



‘Understanding & Managing Stress Arousal’

Anex Illegal Drugs & Mental Health
Conference

Telstra Dome - Melbourne

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Talking points



- Physiology of stress arousal
- Causes of stress in workers
- Symptoms of stress
- Reducing stress arousal

Physiology of stress



- Stress arousal occurs on a continuum
- Too low – may lack the drive to achieve
- Too high – symptomatic, distress, erosion of health, reduction in effectiveness, unsustainable
- Homeostasis – normal stable physiological state
- Because we have limited resources, increases in demand, critical incidents and threat causes a re-distribution of resources

Physiology of stress



- Allostasis – maintaining physiological stability via changes
- **Acute** – high/urgent demand (Eg., ‘Fight or flight’ - perceived threat requiring high demand for output such as escape)
 - A system wide event, originates in the base of the brain - sub-cortical region
 - Involves increase in adrenalin production, non-essential function such as digestive system is shut down, blood is delivered to limbs
- **Chronic** – high, on-going demand (Eg., working with high needs/complex clients, in under-resourced environment, too much for too long)

Physiology of stress



- Body is not supposed to stay in this mode
- Chronic stress means that high stress arousal becomes the norm – biologically habituated
 - Emergency reserves depleted
 - Increased risk of illness
 - Increased risk of heart disease
 - Blood vessels permanently constrict
 - Organs under pressure
- Needs to be counteracted through learning and behaviour change

Types of stress



- **Acute**
- **Chronic**
- **Cumulative**
- **Critical Incident Stress**
- **Traumatic stress**
- **Burnout**

Situational causes of stress in workers



- High needs/complex clients
- Limited resources (staff shortages, beds, accomodation, food, facility, amenity)
- Lack of support (practical, psychological – everyone is busy helping)
- Lack of notable/observable improvement for clients, AOD/Dual diagnosis field
- Critical incidents / Trauma – workers as primary victim (ie., of assault)
- Vicarious/secondary trauma – hearing about/witnessing the trauma of a primary victim
- Growing complexity in the field

Psychological distortions resulting from stress



- Work becomes artificially inflated in terms of importance – large, close, urgent
- Parallel process – transference of affect from clients to staff (ie., helplessness, rage, isolation, depression)
 - Causing distress to individuals
 - Conflict between team members
 - Conflict between staff and management
 - Conflict between an agency and the funding body

(*Not to be confused with genuine grievance)

Psychological distortions resulting from stress



- Stress and difficulty can erode the professional boundary, when current professional skills and resources are insufficient
- Can draw more upon personal skills and resources (personality, kindness beyond the professional)
- More vulnerable to be hurt in the situation
- Signs – only you can help, one client or group of clients are different/special compared to others

Symptoms of high stress



- Emotional
 - Anxious arousal
 - Vigilance
 - Irritability/anger
 - Vulnerable/teary
 - Depressed/sad

Symptoms of high stress



- Cognitive
 - Diminished interest/cynacism
 - Poor concentration/decisiveness
 - Confusion/muddled
 - Delusion
 - Not functioning as they normally do mentally

Symptoms of high stress



- Behavioural
 - Reckless & Apathetic (when not usually)
 - Increase intake in alcohol, tobacco, drugs, stimulants, sweets
 - Social withdrawal
 - Jumpy/nervy/unable to settle – sit down and work
 - Talkative – go over same issue
 - Tired but sleep disturbed

Breaking the cycle



- **Individuals** believing that their homeostasis has been re-set to allostatic overload need to decide that they want to change this and embark upon a rehabilitation
- **Co-workers/Managers/Organisations** also have a role in assessing, encouraging and modelling
 - Workplaces vary in terms of culture (norm)
 - The culture is set by those in it – often ‘Top down’ flow but also within micro environments (teams)
 - Modelling and encouraging healthy sustainable working practices

Reducing stress arousal



- Good stress managers spend energy on things they have control over and not dwell of variables that they have no control over

Reducing stress arousal



- **Cognitive**

- Distraction/diversion – do something that takes your mind off work
- Re-set your assumptions
 - Check that your perceptions about the importance of work is accurate?
 - Your level of responsibility for the client?
 - What you as an individual or your team are capable of given the circumstances such as in a given time frame
- Process your cognitions/thoughts – do some writing/drawing about it

Reducing stress arousal



- Practical/Lifestyle
 - Exercise – regular, discharges arousal
 - Rest/sleep/restore
 - Life outside of work (relationships, social ...)
 - Regular breaks/holidays/time away from work
 - Leisure - do something enjoyable, enriches your life, something engaging
- Support – many kinds of support (professional, collegiate, personal)
- Supervision (internal, external, peer group)
This is essential for venting emotion – key in bringing down stress arousal and processing your experiences

Reducing stress arousal



- Organisational support
- Support is the most important factor in stress – people can function higher, for longer, in a healthier state when they are supported
- Research studies are starting to find empirical evidence in favour of spending money on staff supports such as:
 - Employee Assistance Programs
 - Critical Incident Stress Debriefing
 - Wellbeing programs – discounted gym memberships, visiting masseuse, flexible hours