



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office of Family Assistance

TANF Technical Assistance Virtual Meetings
NAVIGATING NEW PATHWAYS TOWARDS
BUILDING THRIVING COMMUNITIES



Interrupting the Impact of Traumatic Stress

Summary Report

February 18, 2021 • March 9, 2021 • March 23, 2021

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In February and March of 2021, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Family Assistance (OFA), held a series of three virtual meetings with state Temporary Assistance for Needy Families (TANF) agencies and stakeholders. The series, *Navigating New Pathways towards Building Thriving Communities*, invited state TANF administrators and other staff to participate in cohorts by ACF Region (Regions I-IV, V-VIII, and IX and X). Each meeting focused on a specific topic related to supporting families through COVID-19 and beyond, and each took place three times (once for each cohort).

The *Interrupting the Impact of Traumatic Stress* virtual meetings focused on how programs can best identify and address trauma among staff. This workshop provided state TANF programs with tools to better understand the impact of trauma on staff, identify how it shows up at work, and learn actionable ideas for building buffer zones of partnership, safety, and support in the workplace.

Central Office Welcoming Remarks

Susan Golonka, Acting Director, Office of Family Assistance (February 18, 2021)

Susan Golonka opened the series during the February 18, 2021 session by honoring and acknowledging the hard work and efforts of TANF program staff throughout the COVID-19 pandemic. While the pandemic has impacted everyone, individuals with disabilities, people of color, and people in rural communities have been hit particularly hard. TANF programs continue to be creative and search for ways to effectively administer services and use the flexibility in TANF to better serve families. To address the difficulties families are facing during this unprecedented time, the House Budget Committee reported an omnibus budget reconciliation bill that would, among other provisions, create a temporary \$1 billion TANF Pandemic Emergency Assistance Fund.¹

Session Summary

Nicole Bossard, Ph.D., Consultant, ICF

Barbara Pierce, Ph.D., Associate Professor of Social Work at Indiana University; Robert Wood Johnson Clinical Scholar Fellow

Dr. Nicole Bossard led the workshop participants through an interactive exercise to explore the impact that trauma and stress have on them as individuals and as TANF administrators and frontline workers, while Dr. Barbara Pierce discussed different types of stress and indicators of secondary traumatic stress.

Workshop participants were asked to reflect on what inspires, energizes, solves, or soothes a problem that they see. During the February 18 and March 9 workshops, participants were asked to discuss and respond to the following question in small groups: "Why is it important for you, your team, your agency, and the community you serve to be a part of this conversation today?" During group report outs, participants shared:

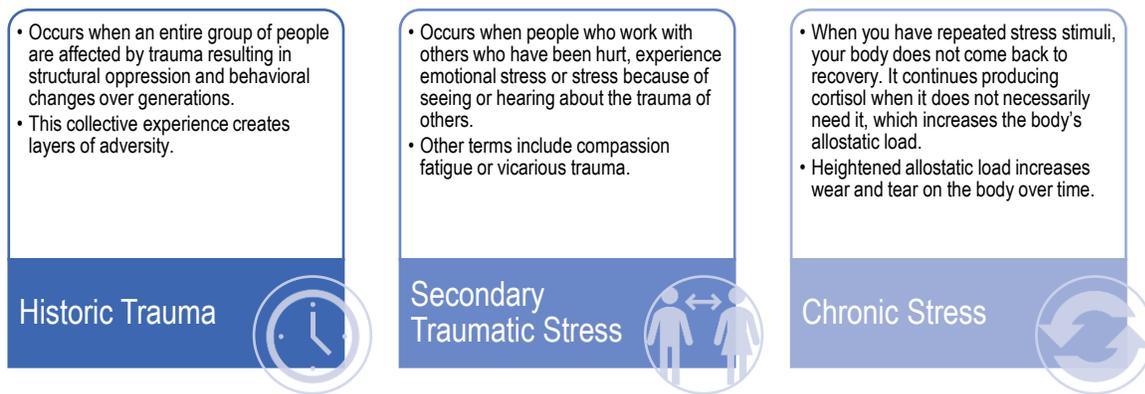
¹ On March 11, 2021, the President signed the American Rescue Plan Act of 2021 (H.R. 1319) into law, which included the TANF Pandemic Emergency Assistance Fund.

- **OFA Regions I-IV** (February 18, 2021): To have a deeper understanding of TANF program participants; to be able to recognize and address trauma and stress among staff; to create mechanisms to support staff in self-care activities; and to understand different types of trauma and trauma symptoms.
- **OFA Regions IX and X** (March 9, 2021): To increase empathy and understanding of colleagues' experiences; to learn resiliency strategies for themselves and their teams; to understand the impacts of traumatic stress; and to identify self-care tools that support executive functioning.

At the **OFA Regions V-VIII** workshop on March 23, 2021, Dr. Bossard asked participants to type in the chat box and share what the first small group breakout discussion was like for them. Participants shared that it was real, validating, informative, inspiring, and reassuring.

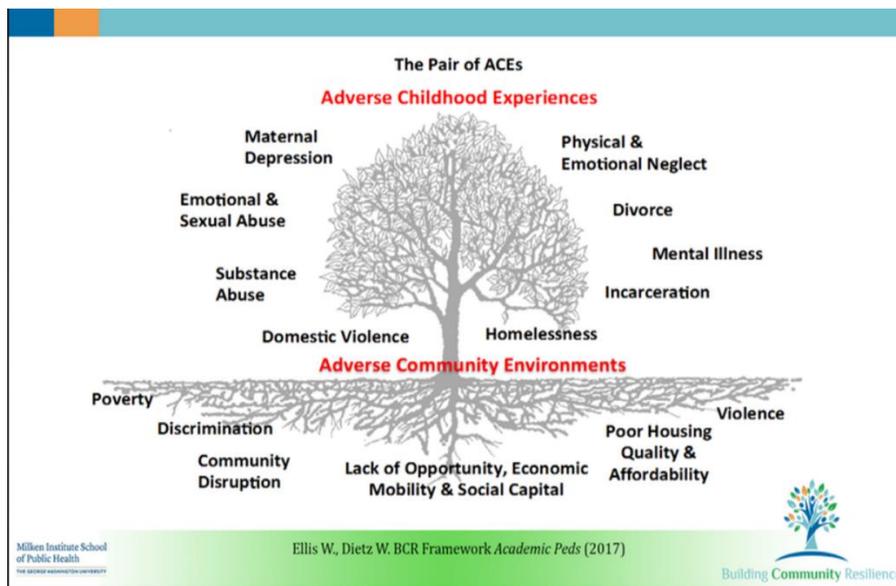
Dr. Barbara Pierce discussed the different types of stress. Not all stress is bad; in fact, some stress is useful. Positive stress produces the release of adrenalin during moments of crisis to help us react quickly or concentrate more acutely so we can take care of ourselves. However, stress associated with trauma, and stress that is experienced chronically, can hurt the body. This kind of trauma can be primary, secondary, or historic and may exhibit as insomnia, high blood pressure, and feeling depressed, among other things (see **Figure 1**).

Figure 1: Types of Trauma



For children, trauma may present through layers of adversity (see **Figure 2**). Adverse Childhood Experiences (ACEs) may include experiences of abuse, neglect, or parental incarceration, among others, and may impact physical, cognitive, and emotional development. Adverse community environments may also further increase the risk for child or family traumatic experiences.

Figure 2: Adverse Childhood Experiences and Community Environments²



Trauma and heightened stress can have negative and serious impact on physical and mental health. The impacts of trauma and ACEs, however, can be mitigated by individual, family, and community protective factors. These protective factors may include a supportive parent, a caring peer or friend group, using therapy appropriately, and not having to cope with racism, sexism, poverty, or food insecurity.

Triggers are a manifestation of past trauma. Triggering occurs when the body perceives (even when not there) the danger associated with past trauma and engages the fight, flight, or freeze response. An individual may be triggered by external stimuli that involve something they hear, taste, smell, or touch. Someone triggered may exhibit as “checked out,” angry, or dissociative. If staff or a TANF customer appear triggered, strategies to address it include breathing techniques, using humor to re-engage, offering manipulatives to support grounding, or engaging in mindfulness strategies.

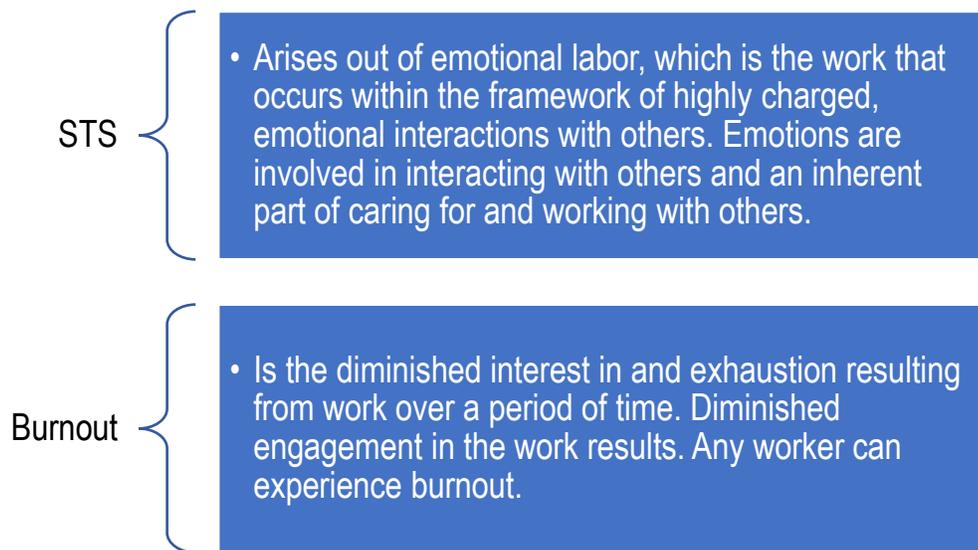
In small groups, participants reflected on the question, “*What symptoms of stress do you see in yourself, team, program, or agency?*” and shared the following stressors:

- **OFA Regions I-IV** (February 18, 2021): Physical discomfort and pain including headaches, fatigue, weight gain, and muscle tension, as well as psychological symptoms including being easily irritable, experiencing anxiety attacks, shutting down, and feeling guilty.
- **OFA Regions IX and X** (March 9, 2021): Being quiet or withdrawn, losing patience, being fatigued, being easily distracted or frustrated, fidgeting or being reactionary.
- **OFA Regions V-VIII** (March 23, 2021): Headaches, loss of sleep, anger, irritability, impatience, being combative, feeling overwhelmed, taking on too much, and not being intentional about taking time away or engaging in self-care.

Dr. Pierce defined and discussed how to identify symptoms of Secondary Traumatic Stress (STS). STS is the emotional duress or stress that results from hearing about or seeing firsthand the trauma of others. STS is different from burnout as noted in **Figure 3**:

² Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics*, 17 (7S).

Figure 3: Differences between Secondary Traumatic Stress³ and Burnout⁴



Signs of STS may include:

- In **individuals**: anxiety, fear and worry, isolation, sadness, changes in sleeping or eating patterns, illness flares, trouble focusing or intrusive thoughts, and relational conflicts.
- In **teams**: increased worker absenteeism and subsequent increased pressure on other team members, increased work conflicts as short tempers flare, withdrawal from colleagues, avoidance of stressful or traumatic tasks, stress, negativity and fear among colleagues, inability to hear or respond to supervision or support, and low morale.
- In **organizations**: constant changes in work relationships, diminished inter-team relationships, breaking workplace rules as a result of apathy, lack of vision for the future and flexibility, decreased work output, negative attitude toward clients, decreased progress toward outcome indicators, increased turnover, increased costs to the agency, increased mental health and other costs to clients, lack of respect for deadlines, negativity toward management, reluctance to change, and the belief that improvement is not possible.

Signs of emotional dysregulation resulting from STS may also include anger, increased heart rate, muscle tension, feeling overwhelmed or vulnerable, and becoming physically out of control or violent.

Individuals, teams, and organizations can address STS and burnout through resiliency strategies. Resilience is the dynamic ability to adapt successfully in the face of adversity, trauma, or significant threat. The most important elements (see **Figure 4**) of building resilience include self-reflection, self-awareness, optimism, and seeking and using support. These habits contribute to taking care of one's whole self—encompassing mind, body, and soul.

³ Caringi, J.C., Lawson, H. A., & Devlin, M. (2012). Planning for emotional labor and secondary traumatic stress in child welfare organizations. *Journal of Family Strengths, 12*(1).

⁴ Maslach, C. & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2): 103-111.

Figure 4: Essential Resilience Capabilities⁵



Building resiliency during COVID-19 may present new challenges. Individuals must be more intentional about self-care than before. They should acknowledge grief and loss and focus on what they are able to do for themselves safely now, whether it relates to food, fresh air, and mental or emotional strengths. Individuals should extend grace to themselves and others as they navigate what self-care may look like for them and seek to incorporate mindfulness and gratitude practices into their daily routines.

Individuals, supervisors, and organizations build resiliency in the following ways:

- **Individuals** can take interventions including eating well, getting adequate sleep, taking walks, setting work-life boundaries, engaging in mindfulness training, taking vacations, meditating, and connecting with religious/spiritual beliefs.
- **Supervisors** can support resilience building by encouraging staff to take breaks and vacations, holding weekly check-ins, and engaging in reflective supervision.
- **Organizational leaders** do their part by providing social supports to staff, sending out weekly coping tips and self-care reminders, acknowledging difficult situations, and setting up a safe space for listening sessions among staff. Leaders set the climate and should be open to suggestions, proactive about addressing and preventing stress, and sensitive to staff needs.

⁵ Charney, D.S. & Southwick, S.M. (2018). *Resilience: The Science of Mastering Life's Greatest Challenges*. Cambridge University Press.

As a final reflection, work participants were asked: “*What could I do to build more resilience for myself, team, and program?*” and shared:

- **OFA Regions I-IV** (February 18, 2021): Exercise more, intentionally separate work from home, have more frequent team check-ins, block time in team meetings to express appreciation, and keep the channels of communication open among staff.
- **OFA Regions IX and X** (March 9, 2021): Have honest conversations about what stress looks like for themselves and others, say “no” when they do not feel they can tackle new responsibilities, be clear about their capacities and boundaries, exercise, and engage in mindfulness practices and good sleeping habits.
- **OFA Regions V-VIII** (March 23, 2021): Incorporate music into the workplace, have set breaks during the workday, have check-ins that focus on people (whether between staff or with participants) rather than work, assess lessons learned from the pandemic that can be incorporated into work going forward, and host listening sessions with leadership.