1 You Are Not Alone

Pre-session Questions and Activities

Before reading Session One, answer the following questions and complete the activities. Your answers can then be compared with those detailed in this session.

Pre/post-session questions and worksheets in the Appendix may be photocopied and/or downloaded from www.routledge.com/9780367144098

Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.

Questions

1. Define the major difference between CF, STS and BO using a one-sentence definition for each of these three types of stress.

2. What primary processes are altered by stress?

3. What is one of the reactions to STS and CF that make it difficult for professionals to share with their peers the stress they are experiencing?

4. Although the following two terms are used interchangeably and their differences debated, what one distinction do some make between vicarious trauma and STS?

5. What is the primary ethical responsibility stated in professional code of ethics of those who care for a trauma population, trauma victims and/or respond to potentially trauma inducing incidents?
Fill in what you believe is the percentage of STS or CF experienced by staff in the following areas.

Child welfare, judges in criminal, family and juvenile court, social workers, hospice nurses, emergency department nurses, law enforcement officers, forensic investigators.

Approximately how much is spent in healthcare yearly as a result of BO?

**Activities**

1. List four stressors you experience as a result of the work you do. Following the fourth stressor add additional stressors you experience.

2. Circle any two of the stressors listed below that you have experienced.

   Intrusive (involuntary/unwanted) images, thoughts—sudden memories associated with cases.

   Distressing dreams about...

   Emotional/physical reactions triggered by reminders similar to those earlier case experiences, for example, when reviewing another case with similar details, walking into a similar environment, hearing case details similar to your experiences.

   Avoidance of thoughts, feelings, people, environments associated with trauma cases.

   Avoidance of conversations, activities or situations that carry reminders.

   Dreading seeing certain clients.

   Elevated arousal, such as being hyper-vigilant, jumpy, easily startled.

   Difficulty concentrating or focusing on details, gaps in memory, missing essential details.

   Trouble sleeping or staying asleep.

   Outbursts of anger or irritability.

   Becoming more impatient with clients.

   Feeling more detached, emotionally numb, flat.

   Thoughts of, “I’ve heard all this before.” “Let’s get this over with.” After a few minutes you stop listening to some clients.

   Distrusting your ability to any longer be helpful.

   Find it difficult to shut off work mode when home.

   Withdrawing from activities, friends you once enjoyed.

3. What does CF/STS/BO sound like or look like?

   Write out a minimum of six statements for each of these three stress types (CF/STS/BO) that reflect how one might feel, think and/or behave if experiencing each of these stress types.

   **BO:** For example, My energy level sucks. It takes me forever to get things done now.

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________
You Are Not Alone

CF: For example, I'm getting mad with clients who think their situation is the worst. It’s hard to feel for them the same way as I do about others who have it a lot harder.

STS: For example, I am already thinking too much about my cases and some of the situations they've experienced even when I try not to.

Keep your answers with you as you read through this first session. Compare your responses with those you will find in the session. This process will help you compare what you know and what you might yet still need to know to best respond to the stress of the work you do.

Session One

You Are Not Alone: It’s Not Your Fault

Imagine for a moment that you’re at a workshop that is titled “Developing Resilience in the Midst of Daily Exposure to Trauma.” The workshop flyer indicated that you would be learning about BO, STS, VT and CF: their prevalence, differences, how each impacts our performance, emotional, social and personal lives and all that can be done to remain resilient despite ongoing exposure to trauma populations and/or trauma inducing situations. After initial introductions, the presenter begins with a personal story.

Opening Statement: The Burning Pot

Allow me to give you a personal example of how stress can interfere with our thought processes, do damage and, in this example, end with a loss of $500 (rewritten from Steele, 2017):

Here I am a college educated professional, in my mid-thirties, single and living in a first-floor apartment with a door wall that led to an outdoor patio area. It was just several steps from the kitchen on the other side of a dining room table. One day the pot I was using to cook somehow caught fire. The flames rose over the edge and I had no fire extinguisher handy. I heard myself say, “‘remain calm.” My next thought was something like, “I got this.” I’ll just take the pot outside to the patio. I grabbed the pot and then walked over to the door wall but it was locked. Now visualize this. I sat that very hot, flaming
Post-Session One Questions

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices. This process will be completed at the ending of each session. The cumulative results will provide an outline of what you consider to be the most critical focal points in your self-care plan.

Questions

1. Of all that you have read and experienced up to this point, what surprises you the most?

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?

References


Pre-session Questions and Activities

*Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.*

**Questions**

1. What is the one word that best captures or describes the experience of grief?

2. What is the one word that best captures or describes the experience of trauma?

3. Briefly describe what is meant by our subjective experience.

4. When the limbic area of our brain is activated what other process does it limit access to?

5. What two feelings best describe the experience of terror?

6. Is the following statement true or false, “our bodies can and do overreact to stressors that are not life threatening”? Yes ___ No ___

7. True or false? “Our reactions to stress at any given time may not be a choice but a biobehavioral response often impossible to control cognitively.”

   Yes ___ No ___

8. Dr. Peter Levine has stressed for years that trauma is (two words) is as much a (two words) _______ as it is a (two words) _______.

9. Does talking about (trauma) what happened make it better?

10. As best you can briefly describe what is meant by neuromodulation.

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List 10 questions you might ask someone about the stress they are experiencing to better define how they are subjectively experiencing that stress.

1. ____________________________?
2. ____________________________?
3. ____________________________?
4. ____________________________?
5. ____________________________?
6. ____________________________?
7. ____________________________?
8. ____________________________?
9. ____________________________?
10. ____________________________?

Session Two

Stress From a Different Perspective: Part One

It's a Reaction—It's Subjective

Opening Statement

Two sessions are needed to examine stress from a different perspective. The purpose of this session is to

1. talk about two different aspects of stress, the first being the subjective experience of stress and the second being the physiological response, and
2. how these become an integral part of effective self-care. The session following this one is devoted to mindsets associated with stress, our reactions to it and our efforts to remain resilient in the face of the unavoidable and ongoing stress of what we do.

Years ago, when I stopped thinking about trauma as a set of formal diagnostic criteria and became more interested in what the subjective experience was like for trauma survivors, it changed the way I went about helping.

Reality: Identifying the subjective experiences of the stress we experience because of what we do, will help identify what will matter in our efforts to alleviate and/or manage that stress.

Think about this. When we look at trauma victims, we see symptoms. Unfortunately, trauma symptoms can be misleading and mistaken for depression, attention deficit problems, oppositional defiant disorder (ODD), conduct disorder, reactive attachment and other disorders. Basically, symptoms are outward indicators that something is not right. We really don’t know what an individual is struggling with internally until we discover, by being very curious, what they now think and believe about

- themselves following their experience,
- the present and future,
- the environments they must navigate their way through,
- the people in those environments, and
- the feelings and sensations they now experience as a result of what they were exposed to, what happened to them.
Post-Session Questions

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices.

Questions

1. Of all that you have read and experienced up to this point, what surprises you the most?

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?

References


3 Stress From a Different Perspective
Part Two—New Mindsets Equal New Results

Pre-Session Activities

Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.

Activity One: Match the Mindsets

Review the following mindsets in Category A established in the first two sessions. Following your review, select the appropriate mindset for each of the statements regarding CF/STS/BO listed in this section. (Answers included in this session following the initial comments about mindsets.)

Category A: Mindsets Established During the First Two Sessions

A. The stress I feel is not because there is something wrong with me but because of what I am exposed to while caring for or responding to trauma victims and/or situations.
B. I need to attend to even the smallest amount of stress in order to consistently perform at my best.
C. No matter how we approach trauma victims or situations, we are all vulnerable to CF/STS.
D. Stress is a response to the conditions we are exposed to, not the result of how smart we are or how well we do our job.
E. Although not pathological, many of the reactions of CF/STS are unavoidable and dictate the need to respond to them before the cumulative effect makes resolving that stress more difficult and involved.
F. Stressful physiological reactions dictate the need for physiological, sensory-based interventions.
G. Even if I do not have direct exposure to trauma victims or situations, being a supervisor or manager of staff who do, increases my risk of experiencing secondary trauma.
H. Even though we are exposed to the same stress our colleagues are exposed to, our subjective reactions are unique to how we experience those stressors. Therefore, what works for them may not work for me.
I. We can't possibly know what will be best for those repeatedly exposed to stressful situations without knowing how they are experiencing themselves, those around them.
J. It's okay to not want to talk about trauma details we experience. However, I still need to engage in some activity that will help my body find relief from the physiological sensations and emotions that stress has induced because the body remembers.
K. If the majority of my stress is the result of a stress inducing work culture and practices, I should think about finding a different work environment.
L. Self-care is an ethical responsibility I assume when I agree to care for and/or respond to trauma victims or situations.

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Category B: New Mindsets

Match each of these new set of mindsets with the appropriate mindset (MS) listed in Category A. Identify the mindset you select using its corresponding letter.

1. CF and secondary stress can actually be easier to resolve than BO, which is precipitated by organizational culture and practices often slow to change. MS_____
2. Our subjective experience refers to how we now view/think about ourselves, the people around us, the environment where we work in, the work we do, our present and future as a result of what we have been exposed to. MS_____
3. Even though law enforcement, fire fighters, military are trained to enter potentially dangerous situations at a cognitive level, to shut down their emotional reactions yet remain hyper alert, their systems are also vulnerable to the stress of the work they do. MS_____ 
4. Indirect exposure - what we read, what we hear discussed about trauma situations - can induce secondary trauma. MS_____
5. CF, STS, stress in general is common, not at all unusual among those caring for trauma victims, those who are emotionally challenging and/or responding to trauma situations. It is unavoidable. MS_____
6. No matter the source, stress alters our cognitive processes and our performance. MS_____
7. It is our subjective experience that best helps to define the focus of what will matter most in our efforts to best manage the ongoing stress of what we do. MS_____
8. Talking about the details of the trauma we are exposed to can be more harmful than not talking about those details. MS_______
9. Stress, trauma is not a choice; it’s a reaction, a physiological reaction. MS_____
10. CF, STS is not pathological. MS_____
11. I should not fear that by telling others about the stress I experience, that they may question my competence. MS_____
12. When I take on the role of caring for or responding to trauma victims and situations, I agree to a code of conduct. MS_____

Activity Two: Develop a Mindset

A mindset is a core belief that influences how we interact with the various environments we navigate daily, with the people in those environments and the conditions we face in those environments.

Following is a scenario that is rarely talked about nor addressed in training. It presents a situation that will create a good deal of stress. As best you can, write down a mindset that would help support you through this difficult time.

Scenario: Caring for or responding to trauma victims, we expect that some will be non-compliant, resist suggested changes, become angry, show little resolve, ask that we do everything for them, that we perform miracles, “yes-but” everything we suggest, create roadblocks to their own healing despite all our efforts, not accept our help, drop out of treatment. We never expect them to die, take their own lives or be killed, or to be physically or sexually abused while in our care. When a client suddenly dies or is severely harmed while in our care, our personal and professional lives are shaken. When this happens, it is quite easy to develop cognitive reactions that end up wounding ourselves.
We second-guess our competency (If only . . . I’m not smart enough to be . . .). We feel somehow responsible (I should have known . . .). We will wonder what is wrong with us (Why didn’t I . . .? or I shouldn’t be having all these reactions). Our anxiety is intensified wondering what staff may be thinking about us (She must not have….She ignored….She misread the signs….She didn’t listen…). It’s intensified even more as we may fear any number of adverse reactions from the family, what an investigation will reveal, the negative press it may bring to us and the agency and whether we will lose our job (People always want to blame someone so there is a strong reality of losing the job).

My mindset would be,

Questions

1. As best you can describe what you believe defines effective effort.

2. As best you can list what you would consider to be four characteristics of effective effort, which are also characteristics of resilience. __________________________, __________________________, __________________________, __________________________.

3. How might you respond to the person who says, “My manager did not greet me today; he is probably disappointed with my work.”

4. How might you respond to the person who says, “I don’t want to tell my supervisor about my last visit because it went so badly”?

Session Three

**Stress From a Different Perspective: Part Two**

**New Mindsets Equal New Results**

The purposes of this session are to

1. reinforce the mindsets established in the first two sessions as these begin to dictate how we approach self-care as a way to protect against and minimize the stress reactions of CF and secondary stress due to the work we do,

2. identify the characteristics of mindsets that support effective effort especially given our vulnerability every time we attempt to assist and/or respond to trauma victims and situations, and

3. define the difference between a mindset and the process of reframing, both of which are important to sustaining our resilience and effectiveness.
the characteristics of effective effort. (We also review in Session Five the STS core competencies of a trauma-informed supervisor.)

**Summary**

Preventing, minimizing the stress of what we do, the reactions associated with CF, STS and BO is best accomplished by working from the “bottom up” as described in Session Two and, as described in this session, from the “top down.” We want the management of stress, CF/STS/BO to be a neurologically integrative process or as some say a *balanced use of both our thinking and emotional brain*. From the “bottom up” we regularly need to engage in those activities that regulate our nervous system, our emotional, mid-brain responses to stressors, while establishing growth mindsets to help us from the “top down” *pause and quietly think, reflect, problem-solve, research, tinker, figure out what isn’t working and change our strategy, furrow our brow, and don’t stop until we figure it out.*

The other aspect of managing our stress is related to how the organization we are working for is or is not supporting their ethical responsibility to assist us with self-care management. Their management practices can intensify the stress of what we do, increase BO, cause rapid turnover or support a toxic environment that presents us with numerous challenges some of which we can overcome, others that will not likely change. In the next two sessions we’ll discuss a number of organizational factors that can contribute to our well-being or our stress.

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**Post-session Questions**

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices.

**Questions**

1. Of all that you have read and experienced up to this point, what surprises you the most?

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?
4 Tough Conversations, Well-being, Engagement

Pre-session Questions
Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.

1. What does the following information suggest? In 1995, Charles Figley brought our attention to the secondary stress or the cost of caring. The National Child Traumatic Stress Network (NCTSN) supported by the Substance Abuse and Mental Health Services Administration (SAMSHA) was founded in 2000. It became the primary source for information in all areas of trauma and called for organizations serving trauma populations to become trauma informed. The National Center for Trauma-informed Care (NCTIC) was established in 2005 to inform practitioners of promising and evidence-based trauma treatments. Its primary focus was on the treatment of trauma victims not the stress of caring. It wasn't until the spring of 2012 that the Center for Advanced Studies in Child Welfare held a very comprehensive conference focused on Secondary Trauma and the Child Welfare Workforce. It wasn’t until six years later, in 2018, that one major statewide child welfare organization, serving thousands of traumatized children and families, initiated its first workforce assessment of secondary trauma and BO among its staff.

2. What does the following suggest? In 2007 Prudential Financial initiated its first employee Health Risk Assessment Questionnaire that covered five dimensions associated with staff well-being. They used that outcome to develop additional services to help their employees reduce high levels of stress and depression.

3. Have you read the stories of those businesses, programs and organizations who have received the American Psychological Association Awards for Center of Excellence and Psychologically Healthy Workplaces? Yes___ No ___

4. Have you read the #1 2018 New York Times bestseller by Dr. Brené Brown, Dare to Lead: Brave Work, Tough Conversations, Whole Hearts (New York: Random House)? Yes___ No ___


6. Have you read Markus Cunningham and Curt Coffman’s 2000 book First, Break All the Rules: What the World’s Greatest Managers Do Differently (New York: Simon and Shuster, also available through Gallup Press)? Yes___ No ___

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64  **Tough Conversations, Well-being, Engagement**


8. Define the difference between wellness and well-being.

   Wellness is

   __________________________________________________________________________

   Well-being is

   __________________________________________________________________________

9. List what you consider to be 5 areas of well-being.

   ____, ____, ____, ____, ____. 

10. What do well-being and wellness have to do with stress?

    _________________________________________________________________________

11. What would you consider to be a few of the shared reactions to the stress of everyday life: financial, health, relational, social and spiritual (having purpose in life) that also are experienced with CF/STS/BO?

    _________________________________________________________________________

    _________________________________________________________________________

    _________________________________________________________________________

    _________________________________________________________________________

12. What one element or factor has repeatedly been shown to improve employee attendance, performance, the quality of service provided, worker satisfaction and retention?

    _________________________________________________________________________

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**Session Four**

**Tough Conversations, Well-being, Engagement**

**Opening Statement**

Social worker and psychologist, Dr. Brené Brown has spent 27 years studying what gives meaning to our lives. Working with transformational leaders across the globe and studying over 400,000 pieces of data she has identified what constitutes daring leadership. Her newest of four *New York Times* bestsellers, *Dare to Lead: Brave Work, Tough Conversations, Whole Hearts*, tells us that leadership is not about “power, status or titles but about taking responsibility for recognizing the potential in people and ideas and having the courage to develop that potential” (Brown, 2018, p. 4).

This is where “tough conversations” about organizational responses and responsibilities regarding employees caring for and responding to trauma situations and victims of trauma needs to be initiated. What we need to also keep in mind is that any form of work-related stress is best approached at an organizational, as well as an individual level. In their meta-analysis of 90 studies on stress management interventions published between 1990 and 2005, LaMontagne, Keegel, Louie, Ostry, and Landsbergis (2007) revealed that in relation to interventions targeting organizations only, and
Our Next Session

In our next session we are going to examine a few critical issues associated with being a trauma-informed organization and providing trauma-informed services. The remainder of the session will then focus on the key issues regarding supervision as it relates to secondary trauma, the responsibility of employees related to supervision and the unavoidable stress supervisors must also learn to manage.

Post-session Questions

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices.

Questions

1. Of all that you have read and experienced up to this point, what surprises you the most?

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?

Record answers here to the three questions asked during this session.

Question One: After reading about the focus of organizations on employee wellness and well-being and the benefits for doing so, how would you rate your organizations leadership demonstrated and continued effort to provide both onsite and offsite resources and assistance with your well-being in the six domains identified-financial, health, emotional (mental health), social, spiritual and professional growth? Limited____, Some focus/effort but inconsistent ____,
A definite priority____.

Question Two: Of the six domains, which domains receive the least attention or provide the fewest resources _____________, _____________, _____________, _____________.

Question Three: After reading about the ways that leaders, managers and supervisors promote engagement, how would you rate the level of engagement in your work setting?

Poor____, Minimal____, Limited____, Somewhat good____, Very good____.

Note: Keep your answers in mind when considering the sources of workplace stress and how much your workplace practices are contributing to your stress versus the actual work you do.
Pre-session Questions

Answer all questions as best you can. If you seem to have no answer, give it your best effort as this will help reinforce what is learned throughout this session.

1. When an organization indicates they are trauma-informed, what is the first question you want to explore?

2. List the six principles of trauma-informed care.

3. If you were a supervisor in a trauma-informed environment pursuing the principle of safety in the supervisory process, what four questions should you be able to answer regarding safety?
   (a) 
   (b) 
   (c) 
   (d) 

4. Although there is no formal definition, describe what you consider to be the difference between being trauma-informed versus trauma-sensitive.

5. List two factors that enhance resilience, performance, compassion satisfaction and staff retention.

6. Identify the four characteristics of transformational leaders.
7. You are going to be meeting your assigned supervisor/manager for the first time. As we all know, not all supervisors or managers are helpful. Write down the concerns you have about entering into this relationship with your assigned supervisor or manager.

8. If you are a trauma-informed supervisor, use a separate sheet of paper to write out what you would say in your first session with a new supervisee. If you are a supervisee, write down what you would hope to hear from your assigned supervisor in your first session.

9. What 10 processes help make supervision safe and effective? (Both supervisees and supervisors should try to answer this.)

10. If you are a supervisor, list as best you can the 9 core competencies of trauma-informed supervision.

Session Five

Trauma-informed Organizations, Leadership, STS and Supervision

Opening Statement

We spent our last session talking about the importance of well-being and engagement as critical factors related to high levels of performance, quality service, retention, the well-being of the organization and most importantly the minimization and sustained containment of work-related stress inclusive of CF/STS. If you recall high levels of engagement indicate that all levels of leadership are consistently connecting with and demonstrating their care for the well-being of all members in the organization. Common sense tells us then that, if an organization is providing services to trauma populations, those involved in trauma incidents and/or to those presenting with emotionally challenging situations, an engaged leadership will be very concerned about its staff and the impact of the stress they are exposed to because of the service they provide.

Reality: Leaders in TSOs who value the well-being of their employees and the role engagement plays in minimizing the stress of the work they do, will also support a culture that is trauma-informed and, in particular, actively pursue their ethical responsibility to assist staff with STS/CF.

Making an effort to become a trauma-informed organization says, “We now recognize and understand the impact trauma has on our clients, their everyday lives, their relationships and their efforts to survive and succeed. Knowing what we now know about trauma, we are working on policies,
Post-session Questions

Write down your answers to the following questions. Keep these responses, as they will be used later when detailing self-care practices.

Questions

1. Of all that you have read and experienced up to this point, what surprises you the most?

2. Of all that you have read and experienced up to this point, what one thought stands out the most for you?

3. As you think about the one thought that stands out the most for you, how might it change the way you think about CF, secondary stress and BO?

4. How has this changed what you feel you need to do about the unavoidable stress of what you do?

Please record your answers below to these two questions asked earlier in the session.

Question: Hearing this information about some of the factors associated with a trauma-informed organization how do rate your organization's? Not informed, Somewhat informed, Informed with limited sensitivity, informed and trauma sensitive.

Question: Given this information how would you rate your supervisory relationship? Poor, somewhat supportive, trauma-informed/sensitive, very supportive, trauma-informed and sensitive.

References


Silencing Response Scale, Baranowski, 2002 (© 2011, Routledge)
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Instructions: This scale was developed to help caregivers identify specific communication struggles in their work. Choose the number that best reflects your experience. Answer all items to the best of your ability as they reflect your feelings. Use the following rating system,

0 = rarely or never 1 2 3 4 5 6 7 8 9 10 = very often

1. ____ Are there times when you believe your client is repeating emotional issues you feel were already covered?
2. ____ Do you get angry with client(s)?
3. ____ Are there times when you react with sarcasm toward your client(s)?
4. ____ Are there times when you fake interest?
5. ____ Do you feel that listening to certain experiences of your client(s) will not help?
6. ____ Do you feel that letting your client talk about their trauma will hurt them?
7. ____ Do you feel that listening to your client’s experiences will hurt you?
8. ____ Are there times that you blame your client for the bad things that have happened to them?
9. ____ Are there times when you are unable to believe what your client is telling you because what they are describing seems overly traumatic?
10. ____ Are there times when you feel numb, avoidant or apathetic before meeting with certain clients?
11. ____ Do you consistently support certain clients in avoiding important therapeutic material despite ample time to address their concerns?
12. ____ Are there times when sessions do not seem to be going well or the client’s treatment progress appears to be blocked?
13. ____ Do you become negatively aroused when a client is angry with you?
14. ____ Are there times when you cannot remember what a client has just said?
15. ____ Are there times when you cannot focus on what a client is saying?

Scoring:
Total all scores to arrive at the sum total.

TOTAL __________

95–150 = high risk; 41–94 = moderate risk; 21–40 some risk; and 0–20 = little risk

Suggestion (my opinion): Experiencing any one of the responses in this scale strongly suggests that you need to discuss your response(s) with a trauma-informed supervisor. Your response may be indicative of emerging STS reactions such as #s 2, 3, 4, 7, 8, 10, 13, 14 and 15. Other responses may indicate a need for additional supervision re: particular clients who’s responses you are struggling with or those that may be activating you such as in #s 9, 11 and 12; or your responses could indicate a need for more trauma-specific training such as #s 1, 5 and 6. Some responses may indicate several possibilities such as #11, which could indicate avoidant responses on your part or that you need more training in ways to respond to trauma. In essence these statements reflect symptoms of CF inclusive of STS and/or trauma competency issues.
Note: Keep in mind even seasoned professionals will occasionally experience any one of these responses. The difference is that seasoned, trauma-informed professionals will engage in self-reflection as to the possible meaning/source of their response rather than ignore or minimize that response.

Secondary Traumatic Stress (STS) Checklist

Prepared 2019 by Dr. William Steele

The criteria for STS consist of symptoms of intrusion, avoidance and arousal; and, as of 2013 and the publication of the DSM-5 and Criteria “D,” it is my opinion that alterations in cognitions and mood (Criteria “D”) ought to be included.

The following statements are related to what you directly experienced with a client or when responding to a situation that was traumatic, or as a result of your efforts to assist clients, who were directly traumatized. (Client can refer to victims of traumatic incidents and/or persons in your care.) This is not a diagnostic tool. The items have been adapted from Bride’s STS scale (Bride, Robinson, Yegidis, & Figley, 2004) and the most current DSM-5 (American Psychiatric Association, 2013) PTSD criteria for PTSD which added criteria “D,” alterations in cognitions and mood. It can be argued that those experiencing STS do experience cognitive and mood changes that have been associated with CF and vicarious trauma in past literature and research mentioned in Session One. For this reason, they are included here in this adapted format.

Directions: Simply check those reactions under each category that you are experiencing and then review scoring instructions for results.

Intrusion

___ I have unexpected upsetting thoughts/memories/images of what happened with/to clients.
___ At times it feels like I am experiencing what my client experienced.
___ I think about what happened to some clients even when I do not want to.
___ I sometimes have disturbing dreams related to client situations/materials.
___ I have unwanted, strong physical reactions (heart pounding, sweating, etc.) when something or someone reminds of that traumatic situation.
___ Things that remind me of that situation causes me unwanted, strong distress.

Avoidance

___ I am avoiding people, places, situations, reading of material that reminds me of traumatic client situations.
___ I avoid certain clients/client conditions that remind me of that trauma situation.
___ I find I am not socializing as much as I used to.
___ I find I’m not as active as I have been in the past.
___ There are times when I try to move clients away from talking about what happened because I do not want to hear it.
___ I’m drinking more and/or using other substances to get me through.
Appendix A3

**Arousal**

___ I’m more jumpy, easily startled.
___ I’m irritated more often.
___ I’m having trouble sleeping.
___ It feels like I’m constantly ready or waiting for something bad to happen.
___ It’s harder to concentrate, to focus.

**Cognitive/Mood Alterations**

___ I find that at times I’m numb, detached.
___ I have a more negative thoughts about myself, others or life since this happened.
___ It’s harder to be positive about people, places, things.
___ I’m not doing the things I once enjoyed doing.
___ There are things I can’t remember about what happened in that case/with that client.
___ I’m blaming myself or others for what happened.

Scoring:

Record number of items checked under each category.

Intrusion ____, Avoidance ____, Arousal ____, Cognitive/Mood Alterations ____.

If you are experiencing at least one reaction in intrusion, avoidance arousal category and two or more under alterations in cognitions and mood, further screening is recommended to determine if you may be also experiencing PTSD. Keep in mind that there remains a great deal of discussion as to what constitutes STS and the gap between STS and PTSD. *What matters* is that you take whatever reactions you checked seriously and discuss them with your supervisor or an outside trauma specialist if you do not feel comfortable bringing them to your supervisor. In most cases brief intervention can help resolve STS reactions if present, additional efforts may be needed to treat PTSD.

All professionals experience the reactions listed above at some point. If you are having a stressful time in your personal life, it certainly will be harder to deal with client traumas or situations. There will be some clients who call that cause you, on a stressful day, to say “not today.” However, when experiencing STS you will have multiple reactions across the above categories. Your reactions may follow interaction with one client or they be as a result of assisting and/or responding to multiple clients/situations over time.


A4  Professional Quality of Life Scale 5  
(ProQOL)


Compassion Satisfaction and CF (ProQOL) Version 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?**

**Compassion Satisfaction Scale**
In this section, you will score your test so you understand the interpretation for you. To find your Compassion satisfaction score total the questions listed below and then find your score in the table below.

Total (Sum): ___

Identifying Your Compassion Satisfaction (CS) Score
My sum is 22 or less, therefore my score = 43 or less, therefore my CS level is LOW
My sum is between 23 and 24 therefore my score = 50, therefore my CS level is AVERAGE
My sum is 42 or more therefore my score is = 57 or more, therefore my CS level is HIGH

**MY CS Score: ___ (My Level:_______)**

*Note: Once you have identified your scores, you can read the detailed interpretations below.*

**The BO Scale**
On the BO Scale you will need to take an extra step. Starred items below are reverse scored. If your initial score was 1 change it to 5; initial score of 2 becomes 4; initial score of 3 remains 3; initial score of 4 becomes 2 and an initial score of 5 becomes 1. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. “I am happy” tells us more about the effects of helping when you are not happy so you reverse the score.

*1. (Original score) ___ = (New Changed Score) ___*4. ___ = ___*8. ___= ___
*29. ___ = ___
Total (Sum): ___

BO Scoring
My sum is 22 or less, therefore my score = 43 or less, therefore my BO level is LOW
My sum is between 23 and 41, therefore my score = 50, therefore my BO level is AVERAGE
My sum is 42 or more, therefore my score is = 57 or more, therefore my BO level is HIGH

**My BO Score: ___(My Level:_______)**
STS Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on this table and add them up. When you have added them up you can find your score on the table below.


Total (Sum): _____

Secondary Trauma (ST) Scoring

My sum is 22 or less, therefore my score = 43 or less, therefore my ST level is LOW

My sum is between 23 and 41, therefore my score = 50, therefore my ST level is AVERAGE

My sum is 42 or more, therefore my score = 57 or more, therefore my ST level is HIGH

My ST Score: ___ (My Level: _____)

Your Scores on the ProQOL: Professional Quality of Life

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a 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.

BO

Most people have an intuitive idea of what BO is. From the research perspective, BO is one of the elements of CF. 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 BO.

The average score on the BO 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 43, 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
Appendix A4

The second component of CF is 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. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, 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.

**About the Scores**

The best outcome is having high CS and low BO and CF. When STS is high while CS is high and BO low, usually brief intervention for STS will be beneficial. When both STS and BO are high intervention is recommended for STS and time away from work for BO. However, if the conditions causing BO are not changed, returning to that environment will likely not be beneficial.

*Note:* If interested in additional interpretation of scores you may download the 2010 Concise Pro-QOL Manual, 2nd Ed. at ProQOL.org.
A5  Self-Engagement Survey

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The items in this scale reflect the items most frequently cited in sources identifying characteristics of engagement (Gallup, 2016; Engagement Multiplier, 2014; Pay Scale, 2018). It is not a diagnostic tool but an indicator of our level of engagement, which we know is associated with performance, retention and support of the organization. (See Session Four in this book.)

1. Am I living up to the expectations of my job? Yes____ Somewhat ____ Rarely ___
2. Am I supported by leadership/manager/supervisor to help meet these expectations? Yes____ Somewhat ____ Rarely ___
3. Is my progress, my efforts, the work I do discussed/reviewed at least every two weeks? Yes____ Somewhat ____ Rarely ___
4. Am I given opportunities to enhance/develop my skills? Yes____ Somewhat ____ Rarely ___
5. Are my peers supportive in helpful ways to me? Yes____ Somewhat ____ Rarely ___
6. Do I feel my “voice,” my comments and opinions are taken seriously? Yes____ Somewhat ____ Rarely ___
7. My supervisor/manager connects/checks with me via email, text, phone, a brief note or brief visit regularly without micromanaging? Yes____ Somewhat ____ Rarely ___
8. Leadership demonstrates its concern for my well-being? Yes____ Somewhat ____ Rarely ___
9. I feel appreciated/recognized for the work I am doing? Yes____ Somewhat ____ Rarely ___
10. I enjoy working in this organization? Yes____ Somewhat ____ Rarely ___
11. I think about looking for another job ___Weekly ___ Monthly ___ Every few months ___Rarely

Scoring:

A. Add the number of “Yes” responses to the first 10 statements. Total = ___ (Very engaged)
B. Add the number of “Somewhat” responses to the first 10 statements. Total = ___ (Only somewhat engaged)
C. Add the number of “Rarely” responses to the first 10 statements. Total = ___ (Rarely engaged)

#11. If you are thinking about looking for another job weekly add “4” to category “C” total; if monthly add “3” to total. If thinking about looking for another job every few months add “2” to category “B” total; if rarely thinking about another job add “2” to category “A.”

The highest total represents the level of engagement.

My level of engagement _________________________

Positive engagement generally supports retention, higher levels of performance and engaging in activities that support the organization. “Somewhat” engagement will be reflected in more sporadic performance and attendance, less involvement in support of the organization, more frequent thoughts/searches for another job.

Appendix A5


A6 Secondary Traumatic Stress Informed-Organization Assessment (STSI)

Reprinted and adapted by permission from Dr. Ginny Sprang, Center on Trauma and Children University of Kentucky (see citation at the end of the assessment).

This tool identifies specific areas of strength and opportunities to implement STS-informed policies and practices. Developed by members of the NCTSN and available through the University of Kentucky Center on Trauma and Children, is an assessment tool that can be used by organizational representatives at any level to evaluate the degree to which their organization is STS-informed and able to respond to the impact of STS in the workplace. It can be downloaded at no cost by visiting www.uky.edu/CTAC/STSI-OA.

Directions: Simply check those items that you are currently aware are in place at your organization. If you do not know or are unsure use “u” to indicate further investigation is needed.

The organization promotes resilience building activities that enhance the following:

___ Basic knowledge about STS
___ Monitoring the impact of STS on professional wellbeing
___ Maintaining positive focus on the core mission for which the organization exists
___ A sense of hope, e.g., a belief in a clients’ potential for trauma recovery, healing and personal growth
___ Specific skills that enhance a worker’s sense of professional competency
___ Strong peer support among staff, supervisors and staff and/or outside consultants
___ Healthy coping strategies to deal with the psychological demands of the job

To what degree does the organization promote a sense of safety?

___ The organization protects the physical safety of staff using strategies or techniques to reduce risk (e.g., panic buttons, security alarms, multiple staff, etc.)
___ Staff in the organization are encouraged to not share graphic details of trauma stories unnecessarily with coworkers
___ Periodically, the organization conducts a safety survey or forum that assesses worker perceptions of psychological safety
___ Periodically, the organization conducts a safety survey or forum that assesses worker perceptions of physical safety
___ Organizational leaders manage risk appropriately and protect workers as much as possible from dangerous clients and/or situations
___ The organization provides training on how to manage potentially dangerous situations (e.g., angry clients)
___ The organization has a defined protocol for how to respond to staff when critical incidents occur
How STS-informed are organizational policies?

___ The organization has defined practices addressing the psychological safety of staff
___ The organization has defined practices addressing the physical safety of staff
___ The organization has a risk management policy in place to provide interventions to those who report high levels of STS
___ The organization has defined procedures to promote resilience building in staff (e.g., self-care workshops)
___ The organization's strategic plan addresses ways to enhance staff resiliency
___ The organization's strategic plan addresses ways to enhance staff safety

How STS-informed are the practices of leaders (executive directors, CEOs, COOs, administration, etc.)?

___ Leadership actively encourages self-care
___ Leadership models good self-care
___ Supervisors promote safety and resilience to STS by routinely attending to the risks and signs of STS
___ Supervisors promote safety and resilience to STS by offering consistent supervision that includes discussion of the effect of the work on the worker
___ Supervisors promote safety and resilience to STS by intentionally managing caseloads and case assignments with the dose of indirect trauma exposure in mind
___ Staff provides input to leaders on ways the organization can improve its policies and practices regarding STS
___ Supervisors address STS by referring those with high levels of disturbance to trained mental health professionals
___ Supervisors promote safety and resilience to STS by offering additional supervision during times of high risk for STS
___ Leadership responds to STS as an occupational hazard and not a weakness

How STS-informed are other routine organizational practices?

___ The organization provides formal trainings on ways to enhance psychological safety
___ The organization provides formal trainings on ways to enhance physical safety
___ The organization provides formal trainings on enhancing resilience to STS
___ The organization offers activities (besides trainings) that promote resilience to STS
___ The organization discusses STS during new employee orientation
___ The organization has regular opportunities to provide team and peer support to individuals with high levels of exposure
The organization provides release time to allow employees to attend trainings focused on resilience building or STS management.

**How well does the organization evaluate and monitor STS policies and practices?**

___ The organization assesses the level of STS in the workplace

___ The organization routinely monitors workforce trends (e.g., attrition, absenteeism) that may signify a lack of safety or an increase in STS

___ The organization responds to what it learns through evaluation, monitoring and/or feedback in ways that promote safety and resilience

___ The organization routinely seeks feedback from the workforce regarding psychosocial trends that may signify an increase in STS (e.g., increased conflict, social isolation)

*(Note: This survey has no scoring format but is used to identify areas needing attention.)*

*For our purposes only* we simply want you to have a sense as to how well the organization is addressing STS, how well leadership is demonstrating concern for your well-being. There are 40 items. Total only the number of items checked and divide by 40 for a percentage. If 30 items were checked the % would = 75%. Do not count those items you marked as “u” for uncertain.

Score ___%

*(My opinion)* In a trauma-informed organization you should also expect that at least 75% compliance. Obviously, those items not checked or scored as “u” for uncertain/I don’t know, need to be further pursued. It is not uncommon to find that some of these items may be in place yet the organization has not effectively communicated these are actually in place. In some cases, it reflects that supervisors/managers are not reviewing this information with supervisees. In either case, lack of awareness and/or not being informed has the potential to increases staff vulnerability to STS.

A7  NCTSN Core Competencies for Secondary Trauma-Informed Supervisors

Reprinted with permission from NCTSN Core Competencies for Secondary Trauma-Informed Supervision
www.nctsn.org/.../using-secondary-traumatic-stress-core-competencies-trauma-i...

Adapted as a checklist form retaining all original content.
Supervisees should expect their supervisor to initiate these practices and/or provide the information as described below.

**Directions:** As a supervisor, simply check those practices you are competent in providing. Those practices not checked become areas for competency training.

If you are a supervisee experiencing secondary trauma reactions (avoidance, arousal, intrusiveness), your supervisor ought to be assisting you using these core competencies. Under each competency category, check those your supervisor has introduced you too. Not all practices will apply directly to you. When finished, answer the two questions at the end of this checklist.

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

The supervisor is able to do the following:

___ Recognize the signs of STS in their supervisees.

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

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

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

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

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

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

___ Differentiate STS, PTSD, and BO symptoms, and describe the differential varying responses to each condition.

___ Identify how race, historical trauma, implicit bias, and/or culture impacts the way STS manifests at the individual and organizational levels.
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2. Knowledge and capacity to self-assess, reflective capacity to monitor, and address the supervisor’s own personal STS.

The supervisor is able to do the following:

___ Recognize the effect of race, historical trauma, implicit bias, culture and/or other trauma exposure upon themselves him/herself and describe how it may manifest in the supervisory process.
___ Self-assess for signs and symptoms of STS that is affecting their, his/her own functioning on a regular basis.
___ Define a plan for regular reflection to identify and self-assess STS.
___ Address STS signs and symptoms of STS when they arise in their own lives.
___ Willingly seek support from peers or own supervisor.

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

The supervisor is able to do the following:

___ Employ skills to enhance psychological safety of supervisees during supervision.
___ Describe common emotional responses to trauma work.
___ Skillfully employ reflective listening as part of supervisory practice.
___ Identify and utilize supervisees’ strengths in order to use data to increase supervisee self-awareness, competence, and resilience.
___ Describe common emotional responses to trauma work and integrate these into discussions with supervisees.
___ Normalize common emotional responses to trauma work during supervision.
___ Provide emotional support to supervisees, and how to determine what method may be most helpful to supervisees.

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

The supervisor is able to do the following:

Educate supervisees
___ Define self-regulation;
___ Teach self-regulation skills;
___ Normalize emotional responses to difficult situations.

Assess supervisees
___ Evaluate the immediate current well-being of the supervisee;
Identify negative self-appraisals, cognitive distortions and ineffective coping behaviors that the supervisee may be demonstrating;

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

Coach and support supervisees

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

Communicate concern and support.

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

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

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

The supervisor is able to do the following:

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

Know the eight Core Actions of PFA approach.

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

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

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

Inquire about the immediate needs of staff following an event.

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

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

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

The supervisor is able to do the following:

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

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

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

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

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

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

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

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

The supervisor is able to do the following:

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

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

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

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

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

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

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

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

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

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

The supervisor is able to do the following:

Recognize when changes in a supervisee's perspectives occur.

Successfully engage supervisee in discussion of observed changes and obtain supervisee’s his or her perspectives thoughts regarding these changed views.
Appendix A7

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

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

Provide support towards replacing cognitive distortions with more accurate assessments.

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

The supervisor is able to do the following:

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

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

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

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

Note: There is no scoring for this tool. It is used to identify STS areas of supervisor competency. However, supervisors should be expected to be competent in the majority of the above areas.

Scoring BY Supervisors. (Following scoring created by author to provide general reference only). There are 64 total items. Add the number of items checked and divide that number by 64 to arrive at a %. If you checked 39 items divided by 64 = 60% competency. You can do better. You need to do better. Seek out training and literature related to areas that need developing.

My Competency % = ____

STS supervision is critical to both prevention and recovery from STS. If not available within the organization then help should be sought from other competent sources.

Record areas of deficiency by category and/or item/practice on your Self-Care Checklist.

Scoring By Supervisees. Supervisees who are or may be experiencing STS should expect their supervisor to assist them using the above practices. As you review this checklist, what you did or did not check, answer the following two questions.

Record your answer here and on your Self-Care Checklist.

What is your immediate impression of your supervisor’s STS competency?

Knowing what you know about supervisor STS competency, the effects of STS and the benefits of brief intervention, do you feel safe and confident that your supervisor can help? ____Yes, ____No

Do you need to seek outside help from a trauma specialist? ____Yes, ____No

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A8  Self-Compassion Scale

Reprinted with permission from Dr. Kristen Neff. www.Self-compassion.org

How I Typically Act Towards Myself in Difficult Times

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never = 1  2  3  4  5 = Almost always

1. I’m disapproving and judgmental about my own flaws and inadequacies.
2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I’m feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I’m down and out, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I’m intolerant and impatient towards those aspects of my personality I don’t like.
12. When I’m going through a very hard time, I give myself the caring and tenderness I need.
13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition.
16. When I see aspects of myself that I don’t like, I get down on myself.
17. When I fail at something important to me, I try to keep things in perspective.
18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.
19. I’m kind to myself when I’m experiencing suffering.
20. When something upsets me I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I’m experiencing suffering.
22. When I’m feeling down I try to approach my feelings with curiosity and openness.
23. I’m tolerant of my own flaws and inadequacies.
24. When something painful happens, I tend to blow the incident out of proportion.
25. When I fail at something that’s important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don’t like.
Appendix A8

Scoring

Self-Kindness Items: 5, 12, 19, 23, 26
**Self-Judgment Items: 1, 8, 11, 16, 21
Common Humanity Items: 3, 7, 10, 15
**Isolation Items: 4, 13, 18, 25
Mindfulness Items: 9, 14, 17, 22
**Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean (average) of each subscale item responses by adding up the sum and then dividing the sum by the total number of items in that subscale. For example, if your sum total for Self-kindness is 20, divide it by the 5 items in that subscale for a mean/average of 4, meaning you are almost always kind to yourself during difficult times.

This scoring method provides you with very specific detail as to your mindset during stressful times. Remember it’s our mindset that drives our behavior. **For **categories (self-judgment, isolation & over-identified) you want an average score of 1–2, meaning you are not judgmental, do not isolate yourself when things are not good and that you are able to respond with appropriate emotions. For the other three categories you want an average of 4–5 meaning you treat yourself with kindness, you compare yourself favorably with others who have setbacks and take your failures in stride (as a learning experience).

Being self-compassionate is really about having those mindsets that direct compassionate behavior and help reduce stress and CF during difficult times. Approaching this tool from a mindset perspective makes it quite easy to identify mindsets in each statement that are counter-productive to compassion satisfaction or support self-compassion.

Note: Research has shown that self-compassion is positively and significantly related to psychological health and well-being (e.g., happiness, optimism, positive affect, wisdom, personal initiative) beyond that which can be accounted for by personality (Neff, Rude, & Kirkpatrick, 2007; Neff, 2011). Vettese, Dyer, Li, and Wekerle (2011) found that self-reported levels of self-compassion mediated the link between childhood maltreatment and later emotional dysregulation. This suggests that people with trauma histories who have compassion for themselves are better able to deal with upsetting events in a productive manner.


The Spiritual Intelligence Self-Report Inventory © 2008 David King. Reprinted with permission from Dr. David B. King/ASA

Note: Why do you want to evaluate your spiritual intelligence? Those who have a higher level of spiritual intelligence are more flexible and self-conscious, and have a holistic attitude to existence and hardships of life (Emmons, 2000). Those with higher spiritual intelligence are benefiting from several capacities, for instance, they have the power to cope with stress, change the threats of life into opportunities, and finally they have a better mental health status (Wigglesworth, 2006). The SISRI is a researched, viable tool (King & DeCicco, 2009).

The following statements are designed to measure various behaviors, thought processes, and mental characteristics. Read each statement carefully and choose which one of the five possible responses best reflects you by checking the corresponding number. If you are not sure, or if a statement does not seem to apply to you, choose the answer that seems the best. Please answer honestly and make responses based on how you actually are rather than how you would like to be. The five possible responses are:

0—Not at all true of me, 1—Not very true of me, 2—Somewhat true of me, 3—Very true of me, 4—Completely true of me. For each item, check the one response that most accurately describes you.

1. I have often questioned or pondered the nature of reality. ___0___1___2___3___4
2. I recognize aspects of myself that are deeper than my physical body. ___0___1___2___3___4
3. I have spent time contemplating the purpose or reason for my existence. ___0___1___2___3___4
4. I am able to enter higher states of consciousness or awareness. ___0___1___2___3___4
5. I am able to deeply contemplate what happens after death. ___0___1___2___3___4
6. It is difficult for me to sense anything other than the physical and material. ___0___1___2___3___4
7. My ability to find meaning and purpose in life helps me adapt to stressful situations. ___0___1___2___3___4
8. I can control when I enter higher states of consciousness or awareness. ___0___1___2___3___4
9. I have developed my own theories about such things as life, death, reality, and existence. ___0___1___2___3___4
10. I am aware of a deeper connection between myself and other people. ___0___1___2___3___4
11. I am able to define a purpose or reason for my life. ___0___1___2___3___4
12. I am able to move freely between levels of consciousness or awareness. ___0___1___2___3___4
13. I frequently contemplate the meaning of events in my life. ___0___1___2___3___4
14. I define myself by my deeper, non-physical self. ___0___1___2___3___4
15. When I experience a failure, I am still able to find meaning in it. ___0___1___2___3___4
16. I often see issues and choices more clearly while in higher states of consciousness/awareness. ___0___1___2___3___4
17. I have often contemplated the relationship between human beings and the rest of the universe. ___0___1___2___3___4
18. I am highly aware of the nonmaterial aspects of life. ___0___1___2___3___4
19. I am able to make decisions according to my purpose in life. ___0___1___2___3___4
20. I recognize qualities in people, which are more meaningful than their body, personality, or emotions. 

21. I have deeply contemplated whether or not there is some greater power or force (e.g., god, goddess, divine being, higher energy, etc.).

22. Recognizing the nonmaterial aspects of life helps me feel centered.

23. I am able to find meaning and purpose in my everyday experiences.

24. I have developed my own techniques for entering higher states of consciousness or awareness.

Total Spiritual Intelligence Score and examples of subscale meaning

Sum all item responses or subscale scores (after accounting for *reverse-coded item/question #6). A score of 0 now = 5; 1 = 4; 2 = 3; 3 = 1; 4 = 0.

24 items in total; range: 0–96; mid-range = 48

4 Factors/Subscales:

I. Critical Existential Thinking (CET): Sum items 1, 3, 5, 9, 13, 17, and 21.

7 items in total; range: 0–28; mid-range = 14

CET reflects that: I think about the purpose of my life and the meaning of things I’ve experienced, the meaning of what has happened to me, and the reason(s) for living. I also think about a greater power.

II. Personal Meaning Production (PMP): Sum items 7, 11, 15, 19, and 23.

5 items in total; range: 0–20; mid-range = 10

PMP reflects that: Even when I fail, I find meaning in the loss—I learn. I do have purpose and meaning in my life. I make my decisions based on what is meaningful for me; what supports my purpose.

III. Transcendental Awareness (TA): Sum items 2, 6, 10, 14, 18, 20, and 22.

7 items in total; range: 0–28; mid-range = 14

Prior to summing scores, reverse score on #6–0 = 4, 1 = 3, 2 = 2, 3 = 1 and 4 = 0

TA reflects that: I think about things that go beyond the material or physical. I think about myself in ways that are not about how I look, my physical strengths or attributes. I recognize qualities in others that go beyond how they look, beyond their personality.

IV. Conscious State Expansion (CSE): Sum items 4, 8, 12, 16, and 24.

5 items in total; range: 0–20; mid-range = 10

CSE reflects that: I meditate, reflect, I practice mindfulness. I have an awareness beyond myself.

How I use: We obviously want to score mid-range and above, preferably closer to the maximum score in each subscale. The higher our score across all four subscales the greater our resilience (see above statements regarding coping and mental health benefits of spiritual intelligence). These also reflect mindsets about life that enhance our resilience. Use the lower scored items to reflect on how you can change your mindset, the way you think about life, yourself, your purpose, time to enhance awareness, etc.
Use of the SISRI is unrestricted so long as it is for academic, educational, or research purposes. Unlimited duplication of this scale is allowed with full author acknowledgement only. Alterations and/or modifications of any kind are strictly prohibited without author permission. For additional information, please visit www.dbking.net/spiritualintelligence/ or email David King at davidking2311@gmail.com.


Resilience Characteristics Survey

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Charney (2004) provides one of the most comprehensive lists of protective factors related to resilience reflected by several items in this checklist: optimism, altruism, having a moral compass, social supports, humor, role models, taking risk, mission/purpose and spirituality. This survey also reflects characteristics reported by others (King & DeCicco, 2009; Bonano, 2010; Stebbins, 2010; Seligman, 2011; Diehl, 2017).

For each item indicate 1= Sometimes, 2 = Often, 3= Almost always

1. ___I’m generally optimistic even when facing the hardest of challenges.
2. ___I see problems, “failure” as opportunities to learn and grow.
3. ___I give back to my community, to others.
4. ___I believe in a higher power.
5. ___I don’t stop until I find what works best for challenges I face.
6. ___I have a good sense of humor and usually see the lighter side of things.
7. ___I have several role models I draw strength from as needed.
8. ___Even when I am most vulnerable, I persist until the situation changes for the positive.
9. ___I have supportive, non-judgmental others I can go to about difficult situations.
10. ___I am not afraid to take risk, to leave my comfort zone for new experiences.
11. ___I have a clear purpose in life.
12. ___I surround myself with others I trust and enjoy learning from.
13. ___I’m generally very curious and will seek out new information and resources to improve on what I am doing.
14. ___I can advocate for myself.
15. ___I am willing to try new approaches when what I am doing is not working.
16. ___I generally see my future in positive ways.
17. ___I engage in daily self-care/wellness practices.
18. ___I trust myself, my abilities.
19. ___In the past, I’ve generally found ways to overcome challenges.
20. ___I treat my body with respect.
21. ___I spend time weekly at “serious leisure” (hobby, sport).
22. ___I enjoy “down time” during the week (reading, relaxing, listening to music, etc.).
23. ___I am fairly good at noticing opportunities or pending challenges.
24. ___During emotionally difficult times I am able to manage my feelings.
25. ___I spend time weekly to reflect.

Scoring:

75-100 Very resilient
50-74 Somewhat resilient—room for fine tuning
Below 49 Minimally resilient—much room for improvement
Appendix A10

Consider your scores by category. Ideally you want an optimal score or be at least at the 75% level. The categories, optimal scores, 75% level scores and the questions for each category are listed below.

Optimism: #s 1, 2, 6, 16 . . . Optimal Score (OS) = 16; 75% = 12
Adaptability: #s 10, 14, 18, 19 . . . OS = 16; 75% =12
**Spiritual Intelligence: #s 3, 4, 11, 23, 24, 25 . . . OS = 24; 75% = 18
Effective Effort: #s 5, 8, 13, 15 . . . OS = 16; 75% = 12
Social Strength: #s 7, 9, 12 . . . OS = 12; 75% = 9
Self-Care/Wellness: #s 17, 20, 21, 22 . . . OS = 16; 75% = 12

**Spiritual Intelligence includes critical existential thinking: You think about your purpose in life, its meaning and about a higher power. Personal meaning production: Even when you fail, you learn, you find meaning in that loss. Conscious state expansion: You reflect, you have an awareness beyond yourself.

CF/STS/BO and Individual/Organizational Disengagement

CF
(CF can and often does include STS yet STS can also exist without CF so STS symptoms are listed separately.)

- Overwhelmed by others suffering
- Blaming others for their suffering
- Physical and mental fatigue
- Difficulty concentrating
- Distancing self from others
- Feeling disconnected from others
- Distancing from some clients while becoming overinvolved with others
- Finding it difficult to be empathetic or sympathetic
- Increased irritability
- No longer enjoying the work
- Little satisfaction
- Feel like you are working harder but accomplishing less
- Making poor decisions re: self and clients
- Becoming cynical
- Your view of the world and yourself changes
- Easily frustrated
- Increased use of substances
- Others complaining about you and your work
- Denial of symptoms observed by others

Secondary Traumatic Stress
Avoiding any reminders of traumatic material or experience. This includes:

- Clients
- Client material that trigger unwanted memories
- Intrusive recollections of trauma experience/content
- Feeling as if you are reexperiencing what client experienced
- Easily startled
- Hypervigilant
- Constantly ready for the next bad thing to happen
- Trouble sleeping, concentrating
- Withdrawing from others and activities you once enjoyed
- Feeling numb/detached
- Experiencing negative thoughts about yourself
Appendix B

- Blaming yourself or others for what happened
- Unable to remember certain aspects of what you were exposed to

**BO**

(Some BO and CF symptoms are very similar. Keep in mind that BO is related to the work environment, its policies, conditions and practices whereas CF is related to the interactions with the people you are assisting.)

- Physically drained
- Exhausted
- Feeling overloaded, overworked
- Skipping lunches and skipping out on friends and social activities
- Experiencing physical symptoms
- Sleep problems
- Waking up tired
- Dreaming about work
- Little or no motivation to go to work
- Loss of enthusiasm and pleasure
- Concentration suffers
- Quality of work inconsistent and declining
- Missing deadlines
- Disengaged
- Negative attitude towards the work environment and its policies and practices
- Think frequently about quitting

**Disengagement**

*Staff disengagement:*

- Consistently complaining
- Trouble getting work done
- Talk about/plan on working elsewhere
- Makes excuses rather than owning mistakes
- Creates conflict/crisis
- Avoids supervision
- Contributes little in meetings
- Attendance issues
- Poor work quality

*Organizational disengagement:*

*Leaders/managers:*

- Either micro manage or ignore employees
- Do not engage/support wellness/well-being practices, polices, on site programs
- Remain remote, uninterested
Employees are:

- Frustrated by their lack of support, involvement and input
- Think they are not visible, have erratic expectations or show favoritism
- Feel open communication is not valued
- Feel feedback is ignored and emotional safety and optimism are largely absent
C1  Self-Care Checklist Worksheet

Assessment Outcomes
Record the outcomes of your assessments on this form. This information will be used to develop your self-care plan. In the final session, each of the five categories will be discussed and questions presented to help determine your primary focus in each category.

Review Post-session Questions
Before recording the outcomes of the assessment tools, please review your response to Question #4 in each of the Post-session Questions, Sessions One through Five. The question is, “How has this changed what you feel you need to do about the unavoidable stress of what you do?” Take a minute to reflect on your responses. After reflecting, list here what you consider to be “must do” related to your self-care.

Overall Stress Outcomes
Record your answer to the Session Six question located under the heading “Overall Stress Assessment Series.” The question was: Given the accumulation of knowledge you now have about the various sources/symptoms/causes of stress, how do you now rate your stress level?

Current Perceived Stress Level __%  

Perceived Stress Scale (PSS) Score (be sure you reversed scoring for #s 4, 5, 7 and 8 before adding the total)

_____mild _____moderate _____high

*mild = my perceptions (responses) help maintain low stress levels; moderate = my perceptions/reactions create stress needing my attention; high = my perceptions/reactions are causing high stress levels.

What specific questions did you rate fairly often and indicate whether these reflected problems with control, coping and/or emotional reactions (see I also suggest the following use under PSS scoring)?

What specific questions did you rate very often and indicate whether these reflected problems with control, coping and/or emotional reactions?

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As you review your answers, check that area(s) that need your attention.

Controlling/managing life challenges______, Coping (developing new coping skills) ______, Emotional (Need for more effective emotional regulation) ______.

**Stress 360 Outcomes**

My total score ______rating/interpretation

Record statements checked “very often” and the category they were under (lifestyle, occupation, attitude or diet). If no statements were checked “very often,” list those checked “often.”

Lifestyle __________________________________________________________

______________________________________________________________

Occupation ________________________________________________________

______________________________________________________________

Attitude __________________________________________________________

______________________________________________________________

Diet _______________________________________________________________

______________________________________________________________

Of these five areas, which area(s) appears to need your attention the most?

________________________, __________________________, __________________, ________________.

**The Stress and Well-being Survey**

Record your score for each category and the comment made related to that category.

Total well-being score __________________________

Comment:

__________________________________________________________________

__________________________________________________________________

Stress management score __________________________

Comment:

__________________________________________________________________

__________________________________________________________________

Adaptability score __________________________

Comment:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Appendix C1

Resilience score ______________________
Comment:
__________________________________________________________________________

Emotional vitality score ______________________
Comment:
__________________________________________________________________________

Which area(s) need my attention the most?
__________________________________________________________________________

How does your PSS score compare with your answer to the Session Six question asking you to rate your current stress level? Was your self-evaluation of your stress lower or higher than the outcomes of this series of assessments, and what does this reflect about our ability to determine our stress level without completing assessments?
__________________________________________________________________________

**StressCom (Optional)**

If you decided to complete this survey, check which area(s) appears to need your attention the most? control __, competition __, task orientation __, change __, time __, management of symptoms __.
What suggestions were made to address the area(s) needing your attention?
__________________________________________________________________________
__________________________________________________________________________

After completing these surveys, what five areas need your attention the most?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**BO, STS, CF**

**Test-Stress.com**

Record your total score and interpretation.

Emotional/physical exhaustion score ______________________
Interpretation
__________________________________________________________________________

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Appendix C1

Depersonalization/loss of compassion score ______________________
Interpretation
______________________________________________________________

Personal accomplishment score ______________________
Interpretation
______________________________________________________________

What area(s) needs your attention?
______________________________________________________________

If you took other test from this source what was the outcome/suggestions made?
______________________________________________________________

Silencing Response Scale
Total score __, Risk Interpretation____________________________________
Record all statements scored “5” or above.
______________________________________________________________
______________________________________________________________
______________________________________________________________

After looking at the results what do they suggest you need – supervision, training, evaluation for STS/CF?
______________________________________________________________

STS Checklist
Record number of items checked under each category.
Intrusion ____, Avoidance ____, Arousal ____, Cognitive/Mood Alterations ____.
After taking this survey, what stands out or surprises you the most?
______________________________________________________________

The ProQOL
Record scores and interpretation (low, average, high) for each category.
Compassion satisfaction ____ Interpretation ____
BO ____ Interpretation ____

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STS ____ Interpretation ____

After taking this survey, what stands out or surprises you the most?

________________________________________________________________________

After completing this series of surveys, what three areas need your attention the most?

________________________________________________________________________

Organizational Assessment

Record the answers you provided for the three Session Four questions about organizational well-being and engagement practices. Your answers were originally recorded following the Session Four Post-session Questions.

Question One: My organizations demonstrated effort to support my well-being is Limited____, Some focus/effort but inconsistent ____ , A definite priority____.

Question Two: Of the six domains, which domains receive the least attention or provide the fewest resources __________, __________, __________, __________, __________.

Question Three: The level of engagement in your work setting is

Poor____, Minimal____, Limited____, Somewhat good____, Very good____

What concerns you the most? _______

Are your responses to these questions contributing to your BO and if so, does the ProQOL reflect a similar outcome that should be a consideration related to changing work environments? _______

Self-Engagement Survey

Record the scores in each category

   Category A “yes” responses ____ (very engaged)
   Category B “somewhat” responses ____ (somewhat engaged)
   Category C “rarely” responses ____ (rarely engaged)

List the statements rated “rarely.” These are the areas that need to be changed if possible or, if outside of your control, do you need to consider changing environments.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Secondary Traumatic Stress-Informed Organization Assessment (STSI-OA)

Record the organizations overall focus on STS issues and practices.

Score ______%

After taking this survey, what areas are your organization lacking that impact you directly? For example, the organization does not have defined procedures to promote resilience building among staff.


How did you answer the following question from Session Five? Hearing information about some of the factors associated with a trauma-informed organization how do rate your organization? Not informed____, Somewhat informed____, Informed with limited sensitivity____, Informed and trauma sensitive____

As you consider the outcome to this question and the previous three questions what are your conclusions about the organizational factors that may be contributing to or helping you with the stress of what you do?


STS Competency Survey

Record your answer to this Session Five question: Given this information how would you rate your supervisory relationship? Poor____, somewhat supportive____, trauma-informed/sensitive____, very supportive, trauma-informed and sensitive____.

(Answer the following based on your position as a supervisee or a supervisor.)

As a supervisee record your answers to the two questions that followed the STS Competency survey. Those questions were:

What is your immediate impression of your supervisor’s STS competency?


Knowing what you know about supervisor STS competency, the effects of STS and the benefits of brief intervention, do you feel safe and confident that your supervisor can help? ___Yes, ___No

Do you need to seek outside help from a trauma specialist? ___Yes, ___No

As a supervisor record your scores related to the STS Supervisor Competency Checklist.

As a supervisor my STS competency % = ______

Practices/competencies I need to develop:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
Self-Efficacy

The Self-Compassion Scale

(Ratings listed here reflect positive self-compassion.)
Record score for each category

Self-Kindness: Score ____ (4-5 = almost always)
**Self-Judgment: Score ____ (1-2 = almost never)
Common Humanity: Score ____ (4-5 = almost always)
**Isolation Items: Score ____ (1-2 = almost never)
Mindfulness Items: Score ____ (4-5 = almost always)
**Over-identified Items: Score ____ (1-2 = almost never)

After taking this survey, what stands out or surprises you the most?

__________________________________________________________

Spiritual Intelligence Self-Report Inventory (SISRI-24)

Record Total Score ____ (mid-range = 48)
Record score by category
Critical Existential Thinking ____ (mid-range = 14)
Personal Meaning Production ____ (mid-range = 10)
Transcendental Awareness ____ (mid-range = 14)
Conscious State Expansion ____ (mid-range = 10)

After taking this survey, what stands out or surprises you the most?

__________________________________________________________

Resilience Self-Assessment (Mind Tool)

Record total score __
Brief interpretation given

__________________________________________________________

After taking this survey, what area(s) need attention?

__________________________________________________________

__________________________________________________________
After completing this series of surveys what areas needing attention stand out the most for you?


**Resilience Characteristics Survey**

My total score ____ Interpretation____

Category Scores

Optimism ____ , Adaptability ____ , Spiritual Intelligence ____ , Effective Effort ____ , Social Strength ____ , Self-Care/Wellness ____.

After taking this survey, what areas need attention?


Your responses on the Self-Care Checklist will be used to complete the What Matters Most Worksheet.
C2 What Matters Most Worksheet

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Phase One: Reflecting on the Outcomes

To complete this worksheet, you will need the answers/outcomes recorded on your Self-Care Checklist.

Post-session Reflection

As you reflect on your responses to Question #4, which is, “How has this changed what you feel you need to do about the unavoidable stress of what you do?” in each of the Post-session Questions, Sessions One through Five, ask yourself what you now consider matters most to you. How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

Perceived Stress Scale

As you now reflect on your PSS outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

Stress 360

As you now reflect on your Stress 360 outcomes, what are the specific elements, issues, factors, thoughts associated with this outcome that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

The Stress and Well-Being Survey

As you now reflect on your Stress and Well-being Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs my attention the most? What
Appendix C2

matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

-------------------------

**StressCom (Optional)**

As you now reflect on your StressCom (Optional) Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

-------------------------

**Test-Stress.com**

As you now reflect on your Test-Stress.com Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most?

What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

-------------------------

**Silencing Response Scale**

As you now reflect on your Silencing Response Scale outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most?

What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

-------------------------

**STS Outcomes**

As you now reflect on your STS outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .
**ProQOL**

As you now reflect on your ProQOL outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

 I need to . . .

---

**Self-Engagement Survey**

As you now reflect on your Self-Engagement Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

 I need to . . .

---

**Secondary Traumatic Stress Informed Organization Assessment (STSI-OA)**

As you now reflect on your STSI-OA outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

 I need to . . .

---

**STS Competency Survey**

As you now reflect on your STS Competency Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most?

What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

 I need to . . .

---

**Self-Compassion Survey**

As you now reflect on your Self-Compassion Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most?
Appendix C2

What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

**Spiritual Intelligence Self-Report Inventory (SISRI-24)**

As you now reflect on your SISRI-24 outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

**Resilience Self-Assessment (Mind Tool)**

As you now reflect on your Resilience Self-Assessment outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

**Resilience Characteristics Survey**

As you now reflect on your Resilience Characteristics Survey outcomes, what are the specific elements, issues, factors, thoughts associated with these outcomes that needs your attention the most? What matters most for you? How would you complete the sentence, “I need to . . .”? Be as specific as possible (you may have multiple actions that are needed).

I need to . . .

**Thoughts Following Review of Reflective Questionnaires**

To complete Phase One, review the Reflective Questionnaires in the Appendix. Reviewing and beginning with the IQ Matrix Questionnaire is recommended. The other questionnaires cover various areas. Select those that apply to you and then record your responses.

After reviewing these Reflective Questionnaires ask yourself what stands out the most for you and then complete the sentence, “I need to . . .”. Be as specific as possible (you may have multiple actions that are needed).

I need to . . .
Phase Two
List your top priorities here in the order you consider most important.

Record your secondary priorities here.

Phase Three: Identifying Needed Actions
The final step involves identifying those actions needed to support your priorities. To complete this step, use the My Priorities, My Action Plans Worksheet in the Appendix.
## My Priorities, My Action Plan Worksheet

Begin with top priorities:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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### My Priorities, My Action Plan Worksheet

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Self-Reflection: How to Make the Most of Every Experience

Reprinted by permission from Adam Sicinski-IQ Matrix ©2008 https://iqmatrix.com

This series of reflective questions helps us review how we are processing our experiences, our emotions, thoughts, attitudes, decisions, beliefs, interactions, the problems we faced, the decisions made, our health, the roles we engaged, the opportunities we had and what we learned. As a balanced review it is very comprehensive and could be used as day or an end of week review, or as a focused review of one or two areas such as reflecting on your thoughts and the decisions you made. If using as a weekly reflection simply change Reflections of the Day to Reflections of the Week.

**Reflections of the Day/Week**

- How was my day?
- What specifically happened?
- What was great about today?
- What do I appreciate about today?
- What do I regret or wish to do over?
- Why do I feel this way?
- What valuable lessons can I learn from all this?

**Reflecting Upon Decisions Made**

- What specific decisions did I make today?
- What intentions did I have when making these decisions?
- Why did I make these decisions and not other decisions?
- What outcomes did all these decisions lead to?
- Where these outcomes favorable or unfavorable? Why? Why not?
- What valuable lessons can I learn from all this?

**Reflecting Upon Actions and Behaviors**

- What risks did I take today? Why?
- How did all these risks pan out?
- Did I give into my fears at any stage of the day? Why?
- Did I indulge in any addictions that weren’t to my benefit? Why?
- What worked really well for me today? Why?
- What didn’t work out so well for me today? Why?
- What valuable lessons can I learn from all this?

**Reflecting Upon Thought Process**

- How did I think about things today?
- Why did I think this way about these things?
Reflecting Upon Emotional Experiences

- What emotions did I tend to experience throughout the day?
- What events, circumstances or people tended to rile up my emotions?
- How did I handle my emotional experiences?
- Did I handle them in a helpful or hurtful way?
- How could I have handled my emotional experiences in a more optimal way?
- What valuable lessons can I learn from this?

Reflecting Upon Belief Systems

- What do I believe about today?
- What do I believe about myself, other people and about the events of the day?
- Are all these beliefs valid and justified?
- Where am I possibly jumping to conclusions or making assumptions about things?
- What empowering beliefs got me through the day?
- What limiting beliefs tended to hinder me?
- What valuable insights can I gain about myself through my belief systems?

Reflecting Upon Interactions

- How did I relate with other people today?
- Did any conflicts arise? How did I handle them?
- How did I handle criticism and rejection?
- How did I express myself to others today?
- How effectively did I communicate my needs?
- How effectively did I read people’s emotional needs and intentions?
- Where could I improve to upgrade how I interact with other people?

Reflecting Upon Personal Attitude

- How was my attitude today?
- Was my attitude more optimistic or more pessimistic? Why?
- What specifically tended to trigger this attitude?
- Were these triggers internal or external?
- Did I give all that I had today? How? Why not?
- Was I nurturing, generous and humble?
- What valuable lessons can I learn from all of this?

Reflecting on Problems

- How was I challenged today?
- How did I respond to these challenges?
• What was the outcome?
• What exactly did I do that helped me overcome these challenges?
• What about the challenges I didn’t overcome?
• Did I make any excuses along the way? Why?
• Why specifically were these challenges so difficult to overcome today?
• What valuable lessons can I learn from dealing with these challenges?

**Reflecting on Roles Played**

• How was I as a parent, sister, teacher, friend, mentor, spouse, leader, teammate, manager, son, etc.?
• Where did I meet my expectations?
• Where did I fail to live up to the standards I hold for myself within each of these roles?
• Was my work-life balanced? Why? Why not?
• What can I learn from reflecting on all my roles in this way?

**Reflecting on Personal Health**

• Did I look after my body today?
• Did I exercise?
• Did I eat healthy?
• Did I look after my mind?
• Where did I let myself down?
• Where and how could I improve tomorrow?

**Reflecting on Opportunities**

• What opportunities did I get today?
• How did I take advantage of these opportunities?
• How did I fail to make full use of these opportunities? Why?
• What valuable lessons can I learn from this experience?

**Reflecting on Knowledge Gained**

• What valuable knowledge did I acquire today?
• How did I come about this knowledge?
• How can I make use of this knowledge to help me tomorrow?
• What knowledge am I still missing that could be of value?
• How will I go about acquiring that knowledge?
• What can I learn from today’s (this week’s) experience of knowledge acquisition?

The final question above sets us up for the learning phase of this process. We have of course been learning all the way through this process, but now let’s ask several questions that will help bring all the lessons learned into full view:

• What can I learn and take away from today?
• What specifically did I learn about myself today?
• What specifically did I learn about my problems and the interactions I had with others?

Appendix D1

- What specifically did I learn about other people today?
- What have other people taught me through their words, attitude, actions and behaviors? What have they taught me indirectly?
- How specifically have I grown today?
- Why is this level of growth important to me?
- Given another chance what would I have done differently?
- What would I change or do better than before?

*While learning from your experiences, it’s important to set your sights on the future; to plan ahead and prepare yourself for things that are still yet to come. That is after all the only way we are able to make progress. Ask yourself:*

- How could I live with more purpose and intention tomorrow?
- How could I more readily express my core values?
- Given what I now know, what potential skills must I learn or upgrade?
- What knowledge do I need to acquire to help move me forward toward my desired goals and objectives?
- How will I go about acquiring this knowledge?
- Who could support me along my journey?
- How will I acquire that support from others?
- What else can I take away from today that I can use to my advantage tomorrow?
D2 Ultimate Self-Care Assessment/Reflection

Reprinted with permission from Barbara Markway, Ph.D @ www.barbaramarkway.com

This reflective tool approaches self-care by categories: our attitudes, relationships, physical, mental, emotional and spiritual self-care. Both Reflective Questionnaires can help us focus on what matters most.

Self-care Attitudes
- Are you able to take time for yourself without feeling guilty?
- Do you believe you deserve self-care?
- Do you know the difference between self-care and self-indulgence?
- Do you realize self-care does not equal weakness?
- Are you okay with slowing down sometimes?
- Do you have a go-to list of self-care activities?
- Do you make leisure time a priority?
- Have you made self-care a habit?
- Do you have a basic self-care plan, preferably in writing?

Interpersonal Self-care
- Do you have a small group of people you can call on for support?
- Do you spend time with people who make you laugh?
- Do you nurture relationships with people who make you feel good about yourself?
- Are you able to set appropriate limits in your relationships?
- Are you able to seek out and accept help from others?
- Do you talk problems and concerns out with a trusted friend or relative?

Physical Self-care
- Do you exercise enough to work up a sweat several times a week?
- Do you generally nourish your body with nutritious food?
- Can you eat food you love without feeling guilty?
- Do you feel comfortable in your own body?
- Do you sleep and rest when you’re tired?
- Do you unwind before bedtime so that you can sleep better?
- Do you get outside each day?
- Do you attend to your health care needs, such as getting preventative care and regular checkups?
Mental Self-care
• Do you regularly stimulate your brain learning new things?
• Do you have an outlet for creativity?
• Can you make a mistake without it being a catastrophe?
• Can you generally manage negative mental habits like worrying?
• Do you know and practice stress reduction techniques, such as deep breathing, meditation?

Emotional Self-care
• Can you identify and acknowledge your feelings?
• Do you affirm your right to experience all of your feelings?
• Do you know how to express your feelings appropriately?
• Are you aware of how you “numb out” from uncomfortable feelings?
• Do you have a plan in place for when you feel overwhelmed with feelings?
• Do you practice self-compassion?

Spiritual Self-care
• Do you pray, meditate or practice whatever feeds you spiritually?
• Do you have any serene place of your own to go when you’re stressed?
• Do you make time for reflection and contemplation?
• Do you pay attention to every day beauty?
• Do you have a gratitude practice?
• Do you read inspirational materials?
• Do you have a spiritual community?
• Do you have a sense of meaning and purpose?

Dr. Steele’s Additional Questions
• As you reflect on your answers, what stands out the most for you?

• How do your responses to these questions and what you consider matters the most compare with the outcomes of the assessments you may have taken?

• Consider adding any new insights to your What Matters Most Worksheet.
D3  Brief End-of-Day Reflection

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The following reflective questions can be used to reflect on all aspects of your day-work, personal and professional growth, family/social, health, finances and spiritual. However, you are encouraged once a week to review the more extensive reflective questions under the IQ Matrix Questionnaire or the Ultimate Self-Care Assessment/Reflection Tool, also found in the Appendix. There are others on the Internet that address the life areas you might prefer after reviewing them. Simply Google “End-of-Day or End-of-Week Reflective Questions,” and you will be introduced to a number of excellent resources.

- What was the best part of my day today and who or what made it the best part? What did this teach me?
- What am I most proud of today?
- Who or what am I most grateful for?
- What did I spend too much time doing today? Who or what caused this to happen and what can I do tomorrow to use my time more effectively?
- What did I not spend enough time doing? Who or what prevented me from taking the time I needed and what can I do to tomorrow to change this?
- If a crisis threw off my schedule, how do I need to readjust my priorities for tomorrow?
- Did I remain focused on what matters most to me and if not, what can I do tomorrow to reset my focus?
- What is it I wished I would have done differently today and how might I make this happen tomorrow or in the near future?
- Was there a person or situation that triggered an unwanted emotional reaction today? What did I learn from this and what do I need to do or change in order to better regulate my reaction should this happen again?
- What do I wish I would have said or not said today?
- What one thought helped or hurt me today?
- Did I remain optimistic in my thoughts and actions and if not, what can I do to remain more optimistically focused?
- Even though my time may have been limited, did I pursue doing what matters most to me in my personal life (mental health, stress management, my spiritual life, social, physical health and financial), with family and/or friends, and what matters most to me at work, in my professional life?
- What are my three top priorities for tomorrow?
D4 Reflecting About Client Situations, Interactions, Responses

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Note: These reflective questions can address your interactions with one client or several clients. They can also be used to reflect on your response to a critical, potentially trauma inducing situation; simply substitute “situation” for “client.” If you are in a setting that is providing comprehensive reflective supervision, these may not be necessary as they should be included in that reflective process.

- What client interactions (situations) went well today? Is there a theme as to which of your interactions proved productive/helpful? What was it about these clients that made it fairly easy for you to assist them? What did you learn from these interactions?
- What client (victim) behaviors or interactions did not seem to make sense to you? From a trauma-informed perspective what do you think the client might be trying to communicate—their hurt, fear, worry, the need for control, help with regulating their reactions, the need to feel safe and protected? How might you respond differently if this happens again?
- What client interactions (response to trauma situation) were a challenge? What made them a challenge—the topic, the client’s response, your response to the client? What specific client response presented the most anxiety or discomfort for you? Describe what that anxiety/discomfort was like. What did that client’s response make you want to do? In what way did your body respond—tighten up, started breathing shallow, began sweating, increased heart rate? What was the worst part of the reactions you had? As you think about this now is there anything familiar about this client, their experience or reaction that reminds you of a similar experience in the past? Who or what helped you the most back then? What might this experience be teaching you? What new information or skills might help you with this in the future? How can you best prepare yourself and regulate your response should this happen again?
- Of all the client reactions you experienced today what one thought stands out the most for you?
- What did you learn today about yourself and about others?
- What is that you wish you could have done or done differently today?
Reflective Questions About Issues With Your Supervisor/Manager

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- Do you feel that your S/M treats you fairly?
- Have you found that they have been as helpful as you would like?
- In what way have they not been helpful?
- Have you felt comfortable talking about areas of weakness with your S/M?
- When you tell them of your concerns, a difficulty you are having, has their response been helpful or one that tells you he/she is not going to be helpful with your difficulties such as, “This is the nature of what we do; either get used to it or think about changing careers?”
- Does your S/M remind you of similar experiences you’ve had in the past with people like your S/M?
- Do you feel emotionally safe with your S/M, that what you say or express is safe?
- What has your supervisor/manager said to you or done in the past that causes you to be uneasy with this relationship?
- What have others said about your S/M that might cause you to be uncomfortable with them?
- If you were supervising yourself what might you say about your performance and reports?
- If you could, would you look for another supervisor/manager?
- Do you need to think about getting the support you are looking for from outside supervision or from peers?
- If you believe your S/M is not likely to change, what can you now do to continue to improve while avoiding conflict with your S/M?
- What resources would be helpful in this endeavor?
- What would you consider to be an acceptable outcome?
- In what time frame do you believe this can be accomplished?
Reflective Questions About Difficulty Completing Client Records

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- What is your primary issue with reports - on time completion/submission, accuracy or comprehensiveness, what they might reflect about your knowledge or skill?
- Knowing that licensing agents, managers and supervisors use records to determine ongoing licensing and accreditation of your organization, to determine neglect or responsibility when things go bad with clients or when clients file complaints, what do you think gets in the way of your not making completing reports a priority?
- What thought(s) is/are associated with actually writing/typing down information for records?
- What is your biggest worry about your reports being reviewed?
- We all feel the burden of paperwork, however, since completing reports is not only a primary and ongoing demand and one that reflects your compliance and the quality of your work, what is that makes it difficult for you meet this demand; is it a time issue or a fear of what your reports reflect about you?
- Do you have a problem setting limits and working within timeframes (see comment in the next section)?
- What have you tried to do to correct this problem? Since what you have tried is not helping, what else might you do (in the next section)?

When Putting It In Writing Creates Anxiety

You are not alone if recording your interactions with clients in writing creates anxiety for you to the point that you almost freeze when it comes time to complete your report. Often people who have trouble writing down necessary information are still able to verbalize it; it’s just the writing that creates the anxiety. Dragon Dictate is an easy-to-use software that records your verbal answers in writing in a word document. Once your answers are in writing you can cut and paste, if using electronic records, or copy your answers into a hard copy record. Others have difficulty completing records because they are unsure of the appropriate terminology to use. There is also the issue of how much to say about the client and interactions as records can be subpoenaed by the courts, which can be very intimidating. Your supervisor ought to be able to help you with this. Frankly, organizations ought to have a series of training on record keeping that reviews the language and terms to use and specific content needed about high-risk situations.

Time management is a real issue for some, who generally do not prioritize their time, set aside quiet time for record completion, who are often distracted by other’s requests, have difficulty saying “no” and setting limits. Time management training can be very helpful in this regard; however, there may be other issues that need to be addressed in supervision such as the difficulty saying “no” to other’s requests. If this is a challenge for you, correcting it must be a priority as it is not only extremely stressful but a problem that can place your clients and your organization at risk and lead to your termination. Do get help if this is a problem. It is nothing to be ashamed about unless you fail to act.
E. Additional Self-care/Well-being Strategies

To save time searching various titles, Google the titles below to access numerous self-care practices in many of the areas evaluated in the assessments you completed.

- 17 Ways to Take Care of Yourself
- The Self-Compassion Project
- 20 Expert Tactics for Dealing With Difficult People
- 10 Reasons to Stop Judging People
- Stop Fighting Your Negative Thoughts
- How to Talk to Yourself
- Speak to Yourself Using Words That Soothe and Heal
- 8 Easy Meditation Tips for Beginners
- 7 Things Not to Do When Practicing Mindfulness/Meditation
- Meditation Practices
- Mindfulness Practices at Work
- 6 Reasons Why You Should Use a Daily Planner
- Overcoming BO in the Workplace
- Changing Our Perceptions
- Resilience Practices
- Self-efficacy Practices
- Self-compassion Strategies
- Finding Purpose Strategies
- Journaling to Relieve Stress
- Expressive Arts to Manage Stress
- Well-being Practices in Non-profit Settings
- Music and Stress

Additional Strategies

**Nature Soothes and Heals**

Spending time outdoors is definitely beneficial especially when we surround ourselves with nature. Many communities now have small parks filled with trees and paths, no cars. Nature makes us feel better; it soothes and creates a positive mood. An interesting study was done that showed that compared to those who spend 90 minutes walking in an urban setting, those who spend 90 minutes in nature see a much more significant decrease in depression and anxiety. In fact, city dwellers have a 20% higher risk of anxiety and a 40% higher risk of depression compared to those in rural areas.

**Write**

Sian Bielock, author of *Choke: What the Secrets of the Brain Revealed About Getting It Right When You Have To*, reported that anxiety in students uses parts of their working memory, and decreases the cognitive resources needed to do well on tests. To counter test anxiety, students in one research project were asked, before their test, to write down in detail their worries. Test scores improved
significantly as a result of this one writing exercise. In another study, students, experiencing higher levels of test anxiety than other students, were asked to describe in writing something they value and why it mattered to them. This study showed that this one writing process shrank the performance gap between this group and those with low test anxiety by 40% (Paul, A. M., “Relax, It’s Only A Test,” Time Magazine, Feb. 2013, 41-45). Stated differently, the most anxious became less anxious and saw their performance on tests increase significantly.

It works and, as the research shows, it’s a great way to lessen anxiety and stress. I really suggest you search the Internet on the benefits of journaling; you’ll be surprised by the research, as well as find a variety of journal formats to use.

**When There Are No Words, Create a Collage**

Creating a collage of pictures taken from magazines that reflect our hopes, our dreams or what we are experiencing in the present is another way to bring others into our world without words. Using a camera to create photos that reflect your world, your views, what is important, what you want others to know about you is another way to communicate when you do not have the words.

After you create a collage related to your hopes and dreams (I highly recommend this), take 5 minutes in the morning to sit and look at the images and headings you put on that page or pages. These iconic images will be stronger than trying to talk to yourself into what you want. They will be embedded in your mid-brain, the emotional/sensing part of our brain or what some call your subconscious. They will help drive your behavior and keep you focused on what is important to you. Neuroscience now proves that images fire up the brain more often than words. As the saying goes,

“If you can visualize it, you can achieve it.”

**Paint/Create**

We all have a need to express ourselves; to be heard; to share what we think, what we feel, what we know, what we experience. There are times when talk alone simply cannot make that happen. When talking is too difficult or is not helping or when words just can’t be found to reflect what we are experiencing; we need to find another way. Painting, using clay and making other kinds of art allow us to express ourselves and alleviate stress. I recommended googling “creative arts to manage stress” for numerous resources.

**Draw**

*Drawing helps our silent world speak loudly.*

Drawing is a way to move what is inside outside of ourselves in a concrete tangible form. That form allows us to re-examine what we feel and think. Drawing can heal.

*Drawing is like taking a virtual tour of our lives, what it was, what it is and what it can yet become.*

In therapy, drawing is a structured process that asks for drawings related to what we are experiencing or did experience. It is the starting point for us to tell our story about abuse, for example, and what that experience was like. In the process it allows you to better understand what happened to you and how it is impacting you in the present and then presents the opportunity to change how you think. It helps you to respond differently to that part of your life now. If not in therapy, when times are difficult, take out some plain paper and a pencil. Start by drawing a line, straight or wavy doesn’t matter; just let the pencil do whatever it wants. The simple movement of your hand transferring
what you are feeling onto paper helps to reduce the intensity of what is being felt. Use additional paper if needed; you will be surprised by the relief you experience, as well as how your scribbles change with different emotions and thoughts.

**Music**

Music can be a wonderful way to express yourself. Create a collection of the music, songs that best reflects what life is like for you. When you play these for others, it becomes easier to find the words to describe what that music reflects about you. New research also continues to highlight the significant impact music has on emotional and physical well-being. Music has been used successfully in treatment programs to reduce stress or lower blood pressure, alleviate pain, overcome various learning disabilities, improve movement and balance, and promote endurance and strength.

You might find it interesting that biofeedback studies show that drumming along with our own heartbeat alters brain wave pattern. Using a drum to beat out what we are experiencing can bring amazingly relief. It can soothe, calms and allows us to express ourselves without words. It can also restore our energy level, focus and concentration. Since we’re talking about music, dance is another form of self-expression. Put simply, explore until you find what forms of self-expression works best for you. You’ll feel better, alleviate stress and become less reactive over time.

**Additional Wellness/Well-being Strategies**

Adapted from multiple sources.

- snooze friendly policies giving employees the opportunity to take power naps knowing that they can improve focus and energy,
- presentations/training on social emotional learning/emotional intelligence,
- conducting Improv Training sessions to improve collaboration, risk taking, confidence and conflict resolution,
- using artificial Intelligence (AI) to support employee well-being goals,
- showing pertinent TED Talks at meetings or as part of supervision,
- holding Sensi Sessions, such as How to Hack Your Brain to Stay Focused,
- allowing remote days of work at home to renew focus, remove distractions to get more done (paper work, for example),
- providing stress management resources, including books, music and online resources,
- holding yoga classes and meditation sessions,
- social activity, team building and fun,
- pets at the office,
- the option to download stretch break reminders to staff computers. These reminders appear throughout the day and provide employees with a different stretch each time, reminding them of the importance of stepping away from their desks throughout the day,
- scheduling 15-minute walking breaks during long meetings to help reduce stress that might have built up. Employees typically come back refreshed and ready to work, and
- coaching around positive thinking, which has been shown to increase life span, lower rates of depression, improve coping skills during hardships.
F. Suggested Websites and YouTube Segments

Websites

These websites introduce you to leaders in the field of trauma and CF, the various articles, blogs and video segments created by these individuals. Google “Secondary Traumatic Stress Programs” and a listing of multiple resources are also available.

Alvarado Consulting and Treatment Group
www.alvaradoconsultinggroup.com

Child Welfare League of America (CWLA)
www.cwla.org/addressing-secondary-traumatic-stress/

Counseling Today https://ct.counseling.org

Compassion Fatigue Awareness project @ www.compassionfatigue.org/pages/reading.html

(Kathleen Figley) Green Cross Academy of Traumatology @ www.greencross.org/

The National Child Traumatic Stress Network (NCTSN) www.nctsn.org

The National Center for Trauma Informed Care (NCTIC) www.samhsa.gov/nctic.org

The Resilience Alliance
www.nctsn.org/.../resilience-alliance-promoting-resilience-and-reducing-second...

(Patricia Fisher) The Tend Academy @ www.tendacademy.ca/what-is-compassion-fatigue/

(Anna Baranowski) Traumatology Institute @ t https://psychink.com/

(Laura van Dernoot Lipsky) The Trauma Stewardship Institute traumastewardship.com/event-host-resources/about-laura/

(Charles Figley) Tulane University Traumatology Institute @ https://tulanetraumatologyinstitute.com/

Suggested Video/YouTube Segments

These segments will introduce you to other related segments:

How to fix the exhausted brain | Brady Wilson | TEDxMississauga 18 minutes www.youtube.com/watch?v=XOU2ubWkoPw


Long term effects of stress on your body www.youtube.com/watch?v=1B0PGFnYnv4

CF, a 3-minute segment about the hazards of helping at www.youtube.com/watch?v=a9orwFLS68I featuring Dr. Charles Figley, the Director of the Tulane University Traumatology Institute.
Appendix F

CF: The Value of saying “No” is a 10 minute segment that introduces you to Dr. Baranowsky, Director of the Traumatology Institute at www.youtube.com/watch?v=QD-HGGsCLyU

Françoise Mathieu is the founder of Compassion Fatigue Solutions. Listen to her 17-minute talk on TEDxTalk, The Edge of Compassion | Françoise Mathieu | TEDxQueensU at www.youtube.com/watch?v=IcaUA6A37q8

As indicated above, linking with any of these resources will automatically introduce you to many others.
G. Hot Walk Talk Protocol

©2012 Patricia Fisher, Ph.D., R.Psych.

Excerpted from the workbook Building Resilient Teams: Facilitating Workplace Wellness & Organizational Health in Trauma-Exposed Environments
Available at www.tendacademy.ca
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This protocol applies when there has been no physical injury and the person is stable enough in the aftermath to proceed. In the event that the individual has been physically injured or is in shock you would need to follow emergency procedures and get the appropriate immediate medical resources.

This protocol is designed to provide helpful first aid immediately after a team member experiences a particularly distressing or disturbing incident and is undergoing a completely normal stress reaction. This is something either supervisors or peers can offer each other, and you will consider what would work best for you in your particular circumstances.

Remember that when we are experiencing a high stress response our body is in the flight, fight or freeze state and we are flooding with stress hormones and all the physical, emotional and cognitive responses that go with that. So, our first response introduces safety and containment for the person.

The following steps in the process are typically helpful:

1. Go to the individual, ensure that they are physically out of danger, and invite them to come walk with you.
2. Walk away from the area where the incident occurred and toward a neutral or safe area (if you can get outside that can be even more grounding).
3. Walk beside them and set a pace that is brisk enough to engage the individual and help them discharge some of the distress . . . as the walk proceeds you may find that they naturally slow the pace–let them progressively have more control over the pace as the debriefing proceeds.
4. Bring a bottle of water and have them drink the water as you walk.
5. Let them know that they are safe now and you are here to support them as they move through this absolutely normal response to high stress.
6. Ask them to tell you what happened in their own words, if they seem stuck in the incident, prompt them to move on with the narrative by asking “and then what happened.” You want to help them move through the whole narrative from beginning to the end – until they get to the present where they are walking with you in safety and are no longer at risk.
7. After you have gone through this initial debrief you may work in an environment where you are required to complete an incident report. If this is the case, go with the individual and ask them how you can help in completing the report. They may want you to type in the information as they dictate it, or they may simply appreciate your presence while they complete the report.
8. Remember to remind them to focus on their breathing and open posture to help them deescalate from the stress response – especially after you have stopped walking and may be standing or sitting.
9. After the initial debrief and report (if required), ask the person what they would find helpful now? Do they want to phone a family member, get a sandwich, take a break, go back to work? They need to have control over their choices while attending to their needs.

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10. Let the individual know that you will remain available to them and encourage them to access additional supports that may be available if they would find them helpful (e.g., Employee Assistance Programs, counseling, other community resources).

Following, and sometimes parallel to, this immediate first aid response, there may be additional steps needed from an institutional perspective. These may include:

- The debriefer stays with the affected person, and asks a colleague to notify the supervisor about the incident. The debriefer can provide updates to the supervisor as needed.
- The supervisor speaks with the affected person(s) and assesses whether the person should remain at work following the incident. The debriefer or supervisor assists with making travel arrangements if the affected person is not in a condition to drive home. If the affected person goes home early, the supervisor phones the affected person to ensure that they arrived home safely.
- The debriefer emails a summary of the incident to the supervisor, based on the information gathered from the affected person. The supervisor may also be responsible for submitting paperwork.
- The supervisor updates other staff in the office about the incident, as needed.
- The supervisor works with the affected person(s) to discuss any case management or other relevant decisions in relation to the incident.
- The supervisor will check in periodically with the affected person and continue to offer support in the weeks that follow.