

VICARIOUS TRAUMA TRAINING FOR ALL TITLE IV-E  
STUDENTS IMPLEMENTED WITHIN THE  
FOUNDATION YEAR OF THE  
MSW PROGRAM

A Project Presented to the Faculty  
of  
California State University, Stanislaus

In Partial Fulfillment  
of the Requirements for the Degree  
of Master of Social Work

By  
Sue Powers  
May 2019

CERTIFICATION OF APPROVAL

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## DEDICATION

This project is dedicated to all current and future social workers that work every day protecting and serving underprivileged, vulnerable children and their families within the child welfare system.

## ACKNOWLEDGEMENTS

Thank you to my husband, Joe Powers. Your love and support over the past seven years of my college journey has meant everything to me. I appreciate all the sacrifices and compromises you made in order for me to follow my dream. You walking beside me during the good days and the rough days meant EVERYTHING. Although it is my name on this graduate project and my MSW degree, I would consider this OUR JOURNEY AND ACHIEVMENT TOGETHER. I will always be thankful of your love, encouragement, and support during this chapter of our life. You have always believed in me even when I myself did not believe in myself. I LOVE YOU BABE.

To my beautiful family: Joe, Whitney, Mason, Joey, Hunter, Emily-grace and Abigail, you are my reasons WHY! I appreciate all the love, support, laughter, and understanding that you have all shared with me during this journey. I LOVE YOU ALWAYS and UNCONDITIONALLY. I must also include my fur babies, Bentley, Oliver, Gizmo, and Dingo for always giving me cuddles and kisses when I was stressed and needed some extra love.

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## ABSTRACT

This Graduate Project focuses on the development and implementation of training for California State University, Stanislaus Title IV-E Child Welfare Training Program stipend students about recognizing and processing vicarious trauma they may experience when interning within Child Protective Services (CPS). The objectives of this project were accomplished through collaboration and partnership with the Title IV-E Child Welfare Project Coordinator and Faculty at California State University, Stanislaus MSW Program, and the curriculum was developed via the use of the literature, best practice information, and consultation with key professionals. This curriculum was completed in mid-Spring 2019 semester, allowing time for delivery of the training in April 2019. A Title IV-E faculty member delivered the training and three Title IV-E stipend students attended the training and provided feedback. The development and implementation of this training provided students with a practical understanding of how exposure to secondary trauma can lead to vicarious trauma, and, how, if left untreated, this could lead to eventual compassion fatigue, more commonly referred to as “burnout.” The curriculum developed for this training was provided to the MSW Program and Title IV-E Child Welfare Project faculty for ongoing use. It is anticipated that a yearly training seminar will be held for Title IV-E stipend students prior to them entering their advanced year Child Protective Services field practicum.

## DESCRIPTION OF THE PROJECT

The purpose of this graduate project was to compose and implement training for all California State University, Stanislaus Title IV-E Child Welfare Training Program stipend students about recognizing and processing vicarious trauma they may experience when interning within Child Protective Services (CPS). The training was implemented within the students' foundational first year of the Master of Social Work (MSW) program, prior to placement within a CPS internship. The graduate project was completed in collaboration with two Child Welfare Training Project (Title IV-E) University faculty members. The training encompassed the recognition of possible vicarious trauma, steps to process said trauma, and self-care treatment for post trauma care.

According to the National Children's Alliance (NCA) (2016), an estimated 700,000 children endure various forms of neglect and abuse in the United States (U.S.) annually. In 2015 there were approximately 683,000 cases of child abuse and neglect reported in the U.S. to CPS, in which 1,670 proved to be fatal to the child. The statistics indicate that more than 3.4 million children and their families were investigated in 2015 by CPS, and over 3 million children are currently connected to CPS nationally, with 2.3 million children receiving prevention services (NCA, 2016). Of the millions of children exposed to the child welfare system, most have experienced at least one major traumatic episode, and some have had extensive

exposure to traumatic events, known as complex trauma (Pynoos, Fairbanks & James-Brown, 2011).

Social workers are at a high risk for developing vicarious trauma when working with these young victims of trauma. A social worker's empathetic response and chronic exposure to secondhand traumatic material may easily transform into the development of vicarious trauma. According to the Office of Victims of Crimes (OVC) (2017) at the U.S. Department of Justice, vicarious trauma is:

an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents that have resulted in numerous injuries and deaths. (p. 1)

The OVC also states that when working with children who have survived violence and trauma, the social worker is at a higher risk of negative effects of vicarious trauma when they are less experienced at their jobs, have little to no vicarious trauma training, have low supervision when exposed to traumatic material, and lack supportive debriefing for discussing traumatic exposure (OVC, 2017).

Full time Title IV-E stipend students in MSW programs in the state of California enter into a contract with California Social Work Education Center (CalSWEC) for two years of financial aid support and preparation for a public child welfare career. California has 21 accredited graduate schools of social work and social welfare that participate in the Title IV-E program based at University of California, Berkeley. Students must apply and interview for acceptance into the program for financial stipend aid. Admitted students must complete the MSW child welfare program at a participating University, including the two years of fieldwork (internship) required by the MSW programs. The second year of this fieldwork must be done in a county child welfare agency serving Title IV-E children and families. Upon graduation from the MSW program, the student must work in a county child welfare services agency or at California Department of Social Services (CDSS) child welfare division for a period of two years.

CalSWEC's goal is to improve the education and training of social workers for the publicly supported child welfare social services. In fact, CalSWEC also coordinates and maintains California's common core curriculum for public child welfare in-service training to provide new employed workers and current public child welfare workers with ongoing training. Currently, however, no required training for Title IV-E students in vicarious trauma has been implemented by CalSWEC, and none is available in the MSW program at California State University, Stanislaus. The lack of vicarious trauma training for pre-placement in the fieldwork experience of interning in CPS could work against the foundation on which the CalSWEC Title IV-

E program has been built, which is to encourage and support future CPS workers (CalSWEC, 2014).

According to Kim, Ji, and Kao (2011), social workers who are beginning their careers are more likely to experience burnout and have higher numbers of reported physical health complaints than more experienced workers. This suggests that intern-level or early-career social workers may experience burnout if the negative effects of trauma exposure are not addressed early on.

Prevention and recovery interventions in the early stages of a social worker's career (including while he or she is a student) could help to improve his or her long-term health (and, potentially, career) trajectories. Both baccalaureate- and graduate-level social work programs--via their curriculums, alumni networks, and continuing education programs--could assist students and recent graduates in handling burnout early in their careers and, thus, protect their health in the long term. (Kim et al., 2011, p. 265)

According to the National Association of Social Workers (NASW) (2008) Code of Ethics, social workers are called on to promote social justice and social change by addressing social inequality through the empowerment of clients, promotion of cultural diversity, and resistance to social injustice. Title IV-E social work students are committed to working with underprivileged, vulnerable children and their families in the child welfare system, but without proper training and personal attention to their own psychological and physical well-being, new social

workers are at risk for compassion fatigue, most commonly known as burnout, which in turn adds to increased job turnover within the social work profession. Providing these students with the information and tools to recognize and respond to experiences of vicarious trauma may reduce the risk of compassion fatigue.

## OBJECTIVES OF THE PROJECT

The intent of this project was to develop and implement vicarious trauma training for Title IV-E MSW students that they would receive prior to entering their internship within Child Protective Services. The project was completed in collaboration with Title IV-E University faculty members who actually delivered the training to the students.

Completion of this project involved meeting a series of objectives. The objectives of this project were to: (1) set up a meeting to communicate and create a partnership with the Title IV-E Child Welfare Project Coordinator at California State University, Stanislaus MSW Program to create and implement a vicarious trauma training curriculum for all MSW Title IV-E stipend students; (2) set up an ongoing meeting schedule with the Title IV-E Project Coordinator for collaboration, support, and guidance in the development of new training curriculum related to recognizing and responding to vicarious trauma; (3) set up a meeting with the Title IV-E faculty Child Welfare Field Supervisor to collaborate on the development of training curriculum related to self-care techniques for post care (an area of expertise for this faculty person); and (4) produce the vicarious trauma curriculum. In addition, I planned to attend initial training session which took place in scheduled field seminars with both the Title IV-E Project Coordinator and the Title IV-E Field Supervisor serving as facilitators in their respective field seminars. The intention was, if possible (if time allowed), to get feedback from the students attending the trainings about their

awareness of vicarious trauma post training. This information was to be utilized to inform any needed modifications in the future to the training curriculum.

## SIGNIFICANCE OF THE PROJECT

Implementing vicarious trauma training for all Title IV-E child welfare students before their internship within a Child Protective Services agency can help students develop a general understanding of vicarious trauma, develop skills in recognizing vicarious trauma, and provide them with tools to process said trauma. Social workers are commonly exposed to secondary traumatic material disclosed by their clients, which increases the risk for developing vicarious trauma. The risk to social workers experiencing vicarious trauma is the potential for adverse long term effects on relationships, mental and physical health, and shifts in personal worldview (Aparicio, Michalopoulos & Unick, 2013). As a result of this training, students were provided an opportunity to gain the knowledge to recognize and identify symptoms of vicarious trauma, and to gain tools and skills to process the trauma personally or to know when to seek the help of an appropriate professional if necessary. Without proper training or knowledge, burnout can overcome a social worker in a negative way, thus increasing job dis-satisfaction and instability in the child protection career.

After this training it was expected that all Title IV-E students would enter into their advanced year of internship at CPS with a working knowledge of how to recognize and process vicarious trauma. The development and implementation of this training provided students with a practical understanding of how exposure to secondary trauma can lead to vicarious trauma, and, how, if left untreated, this could lead to eventual compassion fatigue, more commonly referred as burnout. We must

never underestimate the importance of a social worker's role in social justice.

Therefore, we must acknowledge the importance of training social workers to be proactive and knowledgeable in personal wellness and self-care. This training can be the first step of many to help social workers better serve others and themselves.

## REVIEW OF THE LITERATURE

Although extensive research and attention has been directed towards understanding the impact of psychological trauma on victims, comparatively little thought has been focused on the secondary victim, the helper. The term vicarious trauma refers to the impact of psychological trauma on helpers, particularly those in the child welfare system. Vicarious trauma has also been referred to as secondary traumatic stress or secondary victimization. It is important to not confuse vicarious trauma with compassion fatigue or the more common term of burnout. Rather, vicarious trauma and its potential damaging emotional effects are experienced by the worker, which can then lead to a social worker's compassion fatigue or burnout. While the field of child welfare has been aware of the concept of compassion fatigue or burnout for many years, an understanding of vicarious trauma and its impact on the helper is relatively new.

Consistent with increased awareness about vicarious trauma in child welfare settings is the idea of training about vicarious trauma as a protective strategy for individual workers and for avoiding compassion fatigue. Efforts to increase awareness about the importance of social workers' understanding of the risks associated with their work, along with recognizing the need to care for their own well-being, are evident. It is clear that social work students who are preparing to enter the child welfare workforce should be prepared for the pressures they may face during their child welfare careers, and this begins with their advanced year MSW

field placement within a county child welfare agency. This project was intended to develop a training curriculum to be provided to MSW students prior to this child welfare field placement. The project was informed by the literature related to vicarious trauma and to wellness. A summary of this literature includes a discussion of the historical context of understanding trauma among child welfare workers, vicarious trauma and the Constructivist Self-Development Theory, compassion fatigue, the Wellness Model, why competency based training is important, and helpful ways for agencies and organizations to respond.

### **Historical Context**

Everyday child welfare workers are exposed to clients who have suffered trauma. These clients recount experiences of physical abuse, sexual abuse, emotional abuse, and many other painful accounts of living within a violent or unstable environment. Professionals who are exposed to descriptions of violent events and trauma related reenactments can possibly develop psychological distress as a byproduct of absorbing the stress of the suffering while trying to help them. The toxic emotional toll of working with traumatized clients in a child welfare setting has for years been associated with job dissatisfaction, worker stress, and eventual burnout leading to high job turnover. According to Figley (2012), in the past four decades researchers have determined that the term burnout falls short in describing the negative consequences of the emotional costs of caring. Most recently, three terms (often assumed to be synonymous with one another) are most frequently used to describe the paradox that occurs when we take in the stress of the suffering while we

are trying to help them: Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue (Figley, 2012). While these terms have often been used interchangeably, there are important and distinct differences. For the purposes of this project, it was important to articulate the differences between Vicarious Trauma and Compassion Fatigue.

### **Vicarious Trauma and the Constructivist Self-Development Theory (CSDT)**

According to Pearlman (2012) the concept of vicarious trauma is based in constructivist self -development theory (CSDT), which is a complementary personality theory that guides us to understand the similarity between direct and indirect trauma and points us to areas of the self that both affect. The most powerful contributing factor to vicarious trauma surrounds exposure. “The major underlying premise of CSDT is that individuals possess an inherent capacity to construct their own personal realities as they interact with their environment. This constructivist position asserts that human beings actively create their representational models of the world” (Jankoski, 2010, p. 107). Therefore, individuals with exposure to direct or indirect trauma may construct a representational model that includes this trauma.

CSDT is a developmental and interpersonal theory that is trauma focused in which an individual’s unique history shapes his or her experience of traumatic events and defines the adaptation to trauma (Jankoski, 2010). The theory highlights three different facets of one’s self that are affected by trauma. These include: (1) self-capacities, or the ability to tolerate strong affect and regulate self-esteem; (2) cognitive schemas, or beliefs and expectations about self and others in the areas of

frame of reference (or identity and world view), safety, trust, esteem, intimacy, power and independence; and (3) intrusive trauma memories and related distressing affect.

Research done by Jankoski (2010) has shown that child welfare workers have experienced personality and world view changes similar to individuals who have experienced direct trauma because of the vicarious trauma experienced as a result of constant work exposure to chronic traumatic environments. The three main factors that contribute to vicarious trauma among child welfare workers are the organization (agency), the clientele (traumatized children), and a person's own experiences.

### **Compassion Fatigue**

Compassion Fatigue (CF) is often confused with vicarious trauma. Although the two are related, they have very different meanings. The term compassion fatigue did not evolve until the 1990's, and is now commonly used as a replacement for the more known term of burnout. CF refers to a physical, emotional, and spiritual exhaustion that inundates a person and can cause an extreme drop in the ability of the person to experience joy, empathy, or care for others. Compassion Fatigue symptoms are routine displays of stress resulting from the care giving work a social worker provides on a daily basis. It is important to note that CF develops over time and, therefore, changing habits and healing also takes time. Some common signs and symptoms of CF are as follows: difficulty concentrating; poor self-care; excessive self-blame; isolation from others; feelings of sadness; apathy; lack of or changes in vision, future, and worldview; and feeling helpless, shocked, confused, and isolated. An awareness and acknowledgement of the symptoms of CF is imperative when

working in a high trauma based profession such as child welfare. The most critical step of acknowledgement is for the social worker to recognize that he or she may be experiencing such symptoms. While the symptoms are often disruptive, irritating, and depressing, having an awareness of the symptoms and the negative effects can lead to positive change, personal growth, and a new resiliency (Figley, 2010).

### **The Six Dimensions of Wellness Model**

According to Dr. B. Hettler (1976), co-founder of the National Wellness Institute (NWI), the Wellness Model is an interdependent model providing the categories from which the six dimensions of wellness derive resources and services. This is a holistic model that explains the interconnectedness of each of the six dimensions and how they subscribe to healthy living. The six dimensions of the Wellness Model, each containing two basic tenets which define the dimension, are as follows (Hettler, 1976):

#### **OCCUPATIONAL**

- It is better to choose a career consistent with our personal values, interests, and beliefs rather than to select a career that is unrewarding.
- It is better to develop functional and transferable skills through structured involvement rather than to remain uninvolved or inactive.

#### **PHYSICAL**

- It is better to consume good foods and drink that enhance good health than those that impair it.
- It is better to be physically fit than out of shape.

## SOCIAL

- It is better to contribute to the common welfare of our community than to just think of one's self.
- It is better to live in harmony with others and our environment than to live in conflict.

## INTELLECTUAL

- It is better to challenge our minds with intellectual and creative pursuits than to become self-satisfied and unproductive.
- It is better to identify potential problems and choose appropriate courses of action based on available information, rather than to wait, worry, and contend with major concerns later.

## SPIRITUAL

- It is better to ponder the meaning of life and be tolerant of the beliefs of others than to become intolerant.
- It is better to live each day according to our beliefs and values, than to feel untrue to ourselves.

## EMOTIONAL

- It is better to be aware of and accept our feelings than to deny them.
- It is better to be optimistic in our approach to life than pessimistic.

By applying this holistic model of wellness, a social worker becomes more aware of the interconnectedness of living, working, and playing and the importance of finding balance for the overall enrichment of life. The use of the model could help a

social worker enrich their personal world view and can be used as a preventative measure to protect against unprocessed vicarious trauma that can negatively affect one's outlook. Applying a wellness approach can be useful in many different ways for a child welfare social worker. Incorporating regular self-care, physical activity, and healthy eating habits protects against stress and increases self-esteem, self-control, and determination as well as a positive sense of direction. The emotional dimension supports the social worker to regulate his or her feelings and behaviors, including the realistic estimations of one's limitations, development of one's self, and capacity to cope effectively with stress (Hettler, 1976).

### **Competency Based Training**

A study conducted by Knight (2010) highlights the importance of vicarious trauma training and preparedness for social work students in their school curriculum, along with the importance of the students' field instructors to be effectively trained by the agency about vicarious trauma before supervising a student in field practicum. Results of this study identified risk factors for vicarious trauma amid students and practicing social workers, including age, experience, and gender. Also, when social workers working in child welfare were compared to their cohorts working in other social work settings, both students and field instructors in CPS experienced more signs of vicarious trauma. Additionally, field instructors working in CPS also reported experiencing more compassion fatigue compared to those in other settings.

According to Knight (2010) advanced education and being prepared can possibly neutralize the effects of vicarious trauma. Knight identified the importance

of social work educators, especially those in field instructor roles, to be mindful of the heightened risk for students placed in child welfare agencies to experience vicarious trauma. According to Knight “many undergraduate and graduate social work programs rely heavily on child welfare placements and receive Title IV-E funds to prepare students for careers in child welfare. As a result, this is of particular importance” (2010, p. 48).

The Center for Advanced Studies in Child Welfare (CASCW), a center funded predominately by Title IV-E training funds, states their mission and purpose is for the training and education of current and future child welfare workers. The CASCW publishes an annual report that compiles a comprehensive look at child welfare issues. The CASCW dedicated their 2012 report, titled CW 360, to exploring vicarious trauma and secondary traumatic stress in the child welfare workforce (LaLiberte & Crudo, 2012). The preparation of the CW 360 issue began with an extensive literature review of best practices in the social work field. The report included an article by Figley (2012) which included an overview of how vicarious trauma develops, how to recognize vicarious trauma in yourself and colleagues, and multiple intervention/prevention strategies at both the individual and organizational level. Preventing or minimizing the effects of vicarious trauma requires that social workers attend to and process trauma exposure (Figley, 2012).

A qualitative, trauma focused, multi-case study of child welfare professionals by Jankoski (2010) explored the impact of trauma on individuals’ psychological development, adaption, and identity. Jankoski found that the study participants had

three important factors that contributed to their experiences with vicarious trauma. These included the organization they worked within, the clientele they worked with, and each person's experiences. The recommendations of the study were strongly supportive of competency based training programs addressing vicarious trauma for all child welfare workers and incorporating ways of mitigating its effects (Jankoski, 2010).

According to Jankoski (2010) a child welfare worker has the responsibility to care for and protect the safety of the most vulnerable population - children, but what is often overlooked is the responsibility of the county organizations to care for their most valuable commodity - their staff. Jankoski also noted the importance of vicarious trauma training for the entire child welfare workforce - administrators to secretaries - and stressed the importance of providing a safe and open space for staff members to discuss and debrief any emotional or troublesome stress they experienced. Supervisors should also be trained to recognize signs of vicarious trauma in their frontline workers and should have specialized training in ways to assist their workers in coping with the effects of vicarious trauma. Therefore, higher education institutions must include curriculum inclusive to working with clients exposed to trauma, and the vicarious trauma that could ensue for students, especially for those entering the field of child welfare. According to Jankoski (2010),

Training programs need to stress the cost that will be paid by those working with traumatized clients. Caring is an occupational hazard. We have an ethical responsibility to child

welfare workers, their families, friends, communities, and the clients they serve to address vicarious trauma. Child welfare workers owe it to themselves to not be damaged by the work they choose to do. (p. 117)

### **Helpful Ways for Agencies and Organizations to Respond**

According to Osofsky (2012), if social workers experience vicarious trauma in an unsupportive work environment, it can affect their ability to provide client services effectively and eventually lead to lower rates of retention. An agency that is trauma informed should provide a non-punitive work and learning environment, thereby recognizing the impact of vicarious trauma on social workers as a valid consequence from working with trauma survivors rather than a worker's individual weakness. The most important action that an organization or supervisor can take is to "normalize" the responses of a social worker who may become discouraged or stressed from working with trauma survivors and their families. Reflective supervision is important as a first step to recognize the possibility that vicarious trauma is occurring. Although many professionals who work in a helping capacity or as a first responder cope well, child welfare workers' every day exposure to trauma increases the need for them to find ways to cope with the overwhelming emotions to avoid vicarious trauma. Along with coping, the workers must find individual ways to reduce the risk of unrecognized vicarious trauma that might eventually negatively affect their effective and helpful decisions, interventions, and treatments for their clients

## **Conclusion**

Since 1980, Title IV-E of the Social Security Act has supported the development and implementation of formalized child welfare education programs to increase the number of prepared candidates for careers in child welfare. There are presently around 40 states receiving Title IV-E funding for education, and virtually all of those states are matched in university partnerships with academic degree programs (Hernandez-Mekonnen & Konrady, 2017). Although California State University, Stanislaus has not formally integrated training on vicarious trauma into their Master of Social Work program, research has indicated that Title IV-E programs are effective in improving Child Protective Services (CPS) worker retention (Hernandez-Mekonnen & Konrady, 2017). This project was designed to develop such a curriculum, which will be provided to Title IV-E students in the California State University, Stanislaus MSW Program.

This projects' training was informed by the literature and is based on the vicarious trauma training module done by the Headington Institute (2008) which does training for humanitarian workers who often assist people who have experienced trauma and victimization through natural forces or community conflicts. The intent of the Headington Institute training is to address the possible lasting psychological and spiritual changes in the workers, and how it changes the way they see the world and themselves. The training module consists of five broad topics, including the definition of vicarious trauma, who may be at risk for vicarious trauma, common signs of vicarious trauma, coping with vicarious trauma (Escape, Rest, and Play), and

transforming vicarious trauma (Pearlman & McKay, 2008). The current project involving developing and providing vicarious trauma training for MSW student entering child welfare placements utilized the Headington Institute framework for general topics, and modified issues and examples as needed to apply to likely experiences of child welfare workers. The layout and format of the actual training is provided in Appendix A - Facilitator Guide.

## METHODOLOGY

This project was focused on developing and implementing vicarious trauma training for all Title IV-E Child Welfare Training Program stipend students during their foundation year (first year) of the MSW program at California State University, Stanislaus. Prior to this project, vicarious trauma training had not been available until the first year of the employment payback period, which is after completion of the MSW degree program. Vicarious trauma training is part of Child Welfare CORE training, which is done through the county of employment after a social worker has begun employment in the agency. The proposed training in the current project was designed to be delivered before the students' advanced year of required internship at a child welfare agency, while students were still in their graduate programs. This allowed them to be better prepared for their first child welfare exposure as an intern as well as for the employment track they had chosen to pursue upon graduation.

In order to get this training developed and implemented, I collaborated with Title IV-E MSW faculty members regarding the purpose and nature of this project to obtain advance approval and partnership. I continued to collaborate over the course of the project to develop the content and format of the training curriculum, using the Headington Institute (2008) training framework as a guide. The curriculum was reviewed with the Title IV-E faculty members who were intended to present the training in Field Placement Seminars in the Spring 2019 semester.

In preparation for the development of the vicarious trauma training curriculum, I attended a Webinar on Saturday, October 6, 2018 titled Compassion Fatigue Workshop presented by Charlene Richard, MSW, RSW. Development of the vicarious trauma training included the use of the six pillars of Caring Safely which is based on the works of Charlene Richard MSW, RSW (2018). These six areas include: (1) Self- Awareness; (2) Self-Regulation; (3) Self-Compassion; (4) Self-Care; (5) Self-Management; and (6) Community. The training encompassed knowledge-based information and a framework that could allow students to protect themselves and prevent the negative effects of vicarious trauma. In addition to the Headington Institute (2008) framework and the Caring Safely pillars, this training was informed by the social justice framework of the Wellness Theory (Hettler, 1976). The six Dimensions of Wellness include: (1) emotional; (2) occupational; (3) physical; (4) social; (5) intellectual; and (6) spiritual. Addressing all six dimensions of wellness in our lives builds a holistic sense of wellness and fulfillment, and mindfully focusing on wellness builds resilience and enables us to thrive amidst life's challenges (Hettler, 1976).

In the process of developing the curriculum for this project I conducted a thorough literature search, explored training materials, identified related content, identified best practices in the field, and consulted with Child Welfare professionals and MSW faculty. The curriculum includes teaching tools and activities consistent with best practices and with adult learning models. The training curriculum was completed during the late Fall 2018 and Winter 2019 academic semesters. I intended

to finish the project in time for the CSU Student Research Competition in March 2019, although this timeline was not feasible. Alternatively, completion, review, and finalization of the curriculum was completed in mid-Spring semester, allowing time for delivery of the training in April 2019.

During the first training (held in the Spring 2019 semester) I attended and co-facilitated the training with Title IV-E faculty. For this initial training I explained to the students why I believed this training to be an important protective factor when working in the child welfare system. I was present during the training and allowed for questions at the completion. As part of the training packet, I prepared a Facilitator Guide for the Title IV-E training instructor to use during the training (see Appendix A). At the completion of the training I ask the students to complete a brief questionnaire (see Appendix B) on their thoughts about the training to gather any feedback they had in regards to improving the content of said training. I also prepared a hand out for the students with additional information about vicarious trauma, self-awareness, self-care techniques, and wellness (see Appendix C) for them to take with them after the training.

## CONCLUSION AND RECOMMENDATIONS

The purpose of this project was to compose and implement training for California State University, Stanislaus Title IV-E Child Welfare Training Program stipend students about recognizing and processing vicarious trauma they may experience when interning with CPS. The goal was to bring awareness to the students about the recognition of possible vicarious trauma, steps to process said trauma, and self-care treatment for post trauma care. The project was guided by a series of objectives including: (1) setting up a meeting to communicate and create a partnership with the Title IV-E Child Welfare Project Coordinator at California State University, Stanislaus MSW Program to create and implement a vicarious trauma training curriculum for all MSW Title IV-E stipend students; (2) setting up an ongoing meeting schedule with the Title IV-E Project Coordinator for collaboration, support, and guidance in the development of new training curriculum related to recognizing and responding to vicarious trauma; (3) setting up a meeting with the Title IV-E faculty Child Welfare Field Supervisor to collaborate on the development of training curriculum related to self-care techniques for post care (an area of expertise for this faculty person); and (4) producing the vicarious trauma curriculum. In addition, a plan was developed for the author to attend the initial training session which took place in a scheduled field seminar on April 17, 2019 with the Title IV-E Project Coordinator serving as the facilitator, and to gather feedback from the

students attending the training about their awareness of vicarious trauma post training.

In order to meet objective one and two, contact was made with the MSW Title IV-E Stipend Project Coordinator, Mr. Paul Sivak, and a face to face meeting took place to develop a timeline for development and implementation of said training. Discussion surrounding the type of training style that would take place and the content of said training was established. Further dialogue covered the type of training, location of training, and date/time of training. At the conclusion of the meeting it was agreed that an introduction and announcement about the training would be briefly presented to the students on April 3, 2019 at noon, which was their regularly scheduled seminar meeting time, and that the training would take place in their subsequent seminar on April 17, 2019. It was agreed that during the announcement on April 3<sup>rd</sup> students would be asked to think about what vicarious trauma looked like to them in order to be prepared for the training in two weeks. This plan was subsequently implemented and the vicarious trauma training took place as planned.

Objective three was to be in communication with the Title IV-E Field Supervisor, Ms. Yvonne Berenguer, to discuss an activity regarding self-care for the closing of the training. This meeting was done face to face and was successful in creating a closing activity of affirmation cards for the students. The discussion surrounded best practice for student self-care and allowed for a variation of ideas for said training. Because of time constraints for the training, a final decision was made to have the students create an affirmation card that they could take with them as a

closing activity, and to provide a handout with reference links for further self-care information.

The fourth objective in this graduate project was to create the curriculum, attend the initial facilitation of said training, and obtain feedback from the students who attended the training. The development of the curriculum included producing a facilitation guide which was guided by previous literature, best practice, and the use of a dialogue model consistent with adult leaning needs. Within the facilitation guide for the training, activities were developed and suggested as tools to encourage critical thinking and self-reflection among the students. The curriculum, a facilitator's guide, and a student handout were finalized for the training prior to the April 17, 2019 training delivery date. The training took place on Wednesday, April 17, 2019 at noon with the author in attendance. Additionally, a questionnaire was disseminated, and feedback from attending students was collected at the end of the training. The results of the feedback are provided in the strengths and limitations section of this project report.

### **Training Participants**

Approximately twelve students were anticipated to participate in the initial training as this number of students present during an announcement made in their regularly scheduled seminar two weeks prior to the training seminar. Although an announcement of the training was done to prepare and plan for said training, there was some confusion amongst the students in regards to the date of the training (April 17, 2019) because of another (unrelated) Title IV-E seminar that took place the

previous day (April 16, 2019). As a result, only three students attended the initial training for this project. Although it was not my intent to have such a small number of students present, this did allow for a more intimate level of dialogue.

### **Training Delivery**

The day of training, the students were welcomed into the conference room and introductions were made to the students by myself and the facilitator, Mr. Paul Sivak. There was about a twenty- minute delay in the scheduled start of the training because of the low number of students in attendance. Once confirmation was made that all the students who were able to attend were present, the training began. The training began with an activity that encouraged the students to be creative and create a poster of what vicarious trauma looked like to them using word and pictures. Colorful paper, colored pencils, and markers were provided for this activity. After the students completed the art work, the facilitator asked for each of them to describe the poster and to explain the context of how it described vicarious trauma for them. This activity served as an ice breaker for the students and allowed for open dialogue about what vicarious trauma can look like amongst themselves and their peers. The students were then asked for examples of how they would recognize vicarious trauma in their upcoming internships with Child Protective Services. This conversation involved many questions from the students about their upcoming internships, and at multiple times the discussion centered around what to expect as a CPS intern.

Although the training was initially developed to encourage open dialogue and praxis with the students, which is still the ultimate goal of the training, time did run

out and the training was unfortunately not able to cover the prepared material on compassion fatigue and self-care techniques. Participants were given a survey regarding the training, and then a handout was given with additional information and resources for the student to follow-up on their own. As the students exited the training, they each received a self-care bag as a thank you for their participation in the training. Each bag contained a writing journal, a stress ball, and some spa themed pampering products.

### **Strengths and Limitations**

The strengths of this project were the implementation of vicarious trauma training into the MSW Title IV-E Stipend Training Program and providing an awareness of the importance of vicarious trauma training taking place before the students' internship placements within a CPS unit. It was found, through my survey at the end of the training, that each of the students who attended the seminar reported that they had a fair knowledge level about vicarious trauma before the training, yet all reported having an increase in knowledge after the training. This indicates that the material provided was new and useful, and contributed to increasing the knowledge base of those students who participated. Also, all of the students who attended the training reported that they thought that recognizing signs of vicarious trauma was extremely important as it related to their jobs and internships as a social worker, and each stated that they were interested in learning more about vicarious trauma and compassion fatigue.

Weaknesses of this project were the low number of students who attended the training and the time management of the facilitator. It is believed that two important but unrelated factors may have contributed to the low attendance at the vicarious trauma training. First, a late-scheduled joint Title IV-E seminar with a guest speaker took place the day previous to the scheduled vicarious trauma training, and in the past such events have been known to take the place of any regularly scheduled field seminars. Secondly, on the day of the training, regularly scheduled university classes on campus for this particular cohort of students had been cancelled by two of the MSW program professors. Therefore, a number of students were not on campus this day.

As for the second weakness, the use of a facilitator to implement training can be very dependent on the facilitator style and own subjective viewpoints or agendas for teaching the material. Although a facilitation guide was provided for this training, the facilitator went off track from the planned material and was not able to complete more than half of the training during the allotted time. All students who attended the training noted on their surveys that while they were aware of vicarious trauma, prior to this training they had little to no knowledge about compassion fatigue.

Unfortunately, this was the part of the material that was not delivered during the training, and students also reported that their knowledge about compassion fatigue had not changed as a result of the training. This training was developed to bring awareness to students about vicarious trauma and to how vicarious trauma can lead to compassion fatigue, but because of time and facilitator's own agenda the second

component of compassion fatigue was not discussed. As a result, only half of the intended content was actually addressed.

Although I believe that a facilitation guide can successfully be used to deliver this training, and that following the facilitation guide would insure that all training components would be delivered, there is no guarantee that any particular facilitator will follow the guide on any particular day. Fortunately, a handout with information on compassion fatigue and additional reference links to more literature had been prepared in advance, and was given out to all participants at the end of the training. This resource, may, in part, insure that participants are able to get at least initial exposure to the compassion fatigue content prior to their upcoming advanced year field placement in a child welfare agency.

### **Recommendations**

During the course of this project, I have realized that the term training may not be the best description that could be have been used for the product developed in this graduate project. Although the curriculum was identified as a training, the content and preferred delivery method would be best described as a facilitation of open and honest sharing and learning from one another. The process allowed the students (who are the ones impacted by the issue of vicarious trauma) to guide the organization of the training and can allow for individual/group leadership of their power of the process. Although the students may not appear to have the ultimate level of power for this project, the way the training was to be implemented was to allow for empowering the students to take control over what was processed and ultimately discussed in the

training. Essentially the students in the training were expected to share their experiences and ideas on what they thought vicarious trauma looked like, and the facilitator was intended to encourage open praxis and dialogue while being mindful of time constraints.

I believe that for future delivery of this training, the facilitator of the training should have a working knowledge of vicarious trauma and should be engaged in ongoing research in the field of different forms of trauma. I recommend that when implementing a 'pilot training' such as was done this project, with the use of a facilitation guide, any potential facilitator for the training should first attend an initial pilot training as a trainee to gain knowledge and guidance for future trainings. Ideally, the curriculum developer would conduct the initial training in order to model the intent and process of the training and to identify any concerns related to the facilitator guide or instructions to be provided for future facilitators. Also, because of the amount of content regarding vicarious trauma, compassion fatigue, and self-care in this training and the encouragement of open dialogue with the students, this author would recommend breaking the training up between two field seminars (ninety minutes each). This would allow additional time for covering all of the content and would provide an added benefit of being able to review the first session and modify any materials or activities for the second session in the event time management was initially unsuccessful. Finally, although this project was focused on training Title IV-E students about vicarious trauma, I now think that all MSW students would benefit from this training. All social workers, either interning or currently working in the

field, would benefit from this training to gain a working knowledge base on vicarious trauma and compassion fatigue.

Although the MSW Title IV-E Child Welfare Training Program does not officially have vicarious trauma training curriculum for their students, I hope that completion of this project ensures that a small step has been taken in the right direction to open a window of awareness. I believe there are many students who, if trained correctly, could benefit from vicarious trauma training before entering into their field internship with CPS or any other social work placement. I also believe that with the proper facilitation of vicarious trauma training for Title IV-E students, future social workers in child protective services units will be able to overcome the high statistics of compassion fatigue, most commonly known also as burnout. I have provided this project to California State University, Stanislaus MSW program and the Title IV-E program to be used in the facilitation of vicarious trauma training for all social work students and hope for the ongoing training and future development of said training for all MSW students.

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## REFERENCES

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## APPENDICES

## APPENDIX A

### VICARIOUS TRAUMA TRAINING FACILITATOR GUIDE

#### **Introductions**

##### **Definition of Vicarious Trauma:**

According to the Office of Victims of Crimes (OVC) at the U.S. Department of Justice (2017), vicarious trauma is:

an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents that have resulted in numerous injuries and deaths. (p. 1)

##### **Suggested Activity:**

- Pass around colored pencils and/or pens to the students and a few pieces of construction paper that have the heading: **Signs and Symptoms of Vicarious Trauma**

Ask the students to use words, pictures, or quotes to fill in the paper. The students can work in groups and then share their works of art.

##### **Open Dialogue and Praxis.**

- What does vicarious trauma look like to you? (Discuss the above activity)

##### **Definition of Compassion Fatigue:**

Compassion Fatigue (CF), also known as “burn out” is often confused with vicarious trauma. Although the two are related, they have very different meanings. CF refers to a physical, emotional, and spiritual exhaustion that inundates a person and can cause an extreme drop in the ability of the person to experience joy, empathy, or care for others. Compassion Fatigue symptoms are routine displays of stress resulting from the care giving work a social worker provides on a daily basis.

**Facilitator can read, or ask the students to take turns reading the attached quotes from child welfare workers.**

- What are some ways that caring about people who have been traumatized affects you?

### Spirituality and Worldview

- What are two ways you feel your work will have a *positive* influence on the way you see the world, yourself, or what matters to you (your sense of meaning and purpose, hope and faith)?
- What are two ways you feel your work will have a *negative* influence on the way you see the world, yourself, or what matters to you (your sense of meaning and purpose, hope and faith)?

### Coping with Vicarious Trauma (Escape, Rest, and Play)

- Where can you *escape* and get away from it all, physically and mentally?
- What are some ways you can *rest* and relax without any time limits or goals?
- What are some *playful* activities that make you laugh and lighten your spirits?

### Transforming Vicarious Trauma (nurture a sense of meaning and hope)

- Remember why you wanted to become a social worker
- Stay connected with family, friends, and cohort.
- Celebrate joy
- Identify and challenge your cynical beliefs

### Closing Activities

- Ask the students if they could turn their group art work over. Please add the heading: **Risk Factors of Vicarious Trauma** and fill in the paper (using words, pictures, or quotes). The students can now share their new work.
- **Affirmation/Promise to Self.** Pass out any small card or piece paper and ask each student to write down an affirmation or promise to themselves that they can retrieve during hard times to challenge and overcome self-sabotaging and negative thoughts. Start your affirmation with “I” or “My” using the present tense. Keep it brief, specific, and positive. Repeat your affirmation or promise out loud 3 times a day.

Open the discussion to any last questions from the students.  
Pass Out Vicarious Trauma Training Questionnaire.

### **Quotes from Child Welfare Social Workers**

*“I am not the same person today as I was when I started this job. No matter what I do and how hard I try, nothing changes. It’s endless, and for what?”*

*“I won’t allow my own kids to play outside unless I’m there to watch them. I’m afraid that someone in the neighborhood will abuse them. We do not live in a safe world. I keep my kids close.”*

*“I’m not able to be intimate with my husband, I just think of the kids who have been hurt by their own fathers.”*

*” I walk down the mall and see a man holding a child and I think, ‘perp.’ I see another man holding a child’s hand, and I think, ‘perp.’”*

*“Nobody in my family understands what I go through. The only people I can talk to are the people at work.”*

*“I go home at night and drink myself to sleep. I will never forget how that baby looked. I’ll never forget.” “I am a man but I wake up crying at night; I can still smell that baby’s burnt buttocks. It’s terrible”*

*“All I do is type the reports for the caseworkers, but I have dreams about what I’ve typed, and they’re terrible.”*

*“I used to go out with friends on a regular basis. Now, I just want to stay at home. I don’t want to do things anymore.”*

## APPENDIX B

## VICARIOUS TRAUMA TRAINING QUESTIONNAIRE

**Please provide your feedback on today's training on Vicarious Trauma by answering the questions below.**

1. What would you rate your level of knowledge regarding vicarious trauma PRIOR to this training?

None                  Fair                  Average                  Above Average                  Expert

2. What would you rate your level of knowledge regarding vicarious trauma AFTER this training?

None                  Fair                  Average                  Above Average                  Expert

3. What would you rate your level of knowledge of compassion fatigue PRIOR to this training?

None                  Fair                  Average                  Above Average                  Expert

4. What would you rate your level of knowledge of compassion fatigue AFTER this training?

None                  Fair                  Average                  Above Average                  Expert

5. How important do you think recognizing the signs of vicarious trauma is as it relates to your job/internship as a social worker?

Not at all   Slightly                  Moderately                  Very                  Extremely

6. How interested are you in learning more about vicarious trauma and compassion fatigue, and how it can affect the personal and professional life of a social worker?

Not at all   Slightly                  Moderately                  Very                  Extremely

## APPENDIX C

### VICARIOUS TRAUMA TRAINING HAND OUT

#### **Definition of Vicarious Trauma:**

According to the Office of Victims of Crimes (OVC) at the U.S. Department of Justice (2017), vicarious trauma is:

an occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. This work-related trauma exposure can occur from such experiences as listening to individual clients recount their victimization; looking at videos of exploited children; reviewing case files; hearing about or responding to the aftermath of violence and other traumatic events day after day; and responding to mass violence incidents that have resulted in numerous injuries and deaths. (p. 1)

#### **Signs and Symptoms of Vicarious Trauma**

❖ Negative perception	Frequent job changes	Irritability
❖ Loss of interest	Exhaustion	Perfectionism
❖ Detachment	Increased errors	Blaming others
❖ Helplessness	Decrease quality	Impatience
❖ Low self- image	Lack of flexibility	

#### **Common Difficulties Associated with Vicarious Trauma**

Challenges that come from working with clients who are suffering can trigger personal growth and a greater appreciation for your own blessings, or vicarious trauma. The difficulties could include;

- ❖ Managing your emotions
- ❖ Accepting or feeling okay about yourself
- ❖ Making good decisions
- ❖ Problems in relationships, personal and/or professional
- ❖ Physical problems such as aches/pains/illnesses/accidents
- ❖ Loss of meaning and Hope
- ❖ Problems managing boundaries between yourself and others (e.g., staying late after work, taking on extra work)

#### **Social Worker Resiliency**

- ❖ Recognize the impact of vicarious trauma

- ❖ Recognize that exposure to trauma is a risk of the job of serving children and families
- ❖ Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practice.
- ❖ Vicarious resiliency of your client

***“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”*** Dr. Naomi R. Remen



**Resources for More Information About Vicarious Trauma, Compassion Fatigue, and Tips for Self-Care**

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