OBJECTIVES
At the conclusion of this module, participants will be able to:
• Define Trauma
• Explain key terms associated with trauma
• Identify strategies that support traumatized youth
• Understand trauma's impact on the brain and potential future health problems
Slide 3

OBJECTIVES contd..

• Utilize OARS skills as an engagement strategy with traumatized youth
• Understand the importance of collaboration among all professionals when working with traumatized youth
• Understand Learned Helplessness, Parallel Process and Vicarious Trauma and how they contribute to the need for Self Care for staff
• Develop a Self Care Plan

Slide 4

AGENDA

• Welcome, Objectives, Agenda
• Trauma and associated terms
• NPIS Speaks: Dr. Lisa Boesky
• The ACE Study: Dr. Nadine Burke Harris
• Trauma History VS Criminal History
Slide 5

**AGENDA**

- Engagement/OARS
- Collaboration
- Emotional Intelligence
- NPJS Speaks: Dr. Lisa Boesky
- Learned Helplessness, Parallel Process and Vicarious Trauma
- Self Care

Slide 6

**It's Just Common Sense That...**

- People avoid things that scare them
- People avoid pain
- If somebody hurts you, you get away from them
- We can generally tell who can be trusted and who can't
- People learn from their experience
- Parents love their children
- You don't hurt people you love
- People remember anything that is really terrible
But Traumatized Youth Frequently:

- Put themselves in situations of danger
- Hurt themselves
- Get into and stay in relationships with hurtful people
- Are frequently unable to discern who is to be trusted
- Don’t seem to learn from experience
- Have been hurt by people who were supposed to love them
- Frequently hurt the people they love the most
- Don’t remember the worse experiences of their lives

What is Trauma?

- Trauma is a psychologically distressing event outside the range of usual human experiences. In traumatic situations, the person experiences or witnesses an immediate threat to self or others, often followed by serious injury or harm. Trauma often involves a sense of fear, terror, and helplessness. (Dr. Bruce Perry, 2004. Child trauma Academy).

- Traumatization occurs when both internal and external resources are inadequate to cope with external threat.
Slide 9

Common Traumatic Events Among Incarcerated Youth

- Witnessing Violence/Death of another
- Extreme parental neglect
- Physical, sexual, emotional abuse
- Domestic violence
- Removal from home
- Out of home placement
- Raised in squalor
- Victim of sex trafficking, prostitution
- Locked in cages, cars, closets etc.
- Being shot or stabbed

Slide 10

Chronic Stress/Complex Trauma

**What is Chronic Stress?**
Chronic stress is an overwhelming external element that impacts a person's sense of daily safety.

**What is Complex Trauma?**
Exposure to multiple traumatic events, often of an invasive, interpersonal nature.
Examples: Alcoholic/abusive parent in the home, Repeated domestic violence and sexual abuse.
Interpersonal Trauma

Interpersonal trauma refers to the traumatic events that occur between people. Examples include:

- Abuse
- Neglect
- Witnessing Domestic Violence
- Disruptions in parent/child relationship

What if the people who were closest to you and responsible for your well being were also your most fearsome enemies?
The brains of traumatized children become hyper-vigilant, focusing on non-verbal cues of possible threat. They are in a persistent state of arousal and anxiety.

Hyperarousal

Hypervigilance Definition
Hypervigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats.

Hypervigilance is also accompanied by a state of increased anxiety which can cause exhaustion.
Slide 15

Hostile Attribution

The interpretation of neutral or even helpful acts by others as threatening or aggressive.

Slide 16

NPIS Speaks: Dr. Lisa Boesky

• What is your reaction to Dr. Lisa’s presentation?
• Do you notice similarities to the youth in your custody?
• How might this information be useful?
The Adverse Childhood Experiences (ACE) Study

- A decade-long and ongoing collaboration between Kaiser Permanente's Department of Preventive Medicine in San Diego, California, and the United States Centers for Disease Control and Prevention.
- With 18,000 participants, this is the largest study of its kind that's ever been done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants).
- Studies of traumatized individuals often tend to focus on specific demographic groups (poor and/or minority populations). These populations are included in the ACE Study, and so are "average, middle-class" people: the majority of participants were 50 or older (62%), were white (77%), and had attended college (72%).

Overall Findings

- More than half the people were exposed to at least one adverse childhood experience.
- One out of four was exposed to two different types of adverse childhood experience.
- One out of 16 was exposed to four or more types of adverse childhood experience.
- Adverse Childhood Experiences were associated with a variety of social, health, and mental health problems in later life.
TED Talk
How Trauma Affects Health Across a Lifetime:
Dr. Nadine Burke Harris

Slide 20

• What is your reaction to Dr. Harris’s presentation?
• Do you notice similarities to the youth in your custody?
• How might this information be useful?
Slide 21

Trauma History vs. Criminal History

Wait a minute……

• Don’t these kids owe a debt to society?
• What about the trauma they caused in other people’s lives?
• Don’t they owe a debt to society?
• Are we just supposed to forget about all of that and baby them?
• What about the victim’s rights?
• What is the purpose of rehabilitation?

Slide 22

Okay I get it, Trauma leads to some seriously bad outcomes, what do you want me to do?

• Provide Safety
• Engage With Youth
• Collaborate With Treatment Staff
• Coach Emotion Management Skills
• Provide Hope-Future Focus
• Take Care of Yourself!!!!!!
Safety

• Physical
  Nonviolence
  Boundaries
  Learning to spot danger

• Psychological
  Safety with oneself, in one’s own thoughts & feelings

• Social
  Safety with others

• Moral
  The ability to differentiate right from wrong as defined by universal principles (moral intelligence)

ENGAGEMENT

To obtain and hold the attention of, to interlock or mesh, to involve oneself or become occupied; participate.
Engagement VS Disengagement

Cool Hand Luke  
VS  
Remember the Titans

Engagement Strategy

O.A.R.S.

- Open-ended questions
- Affirmations
- Reflective Listening
- Summaries
Slide 27

Open-ended Questions

• Can’t be answered with ‘Yes,’ ‘No,’ or other specific response (e.g., ‘St. Louis’)
• Draw the other person into the discussion
• Avoid an ‘interrogation-style’ interview

Keep the spirit...

• Inquiry, understanding, and joining with the other person

Affirmations

• Recognize a person’s strengths, assets, positive attributes, and successes.
• Communicate that you recognize their hard work and good qualities.
• Anchor the other person to their strengths and resources.
• Build momentum for growth and change.
• Show understanding of struggles or feelings.
• Help build rapport.

MUST be delivered as genuine, believable.
Reflective Listening

Statements that:
• Repeat, or rephrase a person’s statements; clarifying that you have it right.
  • I hear you saying…
• Paraphrase a person’s statements.
  • It sounds like…
• “Read beneath the surface” of the person’s statements to reflect an unstated emotion or meaning.
  • So you’re feeling…

Summaries

Reflections that:
• Are useful for transitions, or after a lot of information has been covered
• Highlight salient points, pulls together all information about a topic
• Can be a way to highlight contrasting thoughts/feelings on a topic that the youth has identified over the course of the discussion
  • We’ve covered a lot; let me just see if I have it right…
  • So, on the one hand I hear you saying XX, and at the same time you think YY…
Slide 31

**Collaboration**
To work together in a joint effort.

Slide 32

**Collaboration Direct Care Staff and Treatment Staff Activity**

- What do you need from each other?
- How do you get it?
Slide 33

**Emotional Intelligence**

- Awareness of your own emotions
- Awareness of how your emotions/behaviors can impact others
- Ability to manage your own emotions
- Ability to identify emotions others may be experiencing
- Can help others identify and manage their emotions

Slide 34

**Emotionally Intelligent Trauma Responsive Custody Seeks to Help Youth:**

- Name, understand and manage their emotions
- Manage anxiety
- Discuss their feelings
- Change the way they think about people and situations
- Find acceptable solutions to their problems
- Learn interpersonal and communication skills
NPJS Speaks: Dr. Lisa Boesky
Trauma Interventions

• What is your reaction to Dr. Lisa's presentation?
• Does your facility currently use any of the strategies Dr. Lisa mentioned?
• How might this information be useful?

Learned Helplessness

Definition: belief that despite all one's efforts, positive change or escape from something negative is impossible. This belief persists despite the actual circumstances.
Slide 37

Causes of Learned Helplessness

- Learned helplessness can result from one traumatic event.
- More often, learned helplessness comes from consistent exposure to trauma during which one feels a lack of control.

Slide 38

Inescapable Shock

Animal Experiments
- Animals were obviously distressed
- Unable to escape - unable to learn
- Unable to get along with other animals
- Increased cancers and aggression
- Had to be dragged from their cages
Slide 39

Overcoming Helplessness

• Requires active intervention (pulling someone out of his/her “cage”)
• Need to rehearse for escape behaviors
• Rehearsals can change biochemistry, so real escape becomes possible
• Disrupting the reenactments

Slide 40

Parallel Process in Our Species

• Parallel Process refers to the fact that human beings tend to act like the humans around them are acting.
• When we talk about setting a tone, we’re referring to parallel process. We know that the way we act has a great influence on the way people around us will act.
• Our actions are similarly affected by the actions of people around us. Sometimes we notice this, and sometimes we don’t.
Parallel Process in Organizations

In organizations like ours, parallel process refers to a complex interaction among clients, staff, organizations, and the social & economic environment around us.

In organizations like ours, parallel process means a complex interaction among traumatized youth, stressed staff and pressured organizations.
Slide 43

Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Increased Aggression

• In Our Staff & Programs:
  - Increase Coercion, Seduction, Restraint, Restrictions, Blaming

Slide 44

Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Hyper-arousal, Hyper-vigilance

• In Our Staff & Programs:
  - Running From Crisis to Crisis
  - Lack of Planning
  - Managing Like Your Hair is on Fire
Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Impaired Problem Solving

• In Our Staff & Programs:
  - Short-Sighted Problem Solving
  - Follow the Loudest Voice
  - Formulaic Solutions to Complex Problems
  - Quick Fixes

The Good News: It Works Both Ways

Just as negative issues and energy can transmit through all levels of an organization, so can positive actions and intentions -- parallel process works both ways, and if we know that we can use it to help recover from client problems, staff problems, and leadership problems.
At your table groups discuss the following three questions, be prepared to report to the large group.

- What was it like to talk about Parallel process?
- Have you seen the positive effects of Parallel Process at work in your organization?
- How will you use this information in your facilities?

Staff One on Unit 6 months

- Consistently on time often early to get a “feel” for the unit
- Has not called in sick
- Engages effectively with some of the most difficult youth on the unit
- Volunteers for Special Projects
- Willingly accepts Overtime
- Intervenes early and appropriately when problem seems imminent
- Is routinely neat and appropriately dressed
Staff Two on Unit 4 Years

- Time and Attendance is becoming increasingly problematic
- Is involved in many restraints
- Has been cited for excessive use of force twice
- Openly states “this work is senseless, these kids are thugs!”
- Just wants to do the shift and go home
- Often looks disheveled, says can’t sleep anymore
- You suspect substance abuse

Vicarious Trauma and Self Care
Slide 51

Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.

Slide 52

Vicarious trauma  Secondary Trauma  Traumatic Stress
Compassion fatigue  Contact vicimization
Traumatic
counter-transference

BURNOUT!!!!

Lots of Words, One Concept

Vicarious trauma  Secondary Trauma  Traumatic Stress
Compassion fatigue  Contact vicimization
Traumatic
counter-transference

BURNOUT!!!!
Vicarious Trauma

(Saakvitne & Pearlman, 1996)

- No time, no energy
- Disconnection
- Social withdrawal
- Sensitivity to violence
- Cynicism
- Despair and hopelessness
- Nightmares
- Disrupted frame of reference
- Changes in identity, worldview, spirituality
- Diminished self-efficacy
- Impaired ego resources
- Disrupted schemas
- Alterations in sensory experiences – symptoms of PTSD

Individual Risk Factors for Vicarious Trauma

- Past history of trauma
- Too much mandatory overtime
- Poor respect for boundaries
- Too many youth who are trauma survivors
- Less experience
- Too much exposure
- High % traumatized children, particularly sexually abused children
- Too many negative outcomes
Individual Protective Factors Against Vicarious Trauma

- Supervision and consultation
- Debriefing of critical incidents and physical restraints
- Resolution of one's personal issues
- Strong ethics
- Knowledge of trauma theory
- On-going training
- Competence in working with our youth
- Awareness of the potential and impact of Vicarious Trauma
- **Good physical, emotional, social, spiritual self-care**

Self Care

The conscious ongoing actions that trauma workers engage in to mitigate the effects of Vicarious Trauma
Slide 57

Self Care
Why is it important?

• In order to help others, we must first take care of ourselves – the airline motto: put your oxygen mask on before assisting others.
• Many of us come to the field as helpers because we have faced our own traumas or problems. This can make us more vulnerable.
• We can only help ourselves and our agency manage the risks if we identify them.

Slide 58

One Approach to Self Care

• The Professional Quality of Life Scale (ProQOL-R IV) is a way to measure how satisfied workers are with their jobs providing help to others.
• It is also a way to measure their distress from exposure to traumatized people.
• Understanding these factors can help workers make a plan to cope with their reactions to working with traumatized youth.
Good Bye
## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

### COMPASSION SATISFACTION AND COMPASSION FATIGUE

(ProQOL) Version 5 (2009)

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

<table>
<thead>
<tr>
<th></th>
<th>1 = Never</th>
<th>2 = Rarely</th>
<th>3 = Sometimes</th>
<th>4 = Often</th>
<th>5 = Very Often</th>
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<tbody>
<tr>
<td>1.</td>
<td>I am happy.</td>
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<td>2.</td>
<td>I am preoccupied with more than one person I [help].</td>
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<td>3.</td>
<td>I get satisfaction from being able to [help] people.</td>
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<td>4.</td>
<td>I feel connected to others.</td>
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<td>5.</td>
<td>I jump or am startled by unexpected sounds.</td>
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<td>6.</td>
<td>I feel invigorated after working with those I [help].</td>
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<td>7.</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
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<td>8.</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
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<td>9.</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
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<td>10.</td>
<td>I feel trapped by my job as a [helper].</td>
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<td>11.</td>
<td>Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
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<td>12.</td>
<td>I like my work as a [helper].</td>
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<td>13.</td>
<td>I feel depressed because of the traumatic experiences of the people I [help].</td>
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<td>14.</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
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<td>15.</td>
<td>I have beliefs that sustain me.</td>
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<td>16.</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
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<td>17.</td>
<td>I am the person I always wanted to be.</td>
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<td>18.</td>
<td>My work makes me feel satisfied.</td>
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<td>19.</td>
<td>I feel worn out because of my work as a [helper].</td>
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<td>20.</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
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<td>22.</td>
<td>I believe I can make a difference through my work.</td>
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<td>23.</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
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<td>24.</td>
<td>I am proud of what I can do to [help].</td>
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<td>25.</td>
<td>As a result of my [helping], I have intrusive, frightening thoughts.</td>
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<td>26.</td>
<td>I feel &quot;bogged down&quot; by the system.</td>
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<td>27.</td>
<td>I have thoughts that I am a &quot;success&quot; as a [helper].</td>
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<td>28.</td>
<td>I can't recall important parts of my work with trauma victims.</td>
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<td>29.</td>
<td>I am a very caring person.</td>
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<td>30.</td>
<td>I am happy that I chose to do this work.</td>
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</table>
YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

Compassion Satisfaction

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

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

Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (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 burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 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

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. 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.
### WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

#### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th></th>
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<th>The sum of my Compassion Satisfaction questions is</th>
<th>So My Score Equals</th>
<th>And my Compassion Satisfaction level is</th>
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<td>Total: _____</td>
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</table>

The sum of my Compassion Satisfaction questions is

- 22 or less
- 43 or less  
- Low
- Between 23 and 41
- Around 50  
- Average
- 42 or more
- 57 or more  
- High

#### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are “reverse scored.” If you scored the item 1, write a 5 beside it. 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. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>The sum of my Burnout Questions is</th>
<th>So my Score equals</th>
<th>And my Burnout level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
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<tr>
<td>4</td>
<td></td>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

#### Secondary Traumatic Stress Scale

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>The sum of my Secondary Trauma questions is</th>
<th>So My Score Equals</th>
<th>And my Secondary Traumatic Stress level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Self-Care
My Personal Self-Care Plan

Personal Physical
- Engage in self-care behaviors
- Physical activity – exercise, dance, strenuous manual labor
- Reconnecting with one’s body – massage, yoga
- Take care of oneself physically; use physical means to find adrenalin highs
- Maintain a high-energy level through proper diet, sleep, exercise

List the Personal Physical components of your self-care plan:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Personal Psychological
- Identify those triggers which may cause one to experience vicarious traumatization
- Get therapy if personal issues and past traumas get in the way
- Use one’s own self-soothing capacities in a positive manner
- Know one’s own limitations
- Keep the boundaries on sets for self and others
- Maintain an ability to see gray
- Know one’s own level of tolerance
- Engage in healing activities that renew meaning of life both in therapy and out of therapy settings
- Listen to music
- Spend time in nature
- Take a vacation
- Read for pleasure
- Balance work, plan, and rest
- Engage in practices that renew a cherished sense of identity or extend one’s identity beyond that of someone who works with trauma
- Engage in activities that allow one to feel particularly like a man/woman or that allow one to be in a dependent or receiving role
- Engage in creative endeavors
- Play and laugh
- Develop personal rituals to ensure safety and empowerment
- Dream
- Journal
• Modify one’s own work schedule to fit one’s life
• Consider joining a creative therapy group

List the Personal Psychological components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Personal Social
• Identify one’s own personal and social resources and supports and then plan strategies for their use
• Engage in social activities outside of work
• Garner emotional support from colleagues
• Garner emotional support from family and friends
• Spend time with children, pets

List the Personal Psychological components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Personal Moral
• Adopt a philosophical or religious outlook and remind oneself that he/she cannot take responsibility for the client’s healing but rather must act as a midwife, guide, coach, mentor
• Clarify one’s own sense of meaning and purpose in life
• Develop one’s spiritual side as a grounding tool
• Connect with the larger sociopolitical framework and develop social activism skills

List the Personal Moral components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Professional

- Become knowledgeable about the effects of trauma on self and others
- Attend workshop/conference
- Attempt to monitor or diversify case load
- Seek consultation on difficult cases
- Get supervision from someone who understands the dynamics and treatment of PTSD
- Join supervision/study group
- Use – don’t ignore – case consultation and supervision that you get
- Read relevant professional literature
- Take breaks during workday
- Have hope in the ability of people to change, heal, grow
- Admit it when one does not know an answer or makes a mistake
- Develop strategies to stay present during therapy sessions, even when hearing or seeing the horrors others have experienced
- If one feels overwhelmed in a therapy-related matter, break the task(s) down into manageable components; apply case management strategies
- Diversify interest to include balance, including materials read or workshops attended and between personal and professional lives.
- Modify one’s own work schedule to fit one’s life
- Know one’s own level of tolerance
- Recognize emotional, cognitive, and physical signs of incipient stress reactions in self and in colleagues and respond appropriately
- Do not limit clinical practice to only PTSD clients – balance victim and non-victim case loads
- Limit overall case loads
- Recognize you are not alone in facing the stress of working with traumatized clients – normalize your reactions
- Remind oneself of the health in the person’s story
- Use a team for support
- Where indicated, use debriefing
- Consider time-limited group approach with clinicians who have a history of trauma
- Become knowledgeable about PTSD – seek professional training
- Join a network of others who work with PTSD population
- Maintain collegial on the job support, thus limiting the sense of isolation
- Understand dynamics of traumatic reenactment
List the Professional components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Organizational / Work Setting

- Accept stressors as real and legitimate, impacting individuals and group as-a-whole
- Work in a team
- Create a culture to counteract the effects of trauma
- Consider developing Assaulted Staff Action Program
- Alter physical setting to be more secure, safe, and soothing
- Establish a clear value system within your organization
- Develop clarity about job tasks and personnel guidelines
- Obtain supervisory/management support
- Maximize collegiality
- Encourage democratic processes in decision-making and conflict resolution
- Emphasize a leveled hierarchy
- View problem as a problem for the entire group, not just an individual problem
- The general approach to the problem is to seek solutions, not assign blame
- Expect high level of tolerance for individual disturbance
- Express support clearly, directly and abundantly and through tangible behavioral response like providing resources – helping with paperwork, making phone calls, providing back-up
- Communicate openly and effectively
- Expect a high degree of cohesion
- Expect considerable flexibility of roles
- Join with others to deal with organizational bullies
- Eliminate any subculture of violence and abuse
- Create a culture of non-violence

List the Organizational components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Societal

- General public and professional education about PTSD and secondary traumatic stress
- Find a mission – become politically and socially engaged
- Encourage local, state, and national organizations to education professionals and non-professionals about trauma
- Community involvement
- Coalition building
- Legislative reform
- Social action
- Rescuing efforts directed at any oppressed or traumatized group
- Bearing witness and seek justice
- Share and transform suffering through the use of the arts
- Political action

List the Social/Political components of your self-care plan:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

References for Personal Self-Care Plan


iii Bloom, SL. *Practicing Sanctuary: Creating a Maintaining Safe Environments.* Unpublished manuscript.