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Human Services Supervisors Promoting Self-Care: A Workshop

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Abstract

Occupational stress, burnout, compassion fatigue, secondary trauma, and vicarious trauma are terms used interchangeably in the human services to describe occupational-related symptoms among service providers. Although books, workshops, manuals, and trainings have been created to cure and prevent such symptoms with self-care techniques, there is a gap in the research about how supervisors and agencies can support the staff. Partnering with Community Resource Center an interactive workshop was developed to incorporate key definitions, and self-care techniques supervisors can use to support their staff, subsequently benefiting all the staff and the agency. Further research is recommended for supervisors and self-care.

*Keywords:* compassion fatigue, vicarious trauma, burnout, secondary trauma, occupational stress, supervisors, human services, and self-care
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Disclaimer

The opinions and values expressed in this project are solely the author’s and do not necessarily reflect the views and opinions of the Community Resource Center.
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Human Services Supervisors Promoting Self-Care: A Workshop

Chapter 1

Employers in the United States spend an average of $300 billion a year in occupational-related stress factors (Mirela, 2009; Shapiro, Shapiro & Schwartz, 2000) including employee absenteeism, health care expenses, staff turnover, employer worker compensation contributions, and reduced staff productivity (Shapiro et al., 2000). These costs are attributed to burnout, vicarious trauma, secondary trauma, and compassion fatigue which are common in the human services field based on the nature of the work (Radey & Figley, 2007). Human service providers often work with a variety of clients, most of whom have experienced trauma. When a human service provider experiences stress symptoms, other third parties, including their coworkers, clients, the agency, and their family, suffer consequences (Maltzman, 2011). There is current research available on self-care techniques for human service professionals, but there is limited research on how both human services agencies and supervisors can support their staff in self-care (Maltzman, 2011).

Population

Community Resource Center (CRC) is a charitable tax-exempt 501(c)(3) human services Agency in Encinitas, California serving the North County San Diego low socioeconomic community (CRC, n.d.). The need for the project was identified after a discussion of providing tools, guidance, and support to the Social Services department. CRC has current practices in place; however, the agency identified the need for an outside perspective.

CRC has three primary departments. Domestic violence services include emergency shelter, transitional housing, and prevention education. Counseling provided by Licensed Marriage and Family Therapy (LMFT) counselors includes individual, family, and group
therapy. Social services include emergency services for food and clothing, etc., intense case management services, rental assistance, employment support, etc., and asset building programs, free tax preparation, financial literacy, car loan program, etc.

Unlike the other two departments that have set strict client intake screening tools, the social services department welcomes a wide range of clients with different backgrounds. The social services staff perform social work functions, including intense case management, but are not licensed clinical social workers providing therapeutic services. Most of the current staff members have bachelor degrees in human development, anthropology, sociology, and other human services related degrees. They are providing basic services, including food and shelter, to individuals who may need additional complex services.

At initial client contact, the social services staff screen and refer appropriately to other departments or other agencies in the community. For example, a client seeking food may experience a mental health episode while at the facility. In addition, there have been a number of occasions where the client at intake for basic services shares detailed traumatic events making the staff susceptible for secondary trauma. During these screening processes, employees may experience burnout and compassion fatigue, secondary trauma, and vicarious trauma.

Purpose of Project

The purpose of this project was to provide self-care tools and self-care supportive techniques for CRC social services supervisors. Maltzman (2011) found that providing separate and combined self-care trainings for supervisors and employees was found beneficial by both supervisors and employees. Employees and supervisors felt more comfortable sharing when the other was not present because neither group wanted to feel vulnerable when sharing with the other (Maltzman, 2011). Employees and supervisors fear sharing with one another because it
may be perceived as a sign of weakness or incompetence (Maltzman, 2011). Awa, Plaumann, and Walter (2010) found that a combination of both individual self-care techniques and self-care techniques supervisors can support was the most successful. The final product for this project is a self-care PowerPoint presentation for the four primary social services supervisors; however, an invitation to the other department supervisors will be made. The agency as a whole has 47 employees at this time. In addition to the interactive presentation, there will also be material the participants will keep for reference and future replications of the training.

The social services supervisors were selected for the project because they hold the responsibility to support the staff susceptible to stress, burnout, and trauma. Supervisors themselves may also experience occupational stress and/or trauma from the type of work and during staff supervision. Not only do supervisors have to handle the most difficult client cases, but they also hear about other difficult cases during their staff’s supervision. In addition, supervisors address many ethical decisions that may lead to occupational stress. Providing the necessary tools to supervisors would create change for all parties involved from a macro perspective.

CRC values its employees and has a strong belief in caring for their employees via the concept of self-care, providing ongoing support, and giving their employees an opportunity for professional career development. Some of the current staff began as interns and now hold supervisory roles. It is important for all supervisors to model self-care skills for their employees and ultimately create a safe working environment for the benefit of clients, employees, agencies, and communities. Human services supervisors are the support system for frontline staff. Self-care should be constantly practiced in the field of human services. It is not just training once in a
while but rather a lifestyle. According to Radey and Figley (2007), “It makes sense that in order to help others we must first help ourselves” (p. 210).

**Definition of Terms**

*Burnout:* the consequence of long-term involvement in emotionally demanding situations derived from physical, emotional, and mental exhaustion (Figley, 1995).

*Compassion fatigue:* exposure to client suffering complicated by the lack of proper support from the workplace and outside network, leading up to mental, physical, and emotional exhaustion and feelings of hopelessness and disconnection (Figley, 1993; Figley 1995).

*Human services provider:* is a “generic term for people who hold professional and paraprofessional jobs in such diverse settings as group homes and halfway houses; correctional, and community mental health and development disability centers; family, child, and youth service agencies, and programs concerned with drug abuse, alcoholism, family violence, and aging” (NOHSE & CSHSE, n.d.).

*Occupational stress:* “work-related psychosocial stressors originate in social structures and processes, affect the human organism through psychological processes, and influence health through four types of closely interrelated mechanisms-emotional, cognitive, behavioral, and physiological” (Levi, 1990).

*Posttraumatic stress disorder (PTSD):* is “the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's
response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2)” (American Psychiatric Association, 2013).

Secondary traumatic stress: relates to the “natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person [or client]” (Figley, 1995, p. 7).

Self-care: “choosing behaviors that balance the effects of emotional and physical stressors: exercising, eating nutritious foods, getting enough sleep, practicing yoga, meditation, mindfulness, relaxation techniques, abstaining from substance abuse, and pursuing creative outlets” (Richards, 2013, p. 198).

Vicarious trauma: similar to secondary traumatic stress. A distinction is that VT focuses in a cognitive change process resulting from chronic direct practice with trauma populations, in which the outcomes are alterations in one’s thoughts and beliefs about the world in key areas such as safety, trust, and control (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). An inner change in the therapist in their identity, world view, or spirituality (Pearlman & Saakvitne, 1995).
Chapter 2

Literature Review

Human services providers have been known as the helpers of others; however, they themselves may suffer consequences during the process of helping others. Symptoms may include trauma, anxiety, guilt, anger, pain, dread, fear, and numbness (Sweifach, Linzer, & LaPorte, 2013). Additional symptoms may mirror post-traumatic stress disorder (PTSD) criteria including intrusion, avoidance, and arousal symptoms (Bride, 2007; Bride, Robinson, Yegidis, & Figley, 2004). These occupational stress symptoms are labeled as burnout, vicarious trauma, compassion fatigue, and secondary trauma terms. These categories of terms, along with other employee personal and employment factors, have been analyzed by researchers. A relationship has been found between compassion satisfaction, compassion fatigue, burnout, and work life conditions (Ray, Wong, White, & Heaslip, 2013). These occupational-related symptoms suggest that there is an actual impairment in the human services providers’ ability to adequately perform their job responsibilities (Guy, Poelstra, & Stark, 1989; Maslach, Schaufeli, & Leiter, 2001).

Different helpful measurements have been developed to capture the occupational-related stress and its relationship with other personal or employment factors. Measurements include the Secondary Traumatic Stress Scale (STSS), Relationship Assessment Scale (RAS), Miller Social Intimacy Scale (MSIS), Communication Patterns Questionnaire (CPQ), and the Brief Sexual Function Questionnaire (BSFQ) (Bride, 2007; Bride et al., 2004; Robinson-Keilig, 2013). The project workshop presentation will use already established scales to screen for occupational stress and will also include self-care assessments.

Using the STSS scale to measure PTSD criteria, a U.S. study concluded that 55% of social workers met at least one criterion, 20% met two criteria, and 15.2% met all three of the diagnostic criteria for PTSD (Bride, 2007). In addition, results conclude that when higher levels
of secondary traumatic stress are present, there are also lower levels of relationship satisfaction, social intimacy, constructive communication patterns, interest in sexual activity, levels of avoidance communication, and non-verbal communication patterns (Robinson-Keilig, 2013). This suggests that human services providers may also experience symptoms in their personal lives. Ray, Wong, White, and Heaslip (2013) conclude that lower burnout is found in professionals who have high compassion satisfaction, lower levels of compassion fatigue, and complete and balanced work life conditions. A work life condition is defined by workload, control, rewards, community, fairness, and values (Ray et al., 2013).

These work-related stress symptoms can be found across many human services agencies. The vast majority of the research on agency or supervisor provided support is in the field of mental health providers (therapists, clinicians, case managers, etc.), health care, disaster and first responders, and with both professional and family caregivers.

The present data determines the problem is real and present in the human services field. Next, occupational-related stress key terms will be further defined and self-care research solutions will be introduced. The following solutions are divided into individual self-care techniques and self-care techniques supervisors can support.

**Occupational-Related Stress Key Terms**

There is quite an overlap and interchange of terms when describing the occupational-related stress. Terms used to describe these occupational-related symptoms include stress, burnout, vicarious trauma, compassion fatigue, secondary trauma, emotional impairment, emotional distress, emotionally drained, mental fatigue, strained interpersonal relationships, anxiety, depression, diminished capacity of empathy, diminished immunologic functioning, and diminished therapist competence (Coster & Schwebel, 1997; Guy et al., 1989; Shapiro,
Schwartz, & Bonner, 1998; Shapiro et al., 2000). Some terms are symptoms or lead to other occupational-related stressors. Occupational related symptoms and terms are used to define other occupational related terms. Further distinction between terms can be valuable and should be considered in self-care education. Learning about the definition of terms brings awareness of the symptoms and the overall problem.

Burnout is the consequence of long-term involvement in emotionally demanding situations derived from physical, emotional, and mental exhaustion (Figley, 1995). Rosenberg and Pace (2006) refer to this state as a syndrome. The physical and emotional exhaustion leads to negative self-concepts, negative job attitudes, and loss of empathy for the client (Maslach, 1976; Maslach, 1978). Risk factors for burnout include personal characteristics, interpersonal influences, and job-related factors (Rosenberg & Pace, 2006).

Originally, compassion fatigue was introduced by Figley (1995) as the exposure to client suffering complicated by the lack of proper support from the workplace and outside network. Compassion fatigue symptoms include increased irritability, misplaced anger, depression, substance abuse, obsessive worry, workaholic, hypertension, headaches, insomnia, frequent colds, physical and emotional exhaustion, less enjoyment of previously enjoyed activities, and diminished balance between objectivism and empathy (Figley, 2002). The consequences may lead to mental, physical and emotional exhaustion, and feelings of hopelessness and disconnection (Figley, 1993).

Wright (2004) poses the question “How do we do the job we do?” and defines compassion fatigue as no energy for it anymore, emptied with nothing left to give, not wanting to go there again, feeling depleted in every dimension, with too many questions without answers,
and self-questioning “why am I doing this?” Wright goes further to discuss the stigma in seeking help, isolation, and fear that “our” work is not valued.

Vicarious trauma refers to an inner change in the therapist. The change could be in identity, world view, or spirituality (Baird & Jenkins, 2003; Pearlman & Saakvitne, 1995).

**Individual Self-Care Techniques**

Human service providers are encouraged to take care of themselves with self-care techniques. Wright (2004) states compassion fatigue is preventable and suggests the first step is to identifying the symptoms. The next step is to talk about the presence of occupational stress symptoms in order to be “renewed” and “refreshed.” Talking openly about compassion fatigue will prevent isolation and normalize the topic. It will also help reduce the stigma and encourage those affected to seek help. These techniques are very similar to the techniques social workers are teaching their clients (Maltzman, 2011). Sounds simple, right? Social workers should practice what they teach in order to prevent compassion fatigue.

Although these tips were intended for the nursing field they very much apply to human services providers. Tips include recognizing compassion fatigue, understanding nurses’ special stresses, learning to be aware, and dealing with stress realistically (Joinson, 1992). Joinson (1992) quotes Rev. Stephen Wende:

> Don’t feel responsible for solving problems that are not part of your role and don’t take additional problems. If you have an administrative problem that’s your nurse-manger’s responsibility, don’t try to solve it yourself. Feed yourself spiritually. Understand your own mortality and finite abilities. Get humble about what you can and cannot do. (p. 121)

Joinson (1992) also quotes Doris Chase:
Check for contradictions- Do you say, I’m not a workaholic yet work 7 to 7, 6 days a week? Do you say my family is my first priority, yet spend every waking moment away from them? .... I’m a caring person, yet find it impossible to nurture yourself? (p. 121)

Learning about limits and boundaries, using humor, giving yourself permission to have recreation time, giving balance to your life, thinking about self-image and values, and developing a spiritual side are helpful coping skills (Bober & Regehr, 2005; Joinson, 1992). Joinson (1992) makes it clear that spirituality can have different meanings to each individual for the spiritual concept and its practice, not just limiting spirituality to religious ties but other mindfulness concepts. Mulligan (2004) agrees with Joinson and suggests additional coping strategies including setting intentions, meditation, and journal writing. Intrapersonal skills (e.g. mindfulness) have been shown to increase resilience and improve work satisfaction (Thomas & Otis, 2010). Coping strategies can be presented to social workers in many ways including self-help books, professional case consultation, individual and group supervision, individual counseling, media, workshops, and presentations.

The four hour educational seminar, Compassion Fatigue: Addressing the Biopsychosocial Needs of Professional Caregivers covered the following: (1) explore the interaction between personal and professional stressors, (2) understand the biopsychosocial symptoms associated with compassion fatigue and secondary traumatic stress, (3) gain knowledge about factors associated with grief as it pertains to compassion fatigue, (4) acquire and practice techniques to manage stress, grief and compassion fatigue, and (5) learn about personal and professional resources (Meadors & Lamson, 2008). The posttest revealed the participants had increased
knowledge of compassion fatigue symptoms and resources, reported feeling less tense and
overwhelmed, and overall felt more relaxed, calmed, and peaceful (Meadors & Lamson, 2008).

Human service providers can benefit greatly from the self-care techniques described
above but if the organization for which they work with is not supporting of a safe work
environment these techniques may not work (Awa, Plaumann, & Walter, 2010; Cox & Steiner,
2013). The human service providers may practice these self-care techniques, but these practices
may only be temporary and potentially disappear with time. Self-care is not something that is
practiced once in a while but rather is an ongoing process and lifestyle.

Self-Care Techniques Supervisors Can Support

Employer prevention and response have shown results (Cox & Steiner, 2013). A hospital
in Florida provided its employees with a Healthy Life Self Care Guide that covered topics
considered to be the employees’ “most common problems” such as tips for acne, asthma,
backaches, bronchitis, chest pain, common cold, coughs, cuts, scrapes, punctures, diarrhea,
earache, eczema, fatigue, fever, flu, and others. The hospital’s investment in the booklet saved
$38 to every dollar spent (Powell & Breedlove-Williams, 1995). The booklet was only $2 dollars
and it made such a difference, confirming employer investment can make an impact in financial
success, productivity, and overall agency success.

Supervisors can appropriately assign caseloads, and provide appropriate and quality
supervision, access to adequate benefits, provide development and growth opportunities (Hesse,
2002). Employees have valued quality supervision over self-care trainings (Acker, 2012; Telles-
Rogers, Pasztor & Kleinpeter, 2004). In addition to having quality supervision it is important to
have a positive work environment where colleagues support each other. A way to support is to be
available for consultation whether that is individual or group supervision (Astin, 1997). This
allows the human services provider an opportunity to vent and process given the regulations around confidentiality (Maltzman, 2011). Process is important, so that the human services provider can make sense of the trauma in the world (Astin, 1997).

It is also not just taking the time to talk about the negative experiences but also the client success stories (Radey & Figley, 2007). Out of the self-care programs found in the literature the one that condenses and summarizes workplace wellness techniques that best fits CRC is The Psychologically Healthy Workplace Program (Cox & Steiner, 2013). This program was adapted for the final product in order to best meet the project needs.

Cox and Steiner (2013) suggest the following employer practices to create and maintain workplace wellness. The “Workplace Wellness” chapter discusses psychological health and safety and introduces the Psychologically Healthy Workplace Program, which is developed in the following categories: employee involvement, work-life balance, employee growth and development, health and safety, and employee recognition.

Cox and Steiner (2013) acknowledge that psychological safety is a relatively new concept that has been receiving more attention. The employment harassment laws are an example of this. The difference is that previously laws only addressed employment’s physical risks but not the psychological danger. These authors go on to describe how other countries such as Canada and England have expanded their laws to be inclusive of psychological safety. Another concept discussed alongside psychological safety is psychological health. Psychological health is defined as “the presence of positive affective states a person exhibits (well-being) and an absence of negative symptoms (distress)” (Cox & Steiner, 2013, p. 139).

The human services provider’s coping strategies, positive mood, strong support network, mindfulness, patience levels, and overall well-being also help define the provider’s
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psychological health. Cox and Steiner (2013) acknowledge the human services provider’s inner resources positively contribute to psychological health and safety but emphasizes once again the employer’s role in the psychological safety climate. In contrast the self-determination theory focuses on the individual’s innate psychological needs including autonomy, competence, and relatedness. When these needs are not met the individual may give up.

Rothschild and Rand (2006) gather self-care strategies for managing burnout and stress from compassion fatigue and vicarious trauma. They discuss different strategies including “Nurturing Your Work Space.” Supervisors can remind the employees to keep the office space comfortable and relaxing for them. It can mean rearranging the furniture or even redecorating the furniture. After all, “most of us spend approximately one third of our lives in our work space” (Rothschild & Rand, 2006). Although the suggestions are intended for individuals, employers should take action and facilitate this process for employees.
Project Design

Collaboration with CRC was essential to complete the self-care tools PowerPoint presentation. The CRC Director of Programs and the Clinical Supervisor provided support and feedback for the development of the project. Support was also provided by the project committee members and the California State University San Marcos (CSUSM) librarians. The project started with a search of topic key terms in the CSUSM Kellogg Library social work databases including Social Services Abstracts, Sociological Abstracts, PsycINFO, PubMed, and JSTOR. Keywords used in the article search included compassion fatigue, PTSD, secondary trauma, occupational stress, workplace wellness, coping skills, and human services provider’s self-care techniques.

The focus of the search was to provide key definitions and background for the introduction and identify use and effectiveness of organization provided self-care techniques for human services providers. There was an interest on self-care techniques including compassion fatigue education (e.g. identifying symptoms and introduction of coping skills), access to counseling for professionals or support groups (e.g., Employee Assistance Programs (EAP) programs), providing appropriate supervision, and reviewing agency policies (e.g., not frowning on vacation time, promoting vacation time, and offering self-care incentives like discounts to gym membership, etc.).

The existing research was summarized and categorized by concepts to adapt the information to create a PowerPoint and worksheet activity for the CRC presentation. The final products can be found in the appendices (see Appendices A through J).
Participants

The participants of the project are the CRC Social Services supervisors. There was no need to complete the Institutional Review Board (IRB) process for this project. The primary stakeholders were the CRC and its staff. CRC is the second year placement for this student and is how the idea for the project started. An ethical dilemma to consider is the participant’s perception of the presentation. Presenting the material and normalizing the topic is essential so that participants do not perceive it as a punishment or correction of their behavior. If the tone is not set appropriately the participants have the potential to make the assumption that the material was presented to them because they are not doing their job well. It is important to emphasize that self-care is something all human services agencies should review.

Evaluation Plan

After meeting with CRC management in regards to agency needs, CRC had identified an unmet need to evaluate the current self-care training practices with other evidence-based practices used in the community. Various databases were searched and the CSUSM librarians were consulted to verify all available research was included in the project. Findings were categorized by the problem, individual self-care techniques, and self-care techniques in which supervisors and agencies can support the staff. The final product evaluation will be a short satisfaction survey to be completed by the workshop presentation attendees. The survey can be found in Appendix H.
Chapter 4

Results

Most of the research available on self-care and supervisors is found for the human services professions of mental health therapists, first responders, health care staff, and caregivers. The self-care tools found in the research were categorized into self-care techniques for individuals and self-care techniques supervisors can use to support the staff.

PowerPoint Presentation for CRC’s Social Services Supervisors

A PowerPoint presentation was created primarily based on *The Psychologically Healthy Workplace Program*. The program is developed in the following categories: employee involvement, work-life balance, employee growth and development, health and safety, and employee recognition (Cox & Steiner, 2013). The PowerPoint adapted from *The Psychologically Healthy Workplace Program* can be found in Appendix J. The actual PowerPoint presentation on self-care tools will be presented to CRC supervisors in May 2015. The presentation’s time length is estimated to be an hour and a half long.

Informational Worksheets

There are supplemental handouts that accompany the PowerPoint that are outlined in agenda format. This agenda can be found in Appendix A and is followed by a list of materials in Appendix B. The agenda highlights other handouts that are used during the presentation including the STSS (Appendix C) and PROQOL5 (Appendix D) scales, and the self-care assessment (Appendix E). The “Nurturing Your Work Space” activity was adapted from Rothschild and Rand’s (2006) chapter, “Thinking Clearly.” This activity is part of the PowerPoint presentation. This activity was made into a guided imagery exercise. A copy of the activity and instructions can be found in Appendix F. The supplemental handouts were chosen,
adapted, or created to support the presentation, material retention, material practice, and as an opportunity to replicate the workshop in the future.

At the end of the workshop participants will be asked to complete a satisfaction survey. An anonymous workshop satisfaction survey was created to measure participant satisfaction and participant learning, and collect feedback for future presentations. A copy of the survey can be found in Appendix H. A survey result summary will be provided to the CRC director of programs and the clinical supervisor. Participants will be awarded a certificate of completion at the end of the workshop.
Chapter 5

Discussion

The purpose of this project was to create a workshop presentation that clearly describes the problem (including key terms), measure symptoms using scales, and provide examples of self-care techniques for supervisors and staff. The workshop interactive structure was purposefully chosen for the group of supervisors to start an agency self-assessment and build upon self-care techniques. The goal is to incorporate these concepts in the CRC’s safety committee and continue additional internal workshops. Future workshops may include workshops for employees only, supervisors only, and for both employees and supervisors.

Implications for Practice

Project findings acknowledge the critical need for self-care in the human services profession; however, there is limited research available concerning potential solutions and prevention of compassion fatigue for supervisors and agencies. There are known self-care tools, but these may not necessarily be available to all human services professionals in need of them. Key stakeholders are human services professionals, administrators, clients, and the community. The research implies that human services professionals know and live the topic but are not equipped with the tools to fight the problem. At the end of the day, professionals who suffer these occupational-related symptoms end up not performing to the best of their abilities and may perhaps change or end their careers in human services. Possible answers may be found in the quality of supervisors. Equipping these leaders with the appropriate tools may be a possible solution. Further findings will help keep many passionate professionals in the field and benefit the community as a whole.
Implications for Policy

Employers in the business of helping people should also invest in and treat their employees with the same concepts. There are many changes in policy that can be implemented to help these human services professionals. Current laws on mandatory rest and meal periods are a start but further changes will be needed. Cox and Steiner (2013) introduce psychological health and safety terms referring to the non-physical damage that professionals experience. An example of this includes the current harassment laws in place to punish the psychological damage an inappropriate act can produce. There needs to be continued evaluation of organizational expectations for human services providers.

At times, caseload expectations may not be realistic. This goes back not just on the supervisors but also on the funders. For example, there needs to be a realistic client to staff ratio in the case of child welfare social workers who are making critical decisions in the lives of other individuals. What the ratio is may vary on the specific field, population, client, and the professional. There are many factors to consider such as the professional’s past experience, educational background, and overall ability to complete the job. In addition, there are also many client types: Some may be very easy while others may be more complex. It is important for the supervisor to be able to distribute the caseload evenly and for the employees to freely communicate any needs to their supervisor. Additional research is needed in what the supervisors and upper management can do to help prevent and solve this problem.

Implications for Future Research

Assuming that most human services workers would agree that they are susceptible to occupational-related stress symptoms, then the focus should be on prevention and solution options. The cause may feel inevitable but there are micro and macro changes can help improve
the situation. There is a good amount of current research on micro changes, but again there is a
great need for additional macro level additions to research, not just focusing on what is going
wrong but taking a look at successful agencies to evaluate and learn from what they are doing
right.

Creating the right work culture is a difficult task. Differences in staff personalities can be
an obstacle to accomplish the optimal work culture. Staff may not feel comfortable for various
reasons, including differences in staff personalities and difficulty adjusting to agency changes,
and may choose to search for employment elsewhere. There are other employee and agency
factors contributing to the employee’s feelings of comfort and safety in the workplace. Future
research is needed to capture and analyze how often employees change careers for this reason.

**Limitations and Strengths**

Project limitations include the narrow research available on the topic. In addition, CRC
may have benefited from an internal employee survey before the presentation. This topic calls
for overall generalizations but also specific needs. Knowing CRC employee’s perspective will
give a clear picture of the needs to be presented. An assessment such as the ones mentioned in
the research may provide a clear picture of the need.

CRC supervisors will benefit from a presentation on this essential topic, gain tools to use
in the future, and open the opportunity for further discussions on the topic. The most important
element is to keep the topic alive and not let it die after the presentation. The delivery of the
presentation is crucial in order to appropriately to communicate the sensitivity of the topic. The
more professionals talk about it, the closer to a solution and preventive measures the profession
will have.
Conclusion

The project has been a learning experience worth sharing for the benefit of the profession. There is still a lot of work to do, but starting the conversation is a good start. Self-care awareness is needed to help human services professionals remain physically and mentally healthy. Self-care use leads to improvements in the quality of the human services profession. Agencies have a responsibility to maintain the health of human services practitioners because without individuals willing to do this type of work, the world would be a darker place.
References


and implementation. *Counseling Psychologist, 39*(2), 303-319. doi:
10.1177/0011000010381790


10.1111/j.1540-4560.1978.tb00778.x


Appendix A

Workshop Agenda

I. Introduction
   a. Ice breaker activity (any of choice)

II. Introduction of terms
    a. PowerPoint
    b. Glossary hand out

III. Relevance of topic
     a. Small group discussion
     b. Power Point review

IV. Scales
    a. STSS scale handout
    b. STSS scale scenario examples
    c. Participants complete PROQOL5 scale

V. Individual self-care
   a. Small groups
   b. Small groups share with the whole group
   c. Power Point review
   d. Self-care assessment handout
   e. “Post it note” self-care commitment

VI. Self-care techniques supervisors can support
    a. Small groups
    b. Small group shares with the whole group
    c. Power Point review
    d. Psychologically healthy workplace program introduction
    e. Participants share employment involvement examples
    f. Review of employment involvement slide
    g. Participants share work-life balance examples
    h. Review of work-life balance slide
    i. Participants share employee growth & development examples
    j. Review employee growth & development slide
    k. Participants share health & safety examples
    l. Review health & safety slide
    m. Nurturing your workplace exercise
    n. Participants share employee recognition examples
    o. Review employee recognition slide

VII. Questions and answers session

VIII. Post workshop survey
Appendix B

Workshop Materials

Supplies

- Pens (one per participant)
- Post it notes (one pack per group)
- Markers (two per group)
- Large paper (four per group)

Handouts

- Glossary of terms (one per participant)
- STSS scale (one per participant)
- PROQOL5 scale (one per participant)
- Self-care assessment (one per participant)
- Post workshop survey (one per participant)
- Certificate of completion (one per participant)

Technology

- Access to projector
Appendix C

Glossary of Terms

**Burnout:** the consequence of long-term involvement in emotionally demanding situations derived from physical, emotional, and mental exhaustion (Figley, 1995).

**Compassion fatigue:** exposure to client suffering complicated by the lack of proper support from the workplace and outside network, leading up to mental, physical, and emotional exhaustion and feelings of hopelessness and disconnection (Figley, 1993; Figley 1995).

**Human services provider:** is a “generic term for people who hold professional and paraprofessional jobs in such diverse settings as group homes and halfway houses; correctional, and community mental health and development disability centers; family, child, and youth service agencies, and programs concerned with drug abuse, alcoholism, family violence, and aging” (NOHSE & CSHSE, n.d.).

**Occupational stress:** “work-related psychosocial stressors originate in social structures and processes, affect the human organism through psychological processes, and influence health through four types of closely interrelated mechanisms-emotional, cognitive, behavioral, and physiological” (Levi, 1990).

**Posttraumatic stress disorder (PTSD):** is “the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the
Secondary traumatic stress: relates to the “natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person [or client]” (Figley, 1995, p. 7).

Self-care: “choosing behaviors that balance the effects of emotional and physical stressors: exercising, eating nutritious foods, getting enough sleep, practicing yoga, meditation, mindfulness, relaxation techniques, abstaining from substance abuse, and pursuing creative outlets” (Richards, 2013, p. 198).

Vicarious trauma: similar to secondary traumatic stress. A distinction is that VT focuses in a cognitive change process resulting from chronic direct practice with trauma populations, in which the outcomes are alterations in one’s thoughts and beliefs about the world in key areas such as safety, trust, and control (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). An inner change in the therapist in their identity, world view, or spirituality (Pearlman & Saakvitne, 1995).
### SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

**NOTE:** "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt emotionally numb.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. My heart started pounding when I thought about my work with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. It seemed as if I was reliving the trauma(s) experienced by my client(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I had trouble sleeping.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I felt discouraged about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Reminders of my work with clients upset me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I had little interest in being around others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I felt jumpy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I was less active than usual.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I thought about my work with clients when I didn’t intend to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I had trouble concentrating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I avoided people, places, or things that reminded me of my work with clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I had disturbing dreams about my work with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I wanted to avoid working with some clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I was easily annoyed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I expected something bad to happen.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. I noticed gaps in my memory about client sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Subscale</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Intrusion Subscale (add items 2, 3, 6, 10, 13)</td>
<td>Intrusion Score</td>
</tr>
<tr>
<td>Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17)</td>
<td>Avoidance Score</td>
</tr>
<tr>
<td>Arousal Subscale (add items 4, 8, 11, 15, 16)</td>
<td>Arousal Score</td>
</tr>
<tr>
<td>TOTAL (add Intrusion, Arousal, and Avoidance Scores)</td>
<td>Total Score</td>
</tr>
</tbody>
</table>

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

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YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, please 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 .89). 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 extramal 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.

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### 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>Questions</th>
<th>Rating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
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<td>6.</td>
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<td>12.</td>
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<td>16.</td>
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<td>18.</td>
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<td>24.</td>
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<td>27.</td>
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<td>30.</td>
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<td></td>
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<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Rating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>1.</em></td>
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<td><em>4.</em></td>
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<td>8.</td>
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<td>10.</td>
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<td><em>15.</em></td>
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<tr>
<td><em>17.</em></td>
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<td>19.</td>
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<tr>
<td>21.</td>
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<td>26.</td>
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<tr>
<td><em>29.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The sum of my Burnout questions is**

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

**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 them up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Rating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
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<td>5.</td>
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<tr>
<td>7.</td>
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<td>9.</td>
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<td>11.</td>
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<td>13.</td>
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<td>14.</td>
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<td>23.</td>
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<td>25.</td>
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<td>28.</td>
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<tr>
<td><strong>Total:</strong></td>
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</tbody>
</table>

**The sum of my Secondary Trauma questions is**

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

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Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

___ Eat regularly (e.g., breakfast, lunch and dinner)
___ Eat healthy
___ Exercise
___ Get regular medical care for prevention
___ Get medical care when needed
___ Take time off when needed
___ Get massages
___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
___ Take time to be sexual—with yourself, with a partner
___ Get enough sleep
___ Wear clothes you like
___ Take vacations
___ Take day trips or mini-vacations
___ Make time away from telephones
___ Other:

Psychological Self-Care

___ Make time for self-reflection
___ Have your own personal psychotherapy
___ Write in a journal
___ Read literature that is unrelated to work
___ Do something at which you are not expert or in charge
___ Decrease stress in your life

Let others know different aspects of you
Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
Practice receiving from others
Be curious
Say “no” to extra responsibilities sometimes
Other:

Emotional Self-Care
Spend time with others whose company you enjoy
Stay in contact with important people in your life
Give yourself affirmations, praise yourself
Love yourself
Re-read favorite books, re-view favorite movies
Identify comforting activities, objects, people, relationships, places and seek them out
Allow yourself to cry
Find things that make you laugh
Express your outrage in social action, letters and donations, marches, protests
Play with children
Other:

Spiritual Self-Care
Make time for reflection
Spend time with nature
Find a spiritual connection or community
Be open to inspiration
Cherish your optimism and hope
Be aware of nonmaterial aspects of life
Try at times not to be in charge or the expert
Be open to not knowing

Identify what is meaningful to you and notice its place in your life
Meditate
Pray
Sing
Spend time with children
Have experiences of awe
Contribute to causes in which you believe
Read inspirational literature (talks, music, etc.)
Other:

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

Balance
Strive for balance within your work-life and workday
Strive for balance among work, family, relationships, play and rest

Appendix G

**Nurturing Your Workplace Activity**

**Instructions for the presenter:** Let the audience know that the voluntary guided imagery activity will require them to close their eyes for approximately 10 minutes. Before instructing the audience to close their eyes model a tense and relax body. Read the following script:

*If you feel comfortable close your eyes and find a comfortable sitting position. Bring the focus to your head and squeeze your eyes [pause] and release. Moving on to your shoulders go ahead and squeeze [pause] and release. Now bring the focus to your chest and squeeze [pause] and release. Now focus in your abdomen and squeeze [pause] and release. Next, focus on your legs. Squeeze your legs bringing them off the floor if that feels comfortable [pause] and release. Now squeeze your whole body [pause] and release. Go ahead and take a deep breath, in one, two, three, and release one, two, and three.*

*Find that comfortable position once again. Now visualize yourself sitting in your office. Look around your work space. Is there anything that you need to change, add, or remove to make it a nurturing space for you? [Pause] Notice how are things arranged? [Pause] What are you usually looking at? [Pause] Can you find a picture, art or another item that brings you comfort? [Pause] How does the furniture you usually sit on feel for your body? [Pause] What about the clutter? Are there areas that need cleaning up? [Pause] Or the opposite, is your space too sterile? Do you need to add clutter or cozy touches? [Pause] Do you like plants? If so, how about adding some to your space? [Pause] Or tropical fish? [Pause] Are your window coverings adequate? Do you have enough light and enough privacy?*

*Is there anything you need help with in this process? For example, asking for help to move desks and couches around or requesting additional comfortable furniture from your*
supervisor or human resources department? [Pause] Slowly start to open your eyes when you are ready.

**Instructions for the presenter continued:** Ask the participants to comment on their experience and write notes of any ideas they may have developed during the exercise. For part two of the exercise, ask them if they have a rejuvenation room. A rejuvenation room is a designated safe space to relax, stretch, meditate, reflect, and talk about what is working (Cox & Steiner, 2013). If they have one, ask them to discuss what is working and not working about the room and use of the room. If they do not have one, ask them to come up with ideas to create a rejuvenation room. Have them collaborate in small groups and guide them through the process. If space is an issue, ask them to be creative and think of other ways they can achieve the purpose of the rejuvenation room. Some ideas may include a do not disturb sign, earphones, desk pictures, screen savers, etc. (Cox & Steiner, 2013).

Appendix H

Post Workshop Survey

Workshop date: _____________________

1. Is Self-Care important from your perspective?
   A. Definitely
   B. Probably
   C. Probably not
   D. Definitely not

2. Do you or a coworker you know experience occupational-related symptoms covered in the training?
   A. Yes
   B. No

3. Was this workshop topic useful for you?
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not at all useful

4. Previous to the workshop, where you already practicing self-care techniques regularly?
   A. Strongly Agree
   B. Agree
   C. Neutral
   D. Disagree
   E. Strongly Disagree
5. Did you learn any new self-care techniques?
   A. Definitely
   B. Probably
   C. Probably not
   D. Definitely not

6. Will you practice any of these workplace self-care skills in the future?
   A. Definitely will
   B. Probably will
   C. Probably will not
   D. Definitely will not

7. Did the speaker allow time for questions?
   A. Yes
   B. No
   C. Somewhat

   Comments: _____________________________________________________________

8. What component of the workshop was most effective and why?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

9. What changes in the workshop would have made it more effective?
   ______________________________________________________________________

10. Suggestions for other workshop topics: _________________________________
Appendix I

Certificate of Completion

SUPERVISORS & SELF-CARE WORKSHOP

THIS CERTIFIES THAT

[STUDENT NAME]

HAS SUCCESSFULLY COMPLETED THE SELF-CARE WORKSHOP APPROVED BY THE COMMUNITY RESOURCE CENTER (CRC), AND IS THEREFORE AWARDED THIS CERTIFICATE OF COMPLETION

GIVEN THIS ___ DAY OF ___________________, 20___

WORKSHOP INSTRUCTOR ___________________  CRC DIRECTOR OF PROGRAMS ___________________
Appendix J

PowerPoint Slides
Human Services Supervisors
Promoting Self-Care
Presented by Azucena Acosta
Key Terms

- Terms: stress, burnout, vicarious trauma, compassion fatigue, secondary trauma
- PTSD symptoms
  - Intrusion symptoms
  - Avoidance symptoms
  - Arousal symptoms
    - 600 surveyed: 55% met 1, 20% met 2 & 15.2% met all 3 criteria

Bride, 2007
Why does it matter?

- Agency expenses
  - Employee absenteeism
  - Health care expenses
  - Staff turnover
  - Employer workers comp contributions
  - Reduced productivity
- Trauma to everyone involved
  - From the client to the agency

Schwartz, 2014
Population

- Social worker/therapist/counselor versus human services staff
Assessment

- Secondary Traumatic Stress Scale
  - Example
- Professional Quality of Life Scale PROQOL5
  - Compassion satisfaction & compassion fatigue

Bride, 2007
Research Findings

- Individual Self-Care Tools
- Supervisor Self-Care Tools and Support to the Staff
Self-Care

- Step 1
  - Identify the symptoms
- Step 2
  - Talk about it
  - In order to normalize and feel renewed and refreshed

Wright, 2004
Self-Care Tips

“Don’t feel responsible for solving problems that are not part of your role and don’t take additional problems... feed yourself spiritually. Understand your own mortality and finite abilities. Get humble about what you can and cannot do...”

(Joinson, 1992, p. 121)
Self-Care Tips Cont.

“Check for contradictions - Do you say, I’m not a workaholic yet work 7 to 7, 6 days a week? Do you say my family is my priority, yet spend every waking moment away from them?... I’m a caring person yet find it impossible to nurture yourself?”

Joinson, 1992, p.121
Self-Care Tips Cont.

- Boundaries
- Humor
- Permission for recreation time
- Balance
- Spirituality
- Breathing/Mindfulness/Meditation
- Values
- Journal writing
- Setting intentions

- Self-Care Assessment Exercise

Joinson, 1992 & Mulligan, 2004
Self-Care for Supervisors

- Workplace culture & climate
- Workplace wellness
Psychologically Healthy Workplace Program

- Employee Involvement
- Work-life Balance
- Employee Growth & Development
- Health & Safety
- Employee Recognition

Adapted from Cox & Steiner, 2013
Employee Involvement

- Types of employee involvement
- Involved in what kind of decisions
- Examples?
- Benefits

Cox & Steiner, 2013
Work-life Balance

- Work & home life boundaries
- Evaluation of technology
- Flexible work schedule
- Telecommuting options
- Family leave policies
- Assistance with child/elder care
- Vacation policies

Cox & Steiner, 2013
Employee Growth & Development

- Skills & knowledge to work effectively
- In-house or outside training seminars
- Join trainings with other agencies
- Coaching, mentoring & leadership programs
- Tuition support/flexible work schedule for education advancement
- Staff decision making power

Cox & Steiner, 2013
Employee Growth & Development Cont.

- Quality individual & group supervision
- Appropriate caseload for success
- Positive work environment
- Support network
- Positive focus
- Model behavior

Astin, 1997; Hesse, 2002; Maltzman, 2011; Radey & Figley, 2007
Health & Safety

- How to stay safe in potential dangerous situations
- Level of risk of injury
- Ongoing safety trainings
- Policies & practices that support maintaining healthy lifestyles
  - Self-care programs, activities before/during/after work, coworkers commitment to self-care, rejuvenation room
- EAP

Cox & Steiner, 2013
Nurturing Your Work Space activity

- Purpose of the activity
- Imagery/ close your eyes
- Group comments on rejuvenation room

Adapted from Rothschild & Rand, 2006
Employee recognition

- Individual & group recognition
  - Importance of feelings
  - Improves morale
  - Examples

Cox & Steiner, 2013
Questions?
References


The end...