

A TRAUMA-RESPONSIVE TOOLKIT

FOR YOUTH-SERVING ORGANIZATIONS





Futures and Greenleaf came together to provide scalable tools for youth and the organizations who support them.

Youth-serving organizations are best equipped to face the challenges inherent to helping vulnerable populations by using an integrated approach to systematically address trauma.

BACKGROUND

A recent publication Exploring the Dimensions and Correlates of Teen Economic Abuse Through a Cross-Sectional Survey (2024) on teen economic abuse (TEA) conducted by public health and medical researchers at the University of Pittsburgh validated the structures comprising TEA and examines differences in prevalence of TEA perpetration and victimization by demographic characteristics¹⁰. The findings in this study pointed to how working with youth necessarily requires that we attend to the various ways in which coercive behaviors interfere with education, employment, and finances during adolescence, since these may impact an adolescent's economic resources, stability, and future opportunities.

Importantly, a key factor underlying and complicating TEA and other forms of abuse is psychological trauma. Where there is violence and coercive behaviors invariably there is trauma. Trauma does not exist in a vacuum impacting only survivors of TEA. It radiates outward into families, communities and even organizations supporting youth experiencing TEA and other abuses⁷. Exposure to trauma - whether directly as a survivor or indirectly as a helper - changes a person's neurobiology. In youth serving organizations, often both factors are present as many who choose to work in service professions have themselves experienced harm and/or utilized such support^{1,3,5,6}. Changes can include distortions in worldview, self-perception & identity, increased anger & irritability, and changes in sleep and appetite, to name a few.

Trauma within staff and organizations is often left unattended. Programs rather necessarily focus on addressing trauma expressed in youth receiving services. Unattended trauma, however, subtly erodes organizations, reducing program impact and threatening employee wellbeing. Some of the most consequential ways this erosion is seen in youth programming include high staff turnover rates, disengaged staff and participants, and a pervasive sense of hopelessness^{9,11}. As a result, trauma becomes a system issue that impacts youth serving staff, youth participants and the organization. Addressing the impacts of trauma in an integrated manner becomes critical to effectively serving vulnerable youth populations, and even more so adolescents with exposure to foster care or homelessness. Youth-serving organizations are best equipped to face the challenges inherent to helping vulnerable populations by using an integrated approach to systematically address trauma. This integrated approach allows already pressured and underresourced organizations and their staff to confront the negative impacts of trauma through existing programmatic activities, policies, and processes - thus decreasing the burden on staff and facilitating focused energy on youth and their communities.

CONTENT

TRAUMA-RESPONSIVE ORGANIZATION TOOLKIT	4
HOW TO USE THIS TOOLKIT	6
PREPARATION FOR TAKING THE TRAUMA-RESPONSIVE ORGANIZATIONAL ASSESSMENT	8
KEY TERMS AND DEFINITIONS	9
SUMMARY	11
APPENDIX A: TRAUMA-RESPONSIVE ORGANIZATIONAL ASSESSMENT TOOL	12
APPENDIX B: UNDERSTANDING AND USING SCORES	23
APPENDIX C: ADDITIONAL RESOURCES	29
APPENDIX D: TRAUMA-RESPONSIVE TRAINING OUTLINE	30
APPENDIX E: JOB AIDS	33
APPENDIX F: CITATIONS	43



TRAUMA-RESPONSIVE ORGANIZATIONAL TOOLKIT

This Trauma-Responsive Organizational Toolkit is co-designed by Futures Without Violence and Greenleaf Integrative. It is a starting point for organizations working with youth to **identify and respond to the impact of trauma** across the organization - youth receiving services, staff supporting youth, teams and the organization itself.

Throughout this toolkit trauma refers to a change in the way a person's neurobiology works due to exposure to a distressing experience(s) and/or event(s). These changes can be in behavior, emotions, ways of thinking, relating to others, and even physical wellbeing.



This Toolkit includes the following:

- Trauma-Responsive Organizational Assessment (33 Questions) (See Appendix A)
 This assessment tool identifies areas of resilience, and growth related to work-related trauma.
 It helps staff focus on specific issues so that organizations and staff can improve youth
 programming with the most relevant and effective responses.
- 2. <u>Understanding and Using Scores</u> (See Appendix B) This scoring sheet provides instructions for how to self-score the assessment. This section also includes guidance for understanding the scores and ideas for how to use them to make positive changes at the individual, team and organizational level.
- 3. Additional Resources (See Appendix C) This is a curated list of additional resources youth serving organizations and staff can use to take next steps based on the results of the assessment.
- 4. <u>Trauma-Responsive Training Outline</u> (See Appendix D) The outline provides training recommendations to grow the skills necessary to effectively work with trauma-affected youth.
- 5. Trauma-Responsive Job Aids (See Appendix E)
 - → Check-In Card This tool helps staff to quickly assess their individual stress levels and determine the actions they can take in response. The use of this card equips individuals to direct their attention to behavioral signs that indicate stress. The Check-In Card should be used as a self-assessment tool to build awareness, not to diagnose the self or others.

- Checklist for Trauma-Responsive Engagement This tool provides a clear guide for staff to remember trauma-responsive approaches such as noticing and paying attention to themselves and others, remaining in the present, or elevating all voices. The checklist items can be practiced one at a time or staff can choose to use the checklist in its entirety. The aim of this tool is to provide simple reminders of trauma-responsive approaches that can be applied in different workplace interactions (e.g., one-on-one meetings, classroom management, and team meetings).
- Trauma-Responsive Leadership Worksheet This tool provides staff an opportunity to brainstorm new trauma-responsive behaviors or approaches in their roles and workplaces. The tool provides primers to stir new ideas, and invites you to consider how you might adopt these trauma-responsive behaviors and approaches at your organization.
- → Breathing for Regulation This tool gives step-by-step instructions for evidence-based breathing exercises. Breathing is a natural part of being alive, and as such can be done discretely and privately. Routinely practicing these breathing techniques helps with managing distress and returning to a calm state.
- → Let's Get Grounded This tool gives step-by-step instructions for activating the five senses to reduce stress and help staff focus on, or return to the present moment.
- Noticing Our Assumptions This tool helps staff understand the assumptions we make about ourselves, others and the environment to increase staff's ability to connect with others more effectively.
- 6. <u>Citations</u> (See Appendix F) These citations overview the evidence used, combined with practical experience, to inform the development of this toolkit.

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HOW TO USE THIS TOOLKIT

This toolkit is **designed to help youth serving organizations and their staff** (e.g., youth educators, administrators, trainers) respond to the complex situations they encounter in their work with youth, such as teen economic abuse and other forms of interpersonal violence.

The toolkit aims to **increase awareness** of the impacts of trauma on organizations and highlight activities already underway to support the wellbeing of staff. This toolkit provides a strong starting point for organizations and staff to take action in responding to trauma.

KEY PRINCIPLES TO KEEP IN MIND

When implementing this trauma-responsive toolkit:

🕨 First, Do No Harm

Increasing awareness of the impacts of trauma on people, communities and systems is essential for all staff working with youth. It is critical to apply this awareness into activities, training, and programs to prevent re-traumatization and mitigate overwhelming stress in staff and program participants.

To **Do No Harm**, the assessment and job aids included in this toolkit should be limited to supporting increased awareness, understanding, and stop at emotional self-regulation interventions. **They should** <u>not</u> be used to diagnose, otherwise label, or "treat" others.

Make a Commitment & Develop a Strategy

Conducting an organizational assessment is an effective way for organizations to evaluate gaps in their *duty of care* obligations. Duty of care is the legal obligation to act with reasonable care, diligence, and prudence in order to prevent foreseeable harm to others. Conducting a trauma-responsive organizational assessment signals the organization's commitment to preventing and mitigating the impacts of trauma.

It is essential for organizations to develop an implementation plan prior to administering the assessment. Set timelines in collaboration with key stakeholders, share the organization's aims for conducting the assessment, and provide results and findings in a timely manner. Lastly, the most important aspect of completing an organizational assessment is to develop a strategy for applying the information learned in decision-making, policy development, revising procedures, and informing workforce and training content areas, to list a few potential outcomes for this tool.

Ensure Evidence-Based Practice

Following a Do No Harm approach, any intervention addressing trauma should be undertaken with great care. Trauma affects not only the brain and body, but also the social fabric of communities. This complexity requires a solid foundational knowledge in evidence-based practices, cultural humility, and understanding of how trauma can show up in individuals, as well as in different types of group settings.

While the self-administered organizational assessment and job aids included here are designed for use by laypersons, we strongly recommend the assistance of subject matter expert consultation in trauma-responsive practices for an organization-wide implementation.

It is vital to remain within the limits of your training. Before administering the assessment, organizations should consider the knowledge and training of staff using the tool. Responsive actions should be informed by the current evidence base and by those trained to implement an organizational assessment.

Access Available Education

Subject matter experts can provide trauma-responsive consultation to staff and partners on how to integrate the tools and approaches in this toolkit into program design and implementation; how to design and deliver culturally sensitive and targeted education and training on trauma impacts and response; and how to measure the impacts of their integration.

Practice Moderation: Trauma-Responsive Approaches vs. Trauma Treatment

In the process of conducting the assessment and working through a strategy to address emergent needs, organizations and staff may better understand trauma and its behavioral effects, and recognize those behaviors in participants, family, and friends. Unless explicitly trained to provide the mental health support needed to diagnose and treat trauma in themselves or others; attempting to do so could cause significant harm. Organizations and staff should identify local, clinically trained support to respond to any critical needs that come up during this assessment.

PREPARATION FOR TAKING THE TRAUMA-RESPONSIVE ORGANIZATIONAL ASSESSMENT

The Trauma-Responsive Organizational Assessment identifies strengths and areas for improvement. The assessment results will help staff use existing strengths to improve and grow new resilience skills.

This trauma-responsive organizational assessment can be used as a personal selfassessment tool or it can be implemented organization-wide. The tool includes a demographic background section for organizations interested in conducting an

THE TOOL IS DESIGNED TO DRAW ATTENTION TO GAPS IN:

- → staff's understanding of trauma;
- → awareness of its impacts on self and others;
- \rightarrow structural barriers, etc.

organization-wide assessment. For staff interested in using this tool simply as a personal reflection and self-assessment, they do **not** have to complete the demographic information provided.

It is recommended that organizations consider engaging a subject matter expert to help develop a strategy for conducting the assessment and responding to the findings in a way that establishes trust in the process, responds to staff needs, and meets organizational goals.

This organizational assessment is designed to shed light on the various psychological and social impacts of serving youth and their communities but is limited in its capacity. It is not intended to provide recommendations for specialized care that some staff may need to manage trauma symptoms or conditions staff may encounter in the course of their work. As such, please take care NOT to use this Trauma-Responsive Assessment Tool as a diagnostic tool.

The assessment tool is broken down into four groupings:

1 Social Cohesion refers to an individual's shared social identity within a team to support a sense of belonging and collective solidarity.

2 Coping Self-Efficacy refers to an individual's confidence in their ability to effectively cope with distress, stressors, and challenges encountered in the workplace.

3 Purposeful Action describes productive steps or actions that individuals and organizations can take amid distressing situations in the workplace. At the most basic level, it is the act of "doing something" productive in the face of a crisis, resulting in the lived experience of not being helpless or frozen.

4 Symptomatology refers to the combined signs, markers, or indications of a condition. In this toolkit, symptomatology refers to the symptoms associated with common conditions service professionals may experience in the workplace.

The combined signs of work-related conditions discussed in this toolkit include the following:

- Distress in this assessment refers to a negative stress response that can result from being overwhelmed, and refers to a range of psychological and emotional suffering (e.g., sadness, worry, fear, irritability, anger).
- → Secondary Traumatic Stress are second-hand changes in one's neurobiology in response to other people's distressing experiences or events. This can come from hearing stories, reading or listening to traumatic material, or repeatedly engaging with a person directly impacted by trauma. Secondary traumatic stress can look and feel the same as someone experiencing trauma first-hand⁷.
- → Burnout is a condition resulting from chronic workplace stress and not enough recovery time characterized by exhaustion, feeling detached, unmotivated and/or negative about one's work. This includes a reduced capacity to perform work-related tasks. It is specific to performance in the workplace but the exhaustion, irritability and negativity can impact other areas of a person's life¹².

KEY TERMS & DEFINITIONS (CONT.)

- Moral Injury can result from being unable to ensure the care of another person, or from being unable to follow one's own ethics or values. Example: Someone is unable to provide the service or care that they deem necessary because of an organizational policy, law/statute, or a conflicting order from an authority figure. Moral injury may lead to shame, intense sadness, hopelessness, and other forms of psychological distress.
- → Compassion Fatigue occurs when caregivers, educators, or service professionals, over time, develop an inability to be compassionate, show empathy or connect with people. Staff may recognize that a story is profoundly sad, and yet they may be unable to experience any feelings of empathy or sadness over the story being told4.
- → Compassion Satisfaction is when one has a sense of purpose, fulfillment, and joy from being able to serve or care for others^{2,4}.

The first three question groupings (social cohesion, coping self-efficacy, and purposeful action) in this assessment include factors that **counteract** the effects of trauma in individuals, teams, and organizations. The questions asked in each of these first three groupings identify drivers of wellbeing. When these drivers of wellbeing (e.g., connecting with others, trusting in one's coping abilities, seeing a purpose in one's work) are present in an organization the result is more likely than not, wellbeing at the individual, team, and organizational levels.

The fourth category, **symptomatology**, simply describes the different ways trauma looks when people encounter distressing experiences or events.

Being able to tell the difference between these different reactions to stress and trauma, helps staff and their organizations to select the most helpful and effective trauma-responsive actions. This is particularly important when staff are considering how to best support self and others. For instance, burnout responds best to rest, while secondary traumatic stress warrants targeted, purposeful actions.



This Trauma-Responsive Toolkit provides a strong, systematic foundation for integrating trauma-informed approaches into youth programming and workforce development. These tools and resources offer an easy starting point for youth serving organizations at varying stages of adopting trauma-informed approaches to engage the materials provided. The enclosed materials are designed with a keen appreciation of the complexity surrounding the different and layered trauma impacts encountered in youth serving organizational work—for youth educators, administrators, and program participants. We trust this toolkit will be a great starting point for ongoing growth in providing trauma-responsive youth services.



APPENDIX A TRAUMA-RESPONSIVE ORGANIZATIONAL ASSESSMENT TOOL



PRINT ME OUT! Print out pages 12-22 to take this assessment.

BACKGROUND INFORMATION

	SKIP THE BACKGROUND INFORMATION SECTION FOR SELF-ASSESSMENTS; USE ONLY FOR ORGANIZATION-WIDE ASSESSMENTS.
1	Which of the following ranges includes your age?
	18-19 20-29 30-39 40-49 50-59 60-69 80-89 90+
2	With which gender do you identify? (Check all that apply) Prefer not to answer Woman Man
3	A gender identity not listed (please specify)
	 Prefer not to answer American Indian or Alaska Native
	 Asian or Asian American Black or African American
	 Hispanic or Latino Native Hawaiian or other Pacific Islander
	 White or Caucasian A race not listed (please specify)

4 Do you identify as a person with a disability or being differently abled?
Prefer not to answer
Yes
□ No
5 Which identities, if any, do you carry that make your work harder? (If none, write not applicable)
6 What is your role at your organization?
Case Worker
Manager/Supervisor
Coordinator
Educator/Trainer
Other, please specify
7 How long have you worked at your organization?
1 year or less
1 - 2 years
2 - 5 years
5 - 7 years
7+ years
8 What is the mission and scope of your organization? (Check all that apply)
Providing youth with resources, referrals, and case management
Skill-building and job readiness
Providing psychosocial support services
Other, please specify

TRAUMA-RESPONSIVE ORGANIZATIONAL ASSESSMENT



To support you in shifting from the tasks you were working on, and to invite your full attention to this survey, you may choose to take five inhales and exhales.

Thank you for your time, attention and participation in Futures Without Violence organizational assessment today. To better integrate trauma-responsive approaches in our youth programs, organizational policies & procedures, and training—please take a moment to reflect on your personal, team, and organizational wellbeing.

Please note that this assessment is confidential. Additionally, any identifiable information provided will be identified prior to reporting findings. This confidential, self-administered organizational assessment will take approximately 15 minutes to complete.

Thank you!

The following questions will help to consider the various impacts of trauma at the individual, team, and organizational levels.

QUESTIONS WILL COVER A VARIETY OF TOPICS INCLUDING:

- → Your ability to cope with work-related traumatic exposures;
- How connected you feel with the mission of your work, the youth you serve and others in your organization; and
- Your organization's activities related to workplace / job-related trauma exposure.

THE ASSESSMENT QUESTIONS EACH FALL INTO ONE OF THESE FOUR GROUPINGS:

- Social Cohesion
- Purposeful Action
- → Coping Self Efficacy
- Symptomatology

We acknowledge that some of these questions may prompt stressful thoughts, feelings, or memories. We encourage you to take a brief pause or come back to the survey at a later time if you begin to feel overwhelmed.

SOCIAL COHESION

Social Cohesion refers to an individual's shared social identity within a team to support a sense of belonging and collective solidarity.

Circle the number that best represents your answer to each statement. Then add the total for each column below.

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. My organization values my contributions.	5	4	3	2	1
2. There are routines and practices within my organization that help all people feel included.	5	4	3	2	1
3. I can give feedback to leadership without fear of retaliation.	5	4	3	2	1
4. My organization promotes open communication.	5	4	3	2	1
5. My organization provides information to staff in a timely manner.	5	4	3	2	1
6. I collaborate effectively with my peers.	5	4	3	2	1
7. I can collaborate with my supervisor to find solutions to challenges I encounter in my role.	5	4	3	2	1
TOTAL					

TO CALCULATE YOUR SOCIAL COHESION SCORE:

ADD the total of all columns

then, DIVIDE your totals by 7 =

PURPOSEFUL ACTION

Purposeful Action describes productive steps or actions that individuals and organizations can take amid distressing situations in the workplace.

Circle the number that best represents your answer to each statement. Then add the total for each column below.

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. My organization has practices (observable behaviors) that intentionally promote my ability to manage and actively lessen the impacts of work related (di)stress.	5	4	3	2	1
2. My organization has policies (documented standards and expectations) that intentionally promote my ability to manage and actively lessen the impacts of work-related (di)stress.	5	4	3	2	1
3. My organization has provided me with information on coping with distress that I may encounter at work (such as stories I read or hear and physical danger or witnessing extreme poverty).	5	4	3	2	1

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
4. The information my organization provides helps me better cope with (di)stress I experience at work.	5	4	3	2	1
5. The training my organization provides helps me better cope with (di)stress I experience at work.	5	4	3 2		1
6. I feel adequately protected from physical threats or hazards that I may encounter at work.	5	4	3	2	1
7. I make a positive impact in my role.	5	4	3	2	1
8. I am invested in the communities my organization serves.	5	4	3	2	1
9. I utilize the staff wellbeing benefits offered by my organization.	5	4	3	2	1
10. I utilize my PTO and sick days as needed to care for my wellbeing.	5	4	3	2	1
11. I advocate for myself at work.	5	4	3	2	1
TOTAL					

TO CALCULATE YOUR PURPOSEFUL ACTION SCORE:

ADD the total of all columns

then, DIVIDE your totals by 11 =

COPING SELF-EFFICACY

Coping Self-Efficacy refers to an individual's confidence in their ability to effectively cope with distress, stressors, and challenges encountered in the workplace.

Circle the number that best represents your answer to each statement. Then add the total for each column below.

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. When I experience distress at work, I take necessary action to care for myself.	5	4	3	2	1
2. When I experience distress at work, I regularly use my coping skills.	5	4	3	2	1
3. I am confident in my capacity to manage (di) stress I experience from my work.	5	4	3	2	1
TOTAL					

TO CALCULATE YOUR COPING SELF-EFFICACY SCORE:

ADD the total of all columns

then, DIVIDE your totals by 3 =

SYMPTOMATOLOGY

Symptomatology refers to the combined signs, markers, or indications of a condition.

Circle the number that best represents your answer to each statement. Then add the total for each column below.



Note: This is NOT a clinical mental health assessment. Results are intended to be used for self-reflection and educational purposes only. They do not represent a mental health

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
SUB-GROUP A: 1. As a result of the (di) stress I'm exposed to at work, I avoid people, places, or things that remind me of the event(s).	5	4	3	2	1
SUB-GROUP A: 2. I have work-related thoughts and / or memories outside of work that cause me (di)stress.	5	4	3	2	1
SUB-GROUP A: 1. Previous distressing personal or professional experiences I've had can sometimes impact how I serve youth experiencing various forms of trauma [e.g., teen economic abuse (TEA), interpersonal violence, etc].	5	4	3	2	1

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
SUB-GROUP B: 4. (Di)stress I experience at work weakens my ability to meet my goals at work.	5	4	3	2	1
SUB-GROUP C: 5. I regularly experience distressing feelings (guilt, self-blame, blaming others, frustration, shame) because I am unable to meet some needs of the community I serve.	5	4	3	2	1
SUB-GROUP C: 6. I am confident in my ability to manage (di) stress I encounter within the youth I serve.	5	4	3	2	1
SUB-GROUP D: 7. I am satisfied with the impact I make through my work.	5	4	3	2	1
SUB-GROUP E: 8. I find it hard to have empathy for the youth I serve.	5	4	3	2	1
SUB-GROUP E: 9. I make a positive impact in my role.	5	4	3	2	1

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
SUB-GROUP E: 10. I am regularly emotionally exhausted after helping others.	5	4	3	2	1
SUB-GROUP E: 11. I am often irritable with my peers.	5	4	3	2	1
SUB-GROUP E: 12. My work has reduced my capacity to help others in my life.	5	4	3	2	1
TOTAL					

TO CALCULATE YOUR SYMPTOMATOLOGY SCORE:

For additional information on **symptomatology**, calculate the total for each specific sub-grouping and then divide by the number of questions in each sub-group.

	TOTAL	QU	ESTION	IS	SCORES
SUB-GROUP A: Secondary Traumatic Stress		•	3	8	
SUB-GROUP B: Burn Out		9	1	₿	
SUB-GROUP C: Moral Injury		9	2	₿	
SUB-GROUP D: Compassion Satisfaction		9	1	8	
SUB-GROUP E: Compassion Fatigue		Ð	5	8	

NUMBER OF

SUB-GROUP

MY OVERALL SCORES

		MY SCORE
Socia	Social Cohesion	
Purp	Purposeful Action	
Copi	Coping Self-Efficacy	
Symp	Symptomatology	
	SUB-GROUP A: Secondary Traumatic Stress	
	SUB-GROUP B: Burn Out	
	SUB-GROUP C: Moral Injury	
	SUB-GROUP D: Compassion Satisfaction	
	SUB-GROUP E: Compassion Fatigue	

APPENDIX B UNDERSTANDING AND USING SCORES

SCORING INSTRUCTIONS

ASSESSMENT CATEGORIES

SYMPTOMATOLOGY

each sub-group.

The score for this assessment is determined per assessment category. To score your assessment, calculate the total of your responses for each individual category and then divide by the number of questions in each category.

You will have a score for each assessment grouping, and a TOTAL of FOUR scores.

For additional information on *symptomatology*, calculate the total for each specific sub-grouping and then divide by the number of questions in

SUB-CATEGORIES	NUMBER OF QUESTIONS
Secondary Traumatic Stress	3
Burnout	1
Moral Injury	2
Compassion Satisfaction	1

ASSESSMENT GROUPINGS	NUMBER OF QUESTIONS
1. Social Cohesion	7
2. Purposeful Action	11
3. Coping Self Efficacy	3
4. Symptomatology	12





UNDERSTANDING YOUR SCORES

This assessment was designed to help deepen your understanding of how working with youth experiencing trauma impacts you as a service provider. It also explores how connected you feel to your team and the mission of your organization, which has implications for workplace wellbeing and professional productivity and efficiency. This assessment is not designed to diagnose staff or organizations but rather highlight promising practices already in place to support staff. The assessment also provides insight into areas that organizations can grow to better equip staff to deliver quality, trauma-informed services to youth.

SCORES ARE PRESENTED

→ Scores in the higher range generally indicate more positive experiences and functioning for staff. Lower scores generally indicate more negative experiences with more challenges or distress.

For *symptomatology*, scores are inverse meaning that a higher range score indicates a more negative experience with higher levels of distress and corresponding symptoms. This does not mean that staff are universally experiencing conditions like secondary traumatic stress but it does indicate an elevated level of distress amongst the team which should be addressed.

For all **mid-point scores**, consider that these are not neutral states, rather an opportunity to put into practice the low-range recommendations, as a proactive step to prevent and mitigate

Scores, whether high, low or neutral, do not reflect a universally positive or negative environment. They do provide staff and organizations with an opportunity to take notice of the current state of wellbeing of staff and their capacity to manage their distress and that of the youth they work with. This increased awareness can help staff and organizations identify the most cost and time effective interventions for the current need.

USING YOUR SCORES

The descriptions below help inform the interpretation of your scores for each assessment domain. Scores are presented as a range. The range accounts for the various factors that contribute to a person's daily experiences and allows for the expected fluctuations resulting from these varied experiences in our day-to-day lives.

For **mid-point scores**, refer to the lower range score for proactive recommendations to prevent or mitigate trauma impacts.

Following the description of each score, there are recommendations, and resources of curated bestpractices for the work-related stress conditions selected for this toolkit.

Social Cohesion

IF YOUR SCORE IS BETWEEN 22-35

Explanation:

→ A score in this range indicates that staff generally feel integrated into your team and the wider organization. It suggests that staff feel that you can rely on their team and supervisor to solve problems in order to best meet the needs of the youth they serve. They feel confident and comfortable in performing tasks of their role.

Recommendation:

- → Share successes with peers and supervisors regularly, highlighting how a collaborative approach or support received helped realize success for the youth served.
- → Strengthen connection and cohesion through an operationalized standard for information sharing and feedback amongst and across teams and the organization.
- → Ensure leadership and supervisors are equipped to continue supporting staff through trauma-responsive leadership and communication training and mentorship.

IF YOUR SCORE IS BETWEEN 7 TO 21:

Explanation:

→ A score in this range indicates that staff may feel isolated from their team, supervisor and / or organization. It suggests that staff may not be able to rely on others to solve workplace related challenges. In some cases it suggests that staff feel actively undermined, discredited or undervalued in their role. This may cause staff to feel distant or appear non-cooperative.

Recommendation:

- Grow stronger cohesion and connection behaviors (e.g., noticing your stress, communicate clearly) using the Checklist for Trauma-Responsive Facilitation.
- Provide structured opportunities for staff to connect with peers in a collaborative space beyond work outputs through team building activities.
- → Convene a small group of key stakeholders to brainstorm and implement behaviors from the Checklist for Trauma-Responsive Leadership.

Purposeful Action

IF YOUR SCORE IS BETWEEN 34 - 55

Explanation:

→ A score in this range indicates that staff feel that their organization takes intentional action through policies and practices to support staff in their role, particularly in their ability to work with youth. It also indicates that they feel their work has value for the community they serve and that they are able to make a difference in their environment creating satisfaction and a sense of purpose.

Intervention:

- → Remember the why. Use personal reflection or sharing during team meetings, reconnect with the value staff find in their work.
- Ensure staff are aware of existing strategies, commitments and activities available to them to build resilience and professional capacity.

IF YOUR SCORE IS BETWEEN 11 - 33

Explanation:

→ A score in this range indicates staff may feel disconnected from the purpose of their role. Staff may feel like they are operating on autopilot and unable to take work related decisions that seem aligned with their work goals. They may feel that the organization is not taking active steps to support them in their work creating frustration and a lack of motivation.

Intervention:

- → Utilize the Check-In Card to create a practice of self-awareness to better understand current needs to more effectively apply coping strategies.
- Differentiate between doing and reacting

 consider if work-related decisions are
 purposeful to solve challenges or reactive to
 reduce short term discomfort.
- Slow down rather than speed up take a pause and regulate in order to make decisions from a fully attuned state.

Coping Self-Efficacy

IF YOUR SCORE IS BETWEEN 16 - 25

Explanation:

→ A score in this range indicates the presence and use of adaptive coping skills in response to distress experienced in the workplace. This range generally describes a sense of comfort and confidence with identifying one's needs and being able to meet them through self-regulation and additional resources.

Recommendations:

- Continue to evaluate coping skills as new challenges arise, seeking out additional or novel resources. Remember, not every skill is the best for every situation.
- Share what works with colleagues during check ins or team meetings to normalize and encourage resiliency skill building as imperative to social service work.
- Provide teams with resources and information on building resiliency skills specifically in work with vulnerable youth.

IF YOUR SCORE IS BETWEEN 5 - 15

Explanation:

A score in this range indicates a lack of coping skills for managing workplace stressors. It indicates that if there are skills present there may be barriers to applying them to real-world situations in order to manage stress experienced.

Recommendations:

- → Identify personal goals for coping by reconnecting with the desired version of oneself. Where there are gaps, explore what boundaries are needed in this moment to move closer to that healthier, resilient self.
- → Develop coping strategies that can be used amid distress and over time to build resilience using the Grounding Tool and the Breathing for Regulation Tool.
- Support staff to develop skills to manage workplace stress through skill building training, coaching and regular check-ins during supervision.

Symptomatology

IF YOUR SCORE IS BETWEEN 37 - 60

Explanation:

→ A score in this range indicates the presence of symptoms associated with stress and trauma exposure. These symptoms may be impacting how a staff is able to relate to their peers and others. It may also indicate that staff feel ill-equipped to manage the volume or type of trauma they are exposed to with clients. This does not mean that a staff member is diagnosed with traumatization, but it does mean that staff are experiencing high levels of distress that are necessary to address.

Recommendations:

- → Increase awareness of the current state of wellbeing using the Check-In Card.
- Build in-the-moment distress reduction skills using the Grounding Tool and Breathing for Regulation Tool.
- Explore factors which contribute to high levels of symptomatology including supervision, case load size, collaboration amongst staff and community partners.
- → For scores toward the upper limit of this range, it is recommended that staff explore specialized psychosocial care for more indepth assessment and support.

IF YOUR SCORE IS BETWEEN 12 - 36

Explanation:

→ A score in this range indicates few traumarelated symptoms. A lower score indicates fewer identified symptoms but does not mean staff are free of all feelings of distress. Staff may simply be better equipped to handle the distress they experience. It is possible staff may not disclose their true experience and may report overly positive in order to avoid being seen as "sick," or "incompetent."

Recommendations:

- Routinely connect with one's current state of psychosocial wellness using the Check-In card and other resilience practices like a body scan in order to quickly leverage coping skills as needed.
- Continue to be curious about how effective current coping strategies are, exploring additional tools as contexts or challenges shift.
- Foster an environment normalizing staff wellbeing practice by sharing resources to develop regulation skills, using traumaresponsive communication skills and integrating trauma-responsive management practices.

APPENDIX C ADDITIONAL RESOURCES

ORGANIZATIONS

- → The Surgeon General of the US Department for Health and Human Services developed the Framework for Workplace Mental Health and Wellbeing which outlines five key areas of focus for organizations to create a workplace that protects and promotes staff safety and security.
- The World Health Organization published the <u>Mental Health at Work</u> <u>Guidelines</u> which provide recommended interventions for promoting and protecting workplace wellbeing at the individual and organizational level.
- The Office for Victims of Crime created the <u>Vicarious Trauma Toolkit</u> designed to help organizations address the impacts of secondary trauma across five key areas.

TEAMS

- The National Child Traumatic Stress Network hosts courses on the impact of secondary traumatic stress on helping professionals with a specific focus on child / youth serving workers.
 - → Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces
 - → <u>Secondary Traumatic Stress</u>
- The National Children's Advocacy Center created a video series with leading experts in secondary traumatic stress to discuss how it impacts child and youth serving

organizations and strategies to manage these impacts.

→ Reflect. Refuel. Reset. STS Video Series

YOUTH WORKERS

- → The American Psychiatric Association (APA) created a resource for addressing burnout and protecting personal wellbeing at work.
 - → Preventing Burnout: A Guide to Protecting Your Well-Being
- The ACS-NYU Children's Trauma Institute (CTI) is a collaboration between local government child welfare services and New York University Langone Medical Center. They developed a training and participant handbook outlining the impacts of secondary traumatic stress exposure on child welfare staff and providing exercises and recommendations for building resilience skills.
 - → <u>The Resilience Alliance: Promoting</u> <u>Resilience and Reducing Secondary</u> <u>Trauma Among Welfare Staff -</u> <u>Participant Handbook</u>

HANDOUTS AND INFOGRAPHICS

- APA Center for Workplace Mental Health: Beating Burnout at Work
- → The National Child Traumatic Stress Network: <u>Secondary Traumatic Stress: A</u> Fact Sheet for Child-Serving Professionals
- → International Society for Traumatic Stress Studies: Fact Sheet on Moral Injury

APPENDIX D TRAUMA-RESPONSIVE TRAINING OUTLINE

Integrating trauma-responsive approaches and actions into daily operations and programming requires proactive skill-building. By equipping staff with foundational competencies and practical skills organizations can grow effective, responsive, and sustainable youth programs.

This training outline offers recommendations for topics, learning outcomes, and practice-oriented instructional design formats ideal for growing trauma-responsive skills. The proposed training approach is iterative, and promotes practice-based learning. The suggested training follows the four assessment areas found in the Trauma-Responsive Organizational Assessment. Each assessment area includes the corresponding skill(s) for each learning outcome. Learners develop skills in a step-by-step manner, building from basic to more complex abilities. Youth-serving organizations are invited to pair the Trauma-Responsive Organizational Assessment to match the specific training goals of the organization. Although not required, consulting with a subject matter expert to both design and deliver training programs is highly recommended.

SYMPTOMATOLOGY

Suggested Training Topics: Foundations of a Trauma-Responsive Approach

Outcomes

- > Understand the neurobiological roots and impact of trauma exposure
- → Understand how trauma exposure impacts behavior, communication and development
- Recognize manifestations of secondary trauma, compassion fatigue, burnout and moral distress from a cross-cultural, intergenerational perspective
- → Introduce trauma-informed principles: safety, trust, choice, collaboration, empowerment

Suggestion for Facilitation: Instructor-led with in-depth content overview, case scenarios and small group discussions

COPING SELF-EFFICACY

Suggested Training Topics: Resilience and Regulation Skills

Outcomes

- → Understand how trauma and (di)stress impact personal and professional functioning
- → Apply practical, trauma informed skills for self regulation
- → Understand how to leverage personal regulation to improve client outcomes

Suggestion for Facilitation: Instructor-led with in-dept content overview, personal and group reflections, case scenarios and supplemental materials for skills recall

SOCIAL COHESION

Suggested Training Topics: Trauma-Responsive Facilitation

Outcomes

- → Learn and apply trauma-responsive communication skills and culturally responsive interpersonal engagement
- → Leverage trauma-responsive communication skills for facilitating interpersonal interactions, groups, and team meetings

Suggestion for Facilitation: Instructor-led in-depth overviews supplemented with case examples and role plays

Suggested Training Topics: Communicating through (Di)stress

Outcomes

- Understand how neurobiology of (di)stress and dysregulation impacts communication capacity and skills
- Apply trauma-responsive communication and self-regulation skills to communicate through (di)stress
- Consider trauma-responsive communication tool as a coping and cohesion building tool for teams and with youth

Suggestion for Facilitation: Instructor-led with content review, applied regulation skill refreshers, role plays and case scenarios

PURPOSEFUL ACTION

Suggested Training Topics: Trauma-Responsive Leadership Training

Outcomes

- > Understand principles for trauma-responsive leadership at the organizational and team level
- Apply trauma-responsive leadership skills and commitments to daily interactions with peers, supervisors, and supervisees

Suggestion for Facilitation: Instructor-led with in-depth content overview, case scenarios, personal and group reflection

APPENDIX E JOB AIDS

- → Check-In Card This tool helps staff to quickly assess their individual stress levels and determine the actions they can take in response. The use of this card equips individuals to direct their attention to *behavioral* signs that indicate stress. The Check-In Card should be used as a self-assessment tool to build awareness, not to diagnose the self or others.
- Checklist for Trauma-Responsive Engagement This tool provides a clear guide for staff to remember trauma-responsive approaches such as noticing and paying attention to themselves and others, remaining in the present, or elevating all voices. The checklist items can be practiced one at a time or staff can choose to use the checklist in its entirety. The aim of this tool is to provide simple reminders of trauma-responsive approaches that can be applied in different workplace interactions (e.g., one-on-one meetings, classroom management, and team meetings).
- Trauma-Responsive Leadership Worksheet This tool provides staff an opportunity to brainstorm new trauma-responsive behaviors or approaches in their roles and workplaces. The tool provides primers to stir new ideas, and invites you to consider how you might adopt these trauma-responsive behaviors and approaches at your organization.
- Breathing for Regulation This tool gives step-by-step instructions for evidence-based breathing exercises. Breathing is a natural part of being alive, and as such can be done discretely and privately. Routinely practicing these breathing techniques helps with managing distress and returning to a calm state.
- Let's Get Grounded This tool gives step-by-step instructions for activating the five senses to reduce stress and help staff focus on, or return to the present moment.
- Noticing Our Assumptions This tool helps staff understand the assumptions we make about ourselves, others and the environment to increase staff's ability to connect with others more effectively.

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Check-in Card

Check-in Ca	rd		
READY	REACTING	INJURED	ILL
 Good to go Adapting/flexible I'm pleased with how I'm doing "I am adapting well to all pressures. I finish my days feeling satisfied." 	 Mild distress Temporary symptoms I'm occassionally displeased with how I'm doing "Stress is affecting me but I can still do the things I need to do." 	 Noticeable symptoms Personality change Erratic functioning <i>"I have changed to the</i> point that I am not in total control of my behavior or reactions." 	 Severe impairment Extremely overwhelmed Possible danger to self/others "This worsening condition requires full attention before getting back to my daily reaganabilities"
Responsive Actions		daily responsibilities."	
Self Interventions			
	Social Support		
		Professional Care	
			Rest Recommended
	Adapted with permission fro	m U.S. Navy's COSC Doctrine	





Checklist for Trauma-Responsive Engagement





Trauma-Responsive Leadership Worksheet

This worksheet is a starting point for exploring and integrating trauma-responsive leadership skills into your day-to-day work. Grounded in Greenleaf's Trauma-Responsive Commitments, it offers a practical way to begin applying trauma-informed values in your interactions and decisions. Think of it as a primer—an invitation to reflect, experiment, and grow.

Each section outlines tangible behaviors that illustrate how a commitment might show up in practice. You may choose to focus on just one at a time. Use this tool to identify where you can take action now—and build from there.

Shared Responsibility is:

A commitment between leaders and staff to share the responsibility of growing and maintaining personal, team, and organizational wellbeing.

BEHAVIOR: Integrating the use of available trauma-responsive tools, resources, and activities within work hours	IDEAS OF WAYS TO PUT THIS BEHAVIOR INTO PRACTICE: → Use practices and tools for attention, regulation, and leadership (e.g., Check-in Card, Breathing for Regulation) → Utilize available wellbeing resources (e.g., flexible work hours, counseling services) WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Taking accountability to mitigate, cope with, and respond to job-related stress for self and teams (where applicable)	IDEAS OF WAYS TO PUT THIS BEHAVIOR INTO PRACTICE: → Utilize employer-provided benefits (e.g., paid time off, employee assistance programs, flexible work hours) → Adhere to policies and practices that follow duty of care WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Understanding policies, protocols, and responsibilities for self and teams	IDEAS OF WAYS TO PUT THIS BEHAVIOR INTO PRACTICE: → Coordinate, administer, and/or participate in necessary staff training → Seek & provide clarification when policies, protocols, or responsibilities are unclear WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?

Fostering Connection is:

A commitment to acknowledge and address issues that undermine social cohesion in order to promote a sense of belonging within organizations and teams.

BEHAVIOR: Demonstrating responsiveness in decision-making, programs, and operations	ideas of how to put this into practice: → Prioritize person-centered design for programs and activities → Consider how to create connections and exhibits curiosity in interactions with colleagues → Communicate clear processes for implementing cohesion-building practices among teams and during program design WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR:	IDEAS OF HOW TO PUT THIS INTO PRACTICE:
Creating opportunities for connection within a team or the organization	 → Invite others to voluntarily share about their traditions → Offer meaning-making activities (e.g., donation drive or team volunteer day) that prioritize dignity of staff → Create formal spaces for staff to openly address challenges to fostering connection among teams and the organization.
BEHAVIOR:	IDEAS OF HOW TO PUT THIS INTO PRACTICE:
Supporting staff to prevent and mitigate job-related stress and trauma	 > Use respectful language > Ensure easy access to all information (e.g., consideration of literacy levels) > Appreciate how experiences may differ for all people > Develop, initiate, or participate in mechanisms to prevent and address misuses of power (e.g., 360 reviews, normalizing pushback) WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?

Transparency is:

A commitment to routinely and openly address organizational and team concerns and functions.

BEHAVIOR: Communicating how decision- making processes operate	IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Share openly about what roles and responsibilities are involved in decision-making → Provide timely communication regarding team or organizational changes WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Acknowledging known job- related risks to self and others, and adheres to protective policies	IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Acknowledge policy implications of operating within larger institutions (e.g., local laws, election outcomes) → Understand role-specific risks to safety (physical and emotional) → Model adherence to protective measures (e.g., use of personal protective equipment, security detail, buddy system) WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Discussing community-level and job-related traumas routinely and openly	 IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Outline procedures for responding to job-related stress and trauma (e.g., political upheaval, COVID-19 pandemic, staff accident or death) → Include interpersonal check-ins during routine one-on-one supervisory meetings WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?

Trauma-Responsive Training and Workforce Development are:

Commitments to ongoing learning about trauma and its effects on organizations, teams, and individuals.

BEHAVIOR: Prioritizing time and budgets for trauma-responsive training and in workforce development	IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Build training and education into regular working hours → Routinely assess gaps in role-specific knowledge and pursues related training WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Pursuing role- specific, trauma- responsive workforce development opportunities	IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Seek evidence-supported training on skills and tools to cope with job-related trauma → Engage in training that addresses trauma's systemic implications in the community and broader society WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR: Applying trauma- responsive training across organizational functions, teams, and programs	IDEAS OF HOW TO PUT THIS INTO PRACTICE: → Integrate trauma-responsive approaches into proposals, facilitation, program design, and communications → Adhere to "First, Do No Harm" principles WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?

Monitoring, Evaluation, and Learning is:

Commitments to capturing meaningful data in order to track progress, assess gaps, and build credibility for trauma-responsive initiatives.

BEHAVIOR:	IDEAS OF HOW TO PUT THIS INTO PRACTICE:
Preparing for role-specific risks related to MEL tool development, implementation, data collection, and data analysis	 → Develop processes (e.g., training on self-regulation skills, trauma-responsive supervision) to prevent and respond to stress reactions resulting from exposure to traumatic material → Ensure measures are in place to support the physical and emotional safety of MEL implementers (e.g., buddy system, adheres to contextual norms, consideration of location and time of day) WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR:	IDEAS OF HOW TO PUT THIS INTO PRACTICE:
Integrating trauma-responsive principles in MEL	ightarrow Use appropriate language and designs for contextual realities $ ightarrow$ Consider timing and length of participation (e.g., length of interviews, focus groups, or surveys)
protocol design	WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?
BEHAVIOR:	IDEAS OF HOW TO PUT THIS INTO PRACTICE:
Applying a trauma-responsive approach to MEL protocol administration	 → Provide opportunities for nervous system regulation for self and others (e.g., offers breaks, breathing practices, and refreshments) → Include informed consent (e.g., names possible stress reactions, provides clear options to engage, pause, or stop participation) WHAT MIGHT THIS LOOK LIKE IN YOUR CONTEXT?



Breathing for Regulation



Box Breathing

Box Breathing is easy to remember and practice anywhere. Imagine a box. For each of the four sides of the square, you'll breathe or pause for four seconds. You'll alternate between inhaling for 4, pausing for 4, and exhaling for 4. Let's begin. When you are ready, take notice of your natural breathing. We will go through three rounds of this brief practice.

Breathe in through your nose for a count of 1-2-3-4.

Pause, holding your breath in, for a

- Breathe out through your mouth for a count of 1-2-3-4.
- Pause, empty of breath, for a count of 1-2-3-4.



Physiologic Sighing

count of 1-2-3-4.

Physiologic Sighing has been found to provide durable stress relief and whole body calming in a compact technique.

Breathe in a normal breath, then inhale a second smaller "sip" of air.



Breathe out a long, slow full exhale through the mouth.

This completes one round of sighing. One round can be enough to get a benefit. If you have more time, do two more rounds for a total of three. Or do one round several times a day when you want to regulate your stress level and bring yourself calm.



Alternate Nostril Breathing

Alternate Nostril Breathing (ANB) is a technique commonly used in yoga to integrate the mind and reduce stress. ANB requires you to alternate pressing one finger gently on a nostril, and then the other. For people who find that quiet meditation brings up unpleasant thoughts or memories, ANB can be extra helpful because you are focusing on simple physical steps. To perform ANB, you may be standing, sitting, or lying down.

- 1 Use your right hand's thumb to block your right nostril and inhale deeply through your left nostril.
- Then release your thumb from the right nostril and block your left nostril with any finger and exhale through your right nostril.
- Next, inhale through your right nostril, then block it with your thumb and exhale through your left nostril.

This completes one round of ANB. One round can be enough to get a benefit. If you have more time, do two more rounds for a total of three.

Note: There is no magic to using your right hand or particular fingers. If your left hand is more available to you, use the thumb and fingers in whichever way serves you best. Of course, if at any time you don't feel like you are getting enough air, stop the technique and breathe normally.



Let's Get Grounded: Orientation

Grounding describes practices used to regulate the nervous system. It activates our "rest & digest" system, acting as a reset for the physiological and psychological responses to stress. Focusing attention, paired with breathing further, activates this system, however, focused breathing is not comfortable for everyone so feel free to focus only on the visualization.

The 5,4,3,2,1 grounding method is easily accessible and adaptable to various environments. It requires no materials, though you can use a pen and paper to note your observations. Use this practice when you notice an increase in heart rate, a lack of focus, sudden irritability, or other signs of feeling stressed or overwhelmed.

Make Yourself Comfortable in Your Environment.

Place your feet firmly on the ground beneath you, with pressure evenly distributed. You may sit or stand



Take a final breath (or as many as feels good for you!) and begin moving your fingers, hands, feet and other extremities. Take a full body stretch or a small shake of all of your limbs to complete the practice if you desire a more energized feeling alongside relaxation.



Noticing Our Assumptions

Our assumptions or biases are informed by a mix of our genetics and family context (nature) and our life experiences (nurture). This includes family values and culture, early childhood experiences, education, social activities, religion and more.

Take a Moment to Reflect

"What has shaped me and the way I see the world around me?"



Our interactions with others shape how we see the world and people around us. Some may be positive and others, less so.

Take a Moment to Reflect

on some supportive and challenging experiences you have had that may have impacted you.

Nature and nurture shape how we organize our experiences. Over time we add to our buckets, even without realizing it.

Evidence shows us that we can change how we see the world.



We have the ability - with some motivation! - to better align our assumptions and behaviors to our values and beliefs.

Reflect

Use assessments and activities, like this worksheet, to reflect on current beliefs and assumptions and how we would want to change them.

Regulate

Reminders of negative experiences and learning new things can increase our stress and frustration. Stress management techniques like breathing and exercise can help train our brain's alarm system to respond more accurately.

Connect

Building relationships with people, especially those who are different from us, helps create positive experiences shaping how we organize information.

→ Take a Moment to Reflect

on some of the things in your buckets. Sometimes we organize things in ways we don't like or expect. Don't worry, we can change that!

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