Supporting Those on the Front Line: Strategies for Trauma-Informed Supervision and Management in a Family Defense Practice

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1. Introductions
2. Supervising for Longevity
3. Applying a Trauma Lens
4. Promoting Resilience in Staff
5. Modeling Self-Care
Tell us your name, your role, and something you did in the last 30 days to relieve stress.
What are the **challenges** to a long and successful career in family defense?
Supervising for Longevity

• Family defense is underpaid
• Workload is untenable
• Family defense is devalued
• Clients are devalued and demeaned
• Constant, unrelenting injustice
• “Wins” are few and far between
• Despair/sense that you’re not making a difference
• Despair/sense that nothing ever changes or improves
• Secondary traumatic stress/burnout
Understanding Motivation

Why do People Stay & Thrive in Challenging Jobs?
Understanding Motivation
The 3 Things Employees Really Want: Career, Community, Cause
FEBRUARY 20, 2018 Harvard Business Review
https://hbr.org/2018/02/people-want-3-things-from-work-but-most-companies-are-built-around-only-one
Understanding Motivation

Individual Needs:

- Autonomy
- To Feel Respected & Valued
- Opportunities for Growth/New Challenges
- Community/Group Identity
- Belief in Value of the Work

*Why We Work*, Barry Schwartz (TED Books 2015)
Brainstorm: Strategies to Strengthen Career, Community and Cause in Your Family Defense Office?

- Team-Building Ideas?
- Employee Recognition Ideas?
- Skill-Building/Professional Growth Ideas?
- Ideas to Reconnect Staff to Mission?
Applying a Trauma Lens
"The word *trauma* is used to describe experiences or situations that are emotionally painful and distressing, and that *overwhelm people’s ability to cope*, leaving them powerless. Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately this definition does not always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience.” (Center for Nonviolence and Social Justice)

“In addition to terrifying events such as violence and assault, we suggest that relatively *subtler and insidious forms of trauma – such as discrimination, racism, oppression, and poverty* – are pervasive and, when experienced chronically, have a cumulative impact that can be fundamentally life-altering.” (Institute for Family Professionals)
A person’s history and emotional/relational foundation is represented by the part of the iceberg that is underwater and not visible.
Defining Trauma

• **Vicarious Trauma** occurs when the stories we hear from the people we work with transfer onto us in a way where we too are traumatized by the images and details, even though we did not experience them ourselves.

• **Compassion Fatigue** refers to the emotional and physical exhaustion that professionals can experience from working in the capacity of helping others. It is a gradual erosion of our empathy, our hope, and of course our compassion for others and ourselves.

• **Burnout** describes the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

• **Secondary Trauma** occurs when you are exposed to someone else’s trauma secondhand.

Mathieu, F. (2012). *The Compassion Fatigue Workbook*. From: *FL Courts Self Care Kit www.flcourts.org*
Recognizing Trauma

Brainstorm:
How Might Vicarious Trauma/Compassion Fatigue/Burnout Show Up in a Family Defense Office?
Recognizing Trauma

Physical Signs and Symptoms
- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Somatization and hypochondria

Behavioral Signs and Symptoms
- Increased use of alcohol and drugs
- Compromised care for clients
- The Silencing Response
- Depleted parenting
- Absenteeism
- Anger and Irritability
- Avoidance of clients
- Impaired ability to make decisions
- Problems in personal relationships
- Attrition

FL Courts Self Care Kit www.flcourts.org
Recognizing Trauma

Psychological Signs and Symptoms

- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Sadness, Loss of hope
- Anxiety
- Guilt
- Reduced ability to feel sympathy and empathy
- Cynicism
- Resentment
- Dread of working with certain clients
- Feeling professional helplessness
- Diminished sense of enjoyment
- Depersonalization/numbness
- Disruption of world view / Heightened anxiety or irrational fears
- Inability to tolerate strong feelings
- Failure to nurture and develop non-work related aspects of life
- Intrusive imagery – preoccupation with trauma
- Hypersensitivity to emotionally charged stimuli
- Insensitivity to emotional material
- Difficulty separating personal and professional lives
- Problems with intimacy

FL Courts Self Care Kit www.flcourts.org
Promoting Resilience

What is **resilience**? The capacity to recover quickly from **difficulties**. Essentially, a person who is resilient is someone who ‘bounces back’ from hardship or a difficult situation.

Just as it is important to promote resiliency in families, it is equally important to make sure that you foster the development of resilience in yourself.
10 Characteristics of a Resilient Professional

1. Look at the **positive side** of a situation
2. Realize the importance of having a **strong social support system** and surround themselves with supportive people.
3. Have **faith in themselves**.
4. Are **curious** about situations and focus on the new possibilities.
5. Are connected to their values and **see meaning and purpose** in what they do.

FL Courts Self Care Kit [www.flcourts.org](http://www.flcourts.org)
10 Characteristics of a Resilient Professional (cont.)

6. Don’t fight things they cannot control and save their energy to fight the battles that are necessary — they **know what they can control** and what is out of their reach.

7. Take responsibility for their **physical self-care**.

8. **Seek solutions** when a problem arises and can live with uncertainty and ambiguity until they find the solution.

9. Always see something negative as an opportunity; they **consider adversity a challenge**, not a threat.

10. Have a **sense of humor** about life’s challenges.
Promoting Resilience

How Can We Foster Resilience in Ourselves and Our Staff?
Promoting Resilience: Organizational Strategies

- **Talk about secondary trauma** – ensure staff understand the concept, provide trainings, survey staff to get a sense of needs.
- Focus on changing the workplace and organizational culture – what are the **expectations around work/life balance**, break time, etc.
- **Create a supportive atmosphere** – are colleagues and supervisors supportive when someone needs to vent or seek support
- **Be sensitive when discussing cases** – don’t share traumatic details needlessly, ask permission if possible
- **“Normalize” conversation around secondary traumatic stress** – organizations should spread the message that dealing with vicarious trauma is normal and not a sign of failure

Promoting Resilience: Individual Supervision Strategies

Eda Kauffman, LSW, University of Pennsylvania - Trauma Informed Supervision materials 2014
Modeling & Promoting Self Care

Professional Preservation Plan

Boundary:

______________________________
______________________________
______________________________

Healthy Practice

______________________________
______________________________
______________________________

Potential Triggers:

______________________________
______________________________
______________________________

Signs of Stress:

______________________________
______________________________
______________________________

Motivation for work:

______________________________
______________________________
______________________________

Rewards of work:

______________________________
______________________________
______________________________
Modeling & Promoting Self Care

Ignacio's Self Care Plan!

Mind
- Meditate
- Take lots of breaks
- Music
- Fun!
- Life-long learning

Body
- Tea
- Nourishing food
- Exercise
- Sleep eight hours
- Everything in moderation

Supportive people in my life:
- Gretchen
- Mom
- Mi Viejo
- Alberto
- Lynne
- Caroline
- Reed
- Deborah

I want to accomplish:
- Peace
- Serenity
- Control
- Happiness
- Good work
- Be a good person
- Fulfillment
- Though using my awesome skills
- Self-reflection
Final **Brainstorm**: How do You Model Self Care in Your Workplace?
Questions? Comments?

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ACKNOWLEDGEMENTS

Much of the information in this tool kit was provided by Françoise Mathieu, Compassion Fatigue Solutions Inc. and from training documents produced through the National Child Traumatic Stress Network. Francoise Mathieu is a registered psychotherapist and a compassion fatigue specialist. She is also the co-executive director of TEND, whose aim is to offer counseling, consulting and training on topics related to self-care, wellness, burnout and compassion fatigue. We appreciate the opportunity to utilize this content in the crafting of our own self-care tool kit that meets the needs of Florida’s court system professionals and stakeholders.
Introduction

This tool kit is designed for anyone who works with families in the court system. It’s about giving you the tools you need to take care of yourself, so you can effectively manage the extremely stressful situations and how this type of work may impact you. The tool kit will highlight some of the stressors that challenge you. It will provide you with strategies for overcoming those challenges so that you can continue to be effective in this field for years to come. Not only does stress impact those working with these families personally and professionally, it has a great impact on the system overall, causing issues such as:

- Low rates of staff satisfaction and retention.
- Decreases in efficiency, morale, and quality of work.
- Increases in staff turnover.
- Disruption of relationship continuity with families.
- Miscommunication and/or mistakes that may occur when a child’s case is transferred.
- Increases in caseloads and stress levels for those who assume that workload.
- Economic loss, given the costs associated with hiring and training.

Let’s take a look at what stress can mean for those of us in this type of work – and then what solutions exist to help you take care of yourself.

Understanding How Your Work Can Impact You

**Resiliency.** Just as it is important to promote resiliency in families, it is equally important to make sure that you foster the development of resilience in yourself.

What is resilience? In short, it is: the capacity to recover quickly from difficulties. Essentially, a person who is resilient is someone who ‘bounces back’ from hardship or a difficult situation. What are the difficulties that you would have to recover from? Let’s talk about these: compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout. Each is unique and different. Let’s take a look at what we mean by these terms as described by Françoise Mathieu in her book, *The Compassion Fatigue Workbook.*
**Important Concepts.**

**Compassion fatigue** (CF) refers to the profound emotional and physical exhaustion that professionals can experience from working in the capacity of helping others. It is a gradual erosion of our empathy, our hope, and of course our compassion for others and ourselves.¹

Example: A juvenile probation officer has dedicated 5 years to working with youth and their families in crisis. This work involves home visits, school visits, attendance at court hearings, meetings with parents and teachers, drug screens, curfew compliance and endless paperwork. The probation officer sometimes works evenings, and is often on-call. After a period of time, the probation officer has no energy left to give – both in his personal life and in his professional life. He finds himself asking his co-workers to cover for him more often, avoiding phone calls from youth and their family members, and commenting that the youth he works with have “no hope” of ever changing.

**Vicarious traumatization** (VT) refers to the profound shift in the world view experienced by people who work with traumatized people. Vicarious trauma occurs when the stories we hear from the people we work with “transfer onto us in a way where we too are traumatized by the images and details, even though we did not experience them ourselves.”²

Example: Over the course of two years, a sexual abuse treatment provider has provided services for multiple children who were victims of sexual abuse. The provider has also observed several forensic interviews where children have repeatedly disclosed graphic details of the abuse they endured and has read medical and police reports (with graphic pictures included) further detailing the traumatic events. Additionally, she has provided court testimony regarding the specifics of many of these horrific cases. As a result of the continued exposure to traumatizing stories, she finds it difficult to concentrate during the day and often “spaces out,” has a hard time falling asleep at night and often ends up having nightmares, and has become extremely emotional. The treatment provider also finds that she is having more difficulty trusting others with her own children. Her partner complains that they never hire a babysitter to go out, and she has trouble explaining her fears to him since he does not work in this field.

**Secondary trauma** occurs when you are exposed to someone else’s trauma secondhand. (Primary trauma refers to trauma that happens directly to you.)³

Example: A child welfare attorney prepares for trials by interviewing the witnesses on the case ahead of time. One of the cases the attorney has to prepare for involves the brutal beating of a 14 year old girl by her father. When the attorney meets with the child and her therapist to prepare for court, the child provides horrific details over the trauma she endured. In addition to the graphic nature of the abuse described to the attorney, there are also pictures that were taken just after the abuse occurred. In order to present a compelling case to the court, the attorney spends hours preparing by reading the reports, watching the tapes of the initial interviews, and listening to the 911 call. After the trial is over, the attorney finds herself having recurring nightmares where the child is screaming and calling her for help.

¹ Mathieu, F. (2012). *The Compassion Fatigue Workbook*. P. 8
² Mathieu, F. (2012). P. 9
³ Mathieu, F. (2012). P. 13
**Burnout** describes “the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.”

Example: A judge who presides over a review hearing goes non-stop from the start of the docket to leaving the office at the end of the day. The judge finds it impossible to keep up and handle backlogged cases. When the judge asks the chief judge for help, the chief judge says there’s no money in the budget. When 5:00 hits, the judge can’t wait to run out the door.

**What’s the Difference?**
Concerning the difference between compassion fatigue, vicarious trauma, secondary trauma, and burnout, Mathieu writes: “These four terms are complementary and yet different from one another. While compassion fatigue refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate, the term vicarious trauma describes the transformation of our view of the world due to the cumulative exposure to traumatic images and stories. This is accompanied by intrusive thoughts and imagery and difficulty ridding ourselves of the traumatic experiences recounted by our clients. Secondary traumatic stress (STS) is the result of bearing witness to a traumatic event (or to a series of events), which can lead to PTSD-like symptoms (hearing a graphic account of abuse, debriefing first responders, etc.). I would argue that VT is the result of many STS events. Burnout has to do with the stress and frustration caused by the workplace: having poor pay, unrealistic demands, heavy workload, heavy shifts, poor management, and inadequate supervision...”

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4 Mathieu, F. (2012). P. 10
5 Mathieu, F. (2012). P. 14
Recognizing the Warning Signs

It is very important to be able to recognize the warning signs that you may be developing compassion fatigue or vicarious trauma. Paying attention to your body and understanding your symptoms will help you make decisions to do what is necessary to take care of yourself before things get too serious. Below is a visual\(^6\) to help you in developing your own personal early warning system. Take a minute to consider how you feel when your stress level is in the green zone. How about the yellow zone? Now think about your red zone – how do you know when you are completely overloaded?

Mathieu suggests that by becoming familiar with the signs and symptoms listed in the checklist provided on the next page, you will begin to understand your own physical and psychological reactions to the work you do in this field.\(^7\) Please take a few minutes to review the checklist on the next page and see if you can identify symptoms you have experienced in the past or may be experiencing in the present. Keep in mind indicators you recognize as being potential warning signs that you are experiencing symptoms of compassion fatigue or vicarious trauma. Remember as you are filling out the checklist, it is not about the number of symptoms you are exhibiting, rather it is about how your symptoms are impacting your life. Following the checklist is information on what you can do if you are experiencing problematic symptoms.

\[\text{Remember as you are filling out the checklist, it is not about the number of symptoms you are exhibiting, rather it is about how your symptoms are impacting your life.}\]

\(^6\) Mathieu, F. (2012). P. 59
\(^7\) Mathieu, F. (2012). P. 49
Compassion Fatigue and Vicarious Trauma - Signs and Symptoms

**Physical Signs and Symptoms**
- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Somatization and hypochondria

**Behavioral Signs and Symptoms**
- Increased use of alcohol and drugs
- Absenteeism
- Anger and Irritability
- Avoidance of clients
- Impaired ability to make decisions
- Problems in personal relationships
- Attrition
- Compromised care for clients
- The Silencing Response
- Depleted parenting

**Psychological Signs and Symptoms**
- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Sadness, Loss of hope
- Anxiety
- Guilt
- Reduced ability to feel sympathy and empathy
- Cynicism
- Resentment
- Dread of working with certain clients
- Feeling professional helplessness
- Diminished sense of enjoyment/career
- Depersonalization/numbness
- Disruption of world view/ Heightened anxiety or irrational fears
- Inability to tolerate strong feelings
- Problems with intimacy
- Intrusive imagery – preoccupation with trauma
- Hypersensitivity to emotionally charged stimuli
- Insensitivity to emotional material
- Difficulty separating personal and professional lives
- Failure to nurture and develop non work related aspects of life

What to Do if You Are Already There?

Because compassion fatigue and vicarious trauma can lead to very serious problems, it is important to seek help if you are experiencing concerning symptoms. There are many avenues available if you need help, including your physician, counselor, and spiritual mentor. Additionally, many agencies have an employee assistance program (EAP). State of Florida employees are provided free confidential support services with the EAP, available 24 hours a day, and 7 days a week. Florida’s EAP is also available to the judiciary, family members, and members of state employees’ households. If you are employed with a contracted agency, talk with your human resources department to learn about support services provided by your employer.

State of Florida Employee Assistance Program: 1-800-860-2058
www.MyFlorida.com/MyEAP
Toll free phone lines for free and confidential services available 24/7/365.

Other Support Services:
Helpline 211, dial 211
911 Emergency, dial 911
National Suicide Prevention Lifeline: 800-273-TALK (8255)

GETTING BACK TO GREEN!!
Resilience

Knowing the difficulties you may be facing in this work, let’s address the issue of resilience. Resilience is a learned skill – and even if it wasn’t learned in childhood, it still can be developed as an adult. The tools provided here will help you develop resilience.

Ten Characteristics of a Resilient Professional:
The Resilience Alliance\(^8\) has produced a list of ten characteristics of the resilient child welfare professional. *Although these characteristics and tools indicate they are for the child welfare professional, they are relevant for a variety of professions.*

Characteristics of a resilient professional:

1. Look at the positive side of a situation and during a crisis they are good to have around because of their optimism.
2. Realize the importance of having a strong social support system and surround themselves with supportive people.
3. Have faith in themselves.
4. Are curious about situations and focus on the new possibilities.
5. Are connected to their values and see meaning and purpose in what they do.
6. Focus on the important things; don’t fight things they cannot control and save their energy to fight the battles that are necessary — they know what they can control and what is out of their reach.
7. Take responsibility for their physical self-care, which allows them to be physically and emotionally resilient.
8. Seek solutions when a problem arises and can live with uncertainty and ambiguity until they find the solution.
9. Always see something negative as an opportunity; they consider adversity a challenge, not a threat.
10. Have a sense of humor about life’s challenges.

Next, we have included ten tools from the Resilience Alliance that are designed to build the corresponding resilience characteristic. On the next page, we will talk about the first tool: Optimism.

Resilience Characteristic #1
Look at the positive side of a situation. During a crisis they are good to have around because of their optimism.

Tool #1: Optimism
Positivity, Positive Thinking, Positive Emotions

Individuals who retain hopefulness for the future are likely to have more favorable outcomes after exposure to ordinary as well as traumatic stressors. Optimists “make lemonade out of lemons” — they see the positive in most situations and believe in their own strength. This quality can positively affect mental and physical health.

Being an optimist is more than looking on the bright side. It’s a way of viewing the world that allows you to maximize your strengths and accomplishments, and minimize your weaknesses and setbacks. Developing a more optimistic world view can help you become more resilient. Optimism allows you to see the positive aspects of any situation and use it for your benefit.

The good news: optimism can be learned! Here’s a first step.

For each negative statement, write two positive/optimistic responses:

Statement: This is all messed up – it’s not going to work.
1. _____________________________________________________________
2. _____________________________________________________________

Statement: This is not the way it should be.
1. _____________________________________________________________
2. _____________________________________________________________

Statement: After four hours of trying, this is looking worse and worse.
1. _____________________________________________________________
2. _____________________________________________________________

Statement: None of my clients see what I am trying to do for them.
1. _____________________________________________________________
2. _____________________________________________________________

Statement: You are never able to get anything right.
1. _____________________________________________________________
2. _____________________________________________________________

Resilience Characteristic #2
Realize the importance of having a strong social support system and surround yourself with supportive people.
Tool #2: Collaboration - Developing Your First Support Group

We all need support. The children, families, and colleagues you work with need your support. But you need support too – from colleagues who understand what you are experiencing, as well as family members, friends and others in your personal network. Colleagues can serve as a tremendous support, but you must take care in who you identify as a support for you. First, you will want to connect with people who have the ability to handle stress in a positive way.

When you are considering someone for your support network, use this checklist – see how well this person is handling the stress of a crisis-driven environment:

- Good concentration
- Clear and confident decision-making
- Clear thinking
- Strong interested in the work we do
- Good attendance and time keeping
- Enhanced achievements
- Effective problem-solving
- Good long-term planning
- Deadlines met
- High standard of work
- Good information flow
- High-level of motivation
- Realistic about self
- Plenty of energy
- Cheerful manner
- Positive comments
- Concern and care for others
- Cooperative behavior
- Constructive criticism given and received
- Recognizes when needs help
- Appropriate sense of humor

In addition to this useful checklist, here are a few added questions you can ask yourself as you watch a potential candidate for your support network:

Stay away from:
- Someone who burns the candle at both ends.
- A person who has to be perfect all the time – who never admits to having a bad day.
- A person who always has a bad day.

Don’t rule out someone who:
- Seems to take time for themselves and even seem selfish sometimes. If you tend to be over-responsible, maybe that person can give you some guidance as to how they do it!
- Delegates responsibility and gets help on routine work.
- Steps away and knows that the world will NOT fall apart if they take some time for themselves.

What if they turn out to be toxic?
There is no rule that says you have to stay connected to someone who turns out to be toxic. If you find that they are not who you thought they were, just back out gracefully.

Now that you have read through all this, take about five minutes to sit back and think – who have you been around so far that would be a great candidate for your support network?

Then walk yourself through these checklists and see how many of the positives you see in them. If they seem to be good candidates, perhaps you’d like to strike up a conversation with them to get the ball rolling!

Build your list of possible support people below. See if you can list as few as three and as many as five.

1. _____________________________ 4. _____________________________
2. _____________________________ 5. _____________________________
3. _____________________________
Tool #2: Collaboration - Developing Your First Support Group

We all need support. The children, families, and colleagues you work with need your support. But you need support too – from colleagues who understand what you are experiencing, as well as family members, friends and others in your personal network. Colleagues can serve as a tremendous support, but you must take care in who you identify as a support for you. First, you will want to connect with people who have the ability to handle stress in a positive way.

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Build your list of possible support people below. See if you can list as few as three and as many as five.

4. ________________________________ 4. ________________________________
5. ________________________________ 5. ________________________________
6. ________________________________
Resilience Characteristic #3
Have faith in yourself!

Tool #3: Have Faith In Yourself!

There’s a well-researched saying that is true:
If you believe you can, you probably will. If you don’t believe you can, you probably won’t. In
formal terms, this is called self-efficacy. In more informal terms, it is called ‘confidence’. But
it is confidence in doing something specific. Do you believe you can cope with a situation? If
you believe you can – and you have a good idea of what it will take in the situation to cope
(this is key) – then you likely will be able to cope with it. It turns out that most of us have an
innate sense of what we can and cannot do. And the good news is that just because we can’t
do something doesn’t mean we can’t learn how to do it!

Beliefs matter. And you can change beliefs if you know how to do it. If you believe you can,
you probably will, as long as….

• You understand to a large extent what it will take to do it.
• You don’t feel tired and defeated already – feelings really do affect your level of
  confidence.
• You are not trying to juggle too many things at once.
• You learn from similar others who have already been able to do that task.

Below is an activity to help you figure out how to tackle a situation in your life that seems
unwinnable:

Briefly describe a challenge you are facing that you doubt you can master:
____________________________________________________________________________
____________________________________________________________________________

Identify more experienced colleagues, friends, or family who mastered the challenge and
how they did it. Make sure you talk with them – tell them what your challenge is and ask
them how they handled a similar situation. Talk with several folks to get various
perspectives.
____________________________________________________________________________
____________________________________________________________________________

Don’t give up – sometimes it takes a lot of persistence to learn how to do things differently.
Identify your next step, and list it here.
____________________________________________________________________________
____________________________________________________________________________
Resilience Characteristic #4
You are curious about situations and focus on the new possibilities.

Tool #4: Be a Possibilities Person
This tool goes hand in hand with your Confidence-Building tool #3.

In your work life, are you an optimist or a pessimist? Do you think positive and tend to have positive emotions? Or are you more of a doubter? When someone says “Can we do this?” do you typically think to yourself, “Yeah right – in your dreams!” OR do you say, “Hey, I have no clue how to do it, but I’m willing to give it a try!”

In other words, is your glass half-full, or half-empty?

Most of the time, there are always possibilities that perhaps you have not considered. When you’re faced with a challenge and you’re really not sure it’s going to work out, stop yourself and do one or more of the following:

• Reframe: determine how you might look at this differently.
• Determine other approaches to the issue or concern.
• Look at the situation through the lens of others.
• Brainstorm with others. Maybe someone has a great idea how to address the situation.
• Think outside the box! Choose to believe that somehow there is a solution!

Think about a situation you are facing that seems to have dead ends all around it. List it here:

____________________________________________________________________________
____________________________________________________________________________

Check the strategy you are going to use and, in the space below it, write what you will do.

☐ Reframe: determine how you might look at this differently.

____________________________________________________________________________

☐ Determine other approaches to the issue or concern.

____________________________________________________________________________

☐ Look at the situation through the lens of others.

____________________________________________________________________________

☐ Brainstorm with others. Maybe someone has a great idea how to address the situation.

____________________________________________________________________________

☐ Think outside the box! Choose to believe that, somehow, there is a solution!
Resilience Characteristic #5
Are YOU connected to your values? Do you see meaning and purpose in what you do? Then you have congruence in your values and your work.

Tool #5: Congruence in Your Values and Your Work

Congruence is having a direct alignment between who you are and what you are doing in your work.

Are you doing things at work that you don’t believe are right because you are being stymied by your work environment? Are you being repeatedly hindered from doing what you know you need to do, but can’t because – for example – there is too much work and not enough you? Do you feel that you are moving further and further away from the person you really are and what you believe in because of being overworked?? One of the fastest ways to burnout is to be at war with YOU and your values!

Activity

This activity is simple. Answer these questions.

✓ Are you doing something at work that you don’t believe is right?
   _____ Yes _____ No

✓ As the result, are you moving further and further away from who you are and/or what you believe in?
   _____ Yes _____ No

STOP!

Determine what you must do to return to congruence with yourself. There is always a way forward. Do NOT compromise who you are to get there!

List here what you are going to do – talk with someone you trust if you need help brainstorming.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Resilience Characteristic #6
Focus on the important things and don’t fight things you cannot control.

Tool #6: Accept What You Can’t Change – Change What You Can

There will always be times when you just can’t change things – when the effort to make the changes is just not worth it for the benefit you will receive. Here is a tool for you to use to settle the issue when you’re just not sure if it’s worth it. It’s called the Pros and Cons table.

Pros and Cons Table

1. Write one sentence that states what you are thinking about doing. For example:
   *I will put in weekend time on this to get ahead, even though I’m really tired and just worn out.*

2. Next, write down information in the pros and cons table what the good and the bad things are with what you want to do – enter at least 2, and preferable three, reasons for each side:

<table>
<thead>
<tr>
<th>Pros of Putting in Weekend Time</th>
<th>Cons of Putting in Weekend Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will feel more caught up on Monday.</td>
<td>I will likely be even more tired if I do it.</td>
</tr>
<tr>
<td>I will get to do that extra work I’ve been wanting to do.</td>
<td>My spouse is going to be really mad that I’m giving up our weekend plans.</td>
</tr>
<tr>
<td>My supervisor will be impressed.</td>
<td>I will feel like I am neglecting my family.</td>
</tr>
</tbody>
</table>

Pros and Cons Activity

Is there something that you are facing that you keep trying to solve, and wonder if it’s worth it to keep pursuing it to find a solution? List the challenge here:

____________________________________________________________________________
____________________________________________________________________________

Now complete your Pros and Cons table. We have left you 5 spaces on each side – the more pros and cons you can think of, the better.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Focus on what you **CAN** do. If you are honest with yourself, you will be able to settle the issue using this technique.
Resilience Characteristic #7
Take care of yourself in order to be physically and emotionally resilient.

### Tool #7: Care for Yourself Physically

One of the key ways to take care of yourself is by focusing on your physical health. As you review this list, check one or two of these activities that you will intentionally engage in over the next 2-3 weeks.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Garden, walk, clean house</td>
</tr>
<tr>
<td>2</td>
<td>Read novels</td>
</tr>
<tr>
<td>3</td>
<td>Watch television</td>
</tr>
<tr>
<td>4</td>
<td>Go to church</td>
</tr>
<tr>
<td>5</td>
<td>Cook for friends</td>
</tr>
<tr>
<td>6</td>
<td>Socialize with family or friends</td>
</tr>
<tr>
<td>7</td>
<td>Take vacations</td>
</tr>
<tr>
<td>8</td>
<td>Shop</td>
</tr>
<tr>
<td>9</td>
<td>Meditate/pray</td>
</tr>
<tr>
<td>10</td>
<td>Get a massage</td>
</tr>
<tr>
<td>11</td>
<td>Listen to music and dance</td>
</tr>
<tr>
<td>12</td>
<td>Eat nutritious food, exercise, rest, and take care of yourself as a whole being</td>
</tr>
<tr>
<td>13</td>
<td>Learn to relax by breathing deeply</td>
</tr>
<tr>
<td>14</td>
<td>Take time to return to normal activities regularly</td>
</tr>
<tr>
<td>15</td>
<td>Avoid additional stressful situations</td>
</tr>
<tr>
<td>16</td>
<td>Take a bubble bath</td>
</tr>
<tr>
<td>17</td>
<td>Get up early, before the rest of your family, and enjoy the morning</td>
</tr>
</tbody>
</table>

Ask yourself:
- ✓ What makes you feel good? (and is good for you!)
- ✓ What makes you feel rested?
- ✓ Can you check out for the afternoon - just for a few hours?

**In Trouble?**

Remember that the farther down the road you have gone the development of compassion fatigue or vicarious trauma, the longer it will take to get back on the right path. Don’t give up with your self-care efforts. Sometimes you – yes even you – might need professional help. Perhaps everything you have tried just hasn’t worked. If that is the case, use your support network inside and outside of work to identify a competent professional therapist who can work with you to address your challenges and move towards the road to recovery.
Resilience Characteristic #8
Seek solutions when a problem arises.

Tool #8: Effectively Problem-Solve –
And Know There is Always a Way Through

Problem verses Symptom
We have spent a long time talking about how you can figure out if you are experiencing compassion fatigue, vicarious trauma, secondary traumatic stress, or burnout. You may have a lot of symptoms – things like feeling overwhelmed, not feeling in control, having intense negative feelings, and experiencing emotional numbing. But these symptoms are NOT the problem – they just tell you there IS a problem.

That’s the way it is with any problem you face. What you think is the problem is likely NOT the problem – only a symptom that there IS a problem.

Discomfort With Change
While you are solving the problem, things might be messy for you. It can be really uncomfortable when you are in the middle of a change. If you are fairly convinced that you HAVE solved the problem, OR if you are trying to solve the problem so that you are not fixing symptoms only, then your reality is likely that there will be uncertainty and ambiguity until you identify and implement the solution. It is here where you must practice using your coping skills. You can also ask others you trust how they handed similar situations.

*Following the Resilience Characteristic Tools and subsequent articles, there will be an exercise to help you examine “What’s on your plate” and methods for coming up with solutions to ease your stress.

Remember this:

When the front door closes, there’s always a window somewhere that you can climb through. It might take some looking, and – metaphorically - it might be in the attic or the basement - but it is always the case that there is a way out. You must believe it is true.
Resilience Characteristic #9
View something that is negative as an opportunity; consider adversity a challenge, not a threat.

**Tool #9: Make Lemonade Out of Lemons**

Taking care of yourself includes finding opportunities where you encounter barriers. You have to believe that you can find a way forward, that you can solve this, that you can learn how to take care of yourself, and that you can change. It’s all about believing in yourself and seeing challenges as opportunities. Look back at Toolkit #1: Optimism. If you believe things are bad and will never change – you will likely be right. If you believe you can’t find an answer, you won’t. If you believe it’s hopeless – it will be. Essentially, what you believe is what you create.

**Truly change your perspective and you change the world.**

Think about a situation where things just are not going well. Perhaps you have a situation with a colleague, or more than one colleague, who are rubbing you the wrong way, but you still have to work with them. Briefly describe what’s going on.

____________________________________________________________________________
____________________________________________________________________________

Now brainstorm below how you might look at this differently. List 2-3 different ways you might make lemonade out of lemons.

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Resilience Characteristic #10
Have a sense of humor about life’s challenges.

**Tool #10: Laugh in the Face of Adversity**

Sometimes there is just nothing left to do but laugh. Use your sense of humor – everyone has one! Yes – what you do is very serious work – what you face on a daily basis is incredibly serious. But still, you must find a way to maintain your equilibrium and not take things SO seriously that they debilitate you. Smile, laugh, and find joy in the little things in life. Expose yourself to humorous situations.

Learn to laugh, enjoy life, and have healthy personal relationships.

You can do this!
Compassion Fatigue Articles and Self-Care Tools

You are now familiar with the terminology and how work experiences can impact you in this work. This next section contains helpful articles to increase your knowledge and awareness of compassion fatigue and how to take care of yourself so you can care for others. The following compilation of articles and self-care tools was provided by compassion fatigue specialist, Françoise Mathieu, www.compassionfatigue.ca.

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Low Impact Disclosure - How to stop sliming each other
by Françoise Mathieu

"Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material." (Pearlman et al, 1995)

After a difficult session...

Are you sliming your colleagues? Are you being slimed? Can you still be properly debriefed if you don’t give all the graphic details of the trauma story you have just heard from a client? Would you like to have a strategy to gently prevent your colleagues from telling you too much information about their trauma exposure? (For those of you who are slightly grammatically challenged, the “iming” in sliming is pronounced the same way one pronounces slime, not limb (therefore slimeing not slimming). This is not about weight reduction though you may lose a few pounds of other peoples’ baggage through this strategy…)

When helpers hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying. It is healthy to turn to others for support and validation. The problem is that we are often not doing it properly. The problem is also that colleagues don’t always ask us for permission before debriefing their stories with us.

Two kinds of debriefing

Many helpers acknowledge that they occasionally share sordid and sometimes graphic tales of the difficult stories they have heard with one another in formal and less formal debriefing situations. Debriefing is an important part of the work that we do: it is a natural and important process in dealing with disturbing material.

There are two kinds of debriefing that take place among helpers: the informal debriefing, which often takes place in a rather ad hoc manner, whether it be in a colleague’s office at the end of a long day, in the staff lunchroom, the police cruiser or during the drive home, and the second form of debriefing which is a more formal process, and is normally scheduled ahead of time (peer consultations, supervision, critical incident stress debriefing).

Part of the problem with formal debriefing or pre-booked peer supervision is the lack of immediacy. When I have heard something disturbing during a clinical day, I need to talk about it to someone there and then or at least during the same day. I used to work at an agency where peer consultation took place once a month. Given that I was working as a crisis counsellor, I almost never made use of this time for debriefing (or much of anything else) as my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them. 10

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A second problem for some of us is the lack of satisfactory supervision. If I came and administered a satisfaction scale right after you leave your supervisor’s office, I am sure that you would be able to give me a rating on how satisfying/useful that process was for you. Sadly, the score is often rather low for a variety of reasons (having sufficient time, skill level of the supervisor, the quality of your relationship with them, trust etc).

Are you being Slimed during informal debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being slimed rather than taking part in a debriefing process. Therein lies the problem AND the solution.

Contagion

Sharing graphic details of trauma stories can actually help spread vicarious trauma to other helpers and perpetuate a climate of cynicism and hopelessness in the workplace. Helpers often admit that they don’t always think of the secondary trauma they may be unwittingly causing to the recipient of their stories. Some helpers (particularly trauma workers, policy, fire and ambulance workers) tell me this is a “normal” part of their work and that they are desensitized to it.

Four key strategies to slow the progress of slime

In their book *Trauma and the Therapist: Countertransference and Vicarious Traumatization in psychotherapy with incest survivors*, Laurie Pearlman and Karen Saakvitne put forward the concept of “limited disclosure” which can be a strategy to mitigate the contamination effect of helpers informally debriefing one another during the normal course of a day.

I have had the opportunity to present this strategy to hundreds of helping professionals over the past 8 years, and the response has been overwhelmingly positive. Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic.

Over time, it was renamed Low Impact Disclosure (LID). What does it look like exactly?

Low impact disclosure proposes that we conceptualize our traumatic story as being contained behind a tap. We then decide, via the process described below, how much information we will release and at what pace. Simple as that.

Let’s walk through the process of LID. It involves four key steps: self-awareness, fair warning, consent and low impact disclosure. ¹¹

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1) Increased Self Awareness
How do you debrief when you have heard or seen hard things? Take a survey of a typical work week and note all of the ways in which you formally and informally debrief yourself with your colleagues. Note the amount of detail you provide them with (and they you), and the manner in which this is done: do you do it in a formal way, at a peer supervision meeting, or by the water cooler? What is most helpful to you in dealing with difficult stories?

2) Fair Warning
Before you tell anyone around you a difficult story, you must give them fair warning. This is the key difference between formal debriefs and ad hoc ones: If I am your supervisor, and I know that you are coming to tell me a traumatic story, I will be prepared to hear this information (for more on this read Babette Rothschild's newest book *Help for the Helper*, where she explores the concept of trauma exposure and helper preparedness)

3) Consent
Once you have given warning, you need to ask for consent. This can be as simple as saying: “I need to debrief something with you, is this a good time?” or “I heard something really hard today, and I could really use a debrief, could I talk to you about it?” The listener then has a chance to decline, or to qualify what they are able/ready to hear. For example, if you are my work colleague I may say to you: "I have 15 minutes and I can hear some of your story, but would you be able to tell me what happened without any of the gory details?” or “Is this about children (or whatever your trigger is)? If it’s about children then I’m probably the wrong person to talk to, but otherwise I’m fine to hear it."

4) Low Impact Disclosure
Now that you have received consent from your colleague, you can decide how much of the tap to turn on. Imagine that you are telling a story starting with the outer circle of the story (i.e. the least traumatic information) and you are slowly moving in toward the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

Questions to ask yourself before you share graphic details:

Is this conversation a: Debriefing? Case consultation? Fireside chat? Work lunch? Parking lot chat? Children’s soccer game (don’t laugh, it’s been done) Xmas party? Pillow talk? Other…

Is the listener: Aware that you are about to share graphic details? Able to control the flow of what you are about to share with them?

If it is a case consultation or a debriefing: Has the listener been informed that it is a debriefing, or are you sitting in their office chatting about your day? Have you given them fair warning? 12

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How much detail is enough? How much is too much?

If this is a staff meeting or a case conference, is sharing the graphic details necessary to the discussion? Sometimes it is, often it is not. E.g.: discussing a child being removed from the home, you may need to say "The child suffered severe neglect and some physical abuse at the hands of his mother" and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion. Don't assume you need to disclose all the details right away.

Final words: I would recommend applying this approach to all conversations we have. In social settings, even if it’s a work dinner or something with all trauma workers, think to yourself; is this too much trauma information to share?

Some additional suggestions:

Experiment with Low Impact Disclosure (LID) and see whether you can still feel properly debriefed without giving all the gory details. You may find that at times you do need to disclose all the details, which is an important process in staying healthy as helpers, and at other times you may find that you did not need this.

Have an educational session followed by conversation at your workplace about this concept.

Low Impact Disclosure is a simple and easy CF protection strategy. It aims to sensitize helpers to the impact that sharing graphic details can have on themselves and their colleagues.

What to expect:

Not everyone will receive this well (like any boundary setting that we do). All those of you who are social workers, psychologists and mental health counsellors, return to your Family Therapy 101 course. Remember what Minuchin and his friends said about family systems? That systems like status quo (even if it is dysfunctional) and that most systems are highly resistant to change even if this change is for the better in the long term. The same applies to this new boundary setting strategy. Expect some resistance among your coworkers, but don’t give up.

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Transforming Compassion Fatigue into Compassion Satisfaction: Top 12 Self-Care Tips for Helpers

By Françoise Mathieu, M.Ed., CCC., Compassion Fatigue Specialist

Dr Charles Figley, world renowned trauma expert and pioneer researcher in the field of helper burnout has called compassion fatigue a “disorder that affects those who do their work well” (1995) It is characterized by deep emotional and physical exhaustion, symptoms resembling depression and PTSD and by a shift in the helper’s sense of hope and optimism about the future and the value of their work. The level of compassion fatigue a helper experiences can ebb and flow from one day to the next, and even very healthy helpers with optimal life/work balance and self care strategies can experience a higher than normal level of compassion fatigue when they are overloaded, are working with a lot of traumatic content, or find their case load suddenly heavy with clients who are all chronically in crisis.

Compassion fatigue can strike the most caring and dedicated nurses, social workers, physicians and personal support workers alike. These changes can affect both their personal and professional lives with symptoms such as difficulty concentrating, intrusive imagery, loss of hope, exhaustion and irritability. It can also lead to profound shifts in the way helpers view the world and their loved ones. Additionally, helpers may become dispirited and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment.

It has been shown that, when we are suffering from compassion fatigue, we work more rather than less. What suffers is our health, our relationship with others, our personal lives and eventually our clients.

Assessing your own level of Compassion Fatigue

If would you like to assess your current level of Compassion Fatigue, visit Beth Stamm’s website: www.isu.edu/~bhstamm/tests.htm. Dr Stamm and Charles Figley have developed a self-test called the Proquol (professional quality of life) that can be accessed via this site. They not only look at Compassion Fatigue, they also assess helpers’ level of compassion satisfaction which is “about the pleasure you derive from being able to do your work well.” (Stamm, 1999) I have affectionately nicknamed this test “the thingy” as I find the name ProQuol rather unwieldy. If you are interested in obtaining a free self scoring excel version of this test, email our autoresponder: thingy@aweber.com and you will instantly receive the excel version, which is far easier to use than the original version.

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Developing an Early Warning System for Yourself

I believe that compassion fatigue is a normal consequence of working in the helping field. The best strategy to address compassion fatigue is to develop excellent self care strategies, as well as an early warning system that lets you know that you are moving into the caution zone of Compassion Fatigue.

For the past 7 years, I have been training and assisting helpers in developing a better understanding of this complex occupational hazard. Here is a sample of my favorite self care strategies to transform compassion fatigue into compassion satisfaction.

Top 12 Self-Care Tips for Helpers

1. Take Stock—What’s on your plate?

You can’t aim to make changes and improvements without truly knowing where the problem areas are. Start by taking a nonjudgmental inventory of where things are at in your life. Make a list of all the demands on your time and energy (Work, Family, Home, Health, Volunteering, other). Try to make this list as detailed as you can. E.g.: Under the Work category, list the main stressors you see (number of clients, or, amount of paperwork, or difficult boss, etc).

Once you have the list, take a look at it. What stands out? What factors are contributing to making your plate too full? Life situations or things you have taken on? What would you like to change most? If you are comfortable sharing this with a trusted friend or colleague, have a brainstorming discussion with them on strategies and new ideas. A counsellor or coach can also help you with this exercise. If you would like to read more on this, we highly recommend reading Cheryl Richardson’s excellent book “Take time for your life” (1998).

2. Start a Self-Care Idea Collection

This can be fun. You can do it with friends and at work. With friends: Over a glass of wine or a cappuccino, interview three friends on their favorite self-care strategies. Start making a list even if they are not ideas that you would do/are able to afford at the moment. Something new might emerge that you had not yet thought of.

At work: If you are doing this at work, you could even start a contest for the best self care idea of the week or have a “self care board” where people post their favorite ideas. You could have a “5 minutes of self care” at each staff meeting, where someone is in charge of bringing a new self care idea each week.

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Once you have a really nice long list, pick three ideas that jump out at you. Make a commitment to implementing these in your life within the next month. Ask a friend/colleague if they would commit to supporting you (and you them) in maintaining your self care goals. This could mean that they go to the gym with you every Thursday, or that they email you at lunch to remind you to get out of your office. This is a wonderful way to stay on track and to validate your own experiences by sharing them.

3. Find time for yourself every day – Rebalance your workload

Do you work straight through lunch? Do you spend weekends running errands and catching up on your week without ever having 20 minutes to sit on the couch and do nothing? Can you think of simple ways to take mini breaks during a work day? This could simply be that you bring your favourite coffee cup to work, and have a ritual at lunch where you close your door (if you have a door) and listen to 10 minutes of your favourite music. A friend of mine has a nap on her yoga mat at work during her lunch break. What would work for you?

Not everyone has control over their caseload, but many of us do, providing we see all the clients that need to be seen. Would there be a way for you to rejig your load so that you don’t see the most challenging clients all in a row?

Make sure you do one nourishing activity each day. This could be having a 30 minute bath with no one bothering you, going out to a movie, or it could simply mean taking 10 minutes during a quiet time to sit and relax. Don’t wait until all the dishes are done and the counter is clean to take time off. Take it when you can, and make the most of it. Even small changes can make a difference in a busy helper’s life.

4. Delegate - learn to ask for help at home and at work

Here is a home-based example: Have you ever taught a 4 year old how to make a sandwich? How long would it take you to make the same sandwich? Yes, you would likely make it in far less time and cause far less mess in the kitchen, but at the end of the day, that four year old will grow into a helpful 10 year old, and one day, you won’t have to supervise the sandwich making anymore. Are there things that you are willing to let go of and let others do their own way? Don’t expect others to read your mind: consider holding a regular family meeting to review the workload and discuss new options. Think of this: If you became ill and were in hospital for the next two weeks, who would look after things on the home front?

5. Have a transition from work to home

Do you have a transition time between work and home? Do you have a 20 minute walk home through a beautiful park or are you stuck in traffic for two hours? Do you walk in the door to kids fighting and hanging from the curtains or do you walk into a peaceful house? Do you have a transition process when you get home? Do you change clothes? 16

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Helpers have told us that one of their best strategies involved a transition ritual of some kind: putting on cozy clothes when getting home and mindfully putting their work clothes “away” as in putting the day away as well, having a 10 minute quiet period to shift gears, going for a run. One workshop participant said that she had been really missing going bird watching, but that her current life with young children did not allow for this. She then told us that her new strategy would be the following: From now on, when she got home from work, instead of going into the house straight away, she would stay outside for an extra 10 minutes outside, watching her birdfeeders. Do you have a transition ritual?

6. Learn to say no (or yes) more often

Helpers are often attracted to the field because they are naturally giving to others, they may also have been raised in a family where they were expected to be the strong supportive one, the parental child etc.

Are you the person who ends up on all the committees at work? Are you on work-related boards? Do you volunteer in the helping field as well as work in it? Are you the crisis/support line to your friends and family? It can be draining to be the source of all help for all people. As helpers, we know that learning to say no is fraught with self-esteem and other personal issues and triggers. Do you think you are good at setting limits? If not, this is something that needs exploring, perhaps with a counsellor. Can you think of one thing you could do to say no a bit more often?

Conversely, maybe you have stopped saying yes to all requests, because you are feeling so depleted and burned down, feel resentful and taken for granted. Have you stopped saying yes to friends, to new opportunities?

Take a moment to reflect on this question and see where you fit best: Do you need to learn to say no or yes more often?

7. Assess your Trauma Inputs

Do you work with clients who have experienced trauma? Do you read about, see photos of, and are generally exposed to difficult stories and images at your work? Take a trauma input survey of a typical day in your life. Starting at home, what does your day begin with? Watching morning news on tv? Listening to the radio or reading the paper? Note how many disturbing images, difficult stories, actual images of dead or maimed people you come across.

Now look at your work. Not counting direct client work, how many difficult stories do you hear, whether it be in a case conference, around the water cooler debriefing a colleague or reading files?

Now look at your return trip home. Do you listen to the news on the radio? Do you watch tv at night? What do you watch? If you have a spouse who is also in the helping field, do you talk shop and debrief each other?  

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It is important to recognize the amount of trauma information that we unconsciously absorb during the course of a day. Many helpers whom we meet say that they are unable to watch much of anything on television anymore, other than perhaps the cooking channel. Others say the reverse, that they are so desensitized that they will watch very violent movies and shows and feel numb when others around them are clearly disturbed by it. In a nutshell, there is a lot of extra trauma input outside of client work that we do not necessarily need to absorb or to hear about. We can create a “trauma filter” to protect ourselves from this extraneous material.

8. Learn more about Compassion Fatigue and Vicarious Trauma

Compassion Fatigue (CF) and Vicarious Trauma (VT) are serious, profound changes that happen when helpers do their best work. Learn more about CF and VT, including ways to recognise the signs and symptoms and strategies to address the problem. Consider attending a workshop or read more on the topic. Visit our website for more information: www.compassionfatigue.ca or email us: whp@cogeco.ca

9. Consider Joining a Supervision/Peer Support Group

Not all places of work offer the opportunity for peer support. You can organise such a group on your own (whether it be face to face meetings or via email or phone). This can be as small as a group of three colleagues who meet once a month or once a week to debrief and offer support to one another.

10. Attend Workshops/Professional Training Regularly

Helpers with severe compassion fatigue often speak of feeling de-skilled and incompetent. Researchers in the field of CF and VT have identified that attending regular professional training is one of the best ways for helpers to stay renewed and healthy. There are of course several benefits to this: connecting with peers, taking time off work, and building on your clinical skills. Identify an area of expertise that you want to hone. If you are not able to travel to workshops, consider taking online courses.

11. Consider working part time (at this type of job)

Managers often cringe when we say this in our workshops, but studies have shown that one of the best protective factors against Compassion Fatigue is to work part time or at least, to see clients on a part time basis and to have other duties the rest of the time. There are some excellent books on this topic, such as *Your money or your life* by Joe Dominguez and Marsha Sinetar’s *Do what you love and the money will follow.*

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12. Exercise

We tell our clients how important physical exercise is. Do you do it on a regular basis? Can you think of three small ways to increase your physical activity? One busy counselling service hired a yoga instructor to come once a week to their office and everyone chipped in their 10$ and did yoga together at lunch. Another agency said that they had created a walking club, and that a group of helpers walk outside for 30 minutes three times a week. The key to actually increasing physical exercise is to be realistic in the goals we set out for ourselves. If you don’t exercise at all, aiming to walk around the block twice a week is a realistic goal, running a 10km run in two weeks is not.

**Conclusion: “Dig where the ground is soft” Chinese proverb**

When I was training in couples counseling with Dr. Les Greenberg, he always used to say “when you are working with couples, dig where the ground is soft. Work with the client who seems most ready to change, not with the client who seems most closed and defensive.” Instead of picking your trickiest area, pick the issue that you can most easily visualise improving on. (e.g. “making a commitment to going for a walk every lunch time vs. getting rid of my difficult supervisor”).

You may not notice it right away, but making one small change to your daily routine can have tremendous results in the long term. Imagine if you started walking up two flights a stairs per day instead of using the elevator, what might happen after three months?

**For more information on Compassion Fatigue Workshops and resources:**
Contact Françoise Mathieu at: compfatigue@gmail.com
www.compassionfatigue.ca

Françoise Mathieu is a Certified Mental Health Counsellor and Compassion Fatigue Specialist. She works individually with clients in private practice and offers workshops and consultation to agencies on topics related to compassion fatigue, wellness and self care. She and a colleague created Cameron & Mathieu Consulting in 2001 (now called Compassion Fatigue Solutions, Inc.) to provide workshops to helpers with a focus on personal and professional renewal.

CF Solutions, Inc. offers practical, skill-based workshops on various topics related to compassion fatigue, burnout and stress management. For more information and resources, contact Françoise Mathieu: (613) 547-3247; compfatigue@gmail.com or visit our website: www.compassionfatigue.ca.

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**Recommended books on Compassion Fatigue and Vicarious Trauma:**


**Recommended Self-Care books for Helpers:**


Running on Empty: Compassion Fatigue in Health Professionals

By Françoise Mathieu, M.Ed., CCC. Compassion Fatigue Specialist

(Published in Rehab & Community Care Medicine, Spring 2007)

“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” (Remen, 1996)

What is compassion fatigue?

Our primary task as helping professionals is first and foremost to meet the physical and/or emotional needs of our clients and patients. This can be an immensely rewarding experience, and the daily contact with patients is what keeps many of us working in this field. It is a Calling, a highly specialized type of work that is unlike any other profession. However, this highly specialized rewarding profession can also look like this: Increasingly stressful work environments, heavy case loads and dwindling resources, cynicism and negativity from co-workers, low job satisfaction and, for some, the risk of being physically assaulted by patients.

Compassion Fatigue has been described as the “cost of caring” for others in emotional and physical pain. (Figley, 1982) It is characterized by deep physical and emotional exhaustion and a pronounced change in the helper’s ability to feel empathy for their patients, their loved ones and their co-workers. It is marked by increased cynicism at work, a loss of enjoyment of our career, and eventually can transform into depression, secondary traumatic stress and stress-related illnesses. The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others.

Who does it affect?

Compassion fatigue is an occupational hazard, which means that almost everyone who cares about their patients/clients will eventually develop a certain amount of it, to varying degrees of severity. Statistics Canada recently published their first ever National Survey of the Work and Health of Nurses (2005) which found that “close to one-fifth of nurses reported that their mental health had made their workload difficult to handle during the previous month.” In the year before the survey, over 50% of nurses had taken time off work because of a physical illness, and 10% had been away for mental health reasons. Eight out of ten nurses accessed their EAP (employee assistance program) which is over twice as high as EAP use by the total employed population. In addition, nurses reported on the job violence and were found “more likely to experience on the job violence than all other professions.” (ONA, 2006) A study of Cancer Care Workers in Ontario carried out in 2000 also found high levels of burnout and stress among oncology workers and

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discovered that a significant number of them were considering leaving the field: 50% of physicians and 1/3 of other cancer care professionals had high levels of emotional exhaustion and low levels of personal accomplishment. (Grunfeld 2000) Similar findings have been found among other helping professionals such as child protection workers, law enforcement, counselors and prison guards. (Figley, 2006)

Signs and Symptoms of Compassion Fatigue

Each individual will have their own warning signs that indicate that they are moving into the danger zone of compassion fatigue. These will include some of the following:

- Exhaustion
- Reduced ability to feel sympathy and empathy
- Anger and irritability
- Increased use of alcohol and drugs
- Dread of working with certain clients/patients
- Diminished sense of enjoyment of career
- Disruption to worldview
- Heightened anxiety or irrational fears
- Intrusive imagery or dissociation
- Hypersensitivity or insensitivity to emotional material
- Difficulty separating work life from personal life
- Absenteeism – missing work, taking many sick days
- Impaired ability to make decisions and care for clients/patients
- Problems with intimacy and in personal relationships

Drs. Figley and Stamm have developed a Compassion Fatigue self-test called the ProQuol that can be taken online to assess one’s own level of CF. It is considered the most effective screening tool to date: www.isu.edu/~bhstamm/tests.htm. You can also access a very easy self-scoring excel version of it by emailing me at: thingy@aweber.com. I affectionately renamed the ProQuol “thingy” as I found the original name rather unwieldy.

Learning to recognise one’s own symptoms of compassion fatigue has a two-fold purpose: firstly, it can serve as an important “check-in” process for a helper who has been feeling unhappy and dissatisfied, but did not have the words to explain what was happening to them, and secondly, it can allow them to develop a warning system for themselves.

Say, for example, that a helper was to learn to identify their compassion fatigue symptoms on a scale of 1 to 10 (10 being the worst they have ever felt about their work/compassion and 1 being the best they have ever felt) and they learned to identify what an 8 or a 9 looks like for them (i.e.: “when I’m getting up to an 8, I notice it because I don’t return phone calls, think about calling in sick a lot and can’t watch any violence on tv” or “I know that I’m moving towards a 7 when I turn down my best friend’s invitation to go out for dinner because I’m too drained to talk to someone else, and when I stop exercising.” Being able to recognize that one’s level of compassion fatigue is creeping up to the red zone is the most effective way to implement strategies immediately before things get worse.  

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Contributing Factors

As a Compassion Fatigue Specialist, I offer training, counselling and consultation to helpers across the country. During these workshops, I have heard the stories of hundreds of resilient therapists, nurses, midwives, personal support workers, correctional workers, ministers, physicians, psychologists, social workers and students in these professions. What we have discovered through these conversations is that compassion fatigue exists on a continuum, meaning that at various times in our careers, we may be more immune to its damaging effects and at other times feel very beaten down by it. Within an agency, there will be, at any one time, helpers who are feeling well and fulfilled in their work, a majority of people feeling some symptoms and a few people feeling like there is no other answer available to them but to leave the profession. Many factors contribute to this continuum: personal circumstances and the helper’s work situation.

Current life circumstance. The helper’s current life circumstance, their history, coping style and personality style all affect how compassion fatigue works its way through. In addition to working in a challenging profession, most helpers have other life stressors to deal with. Many are in the “sandwich generation” meaning that they take care of both young children and aging parents. Helpers are not immune to pain in their own lives and in fact some studies show that they are more vulnerable to life changes such as divorce and difficulties such as addictions than people who do less stressful work.

Working conditions. Helpers participating in compassion fatigue sessions will often say “I don’t have any problems with my clients/patients, in fact, I love my client work, it’s everything around it at work that is grinding me down.” It is clear that clients and their stories are not always the main source of stress for helpers -it’s also the paperwork, the new computerized time tracking system they have to learn, and, let’s not forget, the 10th “restructuring/merging with the agency next door/new executive director/best practice remodel that an agency is going through for the 4th time in 10 years. Moreover, helpers often do work that other people don’t want to hear about, or spend their time caring for people who are not valued or understood in our society, (for example, individuals who are homeless, abused, incarcerated or chronically ill). The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue and unhappiness. 22

What can be done to prevent Compassion Fatigue?

Compassion Fatigue is a treatable problem providing we recognise the signs and symptoms early and that the level of intervention is appropriate to the level of compassion fatigue present in the helper. There are strategies and solutions both at the personal and at the organizational level.

22 Permission to reprint: These articles may be freely copied as long as (a) the author is credited, (b) no changes are made, and (c) they are not sold. Copyright Françoise Mathieu, www.compassionfatigue.ca
Organizational Strategies There are many simple and effective strategies that helpers can implement to protect themselves from compassion fatigue. First, by openly discussing and recognizing compassion fatigue in the workplace, helpers can normalise this problem for one another. They can also work towards developing a supportive work environment that will encourage proper debriefing, regular breaks, mental health days, peer support, assessing and changing workloads, improved access to further professional development and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives. Research has shown that working part time, or only seeing clients or patients part time and doing other activities the rest of the workday can be a very effective method to prevent compassion fatigue.

Personal Improved self-care is the cornerstone of compassion fatigue prevention. This may seem obvious, but most helpers tend to put their needs last and feel guilty for taking extra time out of their busy schedules to exercise, meditate or have a massage. On the personal front, helpers need to carefully and honestly assess their life situation: Is there a balance between nourishing and depleting activities in their lives? Do they have access to regular exercise, non-work interests, personal debriefing? Are they caregivers to everyone or have they shut down and cannot give any more when they go home? Are they relying on alcohol, food, gambling, shopping to de-stress? Helpers must recognise that theirs is highly specialised work and their home lives must reflect this.

Developing a Compassion Fatigue Prevention Toolkit for yourself

In our workshops, we encourage helpers to design a prevention toolkit that will reflect their own reality and that will integrate their life circumstances and work challenges. This is a very individual process – your self-care strategies may not work for your neighbour and vice versa. Here are some key questions to ask yourself to start the process:

What would go in that toolkit?

What are my warning signs – on a scale of 1 to 10, what is a 4 for me, what is a 9? Schedule a regular check in, every week – how am I doing? What things do I have control over? What things do I not have control over? What stress relief strategies do I enjoy? (taking a bath, sleeping well or going for a massage)
What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful (switching to part time work, changing jobs, rejigging your caseload, etc.) What stress resiliency strategies can I use? Stress resiliency are relaxation methods that we develop and practice regularly, such as meditation, yoga or breathing exercises.

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What if those strategies aren’t enough?

Compassion Fatigue can lead to very serious problems such as depression, anxiety and suicidal thoughts. When this happens you deserve to have help. Talk to your physician about options such as counselling. In addition to the strategies described above, there are effective treatment modalities available to helpers with more severe compassion fatigue. Compassion fatigue counselling needs to focus on a combination of screening for and treating depression and secondary traumatic stress as well as developing an early detection system to prevent relapse.

The focus is also on assessing work/life balance and developing strategies to deal with difficult case loads and repeated exposure to traumatic material. We recommend reading Charles Figley, Beth Stamm and Saakvitne’s books for more information on this. When looking for a counsellor, be sure to ask them if they are familiar with treating compassion fatigue.

What if I think that someone close to me is suffering from cf?

A helpful strategy is right in the name, have compassion! No one likes to feel blamed, unfortunately one negative effect of the work that has been done in this area is that some helpers have felt blamed for their compassion fatigue. They have received a strong message from their workplace, “if you feel burnt out, it means you are not taking good enough care of yourself”. This can further silence people in pain and ignores a key contributing factor that most individual helpers have no or little control over (caseloads etc). Be kind and supportive and start small, it can be hard to hear that something you have been trying to hide is obvious to others. Talking about the effects of the work can be helpful and a good entry point.

Conclusion

Developing compassion fatigue is a gradual, cumulative process and so is healing from its effects. A few people can be fully restored by taking a holiday or going for a massage but most of us need to make life changes and put our own health and wellness at the top of the priority list.

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The Author

Françoise Mathieu is a Certified Mental Health Counsellor and Compassion Fatigue Specialist. She works individually with clients in private practice and offers workshops and consultation to agencies on topics related to compassion fatigue, wellness and self-care.

Contact information: compfatigue@gmail.com, 613 547 3247 www.compassionfatigue.ca

Sources:


Recommended Self-Care books for Helpers:


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First Self Assessment Exercise

Observe the work that you do. Does it have:

• A large volume of demand? (and often increasing demands, such as more and more clients to see or more and more paperwork to do)?
• Continually dwindling resources?
• Exposure to difficult stories of loss, pain, death and suffering?
• Do you work with clients who face seemingly insurmountable obstacles, have chronic needs or even clients who get worse rather than get better?

All of these elements can contribute to compassion fatigue and vicarious trauma

Ask yourself the four following questions: 1)

Where do the stories go?

What do you do at the end of a work day to put difficult stories client away and go home to your friends and family?

2) Were you trained for this?

Did your training offer you any education on self care, compassion fatigue, vicarious trauma or burnout? If it did, how up to date are you on those strategies? If it didn’t, which is still true for the majority of us over a certain age, how much do you know about these concepts? 26
3) **What are your particular vulnerabilities?**

Two things we know for sure about the field of helping: one, that a large percentage of helpers have experienced primary trauma at some point in their past, which may have led them to being attracted to the field in the first place. Two, that personality types who are attracted to the field of helping (rather than, say, mechanical engineering) are more likely to feel highly attuned and empathy towards others, which makes them good at their job and also more vulnerable to developing CF, VT and Burnout.

4) **How do you protect yourself while doing this very challenging work?**

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PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you help people you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am happy.</td>
</tr>
<tr>
<td>2</td>
<td>I am preoccupied with more than one person I help.</td>
</tr>
<tr>
<td>3</td>
<td>I get satisfaction from being able to help people.</td>
</tr>
<tr>
<td>4</td>
<td>I feel connected to others.</td>
</tr>
<tr>
<td>5</td>
<td>I jump or am startled by unexpected sounds.</td>
</tr>
<tr>
<td>6</td>
<td>I feel invigorated after working with those I help.</td>
</tr>
<tr>
<td>7</td>
<td>I find it difficult to separate my personal life from my life as a helper.</td>
</tr>
<tr>
<td>8</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.</td>
</tr>
<tr>
<td>9</td>
<td>I think that I might have been affected by the traumatic stress of those I help.</td>
</tr>
<tr>
<td>10</td>
<td>I feel trapped by my job as a helper.</td>
</tr>
<tr>
<td>11</td>
<td>Because of my helping, I have felt &quot;on edge&quot; about various things.</td>
</tr>
<tr>
<td>12</td>
<td>I like my work as a helper.</td>
</tr>
<tr>
<td>13</td>
<td>I feel depressed because of the traumatic experiences of the people I help.</td>
</tr>
<tr>
<td>14</td>
<td>I feel as though I am experiencing the trauma of someone I have helped.</td>
</tr>
<tr>
<td>15</td>
<td>I have beliefs that sustain me.</td>
</tr>
<tr>
<td>16</td>
<td>I am pleased with how I am able to keep up with helping techniques and protocols.</td>
</tr>
<tr>
<td>17</td>
<td>I am the person I always wanted to be.</td>
</tr>
<tr>
<td>18</td>
<td>My work makes me feel satisfied.</td>
</tr>
<tr>
<td>19</td>
<td>I feel worn out because of my work as a helper.</td>
</tr>
<tr>
<td>20</td>
<td>I have happy thoughts and feelings about those I help and how I could help them.</td>
</tr>
<tr>
<td>21</td>
<td>I feel overwhelmed because my case [work] load seems endless.</td>
</tr>
<tr>
<td>22</td>
<td>I believe I can make a difference through my work.</td>
</tr>
<tr>
<td>23</td>
<td>I avoid certain activities or situations because they remind me of frightening experiences of the people I help.</td>
</tr>
<tr>
<td>24</td>
<td>I am proud of what I can do to help.</td>
</tr>
<tr>
<td>25</td>
<td>As a result of my helping, I have intrusive, frightening thoughts.</td>
</tr>
<tr>
<td>26</td>
<td>I feel &quot;bogged down&quot; by the system.</td>
</tr>
<tr>
<td>27</td>
<td>I have thoughts that I am a &quot;success&quot; as a helper.</td>
</tr>
<tr>
<td>28</td>
<td>I can't recall important parts of my work with trauma victims.</td>
</tr>
<tr>
<td>29</td>
<td>I am a very caring person.</td>
</tr>
<tr>
<td>30</td>
<td>I am happy that I chose to do this work.</td>
</tr>
</tbody>
</table>

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Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

**Compassion Satisfaction**

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

**Burnout**

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

**Secondary Traumatic Stress**

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.
WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>12.</td>
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<td>16.</td>
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<td>18.</td>
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<td>27.</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
</tr>
</tbody>
</table>

Total: ___

The sum of my Compassion Satisfaction questions is ___ So My Score Equals ___ And my Compassion Satisfaction level is ___

- 22 or less: 43 or less: Low
- Between 23 and 41: Around 50: Average
- 42 or more: 57 or more: High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are “reverse scored.” If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. “I am happy” tells us more about the effects of helping while you are not happy so you reverse the score.

<table>
<thead>
<tr>
<th>You Wrote</th>
<th>Change to</th>
</tr>
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<tbody>
<tr>
<td>5</td>
<td>5</td>
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<tr>
<td>2</td>
<td>4</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Total: ___

The sum of my Burnout Questions is ___ So my score equals ___ And my Burnout level is ___

- 22 or less: 43 or less: Low
- Between 23 and 41: Around 50: Average
- 42 or more: 57 or more: High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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Total: ___

The sum of my Secondary Trauma questions is ___ So My Score Equals ___ And my Secondary Traumatic Stress level is ___

- 22 or less: 43 or less: Low
- Between 23 and 41: Around 50: Average
- 42 or more: 57 or more: High

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Exercise: What’s on your plate

Take a blank sheet of 8 ½ by 11 paper and draw a large dinner plate on it.

First: In your plate, write all the things you do/are responsible for, roles, jobs, responsibilities, life needs and issues presently. Write as many concrete details as possible. Think of a typical day in your life from start to finish e.g.: “get up, make lunches for kids, make breakfast, clean up, call plumber, drive to work, etc.)

Second: Look at the things within the plate you would like to change and underline them (Don’t worry whether or not they are actually changeable in reality at the moment)

Third: Look at the things that are changeable at the moment (even by 1%) and circle these

Fourth: Write around the plate things you wish you had more time for

Fifth: Look at what you have lost touch with and did well in the past (running, reading, singing…..?)

Sixth: Think about why/how you did these things in the past

Seventh: Reflect on why you are not doing them now (or a % of them – if you used to be a competitive figure skater, you may now enjoy skating once a week for fun?)

Ask yourself how can you make choices to integrate the things you wish you had more time for, in your life now.
Go further

Choose one thing on your plate that you can delegate, say no to, back out of or make one small step towards any of these goals. For example, you have agreed to have your partner’s family for a large family dinner and it was identified as the one thing you wish you could have said no to. Take 10 minutes to yourself and brainstorm every option you can think of, no matter how silly or unrealistic. Force your inner critic to sit out, when he/she starts to say No you can’t do that, tell her/him to be quiet while you finish the exercise. For example, call everyone back and tell them that you have a huge bug problem and the exterminator will be there; call and ask everyone to bring a dish rather than making dinner yourself; call and ask if this could be moved to another week after being honest about how tired you are feeling; ask your partner to make dinner for his/her family while you go out on the town with friends you haven’t seen in a long time.

As you re-read your answers, and hopefully some of them are more outrageous than you would normally be, check your responses. For example, how did it feel to read the last one? Most of the helpers we work with have said that they would NEVER back out of something they offered to do unless it was a life or death problem. Well, what does that say to your body? It says to your body “create a life or death problem for me so I can get out of things I don’t want to do”. Now you are really in a fix because your compassion fatigue may also be protecting you from standing up for yourself. 29

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Commitment to Changes I could make in the next...

Week:

Month:

Year: 30

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Are you running on adrenaline?
Cheryl Richardson - Take time for your Life

___Do you repeatedly check your voice mail or e-mail throughout the day?
___Is your schedule so full that there’s no time left for you?
___Do you feel lost without your beeper, cell phone or laptop?
___Do you put things off to the last minute or use tight deadlines to get things done?
___Do you find yourself in frequent conflicts with others?
___Do you usually speed when driving?
___Does it seem like your car’s fuel gauge is always on or near empty?
___Do you hate to stop and ask for or read directions?
___Do you live on the edge financially?
___Do you always feel pressed for time?
___Do you put off making decisions or taking action in spite of the anxiety it causes?
___Does the thought of being bored make you nervous and uncomfortable?
___If the phone rings as you’re heading out the door, do you answer it anyway?
___Do you wake in the middle of the night with your thoughts racing, unable to sleep?
___Do you juggle several projects at once?
___Are you constantly coming up with new ideas to pursue?
___Do you often forget to follow through on commitments?

If you have answered yes to five or more questions, you may be running on adrenaline.  

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## Self-Care Inventory

Read each statement carefully. Give yourself points as follows:

- **2 points** if the statement describes what you do *every day/almost always*, at work, at home, on the road
- **1 point** if the statement describes what you do *sometimes*
- **0 points** if the statement *never* applies to you

<table>
<thead>
<tr>
<th>#</th>
<th>QUESTION</th>
<th>SCORE</th>
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<tbody>
<tr>
<td><strong>BODY</strong></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>I choose water instead of pop and other high calorie drinks</td>
<td></td>
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<tr>
<td>2</td>
<td>I wait until I am hungry to eat and I stop eating just before I feel full</td>
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<tr>
<td>3</td>
<td>I use the stairs everywhere possible</td>
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<tr>
<td>4</td>
<td>When possible, I walk or cycle to meetings, appointments, shopping &amp; other outings</td>
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<tr>
<td>5</td>
<td>I limit the number of hours I spend watching TV to 2 or less a day</td>
<td></td>
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<tr>
<td>6</td>
<td>I maintain a healthy weight</td>
<td></td>
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<tr>
<td>7</td>
<td>I drink at least 8 cups of fluid (water, juice, milk, coffee, tea) throughout my day</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I accumulate 60 minutes of “active living” every day</td>
<td></td>
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<tr>
<td>9</td>
<td>I use work breaks or lunchtime to stretch, go for a walk, or take an exercise class</td>
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<tr>
<td>10</td>
<td>I eat the recommended number of servings of fruits &amp; vegetables throughout my day (7 - 10)</td>
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<tr>
<td>11</td>
<td>I have healthy snacks with me in my office, on the road and at home</td>
<td></td>
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<tr>
<td>12</td>
<td>I do activities that strengthen my muscles, bones &amp; improve posture 2 - 3 days/week</td>
<td></td>
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<tr>
<td>13</td>
<td>I choose whole grains, low fat foods and limit my sugar intake</td>
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<tr>
<td>14</td>
<td>I do stretching, and balancing activities or yoga or pilates 4 – 6 days a week</td>
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<tr>
<td>15</td>
<td>I make sure that I get sufficient sleep every night (7 – 8 hours)</td>
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<tr>
<td><strong>HEART</strong></td>
<td></td>
<td></td>
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<tr>
<td>16</td>
<td>I practice deep breathing during stressful times like short deadlines or traffic jams</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I have friends I can share things with</td>
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<td>18</td>
<td>I deal with situations directly instead of complaining, and I focus on finding a solution</td>
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<tr>
<td>19</td>
<td>I take time for myself everyday</td>
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<tr>
<td>20</td>
<td>I volunteer with a charity, church or social group</td>
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<tr>
<td>21</td>
<td>I see the glass as half full instead of half empty</td>
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<tr>
<td>22</td>
<td>I know how to say ‘no’ when I need to</td>
<td></td>
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<tr>
<td>23</td>
<td>I accept other people’s differences and the things I cannot change</td>
<td></td>
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<tr>
<td><strong>MIND</strong></td>
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<tr>
<td>24</td>
<td>I play challenging games or puzzles like sudoku, crossword puzzles, scrabble, bridge</td>
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<tr>
<td>25</td>
<td>I like to learn new things</td>
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<td>#</td>
<td>QUESTION</td>
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<tr>
<td>26</td>
<td>I read books, magazines or newspapers that challenge my thinking</td>
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<td>27</td>
<td>I find my work mentally stimulating</td>
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<td>28</td>
<td>I break out of my normal routine or do things that are out of my comfort zone</td>
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<tr>
<td>29</td>
<td>I have a hobby that stimulates me</td>
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<td></td>
<td><strong>SPIRIT</strong></td>
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<tr>
<td>30</td>
<td>I know what my values are</td>
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<tr>
<td>31</td>
<td>I have a sense of purpose in life</td>
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<td>32</td>
<td>I find my work meaningful</td>
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<tr>
<td>33</td>
<td>I seek to make a contribution in work and life</td>
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<tr>
<td>34</td>
<td>I am self-motivated</td>
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<tr>
<td>35</td>
<td>I have a sense of personal identity that is more than my job</td>
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<td><strong>TOTAL</strong></td>
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Total your scores and see how your Self-care habits rate. Score results:

- **1 – 34:** You need to make some changes…the sooner the better! Start with 3 do-able things.
- **35 – 55:** Not bad! And you could be making better choices in some areas. It’s never too late to start.
- **56 +:** WOW! You have some great self-care habits. Keep up the good work!

Adapted from: *The Power of Full Engagement*, by Jim Loehr & Tony Schwartz
Additional Self-Care Resources

Family Court Tool Kit: Trauma & Child Development
The Florida Supreme Court Steering Committee on Families and Children in the Court and the Office of the State Courts Administrator developed this judicial tool kit for use by family courts. Click below on the Court Implications page and scroll down to the #10 item for tips on self-care that include descriptions, signs, and symptoms of vicarious trauma, compassion fatigue, and burnout: http://www.flcourts.org/resources-and-services/court-improvement/judicial-toolkits/family-court-toolkit/court-implications.stml

Florida’s Center for Child Welfare
The Center for Child Welfare provides resources for child welfare professionals on trauma and the child welfare system, including self-care strategies for prevention and intervention of secondary trauma and compassion fatigue, in five self-care domains (Physical, Psychological, Emotional, Spiritual and in the Workplace): http://www.centerforchildwelfare.org/kb/TraumainformedCare/CW360-2ndartTrauma_2012.pdf

American Bar Association
The American Bar Association is committed to supporting the legal profession with practical resources while improving the administration of justice, accrediting law schools, establishing model ethical codes, and more. This link provides information on compassion fatigue, including symptoms, a self-test, and suggestions for attorneys to mitigate compassion fatigue: http://www.americanbar.org/groups/lawyer_assistance/resources/compassion_fatigue.html

National Child Traumatic Stress Network
The National Child Traumatic Stress Network’s mission is to raise the standard of care and improve access to services for traumatized children, their families and communities. The Network has information on secondary traumatic stress; the definition, symptoms, strategies, and prevention; and additional resources designed for the helping professional: http://www.nctsn.org/resources/topics/secondary-traumatic-stress

TEND
Francoise Mathieu, the founder of Compassion Fatigue Solutions, Inc. serves as co-executive director for TEND. TEND is an organization that provides information and specific self-care resources and services for professionals who work in sectors where the risk for stress, burnout, and exposure to direct and secondary trauma is high. https://www.tendacademy.ca
Advocacy for Parents at Family Team Meetings

by Richard Cozzola and Lee Shevell

The “Family Team Meeting” is a process for engaging families in child welfare cases. In a growing number of states, agencies are using this process under a variety of names, including family team conferencing, family team meetings, family group conferencing, family team decision making, family unity meetings, and team decision making.\(^1\)

Depending on the model, the team might include children, parents, extended family, current caregivers, other important adults identified by the parties, caseworkers, therapists, children’s attorneys or guardians, and/or parents’ counsel. Sometimes these meetings happen informally. At other times, they take place based on agency regulations that require a meeting with parents before the agency may change the case plan, services, visitation, the child’s placement, or the permanency goal.

Whichever model the jurisdiction uses, parents’ counsel should formally request from the caseworker or agency to be informed before all meetings. Parents’ counsel should also tell the client to let counsel know of these meetings. The more counsel attends these meetings with their clients, the greater likelihood of successful advocacy.

Planning for the Meeting with the Parent

Planning with the parent can both empower her and lead to better results. Planning enables the parent to be part of the process instead of a role player at a pre-orchestrated event. Figure out a strategy for the meeting: What information should the agency know? What are the best responses to concerns the agency or others are likely to have? Planning for these things with the parent helps her comprehend that if her attorney chooses not to bring up a particular concern in the meeting, it is for strategic reasons.

Make a list of the parent’s key concerns and those counsel believes are important. Prepare the client to answer particular questions counsel intends to ask at the meeting. The more the parent understands the process, the more likely she will be able to help herself at the meeting. For example, consider explaining to the parent something along these lines: “Sometimes it helps to tell the story about you and the boys and how important their toy trucks are to them. Even though you have heard me tell the story a million times, I am going to talk about it again. It helps them understand how much you focus on your children.”

Finally, develop a plan for how the parent can signal during the meeting that she wants to say something. Sometimes social services staff might interpret negatively a parent’s request to talk to the lawyer privately. To avoid this, when the parent gives the signal, her counsel can tell the other participants that counsel needs a moment with the parent. It is far better for the workers to draw negative inferences about the parent’s counsel than the parent.

When parents may bring supportive friends or relatives to a meeting, encourage them to do so. Sometimes the mere presence of someone on the parent’s side of the table helps parents feel less isolated. Discuss with the person before the meeting how she can help. When the purpose of the

(Cont’d on p. 118)
CASE LAW UPDATE

Guardian ad Litem’s Failure to Interview Father Did Not Violate Due Process in Termination Proceeding

In re N.A., 879 N.W.2d 82 (N.D. 2016).

Although child’s guardian ad litem failed to fulfill her mandatory duty to interview the child’s father, his due process rights were not violated in termination of parental rights proceeding. The risk of erroneous termination was minimal because father testified at trial and his counsel had an opportunity to cross-examine witnesses. Father could provide an alternate version of the facts to support his opposition to termination. The cost of postponing the case to conduct the interview outweighed the benefit of an interview because the father had limited involvement in the child’s life and was unlikely to provide any relevant information.

After the child welfare agency initially petitioned to terminate the father’s and mother’s parental rights, the child’s guardian ad litem (GAL) filed a report supporting termination, stating the child had been in foster care for almost two years. The father’s last contact with the agency was over a year before and his whereabouts were unknown. However, the initial petition was withdrawn and refiled six months later.

The father received the second petition and supporting documents while incarcerated at the county jail. These documents were also received by the GAL and listed the father’s address at the jail. However, the GAL filed a nearly identical report and listed the father’s whereabouts as unknown. The amended report stated the mother was voluntarily terminating her parental rights.

The GAL and father were both present at trial before a judicial referee. The father testified he did not contact the child for over a year, and at the referee’s request the GAL offered her support for terminating the father’s parental rights. She was neither sworn in nor subject to cross examination, without objection. After the judicial referee terminated his rights, the father requested juvenile court review, arguing his constitutional right to due process was violated because the GAL failed to interview him. The juvenile court adopted the referee’s order and terminated the father’s rights, concluding the father’s right to due process and equal treatment under the law was not violated.

The court rule requiring a GAL to interview parents reads: “A lay guardian ad litem must … monitor the case, including: … (C) interviewing parents, siblings, caregivers, and other interested parties with relevant information to the case.” While the court found the plain language of the rule requires the GAL to interview the father, it does not mean she must interview every listed party. Rather, the GAL must perform the identified tasks or adequately explain why they were not performed.

To determine whether the risk of error from the GAL’s failure substantially denied the father due process, the court analyzed his claim under the three factors in Mathews v. Eldridge, 424 U.S. 319 (1976). The first factor weighed in the father’s favor – the private interest that was affected by the GAL’s error was the accuracy of a decision terminating parental rights.

However, the last two factors—the risk of an erroneous deprivation of such interest through the procedures used and the administrative and cost burden of an additional or substitute procedure—weighed in favor of the state. The risk of wrongly depriving the father of his parental rights as a result of the GAL’s error was minimal because the father testified at trial and his counsel had an opportunity to cross-examine witnesses. He had an opportunity to provide an alternate
version of the facts that would support his opposition to terminating his parental rights. The father was provided a meaningful opportunity to be heard and did not show that his interview would have added value to the GAL’s report because he had minimal contact with the child.

Finally, the juvenile court could have reasonably found the fiscal and administrative cost of reversing or postponing the case would be significant and unnecessary in light of the father’s availability to testify at trial. It was also reasonable for the court to find the cost outweighed the benefit of the father’s interview because the father was unlikely to have any relevant information due to his limited involvement in the child’s life.

Two grounds for termination exist under North Dakota statute, and the judicial referee made alternate findings and cited evidence supporting both. The juvenile court adopted the judicial referee’s order, finding the child was in continuous foster care for 774 consecutive days and nights, exceeding the 450 out of the previous 660 nights required. Because this determination was sufficient to terminate the father’s parental rights, the GAL’s statutory error in failing to interview the father was harmless.

The chief justice concurred in the result reached by the majority of the court but did not feel analysis under Eldridge was necessary because not every alleged error in executing a statute or rule of court should be reviewed as a possible constitutional violation of the right to due process. Rather, the father should have insisted on the right to examine the GAL under oath before her report was introduced and to question the weight of the evidence contained in the report, given her failure to interview him.

Maine Supreme Court Allows Lower Court to Dismiss Child Protection Petitions Pending Appeal
In re Nicholas S., 2016 WL 3090549 (Maine).

Mother appealed an order finding her three children were in jeopardy while in her care because she failed to protect them from her husband’s physical abuse and failed to provide adequate education. Pending that appeal, the district court dismissed the child protection petition relating to her older son and entered an amended parental rights order. It later did the same for the boy’s younger twin siblings. The Maine Supreme Judicial Court found the district court had authority to dismiss the child protection petitions pending appeal.

The child welfare agency filed two separate child protection petitions alleging an eight-year-old boy and his younger twin siblings were in jeopardy from their mother’s failure to protect them from abuse by her husband. After finding all three children in jeopardy, the district court dismissed the child protection petition for the eight-year-old and entered an order amending his parents’ existing parental rights and responsibilities to protect him. The amended order awarded the parents shared parental rights and responsibilities, except that primary residence and all educational and medical decision-making authority were awarded to the father. The court also ordered that neither parent could use physical discipline with the child.

The mother appealed the finding of jeopardy for all three children and the order amending her parental rights to the eight-year-old. Pending the mother’s appeal, the district court entered another order amending the twin’s parents’ rights and responsibilities and dismissed their protection petition as well. The mother argued that the child welfare agency did not present sufficient evidence to support the district court’s findings. Jeopardy is defined by Maine statute as “serious abuse or neglect, as evidenced by, serious harm or threat of serious harm.”

First, the Supreme Judicial Court of Maine addressed whether the district court had authority to dismiss the child protection petitions pending the mother’s appeal. It found the district court rightly dismissed the petitions because state rules of appellate procedure specifically allow for child dependency cases to continue review and processing pending appeal. When a lower court determines a parental rights order will protect children from jeopardy, the legislative intent is clear that the lower court must proceed.

Next the court addressed whether it could reach the merits of the mother’s appeal after the lower court had dismissed the petitions. A jeopardy finding in a court order can raise a substantiation of abuse in administrative proceedings before the child welfare agency, and substantiated determinations can affect a parent’s ability to find employment or care for children other than his or her own biological children. For these reasons, the court applied the collateral consequences exception and addressed the merits of the mother’s appeal.

The court found the district court did not err in finding the children were at risk of serious harm in the mother’s care. The determination was supported by evidence showing the mother’s husband struck the older child with a wooden implement, injuring his genital area and that the child, who was eight years old at the time, feared disciplinary reprisals. The older child’s father described several instances when he was returned to his care with burns, welts, and bruises. Regarding the twins, the court found the evidence of harm to the older sibling established a high likelihood that the twins’ health and welfare was in jeopardy. The court determined the evidence supported a finding of jeopardy for all three children by a preponderance of the evidence, the legally required minimum.
STATE CASES

Alaska

DEPENDENCY, PROBABLE CAUSE
Child welfare agency took emergency custody of child after reports that mother’s conduct had placed child at risk of harm. Agency investigated child’s out-of-state father and determined she would be safe in his care. Mother appealed decision to dismiss case and release child to father’s custody. Mother’s fundamental liberty interest in parenting child was not violated when trial court did not make probable cause findings related to initial allegations. Such findings were not required after court dismissed dependency petition.

California
Foster parents sought return of Indian child from new placement with extended relatives in Utah. Trial court did not exceed scope of remand or disregard law of case by considering impact on child’s cultural identity if she were to remain with foster parents. Substantial evidence supported finding there was no good cause to depart from Indian Child Welfare Act’s placement preferences. Any error in excluding full report prepared by bonding and attachment expert was harmless, and court did not abuse its discretion by denying foster parents’ request to present additional evidence or testimony.

In re George F., 2016 WL 3540949 (Cal. Ct. App.). DELINQUENCY, CONDITIONS OF PROBATION
Probation conditions restricting juvenile’s use of electronics or requiring submission of those electronics to search were reasonably related to his supervision after he admitted molesting minor child. Uncontested restrictions prohibited juvenile from accessing sexually explicit materials and from associating with children under age 10. Contested conditions provided probation department with information necessary to enforce uncontested conditions.

Florida
Trial court’s error in failing to orally advise mother at close of termination of parental rights hearing of right to file motion alleging ineffective assistance of appointed trial counsel did not require reversal of termination order, given high standard of proof required to establish ineffective assistance of counsel. Child had been in protective custody for essentially entire life, and written notice of mother’s rights had been included in final order.

Georgia
Scott v. State, 2016 WL 3658938 (Ga.). ABUSE, CYBERCRIMES
Statutory provision criminalizing offense of “obscene Internet contact with a child” did not prohibit real and substantial amount of expression protected under First Amendment. Statute’s intent element required that accused, with knowledge or belief victim was in fact child younger than 16, made contact with victim with specific intent to arouse or satisfy own or victim’s sexual desire. This element dramatically reduced range of expression subject to statutory prohibition and eliminated possibility innocuous communications might fall within statute’s proscriptions.

Indiana
N.C. v. Ind. Dep’t of Child Servs., 2016 WL 3402814 (Ind. Ct. App.). TERMINATION OF PARENTAL RIGHTS, DISABILITIES
In termination of parental rights proceedings, child welfare agency provided reasonable accommodation under Americans with Disabilities Act (ADA) to father who was deaf and had cognitive and mental health problems. Father was provided interpreter; case manager explained court-ordered services but father chose not to participate; and agency recommended counseling and that father see psychiatrist to obtain medication. Father denied he had any cognitive or thinking issues that limited his ability to understand what was occurring.

Louisiana
State v. Sims, 2016 WL 3546401 (La.). ABUSE, SEX TRAFFICKING
Statute prohibiting trafficking of children for sexual purposes was not unconstitutionally vague. Statute makes it unlawful for any person to knowingly recruit minor to engage in commercial sexual activity and states that lack of knowledge of victim’s age is not a defense. Its intent is to criminalize knowing sex trafficking of juveniles, regardless of defendant’s knowledge of victim’s minority status.

Maine
In re Aliyah M., 2016 WL 3677759 (Maine). TERMINATION OF PARENTAL RIGHTS, REPRESENTATION
Mother appealed order terminating her parental rights, asserting evidence was insufficient to support court’s judgment and she was denied effective assistance of counsel. Dismissal of appellate claim was proper because mother failed to comply with procedural requirements by filing signed and sworn affidavit with specific basis for claim. Trial counsel’s alleged failure to present specific evidence did not prejudice mother. Omitted evidence was limited in scope and significance, and examination of entire record revealed evidence would not have changed court’s finding of parental unfitness.

Massachusetts
Defendant invoked common-law parental privilege affirmative defense in jury trial for assault and battery after he was seen repeatedly striking fiancée’s son inside vehicle with sufficient force to rock vehicle back and forth. State presented sufficient evidence to prove affirmative defense because reasonable juror could have found defendant’s actions were unreasonable and did not safeguard or promote child’s welfare.

In re Vick, 2016 WL 3693948 (Mass. Ct. App.). DEPENDENCY, PARENTAL FITNESS
Juvenile court found child in need of care and protection and awarded father custody after determining mother was unfit to assume parental responsibility. Despite stipulation of conditional custody explaining what actions she needed to take to maintain custody, mother’s home was in deplorable condition and had no heat, minimal lighting, and piles of trash and dirt on floor. Mother rejected all attempts by child welfare agency to work with her to improve situation.

New Jersey
Educational neglect of school-aged child
may support finding of derivative neglect of sibling younger than school age. However, truancy of one teenaged child, who resisted going to school, and which resulted in finding father educationally neglected child, did not establish derivative neglect of sibling who was not even of school age.

New York
Father appealed termination of his parental rights based on abandonment. Father failed to establish his incarceration or other claimed difficulties made contact with child or child welfare agency difficult during six-month period before filing of petition. He made no attempt to communicate with child during two months he was in jail, and agency did not discourage father’s contact with child during his incarceration.

Child requested leave to renew motion to obtain order declaring her dependent with specific findings that she was unmarried and under 21 years of age, reunification with one or both parents was not viable due to abandonment, and it would not be in her best interests to return to Belize, her previous country of nationality and last habitual residence. Such findings would enable child to petition for special immigrant juvenile status (SIJS). New facts offered on motion would not change prior determination that reunification of child with one or both parents was not viable due to parental abandonment.

Ohio
State v. Hasenyager, 2016 WL 3430665 (Ohio Ct. App.). ABUSE, CHILD TESTIMONY
Trial court order allowing facility dog to accompany juvenile victim on witness stand did not deprive defendant of right to fair trial in prosecution for rape. Victim was 11 years old at time of alleged rape and was 13 years old when she testified at trial. Court found presence of facility dog would decrease victim’s stress and provide her with comfort as she testified.

In re W.W.E., 2016 WL 3443925 (Ohio Ct. App.). TERMINATION OF PARENTAL RIGHTS, REPRESENTATION
Father’s waiver of right to counsel in termination of parental rights case was entered with his knowing, intelligent, and voluntary consent. Father repeatedly affirmed it was his intention to proceed without representation, court warned father he would not receive continuance as result of decision to represent himself, and trial court ordered father’s counsel to remain in standby capacity should he have questions during proceedings.

Oregon
In re I.P., 2016 WL 3511857 (Or. Ct. App.). DEPENDENCY, REPRESENTATION
Appellate court rejected father’s contention dependency order should be reversed because his attorney provided inadequate assistance. Court did not resolve dispute whether parents should only be allowed to raise challenges to adequacy of counsel on direct appeal at permanency stage or later, because it concluded father has not yet developed evidentiary record to prove his claim of inadequate assistance and he could only do so through motion in trial court to set aside judgment.

Rhode Island
In re Izabella G., 2016 WL 3632534 (R.I.). TERMINATION OF PARENTAL RIGHTS, INCARCERATION
Vacating order terminating father’s parental rights to child, and remanding for further proceedings, was warranted. Father’s conviction for first-degree murder and life sentence were vacated, and juvenile court’s termination order was based on father’s criminal conviction and lengthy sentence. Careful review of record shows respondent’s criminal convictions and resulting prison sentences were so intertwined with termination decision it was impossible to separate convictions from remaining findings.

Vermont
In re J.W., 2016 WL 3654536 (Vt.). DEPENDENCY, FAILURE TO PROTECT
Mother’s failure to protect child from father she believed to be dangerous supported conclusion that child was without proper parental care necessary for her well-being. Trial court could rely on mother’s testimony and her assertions in protection order affidavit admitted into evidence. Trial court’s error in taking judicial notice of father’s extensive criminal history was harmless although child welfare agency should have presented court with records. Court did not rely on father’s criminal record other than to corroborate mother’s allegations.

State v. Villeneuve, 2016 WL 3855461 (Vt.). ABUSE, SEALED RECORDS
As matter of first impression, sealing conviction records for crime committed before applicant turned 21 years old is allowed as long as he or she has not since been convicted of same crime or adjudicated delinquent for such offense after first conviction. Defendant pleaded guilty to lewd and lascivious conduct with child when he was 20 years old. He successfully completed probation, including sex offender counseling, received satisfactory discharge from probation, and had no subsequent criminal convictions.

Washington
Seventeen-year-old defendant was adjudicated guilty of assault with sexual motivation for forcing himself on female high school acquaintance. As matter of first impression, order requiring juvenile to write letter of apology to victim did not violate First Amendment’s prohibition on compelled speech. Criminal convictions result in loss or lessening of constitutional rights, apology letter was reasonably related to purpose of juvenile’s rehabilitation, and letter requirement recognized victim’s interest in receiving apology.

FEDERAL CASES
Eighth Circuit
United States v. Gonzalez, 2016 WL 3513820 (8th Cir.). ABUSE, RECORDED INTERVIEW
District court acted within its discretion in trial for attempted sexual exploitation of minors when it granted jury’s request during deliberations to listen to audio recording of victim’s interview. Recording was properly admitted in evidence but not played at trial. Defendant waived any foundational objections and specifically stated he had no objection to admission of recording, and jury listened to audio recording using agreed-upon procedures.
and asked the convener what an anecdote was. This made the lawyer, not the client, appear confused and forced the convener to explain that she was looking for incidents that illuminated the child’s condition. This provided the lawyer with the opportunity to say, “Oh you want stories about the times he has trouble paying attention.” Once the mother understood this, she could rattle off story after story about the child’s challenges in staying on a task in a way that showed she understood the issues her child was facing.

Advocate. Lawyers receive training to be courtroom advocates. Advocacy at family team meetings involves many of the same skills as in court: listening, staying focused on the issues consistent with counsel’s theory, and having a checklist of things counsel wants to accomplish.

Meetings are not controlled by rules of evidence, but those rules exist for good reason. When a question or statement is vague, confusing, or conclusory, draw on evidentiary rules. Clarifying when and where something happened according to whom, is just as important at meetings as in the courtroom. When someone reports that a visit did not go well, counsel should ask for the source of the report, when the event took place, and what specifically did not go well.

Counsel should focus on the child’s needs both in services and in developing a positive relationship with the parent. If the agency has not followed through on transportation for visits, point out that missed visits disappoint both the child and the parent. Focus on solutions. When someone failed to follow a rule, point it out in a polite but firm way and open the door for fixing the problem. “I know that the agency’s rules require transportation to be arranged two days in advance. ‘Is there a way we can ensure, going forward that this will happen?’”

Possible Roles to Play at the Family Team Meeting

Counsel may play several different roles for the parent. What follows are five of the most important roles.

Translator. Child and family team meetings, like meetings on special education, can be full of jargon. These include short-hand terms for hearings, rules, forms, and types of services. Some are words that only exist in the unique world of child welfare. At one meeting, the convener asked a parent if she had any “anecdotes” about her child. The mother’s lawyer could tell that the mother was confused, and asked the convener what an anecdote was. This made the lawyer, not the client, appear confused and forced the convener to explain that she was looking for incidents that illuminated the child’s condition. This provided the lawyer with the opportunity to say, “Oh you want stories about the times he has trouble paying attention.” Once the mother understood this, she could rattle off story after story about the child’s challenges in staying on a task in a way that showed she understood the issues her child was facing.

Facilitator. Look for opportunities for the client to show her strong points and to explain her concerns. Then give the client the opportunity to do so.

One such opportunity is when counsel responds to something said by a caseworker. Rather than answering the question, ask the client about the particular issue that gives the client the chance to answer the question phrases by counsel. For example, the worker might repeat a request that the client attend a new service at a particular day and time. Counsel might know the client is upset about this because she has to work at that time. The goal should be to set a different day and time for the service and to do so without the client displaying anger. This might be accomplished by asking the parent: “Could you tell the caseworker about your work situation on Wednesdays and let her know the other days that work for you?” This does more than fix the problem; it creates a record of why counseling began later than it might have. (Do you remember the parent being at the April 6 staffing? On that date didn’t she tell you that she could not do therapy on Wednesday evenings, because she had to work late?)

To identify client strengths, focus on the case theory, the client’s progress, and her connection with her child. Look for opportunities for the client to demonstrate these. For example, if a child has feeding issues, and the client has learned new techniques for dealing with the eating problems, ask her about a positive incident rather than an abstract principle. “Tell the caseworker about how you got Jessica to eat last week when she was pouting.” If counsel and the client have discussed the incident previously, the client should be more able to provide the information at the meeting. Her story of success shows the progress she made far better than merely saying, “I learned X skill that I will apply to my parenting.”

Counsel could also use the facilitator’s role to get other professionals at the meeting to describe incidents that further demonstrate the improved parenting and commitment to the child. If counsel’s preparation led to knowledge that a therapist has identified...
something that is both significant and helpful to the theory of the parent’s case, bring this out. “You observed that the child and parent said something really important when they were drawing pictures of each other. What was it? Why is that important for their relationship?” Frame the question to focus the witness on the critical issue or incident.

**Storyteller.** “If we are to be successful in presenting our case we must not only discover its story; we must become good storytellers as well. Every trial, every . . . argument for justice is a story.”

Stories are one of the ways we tell each other about our lives. They are persuasive when they are real and make a point. One of the reasons for this is that a good story demonstrates a point while allowing the listener to draw her own conclusion, even when the arc of the story leads to that conclusion.3

Some clients are good at identifying stories that exemplify a point; others have trouble doing so, especially when they are under stress. Sometimes it is easier for counsel to tell a story about their client than it is for the client. Regardless of who tells the story, it is important to remember that the story should focus on the parent and child. The story should show a skill the parent has learned that demonstrates an improved knowledge or ability, or highlight the parent’s ability to advocate for and connect with the child. For example, a parent’s lawyer might explain that when he or she attended an IEP with the parent, the school staff appreciated the parent’s ability to outline a way for school staff to respond to the child’s school problems. This demonstrates the parent’s knowledge and skill by showing her awareness of her child’s needs and attention to finding a positive solution. If her child is in foster care, her attendance at the IEP shows her increased commitment to her child.

**Negotiator.** At a certain point in a meeting, counsel should try to reach a desired outcome. Look at the list of outcomes counsel wants to achieve. Think about what has been said at the meeting that advances them and propose something. If the agency hesitates or offers a different solution, consider it. If counsel needs time to talk with the client alone, ask for a few minutes. If possible, put the onus on counsel rather than the client. “I need to speak alone with Ms. Benton.” When alone, ask the client about what she wants and whether she can follow the solution proposed by the agency. Ask her if she has other solutions. When back in the meeting, don’t be afraid to be the tough negotiator to the client’s good one. “I think you are asking too much here, four different services on two days, even if Ms. Benton were to say she would try. It would be better to do them on the following schedule.”

**Closing the Meeting**

Ideally, all the meeting participants should confirm their understanding of the results of the staffing before leaving. If this cannot be done, go over the points and write them down. Then immediately after the meeting, follow up with a letter that confirms the agreements and outlines whatever remaining disagreements exist. The letter should be firm and friendly, not confrontational. (“Thank you for agreeing to increase Ms. Benton’s visits to two days a week because of the progress she has made, and the child’s desire to see her more. Thank you also for understanding that her work conflicts with scheduling a parent coach for Wednesday evenings. We agree to work with you to find another date and time, or parent coaching agency if necessary.”)

If the meeting creates or amends a case plan or other written document, be sure the client agrees that it furthers her goals. Also be sure that the client can comply with the newly imposed tasks. When counsel disagrees with a proposal, frame the disagreement in terms of the child’s and parent’s interests. (“From the perspective of a three-year-old child, the visits should be in a location where the child and parent can focus on each other and play together, not at a table in a busy McDonald’s.”)

If the parent is asked to sign a document, take time with the parent, apart from the others. Ask if she can follow the steps outlined, and emphasize this is the time to ask for changes, if she wants them. If the client and counsel disagree with the outcome described in the document, consider drafting a concise statement outlining the disagreement in terms that show the client’s commitment to the child.

This article was adapted from “Chapter 10: Representing Parents at Disposition and Permanency Hearings,” by Richard Cozzola and Lee Shevell. In Representing Parents in Child Welfare Cases: Advice and Guidance for Family Defenders, edited by Martin Guggenheim and Vivek S. Sankaran, 2015. © 2016 American Bar Association. All rights reserved.

**Richard Cozzola** is the director of the Children and Families Practice Group at LAF in Chicago, Illinois, the largest provider of legal services to the poor in Chicago. He has represented parents, adolescents and children, foster parents, and relatives in Juvenile Court matters for over 30 years.

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**Endnotes**


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To order Representing Parents at Disposition and Permanency Hearings, visit the ABA Web Store: http://shop.americanbar.org/ Product Code: 1620699 $99.95 list / $74.95 ABA members
Working daily with juvenile court clients who struggle with trauma can take an emotional toll. Let it build and it causes secondary traumatic stress (STS)—the emotional and behavioral response to increased exposure to trauma. STS is a recognized response in professionals who work with trauma victims. Its signs and symptoms in attorneys are becoming better known and strategies are emerging to address it.

“Emotional distress resulting from this work is understandable,” said Carly Baetz, JD, PhD, Mount Sinai Health System, Center for Child Trauma and Resilience in New York City. “We are not super heroes. We can only do our best,” she said.

Baetz, also an attorney, represented children in child protection and juvenile justice cases at the New York City Legal Aid Society, Juvenile Rights Practice before becoming a psychologist providing mental health services to children with trauma histories. Her experience as a juvenile court lawyer and mental health professional serving trauma victims have shaped her view on STS for attorneys.

Presenting the ABA webinar “Understanding the Impact of Secondary Trauma on Lawyers Working with Children and Families,” Baetz shared information on:

- trauma and its impact on child victims,
- the extent of trauma among juvenile court clients,
- how clients’ trauma impacts attorneys, and
- strategies attorneys can use to address STS.

Trauma and its Impact on Clients

Understanding how exposure to clients’ trauma affects attorneys begins with understanding trauma and its impact on victims. Baetz shared common ways victims experience trauma:

- Actual or threatened death, serious injury, or sexual violence
- Physical abuse, sexual abuse, community violence, or loss of a loved one
- Significant impact on the brain and body
- Changed view and response to stress and others in the world
- Exposure to trauma triggers an alarm system in the brain, said Baetz.

This alarm system can become hypersensitive and easily reminded of the trauma. “When the alarm is activated, it hijacks the body and causes a reaction. Normal stressors to most people can provoke extreme reactions in people who have experienced trauma,” she said. There is no time to consider options, as the brain’s focus is keeping the victim safe. Typical reactions to trauma by victims include:

- Hypervigilance
- Flashbacks
- Nightmares
- Revising the experience
- Avoidance of thoughts, feelings, and reminders of the trauma
- Guarded behavior
- Distrust
- Viewing the world and people as unsafe
- Numbing behaviors (drug or alcohol use)

Trauma and Juvenile Court

Children and families involved in the juvenile court system frequently experience trauma. Baetz cited research showing:

- 70-90% of youth in the juvenile justice system have histories of trauma. Among these youth, the average number of traumas experienced is more than six, and 30-50% develop PTSD (compared to 3-6% in the general population.
- 90% of caregivers in child protection cases have trauma histories.

Trauma histories make it hard to navigate the legal system because the victims’ alarm response is easily triggered, said Baetz. Triggers are everywhere—intrusive questions, perceptions of not being safe or heard, and loss of control.

How Trauma Exposure Affects Attorneys

Empirical research on STS and attorneys is small but growing, said Baetz.

- A 2003 study of STS for family and criminal court attorneys found STS was higher than for mental health professionals
- A 2011 study of public defenders found 34% met criteria for STS and 75% met criteria for functional impairment (disruption in personal life, family life, work life, etc.)

The impact of STS can take many forms:

- Emotional impact. Working exten-
sively with clients who are struggling with their own histories of trauma and trauma-related symptoms can have an emotional impact on attorneys, said Baetz. Secondary traumatic stress can result from any aspect of an attorney’s job involving indirect exposure to trauma (hearing or reading a client’s trauma stories, hearing testimony and evidence in court). STS can also result from direct exposure to trauma, such as experiencing the death of a client, witnessing an assault, or receiving a threat.

**Workplace impact.** The impact of trauma exposure can be felt at work. Baetz shared the following workplace symptoms:

- Avoidance is a common coping strategy. Avoiding certain clients, not returning phone calls, avoiding certain questions in client interviews, arriving late to work, missing meetings, and calling in sick are typical avoidance behaviors.
- Decreased empathy toward clients may also occur, making it hard for attorneys to feel for their clients.
- Hypervigilance may cause attorneys to feel on edge, maintain an intense focus or worry about the safety and welfare of all clients, and become easily startled or upset.
- Irritability can cause attorneys to become more easily agitated, argumentative, or impatient with clients, coworkers, supervisors, judges and court staff.
- Difficulty concentrating can affect attorneys’ ability to focus and remember things.
- Lost sense of purpose causes attorneys to lose sight of the meaning of working with victims and can cause feelings of hopelessness or dread.

Attorneys may find it hard to acknowledge STS and seek support, thinking it shows weakness or may have unwanted repercussions.

**Personal impact.** STS symptoms can also affect attorneys’ home lives. Common physiological symptoms attorneys may experience include trouble sleeping, nightmares, headaches, and extreme fatigue. Interpersonal effects may involve strained relationships with friends and family members, compromised parenting, and withdrawal from social interactions. Friends and family may find it hard to understand what the attorney is experiencing, making it hard for them to be a source of support.

Baetz stressed that the impact of STS looks different for everyone. In some it can lead to irritability and aggressive behavior and extreme physical reactions. Others may tune out through numbing or withdrawal behaviors, which can involve alcohol/drug use or shutting down. Some may begin to view the world and others differently—the world becomes unsafe and no one can be trusted.

**Are You Vulnerable to Secondary Traumatic Stress?**

All professionals who work with trauma victims are vulnerable to STS. It is a normal response to the work. Factors that can increase the risk of STS include:

- Having a prior history of trauma (research is mixed on this).
- Lacking a support system, especially social and organizational support.
- Having high caseloads.

Two tools are available to assess STS:

**ProQOL:** [http://proqol.org/ProQol_Test.html](http://proqol.org/ProQol_Test.html)

The most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout, and compassion fatigue.


**Individual Strategies**

**Find healthy outlets outside work.** Beatz urged attorneys to incorporate strategies that buffer exposure to trauma and create healthy outlets that get the mind off work and clients’ stories. For example:

- Regular vacations (work free!)
- Exercise, healthy eating, and enough sleep
- Breaks during the day
- Clear work boundaries
- Activities/hobbies outside work
- Connections with family and friends
- Reduced caseloads
- Diversified practice – ensuring client base is diverse, not only trauma victims

**Talk about it.**

Seek friends, family, supervisors, and colleagues who understand and are willing to listen and offer advice. Lacking social support is known to increase a person’s vulnerability to STS.
Sometimes just having someone who will listen can make a difference.

Seek counseling.
Many workplaces offer counseling through Employee Assistance Programs (EAP). Outside therapy may be another option. The ideal therapist is experienced treating individuals with trauma. Attorneys may find it hard to acknowledge STS and seek support, thinking it shows weakness or may have unwanted repercussions. Baetz stressed “it is ok to acknowledge you are not doing ok and need support. You don’t have to go it alone.”

Relax.
Finding ways to de-stress and relax can be calming and help put the challenges at hand in perspective. Mindfulness practice (focusing on the present moment without judgment), yoga, meditation, and music can be helpful. Finding what works and making it a regular practice can help.

Find meaning.
It can be easy to lose sight of the reason or underlying meaning of working with trauma victims. Reconnecting with what is meaningful about the work and what drew the attorney to the field can help. Writing it down can be useful for attorneys to serve as a reminder when things are difficult. Similarly, posting an image or the names of clients can help remind attorneys why they entered the field.

Organizational Strategies
An organization’s culture is key to supporting attorneys and helping them address STS. Baetz finds that more organizations are embracing efforts to recognize and address STS. Yet there are wide variations, with some organizations offering a very supportive office culture and others doing nothing at all. According to Baetz, qualities of supportive organizations include:

Foster a safe and supportive environment by:
  ■ Addressing employees’ physical and psychological safety
  ■ Discussing STS in staff meetings, meetings with supervisors, and case discussions
  ■ Having wellness or STS committees
  ■ Encouraging staff get-togethers
  ■ Encouraging access to EAP or other supports

Value work-life balance by encouraging breaks, leaving work on time, taking vacations, and providing support for overwhelmed staff.

Create manageable caseloads. Unwieldy caseloads that keep attorneys juggling case after case with no end is a recipe for STS. Implementing strategies to help staff with high caseloads can help.

Implement a debriefing protocol for responding to workplace trauma. Consider routine, anonymous staff surveys to gauge STS and well-being.

Provide training to staff on understanding trauma, its impact on clients and staff, skills for working with trauma victims, and managing STS.

Support colleagues. Colleagues can watch out for one another and create a support system by watching for STS symptoms, checking in with colleagues, creating peer support groups, normalizing STS by talking about it, and sharing supportive resources.

Attorneys working with trauma victims are vulnerable to STS. Incorporating strategies to manage STS on a personal and organizational level can ensure attorneys stay motivated and committed to the field so they can represent clients zealously and ethically. Helping others should not hurt the helpers.

Claire Chiamulera, legal editor, ABA Center on Children and the Law, is CLP’s editor.

1 The webinar, Understanding the Impact of Secondary Trauma on Lawyers Working with Children and Families,” was presented by Carly Baetz, JD, PhD, Mt. Sinai Health System, NY, NY. Eva J. Klein, JD, director, Trauma-Informed Legal Advocacy Project, ABA Center on Children and the Law, moderated the webinar. It was supported by the following ABA groups: Center on Children and the Law Permanency Project, Standing Committee on Legal Aid and Indigent Defendants, Division for Public Services, Commission on Disability Rights, Health Law Section, Commission on Youth at Risk, and the Center for Professional Development.

Listen to the free webinar: http://shop.americanbar.org/eBus/Store/ProductDetails.aspx?ProductID=241577133
RESEARCH IN BRIEF

Shaken Baby Syndrome and Abusive Head Trauma Accepted as Valid Diagnoses by Most Physicians

Survey data reveals a high degree of medical consensus that shaking a young child is capable of producing subdural hematoma (a life-threatening pooling of blood outside the brain), severe retinal hemorrhage, coma, or death, according to a study published in The Journal of Pediatrics.

Recent media reports and judicial decisions have called into question the general acceptance among physicians of shaken baby syndrome and abusive head trauma. General acceptance of concepts in the medical community is a critical factor for admitting medical expert testimony in courts. In cases of child maltreatment, courts often rely on medical expert testimony to establish the most likely cause of a child’s injuries.

“Claims of substantial controversy within the medical community about shaken baby syndrome and abusive head trauma have created a chilling effect on child protection hearings and criminal prosecutions,” says Sandeep Narang, MD, JD, lead author on the study, Division Head of Child Abuse Pediatrics at Ann & Robert H. Lurie Children’s Hospital of Chicago, and Associate Professor of Pediatrics—Child Abuse at Northwestern University Feinberg School of Medicine.

“Our study is the first to provide the much needed empiric confirmation that multidisciplinary physicians throughout the country overwhelmingly accept the validity of these diagnoses.”

The study examined survey responses from 628 physicians frequently involved in evaluation of injured children at 10 leading children’s hospitals in the U.S. The represented specialties included emergency medicine, critical care, child abuse pediatrics, pediatric ophthalmology, pediatric radiology, pediatric neurosurgery, pediatric neurology and forensic pathology. Eighty-eight percent of respondents stated that shaken baby syndrome is a valid diagnosis, while 93% affirmed the diagnosis of abusive head trauma.

When asked to attribute a cause of subdural hematoma, severe retinal hemorrhage, coma or death in a child less than three years of age, more than 80 percent of physicians responded that shaking with or without impact was likely or highly likely to produce subdural hematoma, 90 percent reported that it was likely or highly likely to lead to severe retinal hemorrhage, and 78 percent felt that it was likely or highly likely to result in a coma or death. None of the other potential causes, except high velocity motor vehicle collision, was thought to result in these three clinical findings by a large majority of respondents. Very few physicians selected a short fall as an explanation for each clinical finding.

“Our data show that shaking a young child is generally accepted by physicians to be a dangerous form of abuse,” says Narang.

Research at Ann & Robert H. Lurie Children’s Hospital of Chicago is conducted through the Stanley Manne Children’s Research Institute. The Manne Research Institute is focused on improving child health, transforming pediatric medicine and ensuring healthier futures through the relentless pursuit of knowledge. © 2016 Newswise

Lack of Sleep Increases a Child’s Risk for Emotional Disorders Later

When asked how lack of sleep affects emotions, common responses are usually grumpy, foggy and short-tempered. While many jokes are made about how sleep deprivation turns the nicest of people into a Jekyll and Hyde, not getting enough shut-eye can lead to far more serious consequences than irritability, difficulty concentrating and impatience.

Candice Alfano, a clinical psychologist and associate psychology professor at the University of Houston, says children who experience inadequate or disrupted sleep are more likely to develop depression and anxiety disorders later in life. Funded by a grant from the NIH’s National Institute of Mental Health (NIMH), the study seeks to determine the precise ways inadequate sleep in childhood produces elevated risk for emotional disorders in later years.

“In particular, we are interested in understanding how children appraise, express, regulate and later recall emotional experiences, both when sleep is adequate and when it is inadequate,” said Alfano, who is the principal investigator of the study and director of the Sleep and Anxiety Center of Houston (SACH). “We focus on childhood, because similar to problems with anxiety and depression, sleep habits and patterns develop early in life and can be enduring.”

Alfano and co-investigator Cara Palmer, who is a postdoctoral fellow at SACH, are identifying distinct emotional processes that, when disrupted by poor sleep, make children vulnerable to developing anxiety and depression. To pinpoint these cognitive, behavioral and physiological patterns

(Cont’d on p. 128)
Police Routinely Read Juveniles their *Miranda* Rights, But Do Kids Really Understand Them?

*by Lorelei Laird*

Attorney Sherri Jefferson still remembers a juvenile criminal case that, she says, “really works me up.” Her 14-year-old client, suspected of participating in an armed robbery that led to murder, did something unusual for someone his age: He asked questions when the police read him his *Miranda* rights.

He asked what the “right to remain silent” meant; the officers couldn’t explain it beyond what was on their card. He asked whether he could have his parents with him; they said no (which is legally permissible in Georgia). And when he asked what it meant that anything he said could be used against him, the officers said he could get into trouble regardless of whether he talked.

So he talked.

“He said, ‘They just kept asking me questions, even after they told me that I could stay silent. So I just kept answering their questions,’ ” says Jefferson, who practices through her Warner Robins, Georgia, law firm, the Family Law Center, and the nonprofit African American Juvenile Justice Project.

Jefferson moved to suppress the confession, but the client’s intelligence worked against him; the judge said it showed that the confession was voluntary. Ultimately, he and several others were convicted.

Though it was unusual that Jefferson’s client asked questions, it was not at all unusual that he needed to. Fifty years after the U.S. Supreme Court’s landmark decision in *Miranda v. Arizona*, and 49 years after *In re Gault*, the case that extended *Miranda* rights to juveniles, police routinely *Mirandize* kids. But juvenile advocates say it’s rare to find a youngster who understands those rights.

The ABA in 2010 passed a resolution urging governments to develop simply worded *Miranda* warnings for juveniles. But not much happened until last February when New York state Sen. Michael Gianaris, a Democrat from Queens, introduced a bill mandating simple language for law enforcement to use when *Mirandizing* juveniles. Gianaris, a lawyer, says the ABA resolution was part of what inspired him to take this up.

“It’s very hard for someone to argue that we shouldn’t make sure that young defendants understand their rights,” he says. “And the first level of conversation is always a discussion about whether the existing *Miranda* warning is easy enough to understand, but the data is clear that it is not.”

**Routinely Waived**

Research shows that juveniles waive their *Miranda* rights at extremely high rates, with several studies putting it at roughly 90 percent. Yet it’s not clear that these kids understand what they’re giving up.

Researchers Richard Rogers of the University of North Texas, Eric Drogin of Harvard Medical School and others looked in 2014 at the wording of 371 juvenile *Miranda* warnings from around the country. (There’s no set script for the warnings, and wording varies widely.) They found that 52 percent required at least an eighth-grade reading level. In an interview, Rogers adds that the stress of being arrested probably reduces comprehension by at least 20 percent.

Grade levels don’t tell the whole story. One 2006 study of Texas juvenile offenders found that average reading levels were four years below expectations for their ages. Further, juvenile offenders tend to have other problems; half the Texas juveniles had IQs at or below the 25th percentile. And a national study of juvenile offenders in 2006 found that 70 percent had a diagnosable mental health disorder.

Working memory also matters, says Rogers. An upcoming study he conducted shows that juvenile offenders were able to remember an average of just 32.3 percent of a simple *Miranda* warning immediately after hearing it read aloud.

The age of adolescents also makes them easier to coerce—and a police interrogation already is pressure-filled.

“As adults, we’ve groomed kids to answer questions for adults,” says Barbara Kaban, who retired last December as director of juvenile appeals for the Massachusetts state public defender’s office.

The findings from Rogers and his colleagues are reflected in the experiences of practitioners like professor Randee Waldman of Emory University School of Law, who helps students represent juveniles through the school’s Barton Child Law and Policy Center. Most of her clients are in DeKalb County, Georgia, where officers often read a *Miranda* warning written in the first person—that is, it says “I have a right to remain silent.” Kids find that confusing, Waldman says, and courts have asked the police to do better.

Even without the first-person wording, though, it’s not clear that Waldman’s clients understand what they’re being told. She’s asked many clients what the right to remain silent means, and the most common answer is that it means they shouldn’t speak except to answer questions.

“If you think about it, it makes
Juvenile defense attorneys have similar stories about their clients’ misunderstandings. Tim Curry, director of training and technical assistance for the National Juvenile Defender Center in Washington, D.C., says many kids have told him that to “waive” a right has something to do with waving a hand. One of Waldman’s clients carefully followed her advice not to speak to the police—until he met a police detective he didn’t interpret as an officer because he was out of uniform.

Many say juveniles also will say whatever they think the interrogator wants to hear, out of the belief that they’ll be able to go home. But it’s far more likely to be used to convict them.

Not only that—defense attorneys often have a hard time getting those statements suppressed. “Unless there’s some documentation, unless you can actually show in an evidentiary hearing that the child did not make a voluntary [statement],” says Kaban, “you’re going to lose.”

Simpler Language
The New York bill seeks to address the problem by mandating standard and easy-to-understand language for all officers in the state to use when giving the warnings to juveniles. If the language isn’t used, any confession police elicit would be considered involuntary. The language was adapted from a set of model warnings in a 2008 paper co-authored by Rogers.

No other state has passed or considered such a law, as far as Gianaris’ staff was able to tell, but Curry says other jurisdictions are tackling the problem from a different angle. In New Mexico, for example, confessions by children under 13 are not admissible in court under any circumstance. At ages 13 and 14, confessions are presumed inadmissible, but prosecutors may rebut that. For ages 15 and up, courts must consider age, custody status, how the rights were read, circumstances of questioning and whether a parent or attorney was present.

Meanwhile, Wisconsin forbids courts from admitting any juvenile confession that was not recorded by police. And in Illinois, confessions of juveniles under 13 charged with any crime are not admissible unless an attorney was present at the confession. A bill introduced in the Illinois Senate last March would extend that rule to juveniles of any age.

The Supreme Court could make a national rule in its next term if it grants review in a pending case, Joseph H. v. California. Ten-year-old Joseph killed his abusive neo-Nazi father as the father slept off a night of drinking. Joseph had been diagnosed with developmental and learning problems, had been exposed to drugs in the womb and was being home-schooled by his father, a high school dropout. He was questioned with no friendly adult present except his stepmother, who was also a suspect.

Despite those circumstances, California courts found Joseph’s Miranda waiver was knowing, intelligent and voluntary. In their January petition for certiorari, Joseph’s attorneys asked the Supreme Court to rule that a waiver by a 10-year-old without an attorney or “other appropriate adult guidance” is invalid.

“This is a stunning example of why we should worry about whether kids can understand Miranda warnings,” says Marsha Levick, who submitted an amicus brief, urging the court to take Joseph H.’s case, on behalf of the Juvenile Law Center in Philadelphia.

“You don’t need to be a rocket scientist to know that there’s no way that he understood what any of those rights mean.”

Lorelei Laird, legal affairs writer, joined the ABA Journal staff in 2013. She had been a freelance writer for the ABA Journal, California Lawyer, Working Mother and Planning, among other publications. Before that she was a reporter for the Los Angeles Daily Journal and community newspapers in Texas. Lorelei earned her BA in professional writing from Carnegie Mellon University.

This article originally appeared in the June 2016 issue of the ABA Journal with this headline: “Miranda for Youngsters: Police routinely read juveniles their rights, but do kids really understand them?” © Copyright 2016, American Bar Association. All rights reserved.
You’ve been participating with a Pennsylvania Workgroup on APPLA. Give some background on the workgroup and what you hope to accomplish.

The APPLA Workgroup came out of PA Act 94 of 2015, which called on the PA Department of Human Services to make recommendations about using APPLAs for children 16 years and older. It also dovetails with the work we have been doing in Pennsylvania around the Preventing Sex Trafficking and Strengthening Families Act (PL 113-183).

There is a hierarchy of permanency goals for a reason. Before we get to APPLA as a permanency goal, the other goals of reunification, adoption, permanent legal custodianship and placement with a fit and willing relative must be ruled out. The reason is that children need to have permanency in their lives; they need to have a forever home as soon as possible. APPLA is a legal finding but does not provide this permanency unless the court ensures that permanent connections are present for that child.

There is momentum behind the idea that APPLA should not even be used as a permanency goal. To successfully accomplish this, we’ll need to put adequate resources and tools in place so we don’t end up just calling children, who would have had APPLA as a permanency goal, something else—but are still not achieving permanency.

I would like to be a little radical here. For over 25 years I have seen the effect of a lack of permanency on children in foster care. Children who spend long periods in foster care do not fare well. Children understand the lack of permanency of foster care. They know what it is like to have a caseworker come and move them from one placement to another. They feel the trauma that being in foster care can have on a young person. The sooner children can be safely placed in a permanent home, the better it is for a child.

APPLA is a legal category but too often youth who have APPLA as a permanency goal age out of foster care without appropriate and permanent legal connections. If we can reduce and eventually eliminate APPLA, my hope is those young people will have more permanent connections as they leave foster care.

Q&A How do you envision implementing these revisions in PA? County by county? Training & TA?

Some changes will take place at the state level to help guide implementation. Much of the work to implement the revisions will take place at the county level. I see the changes happening through a combination of statewide, regional and county-based trainings combined with targeted technical assistance. Some counties may want to involve advisory boards they already have in place and some will want to form new workgroups to tackle the issues.

Q&A Any groups or organizations that will be good collaborators and partners? What roles do agency attorneys, child attorneys and parent attorneys play? How are the courts involved?

Child welfare agencies will need to reach out to other partners so the community is clear that the change in the law now does not allow children under 16 to have an APPLA goal. The other partners include: courts, attorneys, mental health providers, substance abuse providers, probation, schools, CASAs, private providers and other community members. The other partners will need to be included in discussions around permanency for older youth and that APPLA should not be used...
Reducing APPLA as a goal will mean better permanency outcomes for foster children. This change will help bring child welfare professionals together to address how best to serve older foster children.

in foster care and hopefully be able to return to the parent’s home or another more permanent home quickly.

Q&A What do you see as opportunities, challenges, and the role of the project?

I am looking forward to continuing the discussion of reducing and then eliminating use of APPLA. Reducing APPLA as a goal will mean better permanency outcomes for foster children. This change will help bring child welfare professionals together to address how best to serve older foster children.

There will be challenges. Change is often hard. It will be important to bring the right people together to work on this topic. Often people view older foster children as difficult to work with and are less willing to look at ways to help older foster youth achieve permanency quickly. Professionals in the field will need to include people outside child welfare, such as probation and school staff to make sure services are in place for these foster youth.

The Permanency Project will have an important role helping older youth achieve permanency. The Project can use the data we collect on cases to help inform and set an action plan for all children, despite their age, to achieve permanency. The Project will also be able to use our model of bringing professionals together to work on the common goal of helping older youth achieve true permanency. This is an exciting time for the child welfare field. Reducing and eliminating the use of APPLA will lead to better ways to help older youth achieve permanency.

Sally Small Inada, MA, is marketing and communications director at the ABA Center on Children and the Law, Washington, DC. Sally conducted the interview by email and Anne Marie Lancour provided written responses.
of emotional risk, they are temporarily restricting sleep in 50 pre-adolescent children between the ages of 7 to 11.

Their findings reveal that inadequate sleep impacts children’s emotional health not only by creating more negative emotions, but also by altering positive emotional experiences. For example, after just two nights of poor sleep, children derive less pleasure from positive things, are less reactive to them and less likely to recall details about these positive experiences later. When their normal nightly sleep habits are adequate in duration, however, they’re finding these emotional effects are less apparent.

“Healthy sleep is critical for children’s psychological well-being,” Alfano said. “Continually experiencing inadequate sleep can eventually lead to depression, anxiety and other types of emotional problems. Parents, therefore, need to think about sleep as an essential component of overall health in the same way they do nutrition, dental hygiene and physical activity. If your child has problems waking up in the morning or is sleepy during the day, then their nighttime sleep is probably inadequate. This can result for several reasons, such as a bedtime that is too late, non-restful sleep during the night or an inconsistent sleep schedule.”

Alfano says studying the link between sleep disruption and maladaptive emotional processing in childhood is essential, because that’s when sleep and emotion regulatory systems are developing. The increased need for sleep and greater brain plasticity during childhood suggests this to be a critical window of opportunity for early intervention. The combined societal costs of anxiety and depressive disorders are estimated to be more than $120 billion annually, underscoring the need for early identification of risk factors and effective intervention methods.

A recent article appearing in the journal *Sleep Medicine Reviews* authored by Palmer and Alfano reviewed the scientific literature on sleep and emotion regulation, partly to inform the methods of their NIH study. Their article provides evidence that without adequate sleep, people are less likely to seek out positive or rewarding experiences if they require effort, such as social or leisure activities. Over time, they say, these behavioral changes can elevate risk for depression and an overall poorer quality of life.

“There are multiple emotional processes that seem to be disrupted by poor sleep,” Alfano said. “For example, our ability to self-monitor, pick up on others’ nonverbal cues and accurately identify others’ emotions diminishes when sleep is inadequate. Combine this with less impulse control, a hallmark feature of the teenage years, and sleep deprivation can create a ‘perfect storm’ for experiencing negative emotions and consequences.”

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One day recently, Tammy Loveland—a well-regarded victim’s advocate who works in a prosecutor’s office—did something out of character. A defense lawyer was taking a position that was upsetting a victim. Of course, defense lawyers often need to take positions that upset a victim—there is nothing unusual about that.

On this day, Loveland stormed into a young prosecutor’s office and started screaming at the prosecutor about the defense lawyer’s demands and telling the prosecutor she was not doing enough to protect the victim. After yelling and using colorful language for several minutes, Loveland burst into tears and fled to her office.

For 18 years, Loveland has worked with countless children (and adults) who have been sexually abused, physically abused, neglected or who have witnessed heinous crimes like murder. She has done it all with endless compassion and grace and never appears fazed by it. Her conduct on this day, however, was the kind that could result in job loss or disciplinary action.

None of this made sense. Loveland was a dedicated employee who was universally respected in the office and the community. Defense lawyers upset victims every day, and Loveland was highly experienced in dealing with those issues. Concerns started running through the office. Was Loveland having marital problems? Maybe someone in her family was not well? No, the problem was more complex. Her sudden outburst was a classic sign of secondary traumatic stress.

Secondary Traumatic Stress
Secondary traumatic stress, also known as vicarious trauma or compassion fatigue, is a condition that mimics post-traumatic stress disorder. It is caused by being indirectly exposed to someone else’s trauma. Much has been written about secondary trauma for social workers and therapists who work directly with children and adults who have experienced trauma. Indeed, many social workers and therapists learn about secondary trauma in their coursework and some have regular trainings on secondary trauma once

Understanding Secondary Trauma:
A Guide for Lawyers Working with Child Victims
by Christina Rainville

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CASE LAW UPDATE

Mental Injury Must be Significant and Noticeably Impact Child’s Functioning to Support Termination of Parental Rights


Finding that children were dependent based on mental injury was clearly erroneous in termination of parental rights proceeding, although psychologist diagnosed one child with post-traumatic stress disorder (PTSD) and testified that both children had poor boundaries. Psychologist did not testify as to his basis for PTSD diagnosis or its causes. The only evidence establishing the diagnosis also indicated the child had only a slight impairment, not that he was suffering an observable and substantial impairment. There was also no evidence linking the child’s diagnosis to mother’s conduct.

Theresa, the mother of three children, appealed the termination of her parental rights to her 16-year-old daughter and 14-year-old son. Another 18-year-old daughter was not a subject of the termination proceedings. Initially the 18-year-old was placed in a youth shelter but the agency did not remove the two younger children at that time.

The mother planned a later move to Arizona. Even though the younger children were not in child welfare custody and she had not been told they had to remain in Alaska, the agency considered her decision to send the children to Arizona before her unauthorized. The reason was because the social worker thought there was an agreement for the children to remain safe in her home.

In Arizona the children lived with the grandmother and uncle. The Alaska child welfare agency contacted its Arizona counterpart, which removed the children. The two states filed nearly simultaneous petitions for emergency custody and the children were placed in foster care in Arizona. Arizona decided that Alaska was the children’s “home state” under the Uniform Child Custody Jurisdiction and Enforcement Act and transferred custody of them to Alaska.

As part of the dependency case, the mother completed a psychological evaluation with a psychologist on one of her visits to Alaska and attended family therapy with the younger children, mostly by phone. At the time of the termination trial, the son was no longer in counseling, and his sister wanted individual counseling.

The agency petitioned to terminate the mother’s rights to the younger children based on mental injury. The psychologist testified about his observations and expressed concern about poor boundaries in the family. His examples included laughing at inappropriate actions, engaging in baby talk, and trouble adjusting after visits with their mother; however, the psychologist stated it would not be in the children’s best interests to end all contact with Theresa. The mother’s therapist testified she had made substantial improvements and could be a safe and effective parent.

In adjudicating the children dependent, the trial court relied on the son’s diagnosis of post-traumatic stress disorder (PTSD), the children’s boundary issues, and their behavior. It also found that termination was in the children’s best interests, but ordered post-termination contact between the children and their mother based on the psychologist’s recommendation.

The mother moved for reconsideration, arguing that the court failed to consider less drastic alternatives to termination, and the children joined in her request. The agency and the guardian ad litem opposed reconsideration,
that either child exhibited aggressive or withdrawn, nor was there evidence that they were depressed, extremely anxious, or hostile behavior. Rather, evidence showed the children had done reasonably well in school even before the agency intervened. No evidence showed behavioral problems at school.

Based on the statutory language and legislative history, which indicated that mental injury requires a specific diagnosis is needed to prove that a child has suffered a mental injury under the statute.

There was no evidence that they were depressed, extremely anxious, or withdrawn, nor was there evidence that either child exhibited aggressive or hostile behavior. Rather, evidence showed the children had done reasonably well in school even before the agency intervened. No evidence showed behavioral problems at school.

Based on the statutory language and legislative history, which indicated that mental injury requires a specific diagnosis is needed to prove that a child has suffered a mental injury under the statute.

Supreme Court Exercised Supervisory Authority to Require Trial Court to Canvass Parents Prior to Termination of Parental Rights Trial

In re Yasiel R., 2015 WL 4680411 (Conn.).

Supreme Court exercised its inherent supervisory authority over the administration of justice to require that a trial court briefly question all parents immediately before a parental rights termination trial about the parent’s right to contest allegations and ensure that parents understand the trial process, their rights during trial, and potential consequences.

A mother gave birth to her fourth child when she was 22 years old. The father was 15 years old at the time, and the mother was later arrested for statutory rape. The father moved in with the mother while she was pregnant. After the child was born, the father became increasingly violent. The mother said she did not want to remain in the relationship and wished to leave, but she became pregnant with her fifth child only four months after her fourth child was born. The two children were removed from the mother’s care and she was provided with supervised visitation and transportation.

Due to the mother’s various arrests and her mental health and substance abuse issues, the child welfare agency filed petitions to terminate her parental rights. According to the agency, the court advised the mother of her trial rights, entered denials to the petitions on her behalf, and appointed her an attorney. A contested hearing was scheduled. At no time did the court canvass the respondent personally to question her decisions not to contest the petitioner’s exhibits and to waive her right to a full trial. The court terminated the mother’s parental rights to both children.

On appeal, the mother argued that the trial court violated her right to due process when it failed to canvass her. Due process does not require that a trial court question a parent who is represented by counsel about the decision not to contest the state’s exhibits and to waive the right to full trial in parental termination proceedings, when the parent does not testify or present witnesses and the parent’s attorney does not object to exhibits or cross-examine witnesses.

The appellate court requested supplemental briefs to answer the following question: even if the court finds that the mother could not prevail on her claim that the due process clause of the fourteenth amendment requires canvassing the parent, should the court nevertheless consider whether to require the canvass under its inherent supervisory authority over the administration of justice? Should the appellate court exercise its supervisory authority to require such a canvass before a termination of parental rights trial?

The mother urged the court to use its supervisory power to require a canvass when there is no testimony offered by the parent, no objection to exhibits, and no cross-examination of witnesses. Because the case involves safeguards for securing a fundamental right, the mother urged the court to use its supervisory authority to guide the trial courts in the administration of justice.

The child welfare agency asserted that using the court’s supervisory authority to require a canvass would inject it into the relationship between counsel and the parent by requiring the court to canvass a parent directly about her counsel’s trial strategy. The agency further argued that the reasons that constitutional due process does not require a canvass in this situation also argues against adopting a rule that would create the same sort of intrusion and that it would be very difficult to craft a rule that applies to all situations. In addition, the Rules Committee of the Superior Court and other attorneys experienced in the area had not had the opportunity to express their opinion on the matter.

The court agreed with the mother that, in the interest of the fair administration of justice and to ensure the overall fairness of the termination of parental rights process, it is appropriate to exercise its supervisory authority to require that a trial court canvass the respondent parent before the start of any termination trial. The canvass required of all parents involved in a parental rights termination trial, not just those whose attorneys choose not to contest evidence, need not be lengthy. The trial court must just be convinced that the parent fully understands his or her rights.
Alaska
TERMINATION OF PARENTAL RIGHTS, TESTIMONY
Father appealed termination of parental rights to daughter, claiming trial court violated his due process rights when it allowed trial to conclude in his absence without asking directly if he wished to testify. Nothing in record indicated father wanted to testify despite ample opportunity to do so. Court declined to create new rule prohibiting trial court from concluding termination trial without first notifying parents of right to testify and precluding parents’ counsel from expressing client’s waiver of that right.

California
Evidence was sufficient to support juvenile court’s finding that visitation with biological father would be detrimental to child’s physical safety or emotional well-being. Child had no bonding relationship with father, who frequently violated parole and had serious criminal record including sex crimes against children. Father was not parent under statute governing parental visitation after child was placed in permanent plan of guardianship, and was not presumptively entitled to visits.

Father appealed juvenile court’s dependency finding based on lengthy period between adjudication and disposition. Evidence that father had molested three-year-old daughter supported dispositional order requiring father to move out of family home. Social worker’s testimony and report concluded that child would be at risk if father were allowed to return. Dispositional order will be reversed only if prejudice can be shown from unauthorized delay.

Mother appealed order placing son in foster care rather than with boyfriend with nonrelative extended family member (NREFM) status. Boyfriend spent one or two nights per week in family home, helped child with homework, and played sports with him, but placement with NREFM must be in child’s best interests. Due to child’s negative reactions, proposed placement with boyfriend would not offer desired degree of stability. Boyfriend also could not adequately supervise child or protect child from his mother.

Connecticut
In re Nevaeh W., 2015 WL 4486392 (Conn.). TERMINATION OF PARENTAL RIGHTS, BEST INTERESTS
Although findings about children’s feelings and emotional ties to mother were required by statute, trial court’s determination of children’s best interests would not be overturned based on one factor if determination was factually supported and legally sound. Children had been placed together with family who expressed willingness to adopt both. Court’s finding that they were comfortable, secure, and safe satisfied statutory requirement.

District of Columbia
Parents whose children were temporarily removed from home by child welfare agency without warrant brought § 1983 and state law actions against District of Columbia and agency employees. Agency employees were entitled to qualified immunity from parents’ Fourth and Fifth Amendment claims arising from warrantless removal of children and were not liable for retaliation, invasion of privacy, or intentional infliction of emotional distress. Agency employees acted in good faith in removing children.

Florida
Private petition for adjudication of dependency was filed on behalf of 17-year-old illegal immigrant child from Guatemala. Child, who was well-cared for by uncle with permission of mother, did not qualify as dependent despite alleged prior neglect and abandonment by parents in Guatemala. Although court recognized that determination of child’s status as dependent should be made independent of motivations for seeking that status, it stated the purpose for this proceeding clearly was to help child secure Special Immigration Juvenile Status (“SIJS”) visa that would enable him to apply for lawful permanent residency (a green card), and secure path to possible citizenship.

Maine
In re I.R., 2015 WL 4529631 (Maine).
TERMINATION OF PARENTAL RIGHTS, ICWA
Mother appealed termination of parental rights to child. Despite grandmother’s claim that child and mother were members of Seminole tribe, the Indian Child Welfare Act (ICWA) did not apply absent evidence that mother or child were enrolled in any Indian tribe or nation. Trial court’s finding of parental unfitness was supported by evidence that mother never cared for child since birth, lacked any understanding of child’s needs, and failed to make any effort to rehabilitate and reunify with child.

In re I.S., 2015 WL 4622723 (Maine).
TERMINATION OF PARENTAL RIGHTS, DUE PROCESS
Father appealed termination of parental rights to medically fragile daughter. Father was provided due process required in context of termination proceedings, even though timeframe for attempted reunification was affected by delay in his identification as child’s biological father. Father’s cooperation was inconsistent, and his mental health problems, including self-harming behaviors and suicidal ideation, would significantly affect his ability to parent.

State v. Fahnley, 2015 WL 4081569 (Maine).
ABUSE, HEARSAY
Fourteen-year-old victim’s delayed complaint of sexual abuse to his mother, made after he turned 18, was admissible under first complaint rule. Statements admissible as first complaints and as prior consistent statements are distinct. First complaint statements cannot include anything other than bare assertion of assault, while prior consistent statements may include more details.

In re Z.S., 2015 WL 4731341 (Maine).
DEPENDENCY, MEDICAL NEGLECT
Disposition order placing child in child welfare agency’s custody and ordering agency to have child undergo full medical evaluation and approve vaccinations for child deemed appropriate by pediatrician, against mother’s wishes, was not appealable. Mother had left two other jurisdictions to avoid further agency involvement and to reunite with father, despite
domestic violence and potential threat to child. Mother refused all efforts to vaccinate child because she refused to accept scientific facts and deprived child of necessary medical care for hernia.

Massachusetts


Termination of parents’ rights was supported because children were subject to physical violence, there was pattern of violence and verbally abusive behavior that affected children adversely, and parents failed to consistently participate or engage in services. Trial court did not abuse its discretion by denying placement to maternal great-aunt based on her failure to acknowledge existence of domestic violence between parents. Trial court erred in failing to make specific findings regarding impact of domestic violence on appropriateness of post-termination visitation.

Montana

*In re J.O.*, 2015 WL 4747167 (Mont.). TERMINATION OF PARENTAL RIGHTS, REASONABLE EFFORTS

Mother appealed termination of her parental rights, citing lack of reasonable efforts to reunify as prerequisite to termination. Agency placed child with aunt, provided drug treatment for mother, and reunified mother and child when mother completed treatment. When child entered care again, agency again placed child with aunt and developed treatment plan for mother, until mother was incarcerated. Agency was not required to provide phone contact between mother and child, given child’s choice not to have contact and his refusal to read her letters.


Five-year-old child stated to mother that father sexually abused her. Psychological opinion evidence offered by expert was admissible as substantive evidence to corroborate child’s allegation of sexual abuse. Father’s contention that inconsistencies existed in witnesses’ reports of child’s statements did not establish good cause for granting his pretrial discovery requests to depose child and other witnesses.


Mentally ill mother moved for court to conduct Frye hearing in termination of parental rights proceeding, which court properly denied because expert’s opinion did not involve “obviously novel forensic and social science techniques.” Expert conducted comprehensive review of mother’s medical records, agency case records, and court files, and interviewed mother for four hours. Mother had poor history of compliance with treatment and placed child in danger when experiencing acute symptoms.

New Jersey


Mentally ill mother moved for court to conduct Frye hearing in termination of parental rights proceeding, which court properly denied because expert’s opinion did not involve “obviously novel forensic and social science techniques.” Expert conducted comprehensive review of mother’s medical records, agency case records, and court files, and interviewed mother for four hours. Mother had poor history of compliance with treatment and placed child in danger when experiencing acute symptoms.

*U.S. v. Roman*, 2015 WL 4529437 (6th Cir.). SEX ABUSE, INTERMEDIARY

Defendant could be convicted of attempting to use interstate commerce to knowingly persuade, induce, entice, or coerce minor to engage in unlawful sexual activity even though he communicated only with adult man he thought was father of 11-year-old girl. Although defendant did not contact minor directly, he used father as intermediary, promised he did not have any diseases and that he would use condoms, asked father what minor liked sexually, and purchased flowers and minor’s favorite candy.

Washington


Child welfare agency petitioned to terminate incarcerated mother’s parental rights to two youngest of four children. Court’s failure to make some record of its consideration of mother’s meaningful role in children’s lives, despite incarceration, required remand. No family members were willing to serve as long-term guardians of children. Visitation with incarcerated mother was not in best interest of children, who had special needs that she could not satisfy and would result in an unsuccessful outcome due to uncertainty.

FEDERAL CASES

6th Circuit

*U.S. v. Wolff*, 2015 WL 4730950 (8th Cir.). SEX ABUSE, CORPORAL PUNISHMENT

Preponderance of evidence supported finding that father neglected child by inflicting excessive corporal punishment on him. Neglect finding supported determination that father derivatively neglected another child. Out-of-court statements by children were sufficiently corroborated by testimony of school nurse and child welfare caseworkers, who had also observed evidence of physical injury, as well as by children’s own cross-corroborating statements.

8th Circuit

*U.S. v. Wolff*, 2015 WL 4730950 (8th Cir.). TRAFFICKING, ATTEMPT

Defendant appealed conviction on attempted sex trafficking of minor because he was arrested as part of sting operation and no actual live minor existed. Defendant communicated interest in 16-year-old child, and no actual live minor existed. Defendant communicated interest in 16-year-old girl. Although defendant did not contact minor directly, he used father as intermediary, promised he did not have any diseases and that he would use condoms, asked father what minor liked sexually, and purchased flowers and minor’s favorite candy.
they start working.

Many lawyers, judges, and others who work in the juvenile court system, however, are unaware that secondary trauma might be affecting them or their colleagues. You do not have to work directly with a traumatized child to develop secondary traumatic stress: anyone who works in a courtroom and listens to testimony about traumatic events can be at risk.

Erika Tullberg, an expert on secondary trauma and the resulting secondary traumatic stress, is an assistant professor at New York University’s Child Study Center and the director of a federally-funded effort to implement trauma-informed child welfare practice in New York. Tullberg describes secondary trauma as “a behavioral toxin.” Not only can one develop secondary traumatic stress from listening to others describe traumatic events, one can also be impacted merely by working in an office where others are suffering from secondary trauma. Tullberg says anyone who has experienced a personal trauma, especially in childhood, can be more vulnerable to developing secondary traumatic stress—especially if the individual is working with clients who have suffered a similar kind of trauma.

Any organization that works with individuals who have suffered trauma should focus on secondary trauma, says Tullberg. Secondary trauma can affect an employee’s longevity on the job, as well as the employee’s effectiveness.

If you work in the juvenile court system in any capacity, it is important to know the signs, so you can get help if you have symptoms, and support your colleagues when they need help.

**Signs of Secondary Traumatic Stress**

**Workplace symptoms**
The symptoms of secondary traumatic stress that are most typically seen in the workplace are:

- avoidance (e.g. arriving late, leaving early, missing meetings, avoiding clients, skipping certain questions during interviews),
- hypervigilance (e.g., feeling on edge, perceiving colleagues and clients as threatening, feeling like all clients are in danger),
- seeing things as “black or white” rather than tolerating ambiguity,
- becoming argumentative, and
- shutting down or numbing out (alcohol and drug use are common coping mechanisms).

Secondary trauma can affect an employee’s longevity on the job, as well as the employee’s effectiveness.

Tullberg says that organizations often view employees with these symptoms as poor performing workers rather than focusing on the impact that the work has on the employee. Tullberg explains that an organization should not address these symptoms as a disciplinary matter, but rather, organizations should work to do a better job of preparing and sustaining staff through their difficult work.

**Personal life symptoms**
Secondary traumatic stress can also impact people’s personal lives. Common symptoms can include:

- sleep disturbance and nightmares,
- headaches,
- stomach pain,
- PTSD symptoms such as intrusive thoughts and memories; severe emotional distress or physical reactions to something that reminds the person of the traumatic event; avoidance of people, places or things that remind the person of the event; irritability, angry outbursts or aggressive behavior; inability to focus; being easily started; hypervigilance,
- extreme fatigue/always tired,
- negative thinking and a tendency to become upset about everything,
- strained relationships with family and friends,
- compromised parenting, and
- doubts about whether the world is a safe place.

Tullberg believes training about secondary trauma is key. She notes that organizations provide training on the nuts and bolts of doing the job, but often do not provide training on the emotional impact of the work.

**Sources of Secondary Traumatic Stress**

Loveland’s situation is a good example of how secondary traumatic stress develops. Her outburst with the prosecutor involved a victim who had recently attempted suicide. The victim’s only adult “family” was the abuser, so when the victim showed up in the emergency room after attempting suicide, the police called Loveland looking for a family contact. There was no one, so Loveland went to the hospital herself to support the victim. She sat with the victim and worked with her in the hospital to help her get the professional help she needed. Now, months later, this frail victim simply could not handle the defense lawyer’s demand, and Loveland was terrified it would send the victim over the edge.

**Past client traumas**
Working with individuals suffering from suicidal thoughts or behaviors is part of working in the juvenile and criminal court systems. Loveland had previously worked closely with a victim who committed suicide, and that changed her forever. She found, years later, that it was not something she could ever get over.

The victim who committed suicide had had lifelong mental health issues stemming from horrific sexual abuse as a child. She had spent her life in and out of mental health hospitals. She was hospitalized multiple times during the case. She had been raped by a...
serial rapist who preyed on vulnerable women with mental health issues and other disabilities. Everyone wanted him prosecuted; the only question was whether the stress of the pending case was too much for the victim. She seemed to be handling it okay. She said she was okay. Her therapist gave the go-ahead at every step of the proceeding. After the defendant pled guilty, she came to the sentencing and seemed happy with the result. Loveland took her out to lunch the day after the verdict, and she seemed fine. Two days later she was gone.

To Loveland, her personal second-guessing was unending. Was the victim unhappy with the sentence? Was the pressure of the case too much for her? Had the case triggered the trauma of her youth? Were signs somehow missed that she was in danger?

Loveland explains that after that suicide, she became hypervigilant. She obsessed about whether every person she works with might be thinking about suicide. She asked victims questions to assess their mental health that she never would have asked before; and she thought about it—constantly.

Given Loveland’s prior trauma of having a victim commit suicide, her behavior with the prosecutor in the second case made sense. Someone who has been through the trauma of losing one victim to suicide would be emotional and “over the top” when another victim, who had previously attempted suicide, was being pushed to the edge.

Loveland later explained that she was embarrassed that she got so out of control. In the moment, she could not remember that the prosecutor was not her enemy, but instead was on her side. There was no way to reason with Loveland. She knew that she was being irrational, but she could not control it.

Personal influences
Loveland also thinks her issues with secondary traumatic stress began before the suicide. After having a child, it became difficult to sit through meetings about child sexual abuse. She says she started squirming and could not stop thinking about whether she was doing enough to protect her child from the abuse she was hearing about during the workday. It became difficult to listen to details without feeling physically uncomfortable and wanting to leave the room. Loveland, the ultimate professional, never let her colleagues know the work conversations were keeping her up at night. She suffered in silence and never complained, but 18 years of working with trauma victims had an effect.

Addressing Secondary Trauma

Self-Help
Take care of general health and well-being. Tullberg recommends a number of self-help measures, some of which she describes as “general health” recommendations: take regular vacations; exercise regularly; get enough sleep; eat well, etc. In addition, Tullberg recommends leaving the office at a reasonable hour each day, not working outside office hours except in an emergency, and having an agreement with your colleagues not to contact each other off-hours unless it is truly an emergency. People who work in trauma-related fields need defined breaks and should not be checking their emails and texts every few minutes, all night, and on weekends.

Seek counseling or other supports. In Tullberg’s experience, people who work with trauma victims work hard at getting the victims to engage in therapy, but are not good at getting themselves to go. Breaking down that barrier and engaging in therapy or other supports to address secondary trauma symptoms is critical, she says. Loveland recommends having a trusted therapist “on call” to talk to every once in a while when the secondary traumatic stress symptoms become overwhelming.

Perform self-assessments. It is important for employees to do regular “self-assessments” or “check-ins.” Free online surveys can help employees gauge where things stand and whether a problem is developing. Two tools to consider:

- Proqol.org has a self-assessment tool to help employees gauge where they stand on the “compassion fatigue/burnout” scale. It also looks at “compassion satisfaction,” or the positive aspects of one’s work.

These kinds of self-assessments can be helpful, as it is easy to lose perspective when one is in the thick of things.

Focus on positive job aspects. Tullberg recommends taking time to focus on positive job aspects and the things that go well, rather than focusing on the trauma. Taking time to do this with colleagues, rather than alone, can help combat the negativity that can develop within a group that is impacted by secondary trauma.

Take vacations. Loveland finds it helpful to take long vacations as often as possible. She recommends taking
two-week vacations because she finds that it takes a few days from work just to begin to unwind.

Organizational Help
While self-help can play an important role in recovery, organizational-level interventions are key. Some organizations look to the employees to “cure” themselves, but that is not a reasonable expectation. Other organizations look to a “quick fix” of running one training session. Tullberg says the most effective programs involve an organization’s long-term commitment to actively addressing the impact of trauma on employees. The most important component of mitigating the impact from secondary trauma (and the best way to limit employees from developing it in the first place) is through organizational changes.

Talk about secondary trauma.
People need to be trained to know what it is, and how to recognize it among themselves and their staff. Some organizations use surveys for the employees to fill out so they can get a personal “weather report” on how they are doing every few months. These surveys can help the employee recognize a developing problem before it gets out of control. These surveys also can be done anonymously but collected by the agency so that the organizational leadership gets an accurate reflection of how the staff is doing on an ongoing basis.

Focus on changing the workplace and organizational culture. Is this an office where everyone works until 8 p.m. and it is a badge of honor to work long hours? Is everyone expected to respond to emails within five minutes, 24/7, including on the weekend and while on vacation? If so, the culture at the organization will need to change. People who are working around trauma need regular, defined breaks in their schedule.

Create a supportive atmosphere.
Do supervisors take time to support employees? Or do people get reactive and bounce their reactivity off each other, such that, when one person is over-reacting to a situation, or unable to accept ambiguity (for example, perhaps that parent did not mean to hurt the child?), others join in and escalate the response? Is this the kind of office where everyone “one-ups” each other in gruesome details about the cases they are working on? Or do people support each other when discussing trauma and only share limited information on a need-to-know basis or when an employee needs support from a colleague?

Be sensitive when discussing cases.
Loveland recommends greater sensitivity when discussing case details. Even though employees may seem “numb” to the trauma, she points out that topics being discussed can be sensitive for people in the room who do not want to let on that they are suffering. She recommends toning down the discussions and not going into detail unless it is essential for the group to hear.

Organizations should spread the message that secondary trauma symptoms are not a sign of weakness or failure.

“Normalize” conversation around secondary traumatic stress. Organizations should spread the message that secondary trauma symptoms are not a sign of weakness or failure, says Tullberg. The message should be that this is a “normal response to doing this kind of work.” Organizations also need to train employees so they understand the symptoms and can talk openly about it.

An organization’s culture can affect everyone—including leadership and support staff that may not have much direct client contact. Tullberg explains that an organization’s culture can feed—or even foster—secondary traumatic stress rather than mitigate it. Strategies to address its impact should not be limited to staff who work most closely with clients, but should address the overall culture and functioning of the organization.

How to Help a Colleague
Many people who work in the juvenile court system might recognize the signs of secondary traumatic stress in a colleague, but not know how to help. Approaching colleagues can be difficult, unless the organization’s culture normalizes secondary traumatic stress so everyone feels comfortable having that conversation. Some steps to take:

- Talk about your own struggles with the work as a way to start the conversation.
- Forward helpful resources. The National Child Traumatic Stress Network (http://www.nctsn.org/resources/topics/secondary-traumatic-stress) has a number of helpful resources on secondary trauma.
- Raise the topic at a staff meeting.
- Host a broader training in your office.

Conclusion
Secondary traumatic stress is a normal consequence of the work we do, but we can all work to limit its prevalence and its symptoms.

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ABA Supports Empowering Indian Tribes in Juvenile Justice Cases

The American Bar Association urged in July 2015 that Indian tribes be empowered with meaningful decision-making authority about their juvenile justice systems and that greater emphasis be placed on providing alternatives to incarceration and culturally appropriate intervention and support.

In a letter submitted for the record of a July 15 oversight hearing held by the Senate Indian Affairs Committee, the ABA expressed support for the 12 recommendations from the Indian Law and Order Commission’s (ILOC) report entitled “A Roadmap for Making Native America Safer.”

The recommendations in the independent national advisory commission’s report, released in November 2013, are grounded in findings that Native youth are among the most vulnerable group of children in the United States as a result of centuries of harmful public policies that continue to inflict intergenerational trauma on children in Indian country.

“Upon entering the juvenile justice system, tribal youth are further endangered by being thrust into an exceedingly complicated web of jurisdictional rules and sentencing limitations that subject them to complex and inadequate federal and state juvenile justice systems,” ABA Governmental Affairs Director Thomas M. Susman wrote in the ABA letter.

He highlighted recommendations that would:

- strengthen tribal jurisdiction by allowing tribes to opt out of state and federal juvenile jurisdiction or give tribes the right to consent to U.S. attorneys’ decisions;
- provide additional resources for tribes to address youths’ need for treatment;
- provide alternatives to incarceration within the federal, state and tribal justice systems;
- detain violent juveniles within a reasonable distance from their homes;
- amend the Federal Delinquency Act to include tribes and extend tribal authority to oversee prosecution of juveniles as adults; and
- improve cooperative measures between tribes and local government.

“The recommendations of the ILOC Report regarding juvenile justice in Indian country seek to replace outdated and top-down bureaucracies with locally based approaches that will enable tribal governments to provide justice in their own communities and more effectively address the disproportionate amount of violence occurring in Indian country today,” he said.


ABA Report Urges Alternatives to Detention for Immigrant Families

A new report on expanding immigration detention released by the American Bar Association finds the federal government’s use of family detention violates laws and human rights norms.

The report, developed by the ABA Commission on Immigration with the law firm O’Melveny & Myers LLP, focuses on the government’s response to the 2014 influx in arrivals of Central American mothers with young children to the southwestern U.S. border. It finds that the government’s buildup of family detention centers—and the practice of detaining families in jail-like settings—are at odds with the presumption of liberty and impinge on the families’ due process right to legal counsel.

The report urges the government and the Department of Homeland Security to anticipate and prepare for periodic increases in the migration of individuals and families seeking asylum without resorting to detention.

The report also recommends several specific reforms, including:

- releasing families held in detention facilities;
- adopting a policy of dealing with families seeking asylum within the community instead of through detention;
- employing the least-restrictive means of ensuring appearance at hearings and protection of the community;
- developing standards for families and children that do not follow a penal model; and
- ensuring access to legal information and representation for all families subjected to detention at every stage of their immigration proceedings.

“We are a country that honors family and prides itself on fairness and due process,” ABA President Paulette Brown said. “Immigrants and asylum-seekers deserve the opportunity to have their cases heard under the provisions of our laws in a timely, humane fashion, free from the obstacles and indignities imposed by unnecessary detention.”

Learn More

View the report, “Family Immigration Detention: Why the Past Cannot Be Prologue,” at the ABA Commission on Immigration’s web site: www.americanbar.org/groups/public_services/immigration.html
Sixty-nine percent—that’s the drop in the number of children in Baltimore’s child welfare system from July 2007 (6725) to March 2015 (1986). The number hasn’t been that low since the 1970s and represents a dramatic shift away from how Baltimore’s Department of Social Services (DSS) has traditionally done its work by separating families and placing children in foster care. Describing this shift, Molly McGrath Tierney, director of Baltimore DSS, said “This is just not going to be our business anymore.”

Tierney is guiding child welfare reforms targeting permanency for children in the city’s foster care system and emphasizing intervening with families before crises requiring protective services. She shared her strategies and lessons learned at the 4th National Parent Attorney Conference, July 22-23, 2015 in Washington, DC.*

Keeping Kids from Care:

4 Forces
Four forces came into play to reduce the percentage of children in care in Baltimore, according to Tierney.

1. Preventing kids from entering care. The agency reduced child intake by 15% by resetting how it makes decisions upfront about removing children from families. Instead of automatically removing children, the focus is now: when is a situation bad enough that the child should be brought in? In many cases, less-intrusive approaches—such as in-home services—can keep the family intact while helping the family, said Tierney.

2. Focusing on family reunification and not moving the finish line. Tierney described a common challenge child welfare agencies face when working with families toward reunification. “We take someone’s kid because of neglect or abuse, and then we start working with the parent on a plan to reunify with the child based on those factors. As soon as the parent starts to get close to having the child returned, more requirements are added (get a job, the house isn’t big enough)—the finish line keeps moving.”

Tierney stressed the importance of working with families on the issue(s) that brought a child into care and avoiding adding new requirements. “We’re not going to solve all of the world’s problems. You can be unemployed, broke—that’s not the question. We have to focus on resolving the issue that brought the child into care.” By working with her staff to understand the boundaries, Tierney has created an agency-wide discipline that streamlines reunification work. The results are telling: half the kids entering care in Baltimore go home and half go home in the first year, said Tierney.

3. Finding relative and kin caregivers. A new priority on finding family members, relatives, and others with ties to a child is helping identify potential caregivers for children in care. Records searches, prompt paternity establishment, and “Family Find” tools are strategies Baltimore DSS is using, said Tierney. These tools improve the agency’s ability to place kids with relatives or kin. Citing the benefits of relative placement, Tierney said: “We know that this dramatically reduces the trauma they’ve experienced by staying in a home they’ve already slept in with someone who loves them and makes it much easier to get home or get into guardianship.” Tierney noted that about a third of kids in Baltimore’s child welfare system go into guardianship placements.

4. Speeding adoptions. Once the linchpin of permanency in child welfare, adoption—placing children into newly configured families with whom they have no blood ties—is a shrinking body of Baltimore DSS’s work, said Tierney. It is key to permanency efforts for some children in care, however. The agency’s attention now centers on reducing the time these children spend waiting for adoption.

Being Proactive not Reactive
The reduced numbers of children in care should not be confused with the idea that the agency is serving fewer people, cautioned Tierney. “We’ve just changed the intervention. Our business in in-home services and family preservation is booming,” she explained. “We’re trying hard to intervene with families with much less force. In-home family preservation is the next game.”

Too often, the trigger for child welfare agencies is when someone picks up the phone and calls child protective services. At that point, it’s too late, said Tierney. Now the focus is knowing before someone picks up the phone and intervening before something happens. Tierney is working to engage community partners to share information so DSS can intervene one-
on-one with families sooner. The idea is to look at indicators that may signal when the agency could help a family before a crisis—e.g., kids under age 12 who are arrested, families who show up in the ER with a child requesting a psychiatric evaluation.

Finding Patterns
“The future of child welfare in Baltimore is not a one-on-one worker-to-family intervention, said Tierney. “I hope this will soon be in our past.” In its place, Tierney envisions the ability to identify patterns in the populations child welfare serves by analyzing data, then using that knowledge to craft solutions.

As an example she described the ability to analyze the homes of origin of children in care over the last three years, then organize that information by zip code. She could then narrow down the top zip codes where children in care were represented and look for patterns. “Once I know it’s in that zip code, imagine that I can get a street-level map and look at where children were taken from their homes and the reasons,” she said. After studying the reasons—lack of supervision, substance abuse, domestic violence—she would look for patterns and whether services exist to address them.

“It isn’t about knowing what I should have done in those homes, it’s about the map and where they are located in relation to the pediatrician’s office, the school, the rec center, churches, and so forth,” said Tierney. “I then need to be in conversation with those organizations to work together to keep kids safe,” she said. Using the agency’s influence, changes could then be sought, such as requesting a day care center be located at an intersection convenient to families.

Tierney sees this approach to serving families as the wave of the future for Baltimore’s child welfare work. Through these efforts, child welfare starts to be viewed as a different force in the community. “Instead of being the baby snatchers, we can be a portal for getting families the help they need,” said Tierney.

Sharing Lessons
Tierney shared the following tips for child welfare advocates interested in Baltimore DSS’s approach to child welfare reform:

Set clear expectations. While Tierney hears from staff at all levels of the agency and gets their input and ideas, she does not build consensus or look for buy-in when setting expectations. As the director of a $650 million agency serving 250,000 people, Tierney says her job as an executive decision maker requires her to set clear expectations. “The lion’s share of government employees just want to know what they’re expected to do,” she said. By laying out the expected transactions clearly—who’s going to do what, by when, and how it will be measured—in a very public way, staff have a clear understanding of what is expected.

Hold a bright line on reunification. Keep the finish line from moving for every parent with a child in care. Be specific about what needs to be done to achieve reunification. Be clear on expectations and how you’re going to know if the parent has satisfied them. Bring new “asks” to the judge’s attention and shoot up a red flag when the finish line moves.

Expand forums for decision making. The court room as a forum for decision making doesn’t always work well in child welfare because of its acrimonious nature. Team decision making meetings provide a chance for parents and children to meet and make decisions with a facilitator and with guidance from others involved in the case. They represent a substantial shift in approach that child welfare agencies need to make, said Tierney. She cautioned against parent attorneys advising their clients not to attend these meetings for fear it will put them at risk and extend how long the child welfare process takes. This deems them uncooperative in the eyes of the child welfare agency, which is counterproductive, she said.

Move past case management to community change. Identify the areas in the community that most need attention and target them. In Baltimore, the greatest needs exist in a handful of zip codes. Efforts are best spent focusing on meeting the needs in these communities on the front end.

Instead of being the baby snatchers, we can be a portal for getting families the help they need.

Reshaping Baltimore DSS’s approach to child welfare has not been an easy path, said Tierney. This is largely because the effort has been entirely internally motivated. Tierney noted that having some external pressure (e.g., court-ordered mandates) would have made some aspects of the process easier. However, Baltimore’s progress shows that it is possible to make real reform happen when the motivation comes from within the agency, clear expectations are set for working with families in the child welfare system, and new ideas are embraced about how and when to intervene with families.

Claire Chiamulera, legal editor at ABA Center on Children and the Law, Washington, DC, is CLP’s editor.

Early Childhood Programs Found to Significantly Lower Likelihood of Special Education Placements in Third Grade

Access to state-supported early childhood programs significantly reduces the likelihood that children will be placed in special education in the third grade, academically benefiting students and resulting in considerable cost savings to school districts, according to new research published in *Educational Evaluation and Policy Analysis*, a peer-reviewed journal of the American Educational Research Association.

The findings suggest that the programs provide direct benefits not only to participating students but also to other third graders through positive spillover effects.

The study, by Clara G. Muschkin, Helen F. Ladd, and Kenneth A. Dodge at Duke University’s Sanford School of Public Policy, examined how investments in two high-quality early childhood initiatives in North Carolina—a preschool program for four-year-olds from at-risk families and a program that provides child, family, and health services for children from birth through age five—affected the likelihood that children would be placed in special education by the end of third grade from 1995 to 2010.

The authors found that an investment of $1,110 per child in the More at Four preschool program (now called NC Pre-K)—the funding level in 2009—reduced the likelihood of third-grade special education placements by 32 percent. An investment of the same amount in the Smart Start early childhood initiative reduced the likelihood by 10 percent. Both programs together reduced third grade students’ odds of special education placement by 39 percent, resulting in significant cost savings for the state. Nationwide, special education costs nearly twice as much as regular classroom education.

“These major investments in childhood programs have been important not only to the future of students but to the state’s financial bottom line,” said Muschkin, who serves as associate director for Duke’s Center for Child and Family Policy. “Our research finds that the effects of these initiatives for students are quite large and still paying off after students have completed almost four years of elementary school.”

The More at Four program, introduced in 2001, targets four-year-olds whose families have an annual income at or below 75 percent of the state median income or who are limited English proficient, disabled, chronically ill, or have a developmental need. Smart Start, which is available to all North Carolina children, has been in place since the early 1990s. The programs are recognized as national models for early childhood initiatives to address early academic disadvantage.

In addition to cost impacts, the findings have implications for children’s educational careers and for their future lives. Previous research cited in the study suggests that children placed in special education are at higher risk for dropping out of school and for committing crimes as adults. Yet some special education placements may be preventable with early intervention.

“Significant cognitive and social disadvantages often emerge before children enter kindergarten,” said Muschkin. “Our findings provide further evidence that high-quality early childhood intervention provides the best opportunity to reduce preventable cognitive and social disabilities. Access to early education may allow some children to transition early from special education placements. For some children, early intervention and treatment may help them to avoid special education in school altogether.”

The More at Four preschool program helped to reduce the numbers of children classified with several types of preventable disabilities, including mild mental handicaps, attention disorders, and learning disabilities. The Smart Start initiative contributed to reducing the numbers of students being identified as having a learning disability, which is the largest category of special education in North Carolina, accounting for almost 40 percent of placements. Neither program had a measurable impact on behavioral-emotional disabilities or the less malleable categories of physical disability and speech-language impairment.

The study findings imply that children who did not participate in the state-supported programs still benefited from them. For instance, some children not funded by More at Four were enrolled in the same preschool classrooms as those who were, and apparently benefited from the high-quality standards required for state funding.

Once children enter elementary school, they “can still benefit from being in classes with more students who have had access to high-quality early childhood initiatives,” said Muschkin. “Access to high-quality early education contributes to more positive elementary school classroom environments, as well as to fewer subsequent placements in special education.”

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Maltreated Children’s Brains Show Ability to Regulate Emotions

Children who have been abused or exposed to other types of trauma typically experience more intense emotions than their peers, a byproduct of living in volatile, dangerous environments.

But what if those kids could regulate their emotions? Could that better help them cope with difficult situations? Would it impact how effective therapy might be for them?

A University of Washington (UW)-led team of researchers sought to address those questions by studying what happens in the brains of maltreated adolescents when they viewed emotional images, and then tried to control their responses to them. The researchers found that with a little guidance, maltreated children have a surprising ability to regulate their emotions.

“They were just as able to modulate their emotional responses when they were taught strategies for doing so,” said Kate McLaughlin, a UW assistant professor of psychology and the study’s lead author. “That’s very encouraging.”

Difficulties with regulating emotions are linked to the onset of mental disorders among maltreated children. Previous research has focused on how the brains of such children respond spontaneously to negative facial emotions, but the UW study, published Aug. 20 in the Journal of the American Academy of Child & Adolescent Psychiatry, is thought to be the first looking at whether maltreatment impacts brain regions involved in emotion control.

The study involved 42 boys and girls age 13 to 19, half of whom had been physically and/or sexually abused. Using magnetic resonance imaging, the researchers tracked the teens’ brain activity as they were shown a series of photographs.

The teens were first shown neutral, positive and negative images and were told to let their emotions unfold naturally. The neutral images featured outdoor scenes or objects, such as a coffee cup or a pair of glasses, while the positive and negative images depicted scenarios showing people with different facial expressions—a smiling family engaged in a fun activity, for example, or two people arguing. The exercise was intended to model real-world emotional situations, McLaughlin said.

“How much do you react when something emotional happens? Some people have really strong emotional reactions. Some people have much more muted responses,” said McLaughlin, director of the UW’s Stress & Development Laboratory.

“The question is, do we see differences in the brain in terms of how it responds to emotional information in kids who have been maltreated?”

The answer is yes, the researchers concluded. The positive images generated little difference in brain activity between the two groups. But when looking at negative images, the maltreated teens had more activity in brain regions involved in identifying potential threats—including the amygdala, which plays a key role in processing emotions and learning about environmental threats—than the control group. That makes sense, McLaughlin said, since in a chronically dangerous environment the brain is on heightened alert, constantly on the lookout for potential threats.

In a second exercise, participants were shown more photos and told to try to increase their emotional responses to the positive images and scale them back when viewing the negative images, using techniques they were taught beforehand. The children were shown how to use cognitive reappraisal, a strategy that involves thinking about a situation differently to alter the emotional response to it.

Participants thought about the negative images in ways that made them psychologically more distant—for example, thinking that the people in the photos were strangers or that the scene was not really happening. For the positive cues, they thought about the images in a way that made them more realistic, such as imagining that they were part of the happy scene or that it involved people they knew.

Again, the two groups were similar in their brain responses to the positive images. But the negative photos caused the maltreated teens’ brains to go into overdrive, drawing more heavily on regions in the prefrontal cortex to tamp down their feelings. The prefrontal cortex is involved in higher-order cognition and integrates information from other areas of the brain to effectively control emotions and behaviors and guide decision making.

Though it was more difficult for them, the maltreated teens were able to modulate activity in the amygdala just as well as the participants with no history of maltreatment. That suggests that given the right tools, maltreated children may be able to control their emotional responses to real-world situations.

It also has promising implications for treatment, McLaughlin said, since the strategies participants used in the study are similar to those used in trauma therapy. Specifically, cognitive reappraisal, the strategy children used to regulate their emotions in the study, is a core technique used in trauma-focused treatments for children.

There’s a common assumption that children subjected to abuse or trauma will have problematic emotions across the board, McLaughlin said—muted responses to positive situations and extreme reactions to negative ones. But the study’s findings suggest that maltreated children are perhaps more resilient and adaptable than previously thought.

“It seems that they are able to cope effectively, even in very stimulating emotional situations, if they’re taught strategies for doing so,” she said.

“We think the findings are really promising.”
At the ABA Fourth National Parent Attorney Conference on July 23, 2015 many very creative practitioners participated in a lively discussion on “Re-Invigorating and Reimagining Best Interests.” Our objective was to name a set of “interests” for children that went beyond what is typically referenced—primary attachment and physical safety. Then we explored ways to integrate a broader, richer notion of interests into our advocacy—to stir a sense of urgency about reunification and cast some skepticism on the notion that expedited permanency (often adoption) is always in a child’s best interest.

Parent attorneys have a role to play reshaping the notion of best interests and expanding it so judges, child welfare agency workers, and attorneys for children are more willing to go the distance before ignoring or severing these interests. Hopefully this will mean people will work harder to reunify families or work harder on guardianship or some other arrangement that does not permanently sever legal (and often all other) ties through adoption.

Here are the interests the group developed. Thanks to Sarah Katz, my co-facilitator, and the group for the many great ideas.

In addition to safety and primary attachments, a court should consider the following interests when determining best interests:

- Children have an interest in familiarity with physical surroundings/community.
- Children have an interest in knowing their history and being able to easily access their history (also, consider medical history).
- Children have an interest in cultural identity.
- Psychological health in a broader sense than typically considered (i.e., include intimate knowledge of history and culture as they contribute to identity and a richer notion of identity as linked to psychological health).
- Best interests should NOT be about what resolution provides greater material possessions, wealth, notions of what is conventionally better, etc.
- Children have an interest in lasting connections to siblings, cousins, and fictive kin.
- Is the adoptive parent going to benefit financially from an adoption (i.e. subsidy over a long period?). This should be explored in terms of the adoptive parents’ commitment to adopt. A child has an interest in being with someone who wants to raise him or her without a financial incentive.
- Children have an interest and right to have their parent be their parent whether or not that parent has done things that were considered neglect.
- Consider LOVE, LOYALTY and the MESS of family—children deserve the right to their families, regardless of how messy they may be.
- Children have an interest in self-determination. When a child wants to return home or stay connected to family that deserves great weight in determining what interests are being promoted.
- Children should not have to carry the burden of knowing their parents’ rights were terminated/they “failed”/they could not be considered “parents.”
- Children’s religious interests should be considered (e.g., children who value the notion of honoring their mother and father).
- Children have a right to dignity. Don’t dampen, compromise or deny children the dignity of knowing that their parents remain their parents (even if someone else, such as a guardian or custodian, is caring for them). Adoption could take that away.
- Children have an interest in being viewed in their own unique context. What is right for other children may not be right for them.
- Children have an interest in knowing the “whole story” of their parents, rather than filling in the blanks. Did their parents give up on them? Not fight hard? Go the distance before permitting that interest to be ignored.
- If the child lives in a community that is effectively being systematically dismantled by the child welfare system, point out that the court should not add to/contribute to this.
What can advocates do to bring this richer notion of interests (and what is therefore “best”) into our cases?

- Read constitutional cases. Draw on the rationales in reproductive rights cases, parental rights cases, and any cases that extend the notion of family beyond conventional norms. Argue that ‘family’ is not a narrow concept, children have the right to be raised by parents (or remain connected to them), and the constitutional interest in family integrity is not to be taken lightly or destroyed precipitously.

- Use literature on the trauma caused by separation and the harm to children who lose knowledge of their culture, heritage, and sense of belonging.

- Read the Convention on the Rights of the Child. It contains powerful themes that can be used to remind the court of the widely recognized importance of self-determination, family bonds, and culture.

- Review custody statutes and decisions (related to private disputes) where “best interests” may be more fully fleshed out than it is in dependency law. While not on point, these statutes and cases could be persuasive (often in custody cases, litigants make accusations against one another that are arguably as or more serious than those in dependency cases).

- Read or review social science literature about loss of connections and disruptions in a child’s heritage/history. Consider attaching literature to motion papers or asking a case planner whether it has been considered.

- Consider tracking your own data on ‘broken’ or ‘disrupted’ adoptions then use it in court.

- Do the math on the money the adoptive parent has gotten or will get. Argue two things: a child should be able to be raised by someone who is not interested in money (could be parent or could be relative). Alternatively, argue that so many of the child’s interests should not be ignored or compromised for such a relatively small amount of money (e.g., “for $XXX, should we take all that away from this child?”).

- If you are in a state where court appointed special advocates (CASAs) make recommendations about adoption or changing a child’s permanency goal, review the CASA code of ethics. Be prepared to argue that the CASA may be going beyond what is ethically responsible.

- If children are being seen by mental health providers, engage them in a conversation about what a child wants. Ask the provider to speak with the department, file a report, or be a witness. One practitioner had good results when calling children’s mental health providers to testify about the ‘loss’ a permanent severing of ties would be to a child who had already experienced the loss of the parent via foster care.

- Ask the child’s representative what the child wants? Illuminate situations where they are substituting their own judgment.

- Use data (if available) on how many families in a neighborhood or community are being impacted. Argue that this case should not contribute to that.

- Use data on “legal orphans” to argue that adoption is not always best and so should not be chosen too quickly. Use this especially where children are not in a pre-adoptive home when the department seeks to change the goal.

- Engage as many community supports as possible for the parent (and have them at court or family team conferences as often as you can). From the beginning, shape a narrative about ALL the interests a child has in terms of connection to a wider community. Showcase and NAME these many interests (e.g., “While the child has an interest in safety, the child also has an interest in maintaining these other important connections.”) Name the other interests then argue for these people to support the child/visit the child/otherwise play a role.

- Consider attaching articles from RISE/Represent to papers, or refer to them in court to show what children lose in the process of an adoption From the beginning of a case, point out the many interests a child and family has.

- Raise the topic of children’s interests in regular meetings with other stakeholders or other venues. Ask to facilitate a discussion of “best interests.” By cataloguing them, you can help others realize they often view these interests as too few (e.g., only safety and primary attachment) or too limited (disallows children’s abilities to have multiple relationships, culture, identity, history, etc.).

- Join efforts to change legislation to expand the list of best interests or create some exceptions for goal-change timing (i.e., incarceration). Just trying to make this happen gets people talking about what they mean when they say “best interests.”

Michele Cortese, Esq., is deputy director at the Center for Family Representation, Inc., New York, NY.
New Child Welfare Bill Focuses on Keeping Families Together

The Senate Finance Committee Ranking Member Ron Wyden, D-Ore., was joined by seven other members of the committee in introducing a bill to keep families together by allowing the nation’s largest child welfare funding stream to support front-end family services to reduce unnecessary foster care stays.

Currently, most federal child welfare dollars are spent on foster care. The Family Stability and Kinship Care Act would give states the flexibility to use federal funds to pay for preventive services that can stabilize families and keep kids out of foster care and safe at home or with kin.

“Somewhere in America, a mother has to choose between leaving her kids at home alone to work a nightshift, and losing the wages that allow her to barely scrape by,” Wyden said. “The current child welfare funding system provides two choices: put kids in foster care or do nothing. There must be a better option for families who need just a little bit of extra help and this bill will give the system flexibility to respond to real-life situations of families in need.”

The bill is based on Wyden’s discussion draft from May aimed at opening up Title IV-E of the Social Security Act dollars for evidence-based services to help children return to—or remain safely with—their families or be placed with kin.

Twenty-nine states, the District of Columbia, and the Port Gamble S’Klallam Tribe in Washington State currently have Title IV-E waivers that have allowed them to test innovative approaches such as investing in front-end child welfare service delivery to help families remain safely together. Wyden’s legislation would allow every state to permanently make these types of investments with federal support.

The Family Stability and Kinship Care Act would also allow states to provide these support services to extended family members who are called upon to take care of relatives’ children at a moment’s notice.

Rep. Lloyd Doggett, D-Texas and Ranking Member of the House Ways and Means subcommittee with jurisdiction over the nation’s foster care system, will introduce a companion bill in the House of Representatives.

“I am pleased to join Senator Wyden’s important initiative. Our current system is failing too many children and dividing too many families. More resources must be directed toward preventing abuse and neglect of children and to providing the support to keep families together,” Doggett said. “With early engagement, the need for foster care can be reduced substantially.”

More than 60 organizations have expressed support for the bill, including the American Academy of Pediatrics, the National Association of Public Child Welfare Administrators and the Children’s Defense Fund.
's Self-Care Plan!

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BODY

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SPIRIT

I WANT TO ACCOMPLISH