Archived Webinars

This webinar was part of SCCADVASA's Trauma Informed Systems Change Project, an effort to build healthy, resilient communities across South Carolina by engaging in system-wide evaluation and capacity building for improving outcomes to vulnerable, trauma-exposed clientele.

Description:

Professionals engaged in domestic violence and sexual assault work are at risk of being indirectly traumatized as a result of hearing about the experiences of the people they serve and witnessing the negative effects. Cultivating individual and organizational practices that foster staff resilience is critical for providing high-quality, trauma-informed care. This webinar addresses the issue of secondary traumatic stress and its impact on staff and provides tools, resources, and strategies for fostering individual and organizational resilience.

Learning Objectives:

Webinar participants will:

1. Recognize the warning signs of Secondary Traumatic Stress.
2. Learn about key factors for supporting individual and organizational resilience.
3. Identify individual and organizational strategies for addressing secondary trauma and promoting resilience that can be incorporated into daily practice.

7/20/18

Recognizing Secondary Traumatic Stress and Promoting Staff Resilience

Kathleen Guarino, LMHC
American Institutes for Research

AIR

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This work…

Exhilarating *and* exhausting

drives me up a wall *and* opens doors I never imagined

lays bare a wide range of emotions *yet* leaves me feeling numb beyond belief

provides tremendous satisfaction *and* leaves me feeling profoundly helpless

evokes genuine empathy *and* provokes a fearsome intolerance within me

puts me in touch with deep suffering *and* points me toward greater wholeness

brings me face to face with many poverties *and* enriches me encounter by encounter

renews my hope *and* leaves me grasping for faith

enables me to envision a future *but* with no ability to control it

breaks me apart emotionally *and* breaks me open spiritually

leaves me wounded *and* heals me

Ken Kraybill

Pause and Reflect

What are two ways you feel your work has had a **positive** influence on the way you see the world, yourself, or what matters to you (your sense of meaning and purpose, hope and faith)?

Pause and Reflect

What are two ways you feel your work has had a **negative** influence on the way you see the world, yourself, or what matters to you (your sense of meaning and purpose, hope and faith)?

This work . . .

Our greatest gift . . . is our ability to be there, to listen and to enter into solidarity with those who suffer." Henri J.M. Nouwen

"We care for others to the best of our ability without taking on their paths as our paths." Trauma stewardship

Today

1. Recognize the warning signs of secondary traumatic stress (STS) and vicarious trauma (VT)

2. Learn about key risk and protective factors related to STS/VT and resilience

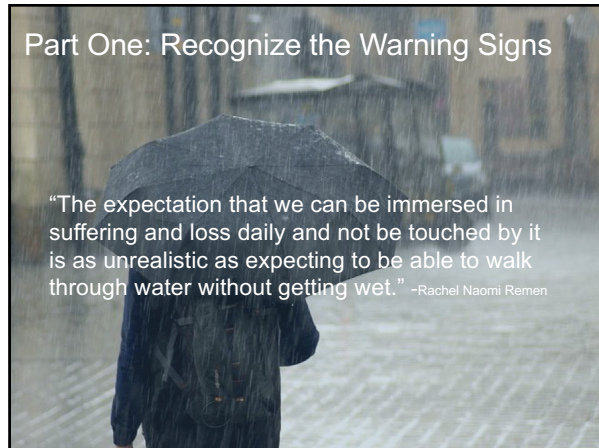3. Adopt individual and organizational strategies for addressing secondary trauma and promoting resilience

Part One: Recognize the Warning Signs

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." -Rachel Naomi Remen

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Stress: Any type of change that causes physical, emotional, or psychological strain.

STRESS CURVE

PERFORMANCE

Fatigue   Exhaustion

Laid back   Anxiety/Panic/Anger

Inactive   Breakdown

Too little stress   Optimum   Too much stress   Burn-out   STRESS
(underload)   stress   (overload)   LEVEL

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Cerebral Cortex – "Thinking brain"

If there is a threat- Thinking brain goes off-line

Regions of cortex apply a context to the threat.

Limbic System – "emotional brain"

Emotional brain takes over and initiates the release of hormones (adrenaline, cortisol) that help us to respond (fight, flight, freeze) and return to state of balance.

Senses threat and sets off the alarm

What kinds of "threats" set off the alarm?

Deadlines
Stressful meetings
Paying bills
Traffic
Juggling family needs
Work-related stressors

Bigger life events:
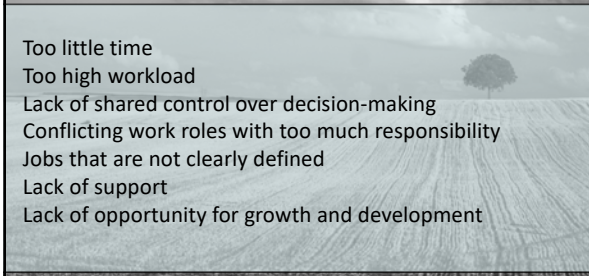Loss
Illness
Violence or threat of violence
Personal/professional safety issues

Job-related stressors

Too little time
Too high workload
Lack of shared control over decision-making
Conflicting work roles with too much responsibility
Jobs that are not clearly defined
Lack of support
Lack of opportunity for growth and development

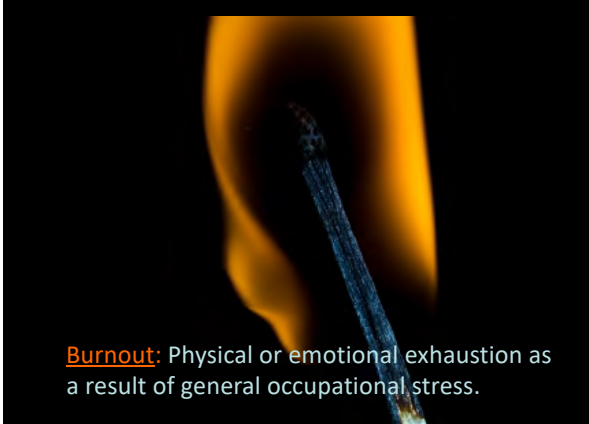Burnout: Physical or emotional exhaustion as a result of general occupational stress.

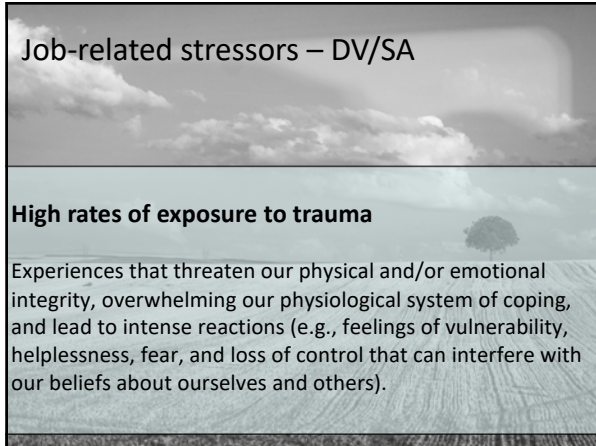## Job-related stressors – DV/SA

High rates of exposure to trauma

Experiences that threaten our physical and/or emotional integrity, overwhelming our physiological system of coping, and lead to intense reactions (e.g., feelings of vulnerability, helplessness, fear, and loss of control that can interfere with our beliefs about ourselves and others).
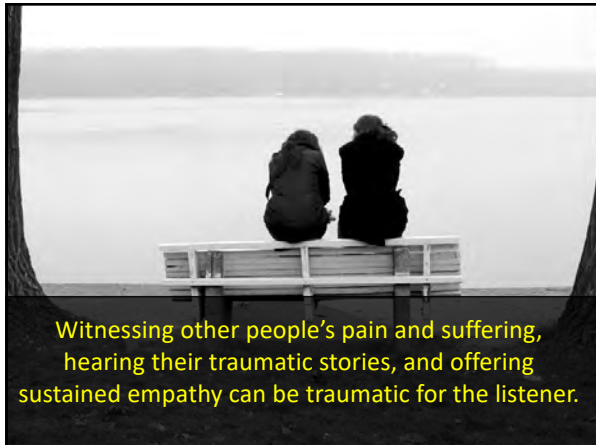
Witnessing other people's pain and suffering, hearing their traumatic stories, and offering sustained empathy can be traumatic for the listener.

Helplessness, vulnerability, lack of control
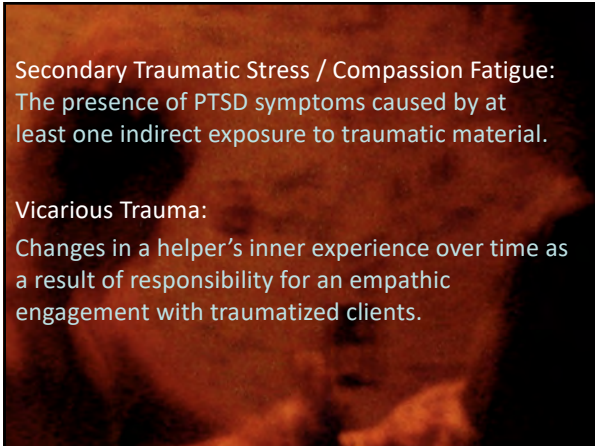
Secondary Traumatic Stress / Compassion Fatigue:
The presence of PTSD symptoms caused by at least one indirect exposure to traumatic material.

Vicarious Trauma:
Changes in a helper's inner experience over time as a result of responsibility for an empathic engagement with traumatized clients.
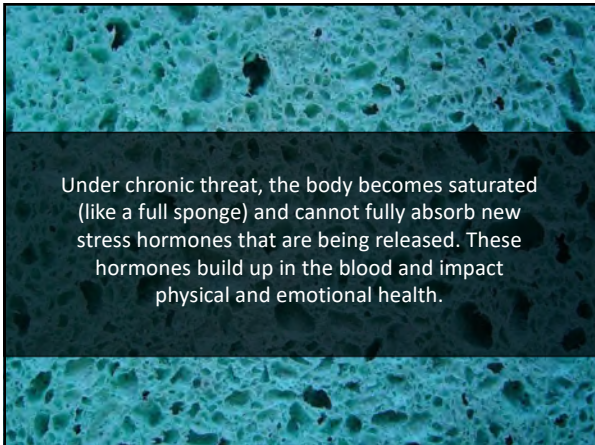
Under chronic threat, the body becomes saturated (like a full sponge) and cannot fully absorb new stress hormones that are being released. These hormones build up in the blood and impact physical and emotional health.
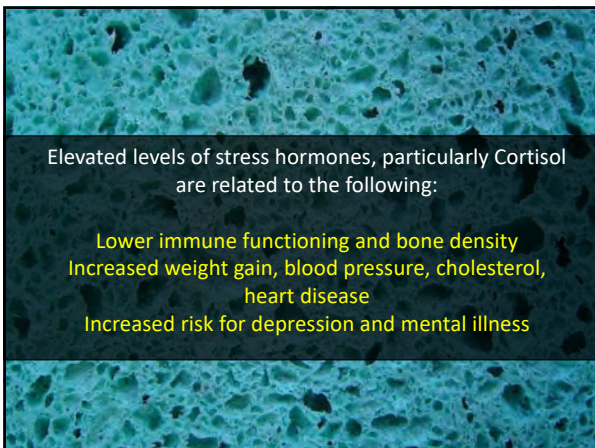
Elevated levels of stress hormones, particularly Cortisol are related to the following:

Lower immune functioning and bone density
Increased weight gain, blood pressure, cholesterol, heart disease
Increased risk for depression and mental illness

This work can shift how you see yourself, others, the world, and what matters to you (your sense of meaning, purpose, hope, and faith)

A TRAUMA EXPOSURE RESPONSE

Feeling Helpless and Hopeless

A Sense That One Can Never Do Enough

Grandiosity: An Inflated Sense of Importance Related to One's Work

Hypervigilance

Addictions

Diminished Creativity

Inability to Empathize/ Numbing

Inability to Embrace Complexity

Anger and Cynicism

Minimizing

Fear

Chronic Exhaustion/ Physical Ailments

Guilt

Inability to Listen/ Deliberate Avoidance

Sense of Persecution

Dissociative Moments

Re-experiencing

Having dreams/nightmares about work, not being able to stop thinking about particular cases or clients, feeling like you are "living" their experience as they are sharing.

Hypervigilance
Becoming increasingly alert to potential threat and reacting accordingly.

" I have been to court with so many women who are scared and threated by previous partners that I find myself avoiding relationships because I am afraid that the men I meet will eventually become abusive."

"I work with children who have been victimized by adults. I found myself starting to question whether my child was safe at daycare or with a babysitter or if someone could be abusing her and I wouldn't know."

"I recently received photos from a friend's wedding, and as I sat there looking through them, I thought to myself, 'I wonder when the domestic violence is going to start.' "

Difficulties Regulating
Difficulty managing overwhelming feelings associated with the work (e.g., impulsive, outbursts, anger, tearful). May swing between overreactive and numb.

Problems Maintaining Boundaries
Taking on too much.
Having difficulty leaving work at work.
Trying to step in and control.
Taking the work personally.

Avoidance
At work
Outside of work(e.g., isolating, substance use)

" I avoid checking and responding to voice mails and emails."

"It's gotten to the point where I just watch the phone ring and I feel dread. *Sometimes I just don't answer*."

"I haven't returned my friend's call and invitation to dinner *from last week*."

Feeling Numb and Disconnected
No longer able to empathize with others
Don't feel like yourself
Can only take in so much/ "bored"
Emotionally asleep
Impacts work and relationships

Emotional Exhaustion
Feeling emotionally drained.
Inability to tolerate emotions.
Loss of energy and pleasure.
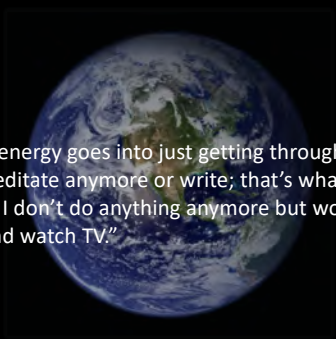
" All my energy goes into just getting through my days. I don't meditate anymore or write; that's what I used to do at night. I don't do anything anymore but work and go home and watch TV."

Anger and Cynicism

Using cynicism as a coping mechanism for dealing with anger and other intense feelings that we may not know how to manage.

Feelings of Professional Inadequacy

Feeling continually overwhelmed.
Second-guessing yourself.
Questioning your ability to help.
Questioning the work.

Pause and Reflect

Write down any signs of STS/VT that you recognize in yourself.

Part Two: Identify Risk and Protective Factors

Individual
Organizational
Societal

Individual Factors

- Age (younger at higher risk)
- Gender (women at higher risk)
- Personal history of trauma and connection to the work.
- Current life circumstances (your personal day-to-day stress).
- Social support (staying well-connected vs. isolated).
- Personality and coping style (avoiding problems, withdrawing vs. asking for support and actively trying to solve issues).

(Trauma Stewardship; Headington Institute; NCTSN; Teater & Ludgate, 2014)

Individual Factors

- Cognitive beliefs (positive vs. negative, reality-based vs. distorted)
- Cultural background (impacts personality, coping style, supports, etc.)
- Spiritual resources (connection to a source of meaning, purpose, a way that you fine hope).
- Work style (boundaries, expectations of yourself and others, you as a team member and supervisee).

(Trauma Stewardship; Headington Institute; NCTSN; Teater & Ludgate, 2014)

Pause and Reflect

What are two individual factors that may be placing you at risk of experiencing STS/VT at present?

What are two individual factors that you feel help protect you from STS/VT?

Organizational Factors

- Professional role
- Level of exposure to primary and/or secondary trauma
- Work environment
  - Level of agency support/recognition of STS
  - Expectations
  - Management style
  - Level of isolation
  - Degree of physical and emotional safety
  - Level of training
  - Tolerance for emotional expressions of distress
  - Caseload size
- Affected population's responses and reactions (extent of distress, volatility, engagement – severe mental health, suicidality, risk for violence)

(Trauma Stewardship; Headington Institute; NCTSN; Teater & Ludgate, 2014)

Societal Factors

- How society views survivors of DV/SA
- Society's attitudes about this type of work
- Issues of structural oppression, violence, racism, discrimination that contribute to the problem
- Can lead to misunderstanding and isolation in the work

(Trauma Stewardship; Headington Institute; NCTSN)

Part Three: Adopt Individual and
Organizational Resilience-Building Strategies

*"We have an obligation to our clients, as
well as to ourselves, our colleagues and our
loved ones, not to be damaged by the work
we do."* - Saakvitne & Pearlman
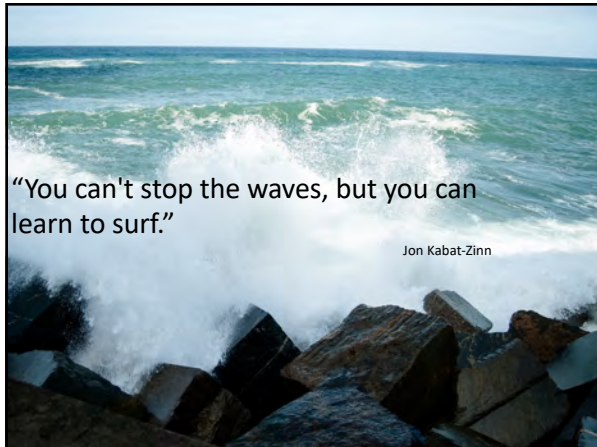
"You can't stop the waves, but you can
learn to surf."

Jon Kabat-Zinn

Resilience

The capacity to adapt
successfully to significant
adversity

(Southwick et al., 2014; Center on the Developing Child)

Resilience

- Not all or nothing, but rather a process
- Many factors influence
- Can vary by situation
- Can be enhanced at any age
- Is intrapersonal (how you related to your own thoughts and feelings) - and – interpersonal (how you relate to others)
- There is a point of overwhelm

Key Traits Among "Stress Resistant" People

Personal control
Meaning
Healthy Lifestyle
Social Support

(Trauma Stewardship)

Human Dimensions of Resilience

Resilience

(The Garrison Institute, 2014)

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Individual Strategies

- **Awareness**
- **Balance**
- **Connection**

Awareness

- what we bring
- how we are affected
- how we make sense of our experiences
- how we cope/manage our emotional responses
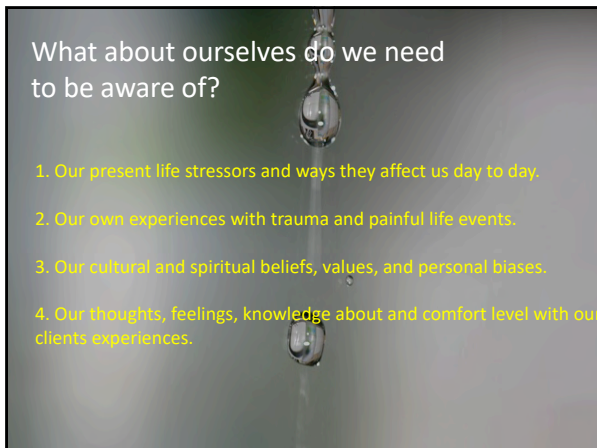
What about ourselves do we need to be aware of?

1. Our present life stressors and ways they affect us day to day.

2. Our own experiences with trauma and painful life events.

3. Our cultural and spiritual beliefs, values, and personal biases.

4. Our thoughts, feelings, knowledge about and comfort level with our clients experiences.

What gets in the way?

1. Competing demands

2. Non-stop crises

3. Changing work and home environments

4. The ways that we have learned to cope with stressors

- Thinking, planning, focusing, organizing
- Problem-solving
- Coping
- Self-regulation
- Future thinking/ cause and effect
- Communicating
- Empathy
- Learning new skills
- Positive sense of self
- Social engagement

SURVIVAL MODE "fight or flight"
- Heightened baseline state of arousal
- On alert for threat
- Reactive
- Sensitive to triggers/reminders of the event
- Focused on safety and survival

Contemplative Practices and Resilience

The Tree of Contemplative Practices

Mindfulness

"Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally."

John Kabat-Zinn; Daniel Siegel
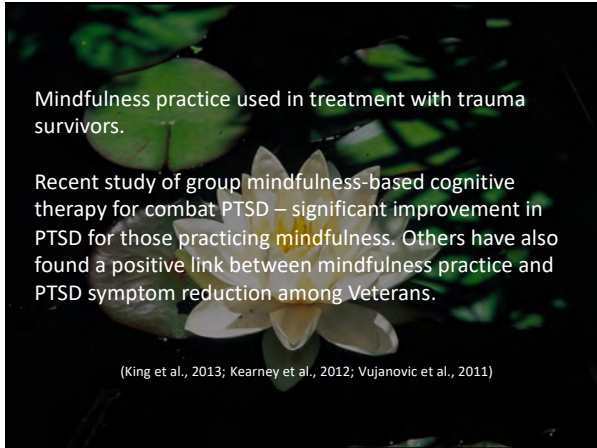
Mindfulness

The ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed.

- Exploring our sensations, our emotions, our thoughts
- Being curious instead of judgmental
- Understanding thoughts and feelings as temporary vs. permanent states

Mindfulness practice . . .
- Builds more connections between areas in the brain
- Slows down reactivity (thoughts, feelings, emotions, and responses.
- Lower levels of psychological distress (anxiety, depression, anger, worry).
- Influences areas of brain associated with regulating attention, awareness, and emotion.
- Greater ability to control emotional brain (limbic areas) by engaging thinking brain (cortex).
- Greater activity in regions of brain associated with self-awareness.
- Evidence of therapeutic effects on stress-related conditions (psoriasis, type 2 diabetes, fibromyalgia, rheumatoid arthritis, back pain, other pain conditions).

Mindfulness practice used in treatment with trauma survivors.

Recent study of group mindfulness-based cognitive therapy for combat PTSD – significant improvement in PTSD for those practicing mindfulness. Others have also found a positive link between mindfulness practice and PTSD symptom reduction among Veterans.

(King et al., 2013; Kearney et al., 2012; Vujanovic et al., 2011)
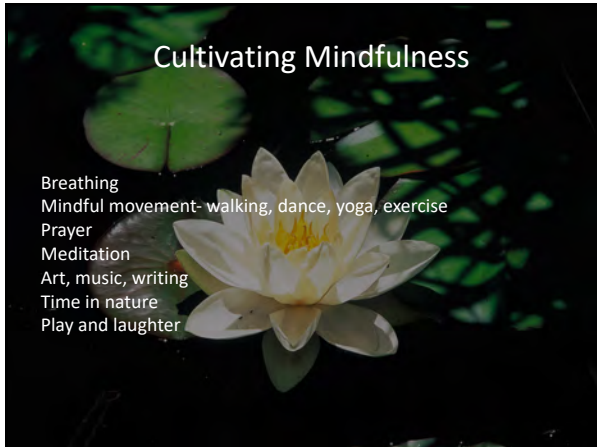
Cultivating Mindfulness

Breathing
Mindful movement- walking, dance, yoga, exercise
Prayer
Meditation
Art, music, writing
Time in nature
Play and laughter

Cultivating Mindfulness

- Start your day with breathing and intention (before technology)
- Check in on your intention during the day (e.g., et an alarm on your phone)
- Try a mindful lunch
- Create new patterns (e.g., closing door and taking breath before meetings, before answering the phone)
- Find opportunities for movement
- Plan ahead for how you will care for yourself throughout your day

Pause and Reflect

What helps you tune in to the present moment?

S.T.O.P

Stop what you're doing.
Take a breath
Observe your inner and outer worlds
Proceed

Compassion

Kindness: Understanding one's difficulties and being kind to oneself in the face of problems rather than being judgmental and self-critical

Common humanity: Seeing one's experiences as part of the human condition (and in this case also the health provider's condition) rather than personal, isolated and shaming.

Mindful acceptance: Awareness and acceptance of painful thoughts and feelings rather than over-identifying with them.

(Teater & Ludgate, 2014)

Compassion

Practicing compassion for yourself and others

1. Think of someone who has showed you a great deal of compassion.
2. Recall a time when you were particularly hard on yourself. Ask yourself what your deepest fear was at that time. Replay the situation and imagine how you could have responded to yourself more compassionately. Notice how this shift in response feels.
3. Generate a list of six people or situations in your life where you think an increase in your compassion could significantly alter the dynamic. Make an intension to approach one of these people/situations with increased compassion each month for six months.

(Trauma Stewardship)

Cognition

Our belief systems about ourselves, others, and our work influence our health in this work.

Cognition

Dysfunctional beliefs about the people we serve:

- My clients should not be difficult, resistant or challenging
- They should work as hard as I do.
- I should never be disrespected or criticized.
- Clients should be motivated to change.
- Clients should like me.

Cognition

Dysfunctional beliefs about ourselves:

• I must be successful with all of my clients.

• I should not dislike any of my clients.

• I should have all the answers.

• I should not have any emotional reactions myself.

• I will be seen as weak if I ask for help.

• I always be totally competent and in control.

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Cognition

Cognitive distortions

• All or nothing thinking: "I am a total failure because some of my clients are not improving."

• Overgeneralizing: Because things are not working out with some cases, you generalize that you are not doing well with anyone.

• Mental filter: Seeing only the negative aspects of situations.

• Mind-reading: Assuming you know what someone is thinking. (If a client doesn't show it, it means that they don't my services helpful).

Pause and Reflect

What beliefs do you have about the people you serve and/or yourself that could interfere with your well-being on the job?

Balance
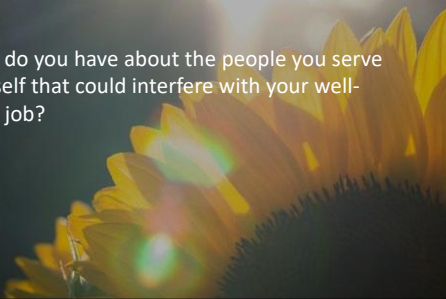
- between work, play, and rest
- between types of work
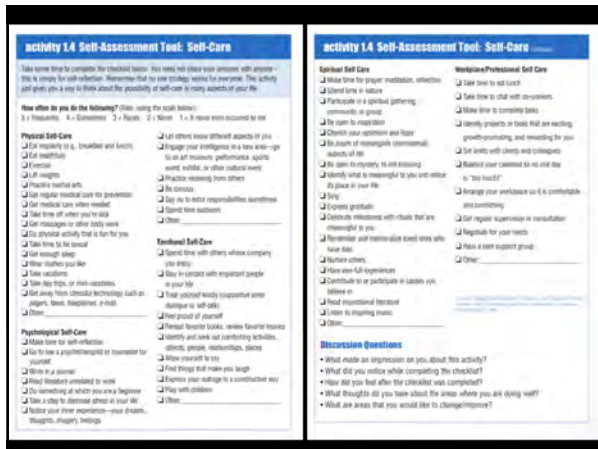
Connection

- to yourself
- others
- the "bigger picture"
- to meaning, optimism, hope

Relationships/social connections are fundamentally important in our lives and critical to resilience in the face of stress.

Social connections can be protective against more severe responses to stress such as depression and anxiety.

What are warning signs of social/relational stress when feeling overworked, overextended, overwhelmed?

Increased conflict with family, friends, co-workers

Sad, angry, anxious, irritated when others reach out to you

Feeling disconnected, detached

Losing interest in family rituals

Avoiding conversation and invitations you normally enjoy

Withdrawing into own world

Cynical, sarcastic

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1. What are two communities that are important to you? How do they "feed you' and help you feel supported and connected?

2. What makes you feel connected spiritually (can be related to a faith in God, nature, humanity, or something else)?

Strategies for nurturing your connections

- Join a community group with whom you have a common interest
- Establish rituals with friends/co-workers outside of work
- Look at photos
- Create family routines and rituals
- Check in regularly with family/friends
- Make time for socialization and fun
- Connect spiritually with others

Organizational Strategies

Training and Education
Supervision and Support
Employee input
Communication
Work Environment
Assessment and Monitoring

(Volk et al.,2008)
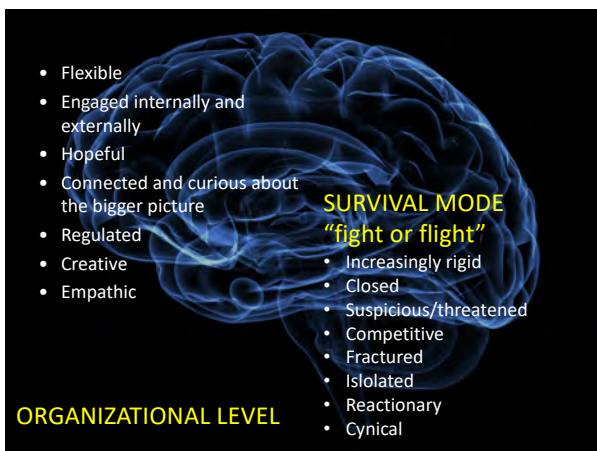
- Flexible
- Engaged internally and externally
- Hopeful
- Connected and curious about the bigger picture
- Regulated
- Creative
- Empathic

SURVIVAL MODE
"fight or flight"
- Increasingly rigid
- Closed
- Suspicious/threatened
- Competitive
- Fractured
- Islolated
- Reactionary
- Cynical

ORGANIZATIONAL LEVEL

Training and Education
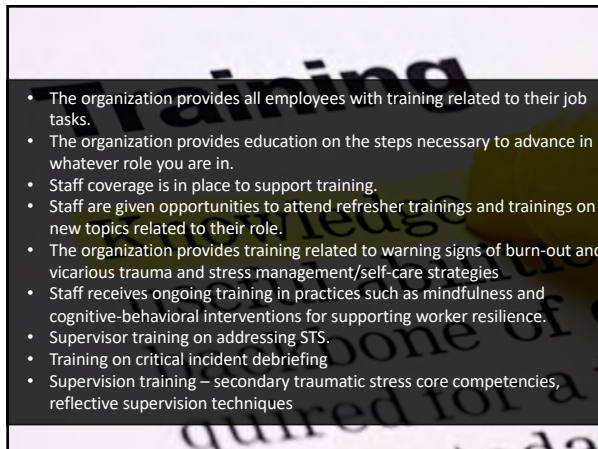
- The organization provides all employees with training related to their job tasks.
- The organization provides education on the steps necessary to advance in whatever role you are in.
- Staff coverage is in place to support training.
- Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
- The organization provides training related to warning signs of burn-out and vicarious trauma and stress management/self-care strategies
- Staff receives ongoing training in practices such as mindfulness and cognitive-behavioral interventions for supporting worker resilience.
- Supervisor training on addressing STS.
- Training on critical incident debriefing
- Supervision training – secondary traumatic stress core competencies, reflective supervision techniques

Supervision and Support

- All staff members have regular supervision.

- Part of supervision is used to address job stress and self-care strategies.

- Part of supervision is used for on-going assessment of workload and time needed to complete tasks.

- Part of supervision is used to address how the work impacts the staff member.

- Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.

Supervision Paradigm Shift

Traditional and Trauma-Informed Approaches to Supervision

Traditional	Trauma-Informed
Focuses on fixing the problem with supervisee rather than working through the issues or challenges.	Creates a supportive learning environment to reinforce knowledge while supporting professional development. Focuses on the strengths of supervisees.
Supervisors are the experts and have the power or authority.	Focuses on strengths and understanding that autonomy is essential for success. Supervisors and supervisees are seen as experts.
Work tends not to be collaborative.	Work is collaborative, mutual and non-hierarchical. A collaborative relationship between a supervisor and a supervisee.
Top-down process. Supervisees are not involved in the supervision process.	Power is shared. Supervisor and supervisee have shared expectations and discuss the process of supervision.
Supervisee is seen as relying on supervisor's expertise to guide their work.	Reinforces knowledge and confidence in supervisees to guide their work
Supervision tends to be supervisor-driven.	Involves supervisees in programming activities and decision.
Relationships tend to be hierarchical	Creates an environment where there is a level of choice, autonomy, trust and respect.

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Secondary Traumatic Stress: Core Competencies for Supervisors

1. Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees; knowledge of agency support options, referral for employee assistance, or external support resources.
2. Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.
3. Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.
4. Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.

Secondary Traumatic Stress:
Core Competencies for Supervisors

5. Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.
6. Ability to both model – and coach supervisees in- using a trauma lens to guide case conceptualization and service delivery.
7. Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.
8. Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.
9. Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisee's ability to recognize, acknowledge, and respond to the impact of indirect trauma.

- The organization supports peer-to-peer activities such as support groups and mentoring.
- The agency has a formal process for debriefing after a crisis.
- The organization offers an employee assistance program (EAP).
- Staff members are encouraged to take breaks, including lunch and vacation time.
- Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).

Employee Control and Input

- The organization provides opportunities for staff to provide input into practices and policies.

- The organization reviews its policies on a regular basis to identify whether they are helpful or harmful to the health and wellbeing of its employees.

- Employee job descriptions and responsibilities are clearly defined.

- The organization provides opportunities for staff members to identify their professional goals.

- Staff members have formal channels for addressing problems/grievances.

Communication
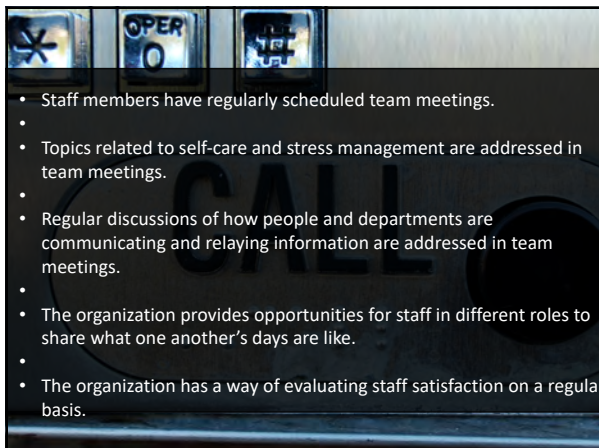
- Staff members have regularly scheduled team meetings.

- Topics related to self-care and stress management are addressed in team meetings.

- Regular discussions of how people and departments are communicating and relaying information are addressed in team meetings.

- The organization provides opportunities for staff in different roles to share what one another's days are like.

- The organization has a way of evaluating staff satisfaction on a regular basis.

Work Environment

- The work environment is physically well maintained (e.g., clean, secure, etc.).

- Information about self-care is posted in places that are visible.

- Employee rights are posted in places that are visible.

- The organization provides opportunities for community building among employees.

- The organization provides opportunities for sharing about different cultural backgrounds of employees.

- The organization has a no-tolerance policy concerning sexual harassment.

- The organization has a no-tolerance policy concerning bullying.

- Workplace issues, including grievance issues and interpersonal difficulties, are managed by those in the appropriate role and remain confidential.

Figure 3. IHI Framework for Improving Joy in Work

(Institute for Healthcare Improvement, 2017)

Assessment and Monitoring

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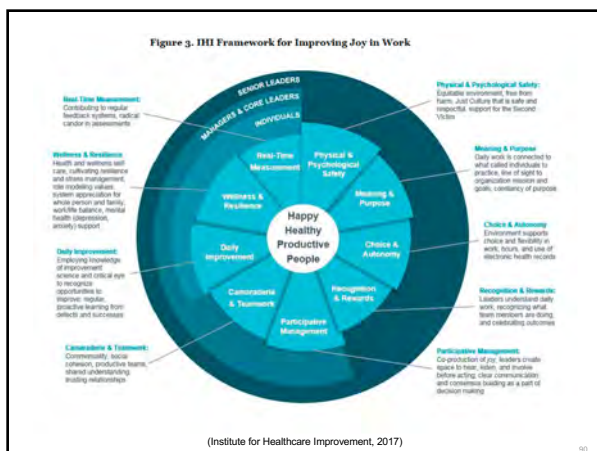
Individual Assessment and Monitoring Tools

- Compassion fatigue self-test
http://www.ptsdsupport.net/compassion_fatugue-selftest.html
- Professional quality of life scale, ProQOL

  http://proqol.org/ProQol_Test.html

- Self-Care Self-Assessment

Organizational Assessment and Monitoring Tools

- Vicarious Trauma Organizational Readiness Guide for Victim Services- https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_VT-ORG_Victim_Services-508.pdf
- The Secondary Traumatic Stress-informed Organization Assessment (STSI-OA)
- Secondary Traumatic Stress Core Competences in Trauma-Informed Supervision Self-Rating Tool

By the time you're THIRSTY,
you're *dehydrated*.

What you pay attention to
grows.

"Don't ask yourself what the world needs.
Ask yourself what makes *you* come alive.
And go do that.
Because the world needs people who've come alive."

Howard Thurman, American theologian and civil rights leader

**Resources &
Recommended Reading**
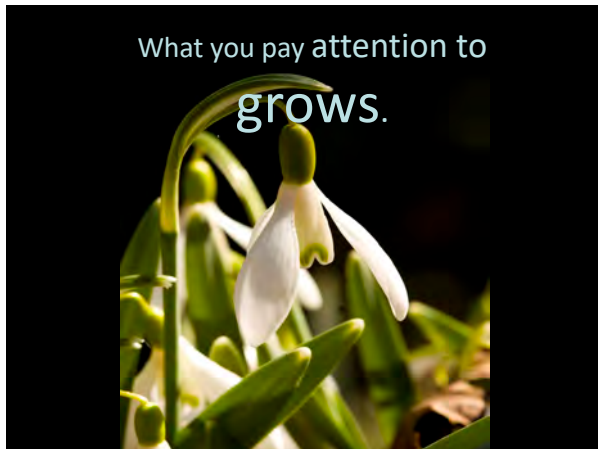
Resources

- National Child Traumatic Stress Network- https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/introduction
  - https://www.nctsn.org/sites/default/files/resources/fact-sheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma-informed_supervision.pdf
  - https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf
- Vicarious trauma toolkit – includes many resources
  - https://vtt.ovc.ojp.gov/tools-for-victim-services
  - https://vtt.ovc.ojp.gov/ojpasset/Documents/OS_Vicarious_Trauma_Guidebook-508.pdf
- Headington Institute - http://www.headington-institute.org/services-and-contact-info

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Resources

- Garrison Institute - https://www.garrisoninstitute.org/resource/the-human-dimensions-of-resilience-a-theory-of-contemplative-practices-and-resilience/
- Creating and Maintaining a Healthy Work Environment: A Resource Guide for Staff Retreats - https://www.nhchc.org/wp-content/uploads/2011/10/ResourceGuideforStaffRetreats.pdf
- Teater, M. & Ludgate, J. (2014). Overcoming Compassion Fatigue: A Practical Resilience Workbook

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Trauma Stewardship

An everyday guide to caring for self while caring for others

Laura van Dernoot Lipsky
with Connie Burk
www.traumastewardship.com

Trauma Stewardship
An everyday guide to caring for self while caring for others

Laura van Dernoot Lipsky with Connie Burk · Foreword by Jon Conte, Ph.D.
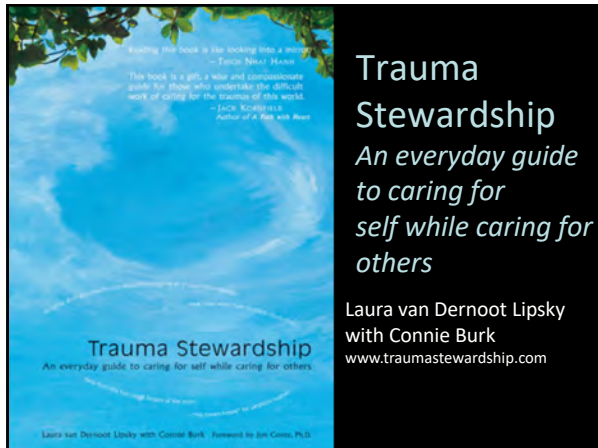
Thank you for the work that you
do and for your time today.

For more information, please contact:
Kathleen Guarino, LMHC
kguarino@air.org

To learn more about our trauma work visit our website at
http://www.air.org/resource/trauma-informed-care-service-systems

AIR

NCTSN

The National Child
Traumatic Stress Network

> " ...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful...[1] "

Secondary Traumatic Stress
A Fact Sheet for Child-Serving Professionals

INTRODUCTION

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events.[2] These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as secondary traumatic stress—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.

Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.

TABLE OF CONTENTS

1 How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. A partial list of symptoms and conditions associated with secondary traumatic stress includes[3]

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen, avoidance of clients
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic exhaustion
- Physical ailments
- Minimizing
- Guilt

Clearly, client care can be compromised if the therapist is emotionally depleted or cognitively affected by secondary trauma. Some traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies have shown that the development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work.[4,5]

2 Understanding Who is at Risk

The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations, and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Any professional who works directly with traumatized children, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. That being said, risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training.[6,8] Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care.[7]

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary traumatic stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a label proposed by Figley[4] as a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with that term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client.[13] It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

3   Identifying Secondary Traumatic Stress

Supervisors and organizational leaders in child-serving systems may utilize a variety of assessment strategies to help them identify and address secondary traumatic stress affecting staff members.

The most widely used approaches are informal self-assessment strategies, usually employed in conjunction with formal or informal education for the worker on the impact of secondary traumatic stress. These self-assessment tools, administered in the form of questionnaires, checklists, or scales, help characterize the individual's trauma history, emotional relationship with work and the work environment, and symptoms or experiences that may be associated with traumatic stress.[4,9]

Supervisors might also assess secondary stress as part of a reflective supervision model. This type of supervision fosters professional and personal development within the context of a supervisory relationship. It is attentive to the emotional content of the work at hand and to the professional's responses as they affect interactions with clients. The reflective model promotes greater awareness of the impact of indirect trauma exposure, and it can provide a structure for screening for emerging signs of secondary traumatic stress. Moreover, because the model supports consistent attention to secondary stress, it gives supervisors and managers an ongoing opportunity to develop policy and procedures for stress-related issues as they arise.

Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional Quality of Life Measure (ProQOL).[7,8,10,11] This questionnaire has been adapted to measure symptoms and behaviors reflective of secondary stress. The ProQOL can be used at regular intervals to track changes over time, especially when strategies for prevention or intervention are being tried.

4   Strategies for Prevention

A multidimensional approach to prevention and intervention—involving the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected by secondary traumatic stress. The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision. As workers gain knowledge and awareness of the hazards of indirect trauma exposure, they become empowered to explore and utilize prevention strategies to both reduce their risk and increase their resiliency to secondary stress. Preventive strategies may include self-report assessments, participation in self-care groups in the workplace, caseload balancing, use of flextime scheduling, and use of the self-care accountability buddy system. Proper rest, nutrition, exercise, and stress reduction activities are also important in preventing secondary traumatic stress.

PREVENTION

Psychoeducation

Clinical supervision

Ongoing skills training

Informal/formal self-report screening

Workplace self-care groups
(for example, yoga or meditation)

Creation of a balanced caseload

Flextime scheduling

Self-care accountability buddy system

Use of evidence-based practices

Exercise and good nutrition

5 Strategies for Intervention

Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices. In addition, caseload management, training, reflective supervision, and peer supervision or external group processing have been shown to reduce the impact of secondary traumaticstress. Many organizations make referrals for formal intervention from outside providers such as individual therapists or Employee Assistance Programs. External group supervision services may be especially important in cases of disasters or community violence where a large number of staff have been affected.

The following books, workbooks, articles, and self-assessment tests are valuable resources for further information on self-care and the management of secondary traumatic stress:

- 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. http://508.center4si.com/SelfCare-forCareGivers.pdf

- *Self-Care Assessment Worksheet* http://www.ecu.edu/cs-dhs/rehb/uploa Wellness_Assessment.pdf

- Hopkins, K. M., Cohen-Callow, A., Kim, H. J., Hwang, J. (2010). Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare. *Children and Youth Services Review, 32,*1380-1387.

- Saakvitne, K. W., Pearlman, L. A., & Staff of TSI/CAAP. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization.* New York: W.W. Norton.

- Van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An everyday guide to caring for self while caring for others.* San Francisco: Berrett-Koehler Publishers.

- Compassion Fatigue Self Test http://www.ptsdsupport.net/compassion_fatugue-selftest.html

- *ProQOL 5* http://proqol.org/ProQol_Test.html

- Rothschild, B. (2006). *Help for the helper. The psychophysiology of compassion fatigue and vicarious trauma.* New York: W.W. Norton.

INTERVENTION

Strategies to evaluate secondary stress

Cognitive behavioral interventions

Mindfulness training

Reflective supervision

Caseload adjustment

Informal gatherings following crisis events (to allow for voluntary, spontaneous discussions)

Change in job assignment or workgroup

Referrals to Employee Assistance Programs or outside agencies

Both preventive and interventional strategies for secondary traumatic stress should be implemented as part of an organizational risk-management policy or task force that recognizes the scope and consequences of the condition. The Secondary Traumatic Stress Committee of the National Child Traumatic Stress Network has identified the following concepts as essential for creating a trauma-informed system that will adequately address secondary traumatic stress. Specifically, the trauma-informed system must

- Recognize the impact of secondary trauma on the workforce.

- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.

- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.

- Understand that a traumatized organization is less likely to effectively identify its clients' past trauma or mitigate or prevent future trauma.

- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices.

These elements should be integrated into direct services, programs, policies, and procedures, staff development and training, and other activities directed at secondary traumatic stress.

> *"We have an obligation to our clients, as well as to ourselves, our colleagues and our loved ones, not to be damaged by the work we do."* [12]

1. Conte, JR. (2009). Foreword. In L. Van Dernoot Lipsky, *Trauma stewardship. An everyday guide to caring for self while caring for others* (p. xi). San Francisco: Berrett-Koehler Publishers, Inc.
Available at: http://traumastewardship.com/foreword.html Accessed June 12, 2011.

2. National Center for Children Exposed to Violence (NCCEV). (2003).
Available at: http://www.nccev.org/violence/index.html Accessed June 5, 2011.

3. Van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An everyday guide to caring for self while caring for others.* San Francisco: Berrett-Koehler Publishers.

4. Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York, NY: Brunner/Mazel.

5. Pryce, J.G., Shackelford, K.K., Price, D.H. (2007). *Secondary traumatic stress and the child welfare professional.* Chicago: Lyceum Books, Inc.

6. Bride, B.E., Hatcher, S.S., & Humble, M.N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. *Traumatology, 15*, 96-105.

7. Craig, C.D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping, 23*(3), 319-339.

8. Sprang, G., Whitt-Woosley, A., & Clark, J. (2007). Compassion fatigue, burnout and compassion satisfaction: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*, 259-280.

9. Figley, C.R. (2004, October). *Compassion Fatigue Therapist Course Workbook. A Weekend Training Course.* Green Cross Foundation. Black Mountain, NC.
Available at: http://www.gbgm-umc.org/shdis/CFEWorkbook_V2.pdf

10. Stamm, B.H. (2010). The concise ProQOL manual, 2nd Ed. Pocatello, ID: ProQOL.org.
Available at: http://www.proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf

11. Stamm, B.H., Figley, C.R., & Figley, K.R. (2010, November). *Provider Resiliency: A Train-the-Trainer Mini Course on Compassion Satisfaction and Compassion Fatigue.* International Society for Traumatic Stress Studies. Montreal, Quebec, Canada.

12. Saakvitne, K. W., & Pearlman, L. A., & Staff of TSI/CAAP. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization.* New York: W.W. Norton.

13. Pearlman, L. A., & Saakvitne, K.W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York, NY: Brunner/Mazel.

NCTSN   The National Child
Traumatic Stress Network

About 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.

SECONDARY TRAUMATIC STRESS PACKET

Domestic Violence and Sexual Assault (DV/SA) providers are at risk of being indirectly traumatized as a result of hearing about survivors' experiences and witnessing the negative effects. In the first section of this packet, learn about secondary traumatic stress and related conditions; in the second section, use the tools and strategies provided to help you create individual and agency-wide plans to promote staff self-care and resilience.

Secondary Traumatic Stress and Related Conditions

Secondary traumatic stress (STS) is the emotional distress that results when an individual hears about the traumatic experiences of another individual. Distress may result from hearing survivors' trauma stories, seeing high levels of distress in the aftermath of a traumatic event, needing to retell a survivor's story, and/or seeing photos or images related to the trauma. Common symptoms of STS include the following:

- Increased anxiety and concern about safety
- Intrusive, negative thoughts and images related to survivors' traumatic stories
- Fatigue and physical complaints
- Feeling numb or detached
- Feeling powerless or hopeless about the work
- Diminished concentration and difficulty with decision making
- Desire to physically or emotionally withdraw from people or situations that trigger difficult thoughts and emotions

Several other terms capture elements of STS, but with some differences.

Burnout is characterized by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Although burnout also is work related, burnout develops as a result of general occupational stress; the term is not used specifically to describe the effects of indirect trauma exposure.

Compassion fatigue is a less stigmatizing way to describe STS and is sometimes used interchangeably with the term STS.

Vicarious trauma refers to internal changes in providers who engage empathetically with children and adults affected by trauma. It is a theoretical term that describes the cumulative effects of secondary exposure to trauma.

Compassion satisfaction describes the positive feelings derived from competent performance as a professional working with trauma survivors. It is characterized by positive

relationships with colleagues and the conviction that one's efforts contribute in a meaningful way to survivors, their families, and the community.

Risk Factors for STS and Related Conditions

Any professional who works directly with people exposed to trauma and hears them recount their traumatic experiences is at risk of STS. Additional risk factors associated with STS and related conditions for professionals include:

- Prior trauma exposure
- Female gender
- Inexperience in the field
- Current dose of exposure to others' traumatic experiences
- Type of work
- Young age
- Level of support
- Personality and coping style
- Spiritual resources
- Work style
- Work environment (e.g., lack of support, unrealistic expectations, large caseloads, isolation, lack of training, survivor distress)
- Societal attitudes and/or judgements about the work
- Issues of structural violence, oppression, and discrimmination

Warning Signs of STS and Vicarious Trauma

Professionals affected by secondary traumatic stress and related conditions such as vicarious trauma experience a variety of symptoms that may affect all aspects of daily life, including negative changes in beliefs about themselves, others, and their work.

Warning Signs of STS and Vicarious Trauma	
Hypervigilance	Excessive alertness for potential threats or dangers at and outside of work. Always being "on" and "on the lookout"
Poor Boundaries	Lacking a balanced sense of your role so that you take on too much, step in and try to control events, have difficulty leaving work at work, or take the work too personally
Avoidance	Coping with stress by shutting down and disconnecting
Inability to Empathize/Numbing	Unable to remain emotionally connected to the work
Addictions	Attaching to distractions to check out from work, personal life, or both
Chronic Exhaustion/ Physical Ailments	Experiencing physical, emotional, and spiritual fatigue or inexplicable aches and pains exceeding what you expect for an ordinary busy day or week
Minimizing	Trivializing a current experience by comparing it with another situation that we regard as more severe
Anger and Cynicism	Using cynicism or anger to cope other intense feelings that we may not understand or know how to manage
Feelings of Professional Inadequacy	Becoming increasingly unsure of yourself professionally, second-guessing yourself, feeling insecure about tasks that you once felt confident to perform

Tools for Staff Self-Care and Resilience

A number of individual and system-level strategies effectively promote staff self-care and resilience. This section includes the following tools for supporting individual and agency-wide strategies for addressing and minimizing the effects of STS and related conditions:

- **Shared Strategies for Staff Self-Care and Resilience** suggests individual and agency-wide strategies to support a culture of staff wellness.
- **Staff Self-Care Plan** begins with a personal inventory of warning signs, proceeds to an assessment of self-care practices, and concludes with making a commitment to specific practices.
- **Agency Self-Care Plan** offers a process similar to developing an individual self-care plan but for the entire agency.

Shared Strategies for Staff Self-Care and Resilience

Creating a healthy work environment is a shared process that includes individual and agency-based strategies. Explore these ideas for what you can do and what your agency can do to foster wellness for all.

What You Can Do	What Your Agency Can Do
Increase your knowledge and awareness of the effects of trauma and STS.	Educate staff about the effects of trauma, STS, and related conditions and provide regular opportunities for staff to address potential issues related to STS.
Assess your current level of burnout, STS, and vicarious trauma.	Identify and monitor STS among staff and organizationally. Here are three tools that may be helpful: - Compassion fatigue self-test http://www.ptsdsupport.net/compassion_fatugue-selftest.html - Professional quality of life scale, ProQOL 5 http://proqol.org/ProQol_Test.html - Secondary Traumatic Stress-Informed Organization Assessment https://fieldcenteratpenn.org/wp-content/uploads/2016/10/WorkshopD6Handout_STSIOA.pdf
Stay connected to other people and groups that are supportive and nourishing.	Encourage and develop formal strategies for peer support and mentorship.
Identify and incorporate specific self-care strategies for promoting resilience and maintaining a healthy work–life balance (e.g., exercise, good nutrition, supportive networks).	Create a culture that fosters staff resilience that includes: fair leave policies, adequate benefits, a physically safe and secure working environment, sufficient supervision, support and resources to do the work, and processes for shared decision making.

Staff Self-Care Plan

Use this worksheet to create your own self-care plan. You do not need to share your answers with anyone—this is simply for self-reflection. Check back regularly to see how things are going and assess whether you need to make any adjustments to your plan.

1. Recognize the warning signs.

Becoming aware of the effects your work has on you is essential to helping you take care of yourself. Think about the warning signs of STS and related conditions and consider how they may be present in your daily life. Feel free to add other signs that you are feeling overworked, overextended, or overwhelmed.

Warning Sign	Yes or No	If Yes, Describe the Effect on You
Increased anxiety or concern about safety	☐ Yes ☐ No	
Intrusive, negative thoughts and images related to survivors' traumatic experiences	☐ Yes ☐ No	
Difficulty maintaining work–life boundaries	☐ Yes ☐ No	
Avoiding people, places, and activities that you used to find enjoyable	☐ Yes ☐ No	

Warning Sign	Yes or No	If Yes, Describe the Effect on You
Feeling emotionally numb, disconnected, or unable to empathize	☐ Yes ☐ No	
Experiencing feelings of chronic exhaustion and related physical ailments	☐ Yes ☐ No	
Regularly feeling angry and/or cynical about your work	☐ Yes ☐ No	
Feeling inadequate in your work and questioning whether what you do matters	☐ Yes ☐ No	
Other:		

2. Assess your self-care practice.

Many strategies are available to support self-care and reduce the signs and symptoms of STS and related conditions. Take some time to complete the self-care self-assessment below. This tool provides ideas about how to practice self-care across many areas of your life. Remember that no one strategy works for everyone.

How often do you do the following? (Rate, using the following scale):

5–Frequently   4–Sometimes   3–Rarely   2–Never   1–It never even occurred to me

Physical self-care

	Eat regularly (e.g., breakfast and lunch)
	Eat healthfully
	Exercise or go to the gym
	Lift weights
	Practice martial arts

	Get regular medical care for prevention
	Get medical care when needed
	Take time off when you are sick
	Get massages or other body work

	Do physical activity that is fun for you
	Take time to be sexual
	Get enough sleep
	Wear clothes you like
	Take vacations
	Take day trips or mini-vacations
	Get away from stressful technology, such as pagers, faxes, telephones, and e-mail
	Other:

Psychological self-care

	Make time for self-reflection
	Go to see a psychotherapist or counselor for yourself
	Write in a journal
	Read literature unrelated to work
	Do something at which you are a beginner
	Take a step to decrease stress in your life
	Notice your inner experience—your dreams, thoughts, imagery, and feelings
	Let others know different aspects of you
	Engage your intelligence in a new area— go to an art museum, performance, sports event, exhibit, or other cultural event
	Practice receiving from others
	Be curious
	Say no sometimes to extra responsibilities
	Spend time outdoors
	Other:

Emotional self-care

	Spend time with others whose company you enjoy
	Stay in contact with important people in your life
	Treat yourself kindly (supportive inner dialogue or self-talk)

	Feel proud of yourself
	Reread favorite books, review favorite movies
	Identify and seek out comforting activities, objects, people, relationships, places
	Allow yourself to cry
	Find things that make you laugh
	Express your outrage in a constructive way
	Play with children
	Other:

Spiritual self-care

	Make time for prayer, meditation, and reflection
	Spend time in nature
	Participate in a spiritual gathering, community, or group
	Be open to inspiration
	Cherish your optimism and hope
	Be aware of nontangible (nonmaterial) aspects of life
	Be open to mystery, to not knowing
	Identify what is meaningful to you and notice its place in your life
	Sing
	Express gratitude
	Celebrate milestones with rituals that are meaningful to you
	Remember and memorialize loved ones who have died
	Nurture others
	Have awe-filled experiences
	Contribute to or participate in causes you believe in
	Read inspirational literature
	Listen to inspiring music
	Other:

Workplace or professional self-care

	Take time to eat lunch
	Take time to chat with coworkers
	Make time to complete tasks
	Identify projects or tasks that are exciting, growth promoting, and rewarding for you

	Pursue regular learning and professional development
	Get support from colleagues
	Negotiate for your needs
	Have a peer support group
	Other:

Follow-up questions to consider

1. What was this process of filling out the checklist like for you?

   _____
   _____
   _____

2. Were you surprised by any of your responses? If so, which ones?

   _____
   _____
   _____

3. In what areas are you strongest? Weakest?

   _____
   _____
   _____

3. Adopt specific strategies.

Based on your responses to the self-care self-assessment, list 1–2 things in each area that you already do and 1–2 things that you would like to do to take care of yourself. Then choose 3–5 things from your list that you can make a commitment to doing in the next month.

Area	Already Do	Would Like to Do
Physical		
Relational		
Emotional		
Spiritual		
Professional		

Committed to doing:

- _____
- _____
- _____
- _____
- _____

Agency Self-Care Plan

These checklists will help you recognize warning signs of STS at an agency level and to choose agency-wide strategies to support self-care.

1. Recognize the warning signs.

A range of warning signs can indicate that your agency as a whole may be affected by trauma. Check any signs you detect in your agency.

	Work environment is often chaotic, disorganized, and unpredictable.
	Staff members are often fearful of their own safety.
	Staff members often use harsh and punitive approaches to maintain control.
	The agency has a high rate of staff turnover.
	The agency has a high rate of staff absenteeism.
	There is a lack of communication and/or frequent miscommunication among staff members.
	Interpersonal conflicts are increasing among staff members in different roles or departments.
	Work is often incomplete.
	Work quality is often poor.
	The agency has a negative atmosphere.
	People at the agency feel a lack of emotional support.
	Staff members have less energy or motivation to go the extra mile.
	Staff members collectively tend to be cynical and negative about the people they serve.
	Survivor complaints about the agency have increased.

2. Assess your agency-wide self-care practices.

Check everything that your agency currently does to support staff members in each domain.

Training and education

	The agency provides education to all employees on the signs of STS and related conditions such as vicarious trauma.
	The agency provides all employees with professional development related to stress management, self-care, and resilience-focused strategies.

	The agency provides all employees with training related to their job tasks.
	Staff members are given opportunities to attend refresher trainings and trainings on new topics related to their roles.
	Staff coverage is in place to support training.
	The agency provides education on steps necessary to advance employees in their roles.

Support and supervision

	The agency offers an employee assistance program.
	Employee job descriptions and responsibilities are clearly defined.
	All staff members have access to regular supervision or support by administrators or peers.
	Staff members have access to ongoing support for managing workload and time needed to complete tasks.
	Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
	Staff members are regularly supported in practicing self-care strategies.
	Staff members are welcome to discuss concerns about the agency or their jobs with administrators without negative consequences (e.g., being treated differently, feeling like their jobs are in jeopardy, or having their concerns affect their positions on the team).
	Staff members are encouraged to take breaks, including lunch and vacation time.
	The agency fosters team-based support and mentoring for staff.
	The agency has a formal process for debriefing with staff after crises.

Employee control and input

	The agency provides opportunities for staff members to give input into practices and policies.
	The agency reviews its policies on a regular basis to identify whether the policies are helpful or harmful to the health and well-being of its employees.
	The agency provides opportunities for staff members to identify their professional goals.
	Staff members have formal channels for addressing problems and grievances.

	Workplace issues, including grievance issues and interpersonal difficulties, are managed by individuals in the appropriate roles and are confidential.

Communication

	Staff members attend regularly scheduled team meetings.
	Topics related to self-care and stress management are addressed in team meetings.
	Regular discussions of how people and departments are communicating and relaying information occur in team meetings.
	The agency has a way of assessing staff level of STS and related conditions.
	The agency has a way of evaluating staff satisfaction on a regular basis.

Work environment

	The work environment is well lit.
	The work environment is physically well maintained (e.g., clean, secure).
	Information about self-care is posted in places that are visible.
	Employee rights are posted in places that are visible.
	The agency provides opportunities for community building among employees.
	The agency has policies concerning acts of discrimination, harassment, disrespect, and bullying for staff.
	The agency responds promptly to any acts of discrimination, harassment, disrespect, and bullying among staff.

3. Adopt specific strategies that promote staff self-care and resilience.

Based on your responses on the agency self-care assessment, list 1–2 things in each area that your agency already does to support staff and 1–2 things that you would like to see more of to promote staff wellness.

If you are in a leadership position, you may consider gathering staff opinions related to the agency's current support for self-care and use the feedback to identify gaps and related action steps. If you are not in a position to implement some of these strategies, take this agency self-care plan to your supervisors or directors for their consideration.

Area	Already Do	Would Like to Do
Training and Education		
Support and Supervision		
Employee Control and Input		
Communication		
Work Environment		

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Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

Competency #1: Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees; Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize the signs of STS in their supervisees.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Address observed STS with symptomatic employees in a supportive manner that normalizes their responses, promotes resiliency, and is supportive of the supervisee and does not pathologize, demean, or threaten the supervisee.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Delineate what the STS-informed services and support options are available from the organization.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Facilitate the referral process for accessing available, quality services for symptomatic employees.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify other resources that provide STS prevention or intervention services and is able to assist the employee into accessing those resources.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encourage the consistent use of organizational supports for the mitigation/ prevention of STS symptoms as a normalized part of doing this work.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Act as an advocate within the organization for STS supports, training, or other needed adjustments needed by supervisees indicated by supervisory monitoring of STS symptoms in supervisees.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Differentiate STS, PTSD, and burnout symptoms, and describe the differential varying responses to each condition.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify how race, historical trauma, implicit bias, and/or culture impacts the way STS manifests at the individual and organizational levels.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

Competency #2: Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize the effect of race, historical trauma, implicit bias, culture and/or other trauma exposure upon themselves him/herself and describe how it may manifest in the supervisory process.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Self-assess for signs and symptoms of secondary traumatic stress that is affecting their/his/her own functioning on a regular basis.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Define a plan for regular reflection to identify and self-assess secondary traumatic stress.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Address secondary traumatic stress signs and symptoms of STS when they arise in their own lives.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Willingly seek support from peers or own supervisor.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #3: Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.

The Supervisor is able to do the following:

Competency	Self-Rating		
Employ skills to enhance psychological safety of supervisees during supervision.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Describe common emotional responses to trauma work	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Skillfully employ reflective listening as part of supervisory practice.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify and utilize supervisees' strengths in order to use data to increase supervisee self-awareness, competence, and resilience.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Describe common emotional responses to trauma work and integrate these into discussions with supervisees.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize common emotional responses to trauma work during supervision.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide emotional support to supervisees, and how to determine what method may be most helpful to supervisees.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #4: Knowledge of skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.

The Supervisor is able to do the following:

Competency	Self-Rating		
Educate supervisees			
Define self-regulation	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Teach self-regulation skills;	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize emotional responses to difficult situations.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assess supervisees			
Evaluate the immediate current well-being of the supervisee;	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify negative self-appraisals, cognitive distortions and ineffective coping behaviors that the supervisee may be demonstrating;	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Observe—continuously and over time—the emotional response of the supervisee over time to assess recovery and the potential need for added supports or referrals.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Coach and support supervisees			
Assist with self-regulation, including cognitive skills (e.g., thinking about a situation differently), and behavioral recovery (e.g., distraction, self-soothing, and physical relaxation and redirection of energy).	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Communicate concern and support	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Support the supervisee toward the development of skills for managing intense affect, and to prompt supervisees to utilize these strategies when needed.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide concrete suggestions regarding emotional regulation strategies, and emphasizes their importance by allowing supervisees the time needed to implement their chosen strategies	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #5: Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.

The Supervisor is able to do the following:

Competency	Self-Rating		
Assure the psychological, physical, and emotional safety of staff following an emergency or crisis event incident, including a discussion of physical and psychological and emotional safety.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Know the eight Core Actions of PFA approach.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Recognize the different ways staff may respond to an emergency or crisis event.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Invite questions from staff in a manner that supports individuals' need for emotional safety and by respecting individuals' choice to share or not share as they see fit.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide accurate information regarding secondary traumatic stress, signs to self-monitor the signs and symptoms, and strategies to enhance coping.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Inquire about the immediate needs of staff following an event.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assist supervisees in the development of an action plan to address identified needs.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Facilitate access to up-to-date information regarding on resources available to staff who have experienced direct/indirect trauma exposure, including EAP information, insurance empaneled providers, and specific recommendations related to referral sources familiar with secondary traumatic stress.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #6: Ability to both model and coach supervisees in using a trauma lens to guide case conceptualization and service delivery

The Supervisor is able to do the following:

Competency	Self-Rating		
Educate supervisees regarding how trauma may alter functioning of a trauma-exposed client.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assure that the supervisee has formulated the role of trauma in the clinical presentation.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Redirect the supervisee from focusing on what is wrong with a trauma-exposed client (i.e., diagnosis and symptoms) to what happened in the client's life (i.e., consideration of how behaviors/symptoms may make sense when the client's trauma exposure is assessed.)	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Guide supervisees to a recognition of a client's trauma history and symptoms in a way that explains what the client may be experiencing and serves to guide service delivery.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Redirect supervisees when they drift into attitudes/beliefs about clients that are inconsistent with the trauma-focused "lens."	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Educate supervisees about key trauma concepts, support them in incorporating these concepts into a trauma- informed case formulation, and in guiding the supervisee when they drift into an approach inconsistent with the trauma lens.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Promote fidelity to trauma-responsive, and evidence-supported/based models in daily practice.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encourage supervisee to bring forth multiple perspectives of the presenting problem(s), priorities, focus, and goals of treatment by encouraging supervisee's active engagement of the client, the client's significant others/family, and extended supports in the assessment, intervention planning, and ongoing service delivery process.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #7: Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.

The Supervisor is able to do the following:

Competency	Self-Rating		
Facilitate the supervisee's experience of a developing sense of mastery of the management of trauma-related issues with clients.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Identify and develop supervisee's strengths and help supervisee him or her apply those strengths to job-related activities.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Connect the individual to his or her team to guard against isolation and to develop a sense of shared ownership of difficult circumstances.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Support the development of compassion satisfaction in the supervisee via the following:			
Assisting with the analysis of supervisee perceptions regarding complex case situations, and to supporting acceptance of situations that cannot be changed.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assisting the supervisee to reframe situations to allow for the recognition of partial successes.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assisting the supervisee to adopt a positive view of him or herself and their skill level.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Encouraging the supervisee to notice, acknowledge, and savor positive moments with clients.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Reinforcing the benefits of engaging in pleasurable activities at work and off hours.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

Competency #8: Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.

The Supervisor is able to do the following:

Competency	Self-Rating		
Recognize when changes in a supervisee's perspectives occur.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Successfully engage supervisee in discussion of observed changes and obtain supervisee's his or her perspectives thoughts regarding these changed views.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Normalize that changes in worldview (e.g., bad things do happen to innocent children) that will naturally occur during trauma work.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Assist supervisee by challenging unhelpful cognitive distortions about self, work, or the world; (e.g., thinking "This is useless", "The world is unsafe", "I'm the only one", or displaying hypervigilance).	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Provide support towards replacing cognitive distortions with more accurate assessments.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision
Self-Rating Tool

Competency #9: Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

The Supervisor is able to do the following:

Competency	Self-Rating		
Normalize STS responses through timely use of self-disclosure related to theirhis or her own experiences dealing with trauma work.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Employ self-disclosure as a tool to help supervisees recognize, acknowledge, and respond to the impact of indirect trauma.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Willingly disclose when asked directly by a supervisee, thereby avoiding a posture of withholding, and facilitating emotional relatedness and equality in the relationship.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area
Monitor his or her own motivation and intentions as a critical factor in weighing the ethical force of self-disclosure, particularly whether the goal of such disclosure is primarily for the supervisee's benefit.	Not part of my skill set yet	Doing OK but need more training	I have confidence in my skills in this area

Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision

Introduction

As the topic of secondary traumatic stress (STS) emerges, two facts are becoming clear to program leaders:

- Quality supervision is an important support that organizations can provide to staff members at risk of developing secondary traumatic stress, and

- The field hasn't defined what comprises "quality supervision" in the context of secondary trauma support. The STS Supervisory Competencies is a tool that individuals and organizations can use as a benchmark of the competencies needed to provide effective STS supervision, and is also a map to resources that can help address gaps in those competencies.

How to Use the STS Supervisor Competency Tool

1 The competencies identified in this tool are intended to apply to all organizations in which services are provided to persons who have experienced trauma. These competencies are relevant to any supervisor providing formal support to workers who are exposed to secondary trauma. The supervisors may be licensed clinicians, or may be case workers or peer providers; and may be providing formal organizational supervision, or peer supervision.

2 The competencies tool is intended to be a developmental assessment for supervisors. There is no assumption that the supervisor will possess all of these competencies. Rather, this aid is intended to identify areas of need, and to guide the user to resources to strengthen those areas of competency.

3 This tool can be used by an individual supervisor, but has greater power as part of an organizational effort. Individuals who wish to use the tool to self-audit their areas of knowledge and skills can use the results to locate resources and increase knowledge and skills. Organizations that serve trauma exposed clients are encouraged to use this tool to guide all their supervisors in a self-evaluation of these competencies, and to identify resources, and develop training priorities based on the links provided within the tool.

Secondary Trauma Stress (STS)—Core Competencies for Supervisors

1 Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees; Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.

2 Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.

3 Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.

4 Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.

5 Knowledge of basic *Psychological First Aid* (PFA) or other supportive approaches to assist staff after an emergency or crisis event.

6 Ability to both model—and coach supervisees in—using a trauma lens to guide case conceptualization and service delivery.

7 Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.

8 Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.

9 Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

COMPETENCY

OPERATIONAL DEFINITION

1

Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees;

Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.

The Supervisor is able to do the following:

- Recognize the signs of STS in their supervisees.

- Address observed STS with symptomatic employees in a supportive manner that normalizes their responses, promotes resiliency, and is supportive of the supervisee and does not pathologize, demean, or threaten the supervisee.

- Delineate what the STS-informed services and support options are available from the organization.

- Facilitate the referral process for accessing available, quality services for symptomatic employees.

- Identify other resources that provide STS prevention or intervention services and is able to assist the employee into accessing those resources.

- Encourage the consistent use of organizational supports for the mitigation/prevention of STS symptoms as a normalized part of doing this work.

- Act as an advocate within the organization for STS supports, training, or other needed adjustments needed by supervisees indicated by supervisory monitoring of STS symptoms in supervisees.

- Differentiate STS, PTSD, and burnout symptoms, and describe the differential varying responses to each condition.

- Identify how race, historical trauma, implicit bias, and/or culture impacts the way STS manifests at the individual and organizational levels.

2

Knowledge and capacity to self-assess, reflective capacity to monitor, and address the supervisor's own personal STS.

The Supervisor is able to do the following:

- Recognize the effect of race, historical trauma, implicit bias, culture and/or other trauma exposure upon themselves him/herself and describe how it may manifest in the supervisory process.

- Self-assess for signs and symptoms of secondary traumatic stress that is affecting their his/her own functioning on a regular basis.

- Define a plan for regular reflection to identify and self-assess secondary traumatic stress.

- Address secondary traumatic stress signs and symptoms of STS when they arise in their own lives.

- Willingly seek support from peers or own supervisor.

COMPETENCY

OPERATIONAL DEFINITION

3

Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.

The Supervisor is able to do the following:

- Employ skills to enhance psychological safety of supervisees during supervision.

- Describe common emotional responses to trauma work.

- Skillfully employ reflective listening as part of supervisory practice.

- Identify and utilize supervisees' strengths in order to use data to increase supervisee self-awareness, competence, and resilience.

- Describe common emotional responses to trauma work and integrate these into discussions with supervisees.

- Normalize common emotional responses to trauma work during supervision.

- Provide emotional support to supervisees, and how to determine what method may be most helpful to supervisees.

4

Knowledge of skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.

The Supervisor is able to do the following:

- **Educate** supervisees

    Define self-regulation;

    Teach self-regulation skills;

    Normalize emotional responses to difficult situations.

- **Assess** supervisees

    Evaluate the immediate current well-being of the supervisee;

    Identify negative self-appraisals, cognitive distortions and ineffective coping behaviors that the supervisee may be demonstrating;

    Observe—continuously and over time—the emotional response of the supervisee over time to assess recovery and the potential need for added supports or referrals.

- **Coach and support** supervisees

    Assist with self-regulation, including cognitive skills (e.g., thinking about a situation differently), and behavioral recovery (e.g., distraction, self-soothing, and physical relaxationand redirection of energy).

    Communicate concern and support.

    Support the supervisee toward the development of skills for managing intense affect, and to prompt supervisees to utilize these strategies when needed.

    Provide concrete suggestions regarding emotional regulation strategies, and emphasizes their importance by allowing supervisees the time needed to implement their chosen strategies.

COMPETENCY

OPERATIONAL DEFINITION

5

Knowledge of basic Psychological Ffirst Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.

The Supervisor is able to do the following:

- Assure the psychological, physical, and emotional safety of staff following an emergency or crisis event incident, including a discussion of physical and psychological and emotional safety.

- Know the eight Core Actions of PFA approach.

- Recognize the different ways staff may respond to an emergency or crisis event.

- Invite questions from staff in a manner that supports individuals' need for emotional safety and by respectsing individuals' choice to share or not share as they see fit.

- Provide accurate information regarding secondary traumatic stress, signs to self-monitor the signs and symptoms, and strategies to enhance coping.

- Inquire about the immediate needs of staff following an event.

- Assist supervisees in the development of an action plan to address identified needs.

- Facilitate access to up-to-date information regarding on resources available to staff who have experienced direct/indirect trauma exposure, including EAP information, insurance empaneled providers, and specific recommendations related to referral sources familiar with secondary traumatic stress.

6

Ability to both model and coach supervisees in using a trauma lens to guide case conceptualization and service delivery.

The Supervisor is able to do the following:

- Educate supervisees regarding how trauma may alter functioning of a trauma-exposed client.

- Assure that the supervisee has formulated the role of trauma in the clinical presentation.

- Redirect the supervisee from focusing on what is wrong with a trauma-exposed client (i.e., diagnosis and symptoms) to what happened in the client's life (i.e., consideration of how behaviors/symptoms may make sense when the client's trauma exposure is assessed.)

- Guide supervisees to a recognition of a client's trauma history and symptoms in a way that explains what the client may be experiencing and serves to guide service delivery.

- Redirect supervisees when they drift into attitudes/beliefs about clients that are inconsistent with the trauma-focused "lens."

- Educate supervisees about key trauma concepts, support them in incorporating these concepts into a trauma- informed case formulation, and in guiding the supervisee when they drift into an approach inconsistent with the trauma lens.

- Promote fidelity to trauma-responsive, and evidence-supported/based models in daily practice.

- Encourage supervisee to bring forth multiple perspectives of the presenting problem(s), priorities, focus, and goals of treatment by encouraging supervisee's active engagement of the client, the client's significant others/family, and extended supports in the assessment, intervention planning, and ongoing service delivery process.

7

Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.

The Supervisor is able to do the following:

- Facilitate the supervisee's experience of a developing sense of mastery of the management of trauma-related issues with clients.

- Identify and develop supervisee's strengths and help supervisee him or her apply those strengths to job-related activities.

- Connect the individual to his or her team to guard against isolation and to develop a sense of shared ownership of difficult circumstances.

- Support the development of compassion satisfaction in the supervisee via the following:

    Assisting with the analysis of supervisee perceptions regarding complex case situations, and to supporting acceptance of situations that cannot be changed.

    Assisting the supervisee to reframe situations to allow for the recognition of partial successes.

    Assisting the supervisee to adopt a positive view of him or herself and their skill level.

    Encouraging the supervisee to notice, acknowledge, and savor positive moments with clients.

    Reinforcing the benefits of engaging in pleasurable activities at work and off hours.

COMPETENCY	OPERATIONAL DEFINITION

8

Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.

The Supervisor is able to do the following:

- Recognize when changes in a supervisee's perspectives occur.

- Successfully engage supervisee in discussion of observed changes and obtain supervisee's his or her perspectives thoughts regarding these changed views.

- Normalize that changes in worldview (e.g., bad things do happen to innocent children) that will naturally occur during trauma work.

- Assist supervisee by challenging unhelpful cognitive distortions about self, work, or the world; (e.g., thinking "This is useless", "The world is unsafe", "I'm the only one", or displaying hypervigilance).

- Provide support towards replacing cognitive distortions with more accurate assessments.

9

Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

The Supervisor is able to do the following:

- Normalize STS responses through timely use of self-disclosure related to theirhis or her own experiences dealing with trauma work.

- Employ self-disclosure as a tool to help supervisees recognize, acknowledge, and respond to the impact of indirect trauma.

- Willingly disclose when asked directly by a supervisee, thereby avoiding a posture of withholding, and facilitating emotional relatedness and equality in the relationship.

- Monitor their his or her own motivation and intentions as a critical factor in weighing the ethical force of self-disclosure, particularly whether the goal of such disclosure is primarily for the supervisee's benefit.

1

1. The Resilience Alliance: Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff
http://www.nctsn.org/sites/default/files/assets/pdfs/resilience_alliance_training_manual.pdf

2. Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals
http://nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf

3. Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators
http://nctsn.org/sites/default/files/assets/pdfs/sts_cw_final.pdf

4. Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA) www.uky.edu/CTAC

5. Secondary Traumatic Stress A Fact Sheet for Organizations Employing Community Violence Workers
http://www.nctsn.org/sites/default/files/assets/pdfs/sts_cv.pdf

6. Secondary Trauma, Compassion Fatigue, and Burnout among Professionals Who Work with Maltreated Children
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What About You?

A Workbook for Those Who Work with Others

Katherine T. Volk, Kathleen Guarino,
Megan Edson Grandin, and Rose Clervil

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Why Breathe?

Why get up in the morning to continue doing the work you do? What motivates you? One of the many things which motivates us is that people who have experienced homelessness and other traumas can and do heal. We know that this healing happens with the support of case managers, housing search workers, outreach teams, social workers, health care providers, and many others. We also know that if we are to "put the world in order," we must take care of ourselves, our families, and our organizations. We must remember to breathe.

We have developed this guide as a tool to help you along the way. It is divided into three sections:

You Taking care of yourself has to do with, well, yourself. This is the starting place. We can't expect our families, friends, colleagues, or organizations to place a value on self-care if we don't do so ourselves.

You and Others Our relationships with others are a key piece of taking care of ourselves. Sometimes these relationships help; sometimes they distract. No matter what, we know that taking care of ourselves cannot happen in isolation.

You, Others, and Work Our workplace plays a large role in our lives. It is where we spend much of our waking time and energy. For many of us who work with those experiencing homelessness, our work is more of a vocation or a calling than it is a 9-to-5 job. The people we serve have complicated, often overwhelming problems. To help them through their journey, we must create team and organizational cultures that value care of the self, the team, and the organization.

> "By caring for the soul faithfully, every day, we step out of the way and let our full genius emerge."
>
> *—Thomas Moore*

One of the best parts of our work at the National Center on Family Homelessness is that we have the honor of working with many individuals, teams, and organizations around the country. We are continually amazed by the resilience, care, and passion of the people we meet…those who work daily to combat the injustices in our society. We dedicate this guide to them. On the days when you feel as though you're trodding through mud, we hope you find inspiration in the pages of this guide. And on the days when you're feeling as though you could take on the world, we hope that you share this guide with others on your team.

No one thing works for everyone. There is no self-care cookie cutter. So we have sprinkled a little bit of everything throughout this guide. We hope that it will make you think, make you laugh, and occasionally make you remember to breathe.

Suggestions for Using This Workbook

- Use it for yourself
- Use it with your staff
- Share it with your friends
- Share it with your colleagues
- Photocopy an activity or section and share it with your team
- Use the workbook activities to develop a staff retreat

Chapter 1: You

Protective Gear

Every profession has its form of protective gear. Builders need hard hats. Football players wear pads, and chemists sport goggles. Service providers need protective gear, too. We may not need hats, pads, or protective eyewear – but if we want to continue to be safe and effective in our work, we do need to have self-care tools that we use everyday. This chapter will help you reflect on the tools you already have, and suggest some new tools.

It might be nice to dream that our stress will just melt away because our lives are just *so* relaxing, but for most of us, that is far from reality. So before we talk about self-care, let's talk about stress.

Stress is a part of our daily lives and it comes in many forms. We may think of stress as connected to bad things, but sometimes good things can cause stress too. Getting married, buying a house or having a new baby are all happy and exciting life events that may still be the source of tremendous stress and anxiety. Some stressors may be considered mild and manageable, while others are more severe and have a more damaging, long-term impact on us and our emotional health.

It is important to remember that stress is in the "eye of the beholder." What is very stressful to you may not cause your co-worker to worry at all. Likewise, you may not be bothered by the same things that annoy your best friend. This does not make one person stronger or weaker than another…just different. Strength lies in the ability to recognize your stressors and act accordingly. By going into the helping professions, you have chosen work that leads you to walk with your clients through many difficult, complicated, and often painful experiences. Since stress is part of our daily lives, we must pay attention to its impact on our physical and emotional well-being.

The mind and body are constantly influencing and altering one another. Stressful experiences that are constant can lead to exhaustion, overreaction to less stressful events, and symptoms of anxiety and depression. The physical toll of this constant state of increased stress comes in the form of various illnesses and physical complaints such as insomnia, backaches, headaches, stomachaches, high blood pressure, and even heart disease. The more intense and constant the stressors, the more an individual's emotional and physical health may be compromised.

"In dealing with those who are undergoing great suffering, if you feel 'burnout' setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective."

—*The Dalai Lama*

Stress and the Body

Sometimes we don't realize how stressed we are. When we're caught up in day-to-day activities, it is easy to gloss over possible stressors. At the end of each day, simply noting your stress level can make you more aware of your feelings and lead to reduced anxiety. Taking stock of your feelings can also help to recognize stressful situations. The next few pages of activities are designed to help you "take your stress temperature," notice how your body feels, and reflect on how stress impacts your life.

activity 1.1 Taking Your Stress Temperature

Use the thermometers below to take your stress temperature. For example, if today is Tuesday and you feel a "medium" level of stress, you might color in the Tuesday thermometer about half-way. Try taking your temperature at the end of each day for a week. What do you notice at the end of the week? You might also try taking your stress temperature at different times of day. What do you notice then? The goal of this exercise is to give you information, not to judge that a "high temperature" of stress is bad or that a "low temperature" is good. Knowing when your stress level climbs and decreases may enable you to adjust your schedule.

Stress Level	Stress Level	Stress Level	Stress Level	Stress Level	Stress Level	Stress Level
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Stress Level	Stress Level	Stress Level	Stress Level
Morning	Mid-day	Late Afternoon	Evening

"Whether you and I and a few others will renew

the world some day remains to be seen.

But within ourselves we must renew it each day."

—Hermann Hesse

activity 1.2 Stress and the Body

Stress can affect the whole body.
Put an X on the body below in all the
places where you feel stress.
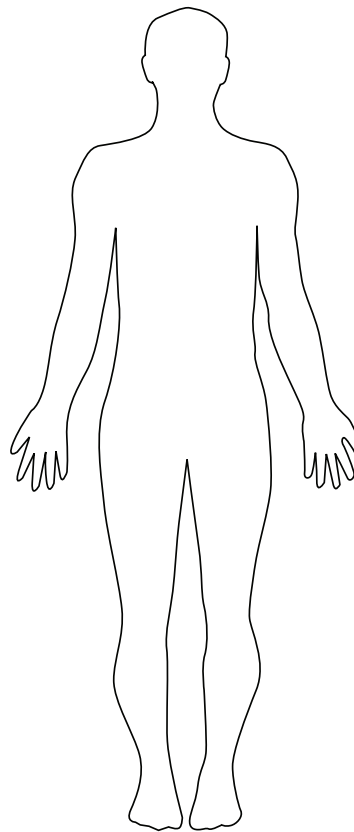
Self-Care

While you cannot eliminate stress from your life, you can take care of yourself so
that stress does not overwhelm you. Stress affects many aspects of our lives – physi-
cal, emotional, personal, professional. It affects the relationships we form with others
and the relationship we have with ourselves. Self-care should be a preventive meas-
ure, and not something one does when feeling completely overwhelmed.

It is not always easy to take care of ourselves. Demands from work, family, and
friends can relegate self-care to the bottom of your "to-do" list. Self-care is not a sign
of weakness. It is a way of making our bodies and minds stronger, thus enabling us
to continue leading the lives that we do. Even superheroes hang up their capes now
and then, and so can you.

We cannot take care of others unless we first take care of yourself. We have to
remember to breathe.

Warning Signs

How frequently do you think about self-care? Are there self-care activities that you know work for you? Finding self-care strategies that reduce stress in your life requires some personal reflection. What are your warning signs that you are under too much stress? Here are some signs to consider:

- *Being afraid to take time away from your daily activities.* While your work is very important, you should be able to take a day off without feeling guilty. When you feel that the fate of your organization rests upon your shoulders, you may start to resent your clients, colleagues, and even yourself.
- *Thinking the worst in every situation.* We all have bad days, and we are all guilty of negative thinking. However, if you find it difficult to be positive about any situation, it may be time to take a step back.
- *Reacting disproportionately.* If you find yourself reacting strongly to relatively minor stressors, this could be a strong indicator of your stress level.
- *Never taking a vacation.* We all need "down time" in our lives to rest and recuperate. When was the last time you had an opportunity for a change of scenery?
- *Forgetting why you do your job.* You used to love your job, but now you dread getting up in the morning.
- *Decreased performance at work.* You may feel that there is constantly too much work to do in the time allotted, rush so much that you are making mistakes, and miss deadlines.
- *Constantly not getting enough sleep.* When you do sleep, is it restful? How often do you go to bed knowing that you'll still be tired when you wake up?
- *Increased arguments with your family.* Often the first place our stress "bubbles over" is in our interactions with those closest to us.
- *Decreased social life.* Work consistently interferes with your plans to have fun, or you find yourself becoming more and more isolated from colleagues, friends, and family.

It is important to remember that we all have bad days, and we all experience some of the things on this list at times. However, if you experience any of these symptoms for longer than a few days, it may be a cue to take some time for reflection. Also, the list is not comprehensive and will not be applicable to everyone. How do you know when you haven't been taking care of yourself?
The activities on the next few pages can help you reflect.

activity 1.3 Ways in Which My Life Is Affected by Stress

We all have periods of time when we feel overwhelmed. Every day, we feel some degree of hassle or strain due to minor stressors (e.g., you overslept, you're stuck in traffic) or major situations (e.g., job insecurity, illness). Stress can manifest itself in many ways. Think about how you are affected by various stressors and complete the lists below.

Ways in Which My Body Reacts to Stress:

1. _____

2. _____

3. _____

4. _____

5. _____

Ways in Which My Personal Life Is Affected by Stress:

1. _____

2. _____

3. _____

4. _____

5. _____

Ways in Which My Professional Life Is Affected by Stress:

1. _____

2. _____

3. _____

4. _____

5. _____

activity 1.4 Self-Assessment Tool: Self-Care

Take some time to complete the checklist below. You need not share your answers with anyone – this is simply for self-reflection. Remember that no one strategy works for everyone. This activity just gives you a way to think about the possibility of self-care in many aspects of your life.

How often do you do the following? (Rate, using the scale below):
5 = Frequently   4 = Sometimes   3 = Rarely   2 = Never   1 = It never even occurred to me

Physical Self-Care
❏ Eat regularly (e.g., breakfast and lunch)
❏ Eat healthfully
❏ Exercise
❏ Lift weights
❏ Practice martial arts
❏ Get regular medical care for prevention
❏ Get medical care when needed
❏ Take time off when you're sick
❏ Get massages or other body work
❏ Do physical activity that is fun for you
❏ Take time to be sexual
❏ Get enough sleep
❏ Wear clothes you like
❏ Take vacations
❏ Take day trips, or mini-vacations
❏ Get away from stressful technology such as pagers, faxes, telephones, e-mail
❏ Other:_____

Psychological Self-Care
❏ Make time for self-reflection
❏ Go to see a psychotherapist or counselor for yourself
❏ Write in a journal
❏ Read literature unrelated to work
❏ Do something at which you are a beginner
❏ Take a step to decrease stress in your life
❏ Notice your inner experience—your dreams, thoughts, imagery, feelings

❏ Let others know different aspects of you
❏ Engage your intelligence in a new area—go to an art museum, performance, sports event, exhibit, or other cultural event
❏ Practice receiving from others
❏ Be curious
❏ Say no to extra responsibilities sometimes
❏ Spend time outdoors
❏ Other:_____

Emotional Self-Care
❏ Spend time with others whose company you enjoy
❏ Stay in contact with important people in your life
❏ Treat yourself kindly (supportive inner dialogue or self-talk)
❏ Feel proud of yourself
❏ Reread favorite books, review favorite movies
❏ Identify and seek out comforting activities, objects, people, relationships, places
❏ Allow yourself to cry
❏ Find things that make you laugh
❏ Express your outrage in a constructive way
❏ Play with children
❏ Other:_____

Spiritual Self Care

❏ Make time for prayer, meditation, reflection

❏ Spend time in nature

❏ Participate in a spiritual gathering, community or group

❏ Be open to inspiration

❏ Cherish your optimism and hope

❏ Be aware of nontangible (nonmaterial) aspects of life

❏ Be open to mystery, to not knowing

❏ Identify what is meaningful to you and notice its place in your life

❏ Sing

❏ Express gratitude

❏ Celebrate milestones with rituals that are meaningful to you

❏ Remember and memorialize loved ones who have died

❏ Nurture others

❏ Have awe-full experiences

❏ Contribute to or participate in causes you believe in

❏ Read inspirational literature

❏ Listen to inspiring music

❏ Other:_____

Workplace/Professional Self Care

❏ Take time to eat lunch

❏ Take time to chat with co-workers

❏ Make time to complete tasks

❏ Identity projects or tasks that are exciting, growth-promoting, and rewarding for you

❏ Set limits with clients and colleagues

❏ Balance your caseload so no one day is "too much!"

❏ Arrange your workspace so it is comfortable and comforting

❏ Get regular supervision or consultation

❏ Negotiate for your needs

❏ Have a peer support group

❏ Other:_____

Source: Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff, Transforming the Pain: A Workbook on Vicarious Traumatization, *1996.*

Discussion Questions

• What made an impression on you about this activity?

• What did you notice while completing the checklist?

• How did you feel after the checklist was completed?

• What thoughts do you have about the areas where you are doing well?

• What are areas that you would like to change/improve?

Self-Care Strategies

There are ways to incorporate self-care into our daily routines. Clearing space in your life for self-care often means shifting priorities or tasks to make that space. Many commitments and responsibilities cannot be erased from your daily life, but there may be some things that could change to accommodate a healthier lifestyle. It is important to try various self-care activities so that you find the ones that work best for you. Taking time for yourself should be enjoyable – if it feels like a chore, try something else.

Here are some practical suggestions:
• Take one thing at a time.
• Solve little problems.
• Be realistic.
• Be flexible.
• Adopt a positive attitude.
• Avoid over-scheduling.
• Learn to relax.
• Treat your body well. Adopt a healthy lifestyle.
  ◆ Eat healthy food.
  ◆ Exercise.
  ◆ See your doctors regularly.
  ◆ Get enough sleep as often as you can.
  ◆ Take time off when you are sick.
• Watch what you are thinking.
• Share your feelings.
• Talk about stress with friends and family. Talking to a doctor, spiritual advisor, or other professional might also help.
• Learn to ask for help.
• Be aware of your limitations.
• Personalize your work and home environment.
• Take time for self-reflection.
• Say "no."
• Limit your exposure to media (e.g., news stories, movies) that deals with sad, violent, or tragic themes.

Building Awareness

Self-care begins with awareness. Knowing your warning signs (see page 8) and understanding what works for you and what does not are essential to building and maintaining a sustainable self-care plan. Over the long term, this means building self-care routines and rituals into everyday life. Over the short term, we can create moments of awareness simply by pausing to take a breath.

activity 1.5 Deep Breathing

One of the simplest things we can do to combat stress is to breathe. Deep breathing doesn't take long, doesn't require any special equipment, and can be done almost anywhere.

Follow this guide:

• Sit up straight

• Take a long, slow deep breath through your nose

• Stand up

• Take a deep breath, feeling the air going into your lungs

• Put your hand on your abdomen, feeling it expand and contract with each breath

• Put your hand on your chest, feeling it expand and contract with each breath

• Make yourself aware of the path that the air is taking as it enters and leaves your body

• Focus on your breathing for at least two minutes, noticing how your body responds

Try deep breathing at your desk, when stuck in traffic, or anywhere you need to refocus.

"Our minds drift to and fro, buffetted by sensation like a boat upon stormy seas. The breath serves as an anchor, something to which we can tether our minds so that we can be present for the real."

—*Rolf Gates and Katrina Kenison, Mediations from the Mat*

Avoiding the Pitfalls

We could list many challenges, barriers, and excuses when it comes to making time for ourselves. These concerns are real and valid. The following case study illustrates some of these "self-care pitfalls." Use it as a way to reflect. Remember that there will always be pitfalls. They are, however, only part of the story. If the first step to self-care is building awareness, the second step is being sure to avoid these pitfalls and creating opportunities for meaningful self-care – even if only for a few moments.

Case Study

Zahira is a 32-year old single mother. She has a 11-year old son, Jeremiah, and an 8-year old daughter, Zahnna. They have a dog named Smooch. Zahira works full time at Water's Edge, a local human services agency, where she has been for almost ten years. She recently took a second job at a local retail store so that she can earn some extra money to make ends meet. Zahira loves her children and is close to her extended family. She tries to spend as much time as she can with them even though she works long hours.

Working at Water's Edge is very demanding. Zahira has to take work home with her. Her children resent this and feel abandoned because she works so much. Jeremiah and Zahnna miss spending time with her. Jeremiah even said recently that he feels like "we aren't your priority anymore."

Zahira doesn't know what to do. She knows she needs to work two jobs or more in order to provide for her family's basic needs, but she feels overwhelmed and unable to meet her family's demands. She is also frustrated with the challenges of being a single parent whose job doesn't pay well, causing her to take a second job to make ends meet.

Zahira is constantly exhausted—physically, mentally and emotionally. It is difficult for her to find time and energy to do things with her children. Lately, she has been having trouble sleeping and she has been complaining of frequent headaches and back pain. At times, she becomes angry with her children for seeking her attention or asking questions. Zahira's friends worry about her but don't know what to do to help. She is often defensive or pressed for time, and rather than reach out to her friends, she shuts down.

Zahira has strong family support but lately has been staying away from her family. She barely returns their phone calls. Once bubbly and energetic, she has become more and more withdrawn. She has been complaining about feeling run down. Her co-workers have noticed Zahira's deterioration but don't know what to do. Her supervisor is especially concerned, but doesn't want to make Zahira feel defensive.

Discussion Questions

1. Has Zahira been managing her time well?

2. What she can she do differently for herself? For her family?

3. Who can she ask for help? How could they help her?

4. What parts, if any, of Zahira's story are similar to your own experience? What do you do to take care of yourself during times of extreme stress?

Finding the Inspiration

Sometimes self-care can be improved by remembering why what you do. Being reminded why you are doing this work can ease stress and put a positive spin on your day.

See the *What Motivates You?* activity below. You may also want to look at *Dwelling on Days That Make You Want to Come Back* activity in Chapter 3.

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activity 1.6 What Motivates You?

What do you live for? What motivates you, provides strength, makes you happy?

Make a list or draw a picture of some things that bring you happiness. Keep it on your desk, in your wallet, or on your refrigerator. Sometimes having a visual reminder of the joys in our lives can motivate us.

While self-care is a serious matter, it is also important to take the time to laugh. Watch a funny movie, share a joke with a co-worker, or recall a funny situation. Laughing releases chemicals that lift your mood and put a more positive spin on your troubles. Below is our attempt to make you smile.

Top 10 Signs You're Too Stressed
1. You find yourself hoping to get the flu, just so you have a reason to stay in bed for a day.
2. Your children shudder in fear when your boss's name is mentioned.
3. You've wondered (more than once) if your cell phone would float when hurled into a river.
4. You start using a pencil instead of a pen to put dates with your partner in your schedule.
5. Medical journals or case files have become "light bedtime reading."
6. Your best friends think you've moved away because they haven't heard from you in so long.
7. You consider Red Bull a part of a balanced diet.
8. You fall asleep during trips to the dentist's office, because it's the only time you put your feet up.
9. You're too tired to remember the name of your dog.
10. It takes you six days of vacation to even begin to feel relaxed, and six minutes back in the office to make you forget that you took a vacation at all.

"Finish each day and be done with it. You have done what you could.

Some blunders and absurdities have crept in; forget them as soon as you

can. Tomorrow is a new day. You shall begin it serenely and with too

high a spirit to be encumbered with your old nonsense."

—*Ralph Waldo Emerson*

Finding the Time

   Self-care does not have to be time-consuming. As nice as it would be to take a three-week vacation to a tropical island, most of us do not have the time or resources for that. Below are some tips for using the time that you do have effectively.

If you have…

2 *minutes*
- Breathe
- Stretch
- Daydream
- Take your stress temperature
- Laugh
- Doodle
- Acknowledge one of your accomplishments
- Say no to a new responsibility
- Complement yourself
- Look out the window
- Spend time with your pet
- Share a favorite joke

5 *minutes*
- Listen to music
- Have a cleansing cry
- Chat with a co-worker
- Sing out loud
- Jot down dreams
- Step outside for fresh air
- Enjoy a snack or make a cup of coffee/tea

10 *minutes*
- Evaluate your day
- Write in a journal
- Call a friend
- Meditate
- Tidy your work area
- Assess your self care
- Draw a picture
- Dance
- Listen to soothing sounds
- Surf the web
- Read a magazine

30 *minutes*
- Get a massage
- Exercise
- Eat lunch with a co-worker
- Take a bubble bath
- Read non-work related literature
- Spend time in nature
- Go shopping
- Practice yoga
- Watch your favorite television show

Chapter 2:
You and Others

> "Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect."
>
> *—Chief Seattle*

The Threads in Our Web

In our work, we often spend a great deal of time thinking about and engaging in relationships. We assess our clients' relationship histories, as well as our working relationships with clients…our interactions co-workers…and our connections with other agencies. Our work is primarily about what happens in these daily interactions with others. This serves to remind us of how fundamental relationships and social connections are in our lives.

From our earliest relationships with primary caregivers, we learn fundamental skills related to self-regulation, coping, trust, self-esteem, and competency. Our need to form attachments early in life is intense and biologically driven. This need for connection does not lessen as we move into adulthood. As we grow and mature, our definition of family and attachment broadens. Family may include people we depend on for moral support, people we see as mentors, old and new friends, spiritual or recreational communities, and even our pets. We are constantly in relationships whether with immediate family members, co-workers, friends, or other social groups.

Maintaining relationships with others—whether co-workers, family members or friends—has a significant impact on quality of life. Research suggests a significant relationship between higher levels of social support and overall physical and emotional health. Studies have shown that our health is greatly enhanced by the presence of close, supportive relationships with friends and family. Strong social

support networks offer us a sense of belonging, security and self-esteem. Feeling a sense of connection and belonging has been shown to be vital to our well-being, serving as a protection against more severe responses to stress, such as depression and anxiety.

For service providers, self-care in the face of daily stressors often begins with an awareness of stress level and what is needed to be healthy. While self-care may begin by taking care of ourselves, another significant aspect of self-care involves an examination of the connections we make and the relationships we maintain that help restore a sense of health and well-being. Self-care is not practiced in isolation. When it comes to managing stress, maintaining positive relationships is not just a good idea – it is essential!

To identify how our relationships are impacted by stress and how these connections can facilitate self-care, we have to begin by taking a closer look at the major relationships in our lives. Who are we connected to? What types of relationships do we have with others as we move through our days and weeks? It is helpful for us to see where our lives intersect with those of others, and how much time we carve out for these connections.

activity 2.1 Making Connections

Part I: Who Are You Connected To?
Make a list of all of the relationships/connections that you maintain with people throughout a "typical" week (both in and outside of work).

Part II: The Relationship Pie
Take a look at the list you just made and then fill in the pie chart below by estimating the portion of time in a week that you spend with each person or group of people on your list. For example, you might consider how much time you spend with:
• Clients
• Co-workers
• Friends
• Church or other social group/community
• Family (however you define this group – feel free to divide this into time with partner, children, parents, siblings, etc.)
• Any additional relationships that you want to make note of on your pie chart.
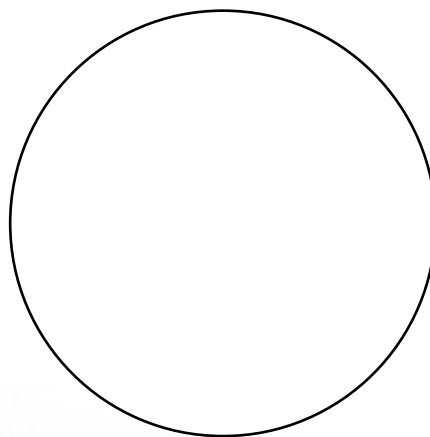
Warning Signs

We all have our own individual warning signs for when we are feeling over-worked, overextended, and overwhelmed. For many, the first signs of stress are felt in the body, whether in the form of headaches, stomachaches, muscle tension, or general fatigue. The physical and emotional toll that stress takes on our lives quickly begins to impact our relationships with family, friends, co-workers, and clients. Often times, early warning signs of increased stress can be found in the ways that we are interacting with others.

Here are some common warning signs that indicate that stress may be impacting the quality of our connections with others:

- Increased conflict with friends, co-workers, or family members.
- Feeling sad, angry, anxious and irritated when a friend, family member, co-worker, or client tries to reach out or talk to you.
- More easily losing patience with friends, family, co-workers, and clients.
- Feeling "burned out," exhausted, a loss of motivation or interest, guilty, concerned that you can't manage your relationships and work.
- Feeling helpless around the house.
- Losing interest in family rituals and routines.
- Avoiding phone calls from friends or invitations to participate in activities you normally enjoy.
- Less interest in social activities, less time for social life, trouble communicating and staying connected to others.
- Feeling disconnected, detached, or trapped.
- Difficulty understanding what has happened and why, and how it impacts your view of yourself and the world around you.
- Withdrawing and attempting to manage your feelings without reaching out and seeking connection with others.

activity 2.2 Warning Signs Fill-in-the-Blanks

Fill in the blanks below, using the text in parentheses as your guide. You may want to complete this activity the same way you would if it were Mad-Libs, having a partner read you what is in the parenthesis and then reading your answers back to you with the blanks filled in.

I know that my stress level is beginning to affect my relationships when I

_____, _____, and

_____.

(identify three behaviors related to stress)

Other people in my life can tell that I am stressed out when I look

_____ and _____.

(name two ways that you appear when you are stressed)

and I sound _____.

(name an unpleasant sound)

When I am feeling overwhelmed, staying connected is _____.

(give an adjective)

The relationships in my life often _____ my stress level.

(name a verb)

activity 2.3 Self-Care and Relationships Checklist

It may be helpful to take an inventory of how often we engage in specific relationship-building practices. Use the checklist below to assess what you already do to stay connected as well as to think about ideas for creating and sustaining relationships.

Using the scale below (1=never, 5=always), identify how frequently you currently do the following things to stay connected to others.

5 = Always   4 = Often   3 = Sometimes   2 = Rarely   1 = Never

Rituals
- ❏ Cook a meal with family/friends.
- ❏ Eat a meal with family/friends.
- ❏ Attend events that are important to your friends/family (e.g., concerts, team games, etc.).
- ❏ Take time to say good morning/good night/goodbye.
- ❏ Participate in spiritual/religious rituals in community.
- ❏ Celebrate life through rituals and routines with friends/family (special things you do every day).
- ❏ Celebrate birthdays/accomplishments and other ceremonies.

Reflection and Balance
- ❏ Prioritize relationships over work.
- ❏ Evaluate the quality of your current relationships.
- ❏ Let go of those connections that are unhealthy and serve as a barrier to self-care.
- ❏ Laugh with others, whether at work or at home.
- ❏ Be nurturing to others.
- ❏ Accept nurturing from others.
- ❏ Listen.
- ❏ Be open to new ideas from friends/family.
- ❏ Feel proud of yourself and your family/friends.

Activities
- ❏ Spend time relaxing with family/friends (e.g., play games, watch movies, other fun activities).
- ❏ Capture memories with photos.
- ❏ Read fun stories/ books with your family.
- ❏ Keep a family journal.
- ❏ Participate in volunteer activities with friends/family.
- ❏ Take a vacation with friends/family (day trip, mini vacation, and long weekends).

Communication
- ❏ Make time to check in with loved ones to let them know how much you love/care for them (e.g., phone calls, notes, emails, etc.).
- ❏ Give hugs, kisses, and/or other signs of affection.
- ❏ Discuss why relationships with family/ friends matter.
- ❏ Seek family/couples therapy when needed.
- ❏ Ask for help from a friend/family member when needed.
- ❏ Communicate openly and effectively to those who are important to you.
- ❏ Express concerns constructively.
- ❏ Have a "phone date" with a friend/family member you haven't spoken with in awhile.

Strategies for Strengthening the Web

As with most commitments in our lives, making self-care a daily part of our routine is the best way to sustain it. This means maintaining relationships that strengthen and support us when we need it. One way to include family and friends in our self-care routine is to create rituals that include them. For example, within your family, create rituals for how you begin and end everyday. In friendships, rituals may include meeting regularly for coffee, going for morning walks together, or even gathering to watch sporting events. Whatever your rituals and routines, we all need to have specific times that we can reconnect with those who are important in our lives. It helps to bring us a sense of calm and comfort.

Here are some practical tips for creating and sustaining self-care routines and rituals in your relationships.

- **Join a community group with whom you share a common interest.** Members of that group could be a source of friendship and support, and the meetings and activities would provide a routine way to take care of yourself.
- **Establish rituals with friends and co-workers outside of work.** (e.g., regular meals or other activities).
- **Look at photos.** Photos can serve as visual reminders of things or people who energize you, even in times of stress. Hang family pictures at home, in your office, or anywhere that you may need an occasional lift!
- **Establish family routines and rituals.** (e.g., family dinners, eating/bedtime schedules, check-ins about how family members are doing, traditions, family reunions, holidays).
- **Check in with family/friends** to see how they are doing.
- **Make time for fun.** (e.g., playing games, watching movies, planning enjoyable activities).
- **Socialize with other family members.** (e.g., birthday parties, cookout, other parties).
- **Meditate/pray together.** (e.g., find ways to connect with a spiritual community, bring spiritual rituals into your family life).

Building Connections

Self-care can be as much about spending time in the company of others as it is about making time for ourselves. For many of us, our primary connections are to family and very close friends. These are the people who we come home to or speak with at the end of the day. They are often the people who see us at our best and at our worst. These intimate connections are frequently our "life support," and yet these are the relationships that tend to suffer most when we are overwhelmed. It is important for us to nurture these connections. In order to make self-care a part of our daily lives, it is essential to involve those who are a part of our daily life.

activity 2.4 Reflecting on Connections

1 What rituals do you share with friends/family? How do these promote self-care?

2 How do you balance your time among work, other responsibilities, and important connections?

3 What connections enable you to reflect on the things going on in your life?

4 What activities do you enjoy doing with friends/family? Are these activities part of your routine? If not, how could you incorporate them?

5 How do you communicate with friends/family who are a part of your daily life? Is there anything you would like to change? What would you like to stay the same?

Avoiding the Pitfalls

In the last two activities, we began to assess some of the many ways that our stress level can impact our relationships with others. It is important to recognize that some of our connections may not be sources of support and may instead weigh us down or contribute to our stress. We all have the experience of accumulating both healthy and unhealthy connections. There are those relationships from which we draw strength and those that tap our energy. When our stress level goes up, there are connections that help and those that do not.

As we have discussed, daily stressors are everywhere and are often tricky to manage. Difficult relationships add to our stress. It is important for us to take time to examine our connections and evaluate those relationships that bring us joy and those that may lead to more stress and pain. Of course, we may not want or be able to eliminate stressful relationships altogether, but we can recognize that those relationships are not the place to turn to when we feel overwhelmed.

activity 2.5 Helpful Connections?

Use the following questions as guidelines to examine your connections and begin to identify relationships that are helpful, those that are more challenging, or those that are potentially harmful and barriers to self-care.

List all the important people, groups, activities to which you are connected (you may want to use the list from Activity 2.1 on page 20). Next, follow the questions and instructions below to reflect on your connections.

Reflection Questions

1 Which connections are most important to you?
Circle the connection(s) above that you would like to strengthen.

2 Who/what brings you joy? What keeps you centered? What gives you strength?
Put a *star* next to these connections.

3 Which relationships are barriers to or get in the way of your own self-care?
Place a *check mark* above next to the relationships that you have the ability/desire to change.

Finding the Inspiration

Our connections to friends, family and colleagues are often a source of inspiration. When a family member says "I'm proud of the work you do," or when we celebrate an accomplishment with a co-worker, we feel supported and revitalized. How can we draw on that inspiration during times when we feel discouraged?

Consider this story:

> For years, the Rohan family kept a bulletin board in the kitchen, right next to the fridge, where they posted photos of people who are important in their lives. Every time the family ate dinner together, they would say a quick blessing and then each person at the table had to pick one person on the bulletin board for whom they were grateful or wanted to remember during that dinner. Over the years, some of the pictures changed from first-day-of-school snapshots to high-school graduation photos, while others stayed the same (which was sometimes a source of laughter at the table: "Remember when you cut your hair that way…"). Friends and family who shared meals with the Rohans also participated in their ritual of thanksgiving, and it remains a powerful way for them to stay grounded and connected to the people who are closest to them.

People who inspire us may be those we see everyday. They may be people who came into our lives for a little while and are no longer present with us. They may be people we have never met, but who serve as role models. No matter who or how close the source, we can still draw inspiration from these connections. Who are the people from whom you draw inspiration? How do you stay connected to them?

Finding the Time

    We all lead very busy lives. We don't always have the luxury of extended periods of time to build and sustain connections with others. Below are some tips for sustaining relationships that are important to our health and well-being, whether you have two minutes or half an hour. These represent just a few of the many possible ways to stay connected to family and friends. Hopefully, after reading these tips, you will come up with new and creative ideas of your own!

If you have…

2 *minutes*
- Leave a message or send an email to someone important to you, letting them know that you're thinking of them.
- Say goodbye when you leave.
- Leave post-it notes on the fridge with little messages for your partner/child/roommate.
- Let someone know that you need some time to talk later in the day.

5 *minutes*
- Check with your family/friends to see how they are doing, either by phone or in person.
- Mail a card or send an e-greeting.
- Give people in your life a quick update on how you are doing and what you are doing.
- Send someone a list of possible dates to spend some time together and/or coordinate an activity.
- Look at pictures of friends or family members.
- Send an email to a friend about a funny thought you had.

10 *minutes*
- Have breakfast with your family.
- Look up a community group you may be interested in joining or learning more about.
- Talk to a friend, family member or co-worker about a problem or frustration.
- Take some quiet time to reflect on what you need from others in your life and how you can ask for those things.

30 *minutes*
- Play a game with your child.
- Read to your child.
- Go for a walk with a friend or family member.
- Cook with your family/friends.
- Sit with your family/friends to enjoy a meal.
- Write a letter to someone.
- Watch a TV show with someone you like to spend time with.

Chapter 3: You, Others, and Work

Healthy Selves, Healthy Organizations

Taking care of our emotional, physical, spiritual and relational needs is essential to our health and well-being. How we take care of ourselves at work is an important aspect of our overall self-care. Self-care within an organization is the responsibility of both the individual, team members and supervisors, and the leadership of the organization itself. Employees can work to manage their own stress levels by engaging in personal self-care activities, and organizations can play a key role in supporting employees in their effort to balance their lives and keep the stress level manageable.

As employees become increasingly overwhelmed and burned out, the organization itself becomes ineffective and unhealthy. Unhealthy organizations can often breed further frustration, hopelessness and lack of commitment among employees. This level of stress can compromise an organization's ability to maintain staff, do quality work and ultimately, to fulfill its overall mission and goals. Organizational self-care refers to both individual self-care on the job and the creation of healthy work environments in which a culture of self-care is a system-wide priority.

"I've got to keep breathing. It'll be my worst business mistake if I don't."

—*Steve Martin*

Stress and Work

Many people find their jobs fulfilling and rewarding. As service providers, our work is often a significant part of our identity, sense of meaning, and purpose, and we feel enriched by our work life and our interactions with others. The experience of helping others can be inspiring. However, providing this level of support can also be exhausting, overwhelming, and at times, unhealthy. The National Institute for Occupational Safety and Health (NIOSH) defines job stress as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker." Stress begins to build when the manageable becomes unmanageable. It is commonplace for many people to identify their jobs as a major source of emotional and physical stress (see right). The connection between stress and work plays out in numerous ways when employees leave the office and try to manage other aspects of their lives and health.

NIOSH identifies the following as areas of potential stress at work:

- *Design of Tasks* – too little time, too high a workload, little meaning, don't utilize skills, little control.
- *Management Style* – lack of shared control over decision-making, little voice, poor communication.
- *Interpersonal Relationships* – poor social environment, lack of support.
- *Work Roles* – conflicting, too much responsibility, roles not clearly defined.
- *Career Concerns* – job insecurity, lack of opportunity for growth and development.
- *Environmental Conditions* – unpleasant or dangerous physical conditions.

According to several surveys identified by the National Institute for Occupational Safety and Health, job stress plays a major role in our lives.

- One-fourth of employees view their jobs as the number one stressor in their lives.

- 75 percent of employees believe that we have more on-the-job stress than the previous generation.

- Even more than financial or family problems, work problems are more strongly associated with health complaints than are any other life stressor.

When the Engine Gets Too Hot:
Burnout, Compassion Fatigue, and Vicarious Trauma

Those of us who work in the helping professions frequently find ourselves doing emotionally intense work with few resources and supports. Significant job stressors that providers face on a daily basis may include large workloads, paperwork, little time to complete tasks, and sometimes, a sense that their work is not valued. Providers working with clients who have experienced traumatic life events are exposed to the additional stress associated with bearing witness to these experiences. Listening to intense and traumatic stories daily and observing the impact of these experiences on clients can have a significant effect on how providers view themselves, their work and the world around them. In some cases this "secondary trauma" can lead to post-traumatic stress responses similar to those of the clients being served.

If you're working with clients who have experienced traumatic life events, here are some terms you should know: burnout, compassion fatigue, and vicarious trauma.

Burnout

One way to think of self-care is to remember the instructions from flight attendants: "If the cabin loses air pressure, oxygen masks will drop from the ceiling. Please put on your own mask before assisting others." In other words, you will be of no help to people around you if you pass out from oxygen deprivation. Help yourself first and then you can help others. Given this air travel imagery, it is fitting that the first two dictionary definitions of "burnout" have to do with rocket engine failure due to excessive heat or friction. While "excessive heat" and "friction" may be good metaphors for what we experience at work some days, the third definition speaks specifically to our purposes: "Physical or emotional exhaustion, especially as a result of long-term stress."

There are three main components to burnout (Maslach and Jackson, 1986):
- Feelings of being emotionally exhausted and overextended by the work.
- Feelings of depersonalization which result in negative, cynical attitudes toward clients.
- Diminished personal accomplishment, reflecting a sense of lowered competence and a lack of successful achievement in work with clients.

If we're feeling burned out, it is likely that our nerves are raw and our job performance slips. As this happens, we may end up blaming our clients and ourselves.

Compassion Fatigue and Vicarious Trauma

Just as an untreated cold can turn into something more serious, burnout that is not addressed may turn into compassion fatigue. Formally defined, compassion fatigue is "a state of tension and preoccupation with individual or cumulative trauma of clients" (Figley, 2002, p.125). This state is illustrated in several ways: Re-experiencing the traumatic events; avoidance/numbing of reminders of the traumatic event; and persistent arousal. In other words, compassion fatigue refers to negative changes in the way we make meaning of ourselves and of the world.

Compassion fatigue is also referred to as "vicarious trauma," which is defined as "the transformation or change in a helper's inner experience as a result of responsibility for an empathic engagement with traumatized clients" (Saakvitne, Gamble, Pearlman, and Lev, 2001). As human beings, we have core psychological needs that include safety, trust, esteem, control, and intimacy. Compassion fatigue and vicarious trauma affect these core needs.

If we are burned out, we feel emotionally depleted. If we are experiencing compassion fatigue, however, we may experience changes in our ability to trust, have difficulty with intimacy, be concerned about our own safety, and experience intrusive imagery related to the traumatic stories to which we have listened.

Here are some examples of compassion fatigue or vicarious trauma:

- A female case manager working with women who have been sexually assaulted assumes that all the men she encounters are unsafe.

- A counselor finds himself thinking, "Yeah, right – whatever," in response to a story told by a friend/client/colleague with whom he has always had a trusting relationship.

- Someone you've supervised for years has developed a recent habit of checking in with you before making any decisions, questioning whether his actions have any value to the clients he once felt confident working with.

- A social worker whose favorite way to relax is to spend time with her children finds herself wishing they would go away.

- An outreach worker has nightmares about the traumatic experiences of her clients.

Assessing Organizational Health

To make self-care a priority, it is important to take the time to assess all levels of an organization for signs of stress. This means being aware of individual and collective signs of stress. Individuals and organizations need to recognize when the stress level is rising and learn how to respond effectively. Often times, warning signs of job stress on an individual level coincide with an increase in organization-wide stress.

Warning Signs

The first step in managing stress and creating an atmosphere that promotes self-care involves identifying the warning signs of individual and organizational stress.

General early warning signs of job stress in the individual include:
• Headache
• Sleep disturbances
• Upset stomach
• Chronic health issues (e.g., cardiovascular problems, ulcers, impaired immune systems, high blood pressure/cholesterol, overweight)
• Poor eating habits
• Difficulty concentrating
• Short temper
• Job dissatisfaction
• Low morale
• Lack of motivation and emotional fatigue
• Irritability and negative attitude
• Depression and anxiety
• Disruptions in relationships

Warning signs of organizational stress include:
• High rates of staff turn-over
• High rates of absences or tardiness
• Lack of communication and frequent miscommunication between co-workers and/or departments
• Increase in interpersonal conflicts between co-workers and/or between various parts of the organization
• Missed deadlines
• Incomplete work
• Poor quality of work or service delivery
• Increase in customer/client complaints
• A negative atmosphere/low morale
• Less energy and motivation to do "extra" or to take sufficient time to do quality work as an organization
• A lack of emotional and/or physical safety in the organization

activity 3.1 Take Your Organization's Stress Temperature

Using the list of warning signs of organizational stress listed on page 33 as well as your own examples, write down how your organization looks and functions as its "stress temperature" rises. This is a way to begin to assess the warning signs of stress specific to where you work. You may want to circle where you feel that your organization is at present.

Describe how the organization looks when
overwhelmed by stress.

_____
_____
_____
_____

Describe how the organization looks when things are
very busy, stressful and beginning to feel overwhelming.

_____
_____
_____
_____

Describe how the organization looks when things are
beginning to get busier and more stressful.

_____
_____
_____
_____

Describe how the organization looks when things are
calm and running smoothly.

_____
_____
_____
_____

Stress Level

10 —
9 —
8 —
7 —
6 —
5 —
4 —
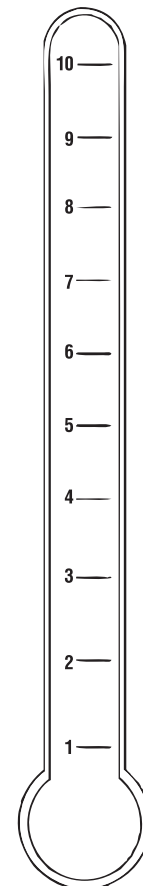3 —
2 —
1 —

After identifying what your organization looks like as it becomes more "stressed" and where your organization is currently on the "stress thermometer," it is important to identify responses that can help to lower stress in the lives of individuals and the agency as a whole. Organizations should develop a sense of what employees need as stress levels rise, and what types of responses are not helpful during those times. Activity #3.2 can help you with this process.

activity 3.2 Motivation vs. Frustration

Looking back at your responses on the stress thermometer in Activity #3.1, identify what types of supports are helpful and motivating for workers at each step on the thermometer (e.g., what people need as the stress level rises). It is also helpful to identify what is not helpful as the stress temperature rises.

When…	What is helpful	What is NOT helpful
the organization *is overwhelmed*		
things are *very busy and stressful*		
things are *beginning to get busier and more stressful*		
things are *calm and running smoothly*		

Evaluating Your Organizational Self-care Practices

After evaluating the stress level of your organization and identifying what you find helpful and not helpful in times of stress, you can begin to think about ways your organization can create a healthier work environment. Such an environment is one that supports individual self-care and creates a sense of team self-care – both of which are important to productivity, service provision, and staff well-being.

The following *Organizational Self-Care Checklist* is designed to provide organizations with new ideas and concrete examples of what it means to promote a culture of self-care. Building an organizational culture of self-care often requires an initial period of difficult reflection on what is currently happening in your organization. The goal is to build self-care practices into daily routines and rituals, so that they become very good habits. Use the *Organizational Self-Care Checklist* to assess what your organization is currently doing to support self-care and get ideas for how to build on these to further create and sustain a culture of self-care.

activity 3.3 The Organizational Self-Care Checklist

Instructions: Check off everything your organization currently does to support self-care.

Training and Education
- ❏ The organization provides education to all employees about stress and its impact on health and well-being.
- ❏ The organization provides all employees with education on the signs of burnout, compassion fatigue and/or vicarious traumatization.
- ❏ The organization provides all employees with stress management trainings.
- ❏ The organization provides all employees with training related to their job tasks.
- ❏ Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
- ❏ Staff coverage is in place to support training.
- ❏ The organization provides education on the steps necessary to advance in whatever role you are in.
- ❏ Other: _____

Support and Supervision
- ❏ The organization offers an employee assistance program (EAP).

- ❏ Employee job descriptions and responsibilities are clearly defined.
- ❏ All staff members have regular supervision.
- ❏ Part of supervision is used to address job stress and self-care strategies.
- ❏ Part of supervision is used for on-going assessment of workload and time needed to complete tasks.
- ❏ Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
- ❏ Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).
- ❏ Staff members are encouraged to take breaks, including lunch and vacation time.
- ❏ The organization supports peer-to-peer activities such as support groups and mentoring.
- ❏ Other: _____

Employee Control and Input

❏ The organization provides opportunities for staff to provide input into practices and policies.

❏ The organization reviews its policies on a regular basis to identify whether they are helpful or harmful to the health and well-being of its employees.

❏ The organization provides opportunities for staff members to identify their professional goals.

❏ Staff members have formal channels for addressing problems/grievances.

❏ Other:_____

Communication

❏ Staff members have regularly scheduled team meetings.

❏ Topics related to self-care and stress management are addressed in team meetings.

❏ Regular discussions of how people and departments are communicating and relaying information are addressed in team meetings.

❏ The organization provides opportunities for staff in different roles to share their "day in the life" (see Activity ## for an example).

❏ The organization has a way of evaluating staff satisfaction on a regular basis.

❏ Other: _____

Work Environment

❏ The work environment is well-lit.

❏ The work environment is physically well-maintained (e.g., clean, secure, etc.).

❏ Information about self-care is posted in places that are visible.

❏ Employee rights are posted in places that are visible.

❏ The organization provides opportunities for community building among employees.

❏ The organization has a no-tolerance policy concerning sexual harassment.

❏ The organization has a no-tolerance policy concerning bullying.

❏ Workplace issues, including grievance issues and interpersonal difficulties, are managed by those in the appropriate role and remain confidential.

❏ Other: _____

Discussion Questions

1. What was this process of filling out the checklist like for you?
2. Were you surprised by any of your responses? If so, which ones?
3. What ideas did you find on the checklist that you liked/did not like?
4. What are the things that you found realistic/not realistic to implement?
5. What are some of the barriers or challenges to implementing these practices?

Strategies for Creating Healthy Organizations

Implementing some of the practices identified in the *Organizational Self-Care Checklist* may require a lot of time and patience. Organizations may need to convince themselves that a focus on self-care is a worthwhile endeavor. Activity 3.4, below, will help you to discuss the benefits of a long-term organizational commitment to self-care.

activity 3.4 Benefits of Self-Care

How do **clients** benefit when organizational self-care is a priority?	How do **clinical and support staff** benefit when organizational self-care is a priority?
How does the **leadership or administration** benefit when organizational self-care is a priority?	How does the **wider community** benefit when organizational self-care is a priority?

"Habit is habit and not to be flung out of the window

by any man, but coaxed downstairs a step at a time."

—Mark Twain

Organizations can use many strategies to create a culture of self-care. Some are more time consuming than others, and it is often necessary to pick and choose where and when you incorporate self-care practices. The strategies outlined in this section include activities that organizations can use when they have more time and practices that they can incorporate when you have very little time to devote to self-care. The important thing is to make self-care a daily habit in the workplace, whether by devoting time to a 45 minute discussion or doing deep breathing for 2 minutes. Making self-care a habit is the key to long-term success!

Building Community

A key component to building a culture where self-care is valued involves cultivating a sense of community, understanding, and empathy among providers and administrators. This means understanding what it is like to spend a day in someone else's shoes. Often, the more we know about our co-workers' roles and responsibilities, the better we are able to tell when they are getting stressed and when the organizational stress temperature is rising. Activity 3.5 is one way to help your staff to develop a more detailed understanding about all of the roles that are being played in the organization.

activity 3.5 A Day in the Life

Purpose
- Build relationships among staff from different parts of the organization
- Help staff with different organizational roles or from different parts of the organization understand what the other's daily job responsibilities include
- Help staff develop an appreciation for the stressors, challenges, and highlights of one another's work.

Materials: Paper (blank sheets of typing paper or butcher block sheets), markers/pens, and tape

Directions

1. Each person finds a partner. Ideally, pairs should be from different parts of the organization and not know one another well.

2. Each partner takes turns interviewing the other about his/her daily life. Questions may include:
   - How does your day start?
   - What is the first thing you do when you get into work?
   - How do you typically spend the first part of your day?
   - What are your lunchtime rituals?
   - How do you typically spend the second part of your day?
   - What are the challenges you face during your day?
   - What are the things that "keep you going" during your day?
   - What is the last thing you do before you leave?

   By the end of the interview, the interviewer should have generated a brief "day in the life" schedule for his/her partner. See the examples on the next page.

3. After the partners have interviewed one another, the activity leader should conduct a short debriefing. Here are some questions he/she might ask:
   - Tell us one new thing you learned about your partner.
   - Tell us one thing you have in common with your partner that you didn't know about before.
   - What motivates your partner? What are his/her challenges?
   - What surprised you?
   - Does your partner build self-care routines into his/her day? How?

   At the end of the activity, you may want to hang the "days in the life" schedules on the walls (this is particularly useful if you're holding a staff retreat or will be in the same room for a few hours).

"If you can learn a simple trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view — until you climb into his skin and walk around in it."

— *Atticus Finch,* To Kill a Mockingbird

activity 3.5 A Day in the Life *continued*

A Day in the Life of Joseph, Case Manager

6:30 am Takes dog for walk

8:00 Leaves for work (gets coffee from local shop)

8:30 Arrives at work, checks messages, checks in with co-workers.

9:00 Makes phone calls (leaves lots of messages). Meets with first client at 9:15.

10:15 Receives frantic call from client(s) re: X . Spends next several hours dealing with X, in between client meetings.

3:00 Remembers that lunchtime has past, grabs sandwich from fridge. Gets advice from Jason (co-worker) about X. Spends rest of afternoon playing phone tag with people who left messages while dealing with X.

5:00 Office officially closes, time to catch up on case notes

6:00 Comes home, takes dog for another walk.

Challenges: Playing phone tag so much in order to advocate for clients. Irritable landlords.
Motivators: Working with clients to solve X. Colleagues.

A Day in the Life of Marty, Finance Dept.

7:30 am Drops kids off at school/daycare.

7:45 Arrives at work, thankful for short commute, makes coffee, checks messages.

8:30 Sends nagging emails to colleagues about timesheets.

9:00 Meeting with Chamber of Commerce re: donations

11:00 Works with Exec Dir on newest funding opportunity. Checks inbox for timesheets, begins to worry about payroll processing.

12:00 Walks around the block during lunch (exercise!). Thinks about how best to follow up with Chamber of Commerce.

1:00 Calls insurance company to deal with misbilling re: staff benefits.

2:00 Develops budget for grant application to Department of Health.

3:00 Continues working on budget. Begins to worry that oldest child has not gotten home safely from school.

3:15 Calls home, oldest child forgot to call, but is home safe and sound.

3:30 Receives last staff timesheet. Payroll processing begins!

6:00 Shuts off coffee pot. Leaves for the day.

Challenges: Nagging staff for timesheets. Explaining mission of organization to business community.
Motivators: Organization's mission. Family.

Avoiding the Pitfalls

Not only is it helpful to know what an organization needs to do to support self-care and health in the workplace, it is helpful to know what not to do if you are trying to support a culture of self-care. The following are some strategies for what to avoid in the workplace:

Top 10 Ways to Breed Burnout in Your Organization

1 Never, ever give anyone information today that you can wait until next week to tell them about. This includes important deadlines especially.

2 Never thank anyone for anything. Especially in public.

3 Do not celebrate important events. If you see others wishing someone happy birthday, be sure to sneer at them so that they get back to work.

4 Whenever possible, call people on their days off even if it's not an emergency. It reminds them of the stresses they've left behind. Maybe next time, they'll think twice about even taking time off.

5 Stop watering the plants. Once they die, leave them to collect dust. Employees won't stay very long if even the plants look sad.

6 Approach every situation with a "what is it this time?" attitude.

7 Adopt "It will never work," as your motto.

8 Cancel meetings with the people you supervise. They should be able to do their jobs without support.

9 Make simple, everyday tasks more complicated than they need to be. For example, lock the supply closet and only open it on Tuesdays between 3 and 4.

10 Leave your sense of humor at home. This is serious work for serious people.

Another way to think about the pitfalls to organizational self-care is to consider examples of organizations that have successfully integrated self-care into their day-to-day operations, and organizations that continue to struggle with self-care. We can learn from both scenarios. The case study below may help your discussions and reflections on the many dimensions of organizational self-care.

Case Study

For the past three years, Son-yah has worked as a Service Coordinator at a non-profit organization called East City Services. She has a caseload of 20 families, and is responsible for providing case management and coordinating services for the families.

Son-yah reports to several supervisors, and she is unclear about what is expected of her. When she was hired, Son-yah asked one of her supervisors, Margot, for a job description. Margot told her that they would create one for her, but reminded her that East City Services staff "wear many hats." She has mentioned her lack of job description several times since her initial conversation with Margot, but every time, Margot replies that "you don't need a description. You already know what to do."

One of the things that attracted Son-yah to the Service Coordinator position was the idea that she would be working on a team for an agency committed to helping families exit poverty. However, her multiple supervisors don't communicate with one another effectively, which leaves Son-yah feeling frustrated and confused. This is particularly apparent when the challenges and demands of work become excessive. Son-yah's work load has increased steadily over the past few years, and she sometimes works long hours to meet unrealistic deadlines.

The rest of the staff at East City Services struggle with the same issues as Son-yah does. Staff turn-over is high, as is absenteeism, sick days and tardiness. Staff find it difficult to do their work and find themselves under constant pressure. This has created a sense of powerlessness to solve problems and a lack of teamwork. At the agency, job autonomy is low. Another issue is the lack of recognition by the organization that the case management staff are the ones who carry out the organization's mission every day, working with complicated cases and putting in long hours to meet agency deadlines.

Son-yah loves her clients and is committed to staying at East City Services, but recognizes that the current structure isn't working. She has been on staff longer than most of the case managers, and is ready to do something about the poor work conditions, but she doesn't know where to start. She has scheduled a meeting next week with Giorgio, one of her supervisors, to talk about these issues. She thinks that out of everyone on the management team, he will be the most receptive, but she is still nervous about voicing her concerns because the management staff is notoriously unsympathetic to such conversations. She worries that if she does not clearly communicate her concerns and suggestions that the management staff will respond with more micromanagement, which only serves to diminish staff morale, self-esteem, and confidence.

Discussion Questions

1 What are the main problems facing Son-yah and other East City Services case managers?

2 What recommendations would you make to the agency to improve staff morale?

3 What recommendations would you make to Son-yah for her conversation with Georgio?

4 What steps can East City Services take in the short-term to change the organizational culture? In the long term?

5 What are the benefits to the organization of putting better staff practices and policies into place? What are benefits to staff?

6 If you were hired as a manager at East City Services, what would you do?

Finding the Inspiration

Working to help others can be stressful and exhausting. Organizations often struggle with financial difficulties, staff shortages, and unrealistic demands. In the midst of this chaos and stress, it is helpful to take the time to step back and remember why you are doing this work and what keeps you going in times of difficulty.

activity 3.6 Dwelling on Days that Make You Want to Come Back

We all have bad days at work, but there are also moments and days that remind you why you work in your field.

1 Think about the most rewarding moment at your job.

2 List five things that you love about your job.

_____
_____
_____
_____
_____

3 Think about and list five people whose lives you have touched.

_____
_____
_____
_____
_____

4 Why did you take your current job?

_____
_____
_____

5 Write down three compliments that you have received from your co-workers or three things you think you do well.

_____
_____
_____

activity 3.7 Personal Mission Statement

Take out a blank piece of paper and write at the top of it the headline "Why I do this work."
Spend a minute writing everything down that comes to mind when you think of why you do
this work. Draw a line under that list, and make another headline that says "Why I Got Into This
Work." Now, spend a minute writing everything down that comes to mind.

If you are doing this activity with a group, the leader may facilitate a brief discussion
with participants using these questions:
• What kinds of things did you list for the first question? The second?
• Are the reasons different today than they were when you started to do this work?

Take out a new piece of paper. Write the headline "My mission is…" and write, in a sentence or
two, what your personal mission statement is. If you are doing this with a group, the leader
may give people a few minutes to write their ideas, and then invite them to share their missions (if they choose).

"We all find renewal in our own ways, but I think that there is

a basic, inherent desire to help one another. Even when there is

meanness, even when panic breaks out on the heels of a disaster,

the instinct to lift each other up wins out in the long haul."

— *Jeff Olivet,* Shelter Health: Essentials of Care for People Living in Shelter

Finding the Time

  Providers often have limited time to complete all the work that has to be done. It may feel like incorporating one more practice, even if it is related to self-care, is too much to ask. This is exactly the time when self-care is most important to keep in mind! It is essential to find the time to create daily self-care rituals that are realistic and manageable for providers so that they will be sustainable over the long-term. The following are some tips and strategies for incorporating self-care strategies no matter how busy you are:

If you have…

2 *minutes*
- Smile
- Make coffee
- Sign up for a training opportunity
- Thank someone

5 *minutes*
- Respond to an email that has been nagging you
- Have a conversation with someone who you don't usually work with
- Schedule a team meeting
- Straighten up one of the common areas (e.g., copy machine, kitchen, hallway, waiting room)

10 *minutes*
- Clean up your workspace (or at least a part of it!)
- Plan a party to celebrate an accomplishment or milestone (e.g., colleague's birthday, meeting a fundraising goal, etc.)
- Discuss training opportunities with your supervisor
- Do one of the activities in this workbook with your colleagues at a staff meeting

30 *minutes*
- Eat lunch with your colleagues
- Discuss self-care, burnout and compassion fatigue at a staff meeting
- Have a "walking meeting," where you walk outside with a colleague rather than meet in the office.

Selected Resources on Self-Care

Printed Material

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Curriculum

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Saakvitne, K.W., Gamble, S., Pearlman, L.A., and Lev, B.T. (2001). Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse. Baltimore: Sidran Institute.

Websites

America's Continuing Education Network ~ Spotlight on Compassion Fatigue: *www.ace-network.com/cfspotlight.htm*

American Institute of Stress: *www.stress.org*

American Psychological Association (search for "compassion fatigue"): *www.apa.org*

Association of Clinicians for the Underserved, Strength for Serving Project: *www.clinicians.org/programsandservices/strengthforserving/strength_serving_intro.html*

Fried Social Worker: *www.friedsocialworker.com*

HelpGuide: *www.helpguide.org/mental/stress_relief_meditation_yoga_relaxation.htm*

Homelessness Resource Center: *www.homeless.samhsa.gov*

Life Balance Assessment Inventory: *http://tinyurl.com/lifebalance*

National Health Care for the Homeless Council: *http://nhchc.org/healthyenviron.html*

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