Creative healing for secondary trauma: Needs assessment for a curriculum on resilience for trauma workers

Sarah Rosenberg
CE Advisors: Richard Harvey, Michele Eliason
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Abstract:

Studies show that compassion fatigue, including vicarious traumatization and burnout, are significant outcomes among those in the healing professions. There are several terms used to describe ways that staff (e.g. social workers, youth workers) may buffer themselves against traumatization and burnout secondary to, or as a result of compassion fatigue. For example, terms such as vicarious resilience, compassion satisfaction, and trauma stewardship are used to describe various types of resilient responses that can counter the effects of compassion fatigue. Processes that increase resilient responses to compassion fatigue can support staff in their own mental health and their capacity to provide quality services. Studies show that both individual self-care techniques, such as therapeutic expression, as well as organizational care support systems, such as the Sanctuary Model, empower these workers to develop and maintain resilient responses, cope with their work, and continue to provide effective services to traumatized populations. The purpose of this paper is to assess the format and content of a multimedia curriculum that would be appropriate for a variety of learning styles, be aimed at maintaining resilient responses among trauma workers to prevent and cope with burnout and turnover, and would update existing curricula to support social workers within a holistic, trauma-informed environment. First, this paper presents case studies of a documentary film and podcast the author designed to explore perspectives of social workers on how resilient healing happens. Second, this paper reviews the literature on how social workers are affected by client trauma. Lastly, this paper describes best practices for achieving resilient responses and ameliorating traumatic stress at the intrapersonal or individual, interpersonal, and community or organizational levels.

Keywords: *secondary trauma, vicarious trauma, compassion fatigue, burnout, resilience, self-care, trauma stewardship, vicarious resilience, compassion satisfaction, case study, curricula, youth, trauma, trauma-informed care, Sanctuary Model, Social Support Theory, Ecological Model, Compassion Satisfaction and Compassion Fatigue Model, therapeutic arts*

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Introduction:

Staff in the helping professions aim to serve their clients effectively and compassionately. Indeed, compassion is an essential element in helping people to overcome traumatic experiences (Collins & Long, 2003). However, overworked staff, particularly those who work in youth-serving organizations, have little time to reflect on and practice self-care in their own lives. As a result, they not only harm themselves but may perform their jobs less effectively. Research shows that work-related stress has profound effects on social workers' physical and emotional health. For example, in chronically stressed organizations, individual staff members "feel helpless in the face of the enormity of the problems confronting them . . . as they become increasingly stressed, the measures they take to 'treat' the clients may backfire and they become hopeless about the capacity of either the clients or the organization to change" (Bloom, 2010, p. 4). Moreover, a National Association of Social Workers (NASW) survey found 65% of social workers in child welfare/family fields reported feeling fatigue, and 37% reported psychological problems (Department of Professional Employees, 2010). These conditions are also related to the high turnover rate in the social work and mental health field. Staff turnover in the child welfare field is estimated to be 30% to 40% annually nationwide; the average length of employment is less than 2 years (GAO, 2003). Therefore, it is important to target the audience of social workers who serve youth, and shed light on their experiences, in order to ask the questions that will lead to better support for them, and by extension, better care for youth.

This paper seeks to answer two research questions: (1) What practices facilitate coping with compassion fatigue and, facilitate resilience following vicarious traumatization and burnout, for staff at programs working with youth in need of services and compassion because they are homeless, involved in juvenile justice and gangs, and other related struggles? (2) What is needed at the intrapersonal, interpersonal, and community levels among youth and staff to make self-care activities such as therapeutic expression, yoga, biofeedback assisted relaxation, and healing circles possible, and further develop qualities of resilience such as compassion satisfaction, self-compassion, trauma stewardship, and vicarious resilience responses?

Methods:

In the Fall of 2012 and Spring of 2013 a literature search was conducted using several scholarly sources of data: Google Scholar, Web of Science, SocINDEX, Academic Search Complete, and other Web sources to identify peer-reviewed journal articles, reports, and books. The following key words were utilized: *secondary trauma, vicarious trauma, compassion fatigue, burnout, self-care, compassion satisfaction, vicarious resilience, Somatic Experiencing, trauma, trauma-informed, trauma-informed care, expressive arts, creative arts, arts therapies, homeless youth, disconnected youth, mental health, child welfare,* and *systems of care.* Over eighty articles were selected, and the Social Ecological Model was utilized to guide the discussion of findings.

The Social Ecological Model (Rimer & Glanz, 2005) is a theoretical framework that facilitates a holistic definition of a public health issue incorporating intrapersonal, interpersonal, community, and institutional level factors. The model is an overarching framework that "emphasizes the interactions between and interdependence of factors within and across all levels of a health problem" (Rimer & Glanz, 2005, p.10). It describes the importance of approaching

problems not only at the intrapersonal, or individual, level but also at community and institutional domains, as well as considering the reciprocity or interplay between everyone involved in an intervention (Rimer & Glanz, 2005). For the purposes of this paper, the intrapersonal level is interpreted as social workers' experiences of work-related satisfaction and stress; the interpersonal level entails the services they provide to clients and interactions with colleagues; the community, or organizational, level is conceptualized as the organizational culture within which they work; and, the policy or institutional level details systemic changes that may happen across organizations.

In addition, two case studies are presented to illustrate the experiences reviewed in the literature. The first case study describes the process of creating a short documentary film and key themes that emerged from the content. Created in the fall of 2012, the film, "Release: Self-Care for Trauma Workers," (Rosenberg, Ramos, Momi, Mackie, & Evangelista, 2012) illustrates the lives of mental health workers and the effects of secondary trauma. The film provides insight into the individual methods of self-healing that allow social workers to continue working in a healthy environment. The film is the product of an upper-level university class called Documentary for Health and Social Justice, which is offered in collaboration by San Francisco State University's Cinema Department and Health Equity Institute for Research, Practice & Policy. Throughout the process of making the film, representatives of the intended audience were consulted. In this paper, individuals are distinguished by initials, identified by ***bold italics***. For example, individuals and staff from the following agencies: The Beat Within; Larkin Street Youth Services' Youth Art Program; a Master's in Public Health student, ***MT***, who is both volunteer and former client at StarVista's transitional living program for homeless youth in San Carlos, CA; students and, instructors of the Documentary for Health and Social Justice class;

and, other Health Equity Institute and Cinema Department instructors. Progressing from rough cut, to medium cut, to fine cut, to final film, the film was designed to produce an engaging, relevant, and useful tool to inspire self-care and organizational support for youth workers, prevent burnout and compassion fatigue, and contribute to making services to traumatized young people.

In addition to the film, a podcast of an interview was created in the spring of 2013, "Youth Speak Out: How to Avoid 'Secondary Trauma' in Youth Work," (NCFY, 2013) with ***NM***, a residential counselor at StarVista's Daybreak facility for runaway and homeless youth in a transitional living program. The podcast profiles her experiences with secondary trauma and what organizational supports have been effective for her. The podcast is part of the "Youth Speak Out" series on the National Clearinghouse on Families & Youth website, a service of the Family and Youth Services Bureau, Administration on Children, Youth & Families, Administration on Children & Families, U.S. Department of Health & Human Services.

This paper is divided into two main sections. The first describes the case studies of the film and podcast. The second reviews the literature on the effects of trauma on social workers, and their respective organizations and offers recommendations at the intrapersonal, interpersonal, and community level for developing a multimedia curriculum that updates existing curricula, and is appropriate for a variety of learning styles. The purpose of the curriculum is to ameliorate secondary trauma and improve services for vulnerable young people and other traumatized populations.

Case Studies:

Documentary Film: "Release: Self-care for trauma workers"

"Release: Self-care for trauma workers" (Rosenberg, et al., 2012) reveals the experiences of those working behind the scenes to heal others' invisible wounds. The film tells the story of three mental health workers (***DI, LD, and JE***) that choose to incorporate creative arts and meditation as alternative methods in helping youth facing various forms of trauma, as well as for their personal self-care. They listen first-hand to the experiences of their clients and as a result the workers are exposed to vicarious trauma. This film showcases their experiences with vicarious trauma and burnout while highlighting the variety of methods they put into practice in order to release stress, allowing them to continue working passionately and effectively with their clients.

"Release" introduces how trauma affects not only the individual client but also the staff, organization, and community from which they are receiving support. The film was conceived as an interactive tool those who work with traumatized populations can use. It is meant to inspire discussion of appropriate ways to prevent and address trauma, stress, and burnout.

For example, according to a literature review of stress and burnout in social work, supervision and team support are identified as protective factors (Lloyd, King, & Chenoweth, 2002). The majority of research reflecting the population of youth workers is limited to child welfare social workers. In order to effectively represent the film's target audience that includes youth social workers both in child welfare and other settings, it includes the perspectives of two youth workers with very different experiences.

One of the participants, ***DI***, is an advocate for incarcerated youth and he co-created The Beat Within, a program for youth who have gone through traumatic experiences to express themselves in writing and art, and to have their work published. Youth workers in a variety of out-of-school-time and residential programs will relate to aspects of ***DI***'s story because their

clients are often in need of constructive therapeutic means of expression as well, and they likely share his strong devotion to feeling responsible for young people's success.

JE tells us about her experiences as a case-worker in New York City for survivors of torture from Africa, the Middle East, Asia, and South America, and as a leader of after-school programs for abused children in Kenya. School-based youth workers, such as guidance counselors, and those participating in international programs such as the Peace Corps will see themselves in ***JE***. She also recounts how she was only nineteen when she became a social worker; therefore, relatively young youth workers will relate to the challenges she faced as a result of being young and impressionable, and at times close in age to her clients or program participants.

LD, a mental health counselor on a college campus, also plays an important role in the film and represents the perspective of mental health professionals who work with traumatized young people. As someone professionally trained in how trauma affects the body and mind, ***LD*** offers insight on the specific needs of staff experiencing burnout, compassion fatigue, and stress related to vicarious trauma, as well as how therapeutic coping strategies can build resilience to work-related stress and how they can be realistically incorporated into people's busy lives.

Podcast: "Youth Speak Out: How to Avoid 'Secondary Trauma' in Youth Work"

"Youth Speak Out: How to Avoid 'Secondary Trauma' in Youth Work" presents an interview with ***NM***, a nightshift relief counselor at Daybreak, a residential transitional living program for runaway and homeless youth between 16 and 21 years old. She describes her methods for avoiding secondary trauma when she becomes overstressed herself from proximity to her clients' struggles. When she was younger, ***NM*** benefited from the services at the very

same program she works in. She also shares her experience of having gone through similar experiences as some of them, and with being close in age to the clients.

"I try to empathize with them and show sympathy, but I wouldn't want to take it back home with me, you know," ***NM*** says. One of the experiences she shared was working with a teenage girl who had run away from home and ended up being drugged and raped in Las Vegas. The trauma symptoms this girl presented, such as feeling shaky when someone knocked on the door, made ***NM*** and the other staff feel uneasy out of concern for her. However, being able to talk to her supervisor, and simply being able to help this girl feel more comfortable eased her worries and stresses. In other words, NM sought ways to turn compassion fatigue into compassion satisfaction.

Literature Review Findings and Recommendations:

The terminologies of secondary traumatic stress, compassion fatigue, vicarious traumatization, burnout, and traumatic countertransference are used slightly differently across the literature, and sometimes are used interchangeably (Collins & Long, 2003; Berthold, 2011; LaLiberte, & Crudo, 2012). According to Berthold's (2011) online course on addressing vicarious trauma and increasing individual resilience, 'burnout' and 'vicarious traumatic stress' are two components of secondary traumatic stress, which is also commonly referred to as 'compassion fatigue.' Figley (1995) coined this term to in order to respond to some authors expressing concern that the label secondary traumatic stress was derogatory (Collins & Long, 2003).

Themes that came out of the literature include social workers' experiences of work-related stress and resilience at the intrapersonal level, types of trauma youth workers address with their clients at the interpersonal level, recommendations at the community level that support resilience, and recommended theoretical frameworks and models relevant to addressing secondary trauma and the intrapersonal, interpersonal, and community levels.

Intrapersonal Level Experiences of Secondary Traumatic Stress Among Social Workers

"Feeling the weight of- and that's what I felt- was the weight that … if I'm working with this young person in the community, I feel almost responsible for him or her to succeed and make it."

-DI, advocate for incarcerated youth

Figley (2002) defines compassion fatigue as "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders, [and] persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (p. 1435). Unlike burnout, which is a result of emotional exhaustion building up over time, compassion fatigue due to vicarious trauma can overtake a social worker quite suddenly (Eastwood & Ecklund, 2008). In addition, it is possible to experience both burnout and vicarious trauma on the spectrum of stressful experiences. The symptoms of secondary traumatic stress, or compassion fatigue, resemble those of PTSD, and they also "encompass changes in frame of reference, identify, sense of safety, ability to trust, self-esteem, intimacy, and sense of control." (Bloom, 2003, p. 459). Berthold (2011) writes that burnout consists of "characteristic negative feelings such as frustration, anger, exhaustion, and depression," and vicarious trauma "may result when the professional is negatively affected through vicarious or indirect exposure to trauma material through their work" (p. 15).

"When I started working with survivors of torture I was only 19 years old so I was a youth myself, …. It was a really incredible way to grow and to learn, but it also took, … I had to check myself,..I needed a lot of support."

-JE, social and public health worker

"Something that could be tricky some of the times would be that I'm really close in age to [youth in the shelter]. I'm not quite twenty-five and some of them are twenty-one. So, just getting them to do things … and not … rebel against me can be tricky sometimes."

-NM, residential counselor

Those who are relatively younger and newer to the helping professions may be at higher risk of experiencing compassion fatigue, burnout, and vicarious trauma. A study (Van Hook & Rothenburg, 2009) of 175 child welfare workers found that staff who were younger and who were working in the field and in the agency for a shorter length of time had a higher risk of burnout and compassion fatigue compared to national, composite samples of a range of helping professionals (Stamm, 2010; Sprang, Craig, & Clark, 2011).

Interpersonal Level Experiences: Types of Trauma Social Workers Address with their Clients

"You know, somebody leaves the room and … you feel like, you've … just picked up everything they brought in."

LD, mental health counselor

"Just listening to a lot of the problems that they have, I can relate to them … But it's tricky taking some of those in and not … let it affect you."

-NM, residential counselor

Traumatic countertransference was originally coined by Herman (1992) to describe when countertransference – the ways in which past experiences of therapist and client create a transfer of emotional reactions – is specific to trauma work. It happens when unconscious relationship dynamics between trauma worker and client create an emotional reaction in the therapist or social worker (Collins & Long, 2003). When this happens, "it is important for [him or her] to locate the source of these feelings, and to explore what it is that is being stirred up, in order to gain new insights" (Collins & Long, 2003, p. 420).

This section provides a profile of many of the issues young people encounter, and social workers address. The following profile of youth and those who work with them is meant as an example, but these findings can be applicable to those in the helping professions who help traumatized people of all ages heal. Youth who are homeless, involved in juvenile justice and gangs, and other related struggles, hereafter referred to as disconnected youth, typically face traumatic experiences both before and during their time on the streets. Some documented experiences that lead youth to run away from home or for their families to cast them out include conflicts in family relationships, poverty, parental abuse and neglect, and "invisible neglect" that may happen after a youth reveals his or her sexual orientation to intolerant parents (Coates & McKenzie-Moore, 2010; Carpou, 2012; National Runaway Switchboard, 2010). Once on the streets, it is common for youth to become involved in sex trafficking and trading sex for shelter or food, when they run out of resources or friends' couches to sleep on, as well as exposure to violence on the streets (Coates & McKenzie-Moore, 2010).

The events disconnected youth face may lead to the development of Post-Traumatic Stress Disorder (PTSD), a disorder characterized by intrusive memories of traumatic events, avoidance of certain places or experiences, difficulties in personal relationships, and frequent

episodes of anxiety attacks (Coates & McKenzie-Moore, 2010). PTSD and other physical and psychological effects of these events interfere with youth's ability to become healthy, well-adjusted adults, which is often the goal of programs for disconnected youth. Therefore, it is important for staff at programs and services these youth frequent to be aware of how these effects manifest in youth's lives, as well as approaches that facilitate healing and resilience, such as the growing body of research on the importance of creative expression in overcoming the effects of trauma (Bloom, 2011).

These youth also have varying degrees of contact with under-resourced social service systems, such as child welfare, juvenile justice, drop-in centers and transitional housing programs for homeless youth. These programs are often so over-crowded that many traumatized youth do not receive needed mental health counseling (Desai, Goulet, Robbins, Chapman, Migdole, & Hoge, 2006; Burns, Phillips, Wagner, Barth, Kolko, Campbell, & Landsverk, 2004). With youth being the ultimate focus of programs, it is less likely that limited resources are used to meet the therapeutic needs of staff, yet effective support for them is essential to ensure effective compassion for youth.

Intrapersonal Level Recommendations for Resilience among Social Workers

"People have to take inventory of just their own life, and how they carry stress and … where they're at in their level of stress and then figuring out realistically … how can they incorporate things to help deflate some of that."

LD, mental health counselor

At the intrapersonal level, the negative experiences of compassion fatigue and vicarious trauma can be transformed into compassion satisfaction and vicarious resilience. Compassion

satisfaction is "the enjoyment and gratification that professional trauma helpers feel when they are able to perform their work well," for example, feeling that they are able to handle new protocols and technology, supported by their colleagues and superiors, and satisfied and invigorated by their job and the act of helping others (Berthold, 2011, p. 15).

"The kind of mentoring that I was giving- I saw it working. And because of that, it inspired me to continue to improve on my skills as an advocate, as a mentor, as an elder, a teacher

-DI, advocate for incarcerated youth

Vicarious resilience, a relatively new terminology according to Berthold (2011), differs from compassion satisfaction in that it focuses on what personal strengths and organizational supports allow trauma professionals to experience compassion satisfaction. Research on this phenomenon specifically among social workers is limited; however, the seminal article proposing the term came out of work with survivors of torture.

Hernández, Gangsei, & Engstrom (2007) describe psychotherapists' observations of inspiration and strength from working with clients who have survived adversity. The authors suggest helping therapists and others who work with traumatized populations to strengthen their work by focusing on a process that is similar in relational dynamics to vicarious trauma, yet different in the intentionality of viewing the situation as a learning opportunity (Hernández, Gangsei, & Engstrom, 2007). For example, "just as vicarious trauma involves the transformation of the clinician through the empathic engagement with clients' trauma stories, so too does the process of vicarious resilience, but in a different (more positive and healing) direction" (Berthold, 2011, p. 30).

"It was in those moments that, you know, sometimes … all these thoughts would bubble up and they would come out, and I would release them"

-JE, social and public health worker

Trauma Stewardship, another relatively new conceptualization in this field, is defined as "a daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experienced by humans, other living beings, or our planet itself. (Lipsky, 2009, p. 2). It is based in the belief that "both joy and pain are realities of life, and that suffering can be transformed into meaningful growth and healing when a quality of presence is cultivated and maintained even in the face of great suffering" (Lipsky, 2009, p. 2).

The aim of Trauma Stewardship is to strike a balance between bearing witness to traumatic experience while being able to live fully and mindfully. The method for achieving this goal is one of reflecting deeply on what led trauma workers to engage in their work, the impact it has on them, and the lessons learned from this work (Berthold, 2011). Lipsky (2009) outlines numerous vignettes and exercises to facilitate a "path to self-care," and a tool she names "The Five Directions."

The first four directions are described below (Lipsky, 2009):

- *North:* Associated with water and creating space for reflection on why one is doing trauma work and exploring whether the path is working for them. For some it may involve learning more about traumatic stress competencies.
- *East:* Associated with fire and involves opening oneself up to other possibilities and perspectives, and creating an alternative plan.

- *South:* Associated with earth and building compassion for oneself and others, creating a community to ground and support oneself, and examining what one can do to contribute to systemic change.
- *West:* Associated with air and finding balance between engagement in one's work- and non-work life, and maintaining moving energy and gratitude.

Lipsky (2009) writes that the fifth direction, placed in the middle of the above four directions, is maintaining a daily practice of centering oneself and connecting with "innate qualities of wisdom, free will, compassion, and balance" (p. 2).

Community Level Recommendations that Support Resilience

"I'm definitely going to keep doing this work because I feel really motivated by the people that I worked with. So, the privilege of building connections with survivors- it's motivating me … to do what I can and to play any role that I can to further their mission, which is really gratifying for me."

-JE, social and public health worker

Some programs are investing in staff assessments such as Secondary Traumatic Stress Scale (STSS) (O'Bryant, 2008; Hatcher, Bride, Oh, King, & Catrett, 2011) and the Professional Quality of Life (ProQOL) tool (Smallwood, K., 2012; Eastwood & Ecklund, 2008), and considering strategies to care for staff in order to improve care for youth. The STSS is a 17-item instrument designed to measure intrusion, avoidance, and arousal symptoms associated with indirect exposure to traumatic events as a result of one's professional relationships with traumatized clients (Bride, Robinson, Yegidis, & Figley, 2004). The ProQOL is a theory-based, 20-item, self-report tool that measures compassion fatigue and burnout, as well as compassion

satisfaction (ProQOL, 2013). See Appendix B-1 for the ProQOL assessment and associated theoretical model, Compassion Satisfaction and Compassion Fatigue (CS-CF).

In addition, opportunities for creative expression in youth programs facilitate healing from trauma for all affected by both traumatic experiences and secondary trauma. There are several reasons having such outlets is important. Integrating creative expression activities, such as poetry and other forms of expressive writing, yoga and mindfulness, visual arts, drama, and music provide a therapeutic release for both youth and staff, according to Bloom (2011). For some staff members, these opportunities empower them to exercise tools for healing into their lives more effectively than talk therapy, and extend the therapeutic reach to others who are hesitant to engage in talk therapy (Bloom, 2011). However, creating a truly trauma-informed environment cannot happen individually without an organizational culture and structure that prioritizes time for reflection and social support. The Sanctuary Model, which has been applied in Warwick House, a residential treatment program in Warminster, PA, and Prototypes, a substance abuse treatment programs in Los Angeles, CA, has been shown to be an effective method to create a trauma-informed environment.

Recommended Theoretical Frameworks and Models at the Intrapersonal, Interpersonal, and Community Levels

Several theoretical frameworks and models have emerged to prevent and address secondary traumatic stress in individuals, in the interactions of social workers and their clients and colleagues, and within the community culture of an organization. The Compassion Satisfaction and Compassion Fatigue (CS-CF) Model (See Appendix C)

All Levels: The Compassion Satisfaction and Compassion Fatigue (CS-CF) Model

The theory of Compassion Satisfaction and Compassion Fatigue and the data-informed CS-CF Model are informed by 20 years of research (ProQOL, 2013). Key foundations of the theory are that people can experience negative effects of secondary exposure to trauma without developing a psychological disorder such as PTSD, and compassion satisfaction is an important part of resilience and coping (Stamm, 2002). It holds that neither vicarious traumatization nor compassion fatigue are synonyms of PTSD or of secondary traumatic stress, though it is possible for people to have a co-ocurring psychological disorder such as depression linked to their experience of compassion fatigue (ProQOL, 2013). Lastly, increasing importance is being placed on resiliency and transformation of negative to positive aspects (ProQOL, 2013; Pearlman & Carnigi, 2009; Stamm & Figley, 2009).

The CS-CF Model shows how three key environments feed into the positive and negative aspects of helping others, namely compassion satisfaction and compassion fatigue. These three environments, the work situation, the other person or people with whom social workers are providing care or assistance, and the personal environment that they bring to their work (ProQOL, 2013), may also be conceptualized using the Social Ecological Model. The work situation is the community or organizational level of influence, the surrounding people are synonymous with the interpersonal level, and the personal environment of social workers represents the intrapersonal or individual level. See Appendix C for a visual of the CS-CF Model.

Community Level: The Sanctuary Model

The Sanctuary Model is a theory-based, trauma-informed, evidence-supported (National Child Traumatic Stress Network), approach to creating an organizational culture conducive to

healing from trauma (Bloom, 2010). The Sanctuary Model aims to promote physical, psychological, social, and moral safety for people who have been through traumatic experiences and those who work with them. It is described as an operating system for various organizations, including shelters for homeless youth, and is informed by attachment theory, or the ways that human development—social, emotional, and physical—is shaped by the attachments formed with caregivers (Bloom, 2010). It is also guided by the belief that to achieve nonviolence and peace, people, communities, and organizations must exercise nonviolent physical, verbal, and emotional behaviors. As a whole-culture approach to organizational change, it fits into the community level of the Social Ecological Model.

Interpersonal Level: Social Support Theory

Social Support theory explains the positive association between healthy social networks and the promotion of good health (Minkler, Frantz, & Wechsler, 2006). The constructs of Social Support theory include instrumental support, appraisal support, emotional support, informational support, and reciprocity. Instrumental support describes an exchange of materials to offer support, such as childcare or transportation. Appraisal support refers to the feedback (positive or negative) one receives from others, such as recognition or criticism of their behavior. Emotional support consists of receiving attention from someone, like listening to his or her problem. Informational support provides someone with the tools or information to promote better health, such as giving the location of a local support group. And finally, reciprocity describes the importance of allowing people to give support or generosity in return for the support they receive, such as accepting a "thank you" from someone who's received help (Minkler, Frantz, & Wechsler, 2006).

Intrapersonal Level: Self-Care

The theoretical framework of Self-Care aims to operationalize and reframe acts of caring for oneself as "a proactive and intentional process, instead of a reactive and ad hoc one" (Lee & Miller, 2013, p. 102). While its influence is at the intrapersonal or individual level, the theory also aims to bring about a shift towards greater value and more supportive attitudes and norms that prioritize self-care within the culture of social work. Lee & Miller (2013) refer to it as "a lens through which supervisors and administrators may examine if and how organizational culture, practices, and policies ignore, discourage, or promote self-care" (p. 101). The authors' rationale is that self-care creates the "potential to start from the place of an empowered, healthy workforce, rather than from the place of a workforce in need of healing" (Lee & Miller, 2013, p. 102). This framework and the following underlying assumptions provide a starting point for this shift.

- Self-care is a critical foundation for effective, ethical social work practice (NASW, 2009).
- Self-care is most effective when engaged in proactively and intentionally.
- Proactive engagement in self-care promotes self-awareness and responsive (rather than reactive) engagement in and with an individual's environment.
- Self-care is understood as the composite of two dimensions: personal self-care and professional self-care (see Barnett et al., 2007; Hunter & Schofield, 2006).
- Personal self-care and professional self-care are dynamic, implicitly interconnected processes.

- Both personal and professional self-care can be built and sustained through structures of support, which are organizing domains strengthened by specific self-care strategies.
- Engaging in self-care is an individualized process in which numerous factors should be considered, including a practitioner's own preferences, belief systems, cultural and social backgrounds, and employment context (see NASW, 2009).
- Self-care empowers practitioners to exert agency over their holistic health and well-being.
- Self-care is a vehicle for change in the professional culture of social work.

See Appendix B-2 for a Self-Care assessment, adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996) (University at Buffalo School of Social Work, 2013).

Discussion:

Emerging Programs and Curricula for Resilience to Secondary Trauma

Despite the burgeoning research described in this paper and in recent literature reviews (Collins & Long, 2003; Ko, Ford, Kassam-Adams, Berkowitz, Wilson, & Wong, et al., 2008) on the effects of trauma and interventions to ameliorate it, there is a dearth of training about how to cope with and become resilient to trauma (Courtois & Gold, 2009). Indeed, a search of Google Scholar, Web of Science, SocINDEX, Academic Search Complete, and other Web sources revealed only a handful of existing curricula (See Appendix A) geared toward educating those in the healing professions about self-care, resilience, and coping with secondary traumatic stress.

In addition, curricula and trainings tend to focus on intrapersonal- or individual-level behavior change. Brown, Baker, & Wilcox, (2012) write that "while there has been substantial research about trauma-specific treatments for children and families, the development and

research of empirically supported interventions to change entire systems, especially in settings serving children with complex trauma, has lagged" (pp. 5-6). In their evaluation of the Risking Connection curriculum, Brown, Baker, & Wilcox, (2012) found that trainees often left with a desire to apply a trauma-informed approach in their organizations, but faced obstacles at work, such as "agency cultures that are at times skeptical about, or unsupportive of, [trauma-informed care]" (p. 20). The authors recommend that trainings be designed based on an ecological or systems model, "including staff selection, didactic training, consultation and coaching, staff-level performance evaluation, organization-level assessment of implementation success and continuous quality improvement, administrative support, and supportive interactions with external systems" (Brown, Baker, & Wilcox, 2012., p. 6).

Limitations and Opportunities in the Literature

As described above, those in the helping professions such as social work and youth work tend to be relatively young, and studies show that this demographic is also associated with higher risk for compassion fatigue, secondary trauma and burnout than more experienced workers (Van Hook & Rothenburg, 2009; Stamm, 2010; Sprang, Craig, & Clark, 2011). This finding has implications for the format and delivery of training curricula that have an impact on those most at risk. With information increasingly becoming more widely available and delivered in dynamic formats, such as through the use of interactive, multimedia formats, the ways the newest generation of social workers effectively learns and retains information and skills is also changing. However, the majority of the extant curricula have only a text-based format. Among them, only one, the Risking Connection training, incorporated interactive, non-text elements. Not surprisingly, this is also the only training that is not available free of charge, thereby limiting

access to those who cannot afford it or who do not work at larger organizations with the funding for it.

There has also been a dearth of research focusing on the strengths and benefits of empathy in trauma work, evidenced by the fact that research on vicarious resilience is still in its infancy (Berthold, 2011). Berthold (2011) writes that further research should "more fully explore and document empathy's role in creating vicarious resilience, thereby positively transforming the experience of trauma professionals" (p. 30).

Conclusion:

Based on the qualitative messages gathered from creating the documentary film and podcast case studies, as well as the review of the literature and existing curricula and trainings, secondary traumatic stress is a well-researched area, and it is critical to appropriately and effectively educate the very people who are subjects of this research on the impact it may have on them and the vital care they provide to traumatized clients. Further development of curricula or training courses should speak to a variety of learning styles. For example, they may incorporate not only content knowledge in the form of text, but also interactive exercises, visuals, audio, and video while balancing the issue of cost and availability. The curriculum should:

1. Identify ways to realistically incorporate self-care activities into social workers' lives both at work and outside of work.
2. Use a strengths-based perspective to design strategies within the organizational structure of programs serving traumatized people that support staff resilience and coping with secondary trauma.

3. Describe what it looks like for programs to be trauma-informed at multiple levels.

4. Incorporate a mixture of text and multimedia formats for the delivery of a curriculum to train social workers on how to prevent and cope with secondary trauma.

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Appendix A: Table Showing Curricula Reviewed

Name	Organization	Format	Duration	How to Access
Compassion Fatigue: Secondary Traumatic Stress Disorder, Burnout, Vicarious Trauma (National Child Welfare Resource Center for Adoption, 2010)	National Child Welfare Resource Center for Adoption	Four modules; pre/post-testing built into training; includes content, activities, exercises, small and large group discussion questions, self-assessments, and resources	Frequency and duration at discretion of organization using the curriculum; intended to be delivered by a trainer	Online; free
The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families (Child Trauma Academy, 2002)	Child Trauma Academy	Four lessons including graphics, assignments, quizzes, and additional resources; Two required readings by Charles R. Figley: *Treating Compassion Fatigue* & *Compassion Fatigue: Secondary Traumatic Stress Disorders in People Who Treat the Traumatized*	Self-paced	Online; free
Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff (Trainer and Participant Handbook) (ACS-NYU Children's Trauma Institute, 2011)	ACS-NYU (NYC Administration for Children's Services and the New York University School of Medicine)	Content with visuals; case studies; exercises; self-assessments; strengths-focused approach; skill-building activities; glossary; additional resources	Six months; 24 modules intended to be delivered by a trainer once a week in sequence	Online; free
Vicarious Trauma and Resilience (Berthold, 2011)	Continuing Medical Education (CME) Resource's NetCE	Content (definitions), case studies, and reflection questions; emphasis on developing strategies and tools for assessing one's own symptoms of distress, and building a self-care plan to prevent burnout and enhance helpers' well-being; includes glossary and resources	Self-paced; course available online until May 31, 2015	Online; free
Risking Connection (Brown, Baker, & Wilcox, 2012)	Sidran Institute	Two options: In-person training, or interactive online sessions/teleconferencing; combines presentation of case study and didactic content with active learning exercises including role-plays and discussions best practices in supporting trauma survivors as well as developing awareness of one's own reactions and ability to help oneself and others	45 days of access to 20 hours of online course materials; or three-day instructor-led training	$399; group discounts available

Appendix B: Assessments for Compassion Fatigue, Resilience, and Self-Care

The following assessments are not intended to replace clinical assessment. If you believe you are overly stressed or burnt out, or that you are suffering from retraumatization, secondary traumatic stress (vicarious traumatization), or feelings of anxiety or depression, you should consider seeking a professional consultation (University at Buffalo School of Social Work, 2013).

1. *Measuring Compassion Satisfaction & Fatigue: The ProQOL Questionnaire*

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

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

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

2. *Self-Care Assessment (University at Buffalo School of Social Work, 2013)*

Self-Care Assessment

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

3 = I do this well (e.g., frequently)
2 = I do this OK (e.g., occasionally)
1 = I barely or rarely do this
0 = I never do this
? = This never occurred to me

Physical Self-Care

____ Eat regularly (e.g. breakfast, lunch, and dinner)
____ Eat healthily
____ Exercise
____ Get regular medical care for prevention
____ Get medical care when needed
____ Take time off when sick
____ Get massages
____ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
____ Take time to be sexual - with myself, with a partner
____ Get enough sleep
____ Wear clothes I like
____ Take vacations
____ Other:

Psychological Self-Care

____ Take day trips or mini-vacations
____ Make time away from telephones, email, and the Internet
____ Make time for self-reflection
____ Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings

____ Say no to extra responsibilities sometimes
____ Other:

Emotional Self-Care

____ Spend time with others whose company I enjoy
____ Stay in contact with important people in my life
____ Give myself affirmations, praise myself
____ Love myself
____ Re-read favorite books, re-view favorite movies
____ Identify comforting activities, objects, people, places and seek them out
____ Allow myself to cry
____ Find things that make me laugh
____ Express my outrage in social action, letters, donations, marches, protests
____ Other:

Spiritual Self-Care

____ Make time for reflection
____ Spend time in nature
____ Find a spiritual connection or community
____ Be open to inspiration
____ Cherish my optimism and hope
____ Be aware of non-material aspects of life
____ Try at times not to be in charge or the expert
____ Be open to not knowing
____ Identify what is meaningful to me and notice its place in my life
____ Meditate
____ Pray
____ Sing
____ Have experiences of awe
____ Contribute to causes in which I believe
____ Read inspirational literature or listen to inspirational talks, music
____ Other:

Relationship Self-Care

____ Schedule regular dates with my partner or spouse
____ Schedule regular activities with my children
____ Make time to see friends
____ Call, check on, or see my relatives
____ Spend time with my companion animals
____ Stay in contact with faraway friends
____ Make time to reply to personal emails and letters; send holiday cards
____ Allow others to do things for me
____ Enlarge my social circle
____ Ask for help when I need it
____ Share a fear, hope, or secret with someone I trust
____ Other:

Workplace or Professional Self-Care

____ Take a break during the workday (e.g., lunch)
____ Take time to chat with co-workers
____ Make quiet time to complete tasks
____ Identify projects or tasks that are exciting and rewarding
____ Set limits with clients and colleagues
____ Balance my caseload so that no one day or part of a day is "too much"
____ Arrange work space so it is comfortable and comforting
____ Get regular supervision or consultation
____ Negotiate for my needs (benefits, pay raise)
____ Have a peer support group
____ (If relevant) Develop a non-trauma area of professional interest

Overall Balance

____ Strive for balance within my work-life and work day
____ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

____
____
____

(Retrieved 8/6/2010 from http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml and adapted by Lisa D. Butler, Ph.D.)

Appendix C: The ProQOL Logic Model