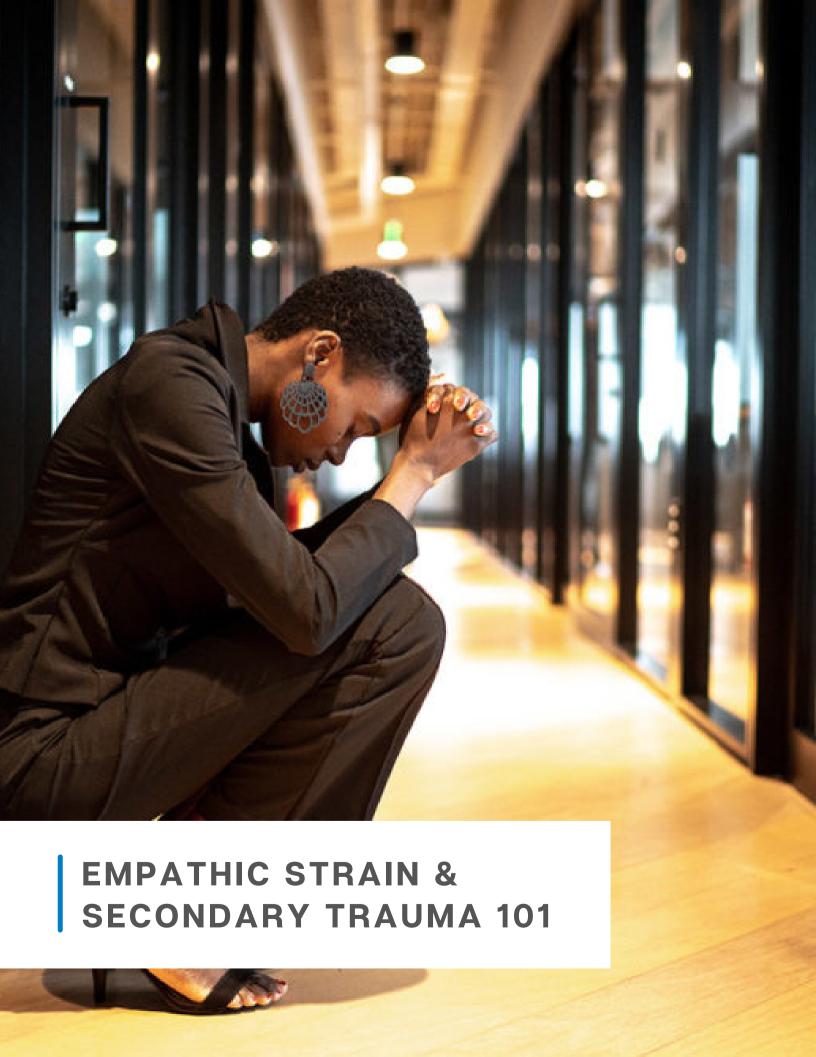


Empathic strain/Secondary Traumatic Stress

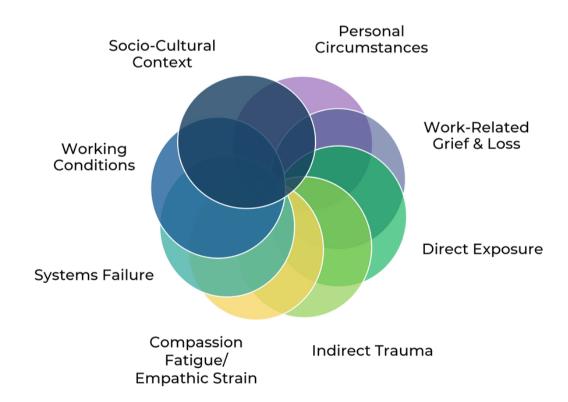
Key Tools to Safeguard your Well-Being Webinar Workbook



THE VENN DIAGRAM TOOL

As helping professionals, we are frequently exposed to high-stress, high-pressure situations. This stress is exacerbated by trauma exposure. In our day-to-day lives, we can become entrenched in our professional work, often losing sight of what is contributing to our stress in the first place.

The first step to managing experiences of stress is to identify where it is coming from. The following Venn Diagram is a useful tool that can help you understand your risk factors.



This tool was developed by L. A. Ross, UCLA, F. Mathieu, TEND, and the Secondary Traumatic Stress Consortium, a group of researchers, trainers, practitioners, and advocates with a common goal to advance the field of secondary traumatic stress towards health. Special thanks to R. Cuellar, A. Hendricks, M. Clarke, and G. Sprang of the National Childhood Traumatic Stress Network (NCSTN) for contributing the Socio-Cultural Context circle.

PERSONAL CIRCUMSTANCES

Everyone has a life story that shapes who they are. This life story can be a source of strength, comfort, and resilience during times of stress. However, this life story can also amplify work-related stress.

Personal circumstances include such things as your history, coping style, and personality. These factors all impact your ability to manage stress. For example, many helpers are part of the "sandwich generation," meaning that they care for both young children and ageing parents. These are additional pressures outside of any work-related stress.

Further, helpers are not immune to pain in their own lives. Research shows that over 60% of helping professionals have a trauma history of their own (Pearlman & Mac Ian, 1995).

Factors related to your personal circumstances might include:

- Having a history of childhood adversity;
- Navigating a challenging family crisis (such as a custody dispute, divorce, fertility crisis, financial stress, etc.);
- Providing care for someone with significant needs;
- Or facing significant mental health or physical health challenges.

As a helping p	professional, wh	at personal fac	ctors might b	e a trigger	for you?	
As a helping p	orofessional, wh	at personal fac	ctors will be a	a source of s	strength for yo	ou?

WORK-RELATED GRIEF & LOSS

It is important to recognize that work-related grief and loss can also occur outside of direct service work, thereby increasing our susceptibility to work-related stress. Examples may include:

- A colleague or mentor being fired, dismissed, retiring, or unexpectedly leaving the workplace;
- Missing out on learning experiences or social bonding due to public health restrictions and
- COVID-19;
- Losing essential funding or experiencing significant budget cuts to your program; Or experiencing a work-related tragedy.

How have your expectations for your work been impacted by the pandemic?			
What are strategies you can use to process feelings of grief and loss?			
What are strategies you can use to process reenings or grief and loss:			
What are strategies you can use to process reenings or grief and loss:			
What are strategies you can use to process reenings or grief and loss:			
What are strategies you can use to process reenings of grief and loss:			
What are strategies you can use to process reenings or grief and loss:			

DIRECT EXPOSURE

Experiencing direct exposure means that a traumatic event is happening directly to you or in front of you. During these situations, your personal safety might be at risk, someone may be seriously injured, or you may experience feelings of terror or horror.

There are two potential sources of direct exposure:

Sources from your personal life including:

- Being a victim of a crime or other traumatic deaths;
- Seeking asylum in a new country;
- Or experiencing a serious medical crisis.

Sources from your professional life including:

- Witnessing a traumatic event;
- Being threatened or assaulted at work;
- Or experiencing a hate crime.

What strategies do you <u>already hav</u>	<u>ve</u> to help you man	age these difficult ex	kperiences?

INDIRECT TRAUMA

Experiencing indirect trauma means that you experience a traumatic event second-hand. These experiences are often those that haunt you or seem to "hitch a ride with you" after hearing, seeing, or reading about them.

The terms secondary trauma, secondary traumatic stress (STS), and vicarious trauma all describe experiences of indirect trauma.

Indirect trauma can be caused by situations such as:

- Working with individuals who have experienced tragedy and hearing graphic details of the event;
- Reading case files;
- Or having colleagues debrief a traumatic case with you.

With the ready availability of social media and internet, many of us inadvertently add to our levels of indirect trauma every day. From distributing news coverage to graphic TV shows, this frequent deluge of trauma exposure can be insidious and hard to pinpoint.

Take a trauma-input survey of your work and personal life. What are sources of trauma that you

encounter (or may encounter) in your work in education?	
Are there areas of unnecessary exposure in your personal life that you can reduce?	

EMPATHIC STRAIN

Empathic strain (also known as compassion fatigue) is the profound emotional and physical exhaustion that can develop over the course of your career. It is a gradual erosion of all the things that keep you connected to others including your empathy and your hope – not only for others, but also for yourself.

Experiencing a high level of empathic strain might look like becoming dispirited at work, contributing to a toxic work environment, frequently breaking confidentiality or acting short-tempered with loved ones when they come to you with problems or need your help.

Empathic strain can accumulate in response to situations such as:

- Providing services to high-conflict, chronically overwhelmed families;
- Bearing witness to similar and repeated expressions of grief and anguish;
- Or working in the same position or field for many years.

empathic strain? (If this is a second career, perhaps this person is you). What signs or symptoms did they display that made you believe they were struggling?
As a helping professional, can you identify situations that may contribute to you experiencing empathic strain in your career?

Can you identify someone in your professional or personal life who may have been experiencing

SYSTEMS FAILURE

This refers to the "red-tape" or roadblocks that prevent helping professionals from giving the best possible care or services. Examples of systems failure include:

- Large amounts of seemingly extraneous or tedious paperwork;
- Navigating long waiting lists or convoluted systems for individuals;
- Disagreements about who should be eligible for a certain service;
- And barriers to arranging appropriate and meaningful services for under-served populations.

One result of facing these numerous challenges can be moral distress.

Moral distress occurs when we are told to do things with which we fundamentally disagree, are morally opposed to, or when our values conflict with what is required by law, rules, or regulations.

vvnat are areas of	геа-таре	that you may experience as a helping professional?

For more information about moral distress, check out The 4A's to Rise Above Moral Distress document prepared by the American Association of Critical-Care Nurses.

WORKING CONDITIONS

This refers to how you experience or perceive your workplace including your relationship with your supervisor and colleagues, perception of fairness and appreciation (salary, rewards, benefits, vacation time etc.), and your workload.

Poor working conditions are often a primary source of burnout.

The quality of your working conditions can be impacted by:

- · Your sense of trust in leadership;
- The quality and timeliness of communication within your organization;
- Or the degree to which you feel you are fairly compensated for the work that you do.

Have you experienced burnout in a previous job, internship, or volunteer position? If so, what were the main contributors to feeling burnt out?
Thinking of your career, what elements of your working conditions are non-negotiable?(i.e., friendly co-workers, flexibility with your hours, compensation, etc.)

SOCIO-CULTURAL CONTEXT

The term socio-cultural context refers to the intersection of race, culture, gender, sexual orientation, religious beliefs, historical trauma, and other elements that define your identity. These factors may come into daily collision with the socio-political factors of your community including the rules, regulations, laws, and political climate of where you live and work.

Factors related to socio-cultural context include:

- A current crisis or cultural shift that personally impacts you and your way of life;
- Being asked to do tasks outside of your scope to work because of your race, gender, sexual orientation, religious beliefs, etc.;
- Or a lack of representation of your race, gender, sexual orientation, religious beliefs, etc. within your workplace or profession.

Reflecting on your own socio-cultural context, are there current situations in your community or blace of work that are negatively impacting you?
What strengths or resources do you have that come from your own socio-cultural context?



THE WINDOW OF TOLERANCE FRAMEWORK

Adapted from Siegel, Ogden, and Minton

High Activation Arousal (Hyper-arousal) Sweet Zone Low Activation Arousal (Hypo-arousal)	fight, flight, panicked, agitated, obsessive, impulsive, overwhelm, angry, racing thoughts, anxiety Calm yet alert, wise, fully engaged, present No energy, can't think, ashamed, depressed, passive, numb, helpless, dissociated, complete freeze, collapse			
What am I like when I am stressed, upset, or overwhelmed?				
Are these hyper or hypo arousal symptoms?				
What am I like when I am the best version of myself?				

GUIDING PRINCIPLES: IDENTIFYING YOUR WORK VALUES



Developed by Diana Tikasz, MSW, RSW

I chose to do this work because				
In order for me to be satisfied, my work must be				
In my career, I can anticipate that there are elem	ents that I will			
Enjoy, such as	Dislike, such as			

The most rewarding part of this work is			
Five years from now, I hope to see the following qualities in myself			
At the end of my career, I will have succeeded if			
At the end of my career, I will have succeeded II			

THREE MINUTE BREATHING SPACE

Developed by Diana Tikasz, MSW, RSW



FIRST MINUTE: NOTICE ANY SOUNDS YOU HEAR

• What sounds are near or far?



- Notice how the sounds arise and disappear
- Every time that you notice your thoughts wander, simply and without judgement, return to the sounds

SECOND MINUTE: NOTICE ANY BODY SENSATIONS



- What parts of your body are warm or cold?
- Notice the sensations of contact with the chair or with your clothing
- Whatever you notice is perfectly fine and does not need to be changed in anyway. Just notice.

THIRD MINUTE: NOTICE YOUR BREATH



- Where do you notice your breath- is it at the nostrils, the chest, the belly?
- Notice the expansion and the settling of the body as you breathe
- Can you follow the full inhale and exhale of breath?

Visit www.tendacademy.ca for a printable PDF of this resource.

FEET ON THE FLOOR

Developed by Diana Tikasz, MSW, RSW



Or visit www.tendacademy.ca/feet-on-the-floor

SCRIPT

Close your eyes or adopt a soft gaze. You can do this strategy sitting or standing.

Move your awareness into the soles of your feet - placing your full attention into your feet. Noticing the points of contact with the floor. Noticing the distribution of weight.

And now, gently moving back and forth. And noticing. Noticing the changes and sensation in the feet. The changes and distribution of weight.

You may want to move from side to side. Just notice the changes that occur. You could even make circles, with your knees. And notice.

What happens as you do this?

You will likely notice that your mind wanders off and gets lost in thought. That's okay. That's what our brain does. It likes to get busy. As soon as you notice it, bring your attention back to the soles of your feet.

Noticing your feet on the floor. Anchoring into the floor or into your chair.

Now, if you like, to you could even begin to walk very, very slowly. Just taking a step or two ahead. And noticing.

What happens with the sensations as you lift one foot? And as you step forward, place your foot on the floor. Noticing that distribution of weight.

And you may want to take a step backwards. And notice how that feels.

You may also notice for a moment how small the surface area of your feet is. You may even feel some gratitude for your feet and all the hard work they do every day to keep your body upright and off the ground.

And when you're ready, release the focus on the soles of the feet and gently open your eyes and refocus into the room.

And just notice what's here for you now.

"If all else is going wrong around us, we always have the ability to pause and choose where to focus. Don't believe everything you think—we cannot control the thoughts that pop in our head, but we can be aware of them. With awareness comes choice."

- Diana Tikasz

THE HOT, WALK, AND TALK PROTOCOL

Developed by Dr. Patricia Fisher



The Hot, Walk & Talk protocol was developed by Dr. Patricia Fisher as a strategy to assist a team member following a particularly distressing or disturbing incident and is undergoing a completely normal stress reaction.

Although this protocol was initially designed for situations in which we can physically be near a colleague, it can be adapted to the current public health situation.

Remember that when we are experiencing a high stress response, our body is in the flight, fight or freeze state. In this state, we are being flooded with stress hormones and are likely experiencing a negative physical, emotional or cognitive response.

The following steps can be useful to help safely and kindly guide someone through a negative stress reaction.

- Safety First: Ensure that the person is physically out of danger. Instruct the person to walk away from the area where the incident occurred and toward a neutral or safe area. Encourage them to get outside if they are able.
- Drink: Ask the person to get a bottle of water to drink while they walk.
- Walk: If it is prudent to do so, you can walk with the person, otherwise, this process can be done over the phone. Encourage the person to set a brisk pace to help them discharge some of the distress. As they continue to walk, they may naturally slow the pace.

- Normalize & Support: Let them know that they are safe, that their reaction to stress is normal, and that you are there to support them.
- **Debrief**: Ask them to tell you what happened in their own words. If they get stuck on a particular moment, prompt them to move on with a guiding statement such as: "and then what happened?" The goal is to help them move through the whole narrative from beginning to the end until they get to the present where they are walking in safety and are no longer at risk.
- Incident Report: You may work in an environment where you are required to complete an incident report. If this is the case, ask them how you can help in completing the report. They may want you to type in the information as they dictate it, or they may simply appreciate your support while they complete the report.
- Breathing: Remember to remind them to focus on their breathing and open posture to help them deescalate from the stress response especially after they have stopped walking.
- Next Steps: After the initial debrief, ask the person what they would find helpful: do they want to phone a family member, get a snack, take a break, go back to work? They need to have control over their choices while attending to their needs.
- Additional Support: Let the individual know that you will remain available to them and encourage them to access addition supports that may be available (e.g., Employee Assistance Programs, counselling, etc.)

LOW IMPACT DEBRIEFING



SELF-AWARENESS

Be aware of the stories you tell and the level of detail you provide when telling a story.

Are all the details really necessary? Can you give an abbreviated version?



FAIR WARNING

Allow your listener to prepare and brace themselves by starting with "I would like to debrief a difficult situation with you and the story involves traumatic content."



CONSENT

Asking for consent can be as simple as saying: "I would like to debrief something with you, is this a good time?" or "I heard something really hard today, could I talk to you about it?"

The listener then has a chance to decline, or to qualify what they are able or ready to hear.



LIMITED DISCLOSURE

Once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed.

You may end up not needing to share the most graphic details.

Visit www.tendacademy.ca for a printable PDF of this resource.

SEEKING MOMENTS OF AWE

Developed by Diana Tikasz, MSW, RSW



Awe is the feeling that occurs when we are in the presence of something so vast or profound it transcends our understanding of the world.

Research shows that moments of awe can:

- Make us feel happier and more satisfied with life.
- Foster social connection.
- Increase kindness, generosity, and curiosity.
- Reduce stress and make us less materialistic.
- Alter our sense of time (our experience of time slows down when we have regular moments of wonder).
- Feel humble and less self-important.

Moments of awe are not only relegated to times of adventure or while on vacation – but can be found in everyday moments. On average, an individual will experience awe 2-3 times a week.

Setting an intention to notice, seek and savour moments of wonder will open your eyes to acts of kindness and to the beauty of nature. Make time to soak in the experience.

Actively seeking these moments will help to regulate your nervous system, expand your perspective, and give you a dose of "feel good" hormones that will improve your mood.

"Awe is a lightning bolt that marks in memory those moments when the doors of perception are cleansed and we see with startling clarity what is truly important in life."

- David Elkins

Over the next month, set an intention to notice, seek and savour these moments of awe:

	Already Notice & Will Continue:	Would Like to Try:
NATURE VIEWS Stars, mountain views, waterfalls, sunrise, earth from space		
ANIMALS Pets, wildlife, insects		
VEGETATION & FLOWERS Specific flora and fauna, smell, seasons		
WEATHER Rainbows, clouds, powerful storms		

Over the next month, set an intention to notice, seek and savour these moments of awe:

	Already Notice & Will Continue:	Would Like to Try:
CHILD'S PERSPECTIVE		
Watching an ant hill, splashing in a puddle		
HUMAN CREATIONS		
Cityscapes, bridges, architecture		
HUMAN BEHAVIOURS Kindness, generosity, courage, meaningful relationships, sharing stories of awe		
HUMAN HISTORY Interesting facts, evolution, inspirational leaders		

Over the next month, set an intention to notice, seek and savour these moments of awe:

	Already Notice & Will Continue:	Would Like to Try:
BODY & BRAIN Complexity of the human body, brain functioning, genius		
ART & MUSIC Painting, symphony, literature		
WHAT ELSE?		

BEFORE



Resilience Reflection



Guiding Principles



Be prepared before a stressful event happens by taking stock, highlighting your strengths, and identifying vulnerabilities.

DURING



Verbal De-escalation



Feet on the Floor



Three Minute Breathing Space During a stressful event, engage strategies to mitigate the impact on yourself and others.

AFTER



Hot Walk and Talk



Low Impact Debriefing



Seeking Moments of Awe After a stressful event, have strategies to debrief, process, and re-connect.

KEY TOOLS TO SAFEGUARD YOUR WELL-BEING

tend®

Keep checking in:
"Where am I in my
Window of
Tolerance?"



ARTICI FS

- Beyond Kale and Pedicures https://www.tendacademy.ca/beyond-kale-and-pedicures/
- We need to talk: Why there can be no "future forward" until we've done the work https://www.tendacademy.ca/we-need-to-talk/
- This is a Marathon, Not a Sprint: Strategies to Address Wear & Tear in Helping Professionals during COVID-19 by Françoise Mathieu, TEND: https://www.tendacademy.ca/marathon-not-sprint-covid19/
- Breathe, Reset, Refuel, Rinse, Repeat by Françoise Mathieu, TEND: https://www.tendacademy.ca/breathe-reset-refuel/
- Today, Spare a Thought for the Call Centre Operators by Françoise Mathieu, TEND: https://www.tendacademy.ca/spare-a-thought-for-call-centre-operators/
- Disappoint Someone Today by Françoise Mathieu, TEND: https://www.tendacademy.ca/disappoint-someone-today/

PODCASTS/AUDIO

- Loving Kindness Meditation, Greater Good in Action: https://ggia.berkeley.edu/practice/loving_kindness_meditation
- Beyond Self Care with Francoise Mathieu, M.Ed. The Trauma Therapist Project: https://www.thetraumatherapistproject.com/podcast/beyond-self-care-with-francoisemathiue-med
- A chat with Françoise Mathieu about Anxiety and other things Just us on Justice Podcast: https://www.spreaker.com/user/16522226/season-2-episode-1-a-chat-withfranciose
- This is a Marathon, Not a Sprint: Pacing Yourself Through the Pandemic, One in Ten: https://www.buzzsprout.com/280046/3463774-this-is-a-marathon-not-a-sprint-pacingyourself-through-the-pandemic
- There is No One Magic Bullet with Françoise Mathieu, Psychological Safety in the Workplace: https://www.psychhealthandsafetycanada.com/episodes/there-is-no-onemagic-bullet



VIDEOS

• The Edge of Compassion with Françoise Mathieu, TEDx Talk: https://www.ted.com/talks/francoise mathieu the edge of compassion

BOOKS

- The Burnout Epidemic: The Rise of Chronic Stress and How We Can Fix It by Jennifer Moss, 2021: https://www.jennifer-moss.com/books
- Deep Work: Rules for Focused Success in a Distracted World by Cal Newport, 2016: https://www.calnewport.com/books/deep-work/
- Reducing Secondary Traumatic Stress: Skills for Sustaining a Career in the Helping Professions by Brian Miller, 2021: https://www.routledge.com/Reducing-Secondary-Traumatic-Stress-Skills-for-Sustaining-a-Career-in-the/Miller/p/book/9780367494575
- Quick Calm: Easy Meditations to Short-Circuit Stress Using Mindfulness and Neuroscience by Jennifer Wolkin, 2021: https://www.guickcalmbook.com
- Set Boundaries, Find Peace: A Guide to Reclaiming Yourself by Nedra Glover Tawwab, 2021: https://www.nedratawwab.com/set-boundaries-find-peace
- Post-Traumatic Growth: finding meaning and creativity in adversity, Scientific American: https://blogs.scientificamerican.com/beautiful-minds/post-traumatic-growthfinding-meaning-and-creativity-in-adversity/
- Growth after trauma in Harvard Business Review, July-August by R.G Tedeschi, 2020. https://hbr.org/2020/07/growth-after-trauma
- Resilience, Balance & Meaning Workbook. By Patricia Fisher, 2016.

WEBSITES

- TEND Resources, TEND Academy: https://www.tendacademy.ca/resources/
- Workplace Strategies for Mental Health, Canada Life: https://www.workplacestrategiesformentalhealth.com



- The Window of Tolerance, Lori Gill: https://www.attachment-and-trauma-treatmentcentre-for-healing.com/blogs/understanding-and-working-with-the-window-of-tolerance
- Circle of influence Exercise, Then Somehow: https://www.thensomehow.com/circles-ofinfluence/
- Just one thing: Simple practices for resilient happiness, Rick Hanson: https://www.rickhanson.net/writings/just-one-thing/

Bibliography from upcoming NCA book chapter: Mathieu, F. (In press) Managing the things that we can't unsee: Tools to recognize and reduce secondary traumatic stress

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Armes, S.E., Lee, J.J., Bride, B.E., & Seponski, D.M. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse & Neglect*, *110*(3), 1-8.
- Ashforth, B. E., Kreiner, G. E., Clark, M.A., Fugate, M. (2007) Normalizing Dirty Work: Managerial Tactics for Countering Occupational Taint source. *The Academy of Management Journal*, Vol. 50, No. 1 (Feb.), pp. 149-174.
- Bober, T. & Regehr, C. (2005). Strategies for reducing secondary or vicarious trauma: do they work? Brief treatment and crisis intervention advance access. December 30, 2005.
- Brady, P. Q. (2017). Crimes against caring: Exploring the risk of secondary traumatic stress, burnout, and compassion satisfaction among child exploitation investigators. Journal of Police and Criminal Psychology, 32(4), 305–318.
- Bride, B.E., (2004) The impact of providing psychosocial services to traumatized populations, *Stress*, *Trauma, and Crisis*, 7:1, 29-46.
- Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14,* 27-35.
- Bride, B.E. & Jones, J.L. (2006). Secondary traumatic stress in child welfare workers: Exploring the role of supervisory culture. *Professional Development: The International Journal of Continuing Social Work Education, 9,* 38-43.
- Bride, B.E. (2012). Secondary traumatic stress. *Encyclopedia of trauma: An interdisciplinary guide*. SAGE Publications, Inc.
- Bride, B.E., (2013) The functional impairment from secondary trauma scale (FISTS). Unpublished manuscript.
- Bride, B. E., Lee, J., & Miller, S. (2016). Examining self-care as a moderator of secondary traumatic stress and functional impairment in clinical social workers. Presented at the 20th Annual Conference of The Society for Social Work and Research.
- Bride, B.E. (2020). Initial development and validation of the Functional Impairment due to Secondary Trauma Scale (FISTS). Symposium presented at the 2020 International Society for Traumatic Stress Studies annual meeting, Virtual Conference.
- Brodie, J. D. (1982). Career sustaining behaviors in psychotherapists: Interpersonal and intrapersonal supports systems. Doctoral dissertation (The Union Graduate School). *Dissertation Abstracts International*, 44, 3592B.
- Canadian Armed Forces, National Defence. Mental health continuum model. Retrieved from: https://www.canada.ca/content/dam/eccc/documents/pdf/corporate-info/covid-19/mental-health-continuum.pdf
- Cohen-Katz, J., Wileys, S.D., Capuano, T., Bakers, D.M., Kimmel, S., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout, Part II: A quantitative and qualitative study in *Holistic Nursing Practice*, 19, 26-35.

- Dagan, S.W., Ben-Porat, A., Itzhaky, H. (2016) Child protection workers dealing with child abuse: The contribution of personal, social and organizational resources to secondary traumatization. *Child Abuse & Neglect*, 51, 203-211.
- Duxbury, L. & Higgins, C. (2012) Caring for and about those who serve: Work-life conflict and employee well being within Canada's Police Departments. Retrieved from: https://sprott.carleton.ca/wp-content/uploads/Duxbury-Higgins-Police2012 fullreport.pdf
- Dworkin, E. R., Sorell, N. R., & Allen, N. E. (2016). Individual- and setting-level correlates of secondary traumatic stress in rape crisis center staff. *Journal of Interpersonal Violence*, 31(4), 743–752.
- Edmondson, A. C., Kramer, R. M., & Cook, K. S. (2004). Psychological safety, trust, and learning in organizations: A group-level lens. *Trust and distrust in organizations: Dilemmas and approaches,* 12, 239-272.
- Eldor, L. (2018). Public service sector: The compassionate workplace The effect of compassion and stress on employee engagement, burnout, and performance. *Journal of Public Administration Research and Theory*, 28(1), 86-103.
- Elwood, L. S., Mott, J., Lohr, J. M., & Galovski, T. E. (2011). Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications for trauma-focused treatment. *Clinical Psychology Review*, 31(1), 25–36.
- Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner/Mazel.
- Fisher, P.M., & Zahradnik, A. (2009) A 12-factor, 4-Tier model of organizational health: The critical role of psychosocial factors across age cohorts. Paper presented at the American Society for Public Administration (ASAP), Miami, Fl.
- Fisher, P. (2015). Building resilient teams. Victoria, BC: Fisher & Associates Solutions Inc.
- Fisher, P. (2016). *Resilience, balance & meaning workbook.* Victoria, BC: Fisher & Associates Solutions Inc.
- Ford, M. T., Cerasoli, C. P., Higgins, J. A., & Decesare, A. L. (2011). Relationships between psychological, physical, and behavioural health and work performance: A review and meta-analysis. *Work & Stress*, 25(3), 185–204.
- Fredrickson, B.L., Cohn, M.A., Coffey, K.A., Pek, J.., Finkel, S.M. (2008) Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources, *J. Pers. Soc. Psychol.*, 95 (2008), pp. 1045-1062.
- Glisson, C., & Williams, N. J. (2015). Assessing and changing organizational social contexts for effective mental health services. *Annual Review of Public Health*, 36(1), 507–523.
- Harrison, R.L., Westwood, M.J. (2009) Preventing vicarious traumatization of mental health therapists: identifying protective practices, *Psychotherapy Theory, Research, Practice, Training.* Vol. 45, No. 2, 203-219.
- Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, 28(2), 83–91.
- Jirek, S.L. (2020) Ineffective organizational responses to workers' secondary traumatic stress: A case study of the effects of an unhealthy organizational culture. *Human Service Organizations: Management, Leadership & Governance*, 44:3, 210-228.

- Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. *The Clinical Supervisor*, *37*(1), 7-37.
- Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers. *Journal of the Society for Social Work and Research*, 4(2), 114–130.
- Larson, K. E., Pas, E. T., Bradshaw, C. P., Rosenberg, M. S., & Day-Vines, N. L. (2018). Examining how proactive management and culturally responsive teaching relate to student behavior: Implications for measurement and practice. *School Psychology Review*, *47*(2), 153-166.
- Loomis, B., Epstein, K., Dauria, E. F., & Dolce, L. (2019). Implementing a trauma-informed public health system in San Francisco, California. *Health Education and Behavior*, 46(2), 251–259.
- Louison Vang, M., Shevlin, M., Hansen, M., Lund, L., Askerod, D., Bramsen, R.H., & Flanagan, N. (2020) Secondary traumatisation, burn-out and functional impairment: findings from a study of Danish child protection workers. *European Journal of Psychotraumatology*, 11:1.
- Margolis, J.D., Molinsky, A. (2008) Navigating the bind of necessary evils: psychological engagement and the production of interpersonally sensitive behavior source. *The Academy of Management Journal*, Vol. 51, No. 5 (Oct.), pp. 847-872.
- Maslach, C., Leiter, M.P. (2016) Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*. Jun; 15(2):103-11.
- Mathieu, F. (2012). *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization.* New York, NY: Routledge.
- Mathieu, F., & McLean, L., (2014) Managing Compassion Fatigue, Moral Distress and Burnout in a context of patient-centered care in Walton, M., Barnsteiner, J., & Disch, J. (eds) *Patient/Family Centered Care Patient and Care Provider Considerations*, Sigma Theta Tau International.
- Mathieu, F. (2015) Beyond kale and pedicures: can we beat burnout and compassion fatigue? Retrieved from: https://www.tendacademy.ca/beyond-kale-and-pedicures/
- Miller, B.C. (2007) What creates and sustains commitment to the practice of psychotherapy? *Psychiatric Services*, Feb 2007, Vol 58 No 2.
- Miller, B. & Sprang, G. (2017) A Components-based practice and supervision model for reducing compassion fatigue by affecting clinician experience. *Traumatology*, Vol. 23, No. 2, 153-164.
- Miller, B. C. (2021) *Reducing secondary traumatic stress: skills for sustaining a career in the helping professions*, Routledge.
- National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals: National Center for Child Traumatic Stress. Retrieved from: https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals
- National Child Traumatic Stress Network (2018). Using the secondary traumatic stress core competencies in trauma-informed supervision. Retrieved from:

 https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision.
- National Child Traumatic Stress Network Secondary Traumatic Stress Collaborative Group (2022). Secondary traumatic stress: understanding the impact on professionals in trauma-exposed workplaces. Retrieved from: https://www.nctsn.org/resources/secondary-traumatic-stress-understanding-the-impact-on-professionals-in-trauma-exposed-workplaces

- Newell, J. M., Nelson-Gardell, D., & MacNeil, G. (2015). Clinician responses to client traumas: A chronological review of constructs and terminology. *Trauma, Violence, & Abuse*, 17(3), 306–313.
- Pearlman, L.A., & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: Norton.
- Rothschild, B. (2006). *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma.* New York, NY: W. W. Norton.
- Secondary Traumatic Stress Consortium. (2022). Best Practices for Addressing Secondary Traumatic Stress: Consensus Guidelines for Professionals and Organizations. Retrieved from: https://www.stsconsortium.com/consensus-main-page
- Siegel, D.J. (1999) *The Developing Mind*. New York: Guilford.
- Sprang, G., Craig, C., & Clark, J. (2011). Secondary traumatic stress and burnout in child welfare workers: a comparative analysis of occupational distress across professional groups. *Child welfare*, *90*(6).
- Sprang, G., Ross, L., Miller, B. C., Blackshear, K., & Ascienzo, S. (2017). Psychometric properties of the Secondary Traumatic Stress—Informed Organizational Assessment. *Traumatology, 23*(2), 165—171.
- Sprang, G., Ross, L. A., & Miller, B. (2018). A data-driven, implementation focused, organizational change approach to addressing secondary traumatic stress. *European Journal for Person Centered Healthcare*, 6(1), 62–68.
- Sprang, G, Kerig, P., Ford, J., & Bride, B.E. (2019). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology*, *25*(2), 72-81.
- Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry*. Advance online publication.
- Stamm, B.H. (Ed.). (1999). *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers and Educators.* (2nd Ed.). Lutherville, MD: Sidran Press.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.
- Walsh, C. R., Mathieu, F., & Hendricks, A. (2017). Report from the secondary traumatic stress San Diego think tank. *Traumatology*, *23*(2), 124-128.