

• CARE •

Customer Awareness
Response Effort

WORKBOOK

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INTRODUCTION

Community members with trauma are not served by health and social service agencies alone. They seek services through several county and local agencies including the Library, Clerk-Recorder Office, Regional Transit Authority (RTA), Public Works, Central Services and many more. These departments are relied on to provide excellent customer service yet many have not received formal trainings on how to interact with individuals who are experiencing trauma. This leads to challenges for both staff members and the community members experiencing trauma.

The Customer Awareness Response Effort (CARE) innovation program, implemented by Behavioral Health Department staff, provides trauma-informed care training to public agencies and programs in the County, focusing on how to interact with mental health clients within a customer service role, focusing on *three main goals*:

1. Build capacity and increasing interagency collaboration to best serve the public.
2. Better help County staff to learn about trauma and how it may impact its constituents – including its own employees.
3. Create a better, more informed public engagement and customer service experience.

Taking steps to shift an organization into a Trauma-Informed Care (TIC) model changes its perceptions about the individuals that they work with, both clients and staff. A trauma-informed system of care provides services that allow everyone to feel safe, accepted, and understood at all levels of agency interaction- without judgment and exchanges that could be potentially re-traumatizing, or trigger traumatic reactions.

When an organization learns how to provide TIC, they educate the staff about the effects of violence, victimization and trauma on individuals. Their services allow clients or customers to feel safe, be accepted and be understood by everyone who may come in contact with them. Employees also feel safe and supported.

The Customer Awareness Response Effort (CARE) workbook serves as a guide to assist you in continuing your trauma-informed journey, even after the trainings are completed. Among the eleven chapters, you can continue to master essential concepts of the C.A.R.E. training by reviewing key concepts, reading informative articles, and completing in depth worksheets and quizzes.

This workbook can be used within your professional and personal lives to grow your knowledge and increase comfortability around trauma-informed concepts, giving you the opportunity to become a Trauma Informed Champion within your department. Thank you for being a part of the C.A.R.E program and for your hard work in helping making San Luis Obispo County trauma—informed!

GLOSSARY

ACEs: Adverse Childhood Experiences such as emotional, verbal, physical or sexual abuse, neglect, divorce, physical, sexual and verbal abuse; having a family member who was depressed or is diagnosed with other mental illness, addiction to alcohol or other substance(s) or in prison; witnessing parent being abused; loss of a parent by separation, divorce, death or other reason.

ACE Study: is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated an association of adverse childhood experiences (ACEs) (aka childhood trauma) with health and social problems across the lifespan.

Boundaries: Personal boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them and how they will respond when someone passes those limits. Boundaries are physical, emotional and mental limits we establish to protect ourselves from being manipulated, used, or violated by others. They allow us to separate who we are, and what we think and feel, from the thoughts and feelings of others. They are built out of a mix of conclusions, beliefs, opinions, attitudes, past experiences and social learning.

Burnout: Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. As the stress continues, you begin to lose the interest and motivation that led you to take on a certain role in the first place. Is characterized by emotional exhaustion, depersonalization and reduced feelings of personal accomplishment. Burnout reduces productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, you may feel like you have nothing more to give.

Chronic Stress: Stress is often described as a feeling of being overwhelmed, worried or run-down. Stress can affect people of all ages, genders and circumstances and can lead to both physical and psychological health issues. By definition, stress is any uncomfortable "emotional experience accompanied by predictable biochemical, physiological and behavioral changes. Some stress can be beneficial at times, producing a boost that provides the drive and energy to help people get through situations. However, an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuroendocrine and central nervous systems.

Cultural Humility: The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]. Cultural humility is different from other culturally based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness. To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture.

De-escalation: De-escalation refers to behavior that is intended to decrease or avoid escalations of conflicts. It may also refer to approaches in conflict resolution.

Dysregulation: Emotional, physical, psychological state of stress.

Organizational Health/Trauma Informed Organization: We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients/customers. Re-traumatizing someone unintentionally is a real possibility. Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical wellbeing as well as our work success and satisfaction. A healthy organization supports individual self-care and creates a sense of team self-care-both of which are important to productivity, service provision and staff well-being.

Safety: Safety, a basic human need, is freedom from physical and emotional (or psychological) harm. You can be in an environment of complete physical safety and feel emotionally unsafe. Emotional safety is a felt sense that you can be yourself, open and at ease. Without it, you may sense tension or constriction in your body and mind.

Psychological Safety: Team Members can take risks by sharing ideas and suggestions without feeling insecure or embarrassed, ask one another for something to be done, and do not feel as if other team members try to undermine them deliberately.

Regulation: Emotional, physical, psychological state of calm, grounded, centered

Secondary Traumatic Stress: Stress and emotional effects of helping or wanting to help person who has been traumatized. Can result in alteration in thoughts about the world, feelings, relationships, life, etc.

Self-Care: Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health. Although it is a simple concept in theory, it is something we very often overlook. Good self-care is key to improved mood and reduced anxiety. It is also key to a good relationship with oneself and others.

Stress Management: The negative effects of stress can be reduced with the use of social support, emotional management skills, maintaining healthy life balance and attending to basic needs.

System Trauma: System itself can be a highly reactive traumatizing system without enough services and supports.

Trauma: A state of dysregulation or stress, which is prolonged, unpredictable and overwhelming and continues to be unexpressed, unprocessed and misunderstood.

Trauma Informed Approach: Engages communities, systems and organizations in a culture change, emphasizing core values of safety, trustworthiness, choice, collaboration and empowerment in every facet of the environmental and policy context, program activities, physical settings and relationships.

Values: Your values are the things that you believe are important in the way you live and work. Values help determine your priorities in life and can influence decision-making. When the things that you do and the way you behave match your values, life is usually good – you are satisfied and

content. However, when these do not align with your personal values, that is when things feel wrong. This can be a real source of unhappiness.

Window of Tolerance: A term used to describe the zone of arousal in which a person is able to function most effectively. When people are within this zone, they are typically able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty. This optimal window was first named as such by Dan Siegel. During times of extreme stress, people often experience periods of either hyper- or hypo-arousal.

- **Hyper-arousal:** otherwise known as the fight/flight response, is often characterized by hypervigilance, feelings of anxiety and/or panic, and racing thoughts.
- **Hypo-arousal:** a freeze response, may cause feelings of emotional numbness, emptiness, or paralysis.

ACE Study

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

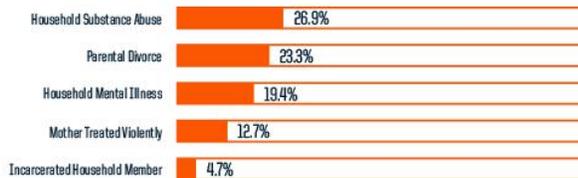


NEGLECT

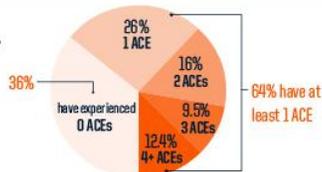


percentage of study participants that experienced a specific ACE

HOUSEHOLD DYSFUNCTION

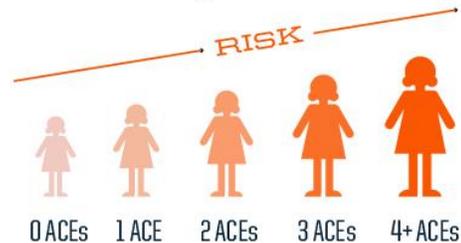


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH



How to Manage Trauma

Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

TRAUMA CAN STEM FROM



HOW COMMON IS TRAUMA?

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's **223.4 million people.**



In public behavioral health, **over 90%** of clients have experienced trauma.

Trauma is a risk factor in nearly all behavioral health and substance use disorders.

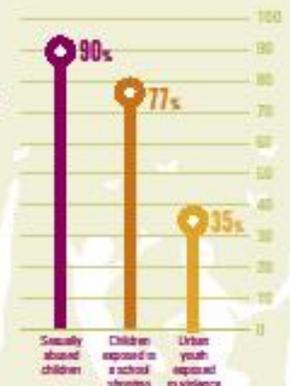
In the United States, a woman is **beaten every 15 seconds**, a forcible rape occurs every 6 minutes.



33%

More than **33% of youths** exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.

Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder.



Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

*People can and do
recover from trauma*



SYMPTOMS OF TRAUMA CHECKLIST

- 1. Headaches, backaches, stomachaches, etc.
- 2. Sudden sweating and/or heart palpitations
- 3. Changes in sleep patterns, appetite, interest in sex
- 4. Constipation or diarrhea
- 5. Easily startled by noises or unexpected touch
- 6. More susceptible to colds and illnesses
- 7. Increased use of alcohol or drugs and/or overeating
- 8. Fear, depression, anxiety
- 9. Outbursts of anger or rage
- 10. Emotional swings
- 11. Nightmares and flashbacks — re-experiencing the trauma
- 12. Tendency to isolate oneself or feelings of detachment
- 13. Difficulty trusting and/or feelings of betrayal
- 14. Self-blame, survivor guilt, or shame
- 15. Diminished interest in everyday activities

HOW TO TALK TO YOUR DOCTOR

- 1. Make your doctor aware that you have experienced trauma, past or recent
- 2. Help them understand what is helpful to you during office visits, i.e., asking permission to do a procedure, staying as clothed as possible, explaining procedures thoroughly, or having a supporter stay in the room with you
- 3. Ask for referrals to therapy and behavioral health support



HELPFUL COPING STRATEGIES

- 1. Acknowledge that you have been through traumatic events
- 2. Connect with others, especially those who may have shared the stressful event or experienced other trauma
- 3. Exercise — try jogging, aerobics, bicycling, or walking
- 4. Relax — try yoga, stretching, massage, meditation, deep muscle relaxation, etc.
- 5. Take up music, art, or other diversions
- 6. Maintain balanced diet and sleep cycle
- 7. Avoid over-using stimulants like caffeine, sugar, or nicotine
- 8. Commit to something personally meaningful and important every day
- 9. Write about your experience for yourself or to share with others

ASK YOUR HEALTHCARE PROFESSIONAL ABOUT TREATMENTS

TRADITIONAL TREATMENTS

Cognitive Behavioral Therapy
Eye Movement Desensitization and Reprocessing (EMDR) Therapy
Talk Therapy
Exposure Therapy
Group Therapy

ALTERNATIVE TREATMENTS

Energy Processing
Hypnotherapy
Neuro-Linguistic Programming
Massage Therapy
Pet or Equine Therapy
Trauma and Recovery Peer Support Groups
Wellness Recovery Action Planning (WRAP)



**NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE**



For more information, interviews, and research on trauma check out the National Council's magazine edition on the topic

www.TheNationalCouncil.org

ADVERSE CHILDHOOD EXPERIENCE (ACE) QUESTIONNAIRE: FINDING YOUR ACE SCORE

WHILE YOU WERE GROWING UP, DURING YOUR FIRST 18 YEARS OF LIFE:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you? *Or* Act in a way that made you afraid that you might be physically hurt?
 Yes **No** If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you? *Or* **Ever** hit you so hard that you had marks or were injured?
 Yes **No** If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way? *Or* Try to or actually have oral, anal, or vaginal sex with you?
 Yes **No** If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special? *Or* Your family didn't look out for each other, feel close to each other, or support each other?
 Yes **No** If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? *Or* Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
 Yes **No** If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
 Yes **No** If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her? *Or* **Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard? *Or* **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?
 Yes **No** If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
 Yes **No** If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
 Yes **No** If yes enter 1 _____
10. Did a household member go to prison?
 Yes **No** If yes enter 1 _____

NOW ADD UP YOUR "YES" ANSWERS: _____ THIS IS YOUR ACE SCORE.

The Fight-or-Flight Response

Fact Sheet

► What is the fight-or-flight response?

The fight-or-flight response is one of the tools your body uses to protect you from danger. When you feel threatened, the fight-or-flight response is automatically triggered, and several physiological changes prepare you to either confront or flee from the threat.

► What are the symptoms of fight-or-flight?

- Increased heart rate
- Dizziness or lightheadedness
- Shaking
- Racing thoughts
- Nausea / "butterflies" in stomach
- Sweating
- Difficulty concentrating
- Rapid, shallow breathing
- Tensed muscles

► How is the fight-or-flight response triggered?

Even threats to emotional well-being, such as the fear of embarrassment before giving a presentation, can trigger the fight-or-flight response. In these cases, the symptoms often do more harm than good. An increased heart rate and sweating might help you escape from a bear, but they won't do much to help you look cool and collected during a presentation.

► Is the fight-or-flight response bad?

Everyone will experience the fight-or-flight response at times, to varying degrees. Usually, it's natural, healthy, and not a problem. However, when the fight-or-flight response leads to excessive anger, anxiety, prolonged stress, or other problems, it might be time to intervene.

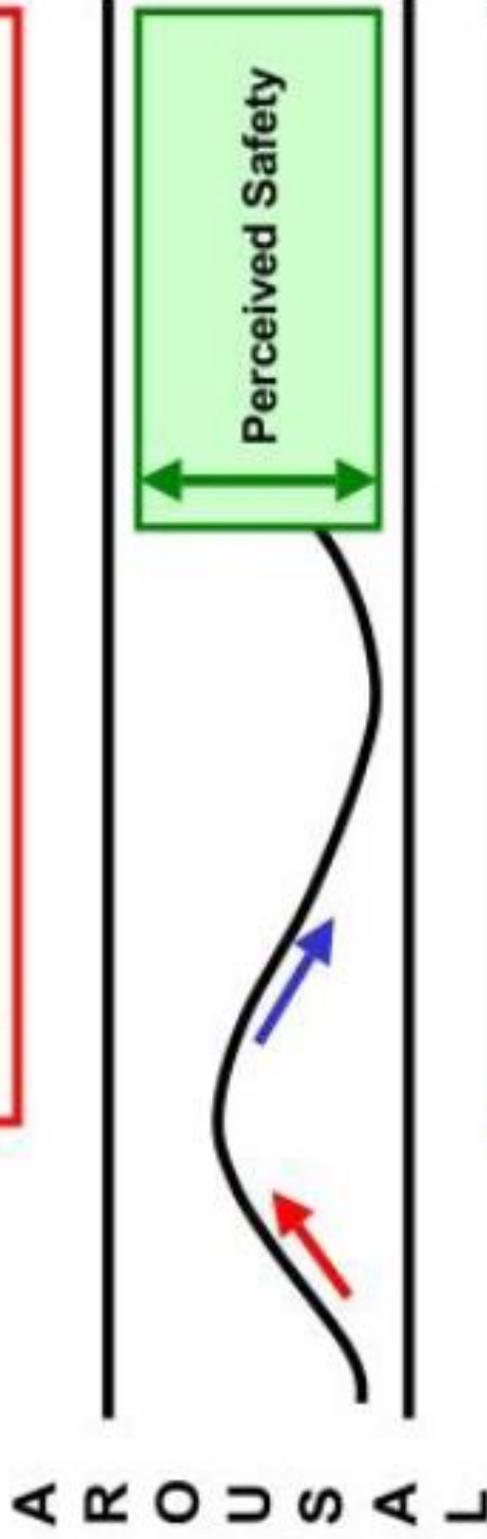
► How can I manage the fight-or-flight response?

In addition to the fight-or-flight response, your body can also initiate an opposing relaxation response. Many symptoms of the relaxation response counteract fight-or-flight, such as slower and deeper breathing, relaxed muscles, and a slower heart rate. The relaxation response can be triggered by using relaxation skills, such as deep breathing or progressive muscle relaxation.

Window of Tolerance

Window of Tolerance

Hyper arousal - too much arousal to integrate



Hypo arousal - not enough arousal to integrate

Adapted from Empowering the body in the treatment of trauma: The role of Sensorimotor Processing in trauma, by P. Ogden, 2006. Paper presented at the conference: The Embodied Mind: Integration of the Body, Brain, and Mind in Clinical Practice, Los Angeles, CA.

Slide by Sophia Deborah Erez © 2008

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THE WINDOW OF TOLERANCE

When a person is within their window of tolerance, it is generally the case that the brain is functioning well and can effectively process stimuli. That person is likely to be able to reflect, think rationally, and make decisions calmly without feeling either overwhelmed or withdrawn.

During times of extreme stress, people often experience periods of either hyper- or hypo-arousal. In either of these states, an individual may become unable to process stimuli effectively. The prefrontal cortex region of the brain shuts down, in a manner of speaking, affecting the ability to think rationally and often leading to the development of feelings of dysregulation, which may take the form of chaotic responses or overly rigid ones. In these periods, a person can be said to be outside the window of tolerance.

Each individual's window of tolerance is different. Those who have a narrow window of tolerance may often feel as if their emotions are intense and difficult to manage. Others with a wider window of tolerance may be able to handle intense emotions or situations without feeling like their ability to function has been significantly impacted.

The window of tolerance can also be affected by environment: people are generally more able to remain within the window when they feel safe and supported.

Most people move between these varying states of arousal from time to time. Trauma and/or extreme stress often make it more likely a person will become either hyper- or hypo-aroused.

THE WINDOW OF TOLERANCE IN RELATION TO MENTAL HEALTH

The stress of a traumatic or otherwise negative event may have the effect of “pushing” a person out of their window of tolerance. People who have experienced a traumatic event may respond to stressors, even minor ones, with extreme **hyper- or hypo-arousal**. As a result of their experiences, they may come to believe the world is unsafe and may operate with a window of tolerance that has become more narrow or inflexible as a result. A narrowed window of tolerance may cause people to perceive danger more readily and react to real and imagined threats with either a fight/flight response or a freeze response.

People who frequently operate outside of their window of tolerance may experience mental health issues, such as depression and anxiety.

A person who is often in a state of **hyper-arousal** may develop symptoms of posttraumatic stress, such as flashbacks, nightmares, and derealization. A person who is often in a state of **hypo-arousal** may dissociate, have memory issues, and experience feelings of depersonalization.

MANAGING THE WINDOW OF TOLERANCE

It is possible for individuals who have become dysregulated to use techniques to return to their window of tolerance. Grounding and mindfulness skills, techniques considered beneficial by many mental health experts, can often help people remain in the present moment. By focusing on the physical sensations currently being experienced, for example, people are often able to remain in the present, calming and soothing themselves enough to effectively manage extreme arousal. These techniques, and others, can be learned in therapy.

Many individuals are able to widen their window of tolerance and, by doing so, increase their sense of calm and become able to deal with stress in more adaptive ways. Therapy, which provides a safe space for people to process painful memories and emotions, can be a helpful step for many. With the help of a mental health professional, individuals are often able to make contact with their emotions without becoming so dysregulated that they cannot integrate them. Increasing emotional regulation capabilities in this way can lead to a wider window of tolerance and prevent dysregulation.

Chronic Stress

Stress Symptom Checklist:

Check each item that describes a symptom you have experienced to any significant degree during the last month; then total the number of items checked.

Physical Symptoms

- Headaches (migraine or tension)
- Backaches
- Tight muscles
- Neck and shoulder pain
- Jaw tension
- Muscle cramps, spasms
- Nervous stomach
- Other pain
- Nausea
- Insomnia (sleeping poorly)

- Fatigue, lack of energy
- Cold hands/feet
- Tightness or pressure in head
- High blood pressure
- Diarrhea
- Skin condition
- Allergies
- Teeth grinding
- Digestive upsets (cramping, bloating)

- Constipation
- Hypoglycemia
- Appetite change
- Colds
- Profuse perspiration
- Heart beats rapidly or pounds, even at rest
- Use of alcohol, cigarettes, or recreational drugs when nervous

- Stomach pain, ulcer

Psychological Symptoms

- Anxiety
- Depression
- Confusion or spaciness
- Irrational fears
- Compulsive behaviors
- Forgetfulness
- Feeling overloaded or overwhelmed
- Hyperactivity – feeling like you can't slow down
- Mood swings

- Loneliness
- Problems with relationships
- Dissatisfied/unhappy with work
- Difficulty concentrating
- Frequent irritability
- Restlessness
- Frequent boredom

- Frequent worrying or obsessing
- Frequent guilt
- Temper flare-ups
- Crying spells
- Nightmares
- Apathy
- Sexual problems
- Weight change
- Overeating

Number of Items Checked:

0 – 7

8 – 14

15-21

22+

Stress Level:

Low

Moderate

High

Very High

Life Stress Test

As caregivers, we are often stressed and don't know why. Without realizing the effects that life circumstances have on us, we tend to sweep our feelings of frustration, sadness and turmoil under the rug. This scale shows the kind of life pressure that you are facing. Depending on your coping skills or the lack thereof, this scale can predict the likelihood that you will fall victim to a stress related illness. The illness could be mild - frequent tension headaches, acid indigestion, loss of sleep to very serious illness like ulcers, cancer, migraines and the like.

In the past 12 to 24 months, which of the following major life events have taken place in your life?

Mark down the points for each event that you have experienced this year. When you're done looking at the whole list, add up the points for each event and check your score at the bottom.

- | | |
|---|---|
| <input type="checkbox"/> Death of Spouse (100 points) | <input type="checkbox"/> Change in work responsibilities (29 points) |
| <input type="checkbox"/> Divorce (73 points) | <input type="checkbox"/> Trouble with in-laws (29 points) |
| <input type="checkbox"/> Marital/Partner Separation (65 points) | <input type="checkbox"/> Outstanding personal achievement (28 points) |
| <input type="checkbox"/> Jail Term (63 points) | <input type="checkbox"/> Spouse begins or stops work (26 points) |
| <input type="checkbox"/> Death of close family member (63 points) | <input type="checkbox"/> Starting or finishing school (26 points) |
| <input type="checkbox"/> Personal injury or illness (53 points) | <input type="checkbox"/> Change in living conditions (25 points) |
| <input type="checkbox"/> Marriage (50 points) | <input type="checkbox"/> Revision of personal habits (24 points) |
| <input type="checkbox"/> Fired from work (47 points) | <input type="checkbox"/> Trouble with boss (23 points) |
| <input type="checkbox"/> Marital reconciliation (45 points) | <input type="checkbox"/> Change in work hours, conditions (20 points) |
| <input type="checkbox"/> Retirement (45 points) | <input type="checkbox"/> Change in residence (20 points) |
| <input type="checkbox"/> Change in family member's health (44 points) | <input type="checkbox"/> Change in schools (20 points) |
| <input type="checkbox"/> Pregnancy (40 points) | <input type="checkbox"/> Change in recreational habits (19 points) |
| <input type="checkbox"/> Sex difficulties (39 points) | <input type="checkbox"/> Change in church activities (19 points) |
| <input type="checkbox"/> Addition to family (39 points) | <input type="checkbox"/> Change in social activities (18 points) |
| <input type="checkbox"/> Business readjustment (39 points) | <input type="checkbox"/> Mortgage or loan under \$20,000 (17 points) |
| <input type="checkbox"/> Change in financial status (38 points) | <input type="checkbox"/> Change in sleeping habits (16 points) |
| <input type="checkbox"/> Death of close friend (37 points) | <input type="checkbox"/> Change in number of family gatherings (15 points) |
| <input type="checkbox"/> Change to a different line of work (36 points) | <input type="checkbox"/> Change in eating habits (15 points) |
| <input type="checkbox"/> Change in number of marital arguments (35 points) | <input type="checkbox"/> Vacation (13 points) |
| <input type="checkbox"/> Mortgage or loan over \$30,000 (31 points) | <input type="checkbox"/> Christmas season (12 points) |
| <input type="checkbox"/> Foreclosure of mortgage or loan (30 points) | <input type="checkbox"/> Minor violations of the law (11 points) |

_____ **Your Total Score**

0-149: Low susceptibility to stress-related illness

150-299: Medium susceptibility to stress-related illness: Learn and practice relaxation and stress management skills and a healthy well life style.

300 and over: High susceptibility to stress-related illness: Daily practice of relaxation skills is very important for your wellness. Take care of it now before a serious illness erupts or an affliction becomes worse.

Permission to reprint the Life Stress Test received from:

Dr. Tim Lowenstein

P.O. Box 127

Port Angeles, WA 98362

www.stressmarket.com

Recognizing Stress

1. List the ways you experience stress physically, emotionally, and behaviorally.

Physically	Emotionally	Behaviorally

2. Circle the ways stress affects you that are most troubling.

3. List two or three things you can do to reduce these symptoms or times when you notice these symptoms are less intense.

Secondary Traumatic Stress and Burnout

SECONDARY TRAUMATIC STRESS

Coping with the effects of others' trauma can be draining and can have lasting negative effects. It is common for educators who deal with traumatized children to develop their own symptoms of traumatic stress. This is known as secondary traumatic stress.

In order to best serve their students and maintain their own health, educators must be alert to the signs of secondary traumatic stress in themselves and their coworkers. In a trauma-informed school, staff should be encouraged to practice self-care along with other strategies to guard against or heal from the effects of secondary traumatic stress.

RISK FACTORS & CAUSES OF SECONDARY TRAUMATIC STRESS

Certain circumstances can cause you to be more susceptible to secondary traumatic stress. Seek support and practice self-care to manage the possible effects of these experiences:

- Personal exposure to a traumatic event(s) or to individuals who are coping with their own reactions to trauma
- Direct contact with children's traumatic stories
- Helping others and neglecting yourself

SIGNS OF SECONDARY TRAUMATIC STRESS

Secondary traumatic stress can impact all areas of your life. The effects can range from mild to debilitating. If you think you might be at risk, be alert for any of the following symptoms:

Emotional — feeling numb or detached; feeling overwhelmed or maybe even hopeless.

Physical — having low energy or feeling fatigued.

Behavioral — changing your routine or engaging in self-destructive coping mechanisms.

Professional — experiencing low performance of job tasks and responsibilities; feeling low job morale.

Cognitive — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again.

Spiritual — questioning the meaning of life or lacking self-satisfaction.

Interpersonal — physically withdrawing or becoming emotionally unavailable to your co-workers or your family.

If you experience any of these symptoms, take steps to manage your secondary traumatic stress.

MANAGING SECONDARY TRAUMATIC STRESS

Awareness is the key to managing secondary traumatic stress for the organization and for individuals. A school community can share information about the signs of secondary traumatic stress so staff members recognize the signs in themselves and in others. Regular small group check-ins can be an outlet for feelings of frustration and stress. Acknowledgement of the stressful conditions by administration can help educators feel heard.

Individuals can protect against and manage secondary traumatic stress by practicing self-care through regular exercise, a healthy diet, and sufficient sleep. Activities such as yoga or meditation can be helpful in reducing general stress. It is important for staff to take time away from the stress-inducing situation. Spending time with family or friends, or focusing on a project or hobby can help.

Secondary traumatic stress goes beyond regular stress. A counselor can be a resource for strategies to cope with the symptoms and to heal.

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*.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

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

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

Compassion Satisfaction _____

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

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

Burnout _____

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

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

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

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

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

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

Compassion Satisfaction Scale

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

3. _____
 6. _____
 12. _____
 16. _____
 18. _____
 20. _____
 22. _____
 24. _____
 27. _____
 30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level 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

- *1. _____ = _____
 *4. _____ = _____
 8. _____
 10. _____
 *15. _____ = _____
 *17. _____ = _____
 19. _____
 21. _____
 26. _____
 *29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

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

the effects of helping when you are *not* happy so you reverse the score

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.

2. _____
 5. _____
 7. _____
 9. _____
 11. _____
 13. _____
 14. _____
 23. _____
 25. _____
 28. _____

Total: _____

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

Compassion Fatigue Test from ACE (American Continuing Education)

Copyright 1994, Florida State University Psychosocial Stress Research Program

This self-test is not intended to provide medical advice or diagnosis. Consult a physician or mental health professional if you think you might be suffering from Compassion Fatigue.

Consider each of the following characteristics about you and your current situation. Write in the number for the best response. Use one of the following answers:

1 = Rarely/Never

2 = At Times

3 = Not Sure

4 = Often

5 = Very Often

- ___ 1. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- ___ 2. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- ___ 3. I have gaps in my memory about frightening events.
- ___ 4. I feel estranged from others.
- ___ 5. I have difficulty falling or staying asleep.
- ___ 6. I have outbursts of anger or irritability with little provocation.
- ___ 7. I startle easily.
- ___ 8. While working with a victim I thought about violence against the person or persons who victimized.
- ___ 9. I am a sensitive person.
- ___ 10. I have had flashbacks connected to my clients and families.
- ___ 11. I have had first-hand experience with traumatic events in my adult life.
- ___ 12. I have had first-hand experience with traumatic events in my childhood.
- ___ 13. I have thought that I need to “work through” a traumatic experience in my life.
- ___ 14. I have thought that I need more close friends.
- ___ 15. I have thought that there is no one to talk with about highly stressful experiences.
- ___ 16. I have concluded that I work too hard for my own good.

- 17. I am frightened of things that traumatized people and their families have said or done to me.
- 18. I experience troubling dreams similar to a client of mine and their family.
- 19. I have experienced intrusive thoughts of sessions with especially difficult clients and their families.
- 20. I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
- 21. I am preoccupied with more than one client and their family.
- 22. I am losing sleep over a client and their family's traumatic experience.
- 23. I have thought that I might have been "infected" by the traumatic stress of my clients and their families.
- 24. I remind myself to be less concerned about the well-being of my clients and their families.
- 25. I have felt trapped by my work as a helper.
- 26. I have felt a sense of hopelessness associated with working with clients and their families.
- 27. I have felt "on edge" about various things and I attribute this to working with certain clients and their families.
- 28. I have wished that I could avoid working with some clients and their families.
- 29. I have been in danger working with some clients and their families.
- 30. I have felt that some of my clients and their families dislike me personally.
- 31. I have felt weak, tired, run down as a result of my work as a helper.
- 32. I have felt depressed as a result of my work as a helper.
- 33. I am unsuccessful at separating work from personal life.
- 34. I feel little compassion toward most of my coworkers.
- 35. I feel I am working more for the money than for personal fulfillment.
- 36. I find it difficult separating my personal life from my work life.
- 37. I have a sense of worthlessness/disillusionment/resentment associated with my work.

- ___ 38. I have thoughts that I am a “failure” as a helper.
- ___ 39. I have thoughts that I am not succeeding at achieving my life goals.
- ___ 40. I have to deal with bureaucratic, unimportant tasks in my work life.

SCORING INSTRUCTIONS:

Make sure you have responded to ALL questions.

Next, circle the following 23 items: 1-8, 10-13, 17-26, and number 29.

Now, ADD the numbers you wrote next to the items circled.

This is your risk of Compassion Fatigue:

26 or Less = Extremely LOW risk

27 – 30 = LOW risk

31 - 35 = Moderate risk

36 – 40 = HIGH risk

41 or More = Extremely HIGH risk

ADD the numbers you wrote next to the items NOT circled.

This is your risk of Burnout:

19 or Less = Extremely LOW risk

20 - 24 = LOW risk

25 – 29 = Moderate risk

30 – 42 = HIGH risk

43 or more = Extremely HIGH risk

Stress Management and Self-Care

Protective Factors



Protective factors are things that contribute to mental health, and allow a person to be resilient in the face of challenges. Someone with a lot of protective factors—such as strong relationships and healthy coping skills—will be better equipped to overcome life’s obstacles.

Many protective factors are out of your control. For example, genetics, the neighborhood where you grew up, and family cannot be changed. However, plenty of factors *can* be controlled. You choose the people in your life, how to cope with problems, and how you’ll spend each day.

By focusing on what you can control, and building upon those protective factors, you will improve your ability to cope with many of life’s challenges.



My Protective Factors

Instructions: Review each of the following protective factors, and mark the scales to indicate how well you are performing in each area.

Social Support

- ability to talk about problems
- people to ask for practical help (e.g. a ride if car breaks down)
- feelings of love, intimacy, or friendship



Coping Skills

- ability to manage uncomfortable emotions in a healthy way
- awareness of one’s own emotions, and recognition of how they influence behavior



Physical Health

- adequate exercise or physical activity
- a balanced and healthy diet
- medical compliance (e.g. taking medications as prescribed)



Sense of Purpose

- meaningful involvement in work, education, or other roles (e.g. parenting)
- understanding of personal values, and living in accordance with those values



Self-Esteem

- belief that one’s self has value
- acceptance of personal flaws, weaknesses, or mistakes
- belief in ability to overcome challenges



Healthy Thinking

- *does not* ruminate on mistakes, personal flaws, or problems
- ability to recognize personal strengths and weaknesses rationally



Protective Factors

Instructions: Refer to the protective factors on the previous page to answer the following questions.

Which protective factor has been the most valuable to you during difficult times?

--

Specifically, how have you used this protective factor to your advantage in the past?

What are two protective factors that you would like to improve?

1	2
---	---

Describe how things might be different if you were able to improve these protective factors.

1
2

List specific steps or actions that might help to make these goals a reality.

1
2

Stress Management Tips

Keep in mind that stress isn't a bad thing.

Stress motivates us to work toward solving our problems. Reframing thoughts to view stress as an acceptable emotion, or as a tool, has been found to reduce many of the negative symptoms associated with it. The goal is to *manage* stress, not to eliminate it.

Talk about your problems, even if they won't be solved.

Talking about your stressors—even if you don't solve them—releases hormones in your body that reduce the negative feelings associated with stress. Time spent talking with friends and loved ones is valuable, even when you have a lot on your plate.

Prioritize your responsibilities.

Focus on completing quick tasks first. Having too many “to-dos” can be stressful, even if none of them are very big. Quickly knocking out the small tasks will clear up your mind to focus on larger responsibilities.

Focus on the basics.

Stress can start a harmful cycle where basic needs are neglected, which leads to more stress. Make a point to focus on your basic needs, such as eating well, keeping a healthy sleep schedule, exercising, and other forms of self-care.

Don't put all your eggs in one basket.

People who are overinvolved in one aspect of their life often struggle to deal with stress when that area is threatened. Balance your time and energy between several areas, such as your career, family, friendships, and personal hobbies.

Set aside time for yourself.

Personal time usually gets moved to the bottom of the list when things get hectic. However, when personal time is neglected, everything else tends to suffer. Set aside time to relax and have fun every day, without interruptions.

Keep things in perspective.

In the heat of the moment, little problems can feel bigger than they are. Take a step back, and think about how important your stressors are in a broader context. Will they matter in a week? In a year? Writing about your stressors will help you develop a healthier perspective.

Stress Management



Stress: an emotional and physical response to demanding situations, including symptoms that may include worry, a feeling of being overwhelmed, increased heart rate, headaches, sleep difficulties, procrastination, and more.

Describe your largest source of stress, in detail.

Briefly list two other stressors you are experiencing.

1
2

Circle any symptoms you have experienced in response to stress.

Anger / Frustration	Anxiety	Decreased Sex Drive	Drug or Alcohol Use
Fatigue	Headaches	Indigestion	Muscle Tension
Nail Biting	Over or Under Eating	Procrastination	Sleep Difficulties
Social Withdrawal	Teeth Grinding	Worry	Other



Contrary to popular belief, not all stress is bad. The stress response is a powerful tool used by your body to increase the odds of overcoming obstacles. It's when stress becomes too intense, or lasts for too long, that it becomes problematic.

Stress Management

The negative effects of stress can be reduced with the use of social support, emotional management skills, maintaining a healthy life balance, and attending to basic needs. In the following pages, we'll explore each of these strategies.

Social Support

Even when your social support cannot solve a problem, just talking can sometimes be enough. When we talk about our problems, hormones are released inside our brains that ease the undesirable symptoms of stress.

List three people who you can turn to for support.

Name:	How they can help:

How can you use social support to ease one of your current stressors?

Emotional Management

Stress can trigger many emotions such as anxiety, self-doubt, and anger. When these feelings are ignored, they can exacerbate the original stressor. Remember, emotional management isn't about eliminating emotions—it's about dealing with them in a healthy way.

When faced with unpleasant emotions, do you have any habits or tendencies that worsen the situation?

List two ways that you have successfully handled unpleasant emotions in the past.

1
2

Stress Management

Life Balance

Stress can be especially destructive if your life is heavily focused on one area. For example, a person who is only focused on a relationship will struggle if their relationship becomes rocky.

Rate each of the following life areas from 1 to 5. A "1" means that you devote little attention to this part of your life, while a "5" means that you devote a high amount of attention to this area.

Career	Family	Fun / Recreation	Spirituality
Socializing	Intimate Relationship	Education	Other

Based upon your ratings, are there any areas where you would like to devote more attention?

Basic Needs

During periods of high stress, many people take shortcuts when it comes to their basic needs. Examples include sleep, a healthy diet, exercise, and other forms of self-care. When basic needs are neglected, health and mental well-being deteriorate, which contributes to additional stress.

Circle any basic needs that you tend to neglect during periods of high stress.

Sleep	Healthy Diet	Exercise	Medical Adherence medications, appointments, etc.
Personal Hygiene	Social / Love Needs	Managing Addictions	Other

Describe the steps you can take to protect your basic needs during periods of high stress.

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 work space 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

Positive Steps to Wellbeing

Be kind to yourself



Our culture, genes, religion, upbringing, education, gender, sexuality, beliefs, and life experiences make us who we are. We all have bad days.

Be kind to yourself. Encourage rather than criticise yourself. Treat yourself the way you would treat a friend in the same situation.

Exercise regularly



Being active helps lift our mood, reduces stress and anxiety, improves physical health, and gives us more energy.

Get outside, preferably in a green space or near water.

Find an activity you enjoy doing, and just do it.

Take up a hobby and/or learn a new skill

Increase your confidence and interest, meet others, or prepare for finding work.



Have some fun and/or be creative

Having fun or being creative helps us feel better and increases our confidence.

Enjoy yourself!



Help others



Get involved with a community project, charity work, or simply help out someone you know.

As well as benefiting others, you'll be doing something worthwhile which will help you feel better about yourself.

Relax



Make time for yourself. Allow yourself to chill out and relax. Find something that suits you – different things work for different people.

Breathe... (imagine a balloon in your belly, inflating and deflating as you breathe in and out)

Eat healthily

Eat regularly, eat breakfast, eat healthily, eat fruit and vegetables, drink water.



Balance sleep

Get into a healthy sleep routine – including going to bed and getting up at the same time each day.



Connect with others



Stay in touch with family and friends - make regular and frequent contact with them.

Beware drink and drugs



Avoid using alcohol (or non-prescribed drugs) to help you cope – it will only add to your problems.

See the bigger picture

We all give different meanings to situations and see things from our point of view. Broaden out your perspective and consider the bigger picture ('the helicopter view')



What meaning am I giving this? Is this fact or opinion? How would others see it? Is there another way of looking at this? How important is it, or will it be in a year's time? What can I do right now that will help most?

Accepting: 'It is as it is'

We tend to fight against distressing thoughts and feelings, but we can learn to just notice them and give up that struggle.



Some situations we just can't change. We can surf those waves rather than try to stop them.

Allow those thoughts and sensations just to be – they will pass.

M Managing Time Effectively

In child welfare agencies, time is very important. It is both necessary and hard to find. Each staff member, and the agency as a whole, must find the time to complete their responsibilities and meet deadlines to ensure children's safety. However, in order to remain psychologically and physically healthy and energized, despite the constant and frequent changes and challenges, we must use time wisely.

To be productive and manage time successfully, child welfare agencies and staff need:

- Time to listen
- Time to think
- Time to plan
- Time to act
- Time to mend
- Time to take a breather
- Time to take part in decision making
- Time to promote positive changes
- Time to have fun
- Time off

Relaxation Techniques

When a person is confronted with anxiety, their body undergoes several changes and enters a special state called the *fight-or-flight response*. The body prepares to either fight or flee the perceived danger.

During the fight-or-flight response it's common to experience a "blank" mind, increased heart rate, sweating, tense muscles, and more. Unfortunately, these bodily responses do little good when it comes to protecting us from modern sources of anxiety.

Using a variety of skills, you can end the fight-or-flight response before the symptoms become too extreme. These skills *will* require practice to work effectively, so don't wait until the last minute to try them out!

Deep Breathing

It's natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

Breathe in slowly. Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.

Hold your breath for 5 to 10 seconds (again, keep count). You don't want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.

Breathe out very slowly for 5 to 10 seconds (count!). Pretend like you're breathing through a straw to slow yourself down. Try using a real straw to practice.

Repeat the breathing process until you feel calm.

Imagery

Think about some of your favorite and least favorite places. If you think about the place hard enough—if you really try to think about what it's like—you may begin to have feelings you associate with that location. Our brain has the ability to create emotional reactions based entirely off of our thoughts. The imagery technique uses this to its advantage.

Make sure you're somewhere quiet without too much noise or distraction. You'll need a few minutes to just spend quietly, in your mind.

Think of a place that's calming for you. Some examples are the beach, hiking on a mountain, relaxing at home with a friend, or playing with a pet.

Relaxation Techniques

Paint a picture of the calming place in your mind. Don't just think of the place briefly—imagine every little detail. Go through each of your senses and imagine what you would experience in your relaxing place. Here's an example using a beach:

- a. Sight: The sun is high in the sky and you're surrounded by white sand. There's no one else around. The water is a greenish-blue and waves are calmly rolling in from the ocean.
- b. Sound: You can hear the deep pounding and splashing of the waves. There are seagulls somewhere in the background.
- c. Touch: The sun is warm on your back, but a breeze cools you down just enough. You can feel sand moving between my toes.
- d. Taste: You have a glass of lemonade that's sweet, tart, and refreshing.
- e. Smell: You can smell the fresh ocean air, full of salt and calming aromas.

Progressive Muscle Relaxation

During the fight-or-flight response, the tension in our muscles increases. This can lead to a feeling of stiffness, or even back and neck pain. Progressive muscle relaxation teaches us to become more aware of this tension so we can better identify and address stress.

Find a private and quiet location. You should sit or lie down somewhere comfortable.

The idea of this technique is to intentionally tense each muscle, and then to release the tension. Let's practice with your feet.

- a. Tense the muscles in your toes by curling them into your foot. Notice how it feels when your foot is tense. Hold the tension for 5 seconds.
- b. Release the tension from your toes. Let them relax. Notice how your fingers feel differently after you release the tension.
- c. Tense the muscles all throughout your calf. Hold it for 5 seconds. Notice how the feeling of tension in your leg feels.
- d. Release the tension from your calf, and notice how the feeling of relaxation differs.

Follow this pattern of tensing and releasing tension all throughout your body. After you finish with your feet and legs, move up through your torso, arms, hands, neck, and head.

What is Mindfulness?

Mindfulness: a state of nonjudgmental awareness of what’s happening in the present moment, including the awareness of one’s own thoughts, feelings, and senses.

Components of Mindfulness

Awareness. During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn’t to clear your mind or to stop thinking—it’s to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance. The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: “I notice that I am feeling nervous”. There’s no need further judge or change the feeling.

Benefits of Mindfulness

Reduced symptoms of depression and anxiety

Improved memory, focus, and mental processing speed

Improved ability to adapt to stressful situations

Greater satisfaction within relationships

Reduced rumination (repetitively going over a thought or problem)

Improved ability to manage emotions

Mindfulness Practice

Note: Mindfulness is a state of mind, rather than a particular action or exercise. However, without practice, mindfulness is difficult to achieve. These techniques are designed to help you practice.

Mindfulness Meditation

Sit in a comfortable place, and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then slowly leaving. When your mind wanders—which it will—simply notice your thoughts, and turn your attention back to breathing.

Mindfulness Walk

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Body Scan

Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend anywhere from 15 seconds to 1 minute on each body part.

Five Senses

Make a conscious effort to notice the present moment through each of your senses.

- 5 things you see
- 4 things you feel
- 3 things you hear
- 1 thing you taste
- 1 thing you smell

Mindfulness Exercises



Mindfulness Meditation

Find a place where you can sit quietly and undisturbed for a few moments. To begin, you might want to set a timer for about 10 minutes, but after some experience you should not be too concerned about the length of time you spend meditating.

Begin by bringing your attention to the present moment by noticing your breathing. Pay attention to your breath as it enters and then leaves your body. Before long, your mind will begin to wander, pulling you out of the present moment. That's ok. Notice your thoughts and feelings as if you are an outside observer watching what's happening in your brain. Take note, and allow yourself to return to your breathing.

Sometimes you might feel frustrated or bored. That's fine--these are just a few more feelings to notice. Your mind might start to plan an upcoming weekend, or worry about a responsibility. Notice where your thoughts are going, and accept what's happening.

Whenever you are able to, return your concentration to your breathing. Continue this process until your timer rings, or until you are ready to be done.



Body Scan

During the body scan exercise you will pay close attention to physical sensations throughout your body. The goal isn't to change or relax your body, but instead to notice and become more aware of it. Don't worry too much about how long you practice, but do move slowly.

Begin by paying attention to the sensations in your feet. Notice any sensations such as warmth, coolness, pressure, pain, or a breeze moving over your skin. Slowly move up your body--to your calves, thighs, pelvis, stomach, chest, back, shoulders, arms, hands, fingers, neck, and finally your head. Spend some time on each of these body parts, just noticing the sensations.

After you travel up your body, begin to move back down, through each body part, until you reach your feet again. Remember: move slowly, and just pay attention.



Mindful Eating

Choose a food you would like to practice with (preferably something you can hold in your hand without getting messy). Something as simple as a single raisin will work well. Move slowly through these steps, taking a moment to focus on each one.

Before you pick up your food, notice how it looks on the table in front of you. Notice its color, how the light reflects from its surface, and its size.

Mindfulness Exercises

Now, pick up the food. Notice the weight, and how the food feels against your skin. Roll the object between your fingers, or roll it in your hand, and notice its texture. Notice if it's smooth, rough, slick, soft, firm or if it has any other properties. Hold the food to your nose, and pay attention to its smell.

Next, place the food in your mouth, on your tongue, but don't eat it. Notice how it feels in your mouth. Does the texture feel the same as on your hand? What do you taste? Roll the food around in your mouth and pay attention to the feeling.

Finally, begin to slowly chew your food. Notice how your teeth sink into it, and how the texture is different inside. Pay close attention to the flavor, and how it spreads across your tongue. Notice how your body changes—does your mouth fill with saliva? Does your tongue feel hot or cold? Continue to chew your food, paying close attention to the many sensations as you finish.

Five Senses

Use this exercise to quickly ground yourself in the present when you only have a moment. The goal is to notice something that you are currently experiencing through each of your senses.

What are 5 things you can see? Look around you and notice 5 things you hadn't noticed before. Maybe a pattern on a wall, light reflecting from a surface, or a knick-knack in the corner of a room.

What are 4 things you can feel? Maybe you can feel the pressure of your feet on the floor, your shirt resting on your shoulders, or the temperature on your skin. Pick up an object and notice its texture.

What are 3 things you can hear? Notice all the background sounds you had been filtering out, such as an air-conditioning, birds chirping, or cars on a distant street.

What are 2 things you can smell? Maybe you can smell flowers, coffee, or freshly cut grass. It doesn't have to be a nice smell either: maybe there's an overflowing trash can or sewer.

What is 1 thing you can taste? Pop a piece of gum in your mouth, sip a drink, eat a snack if you have one, or simply notice how your mouth tastes. "Taste" the air to see how it feels on your tongue.

The numbers for each sense are only a guideline. Feel free to do more or less of each. Also, try this exercise while doing an activity like washing dishes, listening to music, or going for a walk.

Boundaries

What are Personal Boundaries?

Personal boundaries are the limits and rules we set for ourselves within relationships. A person with healthy boundaries can say “no” to others when they want to, but they are also comfortable opening themselves up to intimacy and close relationships.

A person who always keeps others at a distance (whether emotionally, physically, or otherwise) is said to have *rigid boundaries*. Alternatively, someone who tends to get too involved with others has *porous boundaries*.

Common traits of rigid, porous, and healthy boundaries.		
Rigid Boundaries	Porous Boundaries	Healthy Boundaries
Avoids intimacy and close relationships. Unlikely to ask for help. Has few close relationships. Very protective of personal information. May seem detached, even with romantic partners. Keeps others at a distance to avoid the possibility of rejection.	Overshares personal information. Difficulty saying “no” to the requests of others. Overinvolved with other’s problems. Dependent on the opinions of others. Accepting of abuse or disrespect. Fears rejection if they do not comply with others.	Values own opinions. Doesn’t compromise values for others. Shares personal information in an appropriate way (does not over or under share). Knows personal wants and needs, and can communicate them. Accepting when others say “no” to them.



Most people have a mix of different boundary types. For example, someone could have healthy boundaries at work, porous boundaries in romantic relationships, and a mix of all three types with their family. One size does *not* fit all!



The appropriateness of boundaries depends heavily on setting. What’s appropriate to say when you’re out with friends might not be appropriate when you’re at work.



Some cultures have very different expectations when it comes to boundaries. For example, in some cultures it’s considered wildly inappropriate to express emotions publicly. In other cultures, emotional expression is encouraged.

What are Personal Boundaries?

Types of Boundaries

Physical boundaries refer to personal space and physical touch. Healthy physical boundaries include an awareness of what's appropriate, and what's not, in various settings and types of relationships (hug, shake hands, or kiss?). Physical boundaries may be violated if someone touches you when you don't want them to, or when they invade your personal space (for example, rummaging through your bedroom).

Intellectual boundaries refer to thoughts and ideas. Healthy intellectual boundaries include respect for others' ideas, and an awareness of appropriate discussion (should we talk about the weather, or politics?). Intellectual boundaries are violated when someone dismisses or belittles another person's thoughts or ideas.

Emotional boundaries refer to a person's feelings. Healthy emotional boundaries include limitations on when to share, and when not to share, personal information. For example, gradually sharing personal information during the development of a relationship, as opposed to revealing everything to everyone. Emotional boundaries are violated when someone criticizes, belittles, or invalidates another person's feelings.

Sexual boundaries refer to the emotional, intellectual, and physical aspects of sexuality. Healthy sexual boundaries involve mutual understanding and respect of limitations and desires between sexual partners. Sexual boundaries can be violated with unwanted sexual touch, pressure to engage in sexual acts, leering, or sexual comments.

Material boundaries refer to money and possessions. Healthy material boundaries involve setting limits on what you will share, and with whom. For example, it may be appropriate to lend a car to a family member, but probably not to someone you met this morning. Material boundaries are violated when someone steals or damages another person's possessions, or when they pressure them to give or lend them their possessions.

Time boundaries refer to how a person uses their time. To have healthy time boundaries, a person must set aside enough time for various facets of their lives such as work, relationships, and hobbies. Time boundaries are violated when another person demands too much of another's time.

Tips for Healthy Boundaries



Personal boundaries are the limits and rules we set for ourselves within relationships. A person with healthy boundaries can say “no” to others when they want to, but they are also comfortable opening themselves up to intimacy and close relationships.

Know your limits.

Before becoming involved in a situation, know what’s acceptable to you, and what isn’t. It’s best to be *as specific as possible*, or you might be pulled into the trap of giving just a little bit more, over and over, until you’ve given far too much.

Know your values.

Every person’s limits are different, and they’re often determined by their personal values. For example, if you value family above all else, this might lead to stricter limits on how late you will stay at work, away from family. Know what’s most important to you, and protect it.

Listen to your emotions.

If you notice feelings of discomfort or resentment, don’t bury them. Try to understand what your feelings are telling you. Resentment, for example, can often be traced to feelings of being taken advantage of.

Have self-respect.

If you always give in to others, ask if you are showing as much respect to yourself as you show to others. Boundaries that are too open might be due to misguided attempts to be liked by elevating other people’s needs above one’s own.

Have respect for others.

Be sure that your actions are not self-serving, at the expense of others. Interactions should not be about winning, or taking as much as possible. Instead, consider what’s fair to everyone, given the setting and relationship. You might “win”, but at the cost of a relationship’s long-term health.

Be assertive.

When you know it’s time to set a boundary, don’t be shy. Say “no” respectfully, but without ambiguity. If you can make a compromise while respecting your own boundaries, try it. This is a good way to soften the “no”, while showing respect to everyone involved.

Consider the long view.

Some days you will give more than you take, and other days you will take more than you give. Be willing to take a longer view of relationships, when appropriate. But if you’re *always* the one who’s giving or taking, there might be a problem.

Boundary Exploration

Think about a person, or a group of people, with whom you struggle to set healthy boundaries. This could mean that your boundaries are too rigid (you keep this person at a distance), too porous (you open up too much), or there's some other problem that isn't so easily labeled.

Who do you struggle to set healthy boundaries with? (e.g. "my husband" or "coworkers")

In your relationship with the person you listed above, how are your boundaries in each of the following categories? Add a check in the appropriate column for each boundary category.

Boundary Category	Porous	Rigid	Healthy	Other
Physical Boundaries				
Intellectual Boundaries				
Emotional Boundaries				
Sexual Boundaries				
Material Boundaries				
Time Boundaries				

Take a moment to imagine what it will be like when you begin to establish healthy boundaries with this person. If your boundaries are too rigid, that might mean opening up. If they're porous, it might mean setting limits and saying "no" when you don't want to do something.

What are some specific actions you can take to improve your boundaries?

How do you think the other person will respond to these changes?

How do you think your life will be different once you've established healthy boundaries?

Values

Values Discussion Questions

1 Values tend to change as we pass through different stages of life. For example, the things that a teenager values are usually very different than what a parent values. Think back to a different stage of your life. How were your values different? How are they the same?

2 Everyone has a personal set of values, built from their unique life experiences. One important factor in what we value are the values of our friends, families, and society. How do your values *differ* from your friends and family? How do they differ from the society you live in?

3 Think of a person who you respect or look up to. What do you think their most important values might be? What strengths or qualities do they have that you admire?

4 We can learn a lot about our own values by the way we react to other people. Think of behaviors that you disapprove of, or dislike, from others. What does this tell you about your own values? How would you behave differently if you were in their position?

5 Think of a value you have now that you did not used to have, or a value that has become more important to you. What life experiences led to this value changing? How does this change affect you now?

6 The values we hold do not always align with our actions. Some values are difficult to live up to, or other priorities get in the way. Which of these values do you hope to focus on in the future? What life changes would you need to make to accomplish this?

7 How our values are shown differ from setting to setting. For example, your family might see a different side of you than friends, co-workers, or an authority figure. Think of three people from different parts of your life. How do you think each of them would describe your values? What evidence do they have?

The *five* Directions

N



water

Creating Space for Inquiry

Why Am I Doing What I'm Doing?
Is Trauma Mastery a Factor for Me?
Is This Working for Me?

W



air

Finding Balance

Engaging with
Our Lives Outside
of Work
Moving Energy
Through
Gratitude

E



fire

Choosing
Our Focus

Where Am I Putting
My Focus?
What Is My Plan B?

A Daily Practice
of Centering
Myself

Creating a Microculture
Practicing Compassion for Myself
and Others
What Can I Do for Large-Scale
Systemic Change?

S



earth

Building Compassion and Community

Exploring Values

Your values are the beliefs that define what is most important to you. They act as a guide for your decisions. Oftentimes, our values are greatly influenced by important people in our life, and our society.

Fill in the four most important values for each topic below:

My mother's values:

1.

2.

3.

4.

My father's values:

1.

2.

3.

4.

An important person to me values:

1.

2.

3.

4.

Society's values:

1.

2.

3.

4.

The values I would like to live by:

1.

2.

3.

4.

The values I actually live by:

1.

2.

3.

4.

Communication and Workplace Conflict

Reflections

Communication Skill

Using a technique called **reflection** can quickly help you become a better listener. When reflecting, you will repeat back what someone has just said to you, but in your own words. This shows that you didn't just hear the other person, but you are trying to understand them.

Reflecting what another person says can feel funny at first. You might think the other person will be annoyed at you for repeating them. However, when used correctly, reflections receive a positive reaction and drive a conversation forward. **Here's an example:**

Speaker: "I get so angry when you spend so much money without telling me. We're trying to save for a house!"

Listener: "We're working hard to save for a house, so it's really frustrating when it seems like I don't care."

✓ Quick Tips

The tone of voice you use for reflections is important. Use a tone that comes across as a statement, with a bit of uncertainty. Your goal is to express: "I think this is what you're telling me, but correct me if I'm wrong." Your reflections don't have to be perfect. If the other person corrects you, that's good! Now you have a better understanding of what they're trying to say.

Try to reflect emotions, even if the person you're listening to didn't clearly describe them. You may be able to pick up on how they feel by their tone of voice or body language.

Switch up your phrasing, or your reflections *will* start to sound forced. Try some of these:

- "I hear you saying that..."
- "It sounds like you feel..."
- "You're telling me that..."

Focus on reflecting the main point. Don't worry too much about all the little details, especially if the speaker had a lot to say!

ASSERTIVENESS

Assertive communication is the honest expression of one's own needs, wants and feelings, while respecting those of the other person. When you communicate assertively, your manner is non-threatening and non-judgmental, and you take responsibility for your own actions.

If you are socially anxious, you may have some difficulty expressing your thoughts and feelings openly. Assertiveness skills can be difficult to learn, especially since being assertive can mean holding yourself back from the way you would normally do things. For example, you may be afraid of conflict, always go along with the crowd, and avoid offering your opinions. As a result, you may have developed a **passive** communication style. Alternatively, you may aim to control and dominate others and have developed an **aggressive** communication style.

However, an assertive communication style brings many benefits. For example, it can help you to relate to others more genuinely, with less anxiety and resentment. It also gives you more control over your life, and reduces feelings of helplessness. Furthermore, it allows OTHER people the right to live their lives.

STEP 1: IDENTIFYING YOUR TROUBLE SPOTS

To start, ask yourself the following questions to identify what area(s) to work on:

Do I struggle to ask for what I want?

Is it hard to state my opinion?

Do I have trouble saying no?

TIPS FOR COMMUNICATING ASSERTIVELY:

Many people find it hard to ask for what they want, feeling that they don't have the right to ask, or fearing the consequences of the request. For example, you may think, "What if he says no?" or "She would think I am rude for asking".

When making a request, it can be helpful to start by saying something that shows you understand the other person's situation. For example, "I know you probably have had a lot on your mind lately."

Next, describe the situation and how you feel about it. For example, "This presentation is due next Friday and I am feeling pretty overwhelmed, and worried that I won't be able to get it done in time." It is important to talk about your feelings, not to make accusations to others. For example, it is better to say, "I feel resentful when you show up late to meet me" than it is to say, "you are always late! You don't care about me!"

Then, describe what you would like to see happen. Be as brief and positive as possible. For example, "I'd really like to figure out how we can share more of the work responsibilities."

Last, tell the person what would happen if your request was honored. How would you feel? Sometimes, you may want to add what you will do in return. For example, "I would make sure to help create the slides for your presentation next week."

Many people have trouble expressing their views openly. Perhaps you wait for others to give their opinion first, and will share yours only if you happen to agree. Being assertive means being willing to state your opinion, even if others haven't done so or if your opinion is different.

Being assertive means that you "own" your opinion; that is, you take responsibility for your view; for example, "My personal view is that it was unfair for her to ask that of you."

Being assertive also means being willing to consider new information, and even changing your mind. However, it does not mean changing your mind just because others think differently.

TIPS FOR SAYING "NO"

Saying "No" can be difficult if you are usually more passive. However, if you are not able to say no to others, you are not in charge of your own life.

When saying "No", remember to use assertive body language (e.g. standing straight, eye contact, speaking loudly enough that the other person can hear).

Before you speak, decide what your position is. For example, think about how you will say "No" to a request, such as, "I would like to help you out but I already have quite a bit of work to get done this week."

Make sure to actually wait for the question, and don't say "Yes" before the other person even makes the request.

Take care not to apologize, defend yourself or make excuses for saying "No" when it is not necessary.

If saying "No" right away is too difficult, practice telling someone, "I need to think about it" as a first step. This will help break the cycle of always saying yes, and will give you a chance to think about what you really want to do.

BARRIERS TO BEHAVING ASSERTIVELY - MYTHS ABOUT ASSERTIVENESS

Myth #1: Assertiveness means getting your own way all the time

This is not true. Being assertive means expressing your point of view and communicating honestly with others. Often, you may not get "your own way" when you are assertively giving your opinion.

But telling others how you feel and trying to work out a compromise shows respect for both yourself and others.

Myth #2: Being assertive means being selfish

This is false. Just because you express your opinions and your preferences does not mean that other people are forced to go along with you. If you express yourself assertively (not aggressively) then you make room for others. You can also be assertive on behalf of someone else (e.g. I would like Susan to choose the restaurant this week).

Myth #3: Passivity is the way to be loved

This is false. Being passive means always agreeing with others, always allowing them to get their own way, giving into their wishes, and making no demands or requests of your own. Behaving this way is no guarantee that others will like or admire you. In fact, they may perceive you as dull and feel frustrated that they can't really get to know you.

Myth #4: It's impolite to disagree

This is not true. Although there are some situations where we don't give our honest opinion (e.g. most people say how beautiful a friend looks in her wedding dress, or we only say positive things on the first day of a new job). Much of the time, however, other people will be interested in what you think. Think how you would feel if everyone always agreed with you.

Myth #5: I have to do everything I am asked to do

False. A central part of being assertive is setting and keeping personal boundaries. This is difficult for many people. With our friends, we may worry that they will think we are selfish and uncaring if we don't do everything they ask. At work, we may worry that others will think we are lazy or inefficient if we don't do everything we are asked. But other people cannot possibly know how busy you are, how much you dislike a particular task, or what other plans you have already made unless you tell them.

Passive, Aggressive, and Assertive Communication

Passive Communication

During passive communication, a person prioritizes the needs, wants, and feelings of others, even at their own expense. The person does not express their own needs, or does not stand up for them. This can lead to being taken advantage of, even by well-meaning people who are unaware of the passive communicator's needs and wants.

- Soft spoken / quiet
- Allows others to take advantage
- Prioritizes needs of others
- Poor eye contact / looks down or away
- Does not express one's own needs or wants
- Lack of confidence

Aggressive Communication

Through aggressive communication, a person expresses that only their own needs, wants, and feelings matter. The other person is bullied, and their needs are ignored.

- Easily frustrated
- Speaks in a loud or overbearing way
- Unwilling to compromise
- Use of criticism, humiliation, and domination
- Frequently interrupts or does not listen
- Disrespectful toward others

Assertive Communication

Assertive communication emphasizes the importance of *both* peoples' needs. During assertive communication, a person stands up for their own needs, wants, and feelings, but also listens to and respects the needs of others. Assertive communication is defined by confidence, and a willingness to compromise.

- Listens without interruption
- Clearly states needs and wants
- Willing to compromise
- Stands up for own rights
- Confident tone / body language
- Good eye contact

Examples

Scenario	A friend asks to borrow your car. This will be a big inconvenience for you.
Passive	Umm, yeah, I guess that's fine. Do you need me to fill the tank?
Aggressive	No way! Why would I let you borrow my car? You're crazy to even ask.
Assertive	I need my car that day, but I'll have time to drop you off.

Passive, Aggressive, and Assertive Communication

Practice

Scenario	Your boss asks you to stay late, while everyone else leaves. You're always the one who stays late, and tonight you have plans.
Passive	
Aggressive	
Assertive	

Scenario	Your partner left a mess in the kitchen, and you're too busy to clean.
Passive	
Aggressive	
Assertive	

Scenario	You're at a restaurant, and the server brought you the wrong dish.
Passive	
Aggressive	
Assertive	

Scenario	A friend showed up at your house uninvited. Usually you would be happy to let them in, but this time you're busy.
Passive	
Aggressive	
Assertive	

Assertive Communication



Assertive Communication: A communication style in which a person stands up for their own needs and wants, while also taking into consideration the needs and wants of others, without behaving passively or aggressively.

Traits of Assertive Communicators

- Clearly state needs and wants
- Eye contact
- Listens to others without interruption
- Appropriate speaking volume
- Steady tone of voice
- Confident body language

Assertiveness Tips

Respect yourself. Your needs, wants, and rights are as important as anyone else's. It's fine to express what you want, so long as you are respectful toward the rights of others.

Express your thoughts and feelings calmly. Giving the silent treatment, yelling, threatening, and shaming are all great examples of what not to do. Take responsibility for your emotions, and express them in a calm and factual manner. Try starting sentences with "I feel...".

Plan what you're going to say. Know your wants and needs, and how you can express them, before entering a conversation. Come up with specific sentences and words you can use.

Say "no" when you need to. You can't make everyone happy all the time. When you need to say "no", do so clearly, without lying about the reasons. Offer to help find another solution.

Examples of Assertive Communication

"I've been feeling frustrated about doing most of the chores around the house. I understand that you're busy, but I need help. How can we make this work?"

The speaker takes responsibility for their feelings without blaming, and clearly describes their needs.

"I won't be able to take you to the airport on Friday. I've had a long week, and I want to rest."

The speaker respects their own needs and wants by clearly saying "no".

"I'm having a hard time sleeping when your music is on. What if you use headphones, or I can help you move the speakers to another room?"

The speaker describes their needs, while also considering the needs and wants of the other person.

“I” Statements

When a person feels that they are being blamed—whether rightly or wrongly—it’s common that they respond with defensiveness. **“I” statements** are a simple way of speaking that will help you avoid this trap by reducing feelings of blame. A good “I” statement takes responsibility for one’s own feelings, while tactfully describing a problem.

“I feel *emotion word* when *explanation*.”

- ✓ “I feel...” must be followed with an emotion word, such as “angry”, “hurt”, or “worried”.
- ✓ Careful wording won’t help if your voice still sounds blaming. Use a soft and even tone.
- ✓ In your explanation, gently describe how the other person’s actions affect you.

Examples

Blaming	“You can’t keep coming home so late! It’s so inconsiderate.”
“I” Statement	“I feel worried when you come home late. I can’t even sleep.”

Blaming	“You never call me. I guess we just won’t talk anymore.”
“I” Statement	“I feel hurt when you go so long without calling. I’m afraid you don’t care.”

Practice

Scenario	A friend always cancels plans at the last minute. Recently, you were waiting for them at a restaurant, when they called to say they couldn’t make it.
“I” Statement	

Scenario	You are working on a group project, and one member is not completing their portion. You have repeatedly had to finish their work.
“I” Statement	

Scenario	Your boss keeps dumping new work on you, with little instruction, and not enough time. Despite working overtime, you’re weeks behind.
“I” Statement	

Interpersonal Effectiveness Skills

Learning to get along with others while also asserting your own needs is essential to healthy relationships. It can be difficult to balance your own needs and the needs of others. How can you get what you need without being aggressive or neglecting of the needs of others? There are three sets of skills you will learn to help achieve this goal: objective effectiveness, relationship effectiveness, and self-respect effectiveness.

Objective Effectiveness (D.E.A.R. M.A.N.)

What is the goal of an interaction? *Objective effectiveness* is about getting what you want out of a situation. The acronym D.E.A.R. M.A.N. will remind you how to clearly express your needs or desires.

Describe	Use clear and concrete terms to describe what you want. <i>Don't say:</i> "Could you please clean?" <i>Do say:</i> "Could you do the dishes before going to bed?"
Express	Let others know how a situation makes you feel by clearly expressing your feelings. Don't expect others to read your mind. Try using this line: " <i>I feel ___ because ___.</i> "
Assert	Don't beat around the bush—say what you need to say. <i>Don't say:</i> "Oh, well, I don't know if I can cook tonight or not." <i>Do say:</i> "I won't be able to cook because I'm working late."
Reinforce	Reward people who respond well, and reinforce why your desired outcome is positive. This can be as simple as a smile and a " <i>thank you</i> ".
Mindful	Don't forget the objective of the interaction. It can be easy to get sidetracked into harmful arguments and lose focus.
Appear	Appear confident. Consider your posture, tone, eye contact, and body language.
Negotiate	No one can have everything they want out of an interaction all the time. Be open to negotiation. <i>Do say:</i> "If you wash the dishes, I'll put them away."

Interpersonal Effectiveness Skills

Relationship Effectiveness (G.I.V.E.)

Relationships aren't only about getting what we need—they're also about the other person. The acronym *G.I.V.E.* will help you achieve *relationship effectiveness* by fostering positive interactions.

Gentle	Don't attack, threaten or express judgment during your interactions. Accept the occasional "no" for your requests.
Interested	Show interest by listening to the other person without interrupting.
Validate	Be outwardly validating to the other person's thoughts and feelings. Acknowledge their feelings, recognize when your requests are demanding, and respect their opinions.
Easy	Have an easy attitude. Try to smile and act lighthearted.

Self-Respect Effectiveness (F.A.S.T.)

Sometimes in relationships you might find yourself betraying your own values and beliefs to receive approval or to get what you want. The acronym *F.A.S.T.* will help you achieve *self-respect effectiveness*.

Fair	Be fair. Not only to others, but also to yourself.
Apologies	Don't apologize unless it's warranted. Don't apologize for making a request, having an opinion, or disagreeing.
Stick to Values	Don't compromise your values just to be liked or to get what you want. Stand up for what you believe in.
Truthful	Avoid dishonesty such as exaggeration, acting helpless as a form of manipulation, or outright lying.

Dealing with Workplace Conflict

- 1 Be specific:**
Avoid statements like “s/he always does this...” or “I can never get anything right...”
- 2 Be aware of your triggers:**
Identify what causes you to react.
- 3 Maintain professionalism:**
 - Take a “breather.”
 - Remain respectful of others and yourself no matter how upset you are.
- 4 Resist the temptation to involve yourself when you are in the “red” zone:**
Walk away from a situation when you feel out of control.
- 5 Don’t “personalize” the problem:**
Some criticism is to be expected — it doesn’t mean you’re a bad person/worker.
- 6 Be open and listen:**
Try to understand and appreciate others’ perspectives.
- 7 Stay connected:**
Talk with your co-workers, supervisors and managers.
- 8 Consider a mediator:**
Ask for help when you cannot solve the problem yourself.

THE CONFLICT TOOLBOX

Handling conflicts skillfully means choosing the best tool for the situation you're in.

You Always Have Choices!

1. Ignore it and move on.
2. Make a sincere apology.
3. Use surprise or humor.
4. Just say 'NO'.
5. Check it out, ask questions, and seek more information.
6. Postpone a decision until later.
7. Make a request or state a preference.
8. Agree to disagree.
9. Say how you feel and think or what you need.
10. Talk it out and problem solve.
11. Seek help or advice.
12. Listen and defuse upset feelings.
13. Take responsibility and fix it.
14. Say what's bothering you and what you want to stop.
15. Accept the criticism or comments without a fuss and discuss the problem later.

De-escalation Techniques

VERBAL DE-ESCALATION TECHNIQUES FOR DEFUSING OR TALKING DOWN AN EXPLOSIVE SITUATION

When a potentially verbally and/or physically explosive situation occurs, verbal de-escalation is needed.

THERE ARE TWO IMPORTANT CONCEPTS TO KEEP IN MIND:

Reasoning logically with a very angry person is not possible. The first and only objective in de-escalation is to reduce the level of anger so that discussion becomes possible.

De-escalation techniques do not come naturally. We are driven to fight, flight or freeze when confronted by a very angry person. However, in de-escalation, we can do none of these. We must appear centered and calm. Therefore, these techniques must be practiced before they are needed so that they can become "second nature."

THERE ARE THREE PARTS TO BE MASTERED IN VERBAL DE-ESCALATION:

A: The Person In Control Of Him/Her Self

1. Appear calm, centered and self-assured even though you don't feel it. Relax facial muscles and look confident. Anxiety can make the client feel anxious and unsafe which can escalate aggression.
2. Use a modulated, low monotonous tone of voice (our normal tendency is to have a high pitched tight voice when scared).
3. If you have time, remove necktie, scarf, hanging jewelry, religious or political symbols before you see the person (not in front of him/her).
4. Do not be defensive-even if the comments or insults are directed at you, they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions about their roles.
5. Be aware of any resources available for back up and crisis response procedures.
6. Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they must be respected. We automatically treat them with dignity and respect.

B: The Physical Stance

1. Never turn your back for any reason.
2. Always be at the same eye level. Encourage the person to be seated, but if he/she needs to stand, you stand up also.
3. Allow extra physical space between you – about four times your usual distance. Anger and agitation fill the extra space between you and the person.
4. Do not stand full front to person. Stand at an angle so you can sidestep away if needed.
5. Do not maintain constant eye contact. Allow the person to break his/her gaze and look away.
6. Do not point or shake your finger.
7. DO NOT smile. This could look like mockery or anxiety.

8. Do not touch – even if some touching is generally culturally appropriate and usual in your setting. Very angry people may misinterpret physical contact as hostile or threatening.
9. Keep hands out of your pockets, up and available to protect yourself. It also demonstrates non-verbal ally.
10. Do not argue or try to convince, give choices i.e. empower.
11. Don't be defensive or judgmental.

C: The De-Escalation Discussion

1. Remember that there is no content except trying to calmly bring the level of anger down to a safer place.
2. Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath; then talk. Speak calmly at an average volume.
3. Respond selectively; answer all informational questions no matter how rudely asked, e.g. "Why do I have to do this g-d homework?" This is a real information seeking question). DO NOT answer abusive questions (e.g. "Why are all teachers (an insult?) This question should get no response what so ever.
4. Explain limits and rules in an authoritative, firm, but always respectful tone. Give choices where possible in which both alternatives are safe ones (e.g. Would you like to continue our discussion calmly or would you prefer to stop now and talk tomorrow when things can be more relaxed?)
5. Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to treat myself or others this way.)
6. Do not solicit how a person is feeling or interpret feelings in an analytic way.
7. Do not argue or try to convince.
8. Wherever possible, tap into the person's thinking mode: DO NOT ask "Tell me how you feel. But: Help me to understand what your are saying to me" People are not attacking you while they are teaching you what they want you to know.
9. Suggest alternative behaviors where appropriate e.g. "Would you like to take a break and have a cup of water?
10. Give the consequences of inappropriate behavior without threats or anger.
11. Represent external controls as institutional rather than personal.
12. Trust your instincts. If you assess or feel that de-escalation is not working,
13. STOP! You will know within 2 or 3 minutes if it's beginning to work. Seek help and follow crisis response plan.

There is nothing magic about calming a very angry or agitated person. You are transferring your sense of genuine interest in what the person wants to tell you, of calmness, and of respectful, clear limit setting in the hope that the person actually wishes to respond positively to your respectful attention.

MORE TIPS FOR DE-ESCALATION

DO:

- Reduce stimulation in the environment if possible.
- Use low, deeper tones, and avoid raising your voice or talking too fast.
- Use gentle, soft voice, speaking slowly and confidently.
- Allow the person to tell you what is upsetting them.
- Stay calm and paraphrase your understanding of the person's experiences. Set aside your own thoughts and responses and focus on what you are hearing.
- Validate the person's possible emotions and what is upsetting them.
- Be specific and gentle, but firmly directive about the behavior that you will accept. For example, "Please sit down." Or, "Please lower your voice and do not scream at me." Or, "Please do not thrash your arms like that. Please keep them lowered."
- Explain your intent before making any moves (e.g., "I'd like to get some water. Would you like some?" Or, "I'm going to move behind you to close that window.")
- Take deep breaths, slowing down your breathing so that you remain calm.
- If the tension in the room is not dissipating, consider taking a quick break. (Apologize in a calm tone for needing to step out just for a couple of minutes, stating for example that you would like to consult with a supervisor; that you would like to get a glass of water, and offer one to the person; etc.)
- Ask the person what would be helpful from you. Ask for permission to problem-solve the issue. The person may just be venting and may not want you to problem-solve with them.
- Summarize what the person has said, and summarize any agreed upon resolutions.

Do NOT:

- Do not argue. When a person is already agitated or angry, he/she may escalate if they do not feel heard. Even if you are correct, arguing at this point will likely increase aggression. It is more helpful to show that you heard them and to de-escalate than to be correct.
- Do not focus on the person, and do not use adjectives or labels to describe the person. Instead, do focus on the specific behavior.
- Do not restrict the person's movement. If he/she wants to stand, allow them. Do not corner them.
- Do not meet behind closed door if you foresee possible danger.
- Do not touch the person or make sudden moves.
- Do not threaten the person. Threatening could increase someone's fear, which could prompt defense or aggression.
- Do not press for explanation about their behavior. Avoid "why" questions; these tend to increase a person's defenses.
- Do not take the person's behavior or remarks personally. Disruptive or aggressive behavior generally results from other life problems.

Cultural Humility



LOOK AT THE PICTURE

What are your initial thoughts that come to mind? Maybe—chaos, filthy, out of control.

Now think about and consider what it is about your cultural lens that contributed to you seeing the image in this way? Does your cultural perspective value order, cleanliness, structure, control?

If you were coming from another cultural perspective might you see: abundance (plenty of food, nice well-stocked kitchen) or privilege (toys, dog, food).

Our cultural background shapes our perspective but it can also create blind spots in how we view those we interact with both at work and in our personal lives.

If we view the world from our own frames of reference, we see only what we allow ourselves to see; we stay within the margins of what we know and remain blind to those aspects outside the boundaries our cultural frames.

CULTURAL HUMILITY— WHAT IS ‘CULTURAL HUMILITY’?

Posted on [August 19, 2013](#) by [Craig Moncho](#)

A follower of my blog went to the ‘Suggest A Topic’ section of my website and posed this question: *“As a program manager, and/or supervisor – how does one promote and enforce cultural humility and an inclusive workplace?”*

This is a great question, and I appreciate the opportunity to address it. It’s also a very BIG question—articles, chapters, and books have been written about both *cultural humility* and *inclusivity* in the workplace. Given time constraints, I’ve taken the liberty of rewriting the question and dividing it into two more easily digestible posts, the second of which will appear next week.

Although I’d intuited what *cultural humility* might mean, in all honesty I hadn’t heard the term until this question was put to me. This despite the fact that I went to a really good grad school. Was I absent that day? Was there an elective I didn’t elect? Where was this crucial concept hiding, in the course curriculum? While perplexed and slightly troubled that *cultural humility* hadn’t found its way into my social work lexicon, I assume I’m not alone. So before delving into ways a supervisor or manager might promote cultural humility in the workplace, I’ll first explore what it is.

WHAT IS “CULTURAL HUMILITY” (AND WHAT DOES IT HAVE TO DO WITH “CULTURAL COMPETENCE”)?

To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather, what you learn about your clients’ culture stems from being open to *what they themselves have determined is their personal expression of their heritage and culture*, what I call their *personal culture*.

In a compelling YouTube **video** by Director Vivian Chavez, Melanie Tervalon, a physician and consultant, and Jann Murray-Garcia, a nursing professor at UC Davis, thoughtfully discuss the philosophy and function of cultural humility. Here’s the URL:

<https://www.youtube.com/watch?v=SaSHLbS1V4w&feature=youtu.be>

They describe cultural humility as having ‘three dimensions.’

- 1) **Lifelong learning & critical self-reflection** — to practice cultural humility is to understand that culture is, first and foremost, an expression of self and that the process of learning about each individuals’ culture is a lifelong endeavor, because no two individuals are the same; each individual is a complicated, multi-dimensional human being who can rightfully proclaim *“My identity is rooted in my history... and I get to say who I am.”*
- 2) **Recognizing and challenging power imbalances for respectful partnerships** — while working to establish and maintain respect is essential in all healthy and productive relationships, the root of effective social work practice is in acknowledging and challenging the power imbalances inherent in our practitioner/client dynamics.
- 3) **Institutional accountability** — organizations need to model these principles as well (from micro, to mezzo and macro practice)

This model incorporates and expands upon what some adherents view as the limitations of “cultural competence.” Here is an excerpted passage from the video that illustrates a consequence derived from a reliance on cultural competence without cultural humility.

“An African American nurse is caring for a middle-aged Latino woman several hours after she’d had surgery. A Latino physician, on a consult service, approached the bedside and, noting the moaning patient, commented to the nurse that the patient seemed to be in a great deal of post-operative pain. The nurse summarily dismissed his perception, informing him that she took a course in nursing school in cross-cultural medicine, and knew that Hispanic patients over-express the pain that they are feeling. The Latino physician had a difficult time influencing the perspective of this nurse, who focused on her self-proclaimed cultural expertise.”

The video goes on to point out that the Latino doctor might have been a resource for the nurse, but because of the nurse’s self-perception of cultural competence she did not grasp the opportunity to learn that was right in front of her. She was not seeing her patient as a unique individual, but as a “Hispanic patient.” Confident in her cultural competency training the nurse believed she knew all that she needed to know in order to make a critical call about the patient’s well being in that moment. Sadly, this is not an uncommon belief.

Tervalon and Murray-Garcia cite an assumption among some who view their practice as culturally competent that they’ve “got it down”—that among providers, they are the expert and they know better than the consumer what the consumers’ experience is and needs are. Nothing could be more arrogant or further from the truth. Our clients are the experts on their lives, not their service providers. This personal belief, which in practice I have held inviolable, is the single thing that had me realize that although I’d not heard the phrase *cultural humility* I was, in fact, practicing it. Imperfectly, to be sure, but like I said—it’s a lifelong endeavor, the central tenet of which is a respect for the unique cultural experience of the individual and a commitment to learning that knows no end.

Cultural competence is a helpful starting point in the development of a caring, compassionate, and effective practice, but in light of a deepening understanding of cultural humility its limitations are revealed. In the example of the Latina patient, what the nurse claims was “true” for Hispanics was not true for her. If she’d had the opportunity to develop an understanding of the philosophy and practice of cultural humility it is likely she would have recognized what the Latino doctor suggested to her as an opportunity to learn. As a result, she might not have been so quick to dismiss her patient’s pain.

Organizational Health

ORGANIZATIONAL SELF-CARE: WHY IT MATTERS AND WHAT IT COULD LOOK LIKE IN YOUR ORGANIZATION

by Marissa Tirona, April 15, 2014

WHY DOES ORGANIZATIONAL SELF-CARE MATTER?

Unfortunately, burnout is all too prevalent across the nonprofit sector and can lead to excessive turnover, poor morale, and decreased work performance (e.g., see the report [Ready to Lead? Next Generation Leaders Speak Out](#) and the book [Trauma Stewardship](#)). And, while it's essential that we support individuals to care for themselves, we need to integrate comprehensive self-care strategies into our organizational policies, practices, and plans. As Laura Vandernoot Lipsky writes, "[T]here is a desperate need for environments that help people to do good work and achieve personal satisfaction even when compromises are inevitable. [...] Ethical work cannot be sustained in an eroding environment that fails to support its workers." In essence, unless we have organizational practices that support the ability for reflection, renewal, and resilience, energy and time spent on developing an individual self-care practice could be for naught.

And yet, it's tricky to raise the specter of organizational self-care, because it can force us to confront the invisible, hidden, and explicit organizational habits that we've created and that can often be uncomfortable to talk about. (I define habits as unconscious and repetitive acts that can be embedded in our thinking, culture, and judgments.) Here are examples of some common organizational habits that I've witnessed:

- Leaving dishes in the sink for someone else to clean up.
- Program staff getting more "airtime" than operations staff at organization-wide meetings.
- Team meetings starting ten minutes after the scheduled start time.
- Last minute requests made of colleagues which include incorrect or inconsistent information.

I've also witnessed, experienced, and contributed to organizational habits which more directly sabotage an organization's self-care (i.e., its ability to reflect, renew, and be resilient):

- Scheduling back-to-back meetings.
- Cancelling or continuously rescheduling meetings with colleagues, including direct reports, peers, and supervisors.
- Saying "yes" to any and every request that comes in.
- Doing more with less.

(I *know* that your organization doesn't have any of these habits, by the way.) [wink]

Simply put, these habits are unsustainable. As writer and monk Thomas Merton said, "The frenzy of our activism neutralizes our work for peace. It destroys our own inner capacity for peace, because it kills the root of the inner wisdom which makes work fruitful."

All is not without hope, though. More leaders - and their organizations - recognize the importance of collective self-care to social change and deeper impact. Perhaps it's summed up best by this offering from the [Move to End Violence Initiative](#):

“We cannot develop and implement visionary strategies for change in the long term if we are exhausted and burned out in the short term. To shift our work and movement culture, we need to care for ourselves and each other in a markedly different way so that as a movement we can move beyond surviving to thriving. By transforming ourselves, we will be able to engage in work that can actually transform our society.”

HOW DO YOU CREATE AN ORGANIZATIONAL SELF-CARE STRATEGY?

1. **Reflect first on what the organization does to take care of itself.** Start from a place of strength and think about what your organization does well to create a supportive environment. I would contend that you probably have a few practices already in place (for example, one-on-one coaching or peer coaching circles) that you could leverage.

2. Spend some time thinking about **what your organization’s cultural practices are and see whether those practices may support self-care.** For example, perhaps everyone gathers together for lunch on a weekly basis or perhaps someone leads a weekly Tai Ji practice (these examples illustrate that community building can be a part of organizational self-care).

3. Finally, you could facilitate an organization-wide discussion about **what it would feel like if the organization had a culture of self-care,** talking through questions like these:

- What would be different?
- What would you be doing more of or less of?
- How might you respond to one another’s requests differently?
- How might you make requests differently?
- How would you make reflection, resilience and renewal a priority?

As you imagine what’s possible, I’d like to offer some organizational self-care practices I’ve come across:

- Supervisors making work-life balance a standing check in question as part of regular supervision meetings.
- Incorporating meaningful self-reflection activities before the start of all staff meetings.
- Positional leaders modeling boundary setting (e.g., not responding to email after work hours, not scheduling back-to-back meetings).
- Implementing peer coaching circles across your organization to facilitate learning, reflection, and peer support.

The thought of adding one more item to your list of to dos may be daunting, but the short-term time investment in identifying and establishing these practice are outweighed leaps and bounds by the long-term benefits of a more supported staff and supportive organizational practices. What self-care practices has your organization implemented? Which ones have been especially helpful? Please share your experiences in the comments below so that others can learn from your experiences.

ASSESSING ORGANIZATIONAL HEALTH

To make self-care a priority, it is important to take the time to assess all levels of an organization for signs of stress. This means being aware of individual and collective signs of stress. Individuals and organizations need to recognize when the stress level is rising and learn how to respond effectively. Often times, warning signs of job stress on an individual level coincide with an increase in organization-wide stress.

WARNING SIGNS

The first step in managing stress and creating an atmosphere that promotes self-care involves identifying the warning signs of individual and organizational stress.

General early warning signs of job stress in the individual include:

1. Headache
2. Sleep disturbances
3. Upset stomach
4. Chronic health issues (e.g., cardiovascular problems, ulcers, impaired immune systems, high blood pressure/cholesterol, overweight)
5. Poor eating habits
6. Difficulty concentrating
7. Short temper
8. Job dissatisfaction
9. Low morale
10. Lack of motivation and emotional fatigue
11. Irritability and negative attitude
12. Depression and anxiety
13. Disruptions in relationships

Warning signs of organizational stress include:

1. High rates of staff turn-over
2. High rates of absences or tardiness
3. Lack of communication and frequent miscommunication between co-workers and/or departments
4. Increase in interpersonal conflicts between co-workers and/or between various parts of the organization
5. Missed deadlines
6. Incomplete work
7. Poor quality of work or service delivery
8. Increase in customer/client complaints
9. A negative atmosphere/low morale
10. Less energy and motivation to do "extra" or to take sufficient time to do quality work as an organization
11. A lack of emotional and/or physical safety in the organization

ACTIVITY ONE:

Using the list of warning signs of organizational stress, as well as your own examples, write down how your organization looks and functions as its "stress temperature" rises. This is a way to begin to assess the warning signs of stress specific to where you work.

Describe how the organization looks when overwhelmed by stress:

Describe how the organization looks when things are very busy, stressful and beginning to feel overwhelming.

Describe how the organization looks when things are beginning to get busier and more stressful.

Describe how the organization looks when things are calm and running smoothly.

After identifying what your organization looks like as it becomes more “stressed” and where your organization is currently on the “stress thermometer,” it is important to identify responses that can help to lower stress in the lives of individuals and the agency as a whole. Organizations should develop a sense of what employees need as stress levels rise, and what types of responses are not helpful during those times. The next activity can help you with this process:

ACTIVITY TWO:

Looking back at your responses on the stress thermometer in Activity One, identify what types of supports are helpful and motivating for workers at each step on the thermometer (e.g., what people need as the stress level rises). It is also helpful to identify what is not helpful as the stress temperature rises.

When...	What is helpful	What is NOT helpful
<p>the organization <i>is overwhelmed</i></p>		
<p>things are <i>very busy and stressful</i></p>		
<p>things are <i>beginning to get busier and more stressful</i></p>		
<p>things are <i>calm and running smoothly</i></p>		

EVALUATING YOUR ORGANIZATIONAL SELF-CARE PRACTICES

After evaluating the stress level of your organization and identifying what you find helpful and not helpful in times of stress, you can begin to think about ways your organization can create a healthier work environment. Such an environment is one that supports individual self-care and creates a sense of team self-care – both of which are important to productivity, service provision, and staff well-being.

The following *Organizational Self-Care Checklist* is designed to provide organizations with new ideas and concrete examples of what it means to promote a culture of self-care. Building an organizational culture of self-care often requires an initial period of difficult reflection on what is currently happening in your organization. The goal is to build self-care practices into daily routines and rituals, so that they become very good habits. Use the *Organizational Self-Care Checklist* to assess what your organization is currently doing to support self-care and get ideas for how to build on these to further create and sustain a culture of self-care.

Instructions: Check off everything your organization currently does to support self-care.

Training and Education

- The organization provides education to all employees about stress and its impact on health and well-being.
- The organization provides all employees with education on the signs of burnout, compassion fatigue and/or vicarious traumatization.
- The organization provides all employees with stress management trainings.
- The organization provides all employees with training related to their job tasks.
- Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
- Staff coverage is in place to support training.
- The organization provides education on the steps necessary to advance in whatever role you are in.
- Other: _____

Support and Supervision

- The organization offers an employee assistance program (EAP).

- Employee job descriptions and responsibilities are clearly defined.
- All staff members have regular supervision.
- Part of supervision is used to address job stress and self-care strategies.
- Part of supervision is used for on-going assessment of workload and time needed to complete tasks.
- Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
- Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).
- Staff members are encouraged to take breaks, including lunch and vacation time.
- The organization supports peer-to-peer activities such as support groups and mentoring.
- Other: _____

continued on next page

Employee Control and Input

- The organization provides opportunities for staff to provide input into practices and policies.
- The organization reviews its policies on a regular basis to identify whether they are helpful or harmful to the health and well-being of its employees.
- The organization provides opportunities for staff members to identify their professional goals.
- Staff members have formal channels for addressing problems/grievances.
- Other: _____

Communication

- Staff members have regularly scheduled team meetings.
- Topics related to self-care and stress management are addressed in team meetings.
- Regular discussions of how people and departments are communicating and relaying information are addressed in team meetings.
- The organization provides opportunities for staff in different roles to share their “day in the life” (see Activity ## for an example).
- The organization has a way of evaluating staff satisfaction on a regular basis.
- Other: _____

Work Environment

- The work environment is well-lit.
- The work environment is physically well-maintained (e.g., clean, secure, etc.).
- Information about self-care is posted in places that are visible.
- Employee rights are posted in places that are visible.
- The organization provides opportunities for community building among employees.
- The organization has a no-tolerance policy concerning sexual harassment.
- The organization has a no-tolerance policy concerning bullying.
- Workplace issues, including grievance issues and interpersonal difficulties, are managed by those in the appropriate role and remain confidential.
- Other: _____

DISCUSSION QUESTIONS

1. What was this process of filling out the checklist like for you?
2. Were you surprised by any of your responses? If so, which ones?
3. What ideas did you find on the checklist that you liked/did not like?
4. What are the things that you found realistic/not realistic to implement?
5. What are some of the barriers or challenges to implementing these practices?

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Read more about Secondary Traumatic Stress:

<https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

<https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm>

