

**The Ups and Potential Downs of Comprehensive Assessments:
Addressing Secondary Trauma
Administration for Children and Families
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Carol Mizoguchi: Good afternoon, and thank you for joining today's webinar, "The Ups and Potential Downs of Comprehensive Assessments: Addressing Secondary Trauma." I'm Carol Mizoguchi, Family Assistance Program Specialist with the Office of Family Assistance, Administration for Children and Families. We are very happy to have expert presenters to discuss this important topic.

Workers who regularly interact with customers experiencing poverty and barriers are familiar with the challenges of navigating the complex landscape of their customers' lives, day in and day out. Many of the families served by public assistance and other human services programs are currently or have recently faced situations of violence, trauma, societal injustices, and a variety of other stressful factors that can wear on their and their workers' mental and emotional well-being. The ongoing exposure to these difficult life circumstances takes a toll and can hinder a workers' ability to respond to customers in a compassionate and supportive way.

Before we get started and before I introduce the presenters, let's review how to use GoToWebinar. In your upper right corner of your screen is the Control Panel. You can minimize or enlarge the Control Panel by clicking on the orange arrow. By expanding the Control Panel, you can scroll to the bottom to type any questions you may have and provide responses to our polling questions. Please enter your questions throughout the webinar and indicate which speaker you would like to address your questions. We will monitor your questions, and at the end of the webinar, we will address the questions you entered as well as any additional questions you may have at that time. If we do not get to everyone's questions, we will provide a Q & A on the OWRA website in the video resource library, along with a transcript and audio recording of today's webinar.

For today's training you have two choices to join: by computer audio or phone call. At any point you can click on the right panel, orange arrow, to minimize or enlarge your Control Panel. Please feel free to type in your questions during the presentation.

We will be launching several polls throughout the presentation which you can respond to by clicking on the radio button next to your preferred response. We will leave each poll up for approximately 30 seconds.

This webinar will provide an overview of secondary trauma and explore strategies that leadership and line staff can implement to promote staff well-being and resilience. By learning how to enhance workers' capacity to regularly hear their customers' traumatic stories,

organizations can take measures to reduce secondary trauma among workers while continuing to provide a holistic case management. By the end of this webinar, we hope that you will be able to:

- define secondary trauma and the connection to comprehensive assessments and holistic case management;
- recognize common signs and symptoms of secondary trauma;
- identify strategies workers can implement for addressing their secondary trauma;
- understand leadership's role in helping their workers address secondary trauma;
- and finally, consider organizational strategies to reduce occurrences of secondary trauma among workers.

Christina?

Christina: Thank you, Carol. As more programs move to comprehensive case management in order to address customers' potential challenges to obtaining and sustaining economic security, workers understand firsthand that they must ask difficult questions to get closer to an accurate and holistic view of the customers' circumstances. When using the OFA-funded OWRA assessment tool, it's important to be aware that sometimes questions may lead to customers sharing traumatic stories, thereby increasing the occurrence of secondary trauma in workers.

For those of you who are unfamiliar with the OWRA tool, or the Online Work Readiness Assessment tool, it is a web-based tool funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. OWRA offers an innovative approach for creating a plan for clients that summarizes their strengths and barriers and makes recommendations on placement into work activities and work supports. Within the OWRA tool, there are areas that include sensitive questions that are hard to ask and may be difficult for the customer to answer, so we're going to show you a few of them:

- This is the section in the mental health section, and sometimes questions about a customer's mental health may bring up past or current painful stories.
- This is also true regarding questions related to substance abuse, and this is the substance abuse section of the tool.
- This is the domestic violence and safety section of the tool, which asks us questions from both the victim and the perpetrator perspective. Domestic violence questions involve emotional, physical, and/or sexual abuse, and any time a customer discloses domestic violence, the questions naturally will tap into traumatic stories.

I will now turn it back over to Carol. But before I do that, for more information on OWRA, there is the website [<https://peerta.acf.hhs.gov/owra>] as well as the help desk information [1-866-989-6972, owra@icf.com], and the OWRA TA team will be happy to answer any questions you may have on OWRA. Thank you. Carol?

Carol Mizoguchi: Thank you, Christina. To help us better understand the impact of secondary trauma on both individuals and organizations, as well as how we can build resiliency, we are very fortunate to have dynamic presenters guiding our conversation today.

We will first hear from Winston Bell, Director and Vision Keeper at Everybody Can Win Consulting. Mr. Bell has been a mental health therapist for the last 12 years in Washington state, focused on supporting families and strengthening communities. He has on numerous occasions delivered trainings to Washington Department of Social and Health Services supervisors on ways to create self-awareness regarding stress and how to manage it, how to understand the effects of trauma, and how to develop coping skills that enable staff to better manage trauma. These trainings have been instrumental in assisting DSHS in creating a culture that supports and effectively addresses secondary trauma, thereby improving staff and customer interactions and reducing staff burnout. Mr. Bell is passionate about working with youth facing difficult life circumstances, including tribal youth disconnected from their families of origin because of trauma, and youth in schools that are at risk of expulsion due to significant behavioral challenges.

Then after Mr. Bell gives his presentation, we will hear from Larry Timmerman and Michelle Belitz with Ramsey County in Minnesota.

Mr. Timmerman is currently a Senior Program Evaluator in Ramsey County, Minnesota's Office of Research and Evaluation, conducting program evaluations and research primarily in the area of public assistance and workforce programs. In his current role, he has been involved in the development and evaluation of the Lifelong Learning Initiative that incorporates a goal-setting framework, advanced coaching techniques, executive function assessment and development, and road-testing the tools associated with LLI. As a core member of the Ramsey County Workforce Solutions LLI Strategic Leadership Team, Mr. Timmerman has helped to develop, implement and evaluate the effects of trauma and secondary trauma on low-income families and the staff working to assist the families achieve self-sufficiency and family stabilization.

Ms. Belitz is a Planning and Evaluation Analyst with Ramsey County Workforce Solutions. She has worked with TANF programs since authorization in 1996, and has held a variety of positions over the years, including Employment Counselor and Supervisor. She holds a Bachelor of Science Degree in Rehabilitation Psychology from the University of Wisconsin-Madison. Her experience in secondary trauma stems from her experience as an employment counselor and as a supervisor coaching a team of employment counselors through the implementation phase of Ramsey County's Lifelong Learning Initiative.

Finally, we will hear from Jessica Hancox, Case Management Program Supervisor with the Colorado Works program in Boulder County. Ms. Hancox has worked in human services for 12 years and currently serves as the Colorado Works Case Management Program Supervisor, overseeing case managers for the TANF program in Boulder County. She has vast experience supporting case managers and customers to effectively manage trauma in order to foster positive client outcomes through coaching, motivational interviewing, and emotional positive intelligence techniques. Boulder County has been recognized nationally for helping to spearhead the use of family-centered, trauma-informed coaching approaches with low-income families.

Before we go into our presentations, we'll have our first polling question: What is your current level of knowledge about strategies for reducing secondary trauma? [pause, 20 seconds] I'm going to ask that folks vote. Looks like we have — okay. [pause, 10 seconds] Great. Thank you for your responses.

Polling question number 2: How do you currently manage work-related stress? Please type your response in the Chat box located in the bottom of the Control Panel. [pause, 28 seconds] Okay, looks like we've had a few responses. Of course, I can't see the box.

Christina: Yep, so Carol, there's a lot of exercises - "Engage in new hobbies, going for a walk, spending time with family, working out, spending time with friends and families, pets, getting plenty of rest, music."

Carol Mizoguchi: Great. Thank you. So at this time I will now turn the presentation over to Winston Bell, Director and Vision Keeper at Everybody Can Win Consulting.

Winston Bell: Good morning or good afternoon, depending on where you are. Thank you all for having me this fine day, and I'm just elated that I could share some of my knowledge and some of the experiences I've gone through with all of you.

As I was going through my research, one of the things that stood out was a quote that I found from Ms. Naomi Rachel Remen, and I think this really broke it down in layman's terms about what it is that we will be experiencing, and that quote was:

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

What is secondary trauma? I know a lot of folks probably have their own understanding and ideas about what it is, but again, the layman's term, a simple definition is "the stress resulting from helping or wanting to help a person who is suffering or experiencing trauma that presents as a cluster of negative symptoms."

The increased risk of secondary trauma. Those at greatest risk work with and/or assist children, adults, and/or families who are or have experienced trauma, as well as workers that experience over-identification with customers, reminders of their own trauma, or high levels of empathy.

Clarifying empathy and your role: "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner." That's the *Merriam-Webster* definition. Workers support customers in achieving their goals by (1) providing guidance based on programmatic expertise, and (2) connecting customers to appropriate services and resources.

These are some of the effects of secondary trauma. I'm sure that most of us, if not all of us, have experienced some of these: intrusive thoughts, chronic fatigue, sadness, anger, fearfulness, shame, poor concentration, second-guessing, detachment, emotional exhaustion, physical illness, or work absenteeism.

These are some of the compounding negative effects that we run through. Burnout is a big one that we experience when working with families or individuals that have experienced trauma. Burnout plus secondary trauma is closely related to compassion fatigue. We'll speak a little bit later about compassion fatigue.

A lot of people think that the only one that is hindered by secondary trauma is the individual or the worker. Nothing can be further from the truth. These are the additional costs to organizations:

- Low morale when it comes to group settings and working with other folks.
- A high rate of turnover. And what we will see later is that the financial cost is far higher than we think, because it comes into having to recruit other folks to take over those positions.
- Hiring and training of new staff.
- Once one is taxed with extra work, it increases other folks' workload and stress for existing staff. That is, when we lose one co-worker, others have to take on their workload, which falls into decreased quality of work.

One of the things that I think one must be able to do when working with families that have experienced trauma is build resiliency, and that usually happens by not allowing the optimism to sink in, being able to master your negative emotions, and collaborating with other workers that are a little better at easing that pain and dealing with some of those situations.

This is number three. The polling question is: How does your organization support you in reducing the negative effects of secondary trauma and building resiliency? Please type your responses in the Question[s] box. [pause, 26 seconds]

Christina: Winston, are you able to see the responses?

Winston Bell: I am not.

Christina: Okay. Let me do a quick summary for you - some offer trainings, Education Assistance Program, team-building exercises, small groups, and then, foremost, supporting of each other.

Winston Bell: Okay. Would you like me to respond to that, to some of those?

Christina: Sure, sure.

Winston Bell: Excellent. I am in the state of Washington, and in working in some of the larger organizations that have, I believe, a big turnout and a lot of people that are experiencing secondary trauma, what I have found is, many organizations, they want to kind of sweep the secondary trauma under the rug. What they don't understand is that, if a person is working with four or five families that are in trauma, and they come home, then [in] some kind of way, that trauma will seek into them and become a super-damaging situation in not only their own family, but with the families of folks that they're working with. So it is really instrumental to have these type of places where you can vent. Venting is huge, and it may not seem like it, but it really cuts down on the burnout. One of the toughest things to do is to go home and to try to explain to your spouse or your significant other what you are experiencing at work, if they don't work in the same type of setting. So these type of small groups, and having someone you can talk to or vent to individually, these type of things are really instrumental at staying grounded and not experiencing that burnout.

Carol Mizoguchi: Thank you.

Winston Bell: You're very welcome.

Carol Mizoguchi: Okay, great. So we're going to turn it over to Larry and Michelle with Ramsey County in Minnesota, to share how their organization supports workers to reduce the impact of secondary trauma and build resiliency.

Larry Timmerman: Thank you, Carol. Can you hear me all right?

Carol Mizoguchi: Yes.

Larry Timmerman: Oh, great, great. And thank you, Winston, for that great overview, and for helping us to better understand secondary trauma. Especially interested in the additional cost to organizations as where Michelle and I sit, there's a lot of conversations about those costs associated with secondary trauma and what we can do to improve our situation here in Ramsey County.

As Carol said, my name is Larry Timmerman. I'm a Program Evaluator with Health and Wellness and Workforce Development in Ramsey County, Minnesota. I'm going to move quickly through some infographics that you will have access to online, and I'll also introduce Ramsey County's Lifelong Learning Initiative and advanced coaching methodology and employment service delivery that's led to our realization and recognition of increased secondary trauma among staff, and also our reaction to it.

Ramsey County's Workforce Services Vision, this is really at its highest level but also at its core, and really just the highlights tell the story. We're looking at improved employment and family stabilization or stability. Those are our primary objectives for our workforce services. We're driving goal setting, action planning, and achievements through our new processes that we're establishing within the program. And the final — "A dream written down with a date becomes a goal; a goal broken down into steps becomes a plan; a plan backed by action makes your dreams come true" — a vision for our service system. That's really at its core, and that'll come through in subsequent slides.

What you're looking at here is our Lifelong Learning Initiative structure. In this, we have Assessment, Goal Setting, Goal Planning, and our Act-Review-Revise — it's a rapid-cycle learning environment that we've deployed in Ramsey County. As you flow through this, you'll see how this not only is working as an advanced coaching methodology with our participants and families in the community, but also where you may see areas where additional secondary trauma has been occurring and continues to build within our staff. And so, we have moved, and the next slide will get into our mindset shift.

In Ramsey County, we had a mindset shift, and this goes back years. It's about five years now, really, that we've been transitioning from a case management model to a coaching model. And without reading through everything on here, you can see some of the highlights from a more prescriptive process-orientated employment service system, which is more akin to the participation rate driving what the work is, to a coaching model, which is much more relationship-driven, goal- and outcome-driven for families, and we've developed tools to support

that. In doing that, we've also developed tools that have allowed counselors to build on relationships with participants, learn more about some of the details in what drives them and what may be holding them back, and taking some of that on in the form of secondary trauma as Winston described.

Our system now looks like this. This picture is representative of everything enveloping Lifelong Learning. We have our essential skills; our Gap Tool — "Tool" is actually plural; My Bridge of Strength; coaching; and motivational interviewing. Our "Bridge of Strength" is an assessment tool that is updated over time to show where families are at, but all of this is driving through this Lifelong Learning concept here in Ramsey County.

Early in the development of Lifelong Learning, it was apparent that counselors would need to provide more individualized coaching to clients and families, and are establishing stronger relationships with them. Rapid-cycle learning, including counselor focus groups and counselor-client observations by supervisors, which we've done many of, have led to some learning within our system that is being used in development of future efforts to both reduce secondary trauma or improve circumstances for counselors and also to improve our services to families.

Three groups of LLI counselors during the first quarter of 2016 further highlighted the need to focus on secondary trauma, as counselors were gaining advanced coaching skills that allowed them to learn more about the trauma experienced by the families they served. Families were often unable to establish clear, achievable long-term goals due to chronic stress in their lives without advanced coaching, leading counselors to experience the effects of secondary trauma in ways they hadn't previously experienced. And high caseloads and workloads made increased client engagement, often required with advanced coaching, challenging, leading to added stress and secondary trauma for counselors. We've been observing this for probably a decade, certainly over the last five years as we've been moving into this new model. But now we're getting to the point — and I've got to thank Winston again — as we define this and can develop tools to bring to counselors so that they themselves recognize what's happening, and are able to help themselves and help their peers through working with families, this is really great and timely for us.

Efforts are under way in 2017 to further strengthen LLI by streamlining our employment guidance counselors' workloads, piloting a stress management coaching approach for clients, developing further guidance for staff through counselor handbooks and fidelity guides, and taking additional steps to prioritize coaching tools that are currently available.

With that, I've really set the stage for what Ramsey County's doing, and Michelle Belitz is going to tell you about experiences on the front line, some of our efforts that are currently underway, and the direction we plan to go in the future with our efforts to improve on our secondary trauma. Thank you.

Michelle Belitz: Thank you, Larry. This is Michelle Belitz, and I will be speaking with you today from my experiences as an employment counselor, but also an employment counselor supervisor most recently.

As I mentioned, I'm going to be talking about some of the organizational supports that we have in place. The first one that I want to talk about is that we have made efforts to invest in our staff training and development through providing system-wide motivational interviewing and coaching training, and additional training around system-wide use of goal planning and achievement.

So when staff receive training in motivational interviewing and coaching techniques, they did report feeling more confident in their ability to work with people through ambivalence, and in identifying their personal goals. In addition, the purpose of goal planning with participants is meant to enhance the skills of our program participants to address their own needs. The counselor role shifts from feeling like they're the ones who need to solve all of the issues at hand, to one where they're more of a support and resource to the participant as they take steps toward their desired outcome. Professional development in these areas has given staff more of a sense of control in this situation, and as a result, they may be more ready and able to address challenges their participants may be facing.

We have also developed subject matter experts in the areas of housing and domestic violence, so our counselors don't have to bear the burden of these situations all on their own. We have also provided training in the area of mental health crisis response, so staff will know how to respond appropriately considering that we are not licensed mental health professionals.

We also have, as Larry mentioned, included staff in appropriate program development and implementation. As we have been making changes, we have included staff in steps along the way. We use focus groups to gather their feedback and input. In addition, as Larry mentioned, we've used rapid-cycle learning structure to gather input during our implementation phase, and have made adjustments as needed. In essence, the staff feel like they have input regarding the changes being made, and again, they feel more aware, more connected, have more buy-in, and more of a sense of control over their work environment.

Grow social and professional capital through peer network coaching and community, through peer pairing, supportive supervisors, mentorships, and respecting professional boundaries. Just as our participants need to grow their social capital and positive support network, we are recognizing that our staff do as well. The way we have done this is through pairing our counselors with one another as they have someone to go to for support in a challenging situation, maybe work on improving their own skills through observing one another, and overall reducing their feelings of isolation, making sure that a supervisor is always available and flexible to meet with staff. So as a supervisor, I would often have staff stop by to check in, debrief, provide support and direction if necessary. Sometimes more than anything, staff just needed reassurance that they were doing the right thing or may just need you to take some time to listen.

We also have formal mentor programs in our county, but sometimes the best mentoring has happened naturally. It's especially important to have staff that may be new to this line of work to have a seasoned peer mentor that they can go to during their first couple of months on the job.

It's important for counselors to establish professional boundaries so participants are clear about your role as an employment counselor, and staff need to be knowledgeable of what community supports exist to assist participants. In Ramsey County, we're fortunate to have a wide network

of resources and community-based organizations. If a family is working with other professionals such as child protection, housing, domestic violence, or corrections like with probation officers, we do make efforts to collaborate with other professionals that are working with our families.

Organizational supports continued: providing down time. This is something we provide, the option [for] staff to take three to four hours each week, which we actually call "do not disturb time." This provides time for people to catch up on their case notes, make referrals, return phone calls, whatever it is that they feel they need to do.

Modify our environment. So we've been making efforts in our program to modify our environment to create more welcoming spaces for our families, and to find ways of reducing stress. Some staff have reported that they're making additional efforts to change their own environments and finding spaces other than their own offices to meet with families, to create more privacy with less distractions.

Sometimes we rotate challenging cases from time to time. This doesn't happen very often, but if someone does feel particularly triggered [by] working with a family, or if they've been working with a family for a long time, we do rotate those cases from time to time.

We do offer flexible work schedules in Ramsey County and alternate scheduling, which may include four 10-hour days, which allows staff to have a three-day weekend rather than a two-day weekend. Or with prior approval, some staff may choose to flex their hours from time to time to have a longer lunch break, to spend that time with a friend or a loved one.

As a supervisor, it's really key that you are aware of your Employee Assistance Programs, and you know how to access those services and recognize when staff may be able to benefit from them.

In addition, we're fortunate in some of our sites to be able to offer on-site Yoga and Pilates programs through our health and wellness programs, and staff are able to take classes over their lunch hours. At one of our locations, we have a walking workstation where people can get some exercise that way. At one of our other locations, we're really close to the river where we have walking paths and parks where staff can take advantage of that.

So I've provided a lot of information about our organizational supports, but I have some ideas of self-care and finding balance that individuals can manage on their own. So definitely honoring breaks and lunches. I know for some individuals this can be easier said than done, and as a supervisor, when I would notice that someone never seemed to really leave their desk, I would encourage them to get out. Change your scenery. Step away from your desk. Go have your lunch in a different location, such as we have a cafeteria, or a local park if it's nice outside.

Respect your limits, and take time to acknowledge the impact on you. We can offer supports as an organization, but people do need to take some steps towards creating healthy habits on their own and tailor it to what rejuvenates them, whether it be better sleep, nutrition or exercise.

Use your vacation and flex time. I know that may sound kind of silly to some, but we have some individuals who are super-committed to the work, and as Winston mentioned, some people have experienced their own trauma and do over-identify with individuals, and feel if they take

vacation, they're abandoning the families that they're working with. So I've actually had to, as a supervisor, really ask, "Hey, when's the last time you really took a vacation? I really encourage you to get away to recharge."

Find a hobby. I mean, for me, my hobby is cooking. That's something totally different than the job that I do. It allows me time to go home and get in the zone, chop some vegetables, take my mind off of the job, and do something that's satisfying for me.

And then lastly, seek professional help if that would benefit you.

So as Larry mentioned, there are some things that we're doing for future interventions in way of refining our Lifelong Learning Initiative. This is just a short list:

The Counselor Bridge. Not sure this is exactly what it would be called, but much like we have a Bridge for our participants, we are considering creating something a like a Bridge for staff. Our initial thought is that this will have core competencies of what it will be like to be an employment counselor within a coaching and goal setting framework. This maybe can be better at identifying training needs in general, and/or tailor coaching and learnings for the individual counselor.

Wellness to Work. This is also in the early stages of development, and will include a series of modules that support employment retention and family stabilization through the development of essential skills. Modules may include stress reduction techniques, mental and physical well-being, work-life balance, and building and sustaining support systems. The thinking here is that this could be a trickle-down learning process where by teaching these skills to our program participants, there could be a transfer of learning and application to the counselor in their job, in their work lives and their personal lives.

And Continuous Process Improvement. Considering that we do work in a high-compliance environment, we are exploring ways of using parts of Continuous Process Improvement as a softer and individualized approach to improve our performance outcomes. We suspect that over time we may find ways to change services, or it may help us identify further areas of training for our staff.

This takes me to my last slide. These are key outcomes and key takeaways. Through this process, we've learned that —

- It seems that skilled staff feel more confident and supported by the organization.
- Staff who can articulate their strengths and challenges may be more willing and able to engage in their own self-care.
- Stronger community-based networks and resources and partnerships are important.
- It's important to have supervisor validation and recognition, and definitely appreciation, whether that be on an individual level or organizationally.
- That job skills can become life skills.
- Reduce your isolation.

- Involvement in program design opens professional development opportunities for staff, and they become a resource to our organization, our communities, and families, and their own families.

Thank you.

Carol Mizoguchi: Thank you. Next we'll hear from Jessie from Boulder County Colorado Works.

Jessie Hancox: Thank you, Carol. Hello, my name is Jessie Hancox. I work with the Boulder County's Colorado Works Case Management Program, and I've been with Boulder County for about three years, but working with the TANF population for over seven now. Here in Boulder County, we're not just human services — we're fortunate enough to have human and housing services together. Why this is important is because we're not only working with many of the same clients, we're also supported by the same leadership that has a shared vision of coordinated service delivery. I'll get into the coordinated service delivery model in a couple of slides.

I also wanted to say thank you to Ramsey County. I really appreciated how they highlighted organizational supports, because again, that illustrates when staff are not only told but can see and feel it through their organization, they're able to perform to their highest ability [with] continued reassurance that they're doing a good job.

I wanted to highlight our training support for case management staff. Boulder County provides continuous training to staff, offering professional and development tools and techniques that help reduce the daily cognitive workload that can otherwise lead to burnout. These trainings are also provided to supervisors to support ongoing approaches and methods to solution-focused communication, and strength-based approaches that build up our staff's understanding of the latest in development of case management tools. This robust training then helps ground staff's footing while working with clients through their barriers and known traumas, and links them to workshops and trainings that then place them closer to successful employment and family stability.

Looking over the training that we have, motivational interviewing is strengths-based case management. What I really appreciate about Boulder County's push is that we're not just training our front-line staff. We're also taking it to another level and sending supervisors and managers to those trainings as well, so that there is a shared language and a shared vision of support and continued movement to help these clients and families that are experiencing toxic stress, and that then can lead to secondary trauma exposure for the case managers. So, with the motivational interviewing for supervisors and the strength-based supervision tools, it takes it to another level of, how can I then be of service to my team to be able to help with continued tool development and professional growth for my team?

We have cross-program training. It's important for people to, not necessarily be an expert in everything, however, understanding what other programs provide, so we can then be able to give clients a walkthrough of what to expect when we're referring either internally or to external agencies.

Coaching for Success is a state training, and this illustrates just that, of cross-program training. It's been going on for about a year now. It's a four-day training that takes you through a day in the life of, not just a case manager with a case from open to close, but also the eligibility side. It's marrying the two sides which historically is not necessarily always common. It's a great

opportunity, though, for case managers to understand actions that they take, and how those actions can sometimes affect the eligibility side and vice-versa.

And then we have our Community Connections opportunities. This really does, then, illustrate that coordinated service delivery model. We bring in folks that we work with within the community, case managers within our housing programs for housing stabilization, tenant-based rent assistance, and also family self-sufficiency, and also our Colorado Works case managers. They not only get an opportunity to learn together, but it's an awesome opportunity for everybody to network professionally, place faces with names if they're working with the same family.

Then lastly, this emotional and positive intelligence, self-awareness and control. It's a great investment to take your staff to this training on emotional and positive intelligence. It helps case managers get to what may be getting in the way of successfully engaging customers, when client situations and crises may conflict with their own values and morals. You see this a lot where, an example may be, your client comes in and is talking about their parenting technique, and perhaps it may conflict with your morals or values. This training really helps case managers. Frontline staff, supervisors and managers also attended. It's really about what's getting in the way of me being able to show up and be of service to this family that has a need right now? How do I work through my own conflict to be able to then get to the next level of supporting this family?

Building a community of support. This is an illustration of our coordinated service delivery model. It initially started off as coordinated case management, and began with our Colorado Works program and our housing programs that I'd mentioned previously, that family self-sufficiency, tenant-based rent assistance and housing stabilization. This process is now within the implementation phase of becoming an agency-wide practice. This will be implemented with both internal programs and our community partners that support with the housing stabilization programs. That's going to be happening this fall of 2017 and then moving into 2018.

This systematic approach supports with helping our families, Colorado Works case management staff, and also our social case workers. This is what's really exciting, because we get to be in touch with our family and children's services department to build a community of support. Case managers now have the ability to link up with the caseworkers to best understand the immediate needs of the families, while assuring that they can provide a successful program experience that supports our clients in maintaining program compliance with their plans and activities within Colorado Works.

Oftentimes, when you're working with a family in Colorado Works — and this is what I love about this topic, and why I'm so excited to be able to present on what we do here in Boulder County — is that I believe that Colorado Works, or TANF programs just across the nation, haven't necessarily ever truly been recognized for the work that we do. And seeing that we work with families in extreme high crisis, as well as poverty, and how that affects them, they're not just working within our programs. Oftentimes they have multiple case managers that they're working with. This is something that we've recognized and were wanting to be able to have people come together, versus, a client walk into our building, know they have an appointment with a caseworker, their housing case manager, and also their Colorado Works case manager. So, how can we work together to take three programs and implement one individual plan to support a successful outcome for the family?

This also provides clients, via case managers, an immediate group of professionals to work with, and talk through these really traumatic and difficult cases that they're working with. Because when clients are working with case workers, oftentimes there can be some really tough topics that come out — substance abuse, domestic violence, violence against children. How are we supporting the staff to be able to leverage those tools that they have, support them when they're having a hard time, and help them to move forward to be of service to the families that we're working with?

This is our Housing and Human Services continuum. This kind of speaks to what I was saying. This illustrates (1) how senior leadership understands and embraces that any door really is truly the right door in helping mitigate staff stress and burnout. Who do I need to connect with to best support the family and make a positive impact as they're working towards that positive outcome?

So if you look at the high risk, high involvement [end] of this spectrum, that is showing those cases that are involved with our family and children's services, family court. There's a lot of heavy casework that's going on here. As you move into the orange and yellow, it illustrates the Colorado Works — we're really in that middle continuum, and we do have connection with the high-risk, high involvement cases. Then, as you move up the trajectory for low risk, low involvement, it is speaking to our Light Touch programs like Medicaid, food stamps, Women, Infants and Children program, Community Infant Program. So really, those services that are provided that are, Light Touch, but recognizing that there is an assess and reassess. We're working with this client and knowing that this program is not linear. There isn't just one door in, one door out. A lot of times we're working with families that have cyclical cases, they're cycling through various programs. What are we doing to be able to lighten the load and make a positive impact in the families' lives?

Creating a safe space for staff. We're all in the profession to help others, and sometimes we need help ourselves. We understand that the most important piece of creating a safe space for our staff is through positive practices of good self-care. We've contracted with a local licensed clinical social worker. She meets with the Colorado Works case managers and our housing case managers monthly. There's also an on-call option as well, in between the monthly sessions, to support with any secondary trauma that the staff may be experiencing. If they happen to have something happen just days after they've had their group session with the licensed clinical social worker, then they can have the option to call in and walk through it with her, and then they bring it back to me and we can talk through it as well.

Encouraging the staff to take advantage of our wellness programs, provided to all of our county within Boulder. This includes on-site exercise rooms for yoga sessions throughout the week, wellness challenges that encourages healthy eating and exercising at work — so afternoon walk groups, StayWell challenges. Actually tomorrow, we're celebrating the National Walk Day — I believe it was April 5th — but Boulder County is having seven different sessions with groups that just get together and go on a nice hour walk, so really just getting out and taking care of yourself.

I am petitioning for staff to utilize their benefit of eight free sessions to the Employee Assistance Program. To follow Ramsey County, it's extremely important to know not just that we have that program, but for supervisors and managers to be able to walk staff through that and support them when they are reaching out for that service.

We also have laughter yoga, and this was brought to us by one of our very own Colorado Works case managers. She came to me and explained that it was a goal of hers to be able to start utilizing laughter yoga with staff, and she wanted to eventually be able to branch out to clients. Our division director heard about it, participated in a session, and took it to our executive director and also our director in HR, and now we have it as part of our wellness program. She does the class two times a month. So that's something that's really exciting, and if you guys have never heard of laughter yoga, it's founded in the root that laughter has positive health benefits. You can probably research it and find somebody in your local area that is conducting a laughter yoga session. Definitely worth looking into. Our case manager does this at staff meetings and at retreats, and she's been also invited through our workforce center staff retreats to conduct a laughter yoga session.

Intentionality is to invest resources into our staff, to build their strengths, and address potential factors that hinder work with our customers.

We also offer regular monthly meetings, so they meet with me, and we're able to staff cases, the really hard cases. They can approach me any time to be able to connect on really hard cases and walk through that.

Another is our monthly supervisor-manager cohorts. We started this about a year ago. I absolutely love this, and I encourage any agency to do it. Supervisors and managers get together — there is a group generally made up of five — and it's not within the same department. I have managers that I meet with that are with housing, family and children's services, our front desk staff, and an eligibility manager. We're really getting together as a support for each other. Then every quarter, we have a manager-supervisor meeting where we come together and we talk about the progress we've made within our cohorts.

And lastly, we have our Rose, Bud, Thorn discussions. I've just recently started implementing them with our staff in the team meetings, and also through discussions. It's a great conversational piece, and totally free, which is always the best kind of resource. "Rose" is what are you really happy about, "Bud" is what are you hopeful for, and "Thorn" is what are you having a hard time with. With my staff, I let them utilize either personal or professional issues that are going on to then help me understand where they're at and possibly where they need a little bit more support.

This is my last slide, and I wanted to have the opportunity to talk about continuing the community of support. As we come full-circle, this slide illustrates how all the previously mentioned techniques and tools provided to our staff leads to a wrap-around effect that reinforces the self-care that the staff are provided and encouraged to embrace. This is then returned to their clients and their families.

- through holding space for clients at their monthly check-ins and seeing their case management role as a responsibility partner, rather than a compliance manager — really teaching your staff how to walk beside your client;
- referring clients out to the appropriate services for mental health, substance abuse support, housing, transportation, whatever their needs are;
- and walking the walk of coordinated case management practices that embrace the successful client transitions and barrier removals, that then link them to sustainable and meaningful employment that supports them and their families, both emotionally and economically.

As we teach self-care, remember the first step is being kind to yourself. The second step is that we are the co-pilot in our clients' lives as they work through their struggle. Providing staff the tools and power to ask how they can choose to show up each day, to maintain the work they do through the lens of seeking to reduce their clients' barriers to employment and help their TANF experience be a successful one, is why we do what we do.

Thank you all for choosing to show up each day to help improve the daily lives of the families that you serve. Thank you.

Carol Mizoguchi: Thank you. Wow - thanks to all of our presenters. So much great information. And now we have our fourth and final polling question. [What is at least one thing you will do differently as a result of this webinar? — pause, 20 seconds] Christina, I can't see the result.

Christina: Okay, sure. Let's see, what is one thing I learned? "Honor my breaks and lunches, take my breaks on a more regular basis, look into laugh yoga, I like the Rose, Bud, and Thorn, More laughter yoga" — that seems to be a hit, Jessie - "taking care of myself better, respect my limits, have fun, practice more self-care, good staff support for secondary trauma in grant proposals." Lots of laughter yoga. [laughter] Thank you everyone.

Carol Mizoguchi: Great. So again, I just want to say thank you to our wonderful presenters who provided a wealth of important information that can be used as we increase our understanding of the toll of listening to customer stories day in and day out. I have this wonderful list as a result of this webinar, so again, I just really want to say thank you. And now, I'm going to open it up to questions. I don't know if any of our participants have any questions.

Christina: Yes we do. This is Christina. We have quite a few questions in the queue, so let me get to them. For Larry: Could you provide more information regarding your pilot project regarding stress management approach for clients, and how long did it take to complete the analysis of the impact of the pilot project? What were your findings? What did you find was more effective vs. not effective? [pause] Larry?

Larry Timmerman: Yes, I'm here. We're just getting unmuted. Thank you for the question. The rapid-cycle process that we went through, we spent about one month with each pilot cohort, the employment counselors, and each group was, I think it was four to about 10 counselors. The first group was smaller, and then cohorts 2 and 3 were larger.

For the analysis, each time we went through a similar process, almost the same but we did tweak it each time. Each month we were analyzing the activity of the cohort to advise the next one. They were actually spread out about six weeks, but we would be monitoring for about a month and then take a couple of weeks to analyze and use the information learned in that rapid-cycle process to advise changes to the process as we were building what would become Lifelong Learning. Counselors were involved with that with feedback, and the supervisors were observing what was happening, including observing sessions with participants.

Then we brought all of the affected counselors, anyone who had been participating in it, together for training as a group. As Michelle was saying, that was also the same group that made up the peer-to-peer groups as we continued to implement what was the final program of Lifelong Learning.

As far as outcomes - if I understood that correctly - that was really the implementation phase. We're currently working on an implementation evaluation with one of our partners nationally who is doing that from the outside to give us a better sense of how we've implemented Lifelong

Learning. This summer we'll have a full evaluation plan in place for evaluating the participants in that program.

In addition to that on-going, we are always doing qualitative analysis and quantitative analysis, but the qualitative part mostly is focus groups, and we've had a number of reasons to bring participants in. We've recently been discussing more focus groups of our staff. Secondary trauma is going to be a part of those conversations, no doubt.

I think in part, from my standpoint at least, it's good to give this a name, and to give it the recognition that we've all been experiencing this and observing it over the years, but it seems now like it has some, I could say, it just feels like its time has arrived where we're going to better understand this and do better for our staff as a result of it. Thank you.

Christina: Thank you, Larry. I have a follow-on question for you: Can you provide additional information on financial costs to the agency regarding not addressing or addressing secondary trauma? Is there any longitudinal studies?

Larry Timmerman: I can speak only to Ramsey County. We have, essentially with human resources, our turnover rates and training costs. Specific to our employment services program, we haven't done that traditionally, but we are looking at some cost/benefit analysis of some of our programs in a way that we haven't previously, and one aspect of that could be turnover. We're pretty early in that discussion about what we could do, so I can't give you any information about what it's been historically. That's probably the best I can do at this time.

Christina: Okay. Thanks, Larry. For Michelle: Can you talk more specifically about peer pairs and how that is used in your department?

Michelle Belitz: As Larry mentioned, through the rapid-cycle learning, we did involve our staff in the process of change. I know that change can be really, really hard for people, so recognizing early on, as we were implementing a goal-setting framework and went through our coaching mindset, that offering support to one another was really crucial. Peer pairs have been intentionally paired up, because we just had some turnover during this period. We had some newer staff that were coming on board, and we paired them with more seasoned staff, people that were more natural in their coach approach and had more experience in that practice, with someone who was newer to that model.

Peer pairs can do any number of activities with one another. They can observe each other's appointments and provide feedback. They might do some case file reviews with one another. One peer pair was really instrumental in helping somebody that was newer to our county at learning about all the different resources that are out there for families. It gave an opportunity for people to talk about difficult cases and do some case consultation with one another, and just reducing the isolation in pairing up with somebody that has a different perspective than you, and you can get a different idea or approach to a situation you might be working with a family on.

One of the things we just recently created was a self-reflection tool, where people can take time to reflect upon, what did I learn from my peer? What might I do differently? What do I need additional supports around? And that could be something they could share with their supervisor in their monthly one-on-one meeting. I hope I answered the question.

Christina: Thanks, Michelle. Another one for you: For the Wellness to Work techniques, I'm interested in learning more about the stress reduction piece, and integrating that into your work environment. Curious as to when your county will be implementing this.

Michelle Belitz: Yeah, that's a good one. We have a program, a cohort model right now that a few of our staff members are running, which we call the Pathways Project. That's for individuals that have identified that they have a criminal record or something in their background that is preventing them from finding employment or making it more challenging.

That's a cohort model, and cohort models we've been attempting to run more and more of, or looking for ways to run cohort models, because we find that people can be a support and a resource to one another. It was an ideal situation where we had just simple stretching exercises and some breathing techniques that were introduced to the cohort that we're still currently running. It hasn't been fully assessed or evaluated, but we're getting feedback from the staff that are running it and feedback from the program participants that are part of that cohort, and how are they applying it to their day-to-day lives, and how are staff potentially applying it to their day-to-day lives and to their work.

Then we're looking at potentially introducing other techniques, and I'm not sure what they all will be. We are working with a partner on that, but we're not anywhere near implementation of that. That was one of the things that we're looking at for the future, but again, it could be mindfulness, breathing, stretching, but all in an effort to help people learn self-regulation techniques. Because especially with families that are experiencing high levels of toxic stress in their lives, sometimes they can take that to their jobs, so we as an employment program need to keep in mind that we need to connect that to employment and how does that relate to employment retention. Teaching people techniques, simple things that they can apply in a stressful situation, on the job or in their lives. More to come on that.

Larry Timmerman: Just to add that our partner is very familiar with the laughing yoga and that has come up, so I suspect we'll be implementing some version of that also. I can't wait.

Christina: Michelle, one more question for you: Who put together the list "Outcomes and Takeaways"? Was it an employee focus group, or was it management giving input on what the expected outcome was supposed to be? I would like to know about the success rate of such an endeavor in your county.

Michelle Belitz: I'm sorry, who put together the list of organizational supports — is that the question?

Christina: The outcomes and takeaways.

Michelle Belitz: Oh, the outcomes and takeaways. Some of these were things that came up in focus groups and some of our workgroups that we've been having, and just listening to staff and asking staff for their feedback. A lot of it just really comes from my personal experience as a supervisor as well, but a lot of this has come up in our focus groups and our workgroups where we've had staff involved in training, and these are the things that they've said would be helpful for them or useful to them in the future.

Christina: Thanks, Michelle. For everyone that had asked a question about whether or not the slides and the recording will be available, Carol's going to go into that in the next slide, so just hang tight.

Jessie, as you can imagine, lots of questions about the laughter yoga. One question that does come up is: Are the yoga sessions conducted at the workplace?

Jessie Hancox: Yes, yes. We do them at team meetings and team retreats. Our housing site is off-site, however it's also where, our case manager that's conducting them, she meets with her clients there as well. They can be held anywhere. They do get a little loud, and then people wonder what's going on. [laughs] As you can imagine, laughter is contagious, and so, it can be a little loud.

Christina: For Jessie, again: What's the average caseload size in your county? And then, can you repeat the Rose, Bud, and Thorn thing again?

Jessie Hancox: Sure. Our average caseload at this time is between 55 and 65. We are on the lower end as far as the large 10 counties within Colorado, but we can also see spikes of over 70 if we were down a case manager, up to 90.

The Rose, Bud, Thorn — Rose is what are you really happy about, Bud is what are you excited about, and Thorn is what are you worried about, or what's getting in the way.

Christina: Thanks, Jessie. For you again: With a shared planning and shared services, how [do] workers with different agencies stay connected and current with client needs? For our county, one of the challenges is internal communication between departments. This adds additional work and stress to the workers.

Jessie Hancox: The last piece there that it adds additional stress — was a huge concern of all frontline staff that were involved in the initial startup of coordinated case management, especially the case workers. Recognizing when a client is involved with family and children's services, there's a lot of requirements. They have family therapy, individual therapy, group therapy. They have court. They're in touch with possibly a guardian ad litem, a foster parent. There's a lot of people involved in that.

What we like to do is recognize that and acknowledge it, and we don't necessarily need a 50-page report. It's understanding — what does their week look like? How many therapy sessions are they having to attend? How many times do they have to go to court? When is their visitation with their children, if the children are possibly being removed from the home? — and just recognizing that that's a lot. How many times are they in court? If they have a full week, then my case manager's putting a goal of, "You need to get employment," "You need to be getting into these workshops," won't make sense. It's setting the family up for failure, and we want to be able to set them up for success.

It definitely is a concern, and at the end of the day, it actually makes everybody's work easier. It doesn't mean that you have to have an hour-or-two-long meeting with another case manager. It can be simple connections through a phone call that's five minutes, or a quick email that helps explain where the client is at that time — and then, to also be able to talk about what they're doing well, so we can then extend that acknowledgement within the Colorado Works program, to be able to support that continued success. Have I answered that question?

Christina: Okay, thank you. A reminder: If you have questions, please feel free to type that into the Questions box. For Jessie again: Has the Colorado model, that you know of, been considered for use in other parts of the country?

Jessie Hancox: I want to say yes. Boulder County is very much a county that reaches out and connects with other counties that are doing like-minded processes. Our executive director worked closely with Ramsey County as well, and the model itself is looking at just recognizing that we all work together. As I had mentioned earlier too, the historic model of

TANF is eligibility does their thing and case management does their thing. How do we recognize that we all have a common goal, and it's the families that we serve? And so, just really creating almost a permission that says, this is how we can talk to each other, to be able keep confidentiality as our number one, and help keep clients bought into the program that we're wanting to support them. It's not being against them. It's how we support them for successful exit of the program.

Christina: Thank you. For Winston: Are there any specific resources you would recommend for workers about secondary trauma?

Winston Bell: Well I think if the organization is really valuing its workers, they would have found or will find outward opportunities for their workers. It's really kind of hit and miss.

One of the things I like to explain to folks that take the trauma home to their families is — almost like a construction worker. If I come home, and I'm speaking to my wife and my family, and I'm saying, "Oh, I don't even want to think about what I want to have for dinner; I'm just brain-dead". If I were a construction worker and I came home and said, "I'm dog-tired," most families would understand that I'm tired physically. It's really hard to explain when a person's tired mentally. Although I don't have a lot of, especially in different counties, a lot of resources, but being able to explain your level of fatigue mentally is paramount at helping them stay away from burnout. Hopefully I gave you a little bit of what that's like, but I don't have any additional resources at this time.

Christina: For Winston, and I think actually for all of our speakers, but Winston, you might want to take the first stab at this: What advice do you have for a worker who may be regularly triggered by a specific customer's trauma story, or a specific topic like domestic violence?

Winston Bell: Okay. Did you say domestic violence?

Christina: For example, domestic violence, but I think it's if the worker is regularly triggered by customers' stories.

Winston Bell: There are a couple of things. The first thing may be if they're continuing to be triggered, to maybe find one of those partners in the organization that you can hand that off to. I believe that's the most dynamic way that we could avoid some of that stress.

Another big thing is to remember that we're in the helping profession, and we are the helpers. A lot of these folks come in with crises that we will never be able to fix. A lot of them are life-long crises. Being in the helping professions, if you are overwhelmed by one or two crises, how can you go and effectively work on three or four? So, remember that we are into helping crises. A lot of customers come in with these crises, and ultimately, they are their crises and not our crises.

Christina: Winston, it's like you know my next follow-on question here. The question I've got for you is: What recommendations do you have for workers who continue to struggle to balance being compassionate towards customers without allowing the stories to consume them or be carried with them outside of work?

Winston Bell: Well, I think I almost answered that. Another part of that is we must have our own outlets. I cannot stress enough how those outlets are paramount and thus keeping our mental health and keeping our sanity. I work for an organization here called Catholic Community Services, and a lot of the folks that have been working in the field for 20 to 30 years would ask me, "How are you able to avoid burnout?" By the time I leave a family in crisis, once I touch my

car door, I'm thinking about what else am I going to be doing. What are my outlets? My friends — I don't have a lot of friends that are in the same profession, and maybe that helps, because I'm able to just veg out and think about other things that are going on in my day-to-day life.

Having real effective hobbies really works. I do a little competition in sports, so that allows me to get out and yell and scream at folks, and they don't know that I'm going through some additional stress from my job. They just think I'm really passionate about the sport. Being able to get some of those stressors off your plate and really go out and have a good sweat, that's been one of the greatest things that has helped me and some of my colleagues.

Christina: Thank you, Winston. We have a few more questions, but in the interest of time, I'm going to actually turn this back to you, Carol. For everyone that have asked questions that we've not been able to answer, all that information will be on the website that Carol will speak about shortly. Carol?

Carol Mizoguchi: I almost forgot to unmute myself. Again, I just want to thank everyone who participated in today's webinar, and thank you so very much on behalf of OFA and ACF to our presenters. As Christine mentioned, there's some information —a transcript and audio recording of this webinar will be available shortly on the OWRA website at <https://peerta.acf.hhs.gov/owra/owra-video-resource-library>. Also, if there's questions that we weren't able to get to today, we will have answers available to those questions on the Peer TA website as well.

Please help us expand our network, and we're looking to always reach a greater number of people. You can direct your colleagues from your local and state networks and agencies to our website, which is <https://peerta.acf.hhs.gov>.

There's a survey. We want to get your feedback, so if you could please take a few minutes to provide feedback on the webinar, we'd appreciate it. We use this information to help us come up with topics for the future, and also to improve our overall technical assistance.

Again, thank you for your time today, and we look forward to your participation in future webinars.

[End]