



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

School Mental Health Virtual Learning Series

September 2020-January 2021

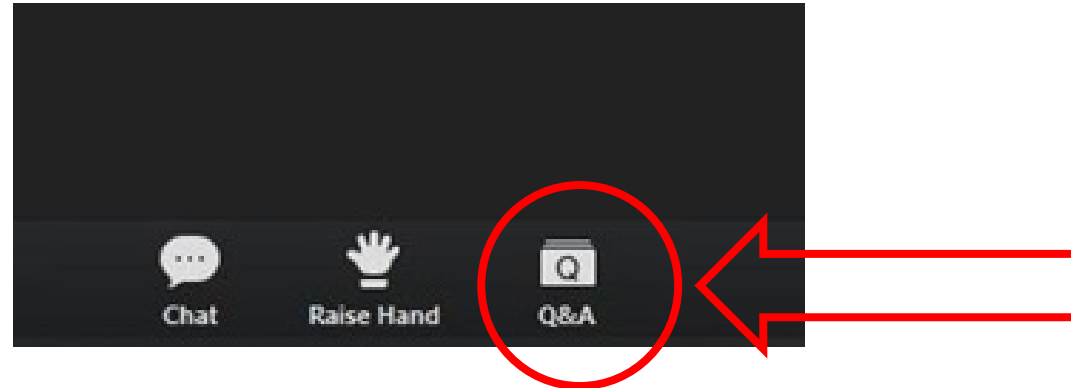
Promoting Educator Well-Being: Understanding and
Combating Compassion Fatigue, Burnout and
Secondary Traumatic Stress
November 4, 2020



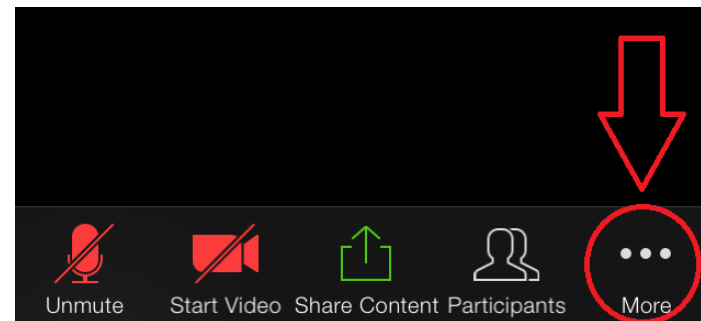
Technology Support

- Slides will be posted on the NCSMH website (www.schoolmentalhealth.org) and emailed after the presentation to all registrants
- Please type questions for the panelists into the Q&A box.
- Use chat box for sharing resources, comments, and responding to speaker

Web



Mobile App





Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Oscar Morgan
MHTTC Project Director



Michael Thompson
MHTTC Sr. TA Specialist



Tiffany Beason
NCSMH Faculty



Lorraine Bernstein
Coordinator



Taneisha Carter
Senior RA



Elizabeth Connors
NCSMH Faculty



Dana Cunningham
PGSMHI Director



Sharon Hoover
NCSMH Co-Director



Nancy Lever
NCSMH Co-Director



Perrin Robinson
Communications Director



Britt Patterson
NCSMH Faculty



Kris Scardamalia
NCSMH Faculty

Central East Geographical Area of Focus

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia





What Does Central East MHTTC Do?

Actions

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

National Center for School Mental Health

MISSION:

Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

Directors: Drs. Nancy Lever & Sharon Hoover

Faculty: Tiffany Beason, Ph.D. Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D, Britt Patterson, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



School Mental Health Webinar Series

Objectives

- Gain increased awareness of high quality, sustainable multi-tiered system of school mental health supports and services
- Support trauma-informed systems in schools
- Discover the impacts of social determinants of health on student academic and social-emotional-behavioral success
- Learn to provide more culturally responsive and equitable services and supports
- Hear perspectives on school mental health from school, district and state levels
- Obtain insight into how youth, families, schools and communities can best work together to address student mental health needs



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Upcoming Webinars

Wednesday, December 2, 2020, 3:00-4:00 PM ET

Address Racial Stress and Trauma

Wednesday, January 6, 2021, 3:00-4:00 PM ET

Trauma Responsive Care for Younger Students

Hold the Dates! *Topics to be announced*

Wednesday, February 3, 2021, 3:00-4:00 PM ET

Wednesday, March 3, 2021, 3:00-4:00 PM ET

Today's Presenter

Kris Scardamalia, Ph.D.

Assistant Professor, Division of Child and Adolescent Psychiatry

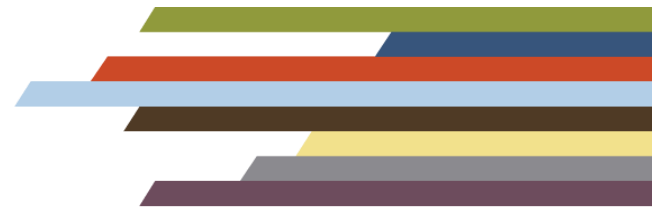
Faculty, National Center for School Mental Health

University of Maryland School of Medicine



***What was your inspiration for choosing
this profession?***

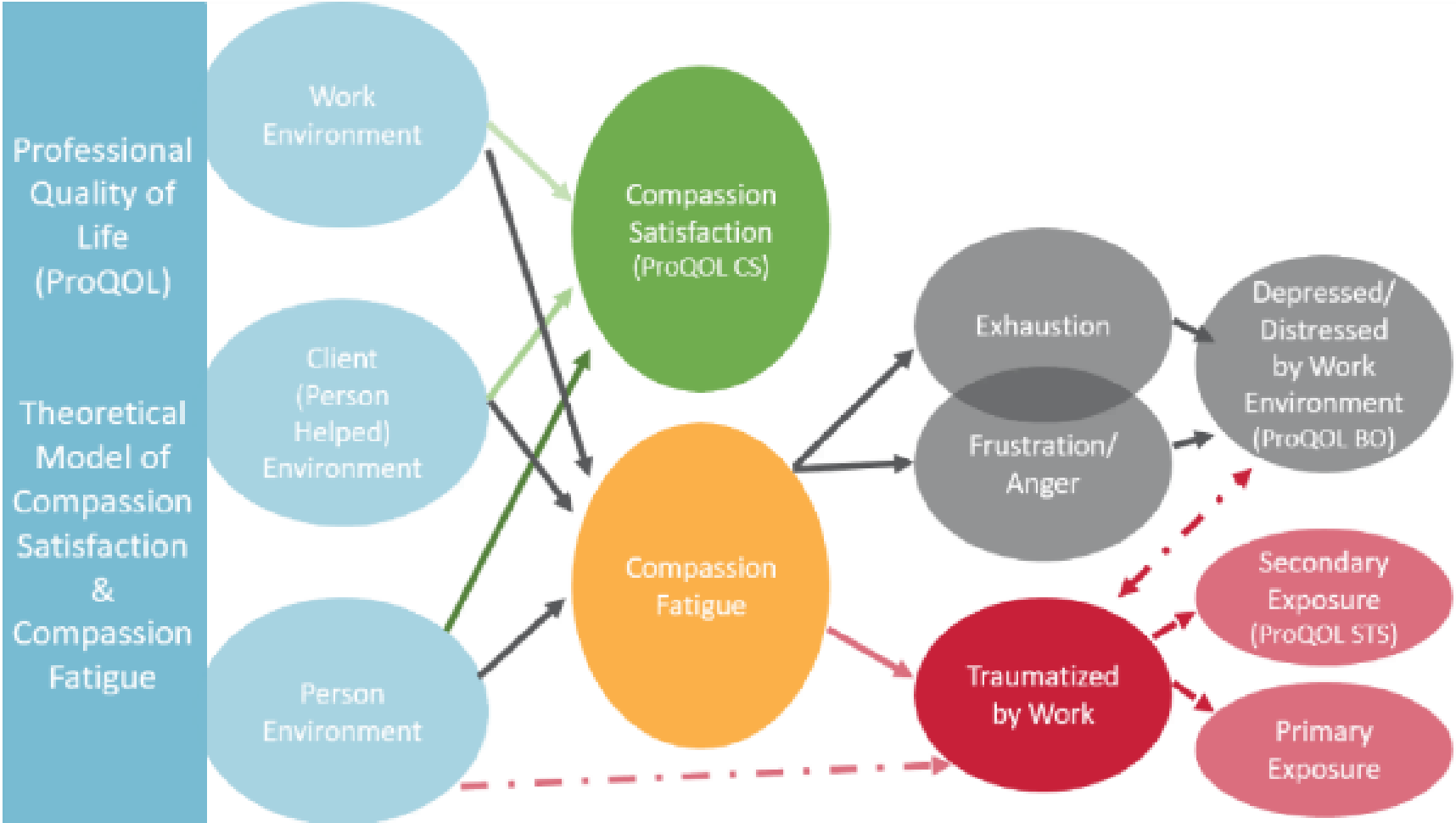
You can also let us know in the chat box!



Please don't
just tell me
to do more
yoga!



CS-CF Model



Compassion Satisfaction



- The positive aspects of helping
 - Pleasure and satisfaction derived from working in helping, care giving systems
- May be related to:
 - Providing care
 - Work with colleagues
 - Beliefs about self
 - Altruism

Compassion Fatigue



- The negative aspects of working in helping systems may be related to
 - Caring for others
 - System demands / low resources
 - Taking on our youths' stress and trauma
 - Feeling ineffective
- Burnout
- Secondary Traumatic Stress
- Vicarious Trauma

Burnout



- Burnout
 - Work-related hopelessness and feelings of inefficacy
 - Comes on slow, builds over time
 - Job changes can ease
 - Characterized by:
 - Exhaustion
 - Cynicism and identifying less with the job
 - Feelings of being less professionally able

Secondary Traumatic Stress and Vicarious Trauma:


- STS: Witnessing trauma happening to others
- VT: Hearing about others' trauma
- Emotional residue of exposure to others' trauma
- State of tension and often pre-occupation

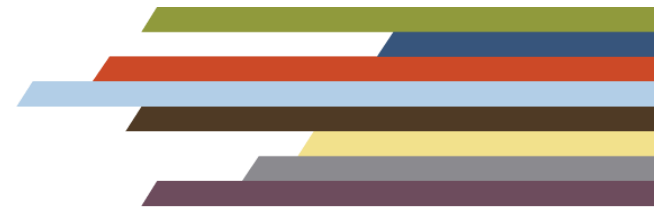
- Difficulty talking about own feelings
- Free floating

Traumatic Stress Responses

- having difficulty talking about feelings
- free floating anger and/or irritation
- startle effect/being jumpy
- over-eating or under-eating
- difficulty falling asleep and/or staying asleep
- losing sleep over patients
- worried that they are not doing enough for their clients
- dreaming about their clients/their clients' trauma experiences
- diminished joy toward things they once enjoyed
- feeling trapped by their work
- diminished feelings of satisfaction and personal accomplishment
- dealing with intrusive thoughts of clients with especially severe trauma histories
- feelings of hopelessness associated with their work/clients
- blaming others

American Counseling Association's
Traumatology Interest Network

- 
- Burnout, STS, and VT are **not** clinical disorders
 - Also not mutually exclusive
 - Some people who experience burnout may also develop depression
 - Some people who experience STS and VT may develop an anxiety or traumatic stress disorder



PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

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

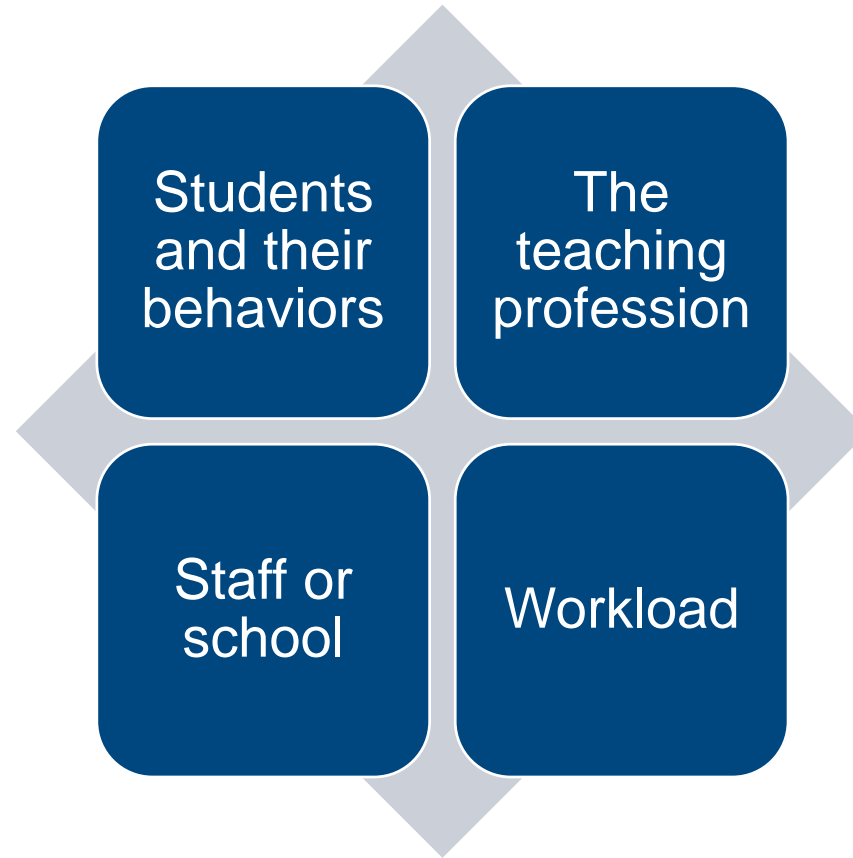
When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions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

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

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

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

Specific sources of job related stress





Student Behaviors: efforts to find better ways to work with students and classroom management, and how to work best with these students (e.g., age group)

Teaching/Profession: efforts to find other faculty members whose approach is similar to yours, or to ascertain what it is about the school that is stressful and whether changes are feasible.

Staff/School: efforts to find others or by identifying which faculty either engage around similar approaches, or what about the school is stressful (and whether changes are feasible)

Workload: efforts to possibly alter the workload by sharing tasks with others or identifying more efficient ways to accomplish demands may be helpful.

Unhealthy ways to respond



Avoiding or denying the stressor

Numbing and blunting your reaction

*Using your social support system to
justify your actions*

Healthy ways to respond



Healthy Alternative Activities

doing something else, find a distraction

Reframing

finding the lesson to be learned in this situation

Problem Solving

Breaking down the issue or trying to look at it differently

Social Support

seeking ideas or clarity from others

Positive Ways of Working Through Stress

Please read each item below and think about how you have coped with stressful experiences. Using the following rating scale, circle to what extent you have used the strategies listed below.

0=Don't Use 1=Use a few times per Month 2=Use most Weeks 3=Use most Days

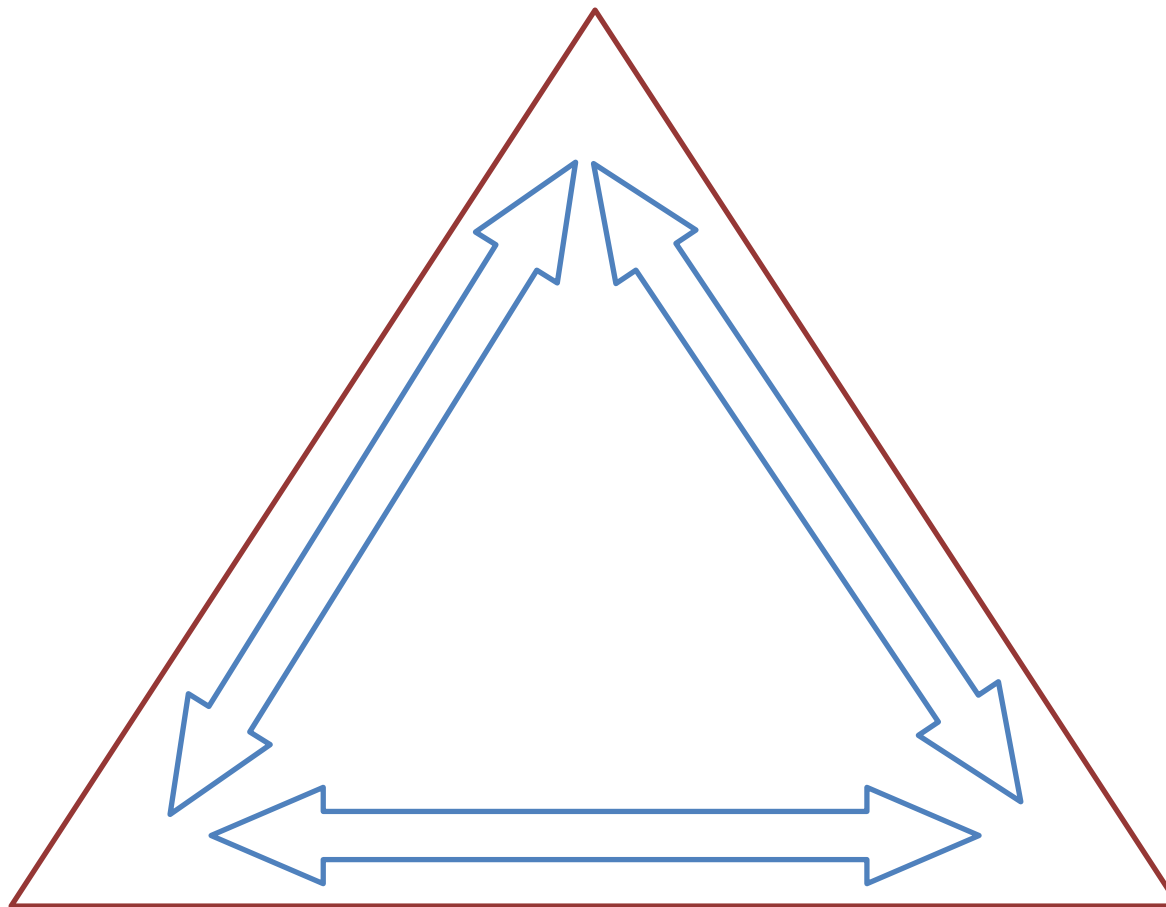
1. Used a substitute healthy activity to clear my mind for a bit.	0	1	2	3
2. Let my feelings out in a safe place/way.	0	1	2	3
3. Wrote/drew/journaled about my experiences.	0	1	2	3
4. Exercised/jogged/worked out.	0	1	2	3
5. Listened to music that improves how I feel.	0	1	2	3
6. Tried to sleep or eat better to improve my body readiness for stress.	0	1	2	3
7. Looked for the good/positive side or lessons I could learn.	0	1	2	3
8. Accepted the next best thing to what I wanted.	0	1	2	3
9. Told myself that I would survive and benefit from this experience.	0	1	2	3
10. Didn't let it get to me; focused on what I could influence.	0	1	2	3
11. Joked about the situation; tried not to take it so seriously.	0	1	2	3
12. Imagined/prayed/meditated for clarity/guidance.	0	1	2	3
13. Just concentrated on what I had to do next – the next step.	0	1	2	3
14. Tried to analyze the problem to explore additional options.	0	1	2	3
15. Examined my role in the situation and what I could do differently.	0	1	2	3
16. Watched to see how others were perceiving and addressing the problem.	0	1	2	3
17. Drew on my past experiences as I've been in a similar situation before.	0	1	2	3
18. Tried to see things from the other person's point of view.	0	1	2	3
19. Accepted understanding and support from someone.	0	1	2	3
20. Apologized or took steps to improve the relationship.	0	1	2	3
21. Talked to someone who could do something about the situation.	0	1	2	3
22. Asked another teacher/colleague I respected for advice.	0	1	2	3
23. Talked to someone about how I was feeling.	0	1	2	3
24. Thought about how a person I admired would handle the situation.	0	1	2	3

(Adapted from Folkman et al. [1986]. Dynamics of a stressful encounter in the *Journal of Personality and Social Psychology*.)

Copyright © 2019 J. Bostic; workbook materials may be freely used but not sold or for profit

Three Approaches

Manage Feelings



Manage Thoughts

Manage Behavior

Manage Feelings

- Listen to Music
- Read
- Journal
- Find a distraction
- Reach Out to Social Supports
 - Sharing feeling with a sympathetic friend
 - Are there others who might have useful input?
 - Can I partner with others to manage this?

Manage Thoughts

- Meditate/ Recognize and Redirect Ruminative Thoughts
- Ask Yourself:
 - What did I learn from this experience?
 - Reflect (why is on my path?)
 - How can I respond differently?
 - What parts of this situation can I change?
- Positive Self Talk

Manage Actions

- Physical movement
 - Exercise / Take a Walk
 - Stretching / Yoga
 - Spend time on a hobby
- Nutrition
- Sleep
- Spend time with family, friend, or partner doing something you enjoy

In the moment activities for you (and a group or class)

- Mindful breathing exercise
- Muscle relaxation break
- Movement breaks

In the moment activities for you (and a group or class)

- Mindful moments
- Round Robin shout-outs
- Gratitude journals

My Positive Coping with Stress Approach

1. Identify the 3 Stressors you want to address this week (can be the 3 most troublesome ones, the 3 you feel need most immediate attention, or the 3 you most want to improve). Your #1 should be the most troublesome/most in need of attention, or the one you most want to improve.
2. Identify the main symptoms/pattern you experience when you experience that stressor. Include the important Musculoskeletal, Visceral, Mood/Demeanor symptoms you experience from this stressor, including the progression or pattern of symptoms if you can identify the pattern.
3. Identify 2 Positive Coping Strategies you wish to try this week to improve your stress reaction).
4. Monitor the Results over a one-week interval.

Use a scale of -2 (much worse), -1 (little worse), 0 (no change), +1 (little better), or +2 (much better).

STRESSOR	Stress Symptoms/Pattern I Experience from this Stressor	Positive Coping Strategies to Try	Results (-2 to +2)
1.		1. 2.	1. _____ 2. _____
2.		1. 2.	1. _____ 2. _____
3.		1. 2.	1. _____ 2. _____

5. What symptoms improved/worsened with the approaches you attempted?

Copyright © 2019 J. Bostic; workbook materials may be freely used but not sold or for profit

Resources



- Teacher Well-Being Workbook: <http://www.medstarwise.org/resources>
- Developing Self-Care Plans: <http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>
- Support for Teachers Affected by Trauma: <http://statprogram.org/>
- Compassion Resilience Toolkit: <https://compassionresiliencetoolkit.org/>



Let's end on a positive note!

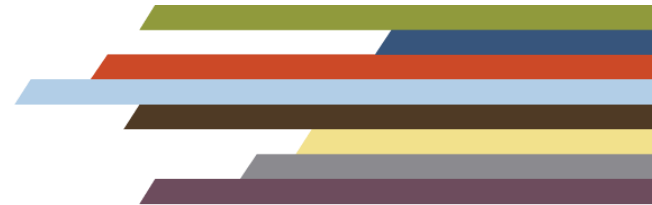
What is one positive thing right now or something you are looking forward to?

You can also let us know in the chat box!



Questions or Comments?

KScardamalia@som.umaryland.edu





Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE



Upcoming Webinars

Wednesday, December 2, 2020, 3:00-4:00 PM ET

Address Racial Stress and Trauma

Wednesday, January 6, 2021, 3:00-4:00 PM ET

Trauma Responsive Care for Younger Students

Hold the Dates! *Topics to be announced*

Wednesday, February 3, 2021, 3:00-4:00 PM ET

Wednesday, March 3, 2021, 3:00-4:00 PM ET

Please Share Your Feedback!

Evaluation

Thank You

