

The study discusses the special challenges of social workers working with clients who live with the traumatic effects of disasters—both natural and human-caused or human-contributed, war combat, HIV/AIDS, and substance abuse. Noted that far more research, education, and practice innovation should be devoted to compassion fatigue. The study ends with a final plea not only for such attention but for also standards of self-care in addition to standards of professional practice.

**-R Bloomquist, Wood, Trainor, and Won Kim study (2016)**

This study explored the effects of self-care practices and perceptions on positive and negative indicators of professional quality of life, including burnout, secondary traumatic stress, and compassion satisfaction among MSW practitioners. Results reveal that while social workers value and believe self-care is effective in alleviating job-related stress, they engage in self-care on a limited basis. Findings indicate that MSW programs and employers do not teach social workers how to effective engage in self-care practice. Provides insights into the types of activities practiced and not practiced by MSW practitioners, and identifies gaps between perceived value and effective teaching of self-care. Implications exist for social work educators, employers, and the potential to support a healthier, sustainable workforce.

**-MSW and A. Walsh, study (2011).**

This study demands placed on human service workers in supporting people through challenging circumstances that can contribute to high levels of stress and burnout. Self-care practices implemented regularly may decrease the impact of the high levels of stress while also serving as strategies for coping during particularly stressful times. Also used a multimethod study to examine the effectiveness of eight weeks of contemplative practice training in increasing self-care, awareness, and coping strategies for 12 human service workers. Paired t-tests conducted on pre- and post-training showed that significantly increased and that stress significantly decreased over the intervention. A meditative model presented to illustrate how enhanced awareness through mindfulness practice can increase self-care, which can. In turn, positively affect the service human service workers provide to their clients.

**-Lloyd, King, and Chenoweth study. (2009)**

This study defined Stress and burnout for health care professionals who have received increasing attention in affected the role of workers and the responsibilities they expected to assume. Most writers

suggest that social work is a highly stressful occupation, with stress deriving in particular from role conflict between client advocacies and meeting agency needs. This study reviewed the social work literature with two questions in mind: Are social workers subject to greater stress on other professionals. Besides, what factors contribute to stress and burnout among social workers? The study found that most of the literature was either anecdotal or compared to social worker stress with general population norms rather than with stress levels of workers in comparable professions. Such empirical research as is available suggests that social workers may experience higher levels of stress and resulting burnout than comparable occupational groups. Factors identified as contributing to stress and burnout included the nature of social work practice, especially tension between philosophy and work demands and the organization of the work environment. There was some evidence that supervision and team support are protective factors.

#### **-Miller and LCSW study (2008)**

The purpose of this study was threefold: (a) to explore current conceptualizations of self-care; (b) to provide a clear conceptual definition of and an applied framework for self-care; and (c) to explicate the utility of this framework for social work practitioners, students, educators, and social service agencies' supervisors and administrators. Self-care is widely recognized as critical to social work practice, yet little empirical support or practical guidance exists in the literature to steer social workers in its implementation. Self-care may not only be crucial in preventing secondary traumatic stress, burnout, and high staff turnover, but it can serve as a means of empowerment that enables practitioners to proactively and intentionally negotiate their overall health, well-being, and resilience.

#### **-Ben-Zur and Michael (2008)**

The purpose of this study was to compare stress appraisals, coping strategies, social resources, and burnout at work between social workers,

psychologists, and nurses; and to assess the effectiveness of appraisals and support in reducing burnout and enhancing effective coping strategies. Questionnaires containing assessments of work stress appraisals, coping strategies used to deal with problems at work, and social support at work, as well as burnout measures of exhaustion, depersonalization, and accomplishment completed by 249 female professionals (age range 25-61). No differences observed between the three professions on most psychological measures, except for the depersonalization outcome of burnout, which was significantly lower among psychologists than among nurses or social workers. High challenge/control appraisal of the job directly related to all burnout outcomes, contributing to less exhaustion and depersonalization and more personal accomplishment. The challenge/control appraisal was also negatively associated with emotion-focused coping. By comparison, the stress/load appraisal contributed to more exhaustion at work, while emotion-focused coping contributed to higher depersonalization. Social support was associated with higher challenge/control appraisal, with the latter mediating support effects on burnout. These data suggest that the perception of challenge/control in one's work may be an important factor in preventing work burnout in the three professions tested in the Study.

#### **Comment on previous studies:**

Previous studies provided an opportunity for the researcher to benefit and learn about the luminous aspects in the use of training programs and different models in alleviating self-care skills; also, previous studies differed with the current study in providing another perception based on training programs in mitigating the social worker's burnout.

#### **The theoretical background of the study:**

##### **The profession of social work**

Social work is a special kind of work; persons who are specifically train to do this perform this work. Besides, it specialized in Education training for social

work. The social workers are equipped with some special kind of scientific knowledge and technical skills. It develops among them a democratic and humanitarian outlook and orientation. In addition, Social Work adopts the required strategy according to the nature of problems it deals with. It may lie in the personality structure for any person who faced some problems. In the equalitarian and unjust social system of which he/she is a part Strategy used in social work. Besides, it may introduce changes in the personality structure of a person who faced some obstacles. As well as a system of Social work promotes human and social development, ensures fulfillment of human rights, and guarantees the performance of social duties, obligations towards family members. People in the community and some members of the society may accept compensation for the work done either from those who engage. At times, moved by altruistic considerations a trained social worker may be seen providing services absolutely in an honorary manner (Jhala, 2016).

Herbert Bison "1952" defines it as the process by which services can provided to help individuals either alone or in groups to overcome current and independent social and psychological obstacles that hinder or are likely to hinder their full and effective contribution to society. (Sarhan, 2006, p. 84) in the annual book of social work in America mentioned in 1954 that social work is "a professional service provided for people, to help them, as individuals and groups, to reach relationships that they feel comfortable with. In addition, they raise the levels of living consistent with their desires and capabilities. It defined by "Walter Fred Lander" "service Professional based on scientific facts and skills in the field of human relations, whose purpose is to help individuals as individuals or in groups, to achieve personal and social well-being. Also to develop their capabilities to direct their affairs themselves and the exercise of this service within specialized social institutions or related institutions, so that social service becomes a

complement to that activity Institutions. (Khater, 2009, pp. 130-133).

The National Association of Social Workers defined the social work as the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social Work practice consists of the professional application of Social Work Val principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve processes. The practice of Social Work requires knowledge of human development and behavior; of social, economic, and cultural institutions; and of the interactions of all these factors (Jhala, 2016).

The National Society of Social Workers also considered the profession of social work as a profession that exists to provide effective social services and human services to individuals, families, groups, local communities, and the larger community, to help improve social employment and improve the quality of life for people in society. Whereas the International Association of Social Workers has defined social service as professional activities that are directed to assist individuals, groups, and societies to change or restore their ability to social employment and deal with social situations in a desirable way to achieve their goals (Al-Suruji, 2009, p. 19 ).

#### **Social workers:**

Persons prepared scientifically, and practically to practice the profession of social work. Through-specialized colleges and institutes. The practitioner and the profession both closely related to the other. Therefore, the practitioners entered their ways, of living and their ability to make decisions. According to the profession's position in society. In a way to achieve the degree, of self-esteem, and its appreciation and its degree of self-affirmation is the

source of psychological satisfaction towards the job they perform (Al-Mabhouth, 2000 AD, p. 144). **In addition**, their roles with multiple individuals and groups are multiple to meet individual's needs, through the nature of the interaction between the social worker and the individuals. In addition to the confrontation between members of the groups. As the group has a power of influence in the culture of the individual, and through it, the cultural aspects developed. Then taught him how to deal with others, because it does not gain the desired behavior and develop His creative, physical, mental, social, and psychological capabilities, such as the need to feel security, stability, emotional equilibrium, self-control, love, and freedom from fear and anxiety, and then develop his ability to make the right decision and confront his problems. (Hasan, pp. 133--133). Perhaps the intended interaction here is that process by which the interconnection between individuals, groups, and institutions in society can achieve, whether in the means or ends and consequently an amendment in behavior and functions. The interaction often called the concept of a face-to-face relation. Parsons and sheds define interaction as Behavior oriented towards achieving specific goals and objectives that result in satisfying the drive to behavior, and Max V considered that the basic unit of analysis of society is the active person. (Abdel Latif, 2008, pp. 84-85) Also, there is a theory that explains interaction as well, which is the theory called the social exchange, it comes to satisfies a set of concepts about the nature of the interaction between human groups, and indicates that the interaction in its simplest form. It based on the idea of exchanging costs and rewards as people in the general trial through their interactions. Also, their performance of life activities to reach the highest possible level of reward. Moreover, to reach the costs to the lowest possible extent. as all human behaviors are affected by the desire of individuals and their endeavor to satisfy their needs satisfactorily and by exchanging services such as a doctor who provides health services to community members and in the

same time needs to purchase vegetables and fruits from stores (Suleiman Abdul Majeed, 2005).

#### **Self-care:**

Is a widespread term in modern mental health issues, and people are making an increasing effort to maintain their well-being. Staff care works at its best to relieve stress, lead a healthy lifestyle, and prioritize happiness in life. Self-care can be expensive, which makes many people distract themselves from activities that enhance their mental health. (vostesh, 2020) In *Self-Care in Social Work*, taught how to approach individually oriented self-care through the development of self-awareness, self-regulation, and self-efficacy. At the organizational level, it is a process of learning about areas of match and mismatch between themselves and their agency structure and culture. Also timely, in that the economic downturn has put pressure on agencies to do more with less, which ultimately leads to stress. Burnout, compassion fatigue, and vicarious trauma are topics that instructors, practitioners, and administrators are concerned. (Kathy, 2013).

Moreover, Self-care is an essential social work survival skill. It refers to activities and practices that can engage in regularly to reduce stress, maintain, and enhance our short- and longer-term health and well-being. It is necessary for effectiveness and success in honoring professional and personal commitments. Dean Nancy Smyth describes it just as the person does on a plane; you need to put on your oxygen mask first before trying to help others. (Lisa, socialwork.buffalo.edu).

#### **Practicing self-care will help to:**

-Identify and manage the general challenges that all hard-working professionals face, such as the potential for stress and burnout or interpersonal difficulties.



- Achieve more balance in your life, by maintaining and enhancing the attention you pay to the different domains of your life in a way that makes sense to you.
- enhancing your overall well-being. There are common aims to almost all self-care efforts:
- Taking care of physical and psychological health
- Managing and reducing stress
- Honoring emotional and spiritual needs
- Fostering and sustaining relationships
- Achieving an equilibrium across personal and work lives. (Jackson, 2014).

Eileen A. Dombó & Cathleen Gray (2013) presented A Self-Care Model, shown that vicarious trauma results in great personal and professional costs for social workers. Therefore, the social work profession must obligate to their members, and those they serve, to ensure that those providing mental health interventions are functioning optimally; Burnout and vicarious trauma prevent workers from functioning at maximum capacity. In addition, social workers are particularly vulnerable to burnout with spiritual dimensions in the form of questioning the meaning of work, loss of purpose, hopelessness, and internalizing the suffering of their clients' trauma. Spiritual practices have often been engaged to lessen the effect of trauma and facilitate personal and professional growth. So Social workers can re-engage with the meaning of their work through concrete spiritual practices that improve their ability to sustain the amount of emotion involved in working with Clients. A self-care model presented to help individual workers address the impact of the work, and organizations to address the environmental and cultural contributors to vicarious trauma. This model will integrate spiritual practice and present specific spiritual self-care meditation practices. Regardless of practice area or population, social workers will engage with individuals, families, communities, and populations with histories of work. Research shows that 50% of people experience some form of traumatic stressor in their lifetime.

### **The study methodology:**

The researcher relied on the semi-experiment method and used a random sample consisting of forty social workers in the field of social work. Witch distributed on Number of institutions: (world vision – war child –Palestine Red Crescent society -Gaza Community Mental Health Program / Community Training Center and Crisis Management / Palestine trauma center), also the methodology based on providing material and training program to them. In an attempt to integrate between the theory and the psychosocial field. Chosen the way of linkage between the theoretical side and the community. To enable them to dell more efficiently, with their needy self-care skills. Besides, to provide them with therapeutic techniques, such as reframing or redefining a Problem scenario also using paradoxical interventions.

### **Findings:**

#### **A-Statistical methods**

The researcher used the SPSS program to extract simple iterative tables, percentages, and subjected. The data to interpretation and qualitative analysis in proportion to the aim of the study.

**B-To answer to the first question:** - What is the level of self-care skills among a sample of social workers, **the** researcher designed a toll for a short questionnaire (self-care) Witch consisting of (22) items, then there was a key for the toll graded from (1-5) (never –sometimes – often – frequently- always). Also, applied it to the sample, which was forty male and female social workers. Witch, they divided randomly into two equal groups, Experimental and controlled group, the Experimental group was twenty social workers who received the training program, then the results showed in table No.1. Witch indicates that the means of the sample answers on the questionnaire witch was 1.2500, the rest of the tool's sentences were as in the mentioned table.

**C-the equivalence test** to the control group and the experimental group

The researcher conducted a two-group parity test and verification before conducting the training program by calculating the results of the T-Test for two independent samples, the experimental group and the control group. He conducted the homogenization test for Kolmogorov to identify the nature of the distribution of data as in Table No. (2) Witch Indicated to the significance level was, .010, and the percentage was greater than the significance level of (.05), therefore, the data follow a normal distribution. Then the researcher conducted a T-Test for two independent samples, and the value of the significance level was 489, which is higher than the value of the significance level (05), which indicated that the two groups are homogeneous, as shown in Table No. (3).

**D- To answer the second question:** - What is the effectiveness of a proposed training program in developing self-care skills among a sample of social workers? The researcher applied for the following program on the chosen sample.

#### **The Training program:**

The training program follows the style of participatory, based on the linkage between the participants, to involve them in the training process. Start to know their self-care level, before the training. Through a questionnaire as shown in Table no.1, it will use later in the process of assessment and evaluation (Pre & post-test). The purpose of this training was to provide participants with an opportunity to practice various skills, principles in the social work field, to enable them, Dell, more efficiently with themselves. Besides, learn how they support each other. Moreover, the training improved the quality of the professional Intervention; develop their wellbeing, relationships, with their families and the surrounding environment. The training procedure split on eight days divided on two months, two days weekly, and 6 hours per day, a total of 48 hours for the entire event. Also, divided into 24 sessions throughout the training

Days "three sessions a day". Used the mechanism of brainstorming and stimulate the participants to interact over the training hour's contribution. This in addition to the division of the participants during the training sessions through participatory working groups.

#### **Training methodology:**

Training sessions focus on building the capacity of participants. Besides, enable them to some of the skills necessary in self - care at the applied level. The training split on eight days of training 6 hours per day and a total of 48 hours of training, that training session length is two hours including breaks and as three sessions a day and the number of 24 sessions throughout the training period.

#### **Purpose of the training:-**

- to teach the participants How to release their stress, to think of ways on how they currently manage and cope with stress in their life.
- to help them to reduce stress harmful effects.
- Provide the facilitators with techniques that help in reducing anxiety and stress ( J. McV, 2016).
- Improving their skills and knowledge with the theoretical side of the field.
- to help the Participants to overcome stress and job combustion. "Help the Helper"( Youguo, Liao, Mingyou & Jianping. (2008).
- to let them know some Therapeutic techniques like "Repetition the story - Art Therapy - play therapy – EMDR -peer support, palliative care, placebo (I shall please) ". (Duan, 2012).
- to enhance coping and promote resilience both personally and professionally. ( Warren . 2011 )

#### **Participants and Attendance:**

A group consists of Twenty random male and female social workers, including five social workers from every institution from the following institutions:-  
( world vision – war child –Palestine red crescent society - Gaza Community Mental Health Program -

Community Training Center and Crisis Management - Palestine trauma center).

### **Training sessions and Opening:**

#### **Day 1**

Training sessions were opened with an ice breaker, that required from the participants to Stand up and asked for moving their face( left, right, up and down ), after hearing the voice of The trainer. , when he spokes right they turn their face left "in the opposite direction". The first session Opened by welcoming the participants. Then asking the participants To introduce themselves", and establishing the ground rule " respecting, Confidently, ....etc.." and then the training process began with identifying training needs before determined the training and adopted a Training flexible approach to activate the role of all the participants in the Training process through the activities. Methods and techniques of training adapted the Individual differences. Then -shown two movies "The wall of silence - women tea" to Learn about the conditions and the suffering of different cases and there is an oriented Discussion.

Then asked the participants to divide themselves into five groups, for doing an Activity. Each group makes a role-playing display, and five models found with three theatrical Sketch for discussion. , The group presented the result of their Discussions, and the rest of the participants contributed their comments on each of the Presentations, jointly by the participants with a review of the technical proper act and the technical error act, and discussed to use the mechanism of brainstorming and stimulate the participants to interact over the training session. In addition, the session included Introduction, to identify "what is a family intervention / when and why we use the family Intervention / explain different types and forms of families / domestic violence / Family Dissociation/appearances of marital stability". Then started another activity with divided the participants into five groups with oriented discussion ended by Break with a song "baby doing grocery shopping ".

#### **Day 2**

The training session opened with an icebreaker, with a visualization exercise. That required the participants to play ball. Then starting to ask them to go outside the training hall. (" Restaurant Garden", started to make a circle and every participant threw the ball to his Colleague saying his / her name then opened the session by welcoming back the Participants and started the day by showing a movie entitled "I want to live" as a case study and there is an oriented discussion. Then they asked to divide themselves into five groups. , each group discusses a writing case study and then presented the result of their discussions. The rest of the participants contributed their comments on each of the presentations. Also to learn a mechanism to deal with different types of intervention. Then displaying the case of the "bottles hit". General free debate and there is an oriented argumentation, followed by mind and body music. Then PowerPoint displayed "Theories in therapy/techniques used in interventions / The Genogram / the eco-map as a graphic way of organizing the mass of information gathered during a family assessment and finding ". identify to participants the Professional Techniques, of " problem-solving patterns, general practice in social work, the role theory, focus of the task theory, Functional theory with explaining the patterns in the family system for more targeted treatment for the lives of children affected by the conflict beside the therapy skills that developed in-depth interaction.

#### **Day 3**

The training session opened with an icebreaker. Required from the participants to play, "Smile's animals" by asking them to go outside the training hall." Went to The Garden" started to make a circle; every participant looks at left and right. His / her colleague, listening to the instructions, of the trainer. when he indicated to any participant to say "monkey", his / her colleague must look at him/her with sit-downing, started to drumming, when he say elephant they well put their hands on their noses, when he say



giraffe they well raise their shoulders. Then opened the session by displaying PowerPoint about Family therapy strategies, which improve the problem-solving model and develop family functions with Practice case study discussion in casework. Then there was an open discussion about children's Problems like "stress, anxiety, loss, and coping mechanisms. Then shown a video included a small number of cases from in Bethlehem Hospital for Mental Health. It was a discussion of case study to deepen understanding and enhance participation skills and argument and discussion included. Then open debate with participants on how to reduce anxiety and stress.

#### **Day 4**

The training session opened with an icebreaker, then the visualization exercise that was required from the participants. they play with the ball again by asking them to go outside the training hall "they went to the Garden", started to make a circle .then every participant well submit a game using the ball to his / her colleagues saying the name of this game, and started to play, 16 models were found. Then opened the session with an open discussion about the human needs and forms of stress in some individual and group cases. Then started to display PowerPoint included some therapeutic techniques like "repetition the story - art Therapy – weaken of eyes movement – palliative care, placebo ( I shall please ) " – play therapy - Intervention in crises and disasters – Ethics of social worker and psychologist.". Then asked the participants to divide themselves into four groups, each group discuss a case study from the safety house association for battered women in Gaza then presented the result to enable participants to identify the critical analysis of the mechanics of violence. Then the participants asked to do an exercise for depriving by free drawing session using wood colors and clay, allowing them to express. Then evaluation questionnaire to measure the impact and the difference caused by the training and closure.

#### **Day 5**

The Training sessions opened with an icebreaker that required from the participants "one of them raise a pen to the top. The others clapping loudly in a circle / required to line up alphabetically by first name or nice name without talking, then opened the first session by welcoming the participants, asking the participants and trainees to introduce themselves", and establishing the ground rule "respecting, confidently, .etc..." Then the training process began with identifying trainees with three-position for psychosocial support (psychosocial first aid – intensive psychosocial support - Specialized support) and starting an activity with a discussion. After the discussion there was a movie, not to forget" and there is an oriented discussion, then they asked to divide themselves into four groups. Each group makes a role-playing display, and then four models found for discussion, the group presented the result of their discussions. The rest of the participants contributed their comments on each of the presentations. Jointly by the participants with a review of the technical proper act and the technical error act. They discussed, also the session included identify referral techniques and signs of distress in a child and make decisions on the potential need for additional support based on their observations, identify cause stress reactions and psychosocial problems. Moreover, started activity with oriented discussion.

#### **Day 6**

The training session opened with an icebreaker, the visualization exercise that was required from the participants. They ask to repeat loudly the first word/s that came to their mind. when they hearing the word," stress " .then the session opened by welcoming back the participants and started to ask about themselves and to do an exercise to examine the level of their stress then identify techniques on how to manage stress, learn healthy coping strategies, identify how they would also reflect these techniques when dealing with stress. Besides, asked the participants to divide themselves into four groups, each group discusses an Activity and four models found for discussion and the

group then presented the result of their discussions, and the rest of the participants contributed their comments on each of the presentations. Also to learn a mechanism of dealing with the stress. Moreover, they knew the different types of, Anxiety, Extreme stress, Depression, PTSD symptoms. Ways to adapt with .also the groups divided for activities related to the symptoms of stress and in ways that adapt and then argument and discussion included common in children especially in conflict areas and wars, learn techniques on how to reduce child's anxiety and stress. Then the participants asked to do an exercise for depriving by free drawing session using Gouache colors and clay, allowing them to express. Then evaluation and closure.

#### **Day 7**

Training sessions opened with an icebreaker that required from the participants to stand up and asked for moving their face left, right, up and down, after hearing the voice of the researcher. When he spoke right they turn their face left " in the opposite direction", Then Opened the first session by welcoming the participants, asking the participants And Trainers To introduce themselves ", and establishing the ground rule "respecting, confidently....etc.." and then the training process began with identifying trainers' needs Through a questionnaire before to determine and checking the level of stress. Methods and techniques of training adapted the Individual differences. Then shown 2 movies (The wall of silence " 5 minutes" - women tea " 4 minutes") to Learn about the conditions and the suffering of different families and there was an oriented Discussion. In addition, the session included Introduction to identify "what is psychological support, when and why we use it, identify different types and forms. Also identifying trainees with three-position for the psychological support: (psychological first aid – intensive psychological support - Specialized support), identify referral techniques, signs of distress, and make decisions on the potential need for additional support based on their observations. Then identify

cause stress reactions and Started the first activity, with divided the participants into three groups, for " the plastic cups exercise "witch giving every group a plastic cup split into two pieces, then asked them to reassembled with glue, then trying to put water in it with oriented discussion after. Then every group presented the result of their Discussions, and the rest of the participants contributed their comments on each of the Presentations. Jointly by the participants with a review of the technical proper act. In addition, the technical error act used the mechanism of brainstorming. Also, stimulate the participants to interact over the training session. Ended by Break with a song, "baby doing grocery shopping ". Then the Training session opened again, with an icebreaker. "Visualization exercise" that required from the participants. Playing with the ball started to make a circle. Then every participant threw the ball, to his Colleague. Saying his / her name, then opened the session, by welcoming back the Participants, and started with an activity. divided the participants, into three groups for open discussion, witch talk about the causes of stress "Common indicators" then every group presented the result of their Discussions, and the rest of the participants contributed their comments on each of the Presentations then there was feedback from the trainer. The third activity for the first day done. "Do it and do not do it" with a lot of advice. then the relaxation session is done," the space-ship" asking the participants, to close their eyes, and prepare themselves for an imaginary trip. Collecting their pains, sorrow, etc. Putting it in a bag then started the trip to safety place leaving the bad bag there and taken a beautiful bag instead than coming back to the training hall and opening their eyes with a sweet smile.

#### **Day 8**

The training session opened with an icebreaker. Required from the participants to play "Smile's animals" another time. By asking them to make a circle, .every participant looks at left and right to his / her colleague. Listening to the instructions of the

trainer. When he indicates to any participant to say "monkey", his / her colleague must look at him/her with sit-downing and started to drumming, when he says elephant they well put their hands on their noses, when he say giraffe they well raise their shoulders. Then shown a movie (want to live "7 minutes") to Learn about the conditions and the suffering of different families and there was an oriented Discussion. Besides, the session included questioner to do an exercise to examine the level of their stress then identify techniques on how to manage stress, learn healthy coping strategies, and identify how they would also reflect these techniques when dealing with a stressed curve. Then the fourth activity," think and imagine" done, by asked the participants, to divide, themselves into seven groups. Each group consists of two participants, to discuss five personal achievements, and then asked them to talk about every achievement. Then presented the result of their discussions. The rest of the participants contributed their comments on each of the presentations, jointly by the participants with a review of the technical purpose from the exercise witch was planting the achievements rather than failures. Ended by Break with some fun games like " black magic, where is my mobile ...etc.", Then opened the middle session by displaying PowerPoint about CBT strategies, that improve their knowledge about the stress, coping mechanisms. Then It was a discussion of deepen understanding of their responses about events and enhance participation skills to control their responses by controlling their stimulations, argument and discussion included. Then open debate with participants on how to reduce stress by changing their responses about events "change your thought change your mind,". Then started to display PowerPoint included some therapeutic techniques. Like repetition, the story, art Therapy, weaken of eyes movement, palliative care, placebo, (I shall please) ", play therapy, kaizen Japanese way "one small step can change your life ", energy healing, basic foot reflexology techniques. Emotional freedom therapy

"EFT", healing by thinking ". Ended by (Town Talk) Break. That included walking in the main hall, with a mutual conversation, between participants .then-training session opened again with an icebreaker, "writing exercise" that was required from the participants. They asked to divide themselves into two groups. The first group asked to write a question, and the second asked to write an answer putting all the questions and the answers separately into two bottles, then started to bring one question from the first bottle with one answer from the second, started to read, then there was a prize for the beautiful question and answer. Then opened the session by welcoming back the participants and started to ask about themselves and asked them to do an exercise for depriving by free drawing session using wood colors, gouache colors, etc..., allowing them to express. Besides, there was the final exercise that required from the participants to say one word loudly "the harmful died ", and then there was a questionnaire to measure the impact and the difference caused by the training and closure.

#### **Challenges:-**

- The participants working under stress and they need to deprive and defusing all the time.
- There was irregularly attending for the training sessions because of some other tasks assigned by the partner associations so some of them were busy with reports during breaks from work sessions.
- Some of the Participants were under severe stress and in need of specialized psychological support.
- Some of the participants was under stress and they need psychological support
- There was anxiety because of the end of some projects and programs in their associations' and waiting for renewal.
- Workloads and reports required from some of the participants by their associations'.

#### **Outcomes of the training sessions:-**

- The Training Help the Participants to overcome stress and job combustion because of deferent community Pressure.

- The Training creates a staff's knowledge to go to contribute actively in helping their caregivers.
- The Participants learned some Therapeutic techniques like "Repetition the story - Art Therapy - play therapy -Weaken of eyes Movement - peer support, palliative care, placebo (I shall please) ".
- The Training Help the Participants "The helper" to overcoming stress and job combustion because of deferent pressures.

#### **The effectiveness of the pilot program:**

To get to know this, the researcher performed the following procedures: -

1- **Calculating the results of the test (T)** of two samples for the Experiment group on the post-test and the control group. Before testing, it confirmed that they follow the normal distribution so test (T) performed and the results were in Table No. (4).

Besides, Table No. (4) Indicated to the significance percentage .000 witch was less than the significance level (.05), and this indicated for statistically significant differences in favor of the experimental group on the post-test, where the average was 4.7909 as in Table No. (5)

3-ANOVA -test conducted to due compare means between the three groups (experimental-control--the experimental group on the post-test)• as results

showed in Table no.(8) confirmed that the significance percentage, 000• is less than the significance level .05, and this leads to the presence of statistically significant differences that illustrated by means plots in Figure No. (1).

#### **Conclusion:-**

Results showed significant differences in self-care skills, between experimental and control groups in favor of experimental groups; this result indicates to the effectiveness of the training program, in provide the social workers with an opportunity to practice various skills, Besides, helping them to Dell more efficiently with their clients who are in Need for their intervention. Based on the results, the researcher made some recommendations for counselors, decision-makers, and institutions.

#### **Recommendations:-**

- Necessary to create a culture of self-care into social work institutions, and Build an integrated program with other groups in the field of social workers.
- Necessary to create a social work advisor council for the implemented association.
- Support social workers with continual technical supervision.

**Tables****Table 1**

The toll of the study (self-care questionnaire)

Paragraphs	Mean	Item means
1-I have a Deep Thinking in my psychosocial environment.	1.0000	1.2500
2-I am very anxious to add more experienced in in my field.	1.1500	
3-I know many factors that enhance the capacity of the stress release.	1.2500	
4- I have special expertise ways in depriving and defusing.	1.3000	
5-I have trained by using relaxation exercises skills.	1.2500	
6-Always, I look forward to my selves before dealing with stress.	1.1500	
7-I Have some skills related to the therapy techniques.	1.0000	
8- I can make a professional relationship successfully.	1.1000	
9-I still hold interviews and home visits successfully.	1.2000	
10-I can work with different situations under stress.	1.1000	
11-I know all professional Ethics and I try to apply it.	1.1500	
12-I have some information about self-care techniques.	1.1500	
13- I can adapt with my life stress.	1.0500	
14-I can easily win for loving others.	1.3500	
15- I can easily implement the plans after preparation.	1.4500	
16-I have no sense of functional burnout	1.3500	
17- I intend to achieve goals even I failed many times	1.3500	
18-I feel happy while I am at work	1.6000	
19- It is very easily to be angered	1.4000	
20-I lose control of my temper when I get angry	1.2000	
21-I find difficulty to get rid of my negative thoughts	1.2500	
22-I Find a problem to sit quiet for a long time	1.2000	

**Table 2**

Tests of Normality

	Control Group	Kolmogorov-Smirnov		
		Statistic	df	Sig.
Experimental Group	1.14	.280	2	.
	1.18	.473	6	.000
	1.23	.334	8	.012
	1.41	.294	3	.

**Table 3**

Independent Samples Test

		means	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F	.478	
	Sig.	.494	
	t	.698	.698
	df	38	37.879
	Sig. (2-tailed)	.489	.489
t-test for Equality of Means	Mean Difference	.02273	.02273
	Std. Error Difference	.03256	.03256
	95% Confidence Interval of the Difference	Lower	-.04319-
		Upper	-.04320-
			.08865



**Table 4**  
Independent Samples Test

			Means	
			Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F		2.533	
	Sig.		.120	
	t		28.464	28.464
	df		38	20.251
t-test for Equality of Means	Sig. (2-tailed)		.000	.000
	Mean Difference		3.56364	3.56364
	Std. Error Difference		.12520	.12520
	95% Confidence Interval of the Difference	Lower	3.31019	3.30269
		Upper	3.81708	3.82458

**Table 5**  
Paired Samples Statistics

	Groups	N	Mean
Means	Experiment group on the post -test	20	4.7909
	Control group	20	1.2273

**Table 6**  
Paired Samples Test

				Pair 1	
				pos-test	pre-test
Paired Differences	Mean			3.54091	
	Std. Deviation			.59392	
	Std. Error Mean			.13280	
	95% Confidence Interval of the Difference	Lower		3.26295	
		Upper		3.81887	
	t			26.663	
	df			19	
	Sig. (2-tailed)			.000	

The researcher, postponing the Paired Samples Statistics test, to make sure that the two groups followed the normal distribution then the test conducted and the results were in Table No. (6), Which indicated to the value of the T-test was 26.663 and the significance level .000, Was less than .05, which indicated to the statistically significant differences between the mean of the post-test and the pre-test in favor of the post-test, where the higher average as in Table no.

(7) For the post-test was 4.7909, and the pre-test, was 1.2500.

**Table 7**  
Paired Samples Statistics

		Mean	N
Pair 1	Post- test	4.7909	20
	Pre- test	1.2500	20

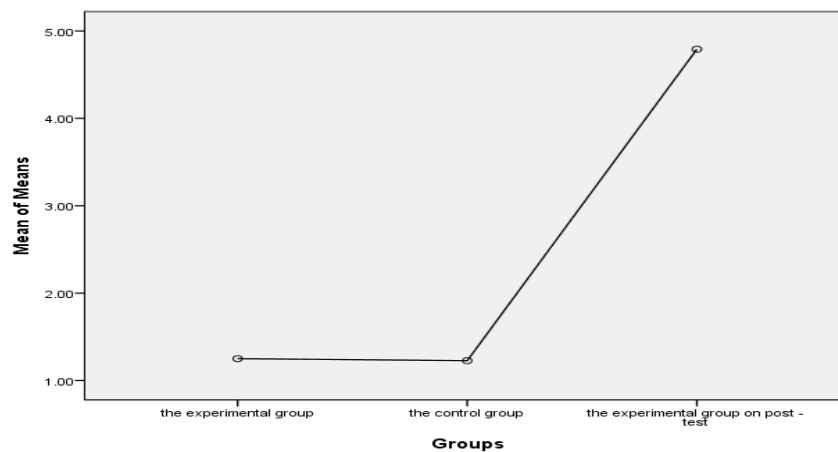
**Table 8**

ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	168.254	2	84.127	777.310	.000
Within Groups	6.169	57	.108		
Total	174.423	59			

**Figures:****Figure 1**

Means plots

**Images:****Image 1**

Relaxation session

**Image 1**

Indicated to the ways to overcome the challenges during the final session using relaxing music and painting by gouache colors, and clay. Then they talked about their paintings and free expression.

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