Interrupting the Impact of Traumatic Stress
Trauma and Secondary Traumatic Stress Toolkit

Resilience Building Resources for State TANF Program Staff

Introduction
This toolkit complements the OFA-sponsored workshop, *Interrupting the Impact of Traumatic Stress*, held in February-March 2021. The workshop provides human service leaders and professionals with tools to better understand the impact of trauma on staff, identify how it shows up at work, and learn actionable ideas for how to build buffer zones of partnership, safety, and support in the workplace. This toolkit supports that goal by providing TANF staff resources to assess levels of trauma, resilience, and secondary traumatic stress. It also provides tips and exercises for engaging in self-care.

Resources in this toolkit include:¹

- Adverse Childhood Experiences (ACE) Screening Tool
- Resilience Questionnaire
- Secondary Traumatic Stress Scale
- Stress Thermometer
- Self-Care Wheel
- Daily Self-Care Plan
- Plan for Yourself and Your Team
- Gratitude Exercise

¹ Resources featured in this toolkit were compiled by Barbara Pierce, Ph.D., Associate Professor of Social Work at Indiana University, Robert Wood Johnson Clinical Scholar Fellow and Nicole Bossard, Ph.D., ICF Consultant and Positivity Strategist
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Adverse Childhood Experiences (ACEs) Screening Tool
This self-screening tool assesses the extent to which an individual has experienced adverse childhood experiences. (https://acestoohigh.com/got-your-ace-score/)

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
   No ________ If Yes, enter 1 here ________

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
   No ________ If Yes, enter 1 here ________

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
   No ________ If Yes, enter 1 here ________

4. Did you often or very often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
   No ________ If Yes, enter 1 here ________

5. Did you often or very often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   No ________ If Yes, enter 1 here ________

6. Were your parents ever separated or divorced?
   No ________ If Yes, enter 1 here ________

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   No ________ If Yes, enter 1 here ________
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8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No________ If Yes, enter 1 here _______

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   No________ If Yes, enter 1 here _______

10. Did a household member go to prison?
    No________ If Yes, enter 1 here _______

Now add up your “Yes” answers: _______ This is your ACE Score
Resilience Questionnaire
This questionnaire helps individuals assess resilience protective factors in their childhood and youth. (https://acestoohigh.com/got-your-ace-score/)

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True

2. I believe that my father loved me when I was little.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True

4. I’ve heard that when I was an infant, someone in my family enjoyed playing with me, and I enjoyed it, too.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True

6. When I was a child, neighbors or my friends’ parents seemed to like me.
   Definitely True
   Probably True
   Not Sure Not True
   Probably True
   Definitely Not True
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7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.
   - Definitely True
   - Probably True
   - Not Sure
   - Probably Not True
   - Definitely Not True

8. Someone in my family cared about how I was doing in school.
   - Definitely True
   - Probably True
   - Not Sure
   - Probably Not True
   - Definitely Not True

9. My family, neighbors, and friends talked often about making our lives better.
   - Definitely True
   - Probably True
   - Not Sure
   - Probably Not True
   - Definitely Not True

10. We had rules in our house and were expected to keep them.
    - Definitely True
    - Probably True
    - Not Sure
    - Probably Not True
    - Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.
    - Definitely True
    - Probably True
    - Not Sure
    - Probably Not True
    - Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.
    - Definitely True
    - Probably True
    - Not Sure
    - Probably Not True
    - Definitely Not True

13. I was independent and a go-getter.
    - Definitely True
    - Probably True
    - Not Sure
    - Probably Not True
    - Definitely Not True

14. I believed that life is what you make it.
    - Definitely True
    - Probably True
    - Not Sure
    - Probably Not True
    - Definitely Not True

How many of these 14 protective factors did I have as a child and youth?
(How many of the 14 were circled “Definitely True” or “Probably True”?) _____
Of these circled, how many are still true for me? _____
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Secondary Traumatic Stress Scale
The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement, then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement. NOTE: “Client” is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.


<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt emotionally numb.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My heart started pounding when I thought about my work with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>It seemed as if I was reliving the trauma(s) experienced by my client(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I had trouble sleeping.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt discouraged about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reminders of my work with clients upset me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I had little interest in being around others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt jumpy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I was less active than usual.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I thought about my work with clients when I didn’t intend to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I had trouble concentrating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I avoided people, places, or things that reminded me of my work with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I had disturbing dreams about my work with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I wanted to avoid working with some clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I was easily annoyed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I expected something bad to happen.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I noticed gaps in my memory about client sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The total score is calculated by adding the total of the three subscales, with a high score indicating a higher level of symptoms (31, 32). A score below 28 corresponds to “little or no secondary traumatic stress,” a score between 28 and 37 means “mild secondary traumatic stress,” between 38 and 43 “moderate secondary traumatic stress,” between 44 and 48 “high secondary traumatic stress,” and beyond 49 “severe secondary traumatic stress;” the score of 38 is used as critical threshold indicating secondary traumatic stress disorder (19).
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Stress Thermometer
(www.LightenUpandThrive.com)
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Self-Care Wheel

This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from Transforming the Pain: A Workbook on Vicarious Traumatization by Saakvitne, Pearlman & Staff of TSU/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.

www.OlgaPhoenix.com
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**Daily Self-Care Plan**

What are you doing to support your overall well-being on a day-to-day basis? Do you engage in self-care practices now? Are you more active in some areas of self-care than others? You can use the table below to help you determine which areas may need more support.

<table>
<thead>
<tr>
<th>Area of Self-Care</th>
<th>Current Practices</th>
<th>Practices to Try</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong> (e.g., eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional</strong> (e.g., engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spiritual</strong> (e.g., read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional</strong> (e.g., pursue meaningful work, maintain work-life balance, positive relationships with co-workers, time management skills, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal</strong> (e.g., healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychological</strong> (e.g., take time for yourself; disconnect from electronic devices; journal; pursue new interests; learn new skills; access psychotherapy, life coaching, or counselling support through your EAP if needed; etc.)</td>
<td></td>
<td></td>
</tr>
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</table>
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<tr>
<td>Others (e.g., financial, relational, social, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Create a Plan for Yourself and Your Team

What does stress look like in me/my team?

__________________________________________________________________________

__________________________________________________________________________

How do I handle stress? Team?

__________________________________________________________________________

__________________________________________________________________________

What is my self-care plan? Team plan?

__________________________________________________________________________

__________________________________________________________________________

How will I evaluate my results?

__________________________________________________________________________

__________________________________________________________________________
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Gratitude Exercise

TODAY I AM GRATEFUL FOR:

TODAY I SAW BEAUTY IN: