

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

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

(Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. [2004]. Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice*, 14, 27-35).

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

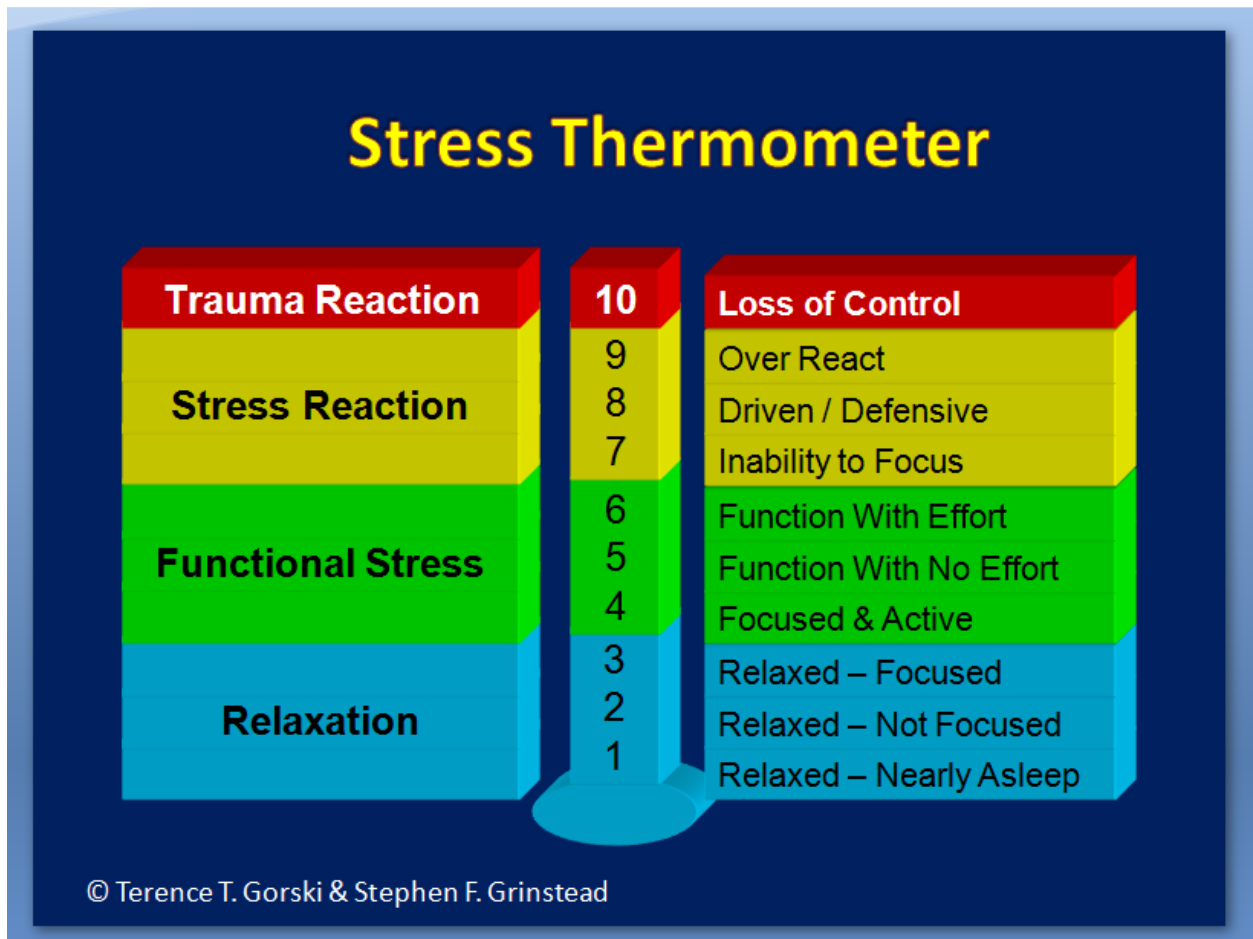
The total score is calculated by adding the total of the three subscales, with a high score indicating a higher level of symptoms (31, 32). A score below 28 corresponds to “little or no secondary traumatic stress,” a score between 28 and 37 means “mild secondary traumatic stress,” between 38 and 43 “moderate 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

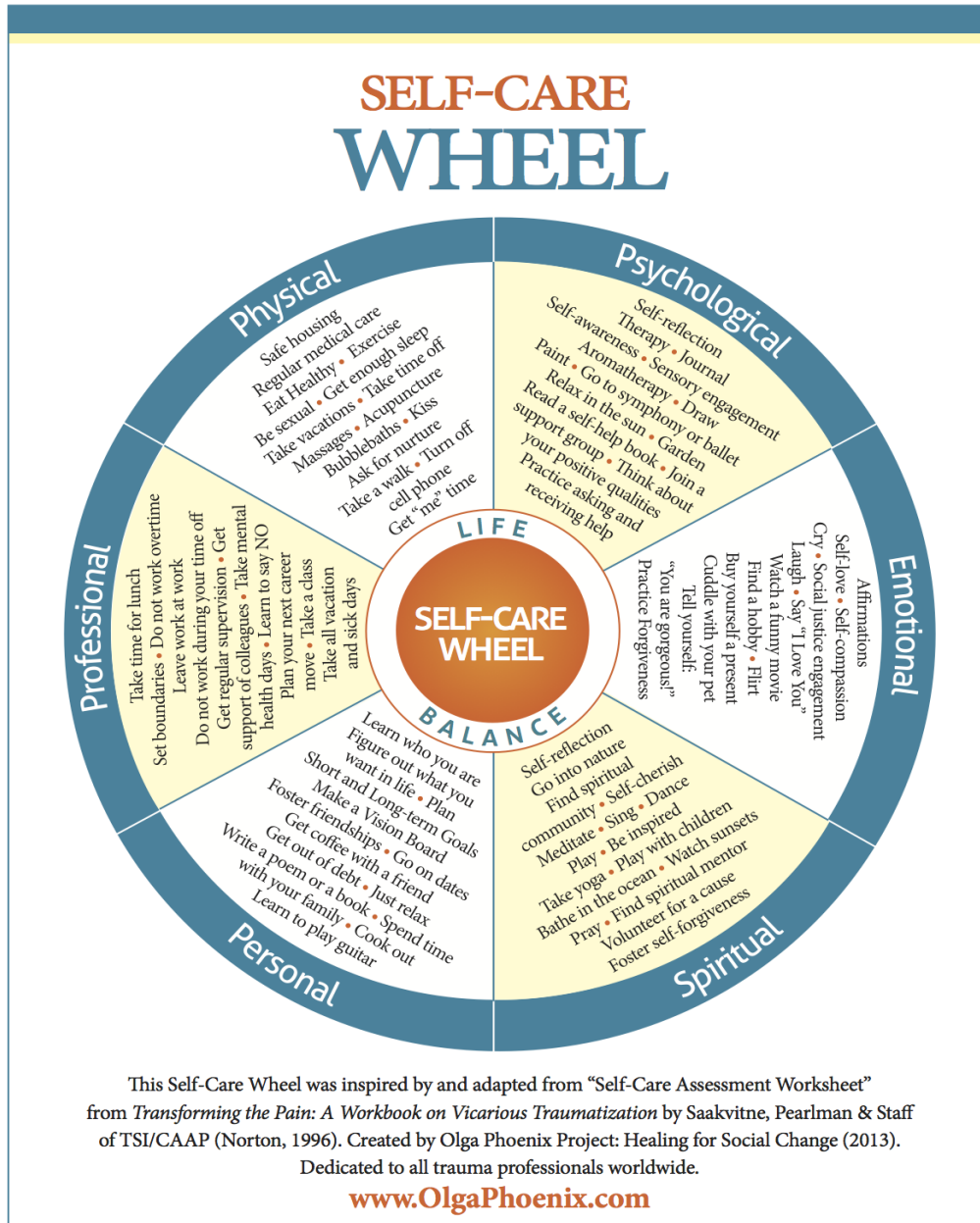
(www.LightenUpandThrive.com)



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Self-Care Wheel



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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.

Area of Self-Care	Current Practices	Practices to Try
Physical (e.g., eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.)		
Emotional (e.g., engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.)		
Spiritual (e.g., read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections, etc.)		
Professional (e.g., pursue meaningful work, maintain work-life balance, positive relationships with co-workers, time management skills, etc.)		
Personal (e.g., healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.)		
Psychological (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.)		

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Area of Self-Care	Current Practices	Practices to Try
Others (e.g., financial, relational, social, etc.)		

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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



<p>TODAY I AM GRATEFUL FOR:</p>	<p>TODAY I SAW BEAUTY IN:</p>
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