Resilience Strategies for Educators: Techniques for Self-Care and Peer Support

A Train-the-Educator Curriculum
What Is the REMS TA Center?

A hub of information and services supporting preparedness (safety, security, and emergency management) to address efforts in

Serving:
- Schools, school districts, and local education agencies;
- Institutions of higher education (IHEs), including community colleges, universities, and technical schools;
- Community partners; and
- Other stakeholders.

https://rems.ed.gov
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Agenda

Module 1: Introductions
- Welcome and Introductions
- Learning Objectives
- Training Agreements & Expectations
- Participant Introductions

Module 2: Basics of School Emergency Management
- Federal Agency Partners
- Five Preparedness Missions
- Planning Principles
- Six-Step Planning Process
- School EOP

Module 3: Resiliency & Dimensions of Compassion Fatigue
- Caregiver Resilience
- Definitions and Distinctions Among Compassion Fatigue Concepts
- Firsthand Impacts (Physical, Emotional, Behavioral)

Agenda (continued)

Module 4: Self-Care Plans
- Professional and Personal Self-Care Plans

Module 5: PFA & LPC – Model and Teach
- Psychological First Aid (PFA): Listen, Protect, Connect — Model and Teach
- LPC — Model and Teach
- Scenario Practice

Module 6: Summary
- Learning Summary
- Sustaining of Self-Care
MODULE 1

Introductions

- Site Introduction
- Training Introduction
- Learning Objectives
- Training Expectations & Agreements
- Participant Introductions

Learning Objectives

- Increase awareness and understand the impact of stress, burnout, and compassion fatigue on the comprehensive education/academic environment.
- Identify signs and symptoms of compassion fatigue, both professionally and personally.
- Identify and understand the five steps to PFA: LPC — Model and Teach for use with colleagues.
- Create a professional self-care plan to support and improve effectiveness of current and future work with students impacted by stress, loss, and trauma.

Training Expectations & Agreements

The Seven Norms of Collaborative Work

- Pausing
- Paraphrasing
- Posing questions
- Putting ideas on the table
- Providing data
- Paying attention to self and others
- Presuming positive intentions
Federal Agency Partners

Five Preparedness Missions

Planning Principles
Six-Step Planning Process

School Emergency Operations Plan

MODULE 3

Resiliency & Dimensions of Compassion Fatigue

- Resilience
- Caregiver Resilience
- Adverse Childhood Experiences (ACEs)
- Compassion Fatigue
Introduction to Module 3

“Forget your perfect offering, there is a crack in everything. That is how the light gets in”

• Leonard Cohen

What is Resilience?

• Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

• Our ability to bounce back.

Basic Caregiver Resilience

Caring and compassion are required when working with stress, loss, and trauma.

Caring and compassion require interest, empathy, and interaction.

Exposure to others’ distress can be challenging to educators and other school personnel, particularly if it is associated with their own experiences.
Basic Caregiver Resilience (continued)

Working with others impacted by stress, trauma, and loss can be rewarding and inspire a sense of pride and satisfaction.

Most educators and school personnel have the ability to bounce back or even gain a higher level of functioning — to be resilient — after exposure to stress, trauma, or loss.

Building or enhancing and maintaining resilience is the "antidote" to compassion fatigue.

Adverse Childhood Experiences (ACEs)

What Is Compassion Fatigue?

Compassion fatigue is a term that emerged in the ‘80s and ‘90s, but is also closely related to the concepts of secondary traumatic stress, secondary victimization, and vicarious traumatization.
Overall Signs of Compassion Fatigue

- Intense connection with those you help
- Increased irritability
- Pushing yourself too much
- Self-esteem changes
- Problems with concentration
- Reactions similar to post-traumatic stress disorder (PTSD)
- Physical complaints

Who Is Vulnerable to Compassion Fatigue?

- Those who are empathetic.
- Those who have experienced some traumatic event(s) in their own lives that are unresolved.
- Those who work directly with children.
- Those who help others and often neglect their own feelings and needs.

What Are the Distinctions Between:

- Secondary Traumatic Stress
- Vicarious Trauma
- Occupational Burnout
- Psychological Burnout
- Compassion Satisfaction
### Definitions

**Secondary Traumatic Stress** – The stress of interpersonal interactions between helper and client; continues to be viewed mainly as a response to dealing with clients, specifically people who have been traumatized.

**Vicarious Trauma** – A state of tension and preoccupation arising from the stories/trauma experience described by clients.

### Definitions (continued)

**Occupational Burnout** – Plain old job burnout stems from dissatisfaction with the work environment vs. compassion fatigue, which stems from absorbing the suffering of clients.

**Psychological Burnout** – The experience of long-term exhaustion and diminished interest in one’s work that is often corrected by changing work settings or clients.

### Definitions (continued)

**Compassion Satisfaction** – The perceived joys derived from experiencing the suffering of others and succeeding in helping relieve it in some way.
Introducing the Eight Topics: Personal Impact of Compassion Fatigue

- Physical
- Intellectual
- Environmental
- Emotional
- Financial
- Social
- Spiritual
- Occupational

Physical Impact of Compassion Fatigue

- Fatigue
- Numbness
- Nausea
- Rapid heartbeat
- Difficulty sleeping
- Impaired immune system

Emotional Impact of Compassion Fatigue

- Emotional roller coaster or shutdown
- Denial
- Anxiety
- Powerlessness
- Sadness
- Hypersensitivity
- Minimization
- Irritability
Behavioral Impact of Compassion Fatigue

• Changes in routine
• Changes in interactions with others
• Withdrawal
• Sleep disturbances
• Absent-mindedness and accident proneness
• Self-harm/suicidal behaviors

Cognitive Impact of Compassion Fatigue

• Diminished concentration
• Difficulty in decision making
• Apathy
• Rigidity
• Self-doubt
• Thoughts of harm
• Blaming of others

Social Impact of Compassion Fatigue

• Physically withdrawn
• Emotionally unavailable
• Isolation from family, friends, support systems
• Impact on parenting (protectiveness, abandonment, shame)
• Intolerance
• Loneliness, isolation
Spiritual Impact of Compassion Fatigue

- Questioning the meaning of life
- Loss of purpose
- Anger at God or a Higher Power
- Questioning prior religious or spiritual beliefs

Occupational Impact of Compassion Fatigue

- Performance of job tasks
- Morale
- Interpersonal relationships
- Attitude

The ProQOL: A Helpful Resource

A 30-question survey to self-assess the effect that trauma may be having on our professional lives.

Upon completion, individuals can receive a scaled score for compassion satisfaction and compassion fatigue (secondary traumatic stress and burnout).

Can be accessed free of charge online in multiple languages at http://www.proqol.org.
Words of Encouragement

Remember ...

• “Provider Resilience” — The ability of providers to not only SURVIVE but also THRIVE despite adversity if they practice stress management and self-care diligently!

MODULE 3 REVIEW

Discussed signs and general impacts of compassion fatigue, as well as impacts at the local level

Discussed the definition of compassion fatigue

Examined definitions and distinctions between:
  • Psychological and Occupational Burnout
  • Compassion Fatigue and Compassion Satisfaction

MODULE 4

Professional & Personal Self-Care Plans

• Self-Care Defined
• Developing Your Wellness/ Self-Care Plan
• Challenges to Self-Care
• Exercise
Self-Care Defined

- Physical
- Intellectual
- Environmental
- Emotional
- Financial
- Social
- Spiritual
- Occupational

Definitions

- Physical
- Intellectual
- Environmental
- Emotional

Definitions (continued)

- Financial
- Social
- Spiritual
- Occupational
Developing Your Wellness/Self-Care Plan

What commitments will you make today to taking care of yourself...

• Physically;
• Intellectually;
• Environmentally;
• Emotionally;
• Financially;
• Socially;
• Spiritually; and
• Occupationally

What kind(s) of support do you need to succeed at making your wellness a priority?
Challenges to Self-Care

- Making time
- Feeling guilt
- Believing those around you are doing fine
- Lacking support

Exercise: Commitment to Self-Care

- Make it part of your daily routine.
- Find a self-care buddy.
- Advocate for self-care as part of your professional development.
- Encourage sharing of self-care ideas.
- Continue to monitor your compassion fatigue/Take the ProQOL.
- Recognize commitment to self-care actions.

MODULE 4 REVIEW

- Types of self-care
  - Importance of having self-care activities in each category
  - Commitment to self-care
What Is PFA?

A set of supportive actions that help people cope more effectively during times of stress.

American Red Cross
With PFA

Every adult who interacts with a child plays an important role.

Why Is PFA Important?

Knowing how to provide PFA can help you:

- Create a compassionate environment for everyone in the school.
- Assess what someone may need at the moment.
- Provide immediate support to those in stressful situations.
- Help others cope in the face of stressful events.

Guidelines for PFA

- Keep boundaries.
- Be tolerant of differences.
- Respect people’s privacy.
- Take care of yourself.
- Know when to ask for help.
The Goals of PFA

Establish safety.

Stabilize the emotions and behaviors.

Return colleagues to an improved mental and emotional state—ready to resume education and re-engage in their family.

How Does an Adult Begin To Recover?

It begins with the perceptions of safety

AND

the acknowledgement that there is a problem.

For Survivors Directly Affected

Parents and legal guardians (family) and students turn to schools for help after a community tragedy.

Schools are often shelters after a disaster and become the primary source of community support.

K-12 schools are one of the first “service agencies” to resume operations after a community crisis or disaster.
After Traumatic Crises: The Responsibility of Caring Adults

Listen
Protect
Connect
Model
Teach

Listen

Encourage others to share experiences and express feelings of fear or concern.
Be willing to listen and respond to verbal and nonverbal cues.
Give extra reassurance, support, and encouragement.

Listen: You Want To Convey Your Interest and Empathy

Where were you when this crisis happened?
What do you remember about that day?
Protect

Maintain structure, stability, and predictability. Have predictable routines, clear expectations, consistent rules, and immediate feedback.

Keep your ears open and eyes watchful, especially for aggression toward students, families, teachers, or administrators.

Keep the environment free of anything that could retraumatize.

Validate the person’s life experience.

Protect (continued)

What’s the most difficult thing for you to deal with right now?

Are you worried about how you are reacting?

Are you worried about your safety ...

- Around students?
- Around adults at school or outside of school?

Connect

Check in with colleagues on a regular basis.

Encourage interaction, activities, team projects, trusted family members, and teachers.

Refer or talk to counselors.

Keep track of and comment on what’s going on in their lives.

Share positive feedback from students, families, teachers, and other adults.
Connect (continued)

What would make things easier to cope with?
What can I do to help you right now?
What can your family members do to help?
What can your peers or administrators do to help?
What can your friends do to help?

Model Calm and Optimistic Behavior

Maintain level emotions and reactions — stay in the middle with no highs or lows — to help them achieve balance.
Take constructive actions to ensure school safety.
Express positive thoughts for the future.
Help colleagues cope with day-to-day problems.

Teach About Normal Stress Symptoms and How To Cope

Acknowledge the normal changes that can occur in people who are traumatized or grieve.
- Physical changes
- Emotional changes
- Cognitive changes
- Changes in spiritual beliefs

Help to problem solve:
- How to come to work/school every day.
- How to stay at school every day.
- How to get along and enjoy friends and family.
- How to manage planning and professional development.
In Order To Recover: A Strength-Based Approach

- Educators have the capacity to recover.
- Educators can enhance or learn skills to build their resilience.
- Educators should take an active role in their healing and recovery, which is supported by other adults.
- Educators should be encouraged to take first steps by asking themselves what they can do to make things better.
- Educators need friends and caring adults to cope with trauma and grief.

Adults’ Issues That Affect Students

- Adults may not recognize distress in students or others.
- Adults may be preoccupied with their own issues.
- Adults may not validate students’ reactions to trauma.
- Communication between adults may be poor.
- Adults may be compliant in the aftermath of an event, while silently suffering.

PFA: LPC — Model and Teach in Practice

What is LPC?
- Listen
- Protect
- Connect
- Model
- Teach
LISTEN, PROTECT, CONNECT

• Engage in empathetic, active listening.
• Take steps to protect.
• Connect with them.

MODEL, TEACH

• Map their own supports.
• Build a basic self-care plan with follow-through.

Evaluating Efforts

Desirable Outcomes

• Return to average educator and student attendance.
• Resume peer and student relationships.
• Maintain academic achievement of class(es).
• Look at grades and standardized test scores.

Undesirable Outcomes

• Increased discipline referrals
• Educators’ absenteeism
• Resignation

Extra Understanding and Patience BUT ...

• Educators, administrators, and school staff should maintain their expectations for behavior and performance and should maintain discipline.

• At the same time, however, they can be prepared to provide extra support, encouragement, and crisis counseling, if needed, to help other educators return to the school and help students succeed in school.
MODULE 5 REVIEW

Why PFA: LPC — Model and Teach?

Steps of PFA: LPC — Model and Teach

- Listen
- Protect
- Connect
- Model
- Teach

Scenario practice

Value of implementing PFA: LPC — Model and Teach

MODULE 6

LEARNING SUMMARY

Review of Learning

Purpose of training

Introduction to self-care

Increased awareness and understanding of the impact of stress, burnout, and compassion fatigue on the comprehensive education/academic environment

Comparison of compassion fatigue with other similar terms and different concepts
Review of Learning (continued)

- Identified signs and symptoms of compassion fatigue, both professionally and personally.
- Created a professional self-care plan to support and improve effectiveness of current and future work with students impacted by stress, loss, and trauma.
- Identified and understand the five steps to PFA: LPC — Model and Teach in daily classroom situations and emergency management plans.

Final Training Thoughts

- Conclusions from trainers
- Resources
- Review of local mental health resources
- Conclusions from school administrator

REMS TA Center Services and Products

- Training
- Tools
- Resources
- Engagement Opportunities
https://rems.ed.gov

Trainings by Request

- Developing Emergency Operations Plans (EOPs) K-12 101
- Resilience Strategies for Educators (RSE): Techniques for Self-Care and Peer Support
- School Behavioral Threat Assessments: An Introduction
- Addressing and Preventing Adult Sexual Misconduct
- Earthquake Preparedness for Schools
- Conducting K-12 Site Assessments With SITE ASSESS

Virtual and Downloadable Trainings

- Self-paced
- Archived

FREE in-person trainings for schools and school districts across country and within U.S. territories

Virtual and downloadable trainings for schools (REMS Technical Assistance Center)
Thank You!

For all you do each day to assist your students and your peers!
ProQOL: Professional Quality of Life Measure

What is the ProQOL?
• A free, 30-item self-report measure of the positive and negative aspects of caring
• The ProQOL measures Compassion Satisfaction and Compassion Fatigue

What are its origins?
• The ProQOL is the most widely used measure of the positive and negative aspects of helping in the world
• It has been used for over 15 years, and was developed with data from over 3000 people

How is it administered?
• The ProQOL can be given individually or in groups, online or by hard copy
• It can be self-scored

How is it scored?
• Scores on individual scales tell about a person’s responses on each of the constructs
• Viewing the combination of scores helps “paint a picture” of what the person is saying
• Scores can be used to assess an individual’s Compassion Satisfaction and Compassion Fatigue levels

How can results be used?
• Resiliency planning:
  – The ProQOL can be used as information for discussions and planning
  – For individuals, the ProQOL can help you plan activities to increase resilience
  – For organizations, the ProQOL can help find ways to maximize the positive aspects and reduce the negative aspects of helping

Source: www.ProQOL.org
PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th>1=Never</th>
<th>2=Rarely</th>
<th>3=Sometimes</th>
<th>4=Often</th>
<th>5=Very Often</th>
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<tbody>
<tr>
<td>1. I am happy.</td>
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<td>2. I am preoccupied with more than one person I [help].</td>
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<td>3. I get satisfaction from being able to [help] people.</td>
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<td>4. I feel connected to others.</td>
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<td>5. I jump or am startled by unexpected sounds.</td>
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<td>6. I feel invigorated after working with those I [help].</td>
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<td>7. I find it difficult to separate my personal life from my life as a [helper].</td>
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<td>8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
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<td>9. I think that I might have been affected by the traumatic stress of those I [help].</td>
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<td>10. I feel trapped by my job as a [helper].</td>
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<td>11. Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
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<td>12. I like my work as a [helper].</td>
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<td>13. I feel depressed because of the traumatic experiences of the people I [help].</td>
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<td>14. I feel as though I am experiencing the trauma of someone I have [helped].</td>
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<td>15. I have beliefs that sustain me.</td>
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<td>16. I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
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<td>17. I am the person I always wanted to be.</td>
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<td>18. My work makes me feel satisfied.</td>
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<td>19. I feel worn out because of my work as a [helper].</td>
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<td>20. I have happy thoughts and feelings about those I [help] and how I could help them.</td>
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<td>22. I believe I can make a difference through my work.</td>
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<td>23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].</td>
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<td>24. I am proud of what I can do to [help].</td>
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<td>25. As a result of my [helping], I have intrusive, frightening thoughts.</td>
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<td>26. I feel &quot;bogged down&quot; by the system.</td>
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<td>27. I have thoughts that I am a &quot;success&quot; as a [helper].</td>
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<td>28. I can't recall important parts of my work with trauma victims.</td>
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<td>29. I am a very caring person.</td>
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<td>30. I am happy that I chose to do this work.</td>
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</table>
YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

**Compassion Satisfaction**

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

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

**Burnout**

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

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

**Secondary Traumatic Stress**

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

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

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

**Compassion Satisfaction Scale**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Compassion Satisfaction questions is</th>
<th>So My Score Equals</th>
<th>And my Compassion Satisfaction level is</th>
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<tbody>
<tr>
<td>3.</td>
<td></td>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
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**Burnout Scale**

On the burnout scale you will need to take an extra step. Starred items are “reverse scored.” If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. “I am happy” tells us more about the effects of helping when you are not happy so you reverse the score.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Burnout Questions is</th>
<th>So my Score equals</th>
<th>And my Burnout level is</th>
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<td>1.</td>
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<td>43 or less</td>
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<td>4.</td>
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<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
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**Secondary Traumatic Stress Scale**

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

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<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>The sum of my Secondary Trauma questions is</th>
<th>So My Score Equals</th>
<th>And my Secondary Traumatic Stress level is</th>
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© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.
Building a Self-Care Action Plan

Vicarious (secondary) trauma, compassion fatigue, and burnout can be prevented. Doing so, however, requires a conscious effort to practice individual self-care strategies on a regular basis, both personally and professionally, to assist in managing vicarious stress.

Here is one example of how to build a self-care plan. There are six categories. These include:

1. **Physical Self-Care:**
The things I do to take care of my body in healthy ways. Examples include: sleep; nutrition; exercise; and, regular health care visits. How well do you take care of yourself physically? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself physically.

   A.

   B.

   C.

2. **Emotional Self-Care:**
The things I do to take care of my feelings in healthy ways. Examples include: maintaining personal and professional support systems; counseling and/or therapy as needed; journaling; and, talking about feelings in health ways. How well do you take care of yourself emotionally? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself emotionally.

   A.

   B.

   C.
3. **Cognitive Self-Care:**
The things I do to take care of my mind and understand myself better. Examples include: reading for pleasure or work; writing; and, engaging in continued education for additional knowledge/skill. How well do you take care of yourself psychologically? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself psychologically.

A. 

B. 

C. 

4. **Social Self-Care:**
The things I do in relation to others and the world around me. Examples include: spending time with friends, family and colleagues you enjoy; having fun and playing; belonging to groups, communities and activities that encourage positive social connections. How well do you take care of yourself socially? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself socially.

A. 

B. 

C. 

5. **Financial Self-Care:**
The things I do to spend and save responsibly. Examples include: balancing a checking account; planning for the future; and spending money in thoughtful and productive ways. How well do you take care of yourself financially? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself financially.

A. 

B. 

C. 

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6. Spiritual Self-Care:
The things I do to gain perspective on my life. Examples include: prayer; meditation; contact with nature; connection with God or a Higher Power; participating in worship with a community; and 12-Step Recovery. How well do you take care of yourself spiritually? Identify three activities that you currently do and/or plan to engage in from this point forward to take care of yourself spiritually.

A.

B.

C.

Now you’ve read the checklist and made a list of strategies for yourself. That is not enough. The bottom line is that self-care requires a conscious effort to practice individual wellness strategies on a regular basis. If we are able to make a commitment to do so both personally and professionally, we can prevent the negative consequences of compassion fatigue and stay well on the journey to student success.

Worksheets from Making Professional Wellness a Priority! By Mona M. Johnson, 2002
Listen, Protect, Connect Model & Teach: Scenarios for Exercise

Instructions: As a group, read the example scenario. Have participants list the concerns about Gina that are present in the scenario. Together, discuss the actions and possible words. Ask for other ideas and examples of words they may use. Write the suggestions on the board or butcher paper. Encourage participants to take notes of possible responses so they can give examples once they train others.

Then, divide the participants into groups (about 5-6 per group). Assign each group a scenario (you can give the same scenario to some groups if there are more than 5). Tell each group to take about 20 minutes to 1) read the scenario, 2) outline the concerns, 3) identify action steps for each of the skills, and 4) come up with examples of words to say. Have each group identify someone to keep notes and someone who will report back their ideas to the entire group.

As the groups report back, prompt them with some of the following questions:

• What would you say to your colleague if they don’t want to seek help/advice?
• What other challenges might you have in communicating with colleagues?

Example Scenario: Gina has been teaching history at the local middle school for six years. Two weeks ago, there was a major flood in her county, which left many families displaced. The flood also caused a school bus accident and two students were killed and many others injured. Although grief counselors were at the school for the first week, students have been turning to Gina with their thoughts and feelings. You eat lunch with Gina several days each week. She has shared with you that she is unsure of how to help the students. Gina has been more distracted during the day and she tells you that her lesson plans take more effort than usual. She often cries in her car on the way home from school and is not sleeping well.

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<tr>
<th>Skill</th>
<th>Action</th>
<th>Examples of Words to Say</th>
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<tbody>
<tr>
<td>Listen</td>
<td>Make the first move to begin the conversation. Encourage Gina to talk about what she is hearing. Acknowledge how difficult this has been for her as she is supporting students in their grief.</td>
<td>To learn more about a situation, it is important to ask open-ended questions after the opening statement. For example: Gina, I’ve noticed that you just haven’t been yourself since the flood. I see how much the students have gone to you for help and I also know how difficult their situations are. How has this affected you? It seems like you are hearing so many stories. It says a lot about you that students are turning to you in their time of need, but it sounds like their outpouring of emotion is also taking a toll on you as you try to help.</td>
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## Resilience Strategies for Educators: 
### Techniques for Self-Care and Peer Support 
### Train-the-Educator

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<tr>
<td><strong>Protect</strong></td>
<td>Determine what Gina is worried about. What is overwhelming her?</td>
<td>After Gina tells you about her experience, you can learn more about her concerns:</td>
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<td></td>
<td>Encourage healthy behaviors and positive coping strategies. <strong>NOTE:</strong> Listen and provide some ideas if she does not bring them up: taking a walk after work, watching a comedy or reading a relaxing book, taking a long bath to unwind the tight muscles. Encourage Gina to use coping strategies she has used in the past after a difficult situation or event.</td>
<td>Gina, what’s the most difficult thing for you to deal with? From what you are telling me, you are feeling a bit overwhelmed. Tell me about one or two things you’re doing to take care of yourself. What are you doing to “take a break” from all of the stories you are hearing? I know we have never had this exact thing happen in our school, but when you have had hard things happen in the past, what did you do to help yourself cope?</td>
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<td><strong>Connect</strong></td>
<td>Connect Gina with others, including her faith-based supports and friends outside of school. If you know of resources being offered to school personnel in the aftermath of this tragedy, share these with Gina. If you are not sure, consider finding out about these together.</td>
<td>What would help you right now to make things better? What can I do? What can the school do? What can family or friends do? I am glad that you are sharing your experiences and your feelings with me. Tell me about other supports that you have in your life (faith-based, friends, family). Right after the tragedy happened; I remember being told that there would be people we could turn to for support or guidance as we helped our students. Let’s look together to find out more about these.</td>
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<tr>
<td><strong>Model</strong></td>
<td>Demonstrate emotional balance—no extreme highs or lows in behavior.</td>
<td>As much as the kids need us at school, we can’t do it all. They trust you, that’s why they come to you...but it doesn’t mean you have take on everything yourself. Let’s think about who could help as well. When I think about what happened and hear stories, I, too, find it hard to focus on the day-to-day routine. However, I have found that finding a set time each day to just work on my lesson planning, helps me. When my students see me being able to move forward while still acknowledging what has happened to our school community, I think this helps them know that things will be ok.</td>
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<tr>
<td><strong>Teach</strong></td>
<td>Educate about common reactions to trauma and signs of compassion fatigue.</td>
<td>I recently attended a workshop for teachers about how to help support our students after tragedies like ours. I learned that when students tell us their stories, it takes a toll on us. Our compassion for them coupled with our own experiences with what happened can really wear us down. Common reactions to this include problems concentrating and focusing like we used to. We may cry more easily and also get upset more often by little things. Even sleep and eating are disturbed. This is called compassion fatigue and we are all susceptible to this when we care about our students. From what you’ve told me, you may be experiencing this. The good news, I learned, is that there are steps that can help us take care of ourselves as we help our students. Can I share some of these ideas with you?</td>
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NOTE: Gina’s answers to the questions/prompts are not provided here, although they would be part of a normal conversation. It is important to remember to tailor your responses for each step to the particular needs of the colleague you are assisting. For example, there may be a range of traumatic experiences that are triggering distress and tears: 1) S/he could be reliving the death of a childhood friend in a car accident; 2) The colleague may have organized the bus trip; 3) one of the students who died or was injured was the child of a close family friend; or 4) His/her own child was supposed to be on the bus trip but got ill and was at home (survivor guilt), etc. Whatever your colleague’s responses are to the PFA questions should guide what words should be said.
Scenario 1: Mike recently joined the faculty of the high school as a football coach and math teacher. There have been a series of gang-related, community violence incidents that have shaken the school and community for years. Several students have been involved, with one recently hospitalized. Many of players know some of the individuals involved in the violence. They have voiced their fears and anger to their coach. You have noticed that Mike has become much more irritable with his assistant coaches and other faculty members. Yesterday, you heard him snap at an office assistant who did not have papers he had requested ready. He is working longer and longer hours, not leaving the school until close to 7 p.m. each night. He has said that he needs to “be there for the kids” so they are not upset any more than they have to be by the community violence.

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Scenario 2: A large earthquake recently struck your community. One elementary school was damaged and students are now being relocated to several local church buildings or moved to other schools; many homes and businesses were destroyed. The community is nervous because of tangible aftershocks at all hours of the day. Michelle has been teaching at one of the other elementary schools for close to 15 years. Parents have always come to her to ask for advice about their children. Teachers also turn to her for her experience and wisdom. You have noticed that she is volunteering to be at every meeting with families the schools are holding. She is also volunteering to hold additional support groups. She is helping with local clean-up for a few hours after school each day. She tells you that she has been having headaches, but this “can’t slow her down.” Michelle admits that she cannot stop thinking about the tornado and this sometimes interferes with her teaching. She is having trouble sleeping.

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**Scenario 3:** Three weeks ago, a tenth grade student at your high school died by suicide. You have heard about bullying and substance abuse as contributing factors. There was also a drug overdose at a school dance the previous year. Joe has been the biology teacher for many years and taught both the young man and his older brother, a high school senior. Joe tells you that he is overhearing students discussing the death during biology labs. Many have come to him and told him their stories about the deceased and their feelings about what happened and their own mental health and substance abuse problems. He confides that he feels overwhelmed. He has become overprotective of his young children, and has been arguing with his wife. When you talk to him, you notice that he seems overly sad and anxious as he talks about the stories he has heard. You remember that his mother also died a few months ago.

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**Scenario 4:** A month ago, Rob, a popular teacher with 25 years tenure, died of a heart attack. He was well-liked and well-respected. Teachers throughout the district are feeling the loss, especially because Rob led the union in very difficult and ongoing contract negotiations this year. Students and staff alike are devastated. Teachers continue to talk about this during their breaks and union meetings. Your friend, Michelle, has been a teacher at the school for over five years. She talks to you about the death whenever you are together. She tells you that she is having a hard time focusing on work or her family as “life just seems too unpredictable.” She describes her students as being more difficult to teach since this death. She admits to being more irritated with them. She states that she is losing patience. She is upset that many of the other teachers seemed to have moved on “as if nothing has happened.”

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Scenario 5: Three weeks ago there was a car accident in which a student from your high school was killed on his way to school. The following week there was a bus accident where a middle school student was paralyzed. Parents and students are anxious about safe transportation and the district has held many forums, but students at both schools seem to be in a daze and unable to concentrate on their schoolwork. You notice that many continue to cry in the hallways during passing time and in the cafeteria during lunch. Even students that did not know the deceased are upset. There continues to be some grief counselors at the school, but students are turning to teachers that they know and trust and sharing their stories, thoughts, and emotions. You have noticed that Tina, a choir teacher at both schools, has been eating by herself in the lounge rather than with other teachers as she usually does. Although you don’t know her well, you have seen her talking to students in the halls. When you pass her room, there are always students around her desk talking to her. Yesterday, you noticed that she was wiping tears away as she walked to her car after classes. This morning, she was curt in her comments at an early morning teachers’ meeting. She seemed angry when she left for her first class.

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Background Scenario: The school shooting took place in the cafeteria. When school resumed, security was increased, but most security was focused on the entrance of the school, not in the acreage behind the school where the teacher’s parking lot was located. Julie, the seventh grade English teacher, had just returned from a two month maternity leave. She had heard the shots and the screams of the children on the day of the shooting. She was detained for questioning because one of the shooters had been in her English class and had made a number of questionable journal entries. Julie was terrified to return to school. The most difficult part of her day was parking her car and walking alone to her class.

PFA Colleague: (Acknowledge that there seems to be a problem, and ask about it) Julie, I’m concerned about you. When you come into school in the morning, you are shaking. What’s happening?

Julie: I don’t know. I’m having a hard time coming back to school after the shooting.

WHAT NOT TO SAY: You always were kind of a wimp.

PFA Colleague: We’ve worked together for a couple of years and I know this is a big change from the way you usually are. You’re usually pretty upbeat, especially since you had the baby. Is everything ok with her?

Julie: Oh, the baby is great. It’s not that.

PFA Colleague: (Beginning of the Listening phase to gain more understanding) What changes when you come to school? What are you thinking about?

Julie: I know this is stupid, but I’m thinking about the day of the shooting.

WHAT NOT TO SAY: Are you kidding??? That was weeks ago

PFA Colleague: Where were you that day? What do you remember?

Julie: It was so horrible...the gunshots...I thought they were firecrackers...then the kids started screaming. I knew it was something terrible. I didn’t know what to do so I just locked the door to my classroom. I had the kids push a bookcase and chairs against the door. Then we crouched down under the windows.
PFA Colleague: (Do not probe and cause her more trauma; move to the Protect phase to validate her experience) Julie, what you did was amazing. My classroom was pretty far away from the cafeteria. I don’t know if I would have been able to think as clearly. What you did helped save the kids’ lives.

Julie: Well, maybe…I guess I didn’t think of it in that way.

PFA Colleague: So what’s the most difficult thing for you to deal with now?

Julie: It’s parking my car and walking to class. All I can think about is...what if it happens again? What if it happens when I’m walking alone to class? What’s going to happen to my baby?

WHAT NOT TO SAY: Get over it Julie. You’re only making things harder on yourself by thinking this way.

PFA Colleague: (Connect phase questions) Julie, what would help you right now? Feeling safe is so important.

Julie: I don’t know.

WHAT NOT TO SAY: Well if you don’t know, how can anyone help you?

PFA Colleague: Is there something the administration can do to help?

Julie: They’ve done as much as they can. They have more school resource officers, but they seem to be at the front of the school and not at the back where the parking lot and the sports fields are.

PFA Colleague: Well, I think they would modify the plan if they knew that teachers would appreciate a patrol car or officers around the parking lot when they come to school in the morning and at the end of the day when they leave school. That’s not so much to ask, and it makes perfect sense.

Julie: I guess that would help me feel better.

PFA Colleague: What can I do to help? We come to school and leave around the same time.

Julie: I know...on those days I see you getting out of your car in the morning, I feel so much better.

PFA Colleague: Julie, that’s easy. Let’s plan to meet in the parking lot at 7:30 a.m. every day this week. And come to my classroom after school and we’ll walk out to the lot together.
Julie: I feel stupid talking about this.

**WHAT NOT TO SAY:** Yeah, well...

**PFA Colleague:** (Model and Teach) You shouldn’t feel stupid. You know, I heard a talk that the social worker gave after the shooting and she said that there were a lot of normal reactions to a traumatic experience. It’s the experience that’s abnormal. But you are talking about normal changes in your own behavior and emotions that everyone who survived this shooting has gone through.

Julie: You have to be kidding. I thought it was only me.

**WHAT NOT TO SAY:** It is only you…I don’t know what your problem is.

**PFA Colleague:** No, it isn’t just you…and that’s another common experience after traumatic violence—you think you’re alone in how you think and feel.

Julie: That’s a relief. My husband says that I haven’t been the same since the shooting at school. He wants me to quit teaching and focus on the baby.

**WHAT NOT TO SAY:** That’s not a bad idea. Maybe you should stay home.

**PFA Colleague:** Is that what you want to do?

Julie: No, I still want to teach. The kids need me, and I need them.

**PFA Colleague:** What I’ve learned is that recovery takes time and it is different for each person. I’m glad we had the chance to talk. You may feel this way now, but from what I have heard, it gets easier with time and support. We are here for the kids, and you are doing a great job.

**WHAT NOT TO SAY:** Most people are over it Julie…Get on board.

Julie: Thanks, PFA Colleague...You’re AWESOME!

**PFA Colleague:** We’re here to help each other out!

**WHAT NOT TO SAY:** Yeah, I am, but then I roll that way.
BASIC Ph: An Easy Way to Remember Self-Care

Another tool to help remember self-care areas of importance is known as **BASIC Ph**. Based on the work of Mooli Lahad, a mental health professional from Israel, Basic PH is a quick and easy way to remember the science of what we know about good self-care:

- **Beliefs** (Values, Beliefs, Self-statements)
- **Affect** (Expression of Feelings)
- **Social** (Time with others)
- **Imagination** (Creativity, humor)
- **Cognition** (information-gathering, organizing)
- **Physical** (For your body and your mind)

Everyone’s self-care needs are unique, so it is important to create a menu of self-care activities for YOU to pick from—activities that will work just for you. Each letter in the Basic PH helps us to develop a beginning menu.

*Activity: Brainstorm examples for each category.*

<table>
<thead>
<tr>
<th>Beliefs (e.g., the mantra “one day at a time”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect (e.g., crying, laughing, letting emotion out)</td>
</tr>
<tr>
<td>Social (e.g., shopping with a friend)</td>
</tr>
<tr>
<td>Imagination (e.g., crafts, gardening, singing)</td>
</tr>
<tr>
<td>Cognition (e.g., learning, seeking information)</td>
</tr>
<tr>
<td>Physical (e.g., exercise, dancing)</td>
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</tbody>
</table>

*Each person should commit to making a menu of self-care activities and doing at least one each day.*

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What can be done at school to help a traumatized child?

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.

- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.

- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.

- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.

- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.

- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.

- Give simple and realistic answers to the child’s questions about traumatic events. Clarify distortions and misconceptions. If it isn’t an appropriate time, be sure to give the child a time and place to talk and ask questions.

- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.

- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn’t like being alone, provide her a partner to accompany her to the restroom.

- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.

- Be aware of other children’s reactions to the traumatized child and to the information they share. Protect the traumatized child from peers’ curiosity and protect classmates from the details of a child’s trauma.

- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.

- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.
While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:

- Shorten assignments
- Allow additional time to complete assignments
- Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
- Provide additional support for organizing and remembering assignments

When should a referral be made for additional help for a traumatized child?

When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child’s functioning, give referrals for additional help. As severity can be difficult to determine—with some children becoming avoidant or appearing to be fine (e.g., a child who performs well academically no matter what)—don’t feel you have to be certain before making a referral. Let a mental health professional evaluate the likelihood that the child could benefit from some type of intervention.

When to seek self care?

Seek support and consultation routinely for yourself in order to prevent “compassion fatigue,” also referred to as “secondary traumatic stress.” Be aware that you can develop compassion fatigue from exposure to trauma through the children with whom you work.
Compassion Fatigue and Behavioral Health Websites

- Compassion Fatigue Awareness Project  
  Organization focused on educating caregivers across professions about self-care. Provides basic information on compassion fatigue, and relevant self-assessments, as well as additional reading references and resource links.

- Compassion Fatigue Solutions, Inc.  
  [http://compassionfatigue.ca/](http://compassionfatigue.ca/)
  Canadian organization that provides workshops and trainings related to Compassion Fatigue for helping professionals. Website includes a number of additional resources on the topic.

- Compassion Unlimited  
  Canadian organization that provides resources for to individuals and organizations on topic of posttraumatic stress and compassion fatigue. Website includes training tools and information.

- Compassionate Schools  
  [http://www.k12.wa.us/CompassionateSchools/](http://www.k12.wa.us/CompassionateSchools/)
  Information on Washington State’s Compassionate Schools Initiative, a statewide initiative to make schools and classrooms a healthy environment for youth who have experienced stress and trauma. Includes link to free downloadable handbook.

- Figley Institute  
  [http://www.figleyinstitute.com/indexMain.html](http://www.figleyinstitute.com/indexMain.html)
  Organization that offers in-person workshops and online training courses for those that provide relief to emotionally traumatized individuals and communities. Certification available. Website also includes extensive list of additional resources.

- International Society for Traumatic Stress Studies  
  [http://www.istss.org/Home.htm](http://www.istss.org/Home.htm)  
  An international, interdisciplinary organization dedicated to the advancement and exchange of knowledge about traumatic stress, including the scope and consequences of traumatic exposure, preventing traumatic events and improving their consequences, and advocating for the field.

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• National Association of School Psychologists
  http://www.nasponline.org/
  Comprehensive website for the profession of School Psychology in the U.S., including professional development, certifications, advocacy opportunities, employment opportunities, and extensive resources.

• National Child Traumatic Stress Network
  http://www.nctsn.org/
  Website for organization dedicated to developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education related to the service of traumatized children and their families. Organization was established by Congress in 2000.

• Professional Qualities of Life (ProQOL) Elements Theory and Measurement
  http://proqol.org/
  Website for the ProQOL, a commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The measure itself, as well as supporting information, is available for download.

• Readiness and Emergency Management for Schools Technical Assistance Center
  http://rems.ed.gov
  Technical Assistance Center hosted by the U.S. Department of Education providing resources to schools and institutions of higher education on emergency management, including mental health recovery from disasters.

• SAMHSA Disaster Distress Helpline
  http://disasterdistress.samhsa.gov/disasters/
  Helpline hosted by SAMHSA that provides phone and text-based crisis counseling to anyone who is experiencing emotional distress related to natural or man-made disasters.

• Traumatology Institute
  http://www.traumatologyinstitute.net/
  Online forum for Canadian institute developed to provide training and care in the fields of trauma response and compassion fatigue.
Other Training Resources

- Child Trauma Toolkit for Educators
  Toolkit providing fact sheets for educators on the psychological and behavioral impact of trauma on youth, as well as information on self-care for educators and information for parents on child trauma.

- Child Welfare Work and Secondary Traumatic Stress
  Excerpt from toolkit created by the National Child Traumatic Stress Network that provides information for those that work with children and families on secondary traumatic stress, including identifying it and ways to prevent it.

  Manual providing educators or mental health professionals information about children impacted by trauma, exercises to facilitate sharing of experiences and feelings, and tools to build coping skills.

- The Heart of Learning and Teaching
  [http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf](http://www.k12.wa.us/CompassionateSchools/pubdocs/TheHeartofLearningandTeaching.pdf)
  Comprehensive resource created by public schools and state office of public instruction to promote “compassionate teaching approach” to help students learn despite trauma experienced.

- Listen, Protect, Connect, Model, and Teach: Psychological First Aid for Students and Teachers

- National Child Traumatic Stress Network Suggestions for Educators: How to Help a Traumatized Child
  [http://iers.umt.edu/docs/nntcdocs/SuggestionsforEducators.pdf](http://iers.umt.edu/docs/nntcdocs/SuggestionsforEducators.pdf)
  Tip sheet for educators on how to help a child at school who has experienced trauma.

- Transforming Compassion Fatigue into Compassion Satisfaction
  [http://www.compassionfatigue.org/pages/Top12SelfCareTips.pdf](http://www.compassionfatigue.org/pages/Top12SelfCareTips.pdf)
  List of top 12 self-care tips for those working in helping professions, including educators. Also includes additional resources.

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