Exploration of mental health workers' coping strategies in dealing with children's trauma

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DECLARATION BY THE LANGUAGE EDITOR

I hereby declare that I have language edited the thesis **Exploration of mental health workers' coping strategies in dealing with children's trauma by** Anna Elizabeth Keyter in fulfilment of the requirements for the degree of MA in Research Psychology.

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DEDICATION

I dedicate this to my son Kyle-Christopher Keyter, who has always been my greatest inspiration.

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SUMMARY

Studies of MHWs, (social workers, social auxiliary workers, trauma counsellors, and telephone counsellors), who work with trauma and stress, often focus on pathological symptoms and on the need to develop psycho-education programmes (Figley, 2002; Johnson & Hunter, 1997; Mac Ritchie & Leibowitz, 2010; Mikulincer, 1994; Stiles, 2002). A gap was identified how MHWs, who continuously intervene with traumatised children, cope with the stressors associated with their work. The purpose of this research was to explore the coping strategies of Mental Health Workers (MHWs) exposed to Secondary Trauma (ST)as a result of having to deal day to day with children (younger than 18) who have experienced trauma, including sexual, physical and emotional abuse, as well as the witness of violence. The MHWs' coping responses were investigated using a qualitative case study approach. The investigation showed how MHWs constructed their realities by examining their coping strategies and the individual meanings they assigned to these.

A convenience sample, based on the availability of participants, was selected. Nine women and one man, ranging in age from 26 to 57 years, employed at Childline Gauteng, participated in the research. The Mmogo-Method®, a projective visual research technique, explored the MHWs' coping experiences through qualitative data collection methods. Visual and textual data were gathered and analysed thematically. It was found that the MHWs at Childline Gauteng displayed two main coping styles, namely intrapersonal and relational coping strategies.

In the face of their daily stressors, MHWs managed to cope successfully by using strategies that are embedded in their daily activities. Their ability to find alternative ways to cope, despite continuous exposure to children's trauma, allowed the MHWs to fulfil their work obligations. Their intrapersonal coping strategies reflected an ability to draw on their inner resources. Being aware of their environment and how it affects them, MHWs were able to regulate themselves and their environments by adopting positive attitudes. These attitudes, and the MHWs' dispositions, positively affected their outlook on life. Moreover, MHWs maintained a healthy distance from their stressful environment by means of meaningful disengagement. Meaningful disengagement was fundamental to creating solitude as a coping strategy. Personal and professional boundaries, self-care and being able to draw on spirituality were further coping resources. MHWs' discussions about finding meaning in their work revealed that they would not be able to do their work if they did not experience it as spiritually significant. Drawing on external resources, relational coping strategies included supportive relationships with family, friends and colleagues.

Reciprocal unconditional acceptance significantly contributed to coping because it was important for MHWs to experience family and friends' attitudes as supportive and non-judgemental. MHWs encountered an organisational culture of care in the form of freedom to interact with colleagues and managers and sharing experiences. This interaction contributed to successful coping because MHWs felt comfort in the knowledge that they were not alone when dealing with children's trauma. This interaction

facilitated coping because MHWs were able to interface successfully with their environment, even in difficult circumstances.

In conclusion, the MHWs provided nuanced descriptions of the ways in which they experienced coping strategies. They coped with the demands of their profession by using internal and external resources, including intrapersonal and relational coping.

Keywords: children's trauma; coping strategies; intrapsychic coping, mental health workers; Mmogo-method®; relational coping

OPSOMMING

Navorsing oor geestesgesondheidswerkers (GGWs) (maatskaplike werkers, maatskaplike hulpwerkers, trauma beraders, en telefoonberaders) wat met trauma en stres werk, fokus dikwels op patologiese simptome en die ontwikkeling van psigo-opvoedkundige programme (Figley, 2002; Johnson & Hunter, 1997; Mac Ritchie & Leibowitz, 2010; Mikulincer, 1994, Style, 2002). Binne die navorsingskorpus is egter nog nie aandag gegee aan hoe geestesgesondheidswerkers dit hanteer wanneer hulle ononderbroke met kindertrauma-intervensie werk nie. Die doel van hierdie navorsing is om die hanteringstrategieë te ondersoek van GGWs wat blootgestel word aan sekondêre trauma (ST) op grond van hulle ononderbroke werk met kinders (jonger as 18) wat trauma beleef, Die GGW se hanteringsreaksie is ondersoek met behulp van 'n kwalitatiewe gevallestudie benadering. Die studie het ondersoek ingestel na die manier waarop GGWs hulle werklikhede konstrueer deur hulle hanteringstrategieë en die betekenis wat hulle daaraan heg, te bestudeer.

’n Gerieflikheidsteekproef is gekies op grond van die beskikbaarheid van deelnemers. Nege vroulike, en een manlike, deelnemers (in die ouderdomsgroep 26-57) werksaam by Childline Gauteng, het aan die navorsing deelgeneem. Die Mmogo-metode ®, 'n projektiewe, visuele navorsingsmetode, is gebruik om met behulp van kwalitatiewe datainsamelingsmetodes ondersoek in te stel na die GGWs se ervarings en gevolglike hanteringstrategieë. Visuele en tekstuele data is versamel en tematies ontleed. Die bevinding is dat die Childline Gauteng GGWs se hanteringstrategieë twee tipiese style vertoon, naamlik intrapersoonlike hanteringstrategieë en hanteringstrategieë vir

verhoudings. GGWs kon daarin slaag om die daaglikse stressors waarmee hulle gekonfronteer word, suksesvol te hanteer omdat hulle strategieë wat in hulle daaglikse aktiwiteite ingebed is, suksesvol kon benut. Hulle vermoë om alternatiewe maniere te vind om hulle werk te hanteer, ten spyte van voortdurende blootstelling aan kinders se trauma, het die GGWs in staat gestel om hulle werkverpligtinge na te kom. Die GGWs se intrapersoonlike hanteringstrategieë het hulle vermoë weerspieël om op hulle innerlike hulpbronne te steun. Deur bewus te bly van hulle omgewing en hoe dit hulle beïnvloed, was dit vir die GGWs moontlik om hulself en hulle omgewings te reguleer deur hulle positiewe houdings. Hierdie positiewe houdings, en ook die GGWs se algemene ingesteldheid, het hulle uitkyk op die lewe positief beïnvloed. Dit is verder bevind dat GGWs 'n gesonde afstand handhaaf van hulle stresvolle omgewing deur hulle betekenisvol te distansieër. Die betekenisvolle distansiëring was fundamenteel om afstand as hanteringstrategie te skep. Verder het ook persoonlike en professionele grense, selfsorg en om voordeel uit spiritualiteit te trek, geblyk as bronne vir hanteringsmeganismes. Uit die GGWs se bespreking van die betekenis wat hulle put uit hul professionele loopbane, het geblyk dat hulle nie in staat sou wees om hierdie werk te doen as hulle dit nie as geestelik betekenisvol ervaar nie. Hulle hanteringsmeganismes vir verhoudings steun op eksterne hulpbronne en sluit ondersteunende verhoudings met familie, vriende en kollegas in.

Ook het wedersydse onvoorwaardelike aanvaarding aansienlik bygedra tot hanteringsmeganismes en het dit geblyk dat dit belangriks is vir GGWs om hulle familie en vriende se houding as ondersteunend en onbevooroordeeld te ervaar. Wat ook nog

bygedra het tot suksesvolle hantering, was die organisasie se kultuur van sorg wat GGWs beleef het as vryheid om met kollegas en bestuurders te kommunikeer en hulle ervarings te deel. GGWs het ook troos geput uit die wete dat hulle nie aan hulleself oorgelaat en alleen is wanneer hulle met kindertrauma werk, nie: hulle kollegas ervaar soortgelyke trauma beradingsessies wanneer hulle met kliënte werk. Hierdie interaksie het hantering gefasiliteer omdat GGWs in staat was om suksesvol met hulle omgewing te koppel - selfs onder moeilike omstandighede.

Ter samevatting: in hierdie studie bied GGWs genuanseerde beskrywings van hulle ervarings betreffende hulle hanteringstrategieë. Hulle het die eise van hulle beroep hanteer deur gebruik te maak van interne en eksterne hulpbronne, waarby intrapersoonlike en relasionele hanteringstrategieë ingesluit is / waarby intrapersoonlike - en verhoudingshanteringstrategieë ingesluit is.

Sleutelwoorde : Kinders se trauma ; hanteringstrategieë; intrapersoonlike verhoudings, geestesgesondheidwerkers; Mmogo-metode ®; verhoudingshanteering

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To whom it may concern,

I, the promoter, declare that the input and effort of Anna Elizabeth Keyter, in writing the article, reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree of MA in Research Psychology.

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Prof. Vera Roos

Promoter

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Chapter 1

Exploration of mental health workers' coping strategies in dealing with children's trauma

Orientation and Problem Statement

The aim of this research was to explore the coping strategies of mental health workers (MHWs) who deal with children traumatised by sexual, physical and emotional abuse, as well as those who witness violence (Childline Gauteng Province [GP], 2012). Mental health workers (MHWs), for the purpose of this study, refer to social workers, social auxiliary workers, trauma counsellors and telephone counsellors, who assist traumatised children on an on-going basis by means of trauma intervention, psycho-education, and support services. MHWs also intervene with groups and families and, where necessary, assist clients with court preparation (Childline GP, 2012).

South African MHWs intervene daily with high numbers of traumatised and sexually abused children. The American Psychological Association, *Diagnostic and Statistical Manual of Mental disorders*, 4th edition (DSM-IV-TR) defines trauma as,

> direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (Criterion A2)or in children, the response must involve disorganized or agitated behaviour (Criterion A2). (p. 463)

This definition includes Secondary Trauma (ST) when emergency workers' who are exposed to trauma victims provide crisis intervention (Fullerton, Ursano, & Wang, 2004). As a result, MHWs may experience ST or Vicarious Traumatisation (VT: Collins, 2009; Mac Ritchie & Leibowitz, 2010). ST, also called compassion fatigue, and VT are emotional reactions often experienced by MHWs who regularly intervene with trauma survivors' sharing of disturbing images and traumatic memories (Figley, 2002; Holden, 2002). ST and VT can contribute to burnout. Burnout is characterised by reduced satisfaction in work performance, depersonalisation, exhaustion and learned helplessness (Weber & Jaekel-Reinhard, 2000) when MHWs internalise their clients' traumatic experiences (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002). Exhaustion refers to fatigue due to over-involvement in others' trauma, and depersonalisation relates to dreamlike feelings or feelings of unreality (Figley, 2002) and learned helplessness is an absence of control (Peterson & Seligman, 2004). MHWs react to stress differently depending on their coping responses, the social context, and the kind of stress experienced (Carver & Connor-Smith, 2010).

Counsellors who intervene with sexual assault (and specifically with children), experience even greater emotional exhaustion (Salanova, & Schaufeli, 2008). This leads to compassion fatigue when a MHW begins to feel overwhelmed after listening to traumatic events and becomes less empathic (Holden, 2002). At this stage desensitising may occur as a consequence of feeling less, if left unattended, it can lead to severe exhaustion and burnout (Figley, 2002).

A study of police officers coping with child abuse found that negative stress can be harmful to psychological wellbeing (Wright & Powel, 2006). Their findings were also confirmed by Violanti and Gehrke (2004) who conducted a study with police officers and found that observing child abuse ranked at 68% as the most frequent incident type for potential trauma. Anderson (2000) found that the investigation process and prosecution of child abuse is both complex and demanding. Furthermore, child abuse investigation is associated with heavy caseloads and short deadlines leading to increased pressure (Anderson, 2000). These factors can contribute to high staff turnover levels (Graef & Hill, 2000).

The stress experienced by MHWs most often results from their professional interventions with children (persons under the age of 18) who have experienced traumatic and violent events (Childline GP, 2012). Such events include sexual, physical and emotional abuse, as well as the witness of violence (Childline GP, 2013). In this regard, the 2010 Crime Report, compiled by the South African Police Service (SAPS), reflects that 24,417 sexual offences against children were reported during the period 2009 to 2010 (SAPS, 2010). The 2011 Crime Report reflects an increase of 2.6% in reported sexual offences against children during 2010 (SAPS, 2011).

Regulations came into effect 1 April 2010 to improve services to children. This includes amendments to the Children's Act (no. 38 of 2005), as reflected in Children's Amendments Act (no. 41 of 2007), that aims to protect children in the justice system. Prior to these amendments, Naidoo and Kasiram (2006) reported that the average caseloads in South Africa for NGOs and government departments exceed 120 cases

compared to the maximum of 12 in the United Kingdom. The Department of Social Development (DSD) monitored media articles between October 2005 and May 2007. Their findings include that 63% of MHWs, in the NGO child welfare sector, had individual caseloads of 300 or more (South African Department of Labour [SADoL], 2008).

NGOs - both mandated and funded by government - are under enormous pressure to render children's services (SADoL, 2008). The NGO sector is dependent on funding and there are constant concerns about sustainability (Earle, 2007). Due to these financial concerns, MHWs in the NGO sector, feel obligated to accept all government referrals (Lombard & Kleijn, 2006). This, in turn, leads to high staff turnover and an exodus from the NGO sector to government departments, or elsewhere, where salaries are higher and caseloads lighter (Lombard & Kleijn, 2006).

As a result, DSD has expressed concern regarding the implementation of the current Act and amended legislation due to the shortage of MHWs (SADoL, 2008). A shortage of 21,020 social workers was documented in the August 2006 Master List of Scarce and Critical Skills for South Africa (SADoL, 2006). The situation has little changed. On 7 June 2013, the National Assembly was informed that South Africa experiences a 77% social worker shortage (National Assembly, 2013). This has resulted in further pressure on the NGO sector - both mandated and funded by government - to render children's services (SADoL, 2008).

MHWs who work in the government sector also face challenges despite higher salaries and lower caseloads compared to MHWs who work in the NGO sector (Earle,

2007). Such challenges include high caseloads, occupational and emotional stress (Brown & Neku, 2005). In a resource-constrained milieu, burnout is explained by means of conservation of resources (COR) theory (Hobfoll & Shirom, 2001); optimistic experiences is due to available resources (Hobfoll, 1989; Seligman & Csikszentmihalyi, 2000), however, deficiency exaggerate stress (Clarke-McLeod & Sela, 2005). Government MHWs experience frustration regarding the overwhelming needs of their community and limited numbers of people rendering services (Brown & Neku, 2005; Earle, 2007). There is often a lack of supervision and limited office resources, such as furniture, stationery, information technology or administrative and language support, as well as a scarcity of referral possibilities (Clarke-McLeod & Sela, 2005; Earle, 2007). Coping within a society or organization where stress is engrained in the culture remains under-researched as a way of positive transformation (Wong, Wong, & Scott, 2006).

The general public's lack of understanding of the limited organisational support within the government sector and the shortage of resources places further pressure on MHWs, who struggle to deliver services in a resource constrained environment (Clarke-McLeod & Sela, 2005). Pressures from the employer and the community compel MHWs to consider conflicting roles that often result in inefficiency, emotional exhaustion and burnout, and staff turnover (Earle, 2007).

In addition, research also confirmed that organisational citizenship is negatively affected by emotional exhaustion and burnout (Altun, 2002; Greenglass, Burke, & Fiksenbaum, 2001; Jenkins & Elliott, 2004; Lee, Song, Suk Cho, Lee, & Daly, 2003; Pinikahana & Happell, 2004; Sesen, Cetin & Basim, 2011).

Previous research on MHWs, who work with trauma and stress, has largely focused on their pathological symptoms, and the consequent development and implementation of psycho-education programmes (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002). However, a gap has been identified in terms of how MHWs, who continuously intervene with traumatised children, cope with the stressors associated with their work.

This research is therefore approached from a theoretical framework of positive psychology. Positive psychology shift the focus from repairing negative experiences, to building positive qualities and being aware of how people cope with difficult circumstances and personal experiences (Compton, 2005). In essence, positive psychology catalyses optimistic change (Linley & Joseph, 2004; Seligman & Csikszentmihalyi, 2000). A positive psychological perspective explores how individuals construe reality to establish meaning in their lives, express positive emotions, engage and collaborate with others, and achieve a sense of self-accomplishment despite high levels of professional stress (Peterson & Seligman, 2004). Kelm (2005) further suggest appreciative living by appreciating the present, imagining the ideal and acting to achieve goals (AIA process), and to cope on a daily basis.

Wong, Wong, and Scott (2006) emphasise the transformative qualities of positive psychology from a multi-cultural, cross-cultural and personal perspective. Individuals react to stress according to their personal perspectives and diverse backgrounds will have an influence on how people respond to stressful events (Wong, Wong, & Scott, 2006). Cultural practices include traditions, regulatory social practices that alter human

consciousness, by altering behavioural tendencies (Heine, 2011). As a form of macro-stress management the transformative qualities of positive psychology aims to repair total environments rather than situational coping - which focuses on specific problems (Wong, Wong & Scott, 2006).

Coping can be defined as the ability to recuperate from stressful situations and return to previous functioning or not being negatively affected by a stressor (Luthar & Cicchetti, 2000). MHWs react to stress differently depending on their coping responses, the social context, and the kind of stress experienced (Carver & Connor-Smith, 2010). Coping is therefore the degree to which conscious effort is applied to resolve personal, and interpersonal, struggles and acquiring skills to manage stress (Weiten & Lloyd, 2008). However, according to Lazarus and Folkman (1984), it is necessary to change cognitive as well as behavioural efforts to enable MHWs to adapt to stressful events.

Lazarus and Folkman (1984) indicated that people who encountered stress appraised their situations according to the significance they placed on their experiences, thereby determining the level of the stressful event. Lazarus and Folkman (1984), highlight the fact that a transaction exist between the environment and the individual. The transaction model can be defined as a dynamic process with the focus on interpretation of stressors rather than the environment (Lazarus & Folkman, 1984; Smith & Baum, 2003). Consequently, two types of appraisal are categorised, namely primary and secondary appraisal (Endler & Parker, 2000; Folkman et al., 1986). Primary appraisal concerns immediate action to negative experiences. Secondary appraisal relates to coping responses (Folkman, Lazarus, Gruen, & DeLongis, 1986; Lazarus & Folkman,

1984; Smith & Baum, 2003). Coping literature is distinguished in terms of problem-focused and emotion-focused coping (Endler & Parker, 2000; Folkman, et al., 1986; Lazarus & Folkman, 1984; Smith & Baum, 2003). Problem-focused coping strategies attempts to deal with problems in different ways, facilitating coping (Smith & Baum, 2003). Emotion-focused coping relieves the emotions associated with stress, often used when problems appear to be uncontrollable (Smith & Baum, 2003). Literature on coping include appraisal focus coping. This facilitates cognitive adaptation through thinking modification processes (Weiten & Lloyd, 2008). Generally, problem-focused coping has better psychological outcomes as it enables individuals to remove themselves physically and/or emotionally from stressful situations (Smith & Baum, 2003).

When individuals have to deal with problems, but do not manage their emotional stressors, it may result in chronic over-arousal and even physical illness (Bittner, Khan, Babu & Hamed, 2011). Not acknowledging stress and denying the traumatic experiences is a maladaptive coping strategy that is associated with emotional exhaustion or fatigue (Bittner et al., 2011). The manner in which MHWs appraise such situations will have an impact on how they cope with the stresses of daily living (Lazarus & Folkman, 1984; Smith & Baum, 2003).

The trauma experienced by MHWs who deal with traumatised children is complex as a result of their prolonged exposure to secondary trauma within the working environment, and includes listening to secondary traumatic experiences of colleagues (Herman, 1992). As a result, this could affect the way MHWs appraise their situations and how they use support, which in turn will affect their coping styles (Lazarus

&Folkman, 1984). Wong, Wong and Scott (2006) encourages researchers not be confined to Euro-American psychology but to explore coping strategies within different cultures and to focus on the adaptive functions of personal transformation that could expand the knowledge of coping. By exploring the Childline MHWs' coping strategies, findings can inform further support programmes. The research question that accordingly guided this study is: How do MHWs cope when continuously confronted with children's trauma?

The objective of this study is to explore coping strategies of MHWs in order to use findings as guidelines for ways in which MHWs can be supported when dealing with traumatised children. It is envisaged that the findings would serve to support existing coping strategies of MHWs and inform the development of psycho-education programmes for relevant NGOs. The research could (1) provide information on, and (2) inform the development of effective coping strategies of MHWs. Findings could also inform the development of guidelines about coping for relevant NGOs.

Chapter one provides a literature orientation of the dissertation. Chapter two includes the article with an abstract, followed by an introduction that provides a rationale for the current problem through a literature review. The research study provides a background on the research context and participants, method used, results, a discussion of the findings and literature verification, recommendations and limitations, and the conclusion. The broad framework of the research design was qualitative because it focused on research associated with rich descriptions and in-depth understandings of

participants' experiences (Creswell, 2007; Rubin & Babbie, 2001). Chapter three is a critical reflection on the study.

Conclusion

This section provides a literature orientation to contextualise the realities that MHWs deal with on a daily basis and to demonstrate the importance of exploring their coping strategies. Abuse of children ranks high as the most frequent incident type for potential trauma in the profession and the high caseloads for South African MHWs further exacerbate stress levels. A positive psychology framework will therefore be used to explore the coping strategies of MHWs because it shifts the focus from repairing negatives to channelling optimistic change.

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INTENDED JOURNAL AND GUIDELINES FOR AUTHORS

JOURNAL OF PSYCHOLOGY IN AFRICA

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Manuscripts should be submitted in English, French, Portuguese or Spanish. They should be typewritten and double-spaced, with wide margins, using one side of the page only. Manuscripts should be submitted to the Editor-in-Chief *Journal of Psychology in Africa*, Professor Elias Mpofu, Department of Counsellor Education, Counselling Psychology and Rehabilitation Services, Pennsylvania State University, 327 CEDAR Building, University Park, PA 16802-3110, USA, e-mail: exm31@psu.edu. We encourage authors to submit manuscripts via e-mail, in MS Word, but we also require two hard copies of any e-mail submission. Before submitting a manuscript, authors should peruse and consult a recent issue of the *Journal of Psychology in Africa* for general layout and style.

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All pages must be numbered consecutively, including those containing the references, tables and figures. The typescript of manuscripts should be arranged as follows:

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Reference list: Full references should be given at the end of the article in alphabetical order, using double spacing. References to journals should include the authors' surnames and initials, the full title of the paper, the full name of the journal, the year of publication, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to books should include the authors' surnames and initials, the year of publication, the full title of the book, the place of publication, and the publisher's name.

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Title page

Exploration of mental health workers' coping strategies in dealing with children's trauma

Keywords: Children's trauma; coping strategies; intrapsychic coping, mental health workers; Mmogo-method®; relational coping

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Chapter 2

Manuscript for Examination Purposes

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Abstract

The purpose of this research was to explore the coping strategies of Mental Health Workers (MHWs) who are exposed to Secondary Trauma (ST) as a result of continuously working with children (younger than 18) who experience trauma. A convenience sample was selected of nine females and one male participants working at Childline Gauteng (age range 26 to 57). Qualitative data were used to explore the MHWs' coping experiences through the Mmogo-Method®, a projective visual research method. Visual and textual data were gathered and analysed thematically. The research found that MHWs experienced continuous trauma and were able to cope consistently with stressors on an intra-psychic level and a relational level. Intrapsychically participants were actively involved in emotional regulation and adaptation in terms of the self and their environments. MHWs coped by resorting to strategies that were rooted in daily activities including awareness, self-regulation, positive attitude, meaningful disengagement, self-care and spirituality. MHWs also regulated themselves within all their contexts. Relational coping had a positive effect on MHWs' coping responses and includes reciprocal unconditional acceptance, supportive networks and organisational culture of

care. Recommendations include strengthening collaborative partnerships, formalising peer support and adopting activities that would contribute to coping.

Keywords: children's trauma; coping strategies; intrapsychic coping, mental health workers; Mmogo-method®; relational coping

This research set out to explore the coping strategies of Mental Health Workers (MHWs) - social workers, social auxiliary workers, trauma counsellors and telephone counsellors -, who intervene with children (under the age of 18) who have experienced trauma (Childline Gauteng Province [GP], 2012). These MHWs render trauma counselling services to sexually abused children, their parents/caregivers, families and groups, as well as psycho-education and support services at a non-governmental organisation (NGO) (Childline GP, 2012). When necessary, MHWs assist with court preparation (Childline GP, 2013). According to the American Psychological Association (APA), *Diagnostic and Statistical Manual of Mental disorders*, 4th edition (DSM-IV-TR) trauma is defined as,

> direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (Criterion A2) or in children, the response must involve disorganized or agitated behaviour (Criterion A2), (p. 463).

Secondary Trauma (ST) is included in the definition and happens when emergency workers are exposed to victims' trauma during crisis intervention (Fullerton, Ursano, & Wang, 2004).

The children's experience of traumatic and violent events includes sexual, physical and emotional abuse, as well as witnessing violence (Childline GP, 2012). In this regard, the 2010 Crime Report, compiled by the South African Police Service (SAPS), reflects that 24,417 sexual offences against children were reported during the period 2009 to 2010 (SAPS, 2010). The 2011 Crime Report reflects an increase of 2.6% in reported sexual offences against children in 2010 (SAPS, 2011).

In response to this situation, further regulations came into effect on 1 April 2010 in an effort to improve services for abused children. These include changes to the Children's Act (No. 38 of 2005) - reflected in the Children's Amendments Act (No. 41 of 2007) - that try to protect children once they are in the justice system. However, prior to the promulgation of these regulations, South African MHWs - including the Government and NGO sectors - had individual caseloads exceeding 120 (Naidoo & Kasiram, 2006). As a result, the Department of Social Development (DSD) expressed concern regarding the implementation of the amended legislation due to the shortage of MHWs (DSD, 2011). This has resulted in further pressure on the NGO sector that is both mandated and funded by government to render services to children (Earle, 2007).

Due to the nature of their work, MHWs may experience Secondary Traumatic Stress (ST), Vicarious Traumatisation (VT) and burnout (Figley, 2002). ST, VT and burnout are possible emotional outcomes for MHWs who continuously respond to trauma survivors' sharing of disturbing images and intrusive memories (Figley, 2002; Holden, 2002). Vicarious Traumatisation (VT) is stress associated with expressing empathy during trauma counselling; it is defined as the traumatic impact of feeling others'

traumatic events (Figley, 2002). Burnout, a state of physical, emotional and mental exhaustion, occurs as a result of intervening in emotionally demanding situations (Collins, 2009; Figley, 2002; Mac Ritchie & Leibowitz, 2010). Burnout is also associated with reduced satisfaction in professional performance, including exhaustion/fatigue, depersonalisation, and learned helplessness (Weber & Jaekel-Reinhard, 2000), when MHWs assimilate their clients' traumatic experiences into their own (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002). MHWs experience exhaustion or fatigue as a consequence of over-involvement in the children's trauma (Mac Ritchie & Leibowitz, 2010). Depersonalisation occurs when the world is experienced as less real or dreamlike (Figley, 2002) and learned helplessness is understood as an apparent absence of control (Peterson & Seligman, 2004). Emotional exhaustion is usually the first signs of burnout, and has implications for MHWs' coping, while depersonalisation and learned helplessness lead to an inability to cope with the psychological burden of trauma counselling (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Peterson & Seligman, 2004). The second aspect of burnout, depersonalisation, contributes to feelings of negativity towards the self and others, including clients and colleagues (Hunter, Baker, Phillips, Sierra, & David, 2005). These two aspects seem to be related as MHWs may perceive their clients' trauma experiences as being at the root of their own stress (Hunter, et al, 2005). Third, burnout may result in feelings of reduced personal accomplishment or a decline in feelings of competence resulting from negative self-evaluation (Hunter, et al, 2005; Schaufeli & Greenglass, 2001). Additionally, MHWs make do with limited resources over and above their counselling services and this

further contribute to their stress levels which affect their daily functioning (Clarke, McLeod & Sela, 2005; Earle, 2007). Limited resources translate into lower salaries, compared with market-related pay, and higher caseloads (Lombard & Kleijn, 2006). Consequently, service delivery in resource-constrained environments adds to exhaustion, burnout and, eventually, staff turnover (Earle, 2007). In a resource-strapped milieu, understanding burnout is described in terms of conservation of resources (COR) theory (Hobfoll & Shirom, 2001). COR highlights the importance of building on resources to uphold optimistic work experiences that already forms part of the organisation's culture (Hobfoll, 1989; Seligman & Csikszentmihalyi, 2000). Protecting and improving available resources lead to positive reinforcement; on the other hand, perceptions of deficiency intensify stress (Hobfoll & Shirom, 2001). Coping within a society or organization where stress is engrained in the culture remains under-researched as a way for positive transformation (Wong, Wong, & Scott, 2006).

A great deal of research has been done on the symptoms of trauma and stress, and on putting into place intervening psycho-education programmes (Figley, 2002; Johnson & Hunter, 1997; Mac Ritchie & Leibowitz, 2010; Mikulincer, 1994; Stiles, 2002). There is, however, a gap in terms of how MHWs, who continuously intervene with traumatised children, cope with the stressors. Coping literature is underpinned by the theoretical framework of positive psychology (Compton, 2005). Positive psychology shifts the focus from repairing negative experiences to building positive qualities, and understanding how people cope, in spite of sometimes difficult circumstances (Seligman &Csikszentmihalyi,

2000). In other words, optimistic change is channelled through positive psychology (Linley & Joseph, 2004; Seligman & Csikszentmihalyi, 2000).

Coping is defined as "the thoughts and behaviours used to manage the internal and external demands of situations that are appraised as stressful" (Folkman & Moskovitz, 2004, p.745). Furthermore, coping is the way MHWs attempt to manage varied psychological arousal, the result of stressful situations, particularly during their interventions with traumatised children and can be distinguished as problem-focused (or action-orientated) and emotion-focused (Endler & Parker, 2000; Folkman, Lazarus, Gruen, & DeLongis, 1986; Lazarus & Folkman, 1984). The way in which MHWs appraise such situations will affect their coping abilities in day-to-day life (Lazarus & Folkman, 1984, 1984; Smith & Baum, 2003).

Problem-focused coping strategies attempt to find alternative ways to achieve gratification by removing themselves from problems (Smith & Baum, 2003). Emotion-focused coping relieves emotions associated with stress, and is often used when problems become overwhelming (Folkman & Moskovitz, 2004). Generally, problem-focused coping produces better outcomes because individuals can remove themselves physically and emotionally from stressful situations (Smith & Baum, 2003). Wong, Wong, and Scott (2006) accentuate that the transformative qualities of positive psychology should focus on the multi-cultural, cross-cultural and personal perspective. MHWs encounter stress according to their personal perspectives and diverse backgrounds. This has an effect on reactions to stressful events (Wong, Wong, & Scott, 2006). Cultural practices, including traditions, regulatory social practices, change human consciousness by altering

behavioural tendencies (Heine, 2011). As a form of macro-stress management the transformative qualities of positive psychology aims to repair total environments rather than situational coping - which focuses on specific problems - (Wong, Wong & Scott, 2006). Researchers, confined to Euro-American psychology, should rather explore coping strategies within different cultures and focus on the adaptive functions of personal transformation that could expand the knowledge of coping (Wong, Wong & Scott, 2006).

What remains unclear is how MHWs, who have to deal with prolonged exposure to traumatised children, cope. It is anticipated that the findings of this study could be used to reinforce the existing coping strategies of MHWs, and inform the development of psycho-education programmes for expanding coping strategies. Within the positive psychology framework, the intention of this study is not to exclude negative experiences, but rather to explore optimal coping of MHWs as conceptualised in the positive psychology framework. The findings may add to a more holistic understanding of MHWs coping strategies and as a result motivate the design of psycho-education and support programmes. In addition, the findings could also increase understanding of MHWs' coping strategies, and contribute towards the development of coping guidelines for NGO staff who work within a highly stressful milieu.

Research Design and Method

The broad strategic framework that was used in the study was qualitative. Qualitative research is associated with rich descriptions and aim to obtain an in-depth understanding of participants' experiences (Creswell, 2007; Rubin & Babbie, 2001). In this case, the researcher explored the coping strategies of MHWs intervening with

children's trauma. The study followed a social constructionist approach, recognising that participants are actively creating their contexts and contribute to the ongoing construction of their own multiple realities (Hennink, Hutter & Bailey, 2011). A case study design was selected because it enabled a detailed exploration of a specific issue (Creswell, 2007, Fouché & Schurink, 2011; Haverkamp & Young, 2007; Yin, 2009).

Research Context and Participants

The research was conducted at Childine Gauteng, an NGO in the Gauteng Province, South Africa, that employs social workers, social auxiliary workers, trauma- and telephone counsellors, or MHWs. Participants were selected from the NGO, including from satellite offices in Tembisa, Katorus, Soweto, Sebokeng, Orange Farm and inner-city Johannesburg (Childline GP, 2013). These MHWs intervene daily with children who have experienced violence and trauma, including sexual, physical and emotional abuse, and neglect (Childline GP, 2012; Childline GP, 2013). Statistics compiled for Childline Gauteng from 1 April 2012 to 31 March 2013 indicate that MHWs answered 498,432 telephone calls (Childline GP, 2013). Approximately 60% of these interactions were with girls, and 40% with boys, mostly aged between 10 and 18 years (Childline GP, 2013). From April 2010 to February 2013, MHWs conducted 12,786 face-to-face counselling sessions (Childline GP, 2012; Childline GP, 2013). The NGO also presents community awareness and prevention programmes at schools in Gauteng. These were attended by approximately 29,012 children over the same period (Childline GP, 2012; Childline GP, 2013).

Sampling

Criteria for participants' inclusion in the study comprised MHWs' ability to speak English, MHWs who intervened with at least one trauma-related case a week, and at least six months working experience at an NGO intervening with traumatised children. All participants were employees at Childline Gauteng, the Johannesburg region in South Africa, a branch of Childline South Africa (Childline GP, 2013). A convenience sample was selected on the basis of expediency (Strydom, 2011) because the most available MHWs were selected for the study. Childline Gauteng requested that coping strategies be explored to determine the wellbeing of MHWs in their employ. Ten MHWs participated: nine women and one man between the ages of 26 and 57. Data were gathered until data saturation had been reached (Strydom, 2011).

Data Gathering and Procedure

The management of Childline Gauteng approached the researcher and requested an exploration of the coping strategies of their MHWs. The researcher informed the organisation's heads of department about the proposed study at a management meeting and potential participants were invited to participate. A suitable date and time were arranged for data gathering. On the day of data collection, and before data gathering commenced, participants were asked to sign a consent form agreeing to their participation in the research. Participants were also asked to sign a consent form for the video- and audio-recording of data. The participants were provided with the tools for the study, Mmogo Method® materials of malleable clay, colourful beads of different sizes and straws.

To initiate data collection, the researcher asked participants to use the material and “make anything visual that will tell us about your experience of working within an environment characterised by a lot of trauma, and when you have coped at your best". Participants took 40-45 minutes to complete their visual representations. When these had been completed, participants were asked to explain their models. Questions included what they had made, what the relationship between the objects was and how it related to their coping strategies. Comments were clarified and feelings and meaning were assigned to the models. When the participants had provided their explanations, the rest of the group was encouraged to complement the accounts with their own perspectives, thereby adding rich data. Models were photographed and video-recorded to include visual data. The discussions were audio-recorded and data transcribed verbatim to obtain textual data. The participants were informed that support had been made available should they feel the need to discuss emotionally upsetting content.

The Mmogo-method® elicited individual and group discussions (Roos, 2009). Questions were positively-framed and focused participants’ attention on their current coping mechanisms (Cowling, 2001; Peterson & Seligman, 2004). Accordingly a deep understanding of the meanings of the projections was obtained from participants' rich descriptions of experiences (Roos & Strong, 2010). Projections are expressions of the self on to activities and/or objects (Roos, 2009).

Data Analysis

Two sets of data were analysed, namely visual and textual data, thus contributing to trustworthiness.

Visual data. Visual data were analysed by obtaining the literal meaning of the projections from the participants. Photographs of projections were linked to participants' interpretations and experiences. Each model was discussed and analysed separately and themes were linked to the visual data. Group members were given the opportunity to expand on the relationship between different objects through associations with personal and collective coping experiences (Roos, 2009). Visual projections were based on the relationship between different objects as it applied to the research question.

Textual data. The group members' textual data were transcribed, including the interpretations of the other participants on what was said and how the comments related to the group. Cross-identifying data associated with categories were derived from uncoded text through multiple readings of textual data (Johnson & Christensen, 2010). Analysis occurred by (1) labelling the code, (2) categorising themes and (3) describing the meaning (Braun & Clarke, 2006). This enabled the development of key themes from raw data (Johnson & Christensen, 2010). A theme can be described as a recurring pattern that emerge from the data (Braun & Clarke, 2006). The aim was to identify common themes, patterns and regularities that resurfaced throughout the interviews (Monette, Sullivan & Dejong, 2002). Data analysis was guided by the six steps noted by Braun and Clarke (2006): (1) familiarisation by transcribing and studying data, (2) coding systematically across the entire data set, (3) searching for themes, (4) generating a thematic map of coded data to be analysed, (5) defining and renaming themes to get a clear picture of data analysis and, lastly, (6) producing a scholarly report on extracts that

support themes. Themes identified in the current study were compared with other research studies (Matthews & Ross, 2010).

Trustworthiness

The researcher applied Lincoln and Guba's (1985) trustworthiness criteria during the research process. These measures include (1) credibility or truthfulness of findings; (2) transferability or applicability to studies in similar contexts; (3) dependability and data stability over time; and (4) conformability or neutrality of findings. Credibility refers to the accuracy of the interpretation of the data compared to the original comments. The findings are considered to be truthful when these align (Lincoln & Guba, 1985). To ensure the credibility or truthfulness of the data, selected participants checked them to ensure the accuracy of the interpretation of findings (Lincoln & Guba, 1985; Tracy, 2010). Participants checked the truthfulness of the results through prolonged engagement, referred to as member checking, to verify the credibility of findings (Lincoln & Guba, 1985; Tracy, 2010).

Transferability or applicability is the degree to which findings can be applied beyond the scope of the current research (Lincoln & Guba, 1985) to studies in similar contexts. The researcher was able to ensure transferability of the research by providing background data on the research context. The researcher also provided thick descriptions for a deeper understanding of the research topic (Ellingson, 2009). The findings can therefore be directly related to contextually sound quotes (Ellingson, 2009).

Dependability or data stability over time concerns the quality of the integration of data collection, data analysis and how the findings assimilate with theory (Lincoln &

Guba, 1985). The research findings comprise additional data sources, including field notes and written observation notes (Cowling, 2001; Kelly, 2008; Matthews & Ross, 2010) as an account of what the researcher had listened to, viewed, deliberated on and perceived in the field (Patton, 2002; Strydom, 2011). Furthermore, the processes of the study was reported on in detail (Lincoln & Guba, 1985).

Conformability is the extent to which the researcher was able to stay neutral in reporting findings (Lincoln & Guba, 1985). Researcher bias was reduced by using reflective notes after the discussions (Elliott & Timulak, 2005). The researcher also explored her own vulnerabilities with the use of reflexivity, introspection and reflective notes made during and after the data collection (Ellington, 2009). By examining different types of information, transcriptions, visual data and field notes on participants, a systematic analysis was done to crystallise the findings, thereby exploring data from different perspectives (Ellingson, 2009). Given the potentially emotive nature of the research topic, and to guard against the intrusion of possibly preconceived ideas, the researcher used direct quotes from participants to ensure an accurate interpretation of social meanings (Ellingson, 2009).

Ethical Aspects

Ethical permission to conduct the study was obtained from North-West University, under ethical reference number NWU-0005-10-S1. Permission was obtained from the Childline Gauteng board to access the research sample. Participation in the current study was voluntary and the researcher did not coerce, force or deceive participants (Strydom, 2011). Participants' informed and signed consent was obtained

and pseudonyms were used to ensure anonymity (List, 2008). They were also informed that only partial anonymity could be provided because of to the nature of data gathering in a group context. Confidentiality was negotiated with members (Strydom, 2011) by requesting that participants not divulge sensitive information outside the group. The researcher guarded against potential emotional harm (Strydom, 2011) by explaining that the methods used could trigger psychological distress and provided details for debriefing by a psychologist/social worker, if needed. They were also informed that should the group interview process trigger emotional discomfort the researcher would recommend they withdrew from the process. Participants were informed that they could withdraw from the research at any time. In terms of the University of the North-West's requirements the researcher will store raw data, including audio - and video-recordings and verbatim transcriptions, electronically, on an external hard drive in a locked steel cabinet to be kept for five years (Strydom, 2011).

Results

The results are presented by using direct quotes from the MHWs, referred to as participants P1–P10. Direct quotes provide nuanced descriptions of meaning and experiences of their coping strategies.

The MHWs coped by using intrapersonal and relational coping tools. The table below gives the main themes and sub themes that emerged from the data.

Insert Table 1 About Here

Intrapersonal Coping Strategies

In this study, intrapersonal coping strategies refer to MHWs' ability to draw from their inner qualities and strengths. These inner qualities and strengths included: awareness/self-awareness, self and environmental regulation, positive attitude, meaningful disengagement, self-care and coping through spirituality. Each of these strategies is discussed below:

Awareness/self-awareness. MHWs commented on their ability to be aware of the self in terms of challenges as achievements. This is reflected in the comment, "I think the most important thing for me is having this self-awareness. This is how I cope, having self-awareness about myself, about my challenges, about my achievements" (P10). The model below portrays an awareness of challenges as a duality of good and bad that exists and represents a totality.

Insert *Figure 1.* About Here

Figure 1 illustrates "a world that I've created as a way of coping with my work. These bits that are dark represent that it can be difficult. It can be very dark sometimes, but there is beauty as well that I've always seen in the context of this darkness And it is how I also see the world – that it's not perfect, it's bad, and sometimes it's good, but it makes a whole that for me is perfect." (P5).

Self-regulation. Coping involves regulation of the self and mobilising resources in the environment, as reflected in the following comment: "I did what I could do, and reflect on myself and maybe think of other things that I could do that could help the client

and then maybe read more and then maybe talk to other people, like phone and share with them what the problem was that I had, or maybe share with a supervisor" (P2).This process highlights the use of internal resources, environmental means and reflection with colleagues and supervision, as important contributors to coping. Moreover, gaining new knowledge was also used as a as coping strategy, expressed as "new knowledge to better help clients to better help support each other [colleagues] through supervision and to better help yourself. It keeps the environment exciting and make [sic] you kind of getting somewhere with new knowledge" (P1).

Participants also coped by focusing on themselves as the first priority and subsequently on other objects and people: "We need to … prioritise more, I believe in starting with me myself first and then other things and other people will come after" (P10). To sustain their coping abilities, participants focus on their own "inner strength to cope" (P3).

Positive attitude. Positive attitude refers to the MHWs' ability to reframe negative events positively by using them as learning experiences. They reappraised such situations by thinking differently about clients' negative experiences, and expressed this in the following statements: "For me it's something that comes from inside" (P5), "I think being positive about life itself just gives me strength" (P9), and: "There are always different ways to see things from different angles and also make things work for me differently" (P6).

Furthermore, internal resources facilitate motivation to focus on positivity: "The internal motivation of positivity ... that helps me to escape to the goodness is the hope.

That from this valley of darkness I'm going to learn something from that. I can only come from this much, much better, much, much strengthened" (P5), and: "I believe that out of any horrible or terrible experience there is always something to learn. What should I learn from this situation?"(P2).

The ability of participants to focus on positive aspects persisted despite funding shortages and limited resources in the NGO sector generally, as reflected here: "Thinking of my office, currently I think it would do, it would help me to make use of what I have, and not have like more, not demand more, demand something that I cannot have, you know. The little that I have, make use of it, and use it positively. Appreciate the little that I have, because I cannot have everything" (P5).

Meaningful disengagement (healthy distance). Meaningful disengagement refers to the use of solitude and the ability to disengage from counselling sessions as coping strategies. This disengagement occurred during counselling sessions when clients shared highly emotive experiences with a MHW. The MHWs decided not to become deeply drawn into the client's trauma by "still [remaining]involved but not totally absorbed"(P2). Disengagement also happened after sessions, when MHWs disengaged from their working environment by seeking solitude: "I need to be alone and that's okay too. I'd like to teach myself that it's okay to say can you take my son [for a while] I need to be with myself and it's okay"(P5). As noted in this comment, meaningful disengagement also included accepting assistance from others that facilitated solitude.

MHWs further disengaged from their work environments "during lunch hour … to remove myself from this environment. Maybe take a walk outside for a few minutes

… even [if] it's just thirty minutes" (P2), or "I'm working sometimes during lunch – [rather] take about forty-five minutes, to do [window shopping]" (P8). Participants agreed that they could build on current activities: "I make sure that I create opportunities with what I have" (P2).These activities allowed MHWs to disengage in a meaningful way by using what was available. Meaningful disengagement can also be established through setting personal and professional boundaries.

Personal and professional boundaries. Boundaries are personal and professional limits that are built on MHWs' beliefs, opinions, attitudes, past experiences and social learning. MHWs felt it was imperative to create boundaries between work and home: "It's just like having your home and having your work and trying to have a boundary between those two areas" (P4), and "I try to remove myself from the situation so that I can … cope and … help the clients when they come back again" (P2). One participant graphically represented these boundaries, shown below:

Insert *Figure 2.* About Here

Figure 2 illustrates "These are boundaries. Respect each other's boundaries and personality and uniqueness. Boundaries help me to go home and not still be a Childline counsellor" (P1).

Self-care. Three types of self-care were identified. First, within the family context when family assistance was accepted to facilitate self-care. Second, by creating opportunities for private time, and third, MHWs acknowledging that they also needed to support themselves. Self-care within the family context was reflected in, "I introduced a new term at home, that it's my 'me time' and now my children have adopted that. Now

they say ‘it’s my me time’ also" (P2). Private time opportunities were identified: "And then my easel and paint are permanently set up. My painting is never packed away, so it’s also ready whenever I feel like painting" (P1). Self-support was expressed: “I need to focus more on myself ... emotionally. Sometimes as a person you need that for yourself" (P-9), and "I do support myself. The reading ritual, this is my special time. It’s actually fantastic because I can read there and do whatever" (P1).

Coping through spirituality. All the participants reported that they found meaning through spirituality and that this also contributed to coping: “For me, in terms of how the spirituality practically applies in finding meaning in what I do, I find it helpful if I find meaning. I don’t know how I would’ve coped if I didn’t find meaning in it” (P1). "The fact that I am a Christian and that I go to church, I get re-energised every time that I tap into that part of me and that also helps me cope with what I deal with on a daily basis″ (P3). ″Also for me [badness is] an inescapable part of the work at Childline. So, somehow we have to ... be able to learn to find meaning in it and, you know, rather to challenge you to do something better maybe" (P1).

One participant felt that working at Childline was a calling from God. "I believe that, for me, working at Childline is fulfilling a divine mandate" (P7). This belief provided a sense of meaning. It is reflected graphically below:

Insert *Figure 3*. About Here

This participant took time constructing the cross depicted above. The participant explained that "this is the church, this is the cross, which is a symbol of Christianity. Working at Childline is fulfilling a divine mandate. Burnout to me is that point that you

feel ... I've reached the end and this is where I have to stop. And every time I feel that I have reached that point in my life, or in my work life rather, I go to church on Sundays and that is how I get refuelled, that is how I renew my energy to come back to work on Monday and continue"(P7). The MHWs found a powerful coping resource in spirituality. Through spirituality they found meaning and were refuelled. Spirituality facilitated renewed energy and enabled MHWs to adapt to their difficult environment.

Relational Coping Strategies

Social contexts and relationships were experienced in terms of reciprocal unconditional acceptance by family, an organisational culture of care, and a supportive network of colleagues and friends.

Reciprocal unconditional acceptance by family. Participants described the importance of giving and receiving unconditional acceptance from their families: "It's important for me to accept them [my family], and then in return they are able to do that for me. That, and [a] positive accepting environment, but I will also accept them too with their limitations" (P2). Acknowledging, and accepting, the limitations of self and others, within a non-judgemental milieu, contributed to unconditional reciprocal approval. Coping was further enhanced in a positive accommodating environment. Moreover, "with the support, this year specifically I have invested a lot in ... family that is always supporting and being in regular contact with them and that has been a major supportive function" (P1).

MHWs also acknowledged that they could be more open to accepting assistance from family because it helped them to relax. This, in turn, further contributed to coping,

which is expressed as: "I would like to [be more] accepting. When I get back home from work, usually we are tired and I'm tired most of the time, and my daughter would offer to help. Maybe I should relax and accept it" (P8). As well as: "I'm reaching out and it's okay for me to reach out to somebody" (P5) on accepting assistance.

Supportive network from friends. MHWs used their friends as support systems: "I also find my coping mechanism, ... [in] friends" (P10).These networks offered mutual encouragement, expressed in "I've got these networks of people that I also go to [and] who help me. Sort of direct me to say there is positive"(P4). This comment reflects mutual encouragement - another factor that facilitates coping.

However, MHWs felt that they did not always want to be the listener but sometimes needed to be heard by family. "As counsellors we tend to always be the ones that are giving and give and give. And then find that we are wearing that hat at home with our parents as well and everybody is telling you all their problems and you never get a chance to share yours. So to sit down and listen and tell them that you also want people to listen to you and not just having a support system that just uses you all the time"(P4). This participant stressed the need to both give and receive support.

Although the participants realised the value of social support and expressed a need to expand their social support network, they were not very specific about the source of such support. "I'm always looking out for extra support knowing that no one's perfect, looking out for extra support that I can draw from" (P6), and "I'd like to use people more as a support system"(P5). "Where I would like to improve is to draw on people as well as

support systems and not only on myself, like to ask for help from other people and to ask for support from other people" (P5).

Organisational culture of care. The organisational culture of care refers to the degree of approachability that exists between staff and management. It seems that informal conversations in a neutral space fulfil an important support function. This was highlighted thus: "It's crazy, this little kitchen, how many colleagues can fit into it" (P1), with reference to employee interaction in the mornings. "Visits" (P1) happened in the kitchen when colleagues interacted. The organisational culture of care included an open-door policy, described as: "A down-to-earth director, a down-to-earth team of HODs, people that you can chat with in the kitchen, in the corridors, about anything. It already constitutes something of a very good support mechanism" (P7). "This is a team here at Childline that if we're having a problem we talk about the problems that we're having and then they are here to support me" (P9).

Sharing experiences with colleagues. Participants expressed that they found comfort in the thought that they shared similar experiences with colleagues. "We share the same experience. So for me it's helpful [to] know [that] I am not alone" (P10) and "experiencing friendly smiles and empathic interaction with colleagues" (P4).

Interaction with colleagues through reciprocal debriefing, after experiencing difficult cases, greatly contributed to coping. This was reflected thus: "When I've got a hectic case, I can easily debrief [with peers], so we've got that open door policy. That really gives us quite a good support [when] you really need to work it through with somebody else" (P3).

Discussion

MHWs demonstrated the ability to regulate themselves within difficult circumstances by using appropriate coping strategies. Previous research into groups who work continuously with trauma found that MHWs could become desensitised and blunted to their client's trauma (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002). This, however, was not observed in the current study. The literature describes coping in terms of problem - and emotion - focused (Endler & Parker, 2000; Folkman, et al., 1986; Lazarus & Folkman, 1984; Smith & Baum, 2003), but does not address continuous trauma. Wong, Wong, and Scott (2006) suggest that transformative positive psychology be viewed from a multi-cultural, cross-cultural and personal perspective. In contrast to the above, stress is interpreted according to personal perspectives and diverse backgrounds and will therefore influence people differently (Wong, Wong, & Scott, 2006). In the current study, MHWs were able to apply activities in their daily functioning that assisted them to cope consistently when dealing with children's trauma. These daily activities facilitated continuous coping strategies, and presented on different levels according to the way MHWs described these mechanisms. Coping presented on an intra-psychic level where MHWs were able to display positive attitudes. Kilburn and Whitlock (2013) suggest that positive attitudes develop from the ability to reframe stressful events by drawing on positivity. MHWs needed to create time to compose themselves as a way to regulate emotions.

It is on the relationship level that MHWs became actively re-energised through spirituality as well as their interaction with other people. Literature describes the issue of

social support extensively (Cohen et al, 2000; Uchino, 2004; Tailor, 2011; Heaney & Israel, 2008). What was observed in the current research is that MHWs often took on the role of continuous counsellor in their own relationships. However, they did realise that it was important to also receive and not to always be giving. By acknowledging that they needed assistance the MHWs were able to self-regulate. The MHWs coped continuously and maintained a balance by keeping positive attitudes and thus not focus on negativity. MHWs had an optimistic view which enabled positivity within their work environment (Seligman & Csikszentmihalyi, 2000). MHWs were further able to regulate themselves intra-psychically by emerging themselves in literature and utilising this knowledge to optimise coping. Their knowledge further promoted coping in the sense that MHWs did not become immobilised by their clients' trauma.

In this research, the MHWs described a process of mental awakening, which Lincoln (2009) refers to as ontological authenticity. Ontological authenticity occurs when mental awareness invokes an understanding not previously realised (Lincoln, 2009). With this awakening (Lincoln, 2009) MHWs can meaningfully and consciously deal with their continuous challenges. They developed an understanding to preserve and maintain themselves within the counselling context. MHWs were also aware of their sources of support and how to obtain it. These sources could be found within the supportive context of the organisational culture and of friendship and family. Organisational support is perceived to reduce undesirable physical, psychological and behavioural responses (Barnett & Bradley, 2007). Research found that organisational

support could lead to commitment, reduce emotional exhaustion and enhance organisational citizenship behaviour (Barnett & Bradley, 2007).

This in turn leads to decreased staff turnover, increased job satisfaction, and higher levels of commitment and performance (Barnett & Bradley, 2007; Cropanzano, Rupp, & Byrne, 2003). Organisational citizenship behaviour occurs when the attitude of employees is such that it promotes the effective functioning of the organisation without expecting formal reward (Barnett & Bradley, 2007; Christ, Van Dick, Wagner, & Stellmacher, 2003). Macro-stress management aims to repair total environments rather than focusing on situational coping (Wong, Wong & Scott, 2006).

However, this group had not been fully aware of the potential of this repertoire of support and expressed a need to further draw on their networks. The sustainability of the MHWs' coping strategies within this specific context can be ascribed to their positive attitudes. Because the MHWs operate under harrowing circumstances, it would be possible that these conditions could have led them to experience burnout, as described in previous research (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002). In spite of this, the MHWs in the study were able to maintain themselves by making conscious decisions not to be negatively influenced by their circumstances.

The MHWs have the ability to perform on a meta-level by understanding their own needs and those of their clients. Metacognition or mental flexibility contributes to positive psychological outcomes because it encourages positive thinking styles (Sternberg & Zhang, 2001; Zhang, & Sternberg, 2006). These thinking styles created an awareness of MHWs in relation to their clients by not becoming overly absorbed in trauma. They

are able to achieve distance by creating healthy personal boundaries and drawing on spirituality, within which they are re-energised. Therefore, by talking about their ability to cope continuously, it is clear that MHWs are able to self-maintain, possess self-awareness, hold positive attitudes, and are able to disengage meaningfully. They knew how to avoid getting drawn into their clients' trauma and when to utilise their sources of support. They were also mindful of where to access support, whether spiritual, having time to themselves or from supportive relationships. Finding meaning, in spite of high professional stress levels, is a foundation of contentment (Peterson & Seligman, 2004).

Limitations and Recommendations

Limitations concerning positive psychology relate to criticism in terms of the strong optimistic focus; negativity is argued to be a necessary component to establish a balanced perspective (Schneider, 2011). Held (2004) criticises positive psychology as "a one size fits all" (p.13) that disregards other approaches. Positive psychology is further criticised for excluding negativity from the positive psychology philosophy; the dominant optimistic messages are also challenged (Held, 2004). In the current study negativity was acknowledged but the focus was on optimising coping strategies by adopting a positive stance.

Further limitations include the fact that the sample was drawn from one organisation only and that it included a variety of MHWs: social workers, social auxiliary workers, trauma counsellors, and telephone counsellors who assist traumatised children. Moreover, the sample consisted of nine women and one man. Because of the diversity of the group and the small number of participants the findings cannot be generalised to all

populations of MHWs who deal with traumatised children. However, this was a case study that set out to look at coping strategies of MHWs in a specific organisation and data saturation was reached, thus producing rich descriptions of experiences.

It is recommended that should a broader understanding of MHWs' coping strategies be required a larger, more representative sample of the population be obtained. It is also recommended that a study focusing on a homogeneous group's coping strategies be conducted. Further recommendations for NGOs and government departments include networking to improve relationships and communication. Through strengthened collaborative partnerships, service delivery to children could improve and in turn contribute to MHWs' enhanced coping by providing confirmation that the work they do is effective. Formalised peer support, such as a buddy system, could encourage counsellors to reach out to one another and serve as added support. Finally, encouraging activities and providing amenities that provide MHWs with the opportunity to remove themselves from the organisation for short periods – such as yoga, gym or a chill room – could lead to self-care by creating opportunities for private time, which was one of the themes identified as enhancing their coping.

Conclusion

MHWs, dealing daily with children's trauma, provided rich descriptions of their coping strategies. They were able to deal with the demands of their profession by drawing on internal and external resources, which included intrapersonal and relational coping. MHWs were able to expand on their existing approaches to coping.

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Chapter 3

Critical Reflection

The literature describes coping in terms of problem - and emotion - focused coping (Endler & Parker, 2000; Folkman, et al., 1986; Lazarus & Folkman, 1984; Smith & Baum, 2003), but has not paid sufficient attention to the problem of coping with persistent and continuous trauma. Transformative positive psychology focuses on multi-cultural, cross-cultural and personal perspectives, highlighting that the interpretation of stress relies on personal and diverse backgrounds that influence MHW in different ways (Wong, Wong, & Scott, 2006). What was observed from the data was that MHWs experienced trauma without respite and were able to cope consistently with stressors. This continuous coping manifested on an intra-psychic level at which emotional issues contributed to one aspect of the findings where MHWs were able to control emotions. Furthermore, MHWs were actively involved in their emotional regulation and were able to adapt in terms of the self and the environment. Even though there may be a perceived link to emotion - and problem - focused coping, the MHWs did not concentrate only on resolving problems or suppressing emotions. Participants faced daily stressors and managed to cope with these, resorting to strategies that were rooted in daily activities. Secondary Trauma (ST) experienced by MHWs is complex, considering the enduring exposure to trauma within their professional context, which includes peer debriefing (Herman, 1992).

MHWs were able to continue with their work by engaging in positive behaviour and adopting attitudes that facilitated and enabled coping. The MHWs experienced

coping not only in terms of focusing on emotions or problems, but also provided powerful nuanced descriptions of how their coping manifested. Moreover, the mental awaking that the research process elicited was used in a constructive manner to identify more intrapersonal coping strategies (Lincoln, 2009). The participants were also able to make specific suggestions about how to strengthen their current relational copings strategies.

Folkman et al. (1986) define emotion-focused coping as the ability to relieve emotional distress by avoiding or denying a stressful event, whereas problem-focused coping strategies attempt to find alternative ways to resolve problems through concrete measures (Lazarus & Folkman, 1984). The findings of the current study are in contrast to similar studies that found MHWs who experience ST and who regularly intervene with trauma survivors often experience burnout (Figley, 2002; Mac Ritchie & Leibowitz, 2010; Stiles, 2002).

This research is helpful in determining how MHWs regulate themselves within their professional contexts. Relational coping had a positive effect on MHWs' coping responses. The importance of supportive networks is highlighted by Krzysztof (2005), specifically relating to the actual help that is received and the quality of the assistance provided. Social support would appear to be beneficial with regard to psychological wellbeing and physical health (Cohen, Gottlieb, & Underwood, 2000). However, Krzysztof (2005) warns that, paradoxically, social support could exacerbate symptoms of distress, depending on the stressful event. It is clear, however, that determining the value of social support is complex and that not every group will experience supportive systems

positively. Supportive experiences are further dependent on perceptions of support (Krzysztof, 2005). Folkman et al. (1986), draw attention to the transitory properties of stressful encounters, warning not to draw misleading conclusions because the real coping strategies, relating to person-environments, would be overlooked.

When considering the above, we can assume that MHWs' reaction to stress is contextually bound. There is limited research that focuses specifically on MHWs' functioning within an environment in which they deal with children's trauma. More importantly, when considering findings from the current study, recommendations to MHWs include self-regulation exercises. In order to determine the MHWs' world views, whether positive or negative, cognitive thinking styles can be identified and the effects on coping explained. Cognitive thinking style may be defined as the manner in which MHWs think, perceive and remember experiences (Sternberg & Zhang, 2001). Mental flexibility or metacognition is confirmed in research as contributing to positive psychological outcomes (Sternberg & Zhang, 2001; Zhang, & Sternberg, 2006). To encourage metacognition, group exercises can be introduced to determine the level of optimism, including identifying conditions that made the MHWs happy about their day. These exercises highlight negative and positive thinking styles and will guide implementation of wellness training.

MHWs experienced social support through available networks of friends, family and colleagues. These networks provided support on an emotional and organisational level, perceived by MHWs as assistance that is available to them. They expressed a need

to draw more widely on these networks. Exercises, such as team building and group activities or yoga classes, could build on these networks to enhance social interaction.

MHWs felt the need for an isolated space within their social environments where they could spend time on their own. Solitude thus provides an opportunity to recover following exposure to trauma. These MHWs used time alone to orientate, reflect and reposition the psyche and were then able to draw on support systems that facilitated further healing. There is extensive literature on the importance of reflective practices and how to find healing by following them (D' Cruz, Gillinghan, & Melendez, 2006; Fook, 2002; Ruch, 2000; Johns, 2006; Newton, 2004). D'Cruz et al. (2006) highlights the importance of self-reflection and critically reflecting on what MHWs are doing. This reflexivity leads to self-awareness, which stimulates knowledge creation and can be understood as a learning process (D'Cruz et al., 2006).

The literature describes an understanding of the processes of burnout in organisations operating in a resource-strapped environment in terms of conservation of resources (COR) theory (Hobfoll & Shirom, 2001). COR was introduced by Hobfoll (1989) and highlights the importance of building on MHWs' inner and external resources to sustain positive work experiences (Seligman & Csikszentmihalyi, 2000). South Africa is currently experiencing a shortage of MHWs (Earle, 2007) and it is thus especially important to assist these professionals to remain in their field. The way to do this is to create networking opportunities that could contribute to improving relationships and communication. The value of COR in this respect would reinforce positive engagement, moving experiences away from limited resources towards supportive interaction (Hobfoll

& Shirom, 2001). Positive engagement counters experiences of exhaustion by promoting an optimistic outlook that could lead to improved relational resources, preventing burnout (Hobfoll, 1989; Hobfoll & Shirom, 2001). By protecting and building on resources positive reinforcement can be maximised. Conversely, the perception of loss or lack of resources increases stressful experiences (Hobfoll, 1989).

Conclusion

Contrasting previous studies, MHWs working at Childline Gauteng were able to deal with the stressors of their professional environment through internal and external resources. By focussing on the positive, MHWs remained optimistic even in difficult circumstances.

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Table 1

Themes and sub-themes on participants coping strategies

Main themes	Sub-themes
Intrapersonal coping strategies	Awareness/Self-awareness
	Self regulation
	Positive attitude
	Meaningful Disengagement (healthy distance)
	Personal and professional boundaries
	Self-care
	Coping through spirituality
Relational coping strategies	Reciprocal unconditional acceptance from family
	Supportive network from friends
	Organisational culture of care
	Sharing experiences with colleagues

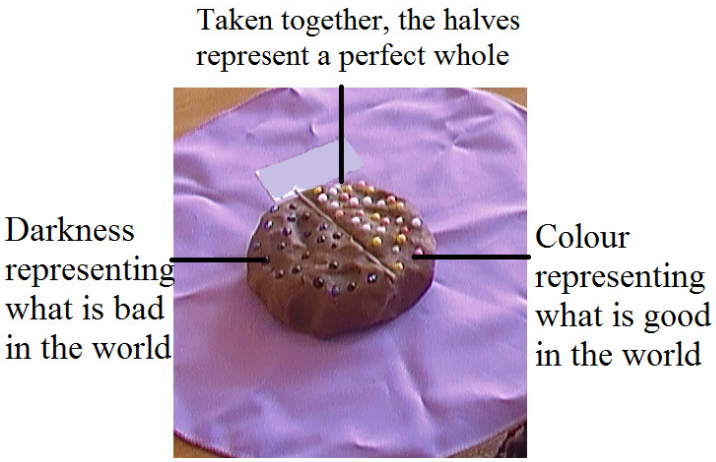

Figure 1. Awareness of the duality "good and bad" experienced as wholeness

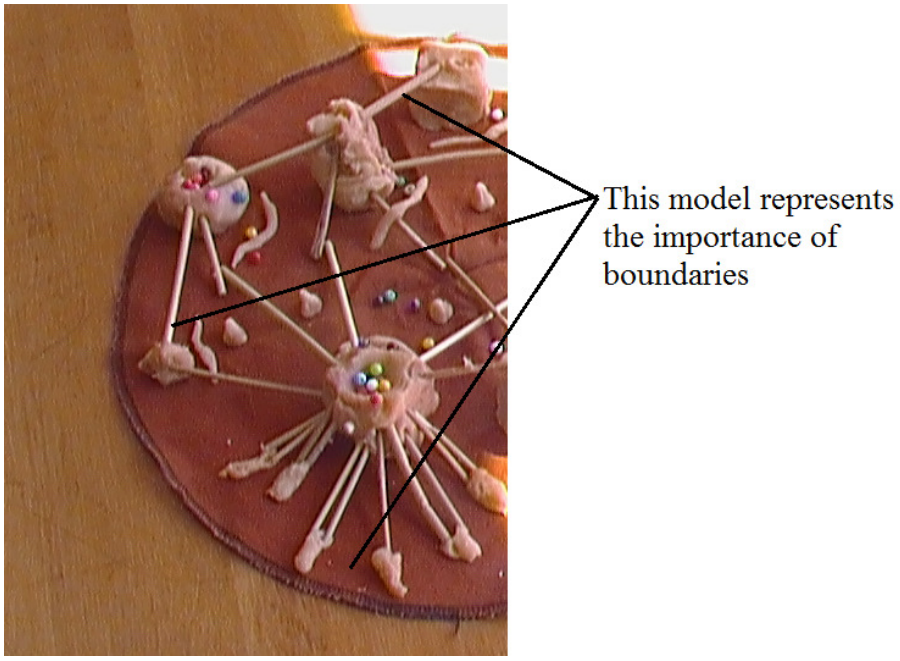

Figure 2. Boundaries between private and professional contexts

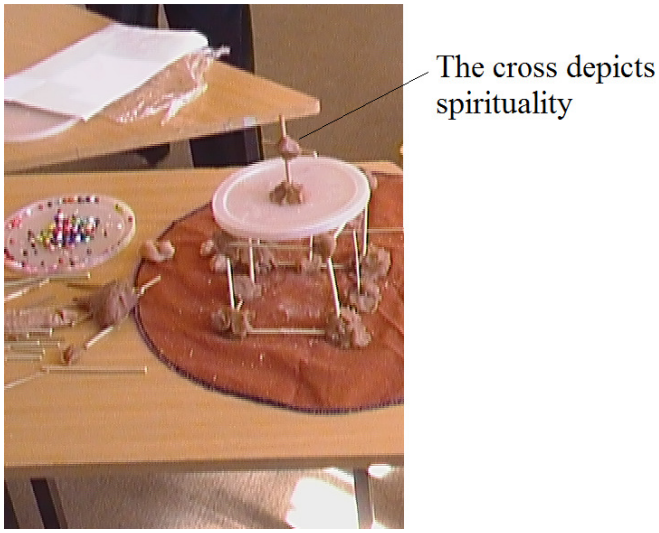

Figure 3. The divine mandate

APPENDIX A: SUBJECT INFORMATION SHEET

Private Bax X6001, Potchefstroom
South Africa 2520
African Unit for Transdisciplinary Health Research

Prof. Vera Roos

Tel: +27182991725

Fax: +27182991730

Email: Vera.Roos@nwu.ac.za

Research Project

My name is Annelie Keyter and I am currently a Psychology Master student registered at the North-West University. My research concerns the psychological understanding of the coping strategies of Childline Gauteng MHWs intervening with childhood trauma. I am giving you this letter to find out if you would be kind enough to assist me by participating in the research. At the outset, I would like to assure you that your identity will be kept confidential and your statements anonymous. The satellite offices may be mentioned but information gathered from the satellite offices will not be compared.

The main aim of this study is to explore mental health workers' (MHWs) coping strategies in dealing with children's trauma, by using the Mmogo-method® to collect data. The Mmogo-method® is a technique that uses clay, beads and straws to assist participants to make projections to understand their emotions more clearly.

The research requires your agreement to participate in one focus group with three sessions that would last a maximum of eight hours, or one day, of your time. We will contract as a group to maintain confidentiality about participants' identities and anonymity of all statements made. In addition to myself and the participants, North West University professionals will also be present, as I require assistance to use the Mmogo-method®. However, these professionals are similarly mandated to keep information anonymous and identities of participants confidential.

There is no financial or any other reward for your participation in and assistance with the research. No identifying information will appear in the research about you, your family, your friends, your school or church, any jobs you may have held previously, or any other identifying details. You have the right not to answer a question if you choose and you have the right to withdraw from the research at any time.

I will audio- and/or video-record the interviews so that I can transcribe them for detailed analysis. If by chance you mention a name or identifying details during the interview, I will not type it in the transcript, as I and the supervisory team are the only persons who will hear or view the recordings after the interviews. The audio- and/or video-recordings will be destroyed after the research has been published.

If you are comfortable with the above arrangements and are willing to assist with the research study, I will ask you to sign a consent form to participate in the research, and a consent form to agree to the audio- and/or video-recording of the interviews. I realise that the nature of this research has the potential to be emotionally upsetting. Therefore, at the beginning of the first interview, we will discuss options for post-interview

counselling, should the need arise. This will be done with your external supervisor/psychologist as arranged by your respective departments. To assist you before you make your decision, I have included information about the focus group, which will be divided into three sessions.

- Introduction, which includes signing the two consent forms
- Professional experiences concerning your interventions with children's trauma
- Explaining your coping styles

Termination, will also cover if you need to go for counselling. The interviews will encourage you to speak freely about your professional experiences at Childline Gauteng and how you cope with children's trauma cases. I would be most grateful to you for your assistance with and contribution to this research study. If the situation presents itself, in-depth interviews may be required. Any queries you may have about the research study may be obtained from my research supervisor: Professor Vera Roos, +27 (0)18 299 1725 from the North-West University.

Yours faithfully

Annelie Keyter

APPENDIX B: CONSENT FORM FOR PARTICIPATION IN THE RESEARCH

I am a volunteer participant in the research study exploring mental health workers' (MHWs) coping strategies in dealing with children's trauma conducted by Annelie Keyter, a Psychology Masters student currently registered at North West University. The main aim of this study is to explore MHWs' coping strategies in dealing with children's trauma, by using the Mmogo-method® to collect data.

I understand that the research will take the form of focus groups, and interviews involving approximately eight hours of my time. If the situation presents itself in-depth interviews may be required. I understand that I will receive no financial or any other form of reward or compensation for my participation in the research. I understand that my identity will be kept confidential, my statements anonymous, and that the typed transcripts and published research will contain no personal identifying information that can be linked to me, my family, my previous places of employment or any other identifying details.

I understand that the name 'Childline Gauteng' may appear in the article and that the various satellite offices may be mentioned but that no reference will be made to information gathered from the satellite offices, and no comparisons will be made between the various departments. I also understand that I have the right not to answer a question if I so choose and that I have the right to withdraw from the research at any time.

_____ _____

Participant’s signature Date:

_____ _____

Researcher’s signature Date:

APPENDIX C: CONSENT FORM FOR THE AUDIO/VIDEORECORDING OF THE INTERVIEWS

I agree to the audio- and/or video-recording of the interviews between Annelie Keyter and her supervision team and myself and other participants in the focus group. I understand that the recordings will be kept in a secure place during the research process to protect my identity, and destroyed after the research has been published.

I also understand that the recordings will be transcribed for detailed analysis and that any identifying details that may arise during the interview will be deleted from the verbatim transcripts to protect my identity. The transcribed document, without identifying details, will be electronically stored in a secure place for a period of five years.

_____ _____

Participant's signatureDate:

_____ _____

Researcher's signature Date:

APPENDIX D: RESEARCH QUESTION

NORTH-WEST UNIVERSITY
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Exploration of mental health workers' coping strategies in dealing with children's trauma

Question

Make anything visual that will tell us about your experience of working within an environment characterised by a lot of trauma, and when you have coped at your best.

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