

SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2024.** Please include this submission form with the electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).

PROGRAM INFORMATION

County: Chesterfield County
Program Title: Secondary Traumatic Stress Breakthrough Series
Program Category: Health & Human Services

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: James D. Worsley
Title: Deputy County Administrator, Human Services

Signature: 

**CHESTERFIELD COUNTY HUMAN SERVICES DIVISION
SECONDARY TRAUMATIC STRESS BREAKTHROUGH SERIES
VACO AWARD SUBMISSION**

EXECUTIVE SUMMARY:

In 2023, Chesterfield County Human Services Division partnered with the University of Kentucky Center for Trauma and Children, to engage in the University's Secondary Stress Breakthrough Series Collaborative (STS-BSC). The goals for the program included: Increasing the capacity of our organization to address STS; Increasing the capacity of our organization to plan and implement improvements that promote staff wellness and resiliency; and Reducing risk of exposure to situations and events that result in STS. Over a 9-month period, departments across the County engaged in baseline data collection assessments to gauge our level of STS, developed actions plans for areas that showed growth needs, participated in learning sessions to expose leaders to a greater understanding of STS, and engaging them in problem-solving that recognized the unique strengths and needs within Chesterfield. Teams from participating departments participated in learning sessions which equipped them with strategies that could be deployed to better support staff who are exposed to and affected by secondary traumatic stress. A post assessment was administered at the end of the collaborative series demonstrating measurable change and setting the path for continued development and deployment of resiliency strategies. All participating departments showed decreases in staff levels of STS and burnout and implemented resiliency strategies that continue to be deployed to all staff today.

THE PROBLEM OR NEED ADDRESSED BY THE PROGRAM:

In 2022 the Chesterfield County Human Services division noticed increased rates of employee turnover and leave use, and increased employee reports of fatigue, burnout, and mental health concerns. While this could be partially attributed to pandemic related changes to caseloads, case intensity, staff support structures and work-life balance, we recognized that there are ongoing aspects of working in County Government Human Services that can contribute to risk for secondary traumatic stress and burnout and would not abate with the end of the pandemic.

County Human Services leaders met with County Human Resources leaders to explore potential solutions. We identified the Employee Assistance Program (EAP) as an existing resource available for all County employees and County Public Safety division peer support teams as existing initiatives that could potentially be replicated in the Human Services division. Through further discussion we agreed that EAP services were not sufficient to address the full scope of the identified problem and that the Public

Safety peer support model would not translate well to Human Services departments. We expanded our search for solutions nationwide and discovered the University of Kentucky's Center on Trauma and Children's Secondary Stress Breakthrough Series Collaborative. This initiative had proven successful in helping organizations make changes in their practices, policies, and environments to prevent and respond to staff trauma and promote staff wellness at the organizational level but had never been implemented at the county government level.

PROGRAM DESCRIPTION:

After learning about University of Kentucky's Center on Trauma and Children's Secondary Stress Breakthrough Series Collaborative (STS-BSC) we reached out to Dr. Ginny Sprang, Executive Director of the University of Kentucky's Center on Trauma and Children, to discuss the feasibility of implementing a STS-BSC at the County level and to explore a potential partnership. This resulted in an agreement for the Chesterfield County Government Human Services Division to be the first County Government participant in an STS-BSC.

County Human Services and Human Resources leaders met with Dr. Sprang to develop an initial plan for implementation, which included the creation of 7 teams from all Human Services departments: Mental Health Support Services, Community Corrections & Drug Court, Social Services & Child Welfare, Juvenile Justice (Juvenile Detention, Court Services Unit, Adolescent Resource Pathways, Circuit & General District Courts), Community Engagement and Resources/Adult Services and Health Department. We also formed an additional Strategic team of Senior Leaders. Apart from the Senior Leaders team, all teams included representation from staff from multiple programs and roles within their respective departments.

The overarching goals of the STS-BSC were to:

- Increase the competency of staff to respond to secondary traumatic stress and vicarious trauma.
- Increase the capacity of the agency to plan and implement improvements that promote staff wellness and resiliency.
- Reduce risk of exposure to situations and events that result in secondary traumatic stress and vicarious trauma.

Formal implementation of the STS-BSC took place from January 2022 through September 2023. Staff from participating departments completed a Secondary Traumatic Stress Informed- Organizational Assessment at both the beginning and end of implementation. The organizational assessment provided data on the following (sub-bullets represent some examples that were evaluated):

- Demographics and Job Role of Respondents

- Level of exposure to traumatic material on the job
- Level of secondary traumatic stress
- Level of burnout
- Resilience Building Activities that exist in the organization
 - Basic Knowledge of STS
 - Healthy coping strategies to deal with the psychological demand of the job
- Staff Safety
 - Staff are encouraged not to share graphic details of trauma stories unnecessarily with co-workers
 - Organization has defined protocol for how to respond to staff when critical incidents occur
- STS Informed Policies
 - Organization has defined practices addressing staff's psychological safety
 - Organization has risk management policy in place to offer interventions to those who report high levels of STS
- Routine practices that exist in the organization
 - Organization provides formal trainings on enhancing resilience to STS
 - Organization discusses STS during new employee orientation
- Leader Practices
 - Leadership models good self-care
 - Supervisors promote safety/resilience to STS by giving consistent supervision that includes discussing the effect of work on the worker

- Monitoring & Outcome Evaluation activities
 - Organization assesses level of STS in the workplace
 - Organization routinely monitors workforce trends (i.e. attrition and absenteeism) that may signify lack of safety or increase in STS

Results from the initial survey were used to guide strategy planning and results from the post survey helped track the progress of the actions the teams implemented and to inform next steps.

The STS-BSC process included three 6-hour virtual learning sessions, multiple one-hour calls for all attendees plus a senior leader call. Participating teams additionally scheduled regular team meetings and participated in sharing and utilizing resources via an online platform. Each team developed three goals based on their departments' initial surveys and utilized the Plan Do Study Act (PDSA) process to plan, apply and study the effects of initiatives to make changes in the practices, policies, and environments to respond to staff trauma and promote staff wellness in their departments.

Learning sessions and strategies focused on evidenced based practices in the following areas:

- Resilience Building Activities
- Staff Safety
- STS-Informed Practices
- Leader Practices
- Routine Practices
- Monitoring and Outcome Evaluation

RESPONDING TO ECONOMIC DOWNTURN:

The Covid- 19 Pandemic and related economic downturn led to changes in caseloads, case intensity, staff support structures and work-life balance in the Chesterfield County Human Services Division. This initiative was an attempt to mitigate some of the related impacts on employees.

PROGRAM COST:

While facilitation of a Secondary Traumatic Stress Breakthrough Series collaborative by the University of Kentucky Center on Trauma and Children typically costs \$20,000, this service was provided at no cost due to a grant received by the University of Kentucky. Chesterfield County was the first local government the University of Kentucky chose to work with under this grant. Strategy implementation costs were minimal, typically ranging from no cost to \$150 per participating department and totaling about \$1,000.

PROGRAM RESULTS/SUCCESS:

Pre and post-survey results demonstrated measurable change. All departments showed multiple changes in employees' ratings of strategy implementation in the domains of Resilience Building Activities, Staff Safety, STS-Informed Practices, Leader Practices, Routine Practices and Monitoring and Outcome Evaluation. Highlights of outcomes included:

- 100% of participating departments showed decreases in staff levels of STS and burnout.
- 88% of programs demonstrated increases in inclusion of STS information in employee orientation.
- 75% of programs demonstrated increases in staff basic knowledge of STS, organization having defined practices to address psychological safety, organization provides formal trainings on enhancing resilience to STS and organization routinely monitors work force trends that may dignify lack of safety or increase in STS.

Participating departments planned and implemented changes in policies, practices and programs including:

- Provided education about STS, psychological safety and wellness resources to staff through staff meetings, print materials, emails, and bathroom stall fliers
- Hosted events for staff to connect and destress
- Updated spaces in buildings to serve as self-care spaces and placed more visible reminders to

promote the use of the wellness rooms

- Partnered with community provider to offer chair massages
- Facilitated conversations with staff related to how they are impacted by STS
- Provided staff with Wellness Action Plans to complete and share with their supervisors as they see fit
- Developed methods for ongoing sharing of resources and information about STS and wellness
- Educated staff on how to have conversations with families served about potentially traumatizing events
- Incorporated information about STS into department orientation
- Educated multiple levels of agency leadership on Resilience Buddies Stress First Aid, and Grace, Gratitude and Goosebumps and provided them with tools to implement these in their own programs
- Developed a pilot Resilience Buddy training for employees
- Incorporated a focus on Secondary Traumatic Stress into department strategic plan

WORTHINESS OF AWARD:

The Chesterfield County Secondary Traumatic Stress Initiative clearly meets the VACo program criteria of upgrading the working conditions and level of training for county employees. This initiative uniquely focused on psychological, rather than physical, working conditions. Employee training at all levels expanded beyond skills to do the tasks of the job to tools to prevent and manage potential impacts of the job. Diverse groups of employees planned and implemented strategies that resulted in measurable decreases in employee secondary traumatic stress scores and measurable increases in employee ratings of their departments as Secondary Traumatic Stress informed. Structures were developed in each participating department to sustain and expand Secondary Traumatic Stress initiatives.

SUPPLEMENTAL MATERIALS:

Mental Health Support Services Baseline and Posttest Dashboards

Low Impact Debriefing (No Sliming Zone) Poster

Low Impact Debriefing Handout

Grace, Gratitude and Goosebumps handout

Resilience Buddies Info Sheet

Tips For Survivors of a Traumatic Event Handout

Understanding Secondary Traumatic Stress Handout

Did You Know Handouts

Grace, Gratitude and Goosebumps



One significant element in worker resilience is that they feel like the work is worth it. One support for this view of worthwhileness is a practice of routinely noticing and savoring those moments that are especially rewarding.

Recognizing moments of “grace, gratitude and goosebumps” can be instituted into program culture in a variety of ways.

Start by encouraging staff members to be attuned to moments at work in which they:

- witness **grace** - moments of unexpected, good outcome
- experienced **gratitude**- moments that you appreciate the experience you just had.
- felt **goosebumps**- moments that remind them “this is why I wanted to do this.”

Develop a system of routinely sharing these moments within your teams, This could include:

- ask staff to write the items down as they occur and deposit them into a jar that is read at team meetings.
- ask staff to post them on a bulletin board or in a Microsoft Teams chat
- pause for reflection and sharing at team meetings.

Not only is recognizing and sharing these moments in a group rewarding, it also primes us to notice them more often and to savor them.

Resilience Buddies

What is the purpose of having a Resilience Buddy?

Having a Resilience Buddy (RB) is one strategy for gaining peer-to-peer support while at work. The RB model involves two (or more) people who work together agreeing to meet on a regular basis to provide support and accountability to one another. A Resilience Buddy is a POSITIVE source of support.

- RB support each other in setting measureable self-care goals to help manage work-related stressors, such as indirect trauma exposure.
- The RB relationship is open-ended and incorporates strategies that are perceived as helpful by both individuals.

How does being a Resilience Buddy work?

- Identify a person at work who you feel will be able to provide you support and guidance toward your self-care goals. It is important to select a person who is solution-focused as negativity can keep us stuck and actually make us feel worse. It is helpful to keep in mind that the best fit for a RB may not be a best work friend if you are looking to expand your social network, but it is OK if that feels best. Feel free to look outside your department for a RB, and consider whether a potential RB can bring the type of support that would be helpful to you.
- Since the RB model is a two-way interaction, give some thought to what you bring to the table and how you can benefit a peer(s) (e.g. being a good listener, having a sense of humor).
- Set up a schedule of times to meet. This can be daily, weekly, bi-weekly or whatever works for the partnership. The length of time or frequency of the meetings is established by both parties.
- RB create goals for their time together. These goals may be similar or very different from one another. Some examples of goals include using mindfulness practices at work, celebrating the positive aspects of doing the work, or processing the thoughts and emotions associated with a difficult client encounter (Low Impact Processing).
- The most successful RB relationships involve both individuals being committed to the purpose of the partnership and to the process (e.g., being on time for the meetings, respecting the privacy of their buddy, being solution-focused, etc.).
- After meeting for a few times, it is helpful to check-in on how the partnership is working and make any adjustments that are needed to the goal(s) or structure.

Examples of Resilience Buddy activities include:

- Taking a walk together or engaging in a mindfulness activity
- Prompting one's buddy to do a self-check (how they are feeling, what they may need to do to re-focus themselves, etc.) if they appear to be experiencing a high level of stress.
- Engaging in peer-to-peer processing of what it is like to do this work.
- Identify or engage in professional development activities to help build a sense of competence.

Tips to help Resilience Buddies be successful:

- Being a Resilience Buddy should be voluntary
- Privacy and confidentiality are essential
- Avoid negativity
- When processing difficult work experiences, use the Low Impact Processing method that involves focusing on the thoughts and feelings related to the encounter instead of providing all of the graphic details.



Tips for Survivors of a Disaster or Other Traumatic Event: MANAGING STRESS

Important Things To Know About Disasters and Other Traumatic Events

If you were involved in a disaster such as a hurricane, flood, or even terrorism, or another traumatic event like a car crash, you may be affected personally regardless of whether you were hurt or lost a loved one. You can be affected just by witnessing a disaster or other traumatic event. It is common to show signs of stress after exposure to a disaster or other traumatic event, and it is important to monitor your physical and emotional health.

Possible Reactions to a Disaster or Other Traumatic Event

Try to identify your early warning signs of stress. Stress usually shows up in the four areas shown below, but everyone should check for ANY unusual stress responses after a disaster or other traumatic event. Below are some of the most common reactions.

YOU MAY FEEL EMOTIONALLY:

- Anxious or fearful
- Overwhelmed by sadness
- Angry, especially if the event involved violence
- Guilty, even when you had no control over the traumatic event
- Heroic, like you can do anything
- Like you have too much energy or no energy at all
- Disconnected, not caring about anything or anyone
- Numb, unable to feel either joy or sadness

YOU MAY HAVE PHYSICAL REACTIONS, SUCH AS:

- Having stomachaches or diarrhea
- Having headaches or other physical pains for no clear reason
- Eating too much or too little
- Sweating or having chills
- Getting tremors (shaking) or muscle twitches
- Being jumpy or easily startled



After the Event

Managing Your Tasks

If you've been involved in a disaster or other traumatic event, a number of tasks likely require your attention fairly urgently. First, make sure you are not injured, as sometimes survivors don't realize they've been physically hurt until many hours later. If you realize you've been injured, seek medical treatment before you do anything else. If you need to find a safe place to stay, work on that task next. Make sure to let a family member or friend know where you are and how to reach you. Secure your identification and any other papers you may need, such as insurance, bank, property, and medical records. Completing one task at a time may help you feel like you are gaining back some control, so make a list of the most important things you need to do. Remember to be patient with yourself. Take deep breaths or gently stretch to calm yourself before you tackle each task. Plan to do something relaxing after working for a while.

YOU MAY HAVE BEHAVIORAL REACTIONS, SUCH AS:

- Having trouble falling asleep, staying asleep, sleeping too much, or trouble relaxing
- Noticing an increase or decrease in your energy and activity levels
- Feeling sad or crying frequently
- Using alcohol, tobacco, illegal drugs or even prescription medication in an attempt to reduce distressing feelings or to forget
- Having outbursts of anger, feeling really irritated and blaming other people for everything
- Having difficulty accepting help or helping others
- Wanting to be alone most of the time and isolating yourself

YOU MAY EXPERIENCE PROBLEMS IN YOUR THINKING, SUCH AS:

- Having trouble remembering things
- Having trouble thinking clearly and concentrating
- Feeling confused
- Worrying a lot
- Having difficulty making decisions
- Having difficulty talking about what happened or listening to others

Practical Tips for Relieving Stress

These stress management activities seem to work well for most people. Use the ones that work for you.

Talk with others who understand and accept how you feel. Reach out to a trusted friend, family member, or faith-based leader to explore what meaning the event may have for you. Connect with other survivors of the disaster or other traumatic events and share your experience.

Body movement helps to get rid of the buildup of extra stress hormones. Exercise once daily or in smaller amounts throughout the day. Be careful not to lift heavy weights. You can damage your muscles if you have too much adrenaline in your system. If you don't like exercise, do something simple, like taking a walk, gently stretching, or meditating.

Take deep breaths. Most people can benefit from taking several deep breaths often throughout the day. Deep breathing can move stress out of your body and help you to calm yourself. It can even help stop a panic attack.

Listen to music. Music is a way to help your body relax naturally. Play music timed to the breath or to your heartbeat. Create a relaxing playlist for yourself and listen to it often.

Pay attention to your physical self. Make sure to get enough sleep and rest each day. Don't leave resting for the weekend. Eat healthy meals and snacks and make sure to drink plenty of water. Avoid caffeine, tobacco, and alcohol, especially in large amounts. Their effects are multiplied under stress and can be harmful, just making things worse.



Use known coping skills. How did you handle past traumatic events like a car crash or the death of a loved one? What helped then (e.g., spent time with family, went to a support group meeting)? Try using those coping skills now.

When Your Stress Is Getting the Best of You

Know that distressing feelings about a disaster or traumatic event usually fade over time (2–4 weeks after the event) as you get back to routines—and especially if you have engaged in some ways to help yourself. Try to use some of these tips several times a week.

If you or someone you care about continues to show signs of stress and you are becoming concerned about him or her, you may want to reach out for some extra help. Contact one of the **Helpful Resources** listed on the next page.

Helpful Resources

Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC)

Toll-Free: 1-800-308-3515

Website: <http://www.samhsa.gov/dtac>

Treatment Locators

Mental Health Treatment Facility Locator

Toll-Free: 1-800-789-2647 (English and español)

TDD: 1-866-889-2647

Website: <http://findtreatment.samhsa.gov/MHTreatmentLocator>

MentalHealth.gov

Website: <http://www.mentalhealth.gov>

MentalHealth.gov provides U.S. government information and resources on mental health.

Substance Abuse Treatment Facility Locator

Toll-Free: 1-800-662-HELP (1-800-662-4357)

(24/7 English and español); TDD: 1-800-487-4889

Website: <http://www.findtreatment.samhsa.gov>

Hotlines

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (1-800-799-4889)

Website: <http://www.samhsa.gov>

This resource can be found by accessing the Suicide Prevention Lifeline box once on the SAMHSA website.

Workplace Helpline

Toll-Free: 1-800-WORKPLACE (1-800-967-5752)

Website: <http://workplace.samhsa.gov>

Office for Victims of Crime*

Toll-Free: 1-800-851-3420, or 301-519-5500

TTY: 301-947-8374

Website: <http://www.ojp.usdoj.gov/ovc/ovcres/welcome.html>

**Note: Inclusion of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>



HHS Publication No. SMA-13-4776
(Revised 2013)

Understanding Secondary Traumatic Stress



What is secondary traumatic stress?

Secondary traumatic stress (STS) is the emotional distress that results when an individual hears about the trauma experiences of another. STS is a trauma condition, and those with symptoms severe enough could be diagnosed with Post-traumatic Stress Disorder (PTSD). Accordingly, individuals affected by STS may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory, mood, and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.

Who can be affected by STS?

STS does not just impact clinicians; it is an important issue for the entire MDT. STS can impact anyone in a CAC who comes into contact with traumatic material through hearing client's trauma stories, seeing high levels of distress in the aftermath of a traumatic event, retelling a client's story for forensic purposes, and/or seeing photos or other graphic images related to the abuse. Every member of the multidisciplinary team can be at risk of developing symptoms of STS if they have this type of indirect exposure.

What is the impact of STS on the worker?

The trauma symptoms associated with STS may impact every area of an employee's life. Some employees will experience mild reactions, while others may report a symptom profile consistent with PTSD. Social withdrawal, loss of interest in activities, avoidance, mood changes, and relational disturbance are all common traumatic stress reactions that can lead to functional impairment, if unaddressed. CAC employees may notice a change in their outlook on life, their perceptions of the world as a safe place, and may over or their reaction to danger. If employees are reporting symptoms that are impacting their functioning, they should be referred for a trauma assessment and assistance from a trauma therapist if indicated.



Pause – Reset – Nourish (PRN)* to Promote Wellbeing Use as Needed to Care for Your Wellness!

All of us face a variety of stresses daily. Currently, you may be dealing with additional responsibilities at work and new challenges with parenting. Consider your level of distress before deciding what approach you'd like to take to address it. Gauging your level of distress is as important as practicing self-care strategies. The PRN framework is one such strategy and reminds us of the types of practices that help promote wellbeing and enhance resilience. Just like you would take a medication PRN, or as needed, to address unwanted symptoms, you can Pause-Reset-Nourish to help replenish yourself when needed. These practices can help to reset and rebalance your nervous systems, and can be done frequently throughout each day in just a few minutes. Consider these simple steps:

Pause:

Check in with your internal experiences or how your body is feeling at the present moment.

By taking a slow conscious (diaphragmatic) breath you can pause to check on how you are feeling inside. Repeat this at least 3 times. As you become more aware of what is happening inside your body, you might realize that you are anxiously ruminating over something, holding stress or tension in different parts of the body, feeling that your mind is cluttered, having intense emotions (e.g., frustration, anger, anxiety) or grieving the loss of a loved one, patient, or the loss of routines due to COVID-19. It may be more than one thing, making the need to pause all the more important.

There are many ways to do slow conscious breathing, click to watch a demonstration of the [4-7-8 technique](#) or the [square breathing technique](#).

*The [PRN Framework](#) was created by Diana Tikasz, Hamilton Health Sciences, 2020.

Reset:

Actively do something to help you feel steadier, more calm, confident or focused on your next task. Be kind to yourself and remember that these are difficult times.

- When you sense you are ruminating or your mind is full, try to reset by having a quiet moment. Consider continuing slow breathing (e.g., [3 minute breathing space](#)), meditation, practicing mindfulness, petting an animal, taking a brief walk outside, or looking at a photo that puts a smile on your face.
- When negative experiences are overwhelming you, try to reset by focusing on a positive thing that happened or an affirmation, sharing gratitude, watching a short funny video or meme, talking with a colleague, or practicing grounding.
- When unsure of how you are feeling but recognize you are uncentered, try to reset by observing the feeling, acknowledging it, and letting it pass through your mind like it is on a conveyor belt. Accepting the current situation allows us to acknowledge our desire for things to be different than they are.
- When you become critical of yourself, try to reset by interrupting those thoughts with self-compassion or talking to yourself as if you were a caring supportive friend.

Nourish:

Soak in something positive that replenishes your mind-body-heart-soul-or spirit. Turn your focus towards something that helps you remember your own strength and resilience, or reminds you to take time to tend to yourself. You may ask yourself, "What do I need to nourish myself right now?"

- Think about something that has been rewarding or meaningful at work or at home. You might remind yourself of why you got into this profession, how you helped someone, or a meaningful moment with your family or loved ones.
- If a loved one has died, consider ways to honor them by reminiscing with others who knew them, reflecting on a positive memory you have of them, contributing to a cause they found important, or doing a kind act in their name.
- Consider affirmations or reminders that help you feel prepared to deal with the stress or challenges you are facing; this may help you harness your own strength and resilience.
- Consider engaging in moments of playfulness, light-heartedness, and creating meaningful social connection with others. This might include enjoying a family activity; laughing, singing or chanting; dancing, or other ways that bring you joy; engaging in meaningful cultural practices or rituals; connecting with a significant other or a beloved pet; celebrating a success at work or with loved ones; or doing something for others in need (donating time for charity, baking for a neighbor).

NO SLIME ZONE

LOW IMPACT DEBRIEFING

SELF AWARENESS



Have you ever shocked or horrified friends or family with a work story that you thought was benign or even funny? Helping Professionals can become desensitized to the trauma and loss that they are exposed to daily. Be aware of the stories you tell and the level of detail you provide when telling a story. Are all the details really necessary? Can you give an abbreviated version?

CONSENT



Once you have warned the listener, then ask for consent. This can be as simple as: "I would like to debrief something with you, is this a good time?" or "I heard something really hard today, could I talk to you about it?" The listener then has a chance to decline, or to qualify what they are able/ready to hear.

FAIR WARNING

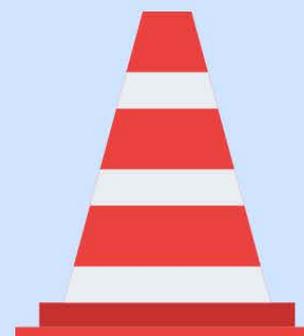
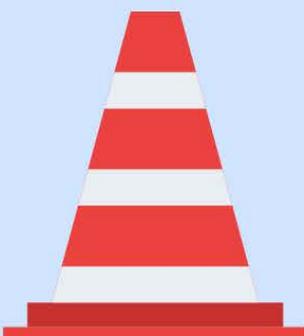


If you had to call your sister to tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down." This allows the listener to brace themselves to hear the story. Allow your listener to prepare and brace themselves by starting with "I would like to debrief a difficult situation with you and the story involves traumatic content."

LIMITED DISCLOSURE



Once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed. You may end up not needing to share the most graphic details.



NO SLIMING zone

Instead of sliming your coworkers,
try these techniques of
Low Impact Processing:

- **Give Fair Warning:** Let your coworker know what you want to talk about.
- **Get Consent:** Make sure your coworker is ready to hear your story.



- **Share Only what is Necessary:**
No Graphic Details!

Sometimes we need to talk about our professional and/or personal lives but the words we use can "slime" others even when that isn't the intention.

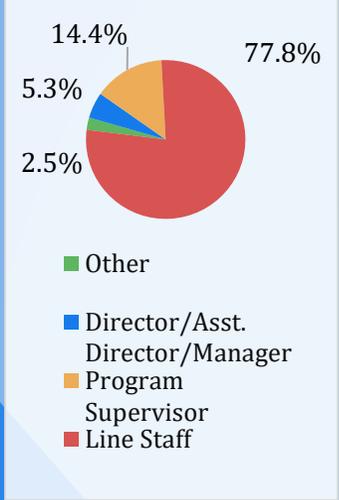
"Sliming" is when you tell someone about a traumatizing event but provide so much detail that you traumatize the person you're telling.

A "No Sliming Zone" doesn't mean we shouldn't share with others, but it means we should be minding of the detail we provide and words we use.

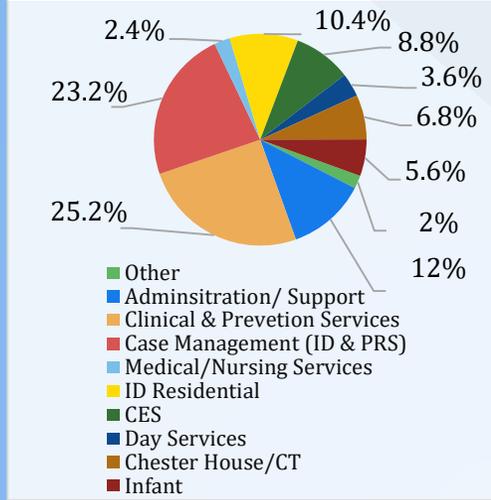
Demographics

Respondents were mostly female (79.6%). The age of respondents ranged from 23-76 with an average age of 46 years. The number of years in service of respondents ranged from 0.5 to 44 with an average of 16.2(9.94) years.

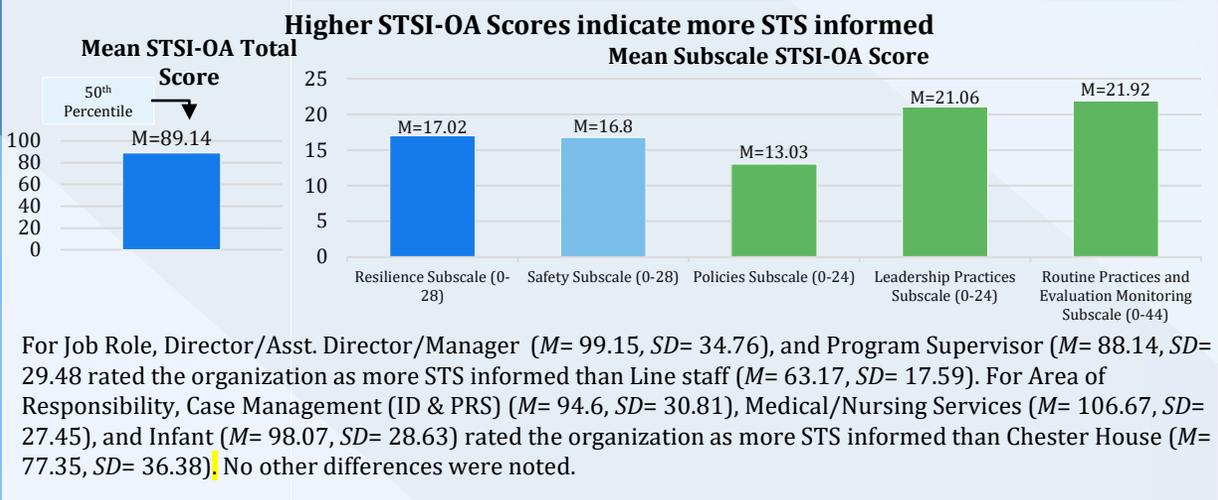
Job Role



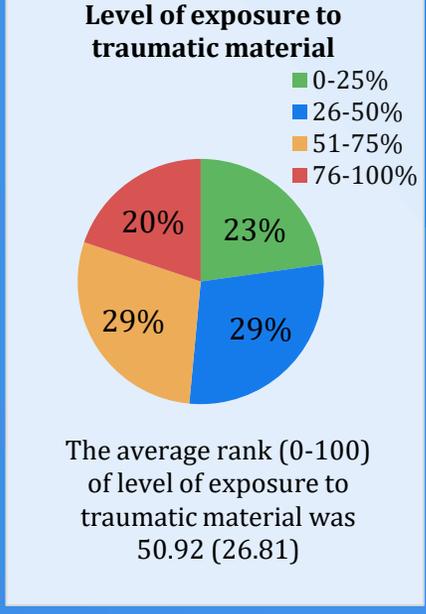
Area of Responsibility



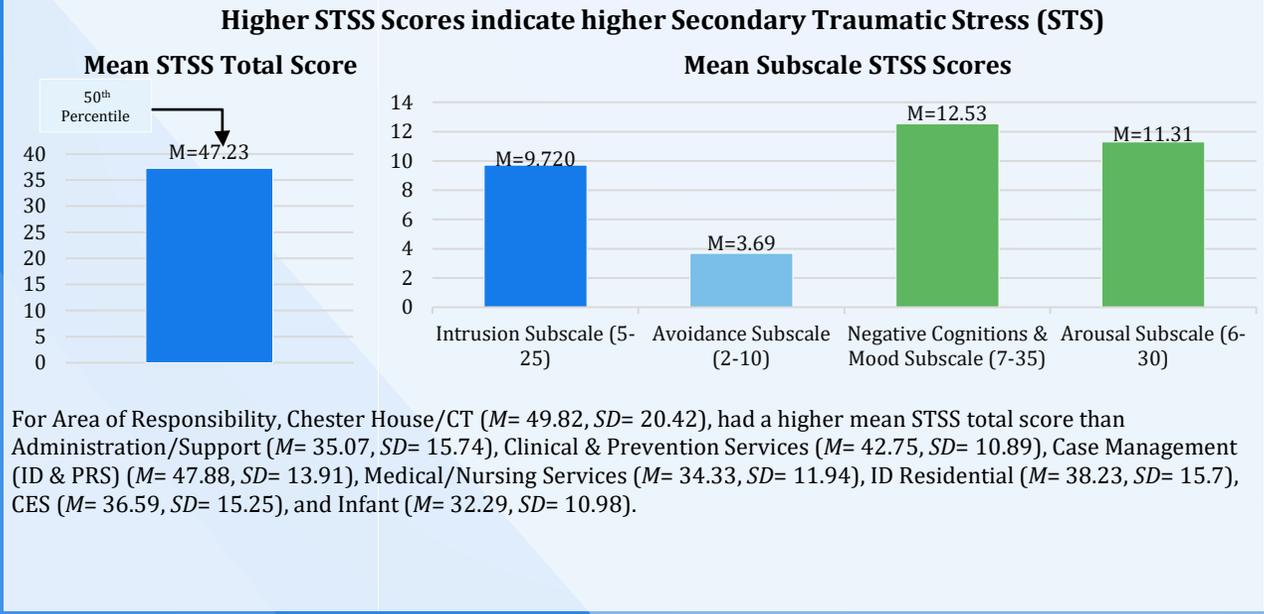
Secondary Traumatic Stress-Informed Organization Assessment (STSI-OA)



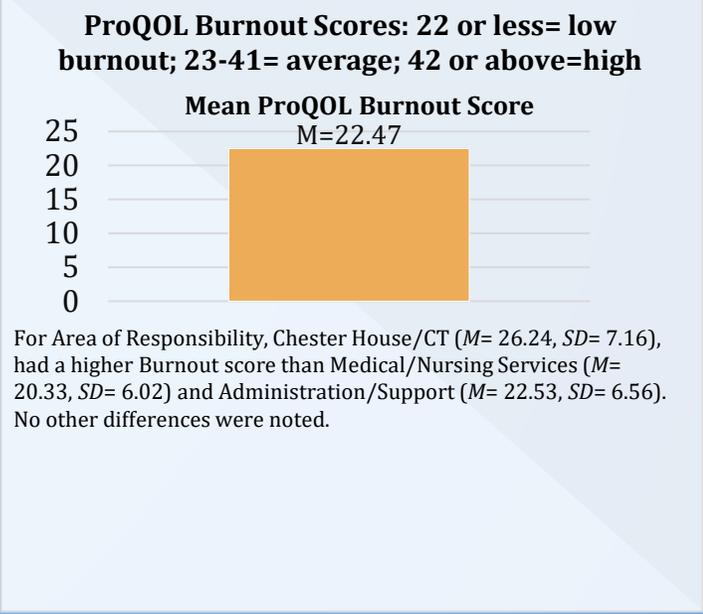
Level of Exposure



Secondary Traumatic Stress Scale (STSS)



ProQOL Burnout



KEY	
	Strategy Tested – Ready for Spread
	Strategy Being Tested
	Strategy in Planning Stage
	Needs Attention. Not yet planning

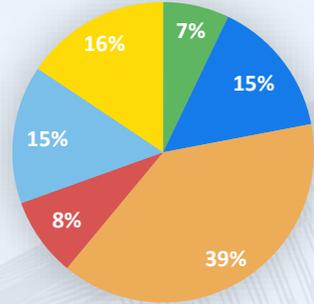
Secondary Traumatic Stress Informed-Organizational Assessment

1. Resilience Building Activities				5. Routine Practices			6 Monitoring and Outcome Evaluation
Basic knowledge about STS (1.a)	Monitoring STS impact on professional well-being (1.b)	Maintaining positive focus on org.'s core mission (1.c)	Instill Hope (1.d)	Org. provides formal trainings on ways to enhance psychological safety (5.a)	Org. provides formal trainings on ways to enhance physical safety (5.b)	Org. provides formal trainings on enhancing resilience to STS (5.c)	
Specific skills that enhance a worker's professional competency (1.e)	Strong peer support among all staff (1.f)	Healthy coping strategies to deal with the psychological demand of the job (1g)		Org. offers activities (besides trainings) that promote resilience to STS (5.d)	Org. discusses STS during new employee orientation (5.e)	Org. has regular opportunities to provide team & peer-support to individuals w/ high levels of exposure (5.f)	Org. routinely monitors workforce trends (e.g. attrition, absenteeism) that may signify lack of safety or increase in STS (6.b)
2. Staff Safety				Org. gives release time to let employees attend trainings focused on resilience building or STS management (5.g)			Org. responds to what it learns through evaluation, monitoring &/or feedback in ways that build safety & resilience (6.c)
Org. protects staff's physical safety using strategies or techniques to reduce risk (e.g. panic buttons, security alarms, multiple staff, etc.) (2.a)	Staff in org. are encouraged not to share graphic details of trauma stories unnecessarily with co-workers (2.b)	Org. periodically conducts safety survey or forum that assesses worker perceptions of psychological safety (2.c)		4. Leader Practices			
Org. leaders manage risk appropriately & protect workers as much as possible from dangerous clients &/ or situations (2.e)				Leadership actively encourages self-care (4.a)	Leadership models good self-care (4.b)	Staff provides input to leaders on ways org. can improve policies & practices re: STS (4.c)	Org. routinely seeks feedback from staff re: psychosocial trends that may signal STS increase (e.g. increased conflict, social isolation) (6.d)
Org. periodically conducts safety survey or forum that assesses worker perceptions of physical safety (2.d)	Org. trains on how to manage possibly dangerous situations (e.g. angry clients) (2.f)	Org. has defined protocol for how to respond to staff when critical incidents occur (2.g)		Supervisors promote safety/resilience to STS by giving additional supervision during times of high risk for STS (4.g)			
3. STS-Informed Policies				Supervisors promote safety & resilience to STS by routinely attending to the risks & signs of STS (4.d)	Supervisors address STS by referring those w/ high levels of disturbance to trained mental health professionals (4.e)	Supervisors promote safety/resilience to STS by giving consistent supervision that includes discussing the effect of work on the worker (4.f)	
Org. has defined practices addressing staff's psychological safety (3.a)	Org. has defined practices addressing physical safety of staff (3.b)	Org. has defined procedures to promote resilience-building in staff (e.g. self-care workshop) (3.c)	Org.'s strategic plan addresses ways to enhance staff resiliency (3.d)	Supervisors promote safety/resilience to STS by intentionally handling caseloads & case assignments w/ dose of indirect trauma exposure in mind (4.h)		Leadership responds to STS as an occupational hazard & not a weakness (4.i)	
Org.'s strategic plan addresses ways to enhance staff safety (3.e)		Org. has risk management policy in place to offer interventions to those who report high levels of STS (3.f)					

Demographics

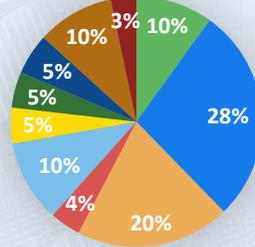
Respondents were mostly female (87.41%). The age of respondents ranged from 25-65 with an average age of 46.76. The number of years in service of respondents ranged from 1 to 42 with an average of 17.35 years.

Job Role



- Director/Asst. Director/Manager
- Program Supervisor
- Line Staff
- Administration
- Clinical
- Other/NA

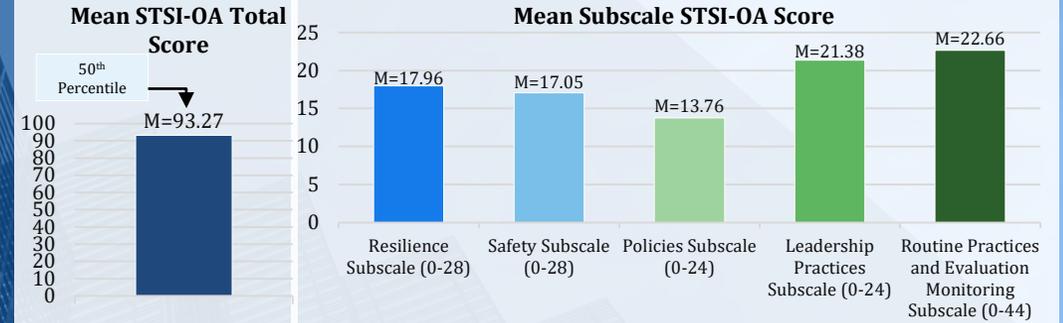
Area of Responsibility



- Administration/Support
- Clinical & Prevention Services
- Case Management (ID&PRS)
- Medical/Nursing Services
- ID Residential
- CES
- Day Services
- Chester House/ACT
- Infant
- Other

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

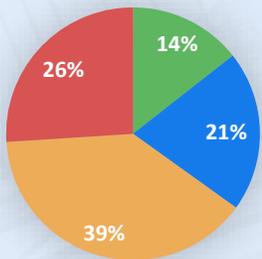
Higher STSI-OA Scores indicate more STS informed



There were no significant differences between Mean STSI-OA Total Score by Job Role. There was a significant difference between Infant and Chester House by Area of Responsibility. Infant staff ($M=118.58, SD=24.50$) had a significantly higher score than Chester House staff ($M=59.86, SD=24.04$).

Level of Exposure

Level of exposure to traumatic material

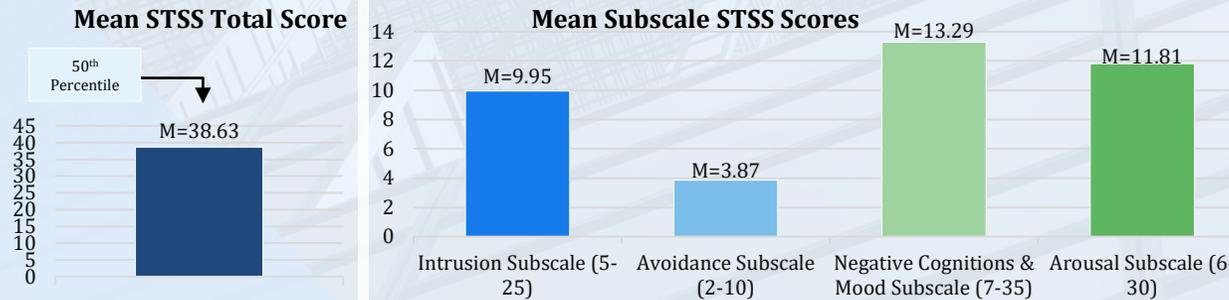


- 0-25%
- 25-50%
- 50-75%
- 75-100%

The average rank (0-100) of level of exposure to traumatic material was 53.21.

Secondary Traumatic Stress Scale (STSS)

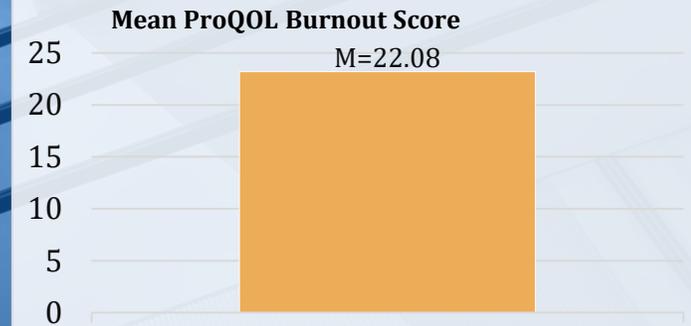
Higher STSS Scores indicate higher Secondary Traumatic Stress (STS)



There were no significant differences between Mean STSS Total Score by Job Role or Area of Responsibility.

ProQOL Burnout

ProQOL Burnout Scores: 22 or less= low burnout; 23-41= average; 42 or above=high



There were no significant differences between Mean ProQOL Burnout Score by Job Role or Area of Responsibility.

KEY	
	Strategy Tested – Ready for Spread
	Strategy Being Tested
	Strategy in Planning Stage
	Needs Attention. Not yet planning

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DID YOU KNOW? YOU Got THIS!



CHANGE TALK = Change only one thing at a time, Why do you want to make the change, Why have you kept the behavior you want to change?, Sit with the Discomfort, Take Baby steps, No time limits. Don't rush.. Leads to burnout. (Internet)

HOPE TALK = Express your feelings, look for hope in unexpected places, cultivate optimism, Practice gratitude, Look at the possibilities in your life, not limitations, Go look at nature, do random acts of kindness, self-care, Harness faith, Become spiritual/What do you value. (Internet)

Psychological Safety Talk = Psychological safety isn't about being nice. It's about giving candid feedback, openly admitting mistakes, and learning from each other. (Dr. A. Edmondson)

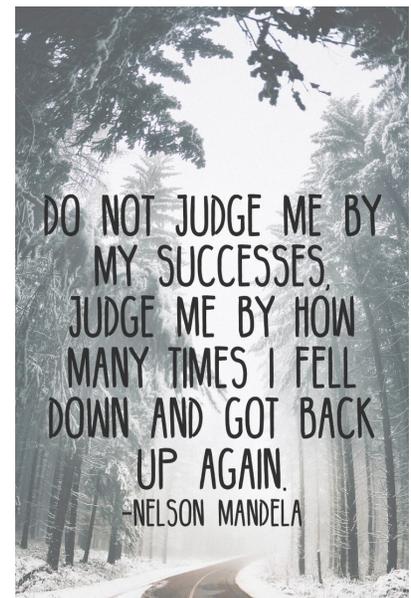


*If nothing ever
changed, there'd be
no butterflies.
-Unknown*

My boss told me to
have a good day...



So I went home.



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Did YOU KNOW?



TAKE a BREAK & RELAX



ONCE
YOU HAVE
CHOSEN HOPE
ANYTHING IS
POSSIBLE !

Laughter is good for
the HEART and your
TEAM!



- **Going for a Walk in nature or just around the block can help clear your mind and rejuvenate you body.**
- **Optimism can make you live longer.**
- **Standing up more often can save your life.**
- **Walking 30 minutes per day can help reverse issues caused by too much sitting.**
- **Deep breathing may help you lose weight**
- **Bathroom doors spread more disease then the toilet flush handles! Wash your hands! ;o)**



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