SECONDARY TRAUMATIC STRESS AND SELF-CARE TRAINING FOR CHILD WELFARE EMERGENCY RESPONSE SUPERVISORS

A Project Presented to the Faculty
of
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of Master of Social Work

By
Fiona Braten
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CERTIFICATION OF APPROVAL

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Dr. Sevaughn Banks Professor of Social Work	Date
Dr. John Garcia Professor of Social Work	Date

DEDICATION

This project is dedicated to all child welfare social workers who commit their lives to helping vulnerable children and their families, in spite of the high stress and emotional impact of the job.

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ABSTRACT

This graduate project focuses on creating and implementing a secondary traumatic stress and self-care training curriculum for Child Protective Services (CPS) emergency response (ER) social work supervisors within Stanislaus County's Community Services Agency (CSA). This project was influenced by the lack of training focused on secondary traumatic stress and self-care provided to CPS ER supervisors. Development of this curriculum was completed by consulting with a number of key professionals within CSA and the CSU Stanislaus MSW department, as well as using current literature and policy practice within child welfare agencies. This two-hour training curriculum focuses on educating supervisors on the warning signs of secondary traumatic stress, vicarious traumatization, compassion fatigue, and burnout within themselves and the social workers they supervise. The curriculum provides best self-care strategies for a variety of settings and a self-care activity to close out the training. The training was originally scheduled for mid-May 2020, utilizing a conference room at CSA, however due to COVID-19, implementation of this project was unable to take place. This curriculum was provided to CSA's child welfare department, to be utilized on an annual basis, and will be shared with neighboring child welfare agencies in California.

INTRODUCTION

Purpose

Throughout social work literature in child welfare, much attention has been devoted to secondary traumatic stress (STS) experienced by Child Protective Service (CPS) social workers. However, STS is an issue that has also impacted CPS supervisors. The purpose of this project was to create and implement a curriculum targeting CPS emergency response (ER) supervisors who may have experienced STS and who are called upon to supervise child welfare workers who have likely experienced STS. This project utilized an existing curriculum (Powers, 2018) to inform the development of a newly conceived curriculum for supervisors to identify key terms of STS, identify symptoms and STS, and articulate self-care techniques, in the hopes that ER supervisors will be equipped to recommend solutions to the child welfare workers they supervise who experience STS. The STS curriculum was originally designed for Title IV-E students prior to internship placements with CPS. This training has been enhanced for ER supervisors in Stanislaus County CSA.

Background

CPS is a government agency that provides services and resources to children and families at risk for child abuse and neglect. CPS social workers respond to reports of physical, emotional, sexual abuse and child neglect in a variety of settings such as homes, schools, hospitals, and juvenile hall. The job is a high-stress, fast-paced career that handles new and different situations every day. Some of those stressors are

inconsistent work schedules, high-risk environments, and exposure to traumatizing situations.

Due to the nature of the job, CPS social workers experience high turnover rates. “The annual turnover rates for CPS case managers ranges from 20% to 40% nationwide” (Rittschof 2013, p. 1). CPS supervisors receive constant exposure to traumatic experiences, not just from clients, but from witnessing secondary trauma experienced by their social workers. Lack of self-care treatment for secondary trauma experienced in the field can contribute to low work performance eventually leading to burnout from the CPS social workers.

“California Social Work Education Center (CALSWEC) facilitates and supports statewide partnerships for the education and training of social workers to ensure culturally responsive, effective, and high-quality health and social service delivery to the people of California” (CALSWEC, 2019, p. 1). CALSWEC works with multiple professional agencies to integrate education and practice to social work professionals in California. In the year 2020, CALSWEC will roll out an updated supervisor core training for new supervisors in child welfare. The modules are as follows: (1) casework supervision, (2) child welfare policy and practice, (3) evidence-based practice, (4) fiscal essentials, (5) educational supervision, (6) and managing for results (CALSWEC, 2019).

CALSWEC lacks a focus on mental health services for social workers and child welfare supervisors. Much training being implemented today is focused on micro services being provided by social workers to their clients, but not focused on

the mental health of the social workers. Upon more research of the resources provided by CALSWEC, there is a trauma informed curriculum provided to the State of California. Yet again, its focus is on how social workers can work with clients who have been exposed to trauma and not the social workers' trauma.

"Effective and supportive supervision is important in child welfare, as researchers have found that supervisory support alleviates CPS case managers' job stress" (Rittschof, 2013, p. 3). In 2015, a university graduate student conducted a research project on organizational support provided for child welfare social workers experiencing secondary traumatic stress (McGuiness, 2015). McGuiness distributed an electronic survey and received feedback on what type of support is provided to child welfare service (CWS) social workers and whether the social workers felt the support was effective in addressing their experiences with secondary trauma. "CWS social workers identified and discussed the ineffectiveness of four supports available to assist them in addressing STS: counseling through Employee Assistance Programs (EAP), peer support, occasional educational training, and critical stress debriefings" (McGuiness, 2015, p. 15). The research showed that several employees felt the support available to them was not effective. Specifically, when a significant event happened, such as the death of a child, STS support was only available when the event happened and not after the case was closed and the social worker has had the chance to process everything.

The research reported that CWS social workers felt peer support and staff debriefings were more effective than formal forms of STS support. "The research

clearly sites supervision as the only consistent factor in maintaining casework retention, indicating that supervisors play a significant role in promoting service provision and the integrity of the agency" (Weiss 2012, p. 12). Most importantly, the support from supervisors contributed greatly to social worker's ability to cope with their cases when experiencing STS. CWS social workers also expressed that having STS training more often would help them be more aware of STS and identifying the symptoms.

OBJECTIVES

There were five objectives that were critical to the successful completion of this project. The first objective was to meet with a former California State University, Stanislaus Title IV-E graduate student whose project focused on creating a vicarious trauma training for all Title IV-E students that was implemented in their foundation year of the MSW program. Since this project continued her work, it was important to go over the strengths and limitations of her project, implementation of the project, and how this author can build a relevant STS curriculum for ER supervisors.

The second objective of the graduate project was to consult with a group of professionals on the development of the curriculum. The purpose of this group was to open conversation on the gaps in support services provided for ER supervisors and the needs of the workers specific to Stanislaus County. This group consisted of current ER supervisors, the Staff Development Supervisor and Legislative Aide, the director of the ER department, and the Co-director of the Child Welfare department.

The third objective focused on developing the learning objectives and curriculum. This objective addressed the gap in STS training provided to ER supervisors by the state of California. The learning objectives were designed to keep the curriculum focused and to ensure the intention of the project accomplished its goals. The goals of the curriculum were to equip ER supervisors with the knowledge

regarding secondary traumatic stress (STS), vicarious traumatization (VT), compassion fatigue (CF), and burnout (BO).

The fourth objective was to implement the training curriculum. The purpose of this step was to equip ER supervisors with knowledge about STS. This curriculum highlighted the process for how STS turns into VT, which leads to CF, resulting in BO. It focused on recognizing the symptoms of STS in ER supervisors, as well as equipping them with the skillset to recognize the warning signs in colleagues. It also included best practice self-care skills to treat current trauma and prevent future traumatization.

The final objective was to receive feedback on the curriculum. This was a critical step for improving the training in order to better serve the intended population. A post-training feedback instrument was to be handed out to all attendees at the end of the training. This would allow for any adjustments and changes needed to improve the curriculum for future use. This curriculum was created with the intention for sustainability, to be improved and implemented over-time.

SIGNIFICANCE

Developing a management coping skills curriculum is significant because it is the goal to impact behavior change such that retention rates increase and STS decreases. There is a lack of STS training in child welfare across the state. There is especially a lack of STS training catered to supervisors. CPS ER supervisors must be equipped to identify STS in themselves and their frontline workers, and know how to best support them.

The lack of STS training and support is ripe for growth and improvement in support services offered to child welfare supervisors, specifically at CSA. Providing these tools will provide greater quality management skills that will benefit supervisees by providing a stronger support system. Supervisors will be more knowledgeable of the symptoms of STS so they will be able to recognize those symptoms in their supervisees and treat their trauma before it affects their work.

This project is guided by a two-pronged framework, focusing on the strengths perspective and the empowerment theory. As a social worker, employing a strengths approach interweaves positive concepts for the good of the client by assuming that all have the capacity to grow to change, and to adapt (Eichelberger, 2012). It is important that CPS ER supervisors take the strengths perspective in the healing process of their own STS.

The greatest form of social justice stems from individual empowerment of one's own life. By empowering one's own life means to take initiative and action,

taking control in one's own life, and making the effort to gain access to social resources with the aim to achieve goals (Radovic, 2008). Supporting social workers to take control over their STS empowers them to make healthier decisions in their lives that ultimately has an effect on all those who they work with, specifically colleagues and clients. When self-care is valued and utilized in everyday life, clients receive higher quality work which improves the effectiveness of the community service agency as a whole. Quality social workers lead to quality social work supervisors. This improves the overall agency contributing to social justice in the community, directly affecting the children and families receiving services.

LITERATURE REVIEW

Secondary traumatic stress has been researched more in the past two decades than ever before. Secondary trauma has been identified in different ways, such as Secondary Traumatic Stress (STS), Vicarious traumatization (VT), and Compassion Fatigue (CF) (Weiss, 2011). Cunningham (1999) documents that,

> Social workers who work with man-made trauma (e.g. physical and sexual abuse, domestic violence) tend to suffer with STS at higher levels than those who work with natural sources of trauma (e.g. disease, violet weather, etc.), supporting the premise that CPS in particular are exposed to significant trauma and consequently may suffer from STS. (Weiss, 2011, p. 11)

Vicarious traumatization is trauma experienced second-hand, but occurs when the exposure to trauma continues across time and clients (Figley, 1995). STS is when an individual becomes overwhelmed by witnessing a single traumatic event. This form of trauma is different from VT, with STS occurring after one extreme event, and VT occurring after repeated exposure to trauma. Symptoms of STS are similar to symptoms of PTSD, "the characteristics of which are intrusion, avoidance, and arousal" (Weiss, 2011, p. 2). STS is defined as "the negative transformation in the self of the helper that comes about as a result of empathetic engagement with survivors' trauma material and a sense of responsibility or commitment to help" (Weiss, 2011, p. 2). Figley (1995) described STS as "the natural consequence

behaviors and emotions resulting in one's knowing about a traumatizing event experienced by a significant other" (Weiss 2011, p. 2).

Compassion fatigue (CF) is experienced by helping professionals who participate in trauma work (Weiss 2011). Symptoms of CF consist of depersonalization, constant physical and emotional exhaustion and feelings of self-contempt (Weiss, 2011). These symptoms develop quicker than VT, and have a faster recovery time (Weiss, 2011). The result of secondary traumatic stress, vicarious trauma, and compassion fatigue is burnout. Burnout is feeling physically, emotionally, mentally, and spiritually exhausted, as a result of chronic exposure to the trauma other people experience through human services work (Weiss, 2011). The recovery time for CF takes much longer due to the constant job stress and emotional exhaustion (Weiss, 2011). According to Maslach et al., (2001) burnout is the loss of enthusiasm, excitement, and sense of mission in one's work as the result of chronic emotional and interpersonal stressors on the job. Symptoms of BO include disengaging from work, a sense of helplessness, and a sense of isolation from supporters (Weiss, 2011).

"Recent studies suggest that of the professional disciplines evaluated, social workers have been found to be among those manifesting the highest levels of STS" (Weiss, 2011, p. 11). Unfortunately, due to the lack of research conducted on STS with child welfare supervisors, there is a lack in support for STS, VT, CF, and BO among CPS ER supervisors. According to Kadushin (1985), there are three distinct functions of the casework supervisors: administrative, educational, and supportive

(Weiss, 2011). The administrative function of the supervisor role is to evaluate and execute agency needs. Casework supervisors experience higher levels of stress due to the organizational expectations and the ability to supervise effectively (Weiss, 2011). Casework supervisors take on stress from the agency, their caseworkers' trauma, as well as their own experienced trauma in the field. Decreased job satisfaction and job performance can be the result of CF from the accumulation of these negative factors (Weiss, 2011).

There are two types of coping strategies that can either prevent burnout or contribute to it. Anderson (2000) identified two types of coping mechanisms: active coping strategies and avoidant coping strategies (Weiss, 2011). Those who participate in active coping strategies feel a greater sense of accomplishment at their work, while avoidant coping strategies lead to emotional exhaustion, feelings of depersonalization, and a diminished sense of personal accomplishment (Weiss, 2011). The findings on high social worker turnover rates are interesting because there are two factors that contribute to this. One factor is burnout, which has been strongly correlated with poor job satisfaction and job turnover rates, and the second factor is lack of organizational or supervisory support (Weiss, 2011).

There is limited research regarding the effectiveness of supervisory support within child welfare agencies. Research has focused on the importance of trauma-informed care and STS training for frontline workers. The issue is that child welfare social workers rarely ask for or receive the support they need within their agencies.

Some of those social workers become supervisors, which means there is untreated trauma that can affect their work as a supervisor.

In addition to the trauma child welfare social workers are exposed to from clients, there are interoffice stressors that can add to the stress of a child welfare social worker. It is deduced that this can lead to unhappy job satisfaction and increase the likelihood of social workers leaving the agency. A qualitative study with 54 child welfare workers who had resigned indicated agency provision of organizational support and appreciation and time for self-care would have helped them remain in the job (Griffiths & Royse, 2017). The lack of training for supervisors regarding STS and self-care means a lack of awareness of the symptoms of social workers feeling compassion fatigue or burnout. Child welfare supervisors should be expected to be aware of symptoms of STS in order to properly support their workers.

In a study conducted by Chrestman (1999), receiving effective training showed a decrease in symptoms of secondary traumatic stress (Kanno, 2010). Therefore, training can be recognized as a protective factor that decreases STS, because social workers are given the tools and skills needed to effectively work with traumatized populations (Kanno, 2010). There are individual risk and protective factors that can support or deny this claim, such as age, marital status, practice experience, personal support and training (Kanno, 2010). It has been found in a study conducted by Rogentine (1996),

> It appeared that CPS workers who seemed to cope better with their stress had a strong network of family and friends. Therefore, personal support can be

> recognized as a protective factor that decreases secondary traumatic stress since those social workers with more emotional support from their family members or friends have the opportunity to reduce their levels of secondary traumatic stress by talking about their work and receiving positive feedback. (Kanno, 2010, p. 33)

Unfortunately, not everyone who works with traumatized populations has a strong family/friends support system to help them cope with their stress. This is why supervisory support can have the biggest impact on frontline workers' stress within the agency. A secondary traumatic stress and self-care training is needed, to provide supervisors with the skills to effectively support their frontline workers.

METHODOLOGY

This chapter provides an examination of the major steps that were needed to bring this graduate project to fruition. The strategy for achieving the desired goal of the creating and implementing a secondary traumatic stress and self-care training for Child Welfare supervisors, started by designing a methodological approach that outlined the tasks that needed to be accomplished. A total of five objectives were developed that comprise the tasks or major steps that helped ensure that the graduate project was executed in an organized and logical manner**.** The first objective of this project was to meet with a former graduate student who created a vicarious trauma training for all Title IV-E students that was implemented within the foundation year of the MSW program. The goal of this objective was to discuss curriculum content and themes that surfaced from this student's evaluation. This student's vicarious trauma training was used as a foundational tool in creating this project's STS training curriculum.

The second objective was to meet with a group of professionals within Stanislaus County's Community Service Agency, in the emergency response department. The Staff Development Supervisor and Legislative Aide is the person who coordinates with CSU Stanislaus's MSW department student internship. It is important to address the lack of STS training provided for new and current hires. Current ER supervisors are the most important group of professionals to contact because the entire curriculum is aimed at supporting them. It is important to receive

feedback on their experience with STS, what forms of support services they utilized, and how effective it was. The next professionals to meet with were the director of the ER department and the co-director of the Child Welfare department. These individuals contributed to the knowledge base of the needs of the county, and the gaps in services provided to them within CSA.

The third objective was to create the learning objectives and curriculum. With the guidance of this project's Chair, CSU Stanislaus assistant professor, Dr. Sevaughn Banks, this author created 3 learning objectives. The learning objectives are: (1) participants will be able to define STS, VT, CF, and BO, (2) Participants will be able to recognize when symptoms of STS, VT, CF, and BO surface as a result of what occurs in the workplace, (3) participants will be able to engage in self-healing techniques when working in trauma based settings, and know when to use them. The goal is for this training curriculum to be utilized by CSA for current and future supervisors with the hopes to reduce the effects of traumatization and improve retention rates among child welfare workers.

The curriculum was created with four activities to engage the participants in their learning. The first activity is to match key terms with their definitions, specifically STS, VT, CF, and BO. The second activity is in two parts. First, the attendees will break into three groups and be given different scenarios for each group. The scenarios will be someone experiencing symptoms from one of the key terms, and the participants will define what trauma the character is experiencing. The second part is discussing what self-healing techniques the person can use. The third activity

is to fill out a personal self-care contract, which was provided by assistant Professor Dr. Sevaughn Banks from California State University, Stanislaus. The fourth activity of the curriculum is to engage in a self-care activity, such as going on a walk outside. The curriculum is designed to be implemented in a 2-hour training.

The fourth objective was to implement the training curriculum on Monday, March 23rd, 2020 from 9-11 AM. The training was to be located in a conference room at CSA big enough for all 6 ER supervisors, and open to any supervisors or managers from other departments who wanted to attend. The final objective was to receive feedback on the curriculum. There was to be a post-training feedback instrument given to all attendees at the end of the training. This would have allowed for any adjustments and changes needed to improve the curriculum for future use. This curriculum has been created with the desire that it can be modified as time goes on, building upon each training session, making sure training is up-to-date, and that it addresses the needs of the ER supervisors.

The post-training feedback form consisted of three Likert scale questions, and a section for comments and questions. The questions are: (1) On a scale from 1-3, with 1 being a little familiar, and 3 being already very familiar, how familiar were you with the definitions and symptoms of STS, VT, CF, and BO before this training? (2) On a scale from 1-3, with 1 being the same confidence I had before this training and 3 being very confident after this training, how confident are you in identifying symptoms of STS, VT, CF, and BO in yourself after this training? (3) On a scale from 1-3, with 1 being not much more likely to engage in self-healing after this training

and 3 being more likely to engage in self-healing after this training, how much more likely are you to engage in self-healing for treating symptoms of STS, VT, CF, and BO after this training?

CONCLUSION

Overview

The purpose of this project was to create a secondary traumatic stress training curriculum for all 6 of the CPS ER supervisors within Stanislaus County's Community Service Agency. The curriculum is an informative training regarding secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout, and their accompanying symptoms. The goal of this project was to both create and implement the training that included best self-care practices to engage in self-healing from trauma experienced in the field. The intention behind this training was that by impacting knowledge and skills at an individual (supervisor) level, this would have the potential for influencing agency policy, leading to STS support services on a mezzo and macro level. The focus is on CPS emergency response supervisors and the importance of identifying the symptoms of the STS in themselves and in their frontline workers and how to engage in the healing process.

The five objectives used to guide this project were as followed: (1) to meet with a former California State University, Stanislaus Title IV-E graduate student whose project focused on vicarious training for Title IV-E students in their foundation year of the MSW Program; (2) to consult with a group of professionals on the development of the curriculum; (3) to develop the learning objectives and curriculum; (4) to implement the training curriculum; (5) to receive feedback on the curriculum.

The first objective was met during the month of September 2019, at CSA. This author and the former Title IV-E graduate, author of the training curriculum for

Title IV-E students, met to talk about the implications of a curriculum for CPS ER supervisors. The former Title IV-E graduate indicated that a former CPS ER supervisor retiree attended one of her presentations on her curriculum and asked her what the statistics looked like for vicarious trauma among supervisors, and not just frontline social workers. This first objective is what spear-headed the need for an STS curriculum for CPS ER supervisors.

The second objective was met throughout the 2019 fall semester of this author's internship at CSA, in the ER department. This author engaged in conversation with several social workers and supervisors regarding possible STS they have experienced in the field, what steps they have taken to heal, and any STS training offered to them. This author met with the Director of the ER department in regard to receiving approval to implement an STS training in the 2020 spring semester, and provided her with a copy of the project proposal. The Director of the ER department took it and informed this author to use the Staff Development Supervisor and Legislative Aide as the point of contact person for needing approval.

This author met with the Staff Development Supervisor and Legislative Aide on several occasions in person and through email clarifying concerns and questions regarding the project proposal. This staff member informed this author that there was not a committee or an official process for graduate students seeking to implement projects within the agency. The agency only had an approval process for students seeking research; however, because this project does not involve conducting research or collecting data, it was unclear how the department should go about authorizing

approval. This project objective took the longest to complete due to misunderstandings about what the training consisted of and how it would be implemented.

The third project objective was met by meeting with CSU Stanislaus assistant Professor Dr. Sevaughn Banks throughout the 2019-2020 school year. Dr. Banks was the Chair for this author's graduate project, guiding this author through the process of creating the learning objectives and curriculum for this project. The three learning objectives were: (1) participants will be able to define STS, VT, CF, and BO, (2) Participants will be able to recognize when symptoms of STS, VT, CF, and BO surface as a result of what occurs in the workplace, (3) participants will be able to engage in self-healing techniques when working in trauma based settings, and know when to use them. The curriculum was then created following these learning objectives.

The curriculum began with building upon the knowledge base of what STS, VT, CF, and BO are. Secondly, the curriculum addresses what the symptoms of each of these terms looked like in our daily lives. The goal for this section of the curriculum is to make sure the supervisors are able to identify symptoms of trauma in themselves and in the social workers they supervise. This was an extremely important part because identifying the symptoms will help prevent further damage from untreated trauma. The third part of the curriculum identifies self-care practices to engage in self-healing. The curriculum is designed to have the participants discuss different activities and self-care techniques they could use in their daily lives to

prevent STS, VT, CF, or BO. This sets the stage for continuing the conversation of how they can support their frontline workers when they are experiencing STS (and its accompanying terms). Finally, the curriculum contains an evaluation instrument handed out to the participants to assess the training itself and how it can be improved for further use.

The fourth objective was to implement the training curriculum at CSA within the month of March, 2020. However, on March 19, 2020, Governor Gavin Newsom, governor of California, issued a shelter in place order due to the widespread pandemic, COVID-19. Since then, CSA ordered everyone to work from home, in order to have the least amount of people at the office as possible. This has put a roadblock on this project that no longer provides an opportunity to implement within the agency before graduation on May 28th, 2020. Even though implementation of this training wasn't able to take place, the curriculum has been created and will be shared with multiple child welfare agencies. The hope is that it will be implemented when the shelter in place order is no longer enforced. CPS ER supervisors cannot be trained in identifying STS and engaging in self-care if there is not a curriculum to use. That is why this project is so important, especially with the increased stressor of a pandemic, many forms of self-care may not be available anymore, so there must be conversation about alternatives.

The fifth and final objective of this project was to receive feedback on the curriculum. When a request for approval was first given to CSA, this author was given feedback regarding how it would be implemented effectively, and more

appropriate questions to use for supervisors who are already familiar with STS (and its accompanying terms). This feedback was very helpful, and when the curriculum is implemented, it is hoped that more feedback will improve engagement, implementation, and assessment of the training.

Implications

This curriculum was inspired by the lack of policy on STS training among supervisors within child welfare agencies. It was also inspired by what the literature showed regarding symptoms of STS, VT, CF, and BO among social workers who have worked with traumatized populations for several years.

A study conducted by Meyers and Cornille (2002), indicated that CPS workers who had worked with abused children for longer periods of time experienced more severe STS symptoms than those with fewer years of experience (Kanno, 2010). These symptoms took the form of more severe obsessive-compulsive and anxiety symptoms, panic attacks, increased feelings of anger, irritability, concentration, and intrusive thoughts and images (Kanno, 2010). These are the symptoms that can be seen in supervisors, who have worked for five or more years, or work 40 or more hours a week (Kanno, 2010).

This curriculum has two important parts: (1) identifying the symptoms of STS, VT, CF, and BO, and (2) knowing how to engage in self-care practices to slow down and/or avoid the long-term effects of STS. The knowledge on STS (and its associated terms) came from many years of research on the effects of trauma on helping professionals and assessing the effectiveness of support services on both a

professional and personal level. The self-care part of the curriculum was influenced by two specific pieces of literature. First, it is anchored by the self-care wheel created by the Olga Phoenix Project: Healing for Social Change (2013). Second, the curriculum was supported by an article from UC Davis CAARE Center called "Burnout, Vicarious Trauma & Secondary Traumatic Stress: How to make your life better now" (Hodshon and Maltby, 2012). This article highlights a number of strategies with accompanying lists of activities and practices to use both at home and in professional settings to improve quality of life among trauma and stress. This part of the training would end with participants writing a self-care contract to themselves, sealed in a self-addressed envelope which the author of this project would mail in 3 months. The purpose of the contract is to provide follow-up with participants to assess if they have made progress with practicing self-care.

The implication of this project is that following this pandemic, there will continue to be a need for conversation and practice for implementing training about STS and support for self-care both within and outside the agency. This author also hopes that CSA will learn from this experience and have a process prepared ahead of time for future students who want to implement a project within the agency. This author intends to continue conversation with staff at CSA and neighboring agencies in regards to implementing this training in the future. A curriculum has been created. The next step is to receive approval and implement within child welfare agencies. Discussion around STS training policy must continue in order to prevent burnout

from CPS ER social workers and improve the quality services being offered to clients.

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APPENDICES

APPENDIX A

SECONDARY TRAUMATIC STRESS AND SELF-CARE

TRAINING FACILITATION GUIDE

Introductions

- Facilitator will introduce herself, where they come from (university graduate program), explain the purpose of the project, and thank participants for attending.
- Participants will introduce themselves and talk about knowledge they have on secondary traumatic stress, and trainings they've attended, or talk about where they obtained their knowledge on STS (and accompanying terms)

Define STS, VT, CF, & BO

- Facilitator will engage in conversation to define STS (and related terms) and discuss the differences.
- Vicarious traumatization is trauma experienced second-hand, but occurs when the exposure to trauma continues across time and clients.
- Secondary traumatic stress is when an individual becomes overwhelmed by witnessing a single traumatic event.
- Compassion fatigue refers to a physical, emotional, and spiritual exhaustion that inundates a person and can cause an extreme drop in the ability of the person to experience joy, empathy, or care for others.

- Burnout is “a state of physical, emotional, mental, and spiritual exhaustion resulting from chronic exposure or involvement in human service work”.

Activity

- *Matching terms*- Print terms and their definitions on separate small pieces of paper. Give each participant a bag with each term and definition on it, and have them match terms with definitions individually.
- Facilitator will discuss with answers participants, use examples, and discuss any questions regarding the differences between the terms.

Identify Symptoms

- Facilitator will engage conversation with participants regarding symptoms of STS (and related terms), and examples that they may look like in their everyday life; such as: physical or mental exhaustion, or lack of empathy.
- Symptoms of STS are similar to symptoms of PTSD, “the characteristics of which are intrusion, avoidance, and arousal” (Weiss 2011, p. 2)
- Symptoms of CF consist of depersonalization, constant physical and emotional exhaustion and feelings of self-contempt. These symptoms develop quicker than VT, and have a faster recovery time. Recovery time for CF takes much longer than BO due to the constant job stress and emotional exhaustion.
- Symptoms of BO include disengaging from work, a sense of helplessness, and a sense of isolation from supporters (Weiss, 2011).

Activity

- The 6 participants will break into pairs, each pair receiving a different scenario representing symptoms of a particular term: secondary traumatic stress, vicarious trauma, compassion fatigue, or burnout. Each pair must identify which trauma is being experienced based on the symptoms.
- Facilitator will discuss with participants about how they came to their answers.
- Facilitator will discuss with participants about personal experiences with these types of trauma, how they identified it, and if they engaged in self-care or sought out support.

Self-Care

- Each participant will receive a print out of the self-care wheel, and the facilitator will engage participants to talk about the wheel in detail.
- Facilitator will hand out the self-care strategies article by UC Davis called "Burnout, Vicarious Trauma & Secondary Traumatic Stress: how to make your life better now"
- Facilitator will discuss strategies participants can use to practice self-care, or what self-care practices they would suggest to the character in their scenario.
- Facilitator will engage participants to discuss self-care strategies they have engaged in, or what they could start doing.
- Facilitator will pass out a lined piece of paper, pen, and envelope to each participant and invite them to write a self-care contract for themselves. This

letter will be a promise to engage in self-care practices or techniques of their choice. They will date and sign it, then seal it in a self-addressed envelope, and hand it back to the facilitator who will mail it to them 3 months after the training.

Closing Activity

- Facilitator will invite participants to go on a walk outside with the facilitator and engage in self-care. This walk can be personalized for each person (i.e. if a participant wants to walk alone, or listen to music, or engage in conversation about things outside of work).
- Weather permitting, the facilitator can utilize another form of self-care activity in the meeting space (i.e. arts and crafts activity, food related activity, meditation, etc.).

Training Evaluation

- Facilitator will pass out a post-training evaluation for participants to fill out and return before leaving.

Each participant should receive some sort of incentive or small gift for attending the training. In this training, the facilitator will prepare small self-care packages for each participant (i.e. movie theater certificate, DVD, popcorn, candy, meditation cd, bubble bath soap, gift cards, etc.).

APPENDIX B

CURRICULUM TOOLS

1st Activity: Matching Definitions *(terms are not listed next to their correct definitions below)*

Secondary Traumatic Stress	The transference of traumatic stress over time, through observation and/or hearing others' stories of traumatic events.
Vicarious Traumatization	A state of physical, emotional, mental, and spiritual exhaustion resulting from chronic exposure or involvement in human service work. Recovery time takes much longer.
Compassion Fatigue	When an individual is exposed to an extreme event experienced by someone else, experiencing symptoms similar to those who suffer from PTSD.
Burnout	A potentially harmful symptom that is experienced by helping professionals who participate in trauma work. Experienced faster than VT.

2nd Activity

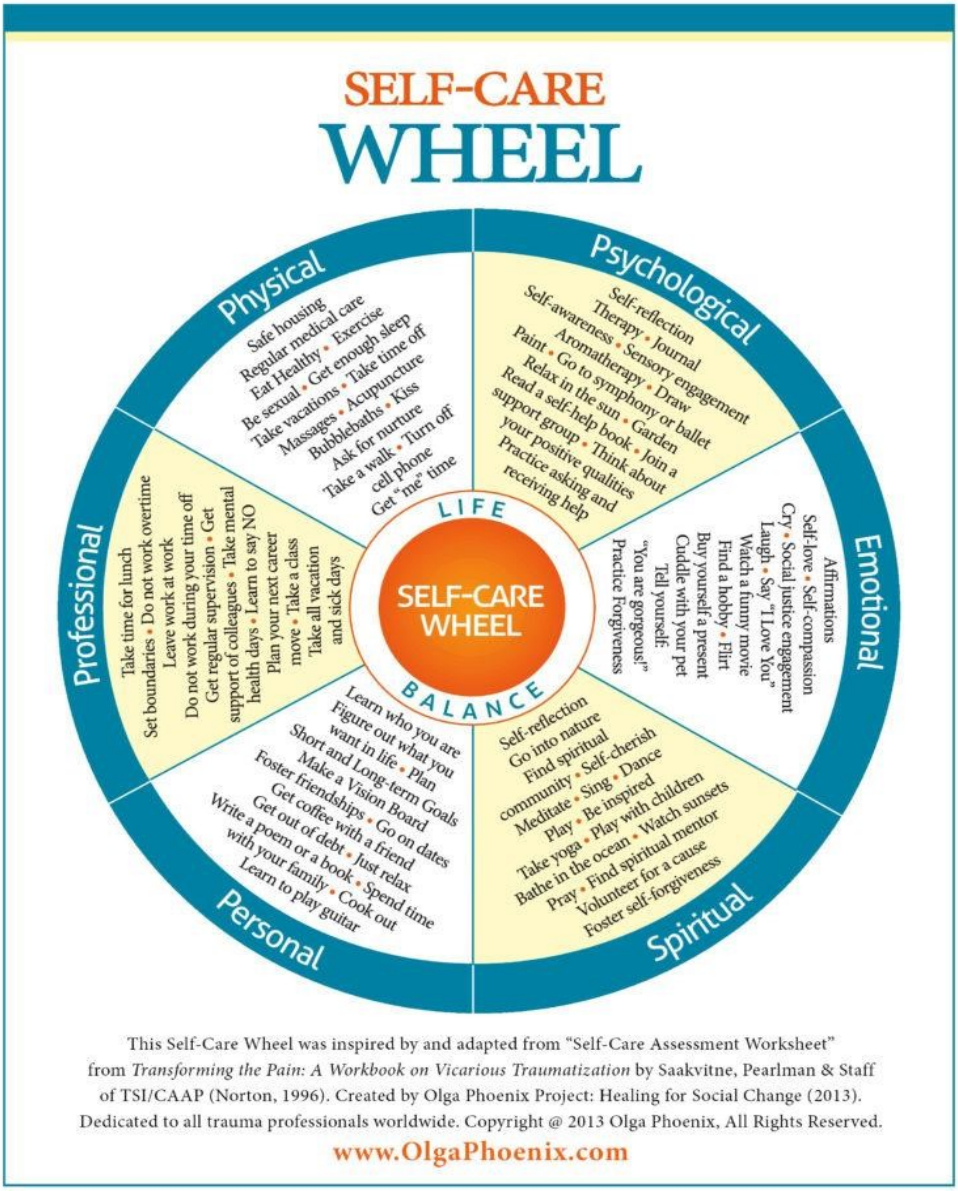
1st Scenario: Jamie has been working for CPS for over 20 years. He is divorced with three kids, and loves playing baseball. Jamie has always enjoyed his job, but noticed in the past few years he can't stand it anymore. He dreads going to work every morning, and finds he has lost pride in his work. His manager has talked to him regarding his low performance, and disengagement with his co-workers. What do Jamie's symptoms say about what he is experiencing? What can Jamie do to help with these symptoms?

2nd Scenario: Karen started working for CPS 5 years ago. Karen puts all her energy into her job because she loves it so much. Karen has great friendships with her coworkers and is always participating in fun activities at the agency. Recently her coworkers have noticed that Karen avoids having conversations with them. Karen seems distressed, has been caught crying in the bathroom a few times. She says she can't stop thinking about a case that happened a few months ago where a child was severely beaten. Karen says she can't seem to get the images out of her mind. She has also expressed having a hard time feeling empathetic when she gets new cases. What do Karen's symptoms say about what she is experiencing? What can Karen do to help with these symptoms?

3rd Scenario: Diana responded to a referral of sexual abuse. Diana found that the case was substantiated with an overwhelming amount of evidence. This was a very emotional case for her. Diana spent a lot of time consoling and supporting the victim, who was a 12-year-old boy. Her coworkers noticed she was avoiding eating lunch with them, missing days at work, and leaving to go home early. Not long after this case closed, Diana received another referral for possible sexual abuse. Diana felt she was experiencing the last case all over again, feeling very overwhelmed, emotional, and quick tempered. What do Diana's symptoms say about what she is experiencing? What can Diana do to help with these symptoms?

APPENDIX C

SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.

www.OlgaPhoenix.com

APPENDIX D

BURNOUT, VICARIOUS TRAUMA, & SECONDARY TRAUMATIC STRESS:

HOW TO MAKE YOUR LIFE BETTER NOW

Kristine Hodshon, M.A., Lauren Maltby, M.A.
UC Davis CAARE Center

Thursday, April 26, 2012

Physiological Basics:

1. Eat regularly. Keep a few frozen meals in the break-room freezer in case of late nights at the office, or keep trail mix in your desk drawer.

2. Make healthy food choices (when you can).

3. Exercise for at least 25 minutes at a time; just go for a walk with your dog, your kids, or by yourself.

4. Get medical care when needed. You have sick days, use them!

5. Sleep at least 7 hours per night. As therapists, we know lots of sleep hygiene tips, we deserve to use them!

In-Office Strategies:

1. Decorate your desk. You spend a large portion of your day there. Make your work-space visually pleasant. Choose a color-scheme, or put out a few decorative items. In particular, find a way to make your desk area feel less overwhelming and more inviting to you.

2. Contain loose papers and unfinished items in a way that they can be out of sight at times or enclosed in drawers/files.

3. Limit fluorescent light use (it can cause headaches).

4. Put up pictures of your loved ones or things that make you smile (kids, funny pictures, inspiring quotes).

5. Work less than 10 hours per day.

6. Take a brief break every two hours. Walk through the rest of the office or around the building, refill your water bottle, or listen to your favorite song.

7. Eat lunch somewhere other than your desk; see if you can eat lunch with someone or while talking on the phone/skyping with loved ones.

8. Leave the building during client cancellations. It will help break up your day, and it's a "bonus hour" to treat yourself to something nice (e.g., get a cup of coffee).

9. Keep personal tea/coffee/hot cocoa supplies at your desk. Invite co-workers to join you for a cup on the shared breaks, or simply enjoy the smell.

10. Have a peer support group. This may not always take the shape of a formalized group, and may even look like "social loafing", but colleagues in the office are often in a unique position to empathize with the particular challenges of our work.

11. Shape your job. Identify projects or tasks that are exciting and rewarding, and work with your supervisors to build these tasks into your job. Studies have shown that, over time, employees can actually "shape" their jobs to fit their particular interests/niches.

12. Get additional supervision. If a supervisor is available, seek them out to consult briefly about a challenging case, or just to express yourself after a difficult session.

13. Engage in sensory activities between sessions to promote grounded-ness and mindfulness. Be intentional about using scented lotion between clients, and take your time rubbing it in.

Transition Strategies:

1. Use your car as a transition space between work and home. When you pull in at home, stay in the car for 5 to 10 minutes playing games on your phone, listening to music, or simply being quiet. Do something to distract your mind from work obligations/issues, and mentally review what you expect to find/plan to do upon entering home.

2. Sit quietly for 5 minutes and breathe deeply to create a changed physical state before leaving work, in transit, or when you first get home.

3. Change out of your work clothes as soon as you're back home. This helps you "switch" out of your role as a trauma therapist and back into your role as a person!

Relaxation Strategies:

1. Take a long shower or bath. Try using scented bath oils or new bath products, particularly those with notably pleasing scents. Long showers/baths just before sleep

also help drive your body temperature down more quickly and help you fall asleep faster.

2. Burn incense or scented candles.

3. Listen to nature sounds or sounds of running water/rain/ocean waves while meditating/deep breathing.

4. Do a full-body scan to increase mindful awareness of tension and sensations in your body.

5. Intentionally relax your muscles. This may take the form of deep stretching as in yoga and Pilates, or progressive muscle relaxation.

6. Practice yoga and/or meditation regularly (see mindfulness strategies for more information).

7. Do deep breathing daily to alter your physical state.

Mindfulness Strategies:

1. Make time for regular reflection/meditation. This may look like a daily practice, or it may be less frequent than that. The important thing is that it is regular and effective in reconnecting you to yourself and your experience.

2. Spend time in nature and be intentional about noticing sounds and smells, as well as visual stimuli.

3. Foster a spiritual connection and community

4. Start practicing mindful meditation. The Mindful Awareness & Research Center at UCLA has numerous guided meditations available for download as mp3s, and they start as short as just 3 minutes. (Available at: http://marc.ucla.edu/body.cfm?id=22)

5. Download a mindfulness bell app. It will “ding” softly every 30 minutes to remind you to stop whatever you are doing and spend 1 minute in mindful meditation.

Creative/Expressive Strategies:

1. Draw, paint, or write for 5 to 10 minutes at the end of each day to express what you are holding onto.

2. Cook a nice meal. Try something new and exciting or an old classic, but be mindful of the experience of using your hands to prepare the food, and of the taste of the food as you eat.

3. Cook without a recipe. Start with something simple, like chocolate chip cookies. Most people know the approximate ingredients/rations, and sometimes it can be fun to just "eyeball" the rest. Move on to new combinations when you feel ready or have a new idea!

4. Go to a museum/art exhibit. In Sacramento, the Crocker Art Museum is open on weekends and holidays.

Social Strategies:

1. Build your community. Be intentional about developing a network of people with shared beliefs and values, or shared activities. This may take the form of a spiritual community, a parent group, or something else.

2. Make new friends. Over time, mental health professionals often siphon themselves off from those outside the field. Be intentional about making friends and spending time with "non-therapist" people.

3. Join a non-competitive running/walking club or yoga studio. These clubs/studios tend to attract a wide array of people (ages, ethnicities, SES, and occupations), and can help increase the diversity in your social network quickly. Plus, they help you exercise more.

Entertainment Strategies:

1. Follow a television show with your friends, especially competition shows. Take bets on who will win and run a group pool.

2. Read book/literature outside your area of expertise.

3. Try watching "Bringing Home Baby." This is an entire show about newborn babies who are born to loving parents, and their transition to life together. Seriously, that is the whole show. No child abuse, no violence, no poverty, no endless human struggle. Just happiness. Oh, and babies.

4. *Read funny blogs or look at funny pictures online (e.g., http://www.damnyouautocorrect.com/ or http://awkwardfamilyphotos.com/ or http://failblog.org/)

5. *Read these 13 steps to get you through a rough day: http://www.buzzfeed.com/mjs538/13-simple-steps-to-get-you-through-a-rough-day

*Obviously humor is something subject to personal taste and preference. This list just contains some examples of things that might be funny to some people. Find what works for you!

Organizational Strategies:

1. Encourage your co-workers and supervisees to use their PTO. Preliminary NCTSN studies have shown this is an effective strategy to decrease burnout and workplace stress.

2. Know your job description, and say no to extra responsibilities. As a supervisor, foster an organizational climate where "no" is an acceptable option when asking supervisees to take on extra clients or projects.

3. Celebrate office birthdays or organizational milestones. This fosters a sense of togetherness and can break up monotonous work days.

4. Increase team-building activities. This strengthens the bond between coworkers and increases the felt sense of loyalty to the organization. When workers feel committed to their organization, especially the vision of an organization, they are happier in their jobs and work harder.

5. Implement a buddy self-care program. Therapists are notably better at "taking care" of others than themselves. At one NCTSN site, program heads instituted a system where every employee was assigned a "self-care buddy". Each person in the pair was responsible to interview their buddy and design a "self-care plan" for their partner. Then, each person was held accountable for making sure their "buddy" completed their plan. Supervisors even ask supervisees about how the supervisees' buddy is doing with their plan, and how to encourage their buddy to use more self-care strategies.

Hope & Gratitude Strategies:

1. Make a list of positive, hopeful events of the day. Include those things that clients or supervisees did that were signs of growth or progress. Write down a few of these and put them in a file labeled "Hope". Review the file on your worst days.

2. Keep a file of particularly special letters, cards and notes written to you by friends, family and loved ones. Review them regularly.

3. Play a version of "Five Things". Name 5 things for which you are grateful; identify 5 things you appreciate yourself; name 5 people who love you (don't have to stop at 5 here); identify 5 things you've accomplished today, yesterday, in your life; list 5 things you are looking forward to in the next 7 days.

4. Express your gratitude for coworkers. Tell at least one co-worker each day something they did that you appreciate. This includes administrative staff and volunteers.

5. Reconnect with typically developing and well-loved children. Watch videos of your and your friends' children at birthday parties, playing, etc. Be intentional about reflecting on their innocence and hoping for their future.

6. Track your progress toward goals. If you set realistic goals and track your progress, reviewing your progress can be very encouraging, and inspire gratitude and more hope for the future.

Vicarious Trauma Strategies:

1. Symbolic release. If you have a client about whom you are particularly troubled/worried, this strategy makes concrete the abstract process of letting go. At the end of the day, light a candle to symbolize your client, or each client about whom you are thinking. Say a prayer or express a hope for them, and then blow out the candle. Watch the smoke as it rises up, symbolizing that your prayers/hopes for your client continue on even as you choose to be present in your own life.

2. Guided imagery to distance your client's trauma. If you have a client whose trauma is particularly disturbing to you, especially if it is intruding into your thoughts, this strategy can help exert cognitive control. Imagine you are in a dark room looking at a television. On the television, picture the traumatic event that has been intruding into your thoughts. Notice as the television slowly moves further and further away with snowy static on the screen and no sound. Slowly "turn on the light" in the dark room and re-open your eyes; re-orient to your present location.

3. Mindful hand washing. There are certain difficult sessions that can leave us with a certain "ick" feeling. Sometimes we even feel as though the residue of those difficult moments is still on us. At these times, intentional hand-washing can be helpful in embodying the process of "ridding" oneself of the more persistent negative affects left over from our clients. First, identify the one or two moments in the session that resulted in the most visceral response for you. Review them once, and take a deep breath. Run hot water over your hands and forearms, and lather up; remind yourself that you are choosing to wash those reactions away. As the water and suds go down the drain, pay particular attention to the sensation of warmth in your hands and the gradual release of tensions in your arms.

APPENDIX E

PERSONAL SELF-CARE CONTRACT

(Received approval to use this contract provided by Dr. Sevaughn Banks from CSU Stanislaus, Turlock, Ca)

I, _____ (First & Last Name)

will make a commitment to take care of myself when I feel stressed, burned out or am experiencing or have experienced secondary traumatic stress, compassion fatigue or vicarious traumatization. I promise that I will practice the following self-care activities:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

And, if I don't practice self-care activities, I will do the following things to get back on track:

_____

_____

_____ _____

(Signature) *(Date)*

APPENDIX F

POST TRAINING EVALUATION

1. On a scale from 1-3, with 1 being a little familiar, and 3 being already very familiar, how familiar were you with the definitions and symptoms of STS, VT, CF, and BO before this training?

1	**2**	**3**
I wasn't very familiar with the terms and/or symptoms	I was a little familiar with the terms and symptoms.	I was already very familiar with the terms and symptoms.
•	•	•

2. On a scale from 1-3, with 1 being the same confidence I had before this training and 3 being very confident after this training, how confident are you in identifying symptoms of STS, VT, CF, and BO in yourself after this training?

1	**2**	**3**
The same confidence I had before this training	A little more confident after this training	Very confident after this training
•	•	•

3. On a scale from 1-3, with 1 being not much more likely to engage in self-healing after this training and 3 being more likely to engage in self-healing after this training, how much more likely are you to engage in self-healing for treating symptoms of STS, VT, CF, and BO after this training?

1	**2**	**3**
Not much more likely to engage in self-healing after this training	Just as likely as I was to engage in self-healing before this training	More likely to engage in self-healing after this training
•	•	•

Comments/Questions:

_____

_____

_____