

Secondary Traumatic Stress in Child Welfare Practice: Trauma-Informed Guidelines for Organizations

By

The Chadwick Trauma-Informed Systems
Dissemination and Implementation Project

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Chadwick Center for Children & Families, Rady Children's Hospital, San Diego

The Chadwick Center for Children & Families is a child advocacy center with facilities located on the campus of Rady Children's Hospital in San Diego, CA, and throughout San Diego County. It is one of the largest centers of its kind and is staffed with more than 100 professionals and paraprofessionals in the field of medicine, social work, psychology, child development, nursing, and education technology. The center has made lasting differences in the lives of thousands of children and families since opening our doors in 1976. The staff is committed to family-centered care and a multidisciplinary approach to child abuse and family violence. The center's Mission is to promote the health and well-being of abused and traumatized children and their families. This is accomplished through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research. The Chadwick Center's Vision is to create a world where children and families are healthy and free from abuse and neglect.

The National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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INTRODUCTION

About These Guidelines

The Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI) was a Category II Center within the National Child Traumatic Stress Network. CTISP-DI worked with five *Supercommunities* across the country to serve as communities of excellence and lead the transformation of public child welfare agencies into trauma-informed systems within their respective jurisdictions. During the work with the Supercommunities, a significant need was identified for training, support, and strategies to approach STS within each of the 5 child welfare jurisdictions.

After developing a workgroup and reviewing Florida's *Continuum of Care for the Child Welfare Professional: Prevention and Intervention Points with Corresponding Services for Vicarious Trauma*, members of the workgroup suggested adapting this document, digging deeper, and providing research and practical examples for the concepts developed by the Florida Department of Children and Families. They focused on developing trauma-informed guidelines designed to assist child welfare organizations approach the impact of STS on staff, while acknowledging the limited resources currently available to support the implementation of ideas and strategies on an organizational level.

Defining Exposure to Trauma in the Workplace

Trauma in the workplace can be experienced in two ways, as a primary trauma or a secondary trauma:

- Primary trauma is the result a traumatic event that happened directly to a person. This may be a trauma that occurred in their personal life, or exposure to a traumatic event in the line of duty (i.e., in their line of work) (Mathieu, 2011, p. 13).
- Secondary trauma is the result of bearing witness to a traumatic event or series of events. This exposure may occur in the form of hearing stories, seeing images or videos, reading details of a case file, listening to graphic court testimony, and/or graphic debriefing by a colleague (Mathieu, 2011, p. 13).

There are several different terms that have been used to describe the phenomenon of being impacted by the exposure to trauma (secondary or primary) in the workplace. These terms and their definitions are listed below:

- **Burnout:** The physical and emotional exhaustion helpers may experience due to low job satisfaction, feelings of powerless, and being overwhelmed in the workplace (Mathieu, 2011, p. 10). This definition does not include exposure to trauma but this term has been used when talking about the child welfare workforce.
- **Compassion fatigue:** The profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their career as helpers. This is a gradual erosion of the things that keep them connected to others in their caregiver role (Mathieu, 2011, p. 14).
- **Secondary traumatic stress (STS):** Work-related, secondary exposure to extremely or traumatically stressful events (Mathieu, 2011, p. 27).
- **Vicarious trauma:** The profound shift that helpers experience in their world view when working with clients who experience trauma. Fundamental beliefs about the world are altered and possibly damaged due to repeated exposure to traumatic material. (Mathieu, 2011, p. 14)

Intended Audience

These guidelines are intended to assist the leadership of child welfare agencies, and other child- and family-serving organizations, support their workforce and provide concrete strategies for approaching STS. The information in these guidelines is grounded in research and practices currently being implemented by other organizations around the country.

STS in Child Welfare and Other Social Service Systems

The mission of child welfare systems is to promote the safety, well-being, and permanency of children. Through this work, child welfare workers often interact with people who have experienced trauma, and in many cases, multiple traumas. Given the nature of this work, members of the child welfare workforce have a very high risk of developing STS, and may also experience primary trauma (National Child Traumatic Stress Network, n.d.). Child welfare workers not only experience an indirect connection with trauma, hearing the stories and seeing the effects of trauma on children and families, but they are also in the position to potentially experience and witness trauma directly as they intervene with potentially volatile family situations. While these guidelines were specifically developed in conjunction with child welfare organizations to address STS within those environments, much of this

information can be applied to other social service systems that are working with traumatized individuals.

It must be emphasized that addressing STS within an organization is an ongoing process; these guidelines are not intended to be used as a checklist. The information provided is grounded in theory and in the fledgling research in this area. New research continues to come to the forefront and the field continues to learn more about the impacts of trauma exposure on helping professionals and ways to intervene. The initial investment to create this culture, just as with any change, will take time and effort, and it must be maintained and fine-tuned over time as the organization implementing the information in these guidelines and the research in this area both evolve.

Implementing the Concepts in these Guidelines

How these Guidelines Are Organized

These guidelines were created to highlight the organizational components that should be considered within four distinct phases in the life of the child welfare workforce and how to evaluate them throughout all phases:

1. **Hiring Phase:** This chapter includes recruitment efforts, application process and review, and the interview process.
2. **Critical First Three Months:** Building upon efforts made during the hiring phase, this chapter focuses on strategies for approaching STS during the first 3 months on the job.
3. **The Cumulative Effect:** Incorporating strategies from the hiring phase and critical first three months, this chapter highlights strategies which are ongoing throughout the duration of employment with the organization.
4. **Critical Incident Debriefing:** This chapter reviews what constitutes a critical incident (e.g., child fatality, a severe case of physical and/or sexual abuse, violence against staff, etc.), their key elements, and three models for debriefing after a critical incident in child welfare.
5. **Evaluation:** This chapter highlights how to gather staff feedback along the way, including evaluating and measuring outcomes, ensuring sustainability of these concepts, and performing exit interviews when a staff member leaves the organization.

Suggested Steps for Using the Guidelines

It is important to carefully consider the steps for undergoing an organizational change effort before actively engaging in the process. Using information from implementation science and following the EPIS framework (Exploration, Preparation, Implementation and Sustainability; Aarons, Hulbert, & Horwitz, 2011¹), the following are suggested steps that can be followed to implement new policies and practices around STS in the organization.

Step 1: Exploration

- **Leadership Selection:** Critical in any effort to make changes within the organization is putting together a team that will lead this effort. It is also helpful to have someone who is leading this team and keeping the effort on track. The team should reflect the roles across the organization. Keep in mind that representation from all levels of the organization should be included on the team - administrative, support staff, direct service staff, front line supervisors, and those in management roles. This team should be selected carefully and should include staff members who understand and embrace change as well as those who may have a more cautious approach. Membership of this team may change over time depending on what step the organization is at and what activities or policies are being implemented.
- **Assessment:** An organization should start by conducting a careful assessment of what is already in place. Organizations are at varying stages - some have spent quite a bit of time looking at this issue and to others this is new territory. Issues such as organizational size, organizational culture, governance, and funding may significantly impact how policies are developed and implemented. Some of the suggestions that are included in these guidelines may already be in place within the organization and may just need some minor adaptations, while others may be guides for the introductory work necessary to begin this process. Organizations should focus on what is realistic for them individually and may need to prioritize, trying not to do too much at once. Keep in mind that it is often best to start with small tests of change before incrementally spreading those changes throughout the organization. One organizational assessment tool that was designed specifically for evaluating the level of Secondary Traumatic Stress awareness and responsiveness is the [Secondary Traumatic Stress Informed Organization Assessment Tool \(STSI-OA\)](#).²
- **Prioritization:** Once the organizational assessment of STS is done, the next step is to look at the considerations included in The Cumulative Effect chapter. This chapter focuses on existing staff and the impact that exposure to trauma (both primary and secondary) has had on them. A great deal of what is recommended in the Hiring Phase and the Critical First Three Months chapters is founded on existing policies

¹ For more information on the EPIS framework, read *Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors* available at <http://link.springer.com/article/10.1007/s10488-010-0327-7>

² *Secondary Traumatic Stress Informed Organization Assessment Tool (STSI-OA)* available at <http://www.uky.edu/CTAC/node/234>

and procedures and so careful time and consideration needs to be given to this key component. Once these considerations have been reviewed, a few priority items should be selected for the organization to try implementing first. These priority items may include either adding new policies or activities or modifying existing ones.

Step 2: Preparation for Implementation

- **Planning:** Once the priority items have been selected, then the planning begins in earnest. Often times, organizations move too quickly from priority setting to implementation without carefully laying out a plan of action. This step is crucial to the success of any implementation process and should not be overlooked. Key decisions need to be considered such as timing of the rollout, training or resource needs (including trainer preparation, supplies and materials), and other logistical issues. Thoughtful attention to these items and a written plan of action will help ensure that all steps have been taken into consideration.
- **Evaluation:** Evaluation is critical to the success of the organization's efforts and should be considered throughout the stages of implementation. An evaluation plan should be developed in order to collect information on the implementation process and on the impact of the policies or procedures being introduced or modified. Information gathered through the evaluation can help the organization monitor whether the policies or procedures are implemented as planned and whether they are having the intended effect. It can also help identify any challenges or obstacles that need to be addressed. Ideally, the evaluation plan will include strategies for obtaining feedback from staff at all levels of the organization. Having more control and the ability to inform decision making within the organization is one way that helps staff feel more supported by the organization. Gathering feedback and making adjustments based on this feedback is crucial to success.

Step 3: Implementation

- Now the organization is ready to begin the new or revised policy/procedure. Keep in mind all the work that led up to this step and be careful to follow through with the process as planned.

Step 4: Sustainability

- Sustainability should be considered from the inception of the project and revisited throughout the implementation process. Key questions to consider are:
 1. Is there buy-in from all aspects of the organization (most importantly from leadership)?
 2. What costs must the organization consider beyond the introductory expenses to keep this policy current and relevant?
 3. How is the policy/procedure going to be introduced to new employees over time?
 4. What component of the organization will be responsible for ensuring that this policy/procedure is actually being implemented as designed?

THE HIRING PHASE

The hiring phase includes recruitment efforts to present the job to potential new staff as well as the application and interview processes.

Recruitment Efforts

Job Description

Recruitment efforts start with the creation of a job description. When creating a formal job description, one should keep in mind the realities of the job. Some of the items that should be considered include:

- Accurately describing the skills and experience needed for the job
- Clearly describing the duties associated with it
- Providing information on both the pros of this type of work (e.g., compassion satisfaction) as well as the challenges (e.g., exposure to trauma, emotional cost of caring)
- Conveying a *culture of affirmation and caring* by providing details on support/training that will be provided to build the skills to be effective in the job and to keep staff psychologically and physically safe

Recruiting Activities

In thinking through the activities associated with recruiting appropriate and capable staff, it is important to identify ways to appeal to the potential applicants. This may include talking to them at job fairs or events at colleges and universities as well as online dissemination of the job opportunities and word of mouth through current staff. It is recommended to have well-thought-out job descriptions on hand at formal recruiting events.

Workforce Champions

Considering who the champions are in the current workforce that can be utilized in the hiring process may be useful. Are there workers within the organization who may be able to share realities of the job, including benefits of the work, challenges, and ways to overcome those challenges? This could be useful during both recruitment efforts, like job fairs, and during hiring efforts.

Realistic Job Previews

In addition to the job description, being able to talk about the job, the organization, and what they are like will be necessary when recruiting new staff. According to the [U.S. Office of Personnel Management's website](#), “A Realistic Job Preview (RJP) is a recruiting tool used to communicate both the good and bad aspects of a job. Essentially, it is used to provide a prospective employee a realistic view of what the job entails” (para. 1).³ It is recommended to use RJPs in the recruitment/application process so that the organization can honestly present what the job is like and the applicant can judge whether that job matches their own personal goals and abilities. RJPs can include videos available online, presentations to groups of people, job tours, and/or a written brochure. The Child Welfare Information Gateway has an abundance of child-welfare-focused resources for RJPs. Visit their [Realistic Job Previews \(RJPs\)](#)⁴ webpage on RJPs for a full list of videos, interview questions, and supplemental materials developed by states across the country.

Through interviews and a review of 10 RJPs, Faller et al. (2009) noted that RJPs are a useful strategy for recruitment, selection, and retention of staff. Using the Faller et al. (2009) article, the National Child Welfare Workforce Institute (NCWWI) has developed a [Workforce Resource One-Page Summary titled Realistic Job Previews](#)⁵ to guide organizations who are interested in creating an RJP for hiring purposes.

Preparing for the Interview

Once a successful recruitment plan has been enacted and there are new applicants to consider, how does the person looking for a new employee sift through all of the applicants and use this part of the process to continue to convey the culture of affirmation and caring for staff? Preparing for the interview using the sections below as a guideline will help identify the right candidate for the job.

³ *Realistic Job Previews* – Office of Personnel Management available at <https://www.opm.gov/policy-data-oversight/assessment-and-selection/other-assessment-methods/realistic-job-previews/>

⁴ Realistic Job Previews (RJPs) – Child Welfare Information Gateway available at <https://www.childwelfare.gov/learningcenter/video-series/rjp/>

⁵ *Realistic Job Previews Workforce Resource One-Page Summary* - National Child Welfare Workforce Institute available at http://ncwwi.org/files/RealisticJobPreviews_1pager3.pdf

Provide Information on the Supports the Organization Offers

Before interviewing a potential candidate, it is important for the interviewer to become familiar with resources available within their organization that are designed to provide support for the staff. This will provide them with the ability to inform job applicants of the type and nature of supports that are available to help employees cope with the nature of the job they are seeking. A brief description of examples of these resources follows below. More in-depth information and examples of these and other types of organizational activities can be found in a later chapter titled The Cumulative Effect.

- **Supervision/Critical Debriefing Protocols:** Sharing the organization's supervisory practices with new applicants will set clear expectations for how this support is provided, how often, and any particular model that the organization follows. More information on supervision can be found on page 30. More information on critical incident debriefing can be found in these guidelines' fourth chapter starting on page 34.
- **Employee Assistance Program (EAP):** Sharing information on any existing EAP or other mental health supports for personal or work-related issues illustrates there are outside supports available for employees as well as de-stigmatizes utilizing mental health services. Detailed information on EAP or other services is often available from the human resources department. Additional information on EAP can be found on page 28.
- **Professional Development:** Sharing available opportunities for professional development can show the agency's commitment to employee training and building employee competence. More information on training and professional development can be found on page 29.
- **Wellness Programs and Plans:** Sharing whether the organization has a workplace wellness plan and/or encourages individual wellness plans can show the organization's commitment to employee wellness. An example of an organizational workplace wellness plan is included in Appendix D and an example of an individual wellness plan is included in Appendix E.
- **Peer Support:** Sharing the type of peer support the organization has including peer support groups, peer supervision, or peer mentoring by more experienced workers shows the organization's understanding that peer support can be beneficial. More information on peer support can be found on page 33.

Educate Applicants on the Reality of the Job

If the hiring organization or state agency provides realistic job previews (RJPs), they can be used here as well as in the recruitment efforts section (see page 6). They can be in the form of videos, written testimonials, job shadowing opportunities, brochures, presentations, or any other way that can portray the reality of the job.

Consider Trauma Experience and Stress-Related Questions

Once an inventory of what kind of support the organization can offer a new recruit has been created, it is important to consider what questions are included in the interview and what information is solicited from the potential applicant. The answers to these questions will vary greatly; however, the answer is not the important piece of this. By asking these questions, a message to all applicants about the nature of the work is being sent. In addition, the organization's commitment to ongoing dialogue and action around issues related to secondary traumatic stress (STS) is being modeled firsthand.

Interview Inquiries/Concepts to Consider

- Ask about their experience with working with trauma survivors
- If the applicant has no experience, ask about their educational background or lived experience to see if they have been exposed to information about or experiences similar to working with trauma survivors:
 - Have you taken any classes on trauma?
 - What does resilience mean to you?
 - What are your hobbies?
 - What do you do to take care of yourself, physically, emotionally, spiritually?
 - Why is this important in this work?
- Provide some exposure of day-to-day work such as a case example that highlights trauma exposure in the job, a tour of the facility, RJPs, and look for reactions and responses
- Inquire about their personal stress management and basic self-care techniques
- Ask about their expectations of the work culture

Other examples of situations that can be described and questions that can be asked about them during an interview include:

- Explain that secondary traumatic stress (STS) is work-related, secondary exposure to extremely or traumatically stressful events. Ask the applicant:
 - “Describe an unexpected/stressful client specific situation you’ve experienced and how it impacted you. How did you handle this situation and what did you do for self-care?”
 - “What do you do when dealing with an emotionally stressful client-related situation? How does that work for you? Please describe your way of coping with client-related work stress.”

Additional resources have been developed to assist organizations with the interview process.

- The Illinois Collaboration on Youth (ICOY) is a statewide association in Chicago that provides training and technical assistance, and advocates for public policy with a specific focus on reducing youth involvement in child welfare and juvenile justice systems. ICOY has developed a list of trauma-informed interview questions that provide some guidelines for organizations. This is included in Appendix B.
- Appalachian Behavioral Healthcare (ABH) provides inpatient care for mentally ill adults in southeastern Ohio, through the Department of Mental Health & Addiction Services. ABH developed a set of value-based questions, looking at values like compassion, collaboration, innovation, responsibility, diversity, integrity, quality, and trust. A full list of these questions can be found in Appendix C.

Use What Will Work for the Organization

All of the resources presented above serve as a guide for organizations, and are not intended to be used all at once, or all in the same interview. Organizations should pick and choose which questions are the best fit for the positions they are trying to fill, or the type of person they are trying to hire. For example, organizations could choose to focus on one value, or set of values, at a time and ask only those questions of a potential applicant.

Remember to Touch Upon These Important Points

In addition to asking questions to learn about the applicant during the application and interview process, there are several points that should be emphasized to set the scene for the organization's supportiveness regarding work-related trauma exposure. Some points to emphasize include:

- The work is not done alone; emphasize the points of support (e.g., supervisors, peers, legal team, etc.)
- Reiterate the realities of the skills needed and duties associated with the job and ask them how they will handle these
- Convey a culture of affirmation and caring (as explained on page 6)
- Provide in-depth information regarding supervision/critical debriefing protocols, and supports available like EAP, wellness plans, and peer support groups

In Summary

The hiring phase provides an opportunity to engage potential new workers and to define the realities of the job and the supports provided by the organization. This lays the groundwork for hiring a workforce that both understands the risks of the job as well as the opportunities for building resilience, developing professional competence, and experiencing the rewards of the job.

CRITICAL FIRST 3 MONTHS

Organizational response to addressing secondary traumatic stress (STS) in the first 3 months of employment should build upon efforts started during the hiring phase. It should continue to lay the foundation for the new worker to understand what supports are available as well as beginning to demonstrate the organization's commitment to operationalize the culture of affirmation and caring which was introduced during the hiring phase.

Preparing for the New Staff Member's First Day

Before a new employee starts, make sure there is awareness of the current climate and culture in the organization, how this will impact new staff, and what can be done to prepare for this impact. This includes the morale of seasoned staff, their typical interactions with new staff, and how well they are handling the STS encountered in their positions. Thinking this through can help determine who the workforce champions are, as described in the Hiring Phase chapter. Utilizing workforce champions to welcome and orient new staff and share realities of the job, including benefits and challenges of the work, can help enforce the culture of affirmation and caring the new employee was hopefully introduced to when they were hired (see the Hiring Phase chapter). This is also the time to prepare a welcome and wellness packet for the new staff member. This packet is described in more detail on page 16.

Orienting an Employee to a Trauma-Exposed Work Environment

In addition to formal training on how to do the tasks the new position requires, the new employee should receive information on the personal impact the job may have and resources on how to prepare for that impact. This information may be integrated into formal training requirements or be adjunct to formal training and should focus on several areas:

- Introducing the concepts of STS, compassion satisfaction, primary/secondary trauma
- Providing a welcome and wellness packet and reviewing the contents with the employee
- Orienting the employee to the facility and introducing them to coworkers
- Highlighting the importance of enhancing physical and psychological safety

Introducing STS and other Concepts Used When a Workforce is Exposed to Trauma

Building upon the information that was provided in the Introduction and the Hiring Phase chapter, part of the orientation for a new employee should include an introduction to the impact of STS that may result from working in a trauma-exposed profession. While talking about the impact of STS is important, it is equally important to talk about the rewards of the job, reinforcing the idea that compassion satisfaction is a critical component of this work. These ideas, concepts, and resources can be reviewed with a new employee by the supervisor, or this may be an ideal time to rely on the workforce champions within an organization.

This introduction should be done face to face, if possible, but there are some alternative ways to provide the STS-oriented part of this training if needed. For example, [The Center for Advanced Studies in Child Welfare \(CASCW\)](http://cascw.umn.edu/)⁶ at the University of Minnesota has a number of free online, self-directed learning opportunities for child welfare professionals, foster parents, and advocates which includes a [comprehensive online module on STS](http://cascw.umn.edu/portfolio-items/secondary-traumatic-stress-module/).⁷ This module explains the prevalence of STS among child welfare workers, the impact on child welfare services provided to families and children, the individual and organizational risk factors that lead to STS, and strategies for reducing STS in the child welfare system and its workforce. This module can be useful to both supervisors and workforce champions who plan on having the new employee go through the module and those who will be giving a face-to-face training on STS.

STS: Signs and Symptoms

The beginning of the critical first 3 months of employment is a good time to review signs and symptoms of STS. It is a good idea to set the expectation that this will be reviewed on an ongoing basis in supervision as well as encourage the new employee to pay attention to their own reactions to the work. The *Compassion Fatigue Workbook* (Mathieu, 2011, pp. 49-59) describes physical, behavioral, and psychological signs and symptoms which may include the following:

⁶The Center for Advanced Studies in Child Welfare (CASCW)'s website: <http://cascw.umn.edu/>

⁷STS module on [The Center for Advanced Studies in Child Welfare \(CASCW\)](http://cascw.umn.edu/)'s website: <http://cascw.umn.edu/portfolio-items/secondary-traumatic-stress-module/>

Physical Signs:

- Physical Exhaustion
- Insomnia or hypersomnia
- Headaches and migraines
- Increased susceptibility to illness
- Somatization and hypochondria

Behavioral Signs:

- Increased use of alcohol or drugs; other addictions
- Absenteeism from work
- Anger and irritability
- Exaggerated sense of responsibility
- Avoidance of clients
- Impaired ability to make decisions
- Forgetfulness
- Problems in personal relationships
- Leaving the job all together
- Compromised care for clients
- The silencing response

Psychological Signs:

- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism and embitterment
- Resentment
- Professional helplessness and/or loss of hope
- Diminished sense of enjoyment on the job
- Disrupted world view
- Problems with intimacy
- Hypervigilance
- Intrusive imagery
- Insensitivity to emotional material
- Difficulty separating personal and professional lives

Compassion Satisfaction

It is also important to highlight the concept of compassion satisfaction with new workers. While STS is certainly a reality of the job, satisfaction with the job and the role of helping others is also a reality and should be intentionally nurtured through the supervision and consultation process. One study in Colorado found that child welfare workers who experienced “high” or “very high” levels of STS, but also experienced “high” or “good” levels of compassion satisfaction were at a lower risk for burnout, suggesting that compassion satisfaction can actually mitigate the level of STS (Caringi, Hawson, & Devlin, 2012). The National Child Traumatic Stress Network (NCTSN) also suggests that compassion satisfaction is a protective factor against STS. Helping staff keep in touch with “their

motivations for working in the child welfare field and intentionally recognizing the positive impact they have on children's and families' lives can help mitigate STS" (NCTSN, n.d., p. 3; Dane, 2000).

Formal Assessment of STS

There are several tools that can be used to formally assess levels of STS. A discussion of these can be found on page 20 in the chapter, *The Cumulative Effect*.

Emotional Resilience

Helping a new worker understand the concept of resilience in the workplace is another key component to creating a culture of affirmation and caring. Pat Fisher's Complex Stress Model highlights both individual and workplace factors that can enhance resilience. For example, personal coping strategies are considered to be an individual resilience factor. If an individual has good coping skills, they are more likely to be resilient in the face of workplace stress (Fisher, 2015, p. 157). Communication, on the other hand, is an example of a workplace resilience factor. When communication is accurate, transparent, and timely, this enhances resilience in the workplace (Fisher, 2015, pp. 157-158). For more detailed information on strategies that can enhance resilience in the workplace, see the Building Resiliency section starting on page 21 in the chapter, *The Cumulative Effect*.

Primary Trauma

It is critical to help a new worker understand the link between their own personal histories and how this may impact them on the job. Research has shown that more than 60% of helping professionals have experienced traumatic events of their own, which in and of itself is not the problem (Mathieu, 2011, p. 13). Problems may arise when an employee has not done their own work to heal from these traumatic experiences, which makes them more vulnerable to developing signs and symptoms of STS. This is a good time to ask the new staff member how they handle trauma in their own life and provide them with the Welcome and Wellness Packet (see next section).

Providing and Reviewing a Welcome and Wellness Packet

The purpose of this packet would be to help a new staff member get oriented in general to the agency and to provide specific information on any wellness programs or related policies and procedures. Examples of what might be contained in the packet include:

- A statement on how burnout, as well as the impacts of working with traumatized individuals, are expectable parts of job and organizational culture
- A list of all of the signs and symptoms of STS provided on page 14 so they can be more aware of them in their work and general information on STS. An example of a fact sheet that can be used is the [NCTSN Fact Sheet on STS and Child Welfare](#).⁸
- Agency policies and protocols related to physical and psychological safety of staff
 - Briefly review strategies/protocols are in place to protect physical safety (e.g., security alarms, door locks or codes, security guards)
 - Briefly review training that is provided to staff on how to manage potentially dangerous situations
 - Debriefing or other services to address critical incidents
- Information on what to expect from supervision sessions (e.g., when, where, how often, how to prepare; supervision models)
- How to access counseling services or other mental health services through the agency's Employee Assistance Program (EAP)
- A template for an Individual Wellness Plan and a sample completed one (see Appendix E for an example from the House Next Door)
- Assessment tool(s) for self-monitoring – there are multiple assessment tools available at no cost to help staff understand how they may be impacted by STS. More information can be found starting on page 20 in the chapter, The Cumulative Effect. These can be used individually by the worker, or can be a companion tool to use in conjunction with supervision.
- A short and specific list of online resources, videos, or books such as those included on the handout *Psychological Hazmat Suits for Trauma-Exposed Professionals* in Appendix F
- Any other resilience activities that are part of the organization

⁸ The *NCTSN Fact Sheet on STS and Child Welfare* can be retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/sts_cw_final.pdf

Orienting Employee to the Facility and Introducing to Co-workers

This orientation should include a tour of agency, including the lunch/break room, restrooms, and emergency exits as well as any other notable areas within the office. This is an opportunity to introduce the new hire to possible mentors/long-time staff members. Another way to welcome them is to set up a welcome lunch or breakfast with the team to give them all a chance to get to know each other. Depending on the culture of the team, having some formal icebreaker type exercises to start people talking and connecting with each other might be helpful.

Highlighting the Importance of Enhancing Physical and Psychological Safety

While the likelihood of threats or violence occurring is rare, these types of incidents do occur and it is important to prepare the new staff member for these incidents from the beginning of their employment. Organizations should provide training to new staff with a focus on safety planning, high-risk situations, self-defense, and detention center/jail training. It is important to make it clear that the organization and supervisors support the new employee asking for help when they are feeling stressed.

Supporting an Employee through their First Three Months in a Trauma-Exposed Position

Once the new employee has completed their initial training requirements and is ready to begin their job duties, the level of support that supervisors and the agency as a whole provide in the first few months is critical to their success. Ideally, this focused approach will lead to increased job satisfaction and overall retention, and more importantly, will translate to high quality services to children and families. During these first few months, it is important to demonstrate the culture of affirmation and caring that was introduced to the employee during the hiring phase to further underscore the importance the agency places on this as a means to mitigate the impact of STS. The first few months of any new job can be stressful and overwhelming, but this is especially true in professions working with highly traumatized individuals.

Key Organizational Elements for Minimizing the Impact of STS and Steps Organizations Can Take

Kyle Killian and Francoise Mathieu (2015) suggest some key elements for organizations to focus on to help minimize the impact of STS. Those include:

- Timely, regular, and quality debriefing
- Timely, regular, and quality supervision
- Social support at work
- Rotation of a trauma caseload
- Training on trauma-informed practices
- Control over one's schedule
- Success in one's work

The sections below describe some ways that organizations can accomplish the elements described above for new workers.

Incorporate New Employees into the Team

One way to incorporate a new member into the team is to develop a mentor program for new workers. Arrange for experienced staff members who have served significant time in their current positions and can be good role models with a positive attitude toward their organization and duties to serve as mentors for new staff. Mentors could be available to attend client visits, assist with case documentation, attend court, or consult on difficult case decisions as a means for the new employee to gain a better understanding of the work. The mentors should also be good at handling job stress. For more information on mentor programs aimed to help professional development and provide support (which can both be factors in building resiliency to STS), visit the section on [Mentoring and Coaching on the National Child Welfare Workforce Institute website](#).⁹ This is also an important time to introduce the new staff member to policies and procedures that have been implemented to address STS at the agency. Examples of these types of policies and procedures related to coverage and caseloads can be found starting on page 25 in the chapter, The Cumulative Effect.

Provide Education and Awareness

There are several ways to build on the awareness about STS that was developed during the orientation. One way is to continue education and discussion about STS during supervision.

⁹ Mentoring and Coaching section on the National Child Welfare Workforce Institute website. Retrieved from <http://ncwwi.org/index.php/resource-library-search/resource-topics/mentoring-coaching>

A second way is to provide training and information on trauma-informed practices in child welfare. A specific tool that can be used to provide such training is a workplace stress model such as the Multi-Dimensional Human Services Workplace Stress chart which was inspired by Pat Fisher's Complex Stress Model and developed by Alan O'Malley-Laursen. This chart expands on Fisher's model and is intended to identify the many sources of stress that workers experience on a day-to-day basis and provide additional context for other sources of STS in the workplace. It can be found in Appendix G. Using this model can provide talking points for further discussion of STS,

Monitor Workload Assignments

It is important for a new worker to have their workload assignments increased gradually. Before assigning cases to the new staff member, ample time should be allowed for shadowing and on-the-job training. This should be followed by assigning one case at a time with gaps in between new case assignments. It is also important to give consideration to caseload mix and to focus on not assigning several high profile or complex trauma cases to the same person. This may not always be possible as many details about a particular case may not be known up front, but efforts should be made by supervisors to consider these factors.

Provide Trauma-Informed Supervision

Organizations should consider providing more frequent supervision that encompasses more than just case management issues in the first 3 months. This is a good time to begin using reflective supervision and/or appreciative inquiry techniques to guide the new worker to see the positive impact of the work they are doing and give support during the difficult times. See page 30 in the chapter, *The Cumulative Effect*, for more detailed information on supervision.

In Summary

The first three months of employment are a critical time to orient the new worker to what to expect on the job and to provide supports for them to ensure that they are able to succeed. Finding ways to connect experienced workers to those entering the workforce, providing effective supervision, gradually exposing them to the work, and continuing to provide education about STS are key ways to support a new employee during the first months on the job.

THE CUMULATIVE EFFECT

The cumulative effect refers to addressing the impacts of working in a trauma-exposed workplace over time. While the critical first 3 months policies and practices are specifically focused on helping the worker who is new to the organization adjust to the work and be introduced to organizational policy and practices, the cumulative effect policies and practices are intended to apply to the whole workforce from the beginning of their time at the organization and continue through the duration of their employment. The policies and practices that are implemented to address the cumulative effect should be introduced during the recruitment phase and be applied as soon as a new worker joins the organization, as appropriate. These policies and practices should continue to be consistent with the culture of affirmation and caring the organization wants to strive for as introduced in the Hiring Phase chapter.

Assessment of STS

There are several informal self-assessment strategies that have been developed to help identify secondary traumatic stress. These self-assessment tools are most often found in the form of questionnaires, checklists, or scales, and provide information on the symptoms or experiences that may be associated with exposure to trauma. It is important to note that these tools are a snapshot in time and most ask the user to reflect on a certain period of time when answering the questions. Three of the self-assessment tools being used in child welfare settings are:

- [Compassion Fatigue Self Test](#):¹⁰ This 40-item test measures the risk for compassion fatigue. It is still under development.
- [ProQOL 5](#):¹¹ This 30-item test measures the level of compassion fatigue and compassion satisfaction as well as level of burnout. It has been studied in multiple research studies and has been updated over time.
- [Secondary Traumatic Stress Scale](#):¹² This 17-item test measures levels of STS. (Note for scoring: Add up all items for total STS score; Below 28 – little or no STS; 28-37 mild STS; 38-43 moderate STS; 44-48 high STS; and 49 and above – severe STS). It has also been studied in research studies.

¹⁰ *Compassion Fatigue Self Test* available at http://www.ptsdsupport.net/compassion_fatigue-selftest.html

¹¹ *ProQOL 5* available at http://proqol.org/ProQol_Test.htm

¹² *Secondary Traumatic Stress Scale* available at <http://academy.extensiondlc.net/file.php/1/resources/TMCrisis20CohenSTSScale.pdf>

Building Resiliency

Patricia Fisher, PhD, describes resilience as “the capacity of people to cope with stress and serious challenges” (Fisher, 2015, p. 27). It can also imply the ability to be resistant to future negative events. Dr. Fisher’s Complex Stress Model highlights resilience factors in the workplace, noting that stress exists in everyone’s life, but there are factors that can increase one’s risk for stress or resilience to stress (Fisher, 2015). According to the Complex Stress Model, there are individual risk and resilience factors, and there are workplace risk and resilience factors. The focus in this section is how organizations can enhance resilience in the workplace.

There are several ways to increase resiliency to the trauma exposure that occurs in the workplace. These items may be explored in training, but also need to be integrated into the day-to-day operations of the organization to be successful. There are areas that individual workers can focus on, but it is important to consider how the workplace can promote the use of resiliency and support the staff to use the techniques described below. The [*Guide to Developing Emotional Resilience*](#)¹³ is a good resource for professionals on developing resiliency and some of the information from the guide (Grant & Kinman, n.d.) is discussed below.

Use of Humor in the Workplace

Humor is an important element to the culture of any organization, and can promote healthy social relationships, reduce stress, build group cohesion, enhance communication, as well lead to higher productivity and creativity (Romero & Cruthirds, 2006). Using humor in a stressful situation can make the situation less threatening, leading to a decrease in fear and an increased sense of control (Romero & Cruthirds, 2006). Though it may be well-intended, humor can also lead to problems, as what is funny to one person may not be funny to another. The use of humor should not include overtly offensive comments or language, and should never be used to belittle another individual. A good rule to follow is: “Talk about clients and colleagues as though they are in the room.”¹⁴ This will reduce the chances of offending someone.

¹³ *Guide to Developing Emotional Resilience* available at <https://www.iasw.ie/attachments/Guide-to-emotional-resilience-download.pdf>

¹⁴ This rule comes from Olmstead County Community Services Child & Family Services in the Southeastern Minnesota Supercommunity.

Promote Optimism

Having a sense that one is responsible for positive things that happen in the work, as well as for the positive things that will happen in the future can help the build resilience (Grant & Kinman, n.d.). In addition when difficult things happen in the workplace, it recommended to help employees see these as atypical and not let them impact on other aspects of their lives. This positive perspective should be grounded in reality, but workers should be encouraged to see the positive in events that occur (see example in box below).

Promoting Optimism Example

When children need to be removed and they are very upset, remind the worker that this is a normal reaction to a difficult situation. In addition, remind the worker of the importance of their support of the children during this time and that finding safety and giving the children and family the opportunity to heal and become safer is everyone's desired outcome.

Promote Compassion Satisfaction

As mentioned in the Critical First 3 Months chapter, the concept of compassion satisfaction should be intentionally nurtured through the supervision process, as well as within the context of organizational culture. Understanding that STS is an occupational hazard of this work is important, but it is equally important to foster satisfaction of the job. In her work on compassion satisfaction, Francoise Mathieu (2011) states helping professionals need to experience compassion satisfaction on a regular basis in order to maintain love and passion for this work. Satisfaction with the work can also lead to increased retention, just as burnout and decreased job satisfaction are factors that lead to higher rates of turnover (Johnco, Salloum, Olson, & Edwards, 2014).

Compassion Satisfaction Discussion Questions

Questions that can be used to reflect on compassion satisfaction in the workforce include (adapted from Mathieu, 2011, p. 136):

1. What made you choose this line of work?
2. What keeps you going and sustains you as a person and a professional, given the challenges of your work?
3. What concrete strategies have made a significant difference for you and have allowed you to remain healthy and well in this career?
 - a. Strategies at work:
 - b. Strategies at home:
4. If you were to do it all over again, is there anything you would do differently?
5. Reflecting on successes, how have you made a difference to others?

Engage in Active Coping

Another way to build resilience is through the use of active coping strategies. These strategies are behavioral or psychological responses that are designed to challenge the nature of the problem itself or how one thinks about it (Grant & Kinman, n.d.). Examples include (Grant & Kinman, n.d.):

- Strategizing how to address the problem
- Seeking support and guidance from others
- Making the best of the situation by seeing it in more positive terms
- Waiting for the right moment to act
- Accepting the reality of a challenging situation without self-blame
- Expressing feelings about the situation

Focus on Mindfulness

Mindfulness is the idea of being fully present in the current experience without judgment or resistance. Mindfulness has been found to reduce emotional distress, and when studied in the context of compassion fatigue has been found to significantly reduce symptoms (Mathieu, 2009). Mindfulness can include things like meditation, breathing exercises, yoga, and focusing on bodily sensations. When practicing mindfulness, the idea is to focus on the moment without judgment rather than dwelling on the past. Due to the often stressful nature of child welfare work, taking a moment to pause and reflect, paying attention to body sensations and the breath, this can be a powerful tool for workers to utilize in the moment of strong emotional responses.

More information on mindfulness and helpful exercises can be found at:

- [Free Guided Meditations - UCLA Health](#)¹⁵
- [Additional Sleep Resources - MIT Medical](#)¹⁶
- [Guided Audio Files to Practice Mindfulness Based Stress Reduction - UC San Diego Health](#)¹⁷

Change Negative Thinking to More Positive Patterns

From Grant and Kinman (n.d.), the first step in changing negative thinking involves having a sense of awareness about the patterns of thinking that one is having. For instance, catching oneself when saying terms such as should, must, or ought to; as these terms imply personal failure. It also requires challenging the way that one thinks about a situation. Individuals should ask themselves if the thoughts that they are having are true or helpful. Having thinking errors can influence feelings which then influence behaviors. See example in the box below:

Changing Negative Thinking to Positive Patterns Example

Negative Thought a Worker May be Having: I should have known that my client was going to relapse. I must be a really bad social worker to have missed the signs. These thoughts may then lead to feelings and behaviors that are negative as well. Feelings: Angry that I couldn't stop this, worried that I will miss this with other clients in the future. Behaviors: Being overly vigilant on other similar cases, checking out emotionally, or leaving the job.

Present a More Positive Thought Pattern to Your Worker: Your client was doing really well and there were no clear signs that she was going to relapse. Relapsing is always a risk for substance abusing clients and you did your best to support the client. Help the worker identify ways that this alternate thought pattern may influence their feelings and behaviors. For example: Feelings: You can feel sad that client relapsed, but try to be hopeful that you can help support her recovery. Behaviors: Look for services for your client. Find ways to continue to keep educated about substance abuse services and effectively working with clients who have substance abuse problems.

¹⁵ *Free Guided Meditations* – UCLA Health available at <http://marc.ucla.edu/body.cfm?id=22>

¹⁶ *Additional Sleep Resources* – MIT Medical available at <https://medical.mit.edu/community/sleep/resources>

¹⁷ *Guided Audio Files to Practice Mindfulness Based Stress Reduction* – UC San Diego Health available at <https://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx>

Increased Self-Awareness

Increased self-awareness involves knowing what has helped or not helped during stressful times in the past and applying that knowledge to current situations. One way of doing this is to develop an action plan to continue to improve coping mechanisms (Grant & Kinman, n.d.). An example of this is shown from the perspective of the employee in the box below. When speaking to a worker about this concept, feel free to use this or think of a personal example.

Increasing Self-Awareness Example

When I had a re-abuse situation in the past, I was really depressed and found that reaching out to my support system and taking the time to go for a hike and spend some time in nature really helped me feel more grounded and reminded me of the beauty and positive in life. Currently having had another very challenging case where a child was re-victimized, I need to connect with my support systems and spend time in nature to help work through my sad feelings.

Coverage and Caseloads

It is important to review policies and practices that shape the work expectations around coverage when sick or vacation time is used, schedules, on-call work, and caseload size and composition.

Coverage

Coverage includes time off policies and equally as important, how time off is viewed in the organization. In some cases, organizations provide adequate time off, but if there is not adequate coverage when the worker is out of the office, there may be a perception that it is not okay to actually take that time off. Thus it is important to ensure adequate cover of cases for ill staff, staff on vacation, or when caseloads are unusually high. Examples of ways to do this might include: job sharing, overlaps, or having a pool of workers whose job is to cover for those who are out of the office.

Schedules

Schedules includes allowing workers to have flexibility in their schedules is a way to help them cope with their caseloads. For some workers, this may allow them the time to attend

activities for their own families. For others, it may be allowing them to work later in the day or earlier in the day depending on what works best for them. Washington D.C. Child Welfare has developed policies and procedures around telecommuting and flexible schedules. These were discussed in a webinar titled [Child Welfare Staff Engagement & Retention in Washington DC: Alternative Work Schedules, Telecommuting & Other Supports](#)¹⁸ and are spelled out in a 1-page summary and handouts available on the webinar page.

On-Call Work

On-call work involves expectations and policies around being on-call. It is important for workers to find balance between their work life and their personal life. This includes having policies about on-call and after-hours work that support workers with this balance. Research is now showing some of the detrimental effects of constantly being “connected” via our phones and computers. A study conducted by Bamberg, Dettmers, Funck, Krähe, and Vahle-Hinz (2012) with office workers (not child welfare specifically) looked at the impacts of being on-call on workers. The study found increases in irritation and negative mood and decreases in social and household activities. Interestingly enough, there were no significant differences between those workers who were actually called in to work during that on-call period and those who were not so just the mere idea that one might be called impacted mood and activities. There is also a lot of attention on the impacts of being tied to work 24/7 by email now being so easily accessible. It is important to think of the culture that is created when one person (especially someone in a supervisory or leadership role) sends out an email in the evening and the message that sends to staff. How do they feel if they don’t answer the email, and if they do respond to it does that lead to another response that they then have to respond to? For more detailed information on the impacts of technology on the workforce, see the article [Your Late-Night Emails are Hurting Your Team](#).¹⁹

Caseloads

Caseloads refer to the number and type of caseloads. High caseloads not only create a lot of work, but also impact the quality of the work that can be done with the families when the worker is responsible for so many cases. In addition to quantity of cases, it is also important to consider the types of cases. The aim is to ensure manageable case loads. This can be help by allowing for task flexibility by looking at what other opportunities exist for staff

¹⁸ *Child Welfare Staff Engagement & Retention in Washington DC: Alternative Work Schedules, Telecommuting & Other Supports* available at <http://ncwwi.org/index.php/link/85-child-welfare-staff-engagement-retention-in-washington-dc-alternative-work-schedules-telecommuting-other-supports>

¹⁹ *Your Late-Night Emails are Hurting Your Team – Harvard Business Review* available at <https://hbr.org/2015/03/your-late-night-emails-are-hurting-your-team>

beyond their day-to-day responsibilities and how can these be integrated to provide an alternative to daily activities (as opposed to being offered on top of these responsibilities). This might include participating in committees, doing on-call work, providing training, etc. For more information and suggestions for organizations on how to address the challenges of high caseloads, there is an issue brief available from the Child Welfare Information Gateway on [Caseload and Workload Management](https://www.childwelfare.gov/pubPDFs/case_work_management.pdf).²⁰

Empowerment and Advocacy

Providing staff with a sense that their feedback and opinion are valued in the organization can help decrease stress and burnout (Maslach, Schaufeli, & Leiter, 2001). It is important to include staff in problem solving and decision making in the organization. This may be accomplished by encouraging them to have input on how new changes are implemented, developing workgroups that involve staff at different levels in the agency, and by having systems in place to get feedback from staff about how current procedures or policies are working and ideas for future improvements.

Other ways to increase empowerment include finding ways to improve public awareness of the job duties/impact of STS on workers. This awareness starts with organizational acknowledgment of the impact this work has on staff and by extension on their families. It may include educational materials or activities for families of staff such as developing pamphlets which provide information of the type of impact that this work can have and ideas about how to support your family members (see resiliency information above for ideas of what might be helpful). It also means organizations supporting workers and providing information to the greater community about the realities of the complexities of this work. When something goes wrong in child welfare, it is often brought under the microscope of the media; but when there is a success story, it is rarely publicized. Finding ways to celebrate these success stories and build a more positive image of the work of child welfare is critical to empowering staff. Tied into this concept is a need for the organization to focus decreasing the stigma associated with seeking out support for job-related stress. More information on that is in the next section on support systems.

²⁰ *Caseload and Workload Management* - Child Welfare Gateway available at https://www.childwelfare.gov/pubPDFs/case_work_management.pdf

Support Systems

External Sources of Support

It is important that there are services that employees have access to for more in-depth support beyond what they receive from their supervisor or peers. In many agencies, there are Employee Assistance Programs (EAP) that offer the employee free or low cost counseling sessions from an outside agency or provider; and/or mental health services are covered through the employee's health insurance. Reasons for needing additional support may include employees that have a history of their own primary trauma, are currently experiencing life circumstances that are impacting their work functioning, or are overwhelmed with STS. It is important to note that most EAP counselors and mental health providers are not trained specifically in how to address STS or primary trauma. It is important that the organization work with the EAP or mental health providers to help identify specific counselors that can support staff in this area. If this is not undertaken, then there is a high risk that staff will not find the EAP or covered mental health services to be a beneficial resource. Now is a good time to have the employee review the Welcome and Wellness Packet they received after they started. As page 16 in the Critical First 3 Months chapter spells out, information on how to access the agency's Employee Assistance Program's (EAP's) counseling services along with lots of other resources on STS and managing stress would be found in this packet.

Beyond this formal support, think about what other resources might help employees handle work stress better that exist outside of the agency, such as access to a gym, yoga studio, or classes on stress reduction, encouraging use of health care professionals, etc.

Ideas for How to Support Employees

- Sponsor and support wellness programs that include a focus on physical health, stress reduction, nutrition, etc. An example of an organizational workplace wellness plan is included in Appendix D and an example of an individual wellness plan is included in Appendix E.
- Provide adequate, affordable health insurance coverage which includes mental health coverage for both personal and professional issues or provide mental health services on site.
- Provide information to workers on how to find a mental health therapist that will be able to address trauma, see *Finding a Therapist that is a Good Fit for Your Needs -Compassion Fatigue, Loss and Grief, or Trauma Issues* in Appendix I.
- Provide confidential support group meetings run by a neutral party (perhaps as part of the EAP).

Professional Development

Professional development is important for retaining a qualified child welfare workforce. It creates the opportunity to provide formal and informal training to promote worker safety (psychological and physical). It is also a break from the typical day-to-day workload and provides workers with new energy and motivation. Training around topics that will increase confidence and competence also provides workers with the opportunity to feel more equipped to do their job and can decrease anxiety. See the following box for examples of training topics designed to help decrease STS, build resiliency, or increase competence.

Examples of Professional Development Training Topics

- Training on psychological safety
 - Building strong teams that value trust and competence
 - Communication styles
 - Conflict management
- Training on physical safety
 - Review the [Guidelines for Social Worker Safety in the Workplace](https://www.socialworkers.org/practice/naswstandards/safetystandards2013.pdf) by the National Association of Social Workers for more information on physical safety (available at <https://www.socialworkers.org/practice/naswstandards/safetystandards2013.pdf>)
 - Safety planning for high-risk situations
 - Self-defense
 - Safety around visiting imprisoned clients
- Training in other areas that increase competence and confidence
 - Interacting with difficult parents
 - Interviewing
 - Testifying in court

In addition to attending training, it can also benefit staff to provide training to others and to be recognized for their expertise while supporting less experienced staff. This can be a benefit to the individual as well as the organization. One way to bring in training is to design a trauma support position to coordinate trauma education and support services. This can be supplemented by assembling a team of trauma champions to help cover these duties.

For more information on professional development issues and strategies in child welfare see the [Professional Development and Training page on the Child Welfare Information Gateway](#).²¹

Supervision

There are many factors that contribute to staff burnout and turnover, with inadequate supervision being one of them (Van Berckelaer, n.d.). Having supervision that is focused on more than just administrative requirements and allows workers a chance to process the work that they are doing is important to addressing STS issues. This may involve having the supervisor routinely go in the field (not just for the new workers, but being available for more challenging cases to support staff at any time). It is also critical to incorporate reflective supervision/appreciative inquiry into the ongoing supervision process.

What is Appreciative Inquiry?

Appreciative Inquiry (AI) is the search for the best in people, their organizations, and the world around them. It involves asking employees questions about their own experience and their opinions of the organization that strengthen a system's capacity to heighten positive potential (Cooperrider & Whitney, 2007)

What is Reflective Supervision?

Reflective Supervision is regular reflection between a child welfare worker and supervisor that builds on the worker's use of thoughts, feelings, and values within a service encounter. This is a strategy that can maintain staff morale and improve retention (Van Berckelaer, n.d.).

²¹ *Professional Development and Training* - Child Welfare Information Gateway available at <https://www.childwelfare.gov/topics/management/training/professional-dev/>

The Bay Area Academy developed a handout called [Appreciative Inquiry in Child Welfare Organizations](http://bayareaacademy.org/wp-content/uploads/2013/05/ai-handout.pdf),²² which provides more detail and examples on using this approach. The Pennsylvania Child Welfare Resource Center has developed the [Best Practice Guidelines for Reflective Supervision](http://www.pacwrc.pitt.edu/curriculum/521%20SupervisorTrainingSeries-Module3-TheMiddleWorkPhase/Hndts/HO32_BstPrctcGdlnsRflctvSprvsn.pdf)²³ as part of training series for supervisors. In the boxes below are some examples of questions a supervisor may ask, using both techniques.

Questions Used During Appreciative Inquiry

(all from Decter, n.d., p. 3
unless otherwise noted)

- “In what ways can you give yourself credit for the positive outcome?” (Cooperrider & Whitney, 2007)
- “Can you tell me about a family you worked with where you were stuck and yet still made some progress?”
- “What else did you do? What else? And what else?”
- “What was the hardest part of doing this piece of work for you?”
- “So even though that part was hard, how did you keep it going?”
- “How did you know what you did was helping?”
- “What is the thing that you feel proudest about in this situation?”

Questions Used During Reflective Supervision

(all from Lambeth, n.d., p. 32)

- “What is the overall purpose of our involvement with the family?”
- “How does the child feel, what do they want?”
- “What were you aiming for when you did that?”
- “What exactly did you do? How would you describe it precisely?”
- “What alternatives were there?”
- “Why did you choose that particular action over other actions that could have been taken?”
- “How would you do it differently next time?”

²² *Appreciative Inquiry in Child Welfare Organizations* – Bay Area Academy available at <http://bayareaacademy.org/wp-content/uploads/2013/05/ai-handout.pdf>

²³ *Best Practice Guidelines for Reflective Supervision* – The Pennsylvania Child Welfare Resource Center available at http://www.pacwrc.pitt.edu/curriculum/521%20SupervisorTrainingSeries-Module3-TheMiddleWorkPhase/Hndts/HO32_BstPrctcGdlnsRflctvSprvsn.pdf

It is important to check in with staff on the cumulative impact of STS. This should be addressed on a regular basis in supervision and may even be discussed as a team during team meetings. This can be done by just asking questions about how they are doing with the work, or by utilizing individual assessment strategies as discussed earlier in this section. Finally, it is important to hold routine performance evaluations and to use these opportunities to provide consistent messaging and to reinforce the value and importance of monitoring STS across the organization. For an example of how to integrate this into a performance appraisal, see the *Performance Self-Appraisal Form* in Appendix H. This might even include a goal around training or building other coping skills to help increase resilience. More information on supervision in child welfare can be found on [Supervising Child Welfare Services](#)²⁴ page on the Child Welfare Information Gateway and in the document [Using Reflective Supervision to Support Trauma-Informed Systems for Children](#).²⁵

Recognition, Team Building, and Peer Support

Having a supportive workforce and recognizing positive contributions of staff have been shown to decrease stress (Maslach, Schaufeli, & Leiter, 2001). This can be accomplished in several ways. The first is giving meaning to the work and taking time to celebrate small successes regularly. The successes of this work can often get lost in the day-to-day functions of the job. It is important to celebrate these small successes in the day-to-day work as a means of highlighting the important services the organization provides to children and families in the community. These efforts will also ensure that staff feels appreciated and that their work matters. Keep in mind that some workers are appreciative of public recognition and for others they are more comfortable with private recognition, it is important to look at what will work for each individual on the team.

Ways to Celebrate Day-to-Day Successes

- Appreciation tickets (Rhode Island Supercommunity)
- Thank you or shout-out board – a place where notes of thanks or gratitude can be shared with others, and also visible to others (Southeastern Minnesota Supercommunity)
- Triumph Tuesdays (Custer County, Oklahoma Supercommunity)
- Trophies/CARES awards (Chadwick Center for Children & Families)

²⁴ *Supervising Child Welfare Services* – Child Welfare Information Gateway available at <https://www.childwelfare.gov/topics/management/mgmt-supervision/>

²⁵ *Using Reflective Supervision to Support Trauma-Informed Systems for Children* available from [http://www.multiplyingconnections.org/sites/default/files/RS%20White%20Paper%20\(R%20Rev%206--11\)_0.pdf](http://www.multiplyingconnections.org/sites/default/files/RS%20White%20Paper%20(R%20Rev%206--11)_0.pdf)

The second important facet is team building. This may include facilitating social events during work hours for workers get to know each other and build support systems and/or providing opportunities to involve families in social events after hours. It is important to be careful that these events do not turn into venting sessions or discussions about workplace challenges. Team building helps build peer support systems. These can be very positive and helpful, but there are a few things to be careful about. One is that the workers are not emotionally overloading each other by sharing details of their difficult cases with each other in ways that cause more stress. To address this, provide training in Low Impact Debriefing [Mathieu, 2013]. This involves looking at how to avoid sliming your colleagues by following rules around self-awareness, giving fair warning, and getting consent to share. This concept is described in more detail in [Low Impact Debriefing: Preventing Retraumatization](#).²⁶ Another way to provide support is to establish confidential support group meetings. This should be a safe space for staff to discuss how their work is impacting them and should be facilitated by a neutral or outside party.

In Summary

The policies, programs, and procedures implemented to address the cumulative effects of secondary trauma are the backbone of the organizational response. There are many different strategies that an organization can employ and that were touched upon in this section. It is important to recognize that each organization embarking on developing a response to STS has its inherent strengths and challenges and distinct culture which have to be considered when making decisions about which activities will best meet the needs of the workforce. It is also critical to prioritize and to focus on quality rather than quantity by staggering the addition of new activities over time. It is clear that supervisors play a vital role in supporting staff and need to have access to resources and training that will keep them up-to-date on new strategies and research around supporting staff. Finally, it is important to remember that this is an emerging field and there is still much to be learned about effective organizational strategies to address STS.

²⁶ *Low Impact Debriefing: Preventing Retraumatization* available at <http://www.tendacademy.ca/low-impact-debriefing-how-to-stop-sliming-each-other/>

CRITICAL INCIDENT DEBRIEFING

Addressing the impact of STS is critical throughout all levels of the organization, and throughout the phases of the workforce highlighted in this document, including the hiring phase, critical first three months, and as an approach to the cumulative effect of the work. However, there are circumstances that occur in child welfare that lead to a need for an incident-based focus as well. Critical incidents in this line of work are events that happen outside the range of what is considered “normal” casework experiences. California State University Fullerton researcher, Dr. Joseph Davis, PhD, (2013) describes critical incidents as “any situation or event faced by emergency, public safety personnel, or employees that cause a distressing, dramatic or profound change or disruption in their physical or psychological functioning” (para. 4).

Types of Critical Incidents

The events listed in the box to the right may overwhelm a person’s ability to cope with stress in both their professional and personal lives. These events may also have an impact on team morale or the organizational as a whole. For these reasons, it is essential that organizations are prepared to offer assistance to workers to help mitigate the effects of these critical incidents, but also to send a message of validation that is consistent with the culture of affirmation and caring, as described in the Hiring Phase chapter. By doing so, organizations validate these experiences as normal reactions, while providing concrete supports to help overcome the psychological and emotional toll these experiences may have on staff. The [New York Society for the Prevention of Cruelty to Children \(NYSPCC\)’s website](#)²⁷ states that providers of crisis intervention work, including the child welfare workforce, report high levels of posttraumatic stress disorder (PTSD) and STS symptoms, resulting in adverse physiological

Examples of a Critical Incident in Child Welfare

- Child fatality
- Severe physical abuse
- Severe sexual abuse
- Homicide due to domestic violence
- Violence against staff
- Bereavement due to death of a staff member
- Unsafe visits between child and parent
- Death or serious injury of staff member’s family member
- Community violence
- World events

²⁷ *Crisis Debriefing Services: The Restoring Resiliency Response Model* - The New York Society for the Prevention of Cruelty to Children (NYSPCC) available at <https://www.nyspcc.org/training-institute/crisis-debriefing-services-restoring-resiliency-response-model/>

and psychological effects. To mitigate these effects, NYSPCC (2016) suggests “employee support services such as crisis debriefing must be incorporated into standard operating procedures” (para. 1).

A first step for organizations to consider is what type of critical incident program already exists within the organization. If one does not exist, developing a protocol is a great place to start!

Key Elements of a Critical Incident Debriefing

There are some key elements that should be included in any program offering assistance to help overcome these challenges:

- Allow for debriefing by a neutral party, whenever possible: Debriefing should focus on current stress reactions experienced by staff, not on the details of the case. As a general guideline, Pulido and Lacina (2010) recommend holding a debriefing session 24-72 hours after the critical incident, however there may be times when this is not possible or in the best interest of those involved.
- Allow the option for time off: This could include only those most involved or impacted by the critical incident, or an entire unit/department, if warranted.
- Develop a peer support team: The use of peer support interventions have been shown to promote recovery from traumatic stress. Specifically with critical incident debriefing, peer support can improve coping and decrease the occurrence of PTSD and enhance a group’s reaction to traumatic events by lowering tension among the group (National CI Peer Support, n.d.).
- Consider providing case consultation on high-risk cases: While this strategy may not reduce all types of critical incidents, it may prevent or reduce certain case-specific incidents like unsafe visits or violence/threats to staff. This is an attempt to intervene before a critical incident occurs, provides support to staff, and sends the message that protecting the safety of staff and clients is a team effort.
- Consider other prevention efforts: Having a supervisor go out with a worker on a difficult home visits or allowing workers to go out in pairs can be effective ways to reduce similar case specific critical incidents.

Models of Critical Incident Debriefing

There are a few models described in the literature, however it is important to note that research on the effectiveness of these models in child welfare settings is sparse. Summaries of models are provided below for informational purposes only and do not reflect

an endorsement of any of these models. It is important to do research and understand the pros and cons of these models before moving forward with implementing one. There has been some concern that there may be some detrimental effects of debriefing models and more research is needed (Pack, 2013).

Critical Incident Stress Debriefing (CISD)

CISD was developed by Jeffery Mitchell and George Everly for use with paramedics, firefighters, and law enforcement, but has been utilized with other groups outside of emergency service professionals (Mitchell, n.d.). While it was not developed specifically for child welfare workers, the concepts of the model are appropriate for debriefing of a host of critical incidents. CISD is a small-group, crisis-focused discussion of a traumatic event. CISD sessions may take 1-3 hours to complete, depending on a number of variables, including number of participants and severity of the event. Sessions move through 7 phases, with an overall goal to reduce stress and restore group cohesion. This occurs through a structured small group process, with a focus on psychoeducation and normalizing group members' reactions. CISD attempts to enhance resistance to stress reactions, build resiliency after a traumatic experience, and facilitate a recovery from traumatic stress and a return to normal, healthy functions. For more info on CISD, please visit the [CISD website](#).²⁸

Psychological First Aid (PFA)

PFA is an evidence-informed approach designed to reduce the occurrence of PTSD that can be utilized in the aftermath of a disaster or significant critical incident. The approach was developed by the National Child Traumatic Stress Network (NCTSN) and the National Center for PTSD. The goal of PFA is to “reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses” (Brymer et al., 2006, p. 8). PFA is offered online, as a 6-hour course through the NCTSN. PFA is a disaster response model intended for professionals providing support to those impacted by the event. The online course also consists of a Learning Community, allowing participants the opportunity share their experience using PFA in the field, receive guidance during times of disaster, obtain additional resources and training, and learn from others who have implemented PFA (National Child Traumatic Stress Network, n.d.). To learn more about PFA, or to enroll in the online course, visit the [NCTSN website](#).²⁹

²⁸ *Critical Incident Stress Debriefing (CISD)* available at <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>

²⁹ *Psychological First Aid Online* – National Child Traumatic Stress Network available at <http://learn.nctsn.org/course/index.php?categoryid=11>

Restoring Resiliency Response (RRR) Model

The RRR Model is a teaching approach developed by the NYSPCC specifically for implementation with child welfare workers in New York City (Pulido & Lucina, 2010). The model was developed to address the needs of child welfare workers and to provide support and strategies to manage the unique stressors associated with the job. The protocol aims to provide education about symptoms and is not designed to review what went right or wrong with the case. The RRR protocol focuses on the current stress reactions experienced by workers. The goal of the RRR protocol is to accelerate the recovery process by integrating education, emotional expression, and cognitive restructuring. RRR sessions are 75 minutes in duration, and consist of activities focused on evaluating the current level of stress and symptoms, validating reactions to the critical incident, identifying supports, and introducing coping and relaxation techniques. NYSPCC provides debriefing sessions using the RRR model to agencies across New York City and Westchester County. Child welfare agencies who are interested in learning more about implementing the RRR model, or an adapted version that works for their jurisdiction, can contact the Executive Director of NYSPCC, Mary L. Pulido, PhD, at mpulido@nyspcc.org to learn more. NYSPCC provides training on this model throughout the United States. For more information and a step-by-step guide to implementing the RRR Model, please visit the [NYSPCC website](#).³⁰

In Summary

Providing safe spaces for child welfare professionals to strengthen personal coping and stress management skills is critical for reducing the impact of a critical incident and resuming previous levels of functioning for staff and the organization as a whole. Based on evaluations from the RRR Model, there is evidence to suggest that a critical debriefing process is welcomed in the field of child welfare, and could provide support and relief to many professionals if this was a widely adopted practice (Pulido & Lucina, 2010). There have been some concerns about the effectiveness of different debriefing approaches and it is important to take the time to research a model before implementing it (Pack, 2013).

³⁰ *Crisis Debriefing Services: The Restoring Resiliency Response Model* - The New York Society for the Prevention of Cruelty to Children (NYSPCC) available at <http://www.nyspcc.org/training-institute/crisis-debriefing-services-restoring-resiliency-response-model/>

EVALUATION

Evaluation is a critical component of an agency's efforts to successfully implement strategies to address Secondary Traumatic Stress (STS). As described in the Suggested Steps for Using the Guidelines section on starting on page 4, it is recommended that an evaluation plan be developed to help:

- Guide the exploration of areas to target for change
- Inform the development of an implementation plan once areas are selected for change
- Obtain information on implementation and the impact of the targeted policies, procedures, or practices

In this section, information is provided on organizational- and individual-level STS assessment and on the collection of information on implementation and the effects of change efforts.

STS Assessment

Organizational Assessment

As part of an implementation planning process, it is invaluable for an agency to examine the current status of its efforts to address STS. This information can be gathered from the staff via interviews, focus groups, and/or surveys; and through the review of relevant documents such as policy and procedure manuals.

The recently developed [Secondary Traumatic Stress-Informed Organization Assessment \(STSI-OA\)](#)³¹; Sprang et al., 2014) can be used to inform an agency's self-assessment. The STSI-OA examines policies and practices for addressing STS and is designed to be completed by staff at all levels of an organization. The tool examines the extent to which:

- Resilience-building activities and physical and psychological safety are promoted
- Policies, leadership practices, and routine organizational practices are STS-informed
- STS policies are evaluated and monitored

³¹ *Secondary Traumatic Stress-Informed Organization Assessment (STSI-OA)* available at <http://www.uky.edu/CTAC/STSI-OA>

For each assessment item, the respondent is asked to indicate the extent to which the organization is addressing a specific policy or practice (*Not at all, Rarely, Somewhat, Mostly, and Completely*). The results of the assessment are intended to identify areas of policy, practice, and training to target in strategic planning and may also be used to examine changes in these areas over time.

Individual Assessment

Various tools are also available for staff to report on their experiences with STS. A description of some of these tools is provided in The Cumulative Effect chapter on page 20. The information from these assessments can be helpful for staff to self-monitor how they may be affected by STS and the results can be used at an aggregate level to examine impact on the workforce.

Information on Implementation and the Effects of Change Efforts

As part of ongoing efforts to make changes in an agency's response to STS, it recommended that a process be created to regularly obtain feedback on implementation efforts from all levels of staff in an organization. This feedback can be collected formally through surveys, interviews, and focus groups or more informally, for example, through discussions in staff meetings. In addition to helping determine whether policies and procedures are implemented as planned, this collected information can identify challenges to implementation. Gathering feedback and making modifications based on this feedback is an important foundation for successful implementation.

In order to evaluate the results of implementation efforts, it is also important to collect data over time on indicators that are linked to the targeted policies, practices, or training activities. See the following box for areas that might be assessed.

Areas that Might Be Assessed

- Staff perception of organizational policies and practices to address STS (such as with the STSI-OA described above)
- Staff satisfaction with agency efforts to address STS
- Level of STS in the workforce (see Individual Assessment section above)
- Knowledge acquisition associated with training activities
- Other organizational indicators that could potentially be monitored include use of staff retention/turnover, use of sick leave, and general employee satisfaction
- An example of a yearly survey to get information and feedback from staff, the *SSR Survey* (which measures the secondary stress reaction (SSR)), is provided in Appendix J. This comes from the Olmstead County Community Services (OCCS) Child and Family Services agency in the Southeastern Minnesota Supercommunity.
- An example of a scorecard approach to report on agency metrics is provided in Appendix K. Developed by Anu Family Services, the *Employee Well-Being Scorecard 2015* reports on status and trends for several indicators including staff retention, satisfaction, and tenure. The agency's employee satisfaction survey is also provided in Appendix L. For more information about the scorecard or employee satisfaction survey, contact Mechele Pitt at Anu Family Services, Inc. (mpitt@anufs.org).

Exit Interview

The exit interview is a commonly used strategy to gain feedback about an organization from departing employees. It can provide an opportunity to inquire about the impact of STS on the employee and about their perceptions of how well STS was addressed in the organization. Recommendations for improvement can also be solicited. See the following box for some examples of specific questions on this topic.

Example Exit Interview Questions

- What helped decrease stress during the job?
- What increased stress during the job?
- What could the organization have done to help you manage your stress more effectively?
- Were there times when you did not feel physically or psychologically safe?
- What could the organization have done to have helped you feel safer?
- Did anyone do anything to help with stress?
- Were there practices in place to acknowledge when someone was supportive and to thank them for that help?

In Summary

It is important to have processes in place to collect information from existing staff about the programs, policies, and procedures around STS that are implemented to ensure that they are meeting the workforce's needs. It is also critical to gather information from those leaving the agency to better understand the impact of trauma exposure, organizational response, and support on their decision to leave and to learn how to continue to strengthen the organization to better support workers. As described in this section, that can take several forms, but it is essential to think about evaluation as you create your implementation plan for addressing STS in your agency.

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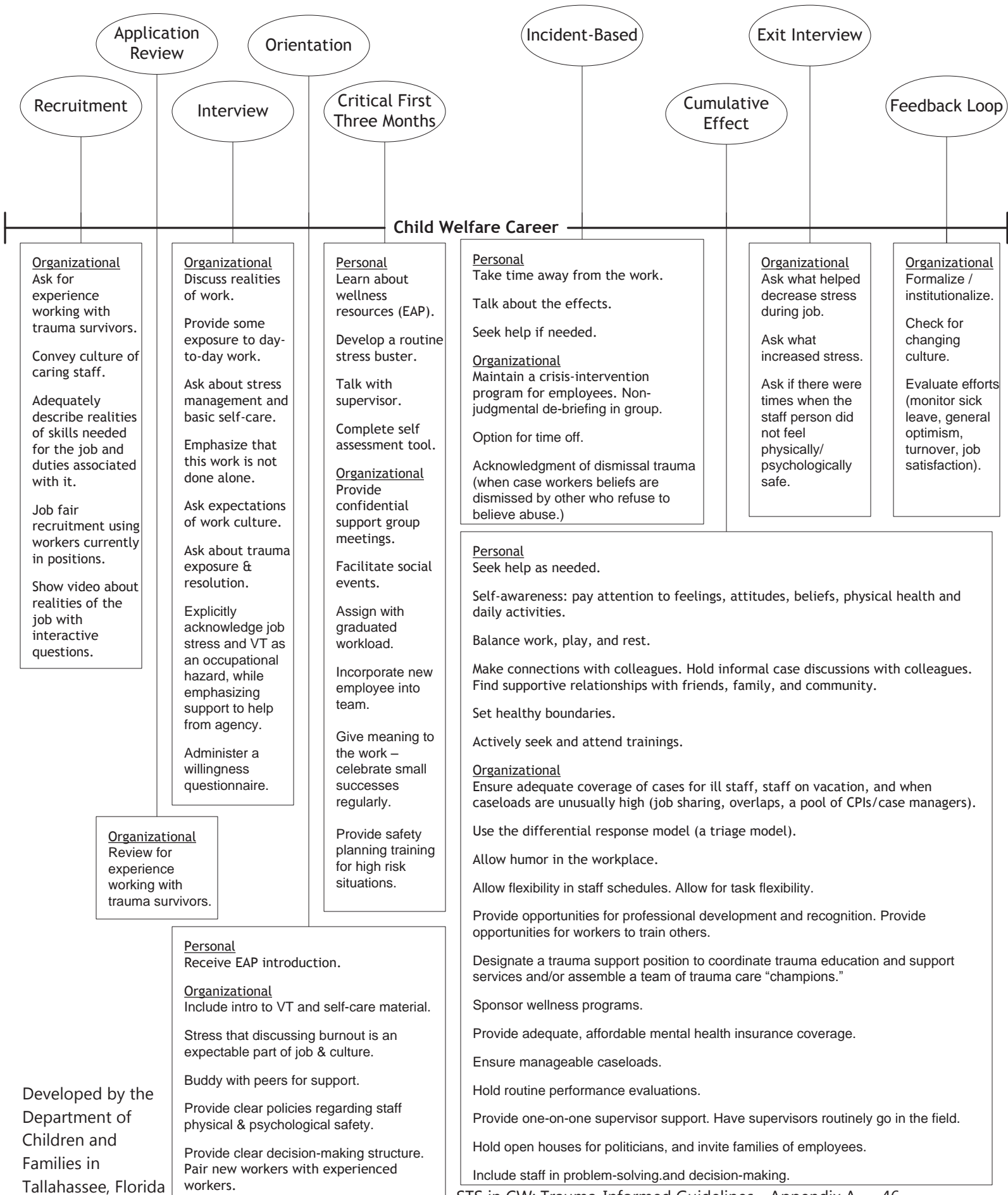
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APPENDIX A

*Continuum of Care for the Child Welfare
Professional: Prevention and Intervention
Points with Corresponding Services
for Vicarious Trauma*

Continuum of Care for the Child Welfare Professional: Prevention and Intervention Points with Corresponding Services for Vicarious Trauma



APPENDIX B

Summary of Trauma-Informed Interview Questions - Examples



Summary of Trauma Informed Interview Questions - Examples

Assessing experience working with youth exposed to trauma

Tell me about your professional experience working with young adolescents and teens, particularly those effected by trauma?

Describe your experience working with youth with histories of multiple placement failures, high levels of aggression, trauma, or violence. What lessons did you apply from this experience? (Clinical Director)

What is your understanding of trauma informed practice? Tell us about a time you worked with a youth who was exposed to trauma. (Caseworker, therapist)

Tell us about a time you responded to the specific needs of a youth who had trauma exposure. (Clinician)

Please describe a time where you were able to establish a solid, therapeutic relationship with a highly resistant, hostile client? A trauma exposed client? (therapist, clinician)

Tell me about your professional experience working with young adolescents and teens? Trauma exposed youth? (Caseworker, Counselor)

Safety

Please describe the activities you will use to create a safe environment of trust and respect?

What type of environment do you work best in?

Supportive Adults

Healthy boundaries are important when working with our current population. Please explain what “healthy boundaries” mean to you and how you have demonstrated these in the past.

Specifically describe how you would establish and promote healthy boundaries with youth?

Define what “boundaries” mean to you and please provide an example of how you would establish “healthy boundaries”.

What have you found to be effective techniques in developing trust relationships or rapport with youth served?

Give us some examples of how you engaged a distrustful youth or distant family member in the past.

In what ways have you developed healthy relationships with children and teens?

Self-regulation

Tell me about a time when you had to calm an upset individual who was being irrational and escalating. What worked and what was not effective?

Describe your approach to conflict resolution involving adolescents/children. Give examples of how you have applied this approach (or self-regulation skills)

Describe the steps you would take to diffuse an escalated situation with a youth or family member.

Strengths based

Please describe how you will provide feedback to youth regarding their behavior.

Please describe some of the methods you have used to measure a youth's progress toward goals or a particular task.

Tell us about a "success story" - a youth that you have had a significant role in making a difference in his/her treatment. What were the issues/problems, what were their strengths, and what did you do to make a positive impact? (Clinical Director)

Tell us about a "not such a success story" - a youth with whom you weren't able to be successful. What were the issues and what lessons did you apply from the experience? What strengths did you notice in this youth? (Clinical Director)

Self-Care

In times of high demand or increased stress, it is easy to become rattled. Tell me about a time when you became overwhelmed with your work. What were the earliest signs that you were becoming overwhelmed? And how did you resolve the situation?

Please provide an example of how you monitored/managed the morale and health of your employees to make sure they were working to their potential? (Supervisors)

Describe a situation when you worked under pressure to meet multiple deadlines; how do you handle the emotions and stress of meeting these deadlines? (Supervisors)

What have you done to support staff self-care in your most recent position? (Supervisors)

What have you done to display healthy self-care skills during the past year? What have you done to maintain a healthy work-life balance?

It is almost time to go home and your manager wants to meet with you, your voicemail is almost full, you have several emails waiting for a response, a child on your case load is struggling and needs to process and you have a staffing tomorrow that you are not fully prepared for. How do you prioritize these demands and the reasoning behind your choices? (Case Manager)

What do you need from (the agency) to help make sure you are successful with the organization?

APPENDIX C

Examples of Value-Based Interview Questions

APPALACHIAN BEHAVIORAL HEALTHCARE - EXAMPLES OF VALUE BASED INTERVIEW QUESTIONS

100 Hospital Drive

Athens, OH 45701

Phone: (740) 594-5000

VALUE	LEADING QUESTION	FOLLOW UP QUESTIONS	KEY CRITERIA
Compassion	<p>We all find ourselves in stressful situations at work when keeping a positive or compassionate attitude is most useful. Tell me /us about such a time.</p> <p>Tell of a time when your active listening skills really paid off in regard to a patient's (or customer's) feelings or needs. Perhaps a situation when others missed a key idea or issue.</p> <p>Some situations with patients (or customer) require us to express ideas or opinions in a very tactful and careful way. Tell me about a time when you were successful with this particular skill.</p> <p>Tell me about a time when you were sensitive or compassionate to a patient in an emotional or tense situation.</p> <p>Tell me about a time when you volunteered your help to a patient (or customer) or someone in need.</p> <p>Give me an example of a time when your compassionate attitude caused a patient (or customer) to stay positive and calm.</p> <p>Tell us about a time when you had to use coping strategies to remain compassionate when dealing with a high-pressure situation regarding a patient (or customer).</p>	<p>How did it turn out?</p> <p>What was the result?</p> <p>Would you have done anything differently?</p> <p>What did you do? What was the outcome?</p> <p>How did they react? How did it turn out?</p> <p>What was the result?</p> <p>How have you shared effective coping strategies with co-workers?</p>	<ul style="list-style-type: none"> • Taking time to listen; • Observant of non-verbal cues • Observant of patient needs • Going the extra mile to make a difference • Linking job duties with patient experience
Collaboration	<p>Collaborative work relationships often ease tension and facilitate productive relationships. Can you give me a recent example where you intentionally enhanced a relationship to get a job done?</p> <p>Describe a time when you put your needs aside to help a co-worker understand a task?</p> <p>Give an example of a time when you were part of a great team?</p> <p>Tell me/us of a time when you disagreed with a</p>	<p>What did you do? How did your extra credit research impact the outcome?</p> <p>How did you assist them? What was the result? What was the issue and how did it turn out?</p> <p>What did you do? How did it impact your relationship with the team?</p> <p>How did you handle it?</p>	<ul style="list-style-type: none"> • Taking ownership for assignment completion and service • Delivery • Recognition that one person cannot do everything • Working with others

VALUE	LEADING QUESTION	FOLLOW UP QUESTIONS	KEY CRITERIA
	<p>customer/patient, supervisor, or coworker?</p> <p>Describe a situation when you coordinated several events or people at the same time?</p> <p>We all learn our mistakes. Tell me /us about a time when you confronted a coworker or a supervisor because you knew they were making a mistake?</p> <p>Tell me /us about a time when you had to collaborate with another to resolve a conflict that initially felt uncomfortable, but actually turned out better than you anticipated?</p>	<p>How did you handle it? What was the result?</p> <p>What was the issue and how did it turn out?</p> <p>What happened? How is your relationship today?</p>	
Innovation	<p>What was the most difficult work problem you ever faced?</p> <p>Tell me/us about a time when you used fact-finding skills to solve a problem?</p> <p>Tell me/us about a time when you had to step away from traditional methods to solve a difficult or complex problem?</p> <p>Tell me /us about a time when you had to respond quickly to a crisis situation?</p> <p>Describe an example of a time when you had to approach people (with different perspectives) for support or cooperation?</p> <p>Tell me/us about a time when you had to accommodate unplanned activities or demands?</p>	<p>How did you resolve the problem?</p> <p>What were the results?</p> <p>What was the situation? What was the outcome?</p> <p>Can you describe your approach? What was the outcome?</p> <p>How did you approach this person? What was the result?</p> <p>What was the outcome?</p>	<ul style="list-style-type: none"> • Ability to look at issues from different perspectives • Thinking outside the box • Prepared to take considered risk
Responsibility	<p>Tell me/us about a time when you made a significant mistake at work?</p> <p>Have you ever been in a situation where your role or responsibilities haven't been clearly defined? What did you do?</p> <p>Tell me/us about a time when you had to conform to a policy or procedure you did not agree with?</p> <p>Tell me/us about a time where you had to remain calm when dealing with a hostile patient (or customer)?</p>	<p>What were the consequences for you personally? How did you approach the conversation with your Supervisor/Co-worker/Patient/Customer?</p> <p>What action did you take?</p> <p>What did you do to motivate yourself?</p> <p>What did you learn from the experience? How did you handle the situation?</p>	<ul style="list-style-type: none"> • Ownership for consequences • Commitment to putting things right and learning from the experience • Timeliness for communicating with those impacted

VALUE	LEADING QUESTION	FOLLOW UP QUESTIONS	KEY CRITERIA
	<p>Tell me/us about a time when you coached a coworker to help them improve their skills or job performance?</p> <p>Tell me about a time in the past year when your patience was tested with patience (or customers), coworkers, or supervisors?</p>	<p>How did you handle the situation?</p> <p>How did you handle the situation? What was the result?</p>	
Diversity	<p>What had been the most difficult challenge that you have faced personally in working co-operatively with another person who did not share your values, beliefs or ideas?</p> <p>Tell me/is about a time when you had to adapt quickly to changing conditions to accurately complete your job?</p> <p>Describe a situation where you dealt with someone who didn't like you (or you didn't like)?</p> <p>Tell me about a time when you found yourself on unfamiliar territory or a new situation at work?</p> <p>Occasionally our work is judged or criticized unfairly or our intent is misunderstood. Can you tell me about a recent situation that fits this description?</p>	<p>What was the impact on your ability to get things done?</p> <p>What were the circumstances?</p> <p>How did you handle it?</p> <p>How did you react?</p> <p>How did you approach the situation?</p>	<ul style="list-style-type: none"> • Listening • Open to other person's perspective • Being accountable for own beliefs, ideas and attitudes • Self-awareness
Integrity	<p>Can you give an example of a situation when you saw someone at work stretch or bend the rules beyond what you felt was acceptable?</p> <p>Tell me/us about a time when you felt compelled to immediately address a difficult situation with your boss or supervisor when others would not. (You had to do the right thing).</p> <p>Tell me/us about a time when you felt compelled to express an unpopular viewpoint to maintain your integrity?</p> <p>Tell me/us about a time in your job when you accommodated the patient (or customer) even though it was more work for you or went against your instincts?</p> <p>Tell me/us about a time when you felt it would benefit the situation to disregard structure or formal processes to achieve a better outcome?</p>	<p>What did you do? What led did you take the action you did?</p> <p>What was the consequence of taking action you did?</p> <p>What did you say and how did you say it?</p> <p>What happened? What was the outcome?</p> <p>What were the circumstances? How did it turn out?</p>	<ul style="list-style-type: none"> • Willingness to hold others accountable • Willingness to do the right thing, however difficult
Quality	<p>Quality is not just one person's job. Describe a time when you identified a potential quality concern and addressed it personally before it became an issue?</p> <p>Give an example of a time when you recognized an opportunity for quality improvement in your</p>	<p>What was the outcome?</p> <p>What was the outcome?</p>	<ul style="list-style-type: none"> • Ability to connect job duties with quality outcomes; • Willingness to bring to bring quality issues to the attention of appropriate others or to

VALUE	LEADING QUESTION	FOLLOW UP QUESTIONS	KEY CRITERIA
	<p>department or group?</p> <p>Tell me/us about a time when you missed an obvious solution to a problem?</p> <p>Give an example of a situation where you needed to pay attention to small but important details to maintain quality?</p> <p>Tell me/us about a time when you had to manage large amounts of paperwork?</p>	<p>What did you do?</p> <p>When was this? How did it turn out?</p> <p>How did you keep things organized to maintain quality, order and accuracy?</p>	<p>take personal action with in scope of job duty;</p>
Trust	<p>Tell me/us what steps you personally take to build trust with your supervisor and co-workers?</p> <p>Describe a situation where you helped motivate someone to improve his or her performance?</p> <p>Describe a situation in which you forecasted a problem and prepared a strategy for handling it?</p> <p>Tell me/us about a time when you had to make a split second decision. What skills did you use?</p> <p>Tell me/us about a time when you had to deal with an uncomfortable situation at work?</p> <p>Tell me/us about a time when you had to let go of your need to control a situation?</p>	<p>What has been the impact on your working relationships with your Supervisor? Coworkers?</p> <p>What was the outcome?</p> <p>How did it turn out?</p> <p>What was the outcome?</p> <p>How did you manage it?</p> <p>What was the issue? Why was it necessary for you to let go?</p>	<ul style="list-style-type: none"> • Commitment to “walking the talk” • Awareness of the importance of relationship building • Recognition that trust works both ways in effective relationships

Permission received in April 2016 to share these questions that were developed by one of Tennessee's state psychiatric hospitals as part of their Trauma-Informed Care Initiative.

APPENDIX D

Workplace Wellness Plan

**San Diego Youth Services
Programs Policy and Procedure Manual**

**Section 1: GENERAL AGENCY INFORMATION
Title: Workplace Wellness Plan**

Purpose: To create a trauma informed culture that supports employee and volunteers' health, safety and wellness in every aspect of their lives and that aligns with the County of San Diego's Live Well San Diego Initiative (livewellsd.org).

Policy: All staff and volunteers will remain knowledgeable about SDYS' workplace wellness plan, *PATH to Wellness*, and their knowledge will be reflected in their individual commitment to health, safety and wellness. SDYS HR Director, in partnership with OST, will provide oversight of *PATH to Wellness*, including updates to the plan.

Definition: A workplace wellness plan is a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees. (CDC.gov)

Core Areas for SDYS' *PATH (Personal Achievements Towards Health) to Wellness Plan*:

1. Dissemination of information.
 - SDYS *PATH to Wellness* plan will be reviewed with new staff and volunteers during their personnel orientation.
 - WorkLifeMatters Newsletter from SDYS' Employee Assistance Program is sent to staff on a monthly basis via email.
 - *PATH to Wellness* Newsletter from SDYS' TIC Work Group is sent to staff quarterly.
 - Supervisors are encouraged to review WorkLifeMatters and *PATH to Wellness* Newsletters during regularly scheduled staff meetings.
 - Supervisors are encouraged to post Newsletters in staff common areas.
 - Agency-wide meetings and work groups are encouraged to include *PATH to Wellness* as a standing agenda item.
 - All programs and departments shall report on their progress toward workplace wellness annually via SDYS' Annual Outcomes Report.
2. SDYS offered resources, activities and supports
 - Resources
 - SDYS offers an Employee Assistance Program to all staff who qualifies for benefits.
 - SDYS HR staff will promote health plan member benefits so that staff increases knowledge of the full scope of benefits and services available to staff, including wellness coaching, healthy living programs and discounted services.
 - Supervisors are encouraged to invite EAP and Health Plan providers to present to staff during regularly scheduled staff meetings.

- Activities
 - All SDYS staff and volunteers are encouraged to promote and take a leadership role in activities that promote connectedness and wellness. Examples include: The Fitness Challenge, Lunchtime Walking Group, Monthly Restaurant Meet Up.
 - Supervisors are encouraged to provide reasonable flexibility with regard to staff's schedules as a way to address staff's barriers to connecting to wellness activities including: time, proximity to home or work, and financial resources.
 - SDYS staff and volunteers are encouraged to bring ideas to their supervisor in partnership with Human Resources and Marketing & Development in order to nurture relationships with businesses that offer discounted membership and/or services that promote wellness including fitness clubs, massage schools and other holistic practitioners.
- Supports
 - SDYS offers supervision to staff and volunteers.
 - SDYS offers relevant training for staff and volunteers including Self-Care, TIC 101, TIC 201, TIC for Supervisors and Home Visitor Safety as well as other relevant training through partner organizations.
 - Staff and volunteers are encouraged to access the TIC Resource Library on The Insider.
 - SDYS staff and volunteers are encouraged to promote and take a leadership role in support group that promote connectedness and wellness. Examples include: Working Parent's Group, AA/NA meetings.
 - Supervisors are encouraged to provide reasonable flexibility with regard to staff's schedules as a way to address staff's barriers to connecting to support groups including: time, proximity to home or work, motivation and financial resources.

3. Staff & Volunteer Appreciation

- SDYS hosts an annual staff and volunteer appreciation event.
- Supervisors are encouraged to adopt a form of staff and volunteer appreciation into their programs or departments such as "Caught in the Act", "Mad Props", "Shout Outs", "Give Thanks Campaign" as examples.
- Supervisors will utilize the Fun Fund at their discretion to appreciate and recognize staff and volunteers.
- Staff and volunteers are encouraged to take the time to acknowledge and appreciate their co-workers.

Procedure:

1. All staff and volunteers will review SDYS' workplace wellness plan – *PATH to Wellness*.
 2. All staff and volunteers will be supportive of SDYS' workplace wellness plan.3. As SDYS' *PATH to Wellness* plan is a living document, all staff and volunteers are encouraged to provide feedback to their supervisors as a way to enhance the plan so that it best meets the needs of staff and volunteers.
 4. All programs and departments shall report on their progress toward workplace wellness annually via SDYS' Annual Outcomes Report.
- Permission received from San Diego Youth Services in July 2016 to share this workplace wellness plan.

APPENDIX E

My Wellness Plan

Wellness Components



■ Spiritual ■ Intellectual ■ Emotional ■ Vocational ■ Physical ■ Social

My Wellness Plan

T

E

A

M

**Together everyone
achieves more**

Emotional Wellness: I will

Intellectual Wellness: I will

Physical Wellness: I will

Social Wellness: I will

Spiritual Wellness: I will

Vocational Wellness: I will



**Nurturing Families
Building Communities**

The House Next Door nurtures and empowers families to build stronger communities. I must first nurture and empower myself in my effort to build a stronger community.

Name: _____



APPENDIX F

Psychological Hazmat Suit for Trauma-Exposed Professionals

Psychological Hazmat Suits for Trauma-Exposed Professionals

Alison Hendricks, LCSW
Cambria Rose Walsh, LCSW

Individual Assessment Tools

- *ProQol*: Retrieved from http://proqol.org/ProQol_Test.html
- *Compassion Fatigue Self Test* (PTSD Support Services): Retrieved from http://www.ptsdsupport.net/compassion_fatigue-selftest.html
- *Child Trauma Survey - Curious about How the Work is Impacting You?*: Retrieved from http://www.childtraumaacademy.com/cost_of_caring/lesson02/page06.html
- *Self-Care Assessment*: Retrieved from <http://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises.html>
- *Secondary Traumatic Stress Scale*: Retrieved from <http://academy.extensiondlc.net/file.php/1/resources/TMCrisis20CohenSTSScale.pdf>

Organizational Assessment Tools

- *Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA)*: Retrieved from <http://www.uky.edu/CTAC/STSI-OA>

Videos/Online Training

- Online Module on STS available at <http://cascw.umn.edu/portfolio-items/secondary-traumatic-stress-module/>

Websites/Blogs

- Blog from Francoise Mathieu available at <http://www.tendacademy.ca/blog/>
- National Child Traumatic Stress Network website - <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>
- PTSD Resources (scroll to section on Compassion Fatigue) available at <http://www.giftfromwithin.org/html/articles.html>
- Tend Academy website - <http://www.tendacademy.ca/>. Check out the Training on Compassion Fatigue & Trauma-Exposed Workforces.
- University of Buffalo Self-Care Starter Kit available at <http://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

Workbooks

- Fisher, P. (2015). *Building resilient teams*. Fisher and Associates Solutions Inc. (www.tendacademy.ca)
- Mathieu, F. (2012). *The compassion fatigue workbook*. New York/London: Routledge.
- Saakvitne, K. & Pearlman, L. (1996). *Transforming the pain: A workbook on vicarious traumatization for helping professionals who work with traumatized clients*. New York, New York: W.W. Norton and Company.
- Seaward, B. L. (1996). *Managing stress: A creative journal*. Sudbury, MA: Jones and Bartlett.
- Volk, K. T., Guarino, K., Edson Grandin, M., & Clervil, R. (2008). *What about you? A workbook for those who work with others*. The National Center on Family Homelessness. Retrieved from <http://508.center4si.com/SelfCareforCareGivers.pdf>

Articles/Books

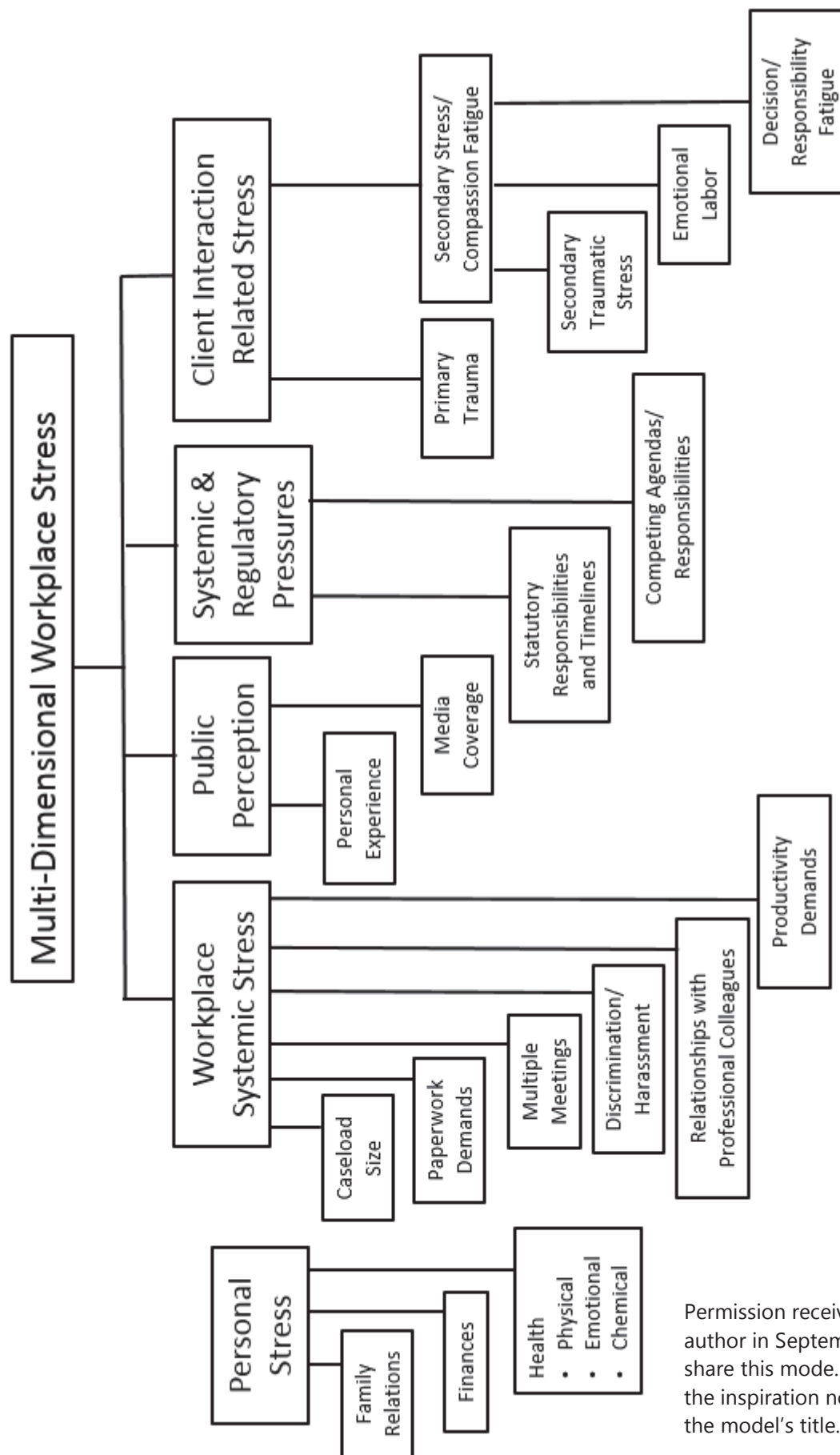
- Bober, T., & Regehr, C. (2006). Strategies for Reducing Secondary or Vicarious Trauma: Do They Work?. *Brief Treatment and Crisis Intervention*, 6(1), 1-9.
- Center for Advanced Studies in Child Welfare. (2012, Spring). Secondary trauma and the child welfare workforce, CW360. Retrieved from http://cascw.umn.edu/wp-content/uploads/2013/12/CW360_2012.pdf
- Grant, L., & Kinman, G. (n.d.) *Guide to developing emotional resilience*. Retrieved from <http://www.communitycare.co.uk/2015/04/09/find-develop-emotional-resilience-free-downloadable-guide/>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout and self-care in clinicians working with trauma survivors. *Traumatology*, 14, 32-43.
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- Perry, B. D. (2003). *The cost of caring: Secondary traumatic stress and the impact of working with high-risk children and families*. Houston, TX: Child Trauma Academy.
- Shapiro, S. L. Astin, J. A., Bishop, S. R., & Cordova, M. (2005) Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12(2), 164–176.
- Van Dernoot Lipsky, L., & Bulk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco: Berrett-Koehler Publishers.

APPENDIX G

Multi-Dimensional Human Services Workplace Stress

Multi-Dimensional Human Services Workplace Stress

[Inspired by Patricia Fisher's "Complex Stress Model"]



Alan O'Malley-Laursen, MSW, LICSW, CFE/T

Permission received from the author in September 2016 to share this model. Please note the inspiration noted below the model's title.

APPENDIX H

Performance Self-Appraisal Form

PERFORMANCE SELF-APPRAISAL FORM

Employee Name:

1. Diversity Success Factors

- a. Do you feel respected and valued?
- b. Do you consider your work environment free from discrimination or harassment in any form, including, but not limited to, derogatory or hurtful comments, jokes, or other behavior injurious to you/others?

2. Achievements

- a. Since your last appraisal, what three things are you proudest of doing/achieving/completing?

3. Job Satisfaction

- a. What parts of your job do you like the best, and why?
- b. What parts (tasks, barriers, frustrations) do you like the least, and why?
- c. If there was one thing you could change about your job here, what would it be?
- d. How satisfied are you with your own level of performance/personal working morale?
- e. What could you have performed better?
- f. Where do you think you could improve?

4. Secondary Stress Reaction

- a. What has been the level of your experience of secondary stress reaction [SSR] over the past year [0-10]?
- b. Are you feeling supported by your supervisor and/or this agency in regards to your experience of SSR?
- c. What could CFS do better to support you regarding SSR?
- d. What have you found to be helpful for you in managing SSR?

5. Work Group Dynamics

- a. What are your special strengths as a team member?
- b. What do you feel you contribute most to the work group?
- c. How you might become an even better team member?

5. Supervision Experiences

- a. What could I have done, or do in the future, to help you be more effective, or do a better job?
- b. What would you like more of or less of from me?
- c. What should I keep doing?

6. Recognition

- a. When you do a job especially well, do you feel it is recognized?
- b. Are there changes in recognition or appreciation that you would prefer from me, or from the Department?

Please plot an "X" on the Recognition Continuum below, which best represents where your comfort level/preference falls:

X--- ----- ----- ----- ----- ----- ----X
No public or private Public/Large Group
recognition activity. recognition activity.

7. Looking Ahead

- a. What skills, competencies, knowledge or abilities would you like to improve, or develop next year? Please identify any competencies you feel are currently under used.
- b. What three things would you like to do (or would like to see done) that would improve our program?

8. Other Questions/Comments:

Adapted from Hanley, Barbara. "Performance Reviews: Preparing and Conducting Useful Discussions," Hanley Associates Consultants, 1993. saf.97

Permission received from Olmsted County Community Services' Child and Family Services Division in November 2016 to share this performance self-appraisal form. The Secondary Stress Reaction section was added by them to a form published in the above noted document

APPENDIX I

*Finding a Therapist that is a
Good Fit for Your Needs*

Finding a Therapist that is a Good Fit for Your Needs- Compassion Fatigue, Loss and Grief, or Trauma Issues

When someone is having vision problems, they go to see an eye doctor, not a foot doctor. In that same vein, there are specialists within mental health as well, though they are not quite so easy to identify! The following is a guide to thinking through how to pick a therapist that will be the best fit for your needs. Keep in mind that the more specific your questions are to your needs, the better sense that you will get of the fit. Remember that the role of the therapist is to help you work through difficult feelings and thoughts, and that you want someone with whom you are comfortable. However, realize that the process may sometimes feel uncomfortable and, if that happens, you want to be able to feel safe telling the therapist that you are feeling that way!

Many agencies now have Employee Assistance Programs (EAP) to provide mental health services for their employees; if your agency does not, then many of these same items apply to mental health coverage that is part of your health insurance. Each EAP works in different ways- you may get a long list of therapists or just a few. Think about what is important to you in terms of logistics- location, hours, flexibility of schedule, etc. If possible, ask for referrals for therapists that work with your specific issue (trauma, grief and loss, etc.). You can also cross check the list of EAP therapists with the list of therapists your health insurance may cover in case the number of sessions you end up needing is more than the EAP will cover. Remember, that the managed care systems do not always have a systematic way to vet a therapist's level of expertise and often therapists self-report their areas of expertise so it is important to interview them before you make a choice. If you go for the first session or two and decide that they are not the right fit, you can usually start with a new therapist- be sure to clarify your EAP's policy related to how that impacts the number of sessions that you can use with the new therapist.

Here are some questions that you can use to interview a therapist over the phone regarding their expertise, training, and background:

- 1) "Have you worked with people with similar issues to mine?"
 - Share a little on the phone about your presenting issue and see how the therapist responds. For instance: "I work with (type of population) and have been feeling (anxious, depressed, guilty, etc.) or have been experiencing (nightmares, fears, etc.)" or "In my job, I have experienced (the loss of several patients, failed reunifications of families, hearing really difficult stories, etc.) and I am feeling or experiencing..."
 - Ask them what their experience is with working with similar types of problems, those in a similar profession, etc., and how frequently and recently they have done so.
- 2) "What type of training have you had on the presenting issues?"

- The more specific you are the better. Examples of how to ask this question include: “Do you have training related to working with those in trauma-exposed workplaces?” “What is your training related to secondary traumatic stress?” “What is your training on grief and loss issues?”
- 3) “What kinds of treatment models do you use, and have they been proven effective for dealing with my kind of problem or issue?”
 - Follow-up with a question about their training in those treatments. If they say they are trained, ask for more specifics; going to a one-day workshop several years ago is not a good sign. Look for someone with more in-depth and recent training. Better yet, look for someone with training in specific evidence-based practices (see the [Trauma Treatment \(Adults\) topic area on the California Evidence-Based Clearinghouse](#)¹ for information on the research evidence of commonly used trauma treatment models for adults)
 - 4) “How many sessions would you anticipate seeing me?” “Do you see clients weekly or more or less frequently?”
 - 5) “How do you set up goals?” “What might they be like for someone with my presenting issue?” “What does success like look?”
 - 6) “What is a typical session like?” “How long are the sessions? An hour?”
 - 7) “Do you suggest homework/reading for your clients?”
 - 8) “How do I prepare for my first session?”

Other Things to Consider

- 1) Are they licensed and how long have they been practicing? If they say that they are licensed, you can look up their license to be sure it is accurate and they do not have any concerning disciplinary actions against them. Each state has a system for searching for provider’s licensing information, most are online. Remember that longer in the field is not necessarily better- a combination of experience and staying up to date on treatment methods is ideal.
- 2) You can search their name on the Internet and see if they have a website or advertisement that provides some information about them. Look for information on populations that they state they work with, trainings or certifications, etc.
- 3) You can ask if they receive or have access to any sort of case consultation or supervision. You can also ask if they have participated in therapy (it is not a requirement for therapists to do so, but it is beneficial to their practice if they have taken the time to work through any of their own challenges).
- 4) Clarify if they are able to take your health insurance in addition to the coverage by the EAP (verify this if you picked this therapist because they were on both lists). Usually for health insurance, there would need to be a covered diagnosis. Do not hesitate to ask them about this!

¹ Trauma Treatment (Adults) topic area - California Evidence-Based Clearinghouse available at <http://www.cebc4cw.org/topic/trauma-treatment-adult/>

APPENDIX J

Secondary Stress Reaction (SSR) Survey

SSR Survey

“Secondary Stress Reaction” [SSR] is the term being used to encompass “secondary traumatic stress”, “burnout”, “compassion fatigue”, and “vicarious trauma” and is defined as **“The emotional cost of caring: A response to the cumulative experience of empathic engagement with people who are suffering and/or struggling – the personal experience resulting from helping or wanting to help the person in need.”**

OCCS Child and Family Services is committed to addressing Secondary Stress Reaction. In addition to making SSR part of the conversation at the time of annual performance reviews, we will be surveying all staff on a semi-annual basis. We hope that this will help in assessing staff well-being and in guiding continuing efforts to provide the needed supports.

Participation in this survey by all is highly encouraged so that the results will best reflect the entirety of CFS staff. All responses will be anonymous.

Thank you!!

1. How would you rate your knowledge level regarding the signs and symptoms of Secondary Stress Reaction?

- A little bit
- Moderate
- A great deal

2. Thinking about **the last 60 days**, select the number from 0-10 that best describes the overall level of your experience with secondary stress reaction [SSR]

0 1 2 3 4 5 6 7 8 9 10

Don't experience any SSR

Experience an unmanageably high level of SSR

3. Thinking about **the last year**, select the number from 0-10 that best describes the level of support that you are receiving from your supervisor and/or this agency in regards to your experience of SSR

0 1 2 3 4 5 6 7 8 9 10

No Support

Extreme level of support

Years of experience at OCCS/CFS:

0-2 years

3-10 years

11-20 years

21 or more years

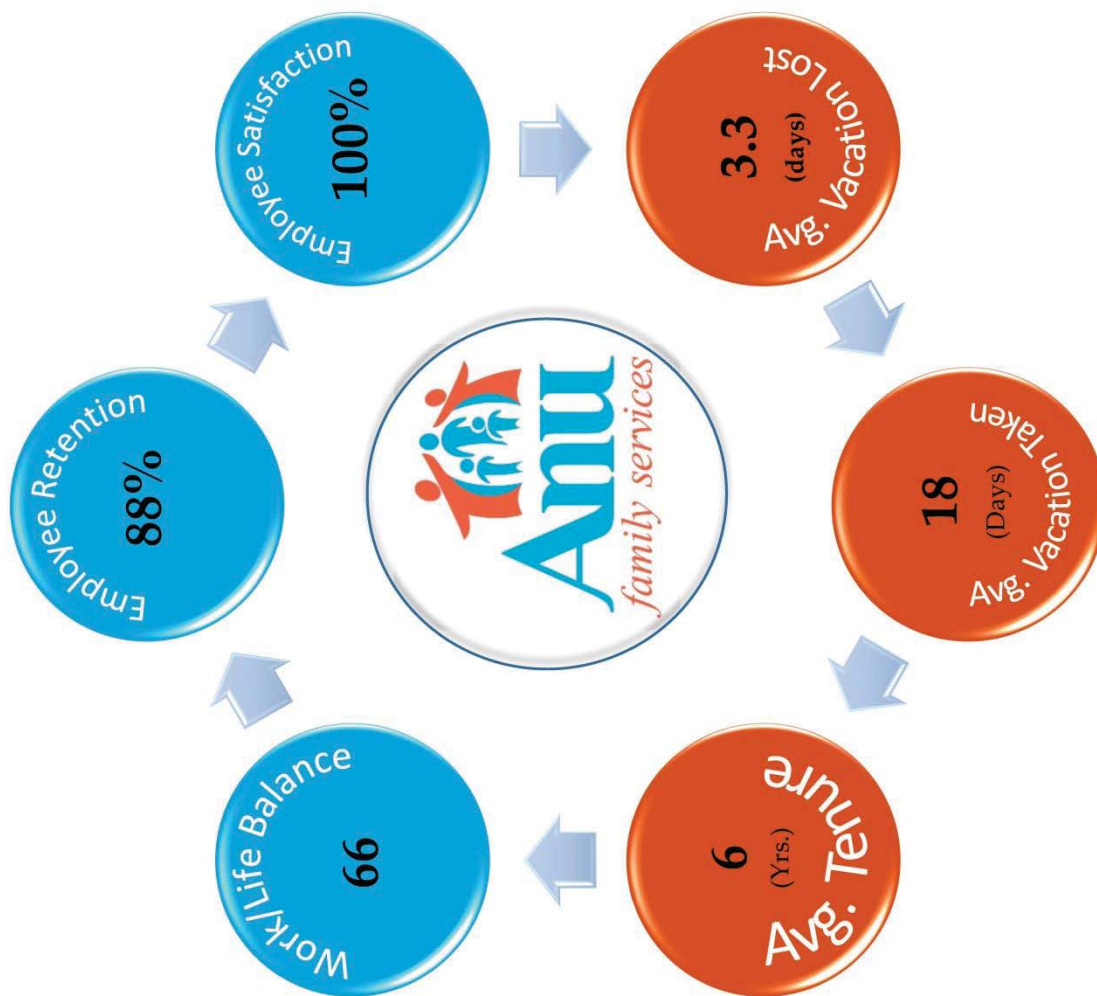
Comments:

Permission received from Olmsted County Community Services' Child and Family Services Division in December 2016 to share this secondary stress reaction survey.

APPENDIX K

Employee Well-Being Scorecard 2015

Anu Family Services Employee Well-Being Scorecard 2015



Historical Trends

Work/Life Balance
~ Began tracking in 2015

Employee Retention Rate:
2014 – 89%
2013 – 50%
2012 – 82%

Employee Satisfaction
2014 – 89%
~ Not tracked prior to 2014

Average Tenure
2014 – 6.97 years
2013 – 8.53 years
2012 – 6.34 years

Avg. Vacation Taken
2014 – 11.82 days
2013 – 11.65 days
2012 – 14.02 days

Avg. Vacation Lost
2014 – 3.4 days
2013 – 4.6 days
2012 – 1.8 days



We create permanent connections to loving and stable families.

www.anufs.org

Permission received from Anu Family Services in October 2016 to share this Employee Well-Being Scorecard.

APPENDIX L

*Employee Satisfaction
from Survey Monkey*

Employee Satisfaction from Survey Monkey

Please take a few moments to tell us about your satisfaction with your work experience at Anu Family Services over the past year. We appreciate your candid responses, which will be completely anonymous.

1. Please rate your overall level of satisfaction working at Anu using a 1 to 5 scale where 1 means not at all satisfying and 5 means extremely satisfying .
2. Please tell us what was the most satisfying part of working at Anu this past year.
3. Please tell us what was the least satisfying part of working at Anu this past year.
4. Please describe your experiences working with your Anu team.
5. Please tell us your level of agreement with the following statements using a 1 to 5 scale, where 1 means you strongly disagree and 5 means you strongly agree.

I am a valued employee of Anu Family Services.

My opinion is valued at Anu.

Anu values my well-being as an individual

Anu values my well-being as an employee

My supervision sessions take place regularly.

My supervisor talks to me about my professional growth and development.

I feel supported by my supervisor.

The Anu leadership understands what I do.

I believe Anu provides high quality services.

I would recommend Anu to others seeking employment.

6. Is there anything Anu could do to improve your job satisfaction?
7. Anu Family Services values:
 - foster parent well-being**
 - permanent outcomes for youth**
 - employee benefits**
 - client well-being**
 - worker well-being**
8. The organization is doing a lot of things right in terms of well-being for clients, foster parents and employees.
9. Provide an example or two of what you see the agency doing specifically to promote well-being
10. What else could Anu do to improve our BHAG or increase the percent of youth discharged to permanency?
11. Please take a few moments to provide feedback on anything else you would like to add.

Permission received from Anu Family Services in October 2016 to share this list of their Employee Satisfaction questions from Survey Monkey.

Low Impact Debriefing: Preventing Retraumatization

Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

Karen Saakvitne and Laurie Ann Pearlman, *Trauma and the Therapist* (1995).

After a hard day...

How do you debrief when you have heard or seen hard things? Do you grab your closest colleague and tell them all the gory details? Do your workmates share graphic details of their days with you over lunch or during meetings?

When helping professionals hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying - it is a natural and important process in dealing with disturbing material. The problem is that we are often not doing it properly - we are debriefing ourselves *all over* each other, with little or no awareness of the negative impact this can have on our well-being.

Contagion

Helpers often admit that they don't always think of the secondary trauma they may be unwittingly causing the recipient of their stories. Some helpers (particularly trauma workers, police, fire and ambulance workers) tell me that sharing gory details is a "normal" part of their work and that they are desensitized to it, but the data on vicarious trauma show otherwise - we are being negatively impacted by the cumulative exposure to trauma, whether we are aware of it or not.

Two kinds of debriefing

There are two kinds of debriefing: (1) the informal debrief, which often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser or during the drive home; and (2) the formal debrief which is a more structured process, and is normally scheduled ahead of time and often referred to as peer consultation, supervision or critical incident stress debriefing.

Are you being slimed during informal debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being *slimed* rather than taking part in a debriefing process.

On the other hand, part of the challenge of formal debriefing or pre-booked peer supervision is the lack of immediacy. When a helper has heard something disturbing during a clinical day, they usually need to talk about it to someone there and then or at least during the same day. I used to work at an agency where peer supervision took place once a month. Given that I was working as a crisis counsellor, I almost never made use of this time for debriefing as my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them.

A second problem for some of us is the lack of satisfactory supervision. Sadly, many helpers have access to little or poor quality supervision so we have nowhere to go with our stories.

Low Impact Debriefing

Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic. Using Low Impact Debriefing can help with this: it involves four key steps: self-awareness, fair warning, consent and the debrief, also called limited disclosure.

1) Increased Self Awareness

Have you ever shocked or horrified friends or family with a work story that you thought was fairly benign or even funny? Working in this field, we rapidly become desensitized to the trauma and loss we are exposed to daily. Try and become more aware of the stories you tell and the level of detail you provide when telling a story. Ask yourself: Were all those details really necessary to the storytelling? Could you have given a "Coles notes" version and still passed on the necessary information?

2) Fair Warning

We use fair warning in everyday life: If you had to call your sister and tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Why not do the same when debriefing? If I know that you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear.

3) Consent

Once you have warned the listener, you need to ask for consent. This can be as simple as saying: “I need to debrief something with you, is this a good time?” or “I heard something really hard today, and I could really use a debrief, could I talk to you about it?” The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4) Limited Disclosure

Now that you have received consent from your colleague, you can decide how much to share. I suggest imagining that you are telling the story starting on the outer circle of the story (i.e. the least traumatic information) and slowly move in towards the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

How much detail is enough? How much is too much?

Don't assume you need to disclose all the details right away. Is sharing the graphic details necessary to the discussion? For example, when discussing a child being removed from the home, you may need to say "the child suffered severe neglect and some physical abuse at the hands of his mother" and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion.

I would recommend applying this approach to all conversations you have. Ask yourself: Is this too much trauma information to share? Low Impact Debriefing is a simple and easy strategy to protect ourselves, our loved ones and co-workers from unnecessary traumatic details.

If you wish to provide your colleagues with more information, you can download and print copies of an article that outlines the steps to Low Impact Disclosure by visiting my website: www.compassionfatigue.ca. and clicking on Resources.

This article is adapted from an article originally posted on my blog:
www.compassionfatigue.ca

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Transforming Compassion Fatigue into Compassion Satisfaction: Top 12 Self-Care Tips for Helpers

By Françoise Mathieu, M.Ed., CCC., Compassion Fatigue Specialist
© WHP-Workshops for the Helping Professions, March 2007

Dr Charles Figley, world renowned trauma expert and pioneer researcher in the field of helper burnout has called compassion fatigue a “disorder that affects those who do their work well” (1995) It is characterized by deep emotional and physical exhaustion, symptoms resembling depression and PTSD and by a shift in the helper’s sense of hope and optimism about the future and the value of their work. The level of compassion fatigue a helper experiences can ebb and flow from one day to the next, and even very healthy helpers with optimal life/work balance and self care strategies can experience a higher than normal level of compassion fatigue when they are overloaded, are working with a lot of traumatic content, or find their case load suddenly heavy with clients who are all chronically in crisis.

Compassion fatigue can strike the most caring and dedicated nurses, social workers, physicians and personal support workers alike. These changes can affect both their personal and professional lives with symptoms such as difficulty concentrating, intrusive imagery, loss of hope, exhaustion and irritability. It can also lead to profound shifts in the way helpers view the world and their loved ones. Additionally, helpers may become dispirited and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment.

It has been shown that, when we are suffering from compassion fatigue, we work more rather than less. What suffers is our health, our relationship with others, our personal lives and eventually our clients.

Assessing your own level of Compassion Fatigue

If would you like to assess your current level of Compassion Fatigue, visit Beth Stamm’s website: www.isu.edu/~bhstamm/tests.htm. Dr Stamm and Charles Figley have developed a self-test called the Proquol (professional quality of life) that can be accessed via this site. They not only look at Compassion Fatigue, they also assess

helpers' level of *compassion satisfaction* which is “about the pleasure you derive from being able to do your work well.” (Stamm, 1999) I have affectionately nicknamed this test “the thingy” as I find the name ProQuol rather unwieldy. If you are interested in obtaining a free self scoring excel version of this test, email our autoresponder: thingy@aweber.com and you will instantly receive the excel version, which is far easier to use than the original version.

Developing an Early Warning System for Yourself

I believe that compassion fatigue is a normal consequence of working in the helping field. The best strategy to address compassion fatigue is to develop excellent self care strategies, as well as an early warning system that lets you know that you are moving into the caution zone of Compassion Fatigue.

For the past 7 years, I have been training and assisting helpers in developing a better understanding of this complex occupational hazard. Here is a sample of my favourite self care strategies to transform compassion fatigue into compassion satisfaction.

Top 12 Self-Care Tips for Helpers

1. Take Stock-What's on your plate?

You can't aim to make changes and improvements without truly knowing where the problem areas are. Start by taking a nonjudgmental inventory of where things are at in your life. Make a list of all the demands on your time and energy (Work, Family, Home, Health, Volunteering, other). Try to make this list as detailed as you can. Eg: Under the Work category, list the main stressors you see (number of clients, or, amount of paperwork, or difficult boss, etc).

Once you have the list, take a look at it. What stands out? What factors are contributing to making your plate too full? Life situations or things you have taken on? What would you like to change most? If you are comfortable sharing this with a trusted friend or colleague, have a brainstorming discussion with them on strategies and new ideas. A counsellor or coach can also help you with this exercise. If you would like to read more on this, we highly recommend reading Cheryl Richardson's excellent book “**Take time for your life**” (1998).

2. Start a Self-Care Idea Collection

This can be fun. You can do it with friends and at work.

With friends: Over a glass of wine or a cappuccino, interview three friends on their favourite self-care strategies. Start making a list even if they are not ideas that you would do/are able to afford at the moment. Something new might emerge that you had not yet thought of.

At work: If you are doing this at work, you could even start a contest for the best self care idea of the week or have a “self care board” where people post their favourite ideas. You could have a “5 minutes of self care” at each staff meeting, where someone is in charge of bringing a new self care idea each week.

Once you have a really nice long list, pick three ideas that jump out at you. Make a commitment to implementing these in your life within the next month. Ask a friend/colleague if they would commit to supporting you (and you them) in maintaining your self care goals. This could mean that they go to the gym with you every Thursday, or that they email you at lunch to remind you to get out of your office. This is a wonderful way to stay on track and to validate your own experiences by sharing them.

3. Find time for yourself every day – Rebalance your workload

Do you work straight through lunch? Do you spend weekends running errands and catching up on your week without ever having 20 minutes to sit on the couch and do nothing? Can you think of simple ways to take mini breaks during a work day? This could simply be that you bring your favourite coffee cup to work, and have a ritual at lunch where you close your door (if you have a door) and listen to 10 minutes of your favourite music. A friend of mine has a nap on her yoga mat at work during her lunch break. What would work for you?

Not everyone has control over their caseload, but many of us do, providing we see all the clients that need to be seen. Would there be a way for you to rejig your load so that you don't see the most challenging clients all in a row?

Make sure you do one nourishing activity each day. This could be having a 30 minute bath with no one bothering you, going out to a movie, or it could simply mean taking 10 minutes during a quiet time to sit and relax. Don't wait until all the dishes are done and the counter is clean to take time off. Take it when you can, and make the most of it. Even small changes can make a difference in a busy helper's life.

4. Delegate - learn to ask for help at home and at work

Here is a home-based example: Have you ever taught a 4 year old how to make a sandwich? How long would it take you to make the same sandwich? Yes, you would likely make it in far less time and cause far less mess in the kitchen, but at the end of the day, that four year old will grow into a helpful 10 year old, and one day, you won't have to supervise the sandwich making anymore. Are there things that you are willing to let go of and let others do their own way? Don't expect others to read your mind: consider holding a regular family meeting to review the workload and discuss new options. Think of this: If you became ill and were in hospital for the next two weeks, who would look after things on the home front?

5. Have a transition from work to home

Do you have a transition time between work and home? Do you have a 20 minute walk home through a beautiful park or are you stuck in traffic for two hours? Do you walk in the door to kids fighting and hanging from the curtains or do you walk into a peaceful house? Do you have a transition process when you get home? Do you change clothes?

Helpers have told us that one of their best strategies involved a transition ritual of some kind: putting on cozy clothes when getting home and mindfully putting their work clothes “away” as in putting the day away as well, having a 10 minute quiet period to shift gears, going for a run. One workshop participant said that she had been really missing going bird watching, but that her current life with young children did not allow for this. She then told us that her new strategy would be the following: From now on, when she got home from work, instead of going into the house straight away, she would stay outside for an extra 10 minutes outside, watching her birdfeeders. Do you have a transition ritual?

6. Learn to say no (or yes) more often

Helpers are often attracted to the field because they are naturally giving to others, they may also have been raised in a family where they were expected to be the strong supportive one, the parental child etc.

Are you the person who ends up on all the committees at work? Are you on work-related boards? Do you volunteer in the helping field as well as work in it? Are you the crisis/support line to your friends and family? It can be draining to be the source of all help for all people. As helpers, we know that learning to say no is fraught with self esteem and other personal issues and triggers. Do you think you are good at setting limits? If not, this is something that needs exploring, perhaps with a counsellor. Can you think of one thing you could do to say no a bit more often?

Conversely, maybe you have stopped saying yes to all requests, because you are feeling so depleted and burned down, feel resentful and taken for granted. Have you stopped saying yes to friends, to new opportunities?

Take a moment to reflect on this question and see where you fit best: Do you need to learn to say no or yes more often?

7. Assess your Trauma Inputs

Do you work with clients who have experienced trauma? Do you read about, see photos of, and are generally exposed to difficult stories and images at your work?

Take a *trauma input survey* of a typical day in your life. Starting at home, what does your day begin with? Watching morning news on tv? Listening to the radio or reading the paper? Note how many disturbing images, difficult stories, actual images of dead or maimed people you come across.

Now look at your work. Not counting direct client work, how many difficult stories do you hear, whether it be in a case conference, around the water cooler debriefing a colleague or reading files?

Now look at your return trip home. Do you listen to the news on the radio? Do you watch tv at night? What do you watch? If you have a spouse who is also in the helping field, do you talk shop and debrief each other?

It is important to recognize the amount of trauma information that we unconsciously absorb during the course of a day. Many helpers whom we meet say that they are unable to watch much of anything on television anymore, other than perhaps the cooking channel. Others say the reverse, that they are so desensitized that they will watch very violent movies and shows and feel numb when others around them are clearly disturbed by it.

In a nutshell, there is a lot of extra trauma input outside of client work that we do not necessarily need to absorb or to hear about. We can create a “trauma filter” to protect ourselves from this extraneous material.

8. Learn more about Compassion Fatigue and Vicarious Trauma

Compassion Fatigue (CF) and Vicarious Trauma (VT) are serious, profound changes that happen when helpers do their best work. Learn more about CF and VT, including ways to recognise the signs and symptoms and strategies to address the problem. Consider attending a workshop or read more on the topic. Visit our website for more information: www.compassionfatigue.ca or email us: whp@cogeco.ca

9. Consider Joining a Supervision/Peer Support Group

Not all places of work offer the opportunity for peer support. You can organise such a group on your own (whether it be face to face meetings or via email or phone). This can be as small as a group of three colleagues who meet once a month or once a week to debrief and offer support to one another.

10. Attend Workshops/Professional Training Regularly

Helpers with severe compassion fatigue often speak of feeling de-skilled and incompetent. Researchers in the field of CF and VT have identified that attending regular professional training is one of the best ways for helpers to stay renewed and healthy. There are of course several benefits to this: connecting with peers, taking time off work, and building on your clinical skills. Identify an area of expertise that you want to hone. If you are not able to travel to workshops, consider taking online courses.

11. Consider working part time (at this type of job)

Managers often cringe when we say this in our workshops, but studies have shown that one of the best protective factors against Compassion Fatigue is to work part time or at least, to see clients on a part time basis and to have other duties the rest of the time. There are some excellent books on this topic, such as ***Your money or your life*** by Joe Dominguez and Marsha Sinetar's ***Do what you love and the money will follow***.

12. Exercise

We tell our clients how important physical exercise is. Do you do it on a regular basis? Can you think of three small ways to increase your physical activity? One busy counselling service hired a yoga instructor to come once a week to their office and everyone chipped in their 10\$ and did yoga together at lunch. Another agency said that they had created a walking club, and that a group of helpers walk outside for 30 minutes three times a week. The key to actually increasing physical exercise is to be realistic in the goals we set out for ourselves. If you don't exercise at all, aiming to walk around the block twice a week is a realistic goal, running a 10km run in two weeks is not.

Conclusion: “Dig where the ground is soft” *Chinese proverb*

When I was training in couples counseling with Dr Les Greenberg, he always used to say “when you are working with couples, dig where the ground is soft. Work with the client who seems most ready to change, not with the client who seems most closed and defensive.” Instead of picking your trickiest area, pick the issue that you can most easily visualise improving on. (eg: “making a commitment to going for a walk every lunch time vs getting rid of my difficult supervisor”).

You may not notice it right away, but making one small change to your daily routine can have tremendous results in the long term. Imagine if you started walking up two flights a stairs per day instead of using the elevator, what might happen after three months?

For more information on Compassion Fatigue Workshops and resources:

Contact Françoise Mathieu at: whp@cogeco.ca
www.compassionfatigue.ca

Françoise Mathieu is a Certified Mental Health Counsellor and Compassion Fatigue Specialist. She works individually with clients in private practice and offers workshops and consultation to agencies on topics related to compassion fatigue, wellness and self care. She and a colleague created Cameron & Mathieu Consulting in 2001 (now called WHP-Workshops for the Helping Professions) to provide workshops to helpers with a focus on personal and professional renewal.

WHP offers practical, skill-based workshops on various topics related to compassion fatigue, burnout and stress management. For more information and resources, contact Françoise Mathieu: (613) 547-3247; whp@cogeco.ca or visit our website:

www.compassionfatigue.ca.

Recommended books on Compassion Fatigue and Vicarious Trauma:

Figley, C.R. (Ed.). (1995) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

McCann, I.L.; & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3: 131 - 149.

Stamm, B.H. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*, 2nd Edition. Lutherville, MD: Sidran Press.

Recommended Self-Care books for Helpers:

Borysenko, J. (2003) *Inner peace for busy people: 52 simple strategies for transforming your life*.

Fanning, P. & Mitchener, H. (2001) *The 50 best ways to simplify your life*

Jeffers, S. (1987) *Feel the fear and do it anyway*.

O'Hanlon, B. (1999) *Do one thing different: 10 simple ways to change your life*.

Posen, D. (2003) *Little book of stress relief*.

Richardson, C. (1998) *Take time for your life*.

SARK, (2004) *Making your creative dreams real: a plan for procrastinators, perfectionists, busy people, avoiders, and people who would rather sleep all day*.

Weiss, L. (2004) *Therapist's Guide to Self-care*.