Resilience for Professionals Who Work with Promising Youth: Protecting Ourselves from Secondary Traumatic Stress, Vicarious Trauma, and Compassion Fatigue

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Why should professionals serving youth be concerned about Secondary Traumatic Stress and Vicarious Trauma?

• Trauma exposure and posttraumatic stress reactions are highly prevalent among youth with behavioral and emotional challenges

PTSD symptoms among detained youth in Utah, N=1,363 (Kerig et al., 2012)
Trauma-Informed Juvenile Justice System

  - Make trauma-informed screening, assessment and care the standard practice
  - Abandon justice practices that traumatize children.
  - Provide services appropriate to ethnocultural backgrounds.
  - Provide services to address the special needs of girls.
  - Address the circumstances and needs of LGBTQ youth.
  - Keep children in school rather than relying on suspension and expulsion.
  - Guarantee legal representation.
  - Help, do not punish, child victims of sex trafficking.
  -Prosecute young offenders in the juvenile justice system instead of adult courts.

Why should professionals serving youth be concerned about Secondary Traumatic Stress and Vicarious Trauma?

- Exposure to others' trauma is a potential source of trauma

DSM-5 (2013) definition of trauma:
- Exposure to actual or threatened death, serious injury, or sexual violence through directly experiencing, witnessing, learning about, or repeated/extreme exposure to aversive details of another’s trauma
Burnout: Emotional exhaustion and feelings of ineffectiveness due to work-related powerlessness, low appreciation

Vicarious Trauma (VT): Changes in one’s inner experience or world view due to engagement with a traumatized person (e.g., moral injury)

Moral injury
- “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009)
- Moral Injury Scale for Youth (Kerig et al., 2015)
  - Commission with agency
  - “I’ve done things that break my own rules of right and wrong”
  - Commission under duress
  - “I’ve been forced to do things I think are wrong”
  - Omission
  - “I let a bad thing happen when I should have done something to stop it”
  - Witnessing
  - “I’ve seen people do terrible things”
  - Betrayal
  - “Someone I trusted did something I think is really wrong”
Burnout:
Emotional exhaustion and feelings of ineffectiveness due to work-related powerlessness, low appreciation

Vicarious Trauma (VT):
Changes in one's inner experience or world view due to empathic engagement with a traumatized person (e.g., moral injury)

Secondary Traumatic Stress (STS):
Presence of PTSD symptoms resulting from indirect exposure to others' trauma

Compassion Fatigue (CF):
Feeling of being emotionally "spent" by caring for others without being able to replenish our reserves

Compassion Satisfaction:
Positive feelings deriving from competent performance, positive relationships with colleagues, and conviction one's work makes a meaningful contribution

Risk and Protective Factors for VT/CF/Secondary Traumatic Stress

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
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<tbody>
<tr>
<td>Isolated work environment</td>
<td>Connection with colleagues</td>
</tr>
<tr>
<td>Volume of trauma exposure</td>
<td>Support, debriefing</td>
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<tr>
<td>Empathy</td>
<td>Compassion (for self and others)</td>
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<tr>
<td>Female gender</td>
<td>Compassion satisfaction</td>
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<tr>
<td>Shame about VT/CF/STS</td>
<td>Openness and acknowledgement</td>
</tr>
<tr>
<td>Our own ACES (Adverse Childhood Experiences)</td>
<td>Resolution, integration, finding meaning in past experiences</td>
</tr>
<tr>
<td>Lack of training/preparation for dealing with trauma</td>
<td>Trauma tools in our toolkits</td>
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Work environment
- Lack of appreciation
- Lack of control
- Burnout
- Moral injury
- Compassion fatigue
- Prior trauma
- Background resilience or vulnerability
- Direct exposure
- Secondary trauma
- Compassion fatigue
- Burnout
- Moral injury
- Secondary trauma
- Prior trauma
- Background resilience or vulnerability
- Direct exposure

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Tools for preventing VT/CF/Secondary Traumatic Stress
1. Prevention
   - Limiting exposure
   - Effective screening for youth trauma
2. Prior to exposure
   - "Background" resilience
   - Entering situation knowing we have tools in our toolboxes
3. During exposure
   - Being ready to respond to disclosures
   - Being ready to respond if youth become triggered
   - Being able to ground/calm/take care of selves in the moment
4. After exposure
   - Debriefing
   - Self-care

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Tools for preventing VT/CF/Secondary Traumatic Stress
- Prevention
  - Can exposure to graphic/disturbing details be limited?
  - Collecting information about posttraumatic reactions may not require exposure to others’ traumatic experiences

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Effective Screening for Trauma
- Traumatic experiences are in the past
  - "Static" risk factors we can’t change
  - Experienced by 80% to 100% of youth in the justice system
  - There are protective factors that buffer some youth
  - There is such a thing as resilience
- Posttraumatic stress reactions are in the present
  - "Dynamic" risk factors affecting youth in the here and now
  - Exhibited by 15% to 50% of youth in the justice system
  - Amenable to intervention
PTSD Screening Inventory (PSI, 2014; p.kerig@utah.edu)

- Developed specifically to be sensitive to traumatic stress symptoms common among youth
- Free for use with permission
- English- and Spanish-language versions
- Audio administration for non-readers
- Multiple methods of administration:
  - Paper and pencil
  - Computer-administered (non-internet) with instant report
  - Youth self-report or interview
- 15 questions
  - One question to establish trauma exposure
  - 13 questions about posttraumatic symptoms
  - 1 question about current safety concerns
- Beta version in process of empirical validation
Assessing trauma triggers, posttraumatic reactions, and coping strategies

- Identify triggers for posttraumatic reactions
- Identify reactions that show a person has been triggered
- Identify coping/calming strategies

Example

- Triggers and Coping Strategies (Kerig, 2004)
  - (inspired by Massachusetts Dept. of Mental Health Safety Tool)
Tools for preventing VT/CF/Secondary Traumatic Stress

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4. After exposure
   - Debriefing
   - Self-care
Debriefing After Trauma Exposure
- Social support
- Bearing witness
- Guarding against the chief culprits responsible for both PTSD and Secondary Traumatic Stress:
  - Perceived responsibility (hindsight)
  - Self-blame
  - Guilt
  - Moral injury
  - Learning of others’ violations of the social contract can disrupt our own moral compass

Low Impact Disclosure (LID)
- When you and your coworkers debrief after exposure to traumatic material:
  - Are you being “contagious”? 
    - “Slime-ing” (Mathieu, 2012)
    - Can you still feel properly debriefed without sharing every graphic detail?
    - Would you like to be able to gently steer others from sharing TMI?

Low Impact Disclosure (LID)
- Two types of debriefing
  - Formal debriefing
    - Supervision, consultation, critical incident debriefing
    - Usually scheduled ahead of time
    - With someone who is trained to take that role
  - Informal debriefing
    - With colleagues, peers, or friends
    - In the moment—in the hallway, lunch room, on the drive home
    - With someone who may not have made the choice to receive this information
    - Contagion effect of secondary trauma exposure
Low Impact Disclosure (LID)

1. Self-awareness
   - How do you debrief? How much detail do you give? What is helpful to you when you hear difficult stories?

2. Fair warning
   - “I just heard something really bad and I need to talk about it”

3. Get and give consent, allow for limits
   - “Is this a good time for you?” “Could I talk to you about this?”
   - “I’m actually feeling really stressed myself right now and I’m not sure I can be as helpful as I’d like. Can we see if _____ is in her office?”
   - “Is this about [my own trigger]? If so, I’m probably not the best person to talk to about it. Otherwise, I’m here for you.”

4. Disclose thoughtfully
   - Decide how much of the “tap” you need to turn on for the listener to understand what you’re grappling with

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Low Impact Disclosure (LID)

- **Questions to ask yourself before sharing graphic details**
  - Is this conversation taking place during:
    - A private conversation with a trained colleague?
    - A hallway chat?
    - A crowded restaurant?
    - A child’s sports event?
    - A holiday party?
  - Is the listener:
    - Aware you are about to share graphic details?
    - Able to control the flow of what you’re about to un-tap?
    - Trained and able to protect self from VT/STS?

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Low Impact Disclosure (LID)

- **Invitation: Experiment with LID**
  - You may find sometimes you feel debriefed without sharing all the graphic details
  - You may also find that sometimes you do need to share the graphic details in order to relieve your mind and the get support you need
  - Disclose to someone trained/prepared to receive this material
  - Provide forewarning
  - Talk to your colleagues about this idea and see if you all can agree to practice it

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Trajectory of response to trauma exposure

[Graph showing trauma response over time]
Role of appraisals/cognitions/beliefs/schemas in PTSD and STS

- About the event
  - Malice, intentionality
  - About what it means re: us, others, or the world
    - Vulnerability (e.g., “I can’t protect myself or my family?”)
    - Permanence (e.g., “She’ll never recover from this”)
    - Trauma reactions (e.g., “I shouldn’t be feeling this, I must be going crazy”)
- Appraisals
  - Impact emotions, behavior, ways of relating to others
  - Can be helpful → resilience or unhelpful and → PTSD
  - Are open to change/intervention

How do evidenced-based interventions for PTSD address unhelpful cognitions?

- Cognitive Behavioral Treatments for PTSD
  - Cognitive Processing Therapy
  - Trauma Focused-CBT for youth
- Creating a narrative or impact statement
  - Allow one to fully know and tell
  - Creating meaning
- Change unhelpful cognitions through processing the narrative or impact statement
  - Learning to “think like a scientist” and treat our appraisals like hypotheses to be tested

Common unhelpful cognitions

- Hindsight bias/undoing
- Outcome-based reasoning (just world hypothesis)
- Failing to differentiate between guilt (intent), responsibility (having a role), and the uncontrollable

- “If only I had done x … y wouldn’t have happened”
- “I should have known better”
- “Something bad happened to me so I must have deserved it”
- “It is my fault it happened because I accidentally contributed to it”

Cognitive processing

- “It was my fault for being so stupid as to take a ride home with a strange guy.”
- You could reassure:
  - “I don’t think you’re stupid.”
- You could disagree:
  - “No, it’s not your fault. It’s his.”
- Or you could help youth to “investigate” her own beliefs and come to her own conclusion:
  - “You feel like it was your fault, that you were stupid to accept that ride. I see. (Thoughtful pause)
    - ‘Tell me, have any of your friends ever taken a ride from someone they didn’t know well?
    - Did every one of them get assaulted?
    - So, what was different this time, that you got assaulted?”
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Cognitive processing

- "Blameberry pie"

![Blameberry Pie Image]

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Cognitive processing

- "Blameberry pie"

- 20% I was stupid
- 60% This guy was a creep
- 10% My friends didn’t watch my back
- 10% My parents won’t let me drive myself

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So, when “stuck” in a trauma story, or debriefing someone who is …

- Consider the possibility of unhelpful cognitions:
  - Hindsight bias (“If only I had …”)
  - Just world hypothesis (“This must have happened to me because I deserved it”)
  - Confusing playing a role in the event with guilt for causing the event (“It was bad judgment for me to ride with a stranger and that makes it my fault he assaulted me…”)
  - Sweeping generalizations (“No one will ever trust my judgment again; “I can never get close to any one;” “I am an idiot”)
- Encourage “thinking like a scientist” to question the correctness, absoluteness, universality of these appraisals
- May be related to our own histories, vulnerabilities, Adverse Childhood Experiences, trauma triggers
- Compassion and self-compassion are key

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Being ready to respond in the moment to disclosures about trauma

- Does it do more harm than good to talk about it?
  - Numerous studies have confirmed that talking about traumatic events with a calm, caring person is helpful
  - If I don’t ask, will they not tell?
  - Many individuals will choose to disclose, even if you do not ask. It’s best to be ready.
- Will I have to report?
  - Important to know IRB and local regulations regarding child abuse, self-harm, elder abuse, dangerous behaviors for minors
Being ready to respond in the moment to disclosures about trauma

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>What helps</th>
<th>What doesn’t help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be present</td>
<td>Keep eyes focused where you usually do</td>
<td>Looking away, changing the subject</td>
</tr>
<tr>
<td>2. Show you’re</td>
<td>Reflect back what you’ve heard</td>
<td>Interpretations, questions, sharing own</td>
</tr>
<tr>
<td>listening</td>
<td></td>
<td>experiences</td>
</tr>
<tr>
<td>3. Stay calm and</td>
<td>Find a centering, calm thought to focus on in</td>
<td>Over-reactions, even with empathy</td>
</tr>
<tr>
<td>focused</td>
<td>your own mind</td>
<td></td>
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</tbody>
</table>

4. Bear witness
- Express appreciation for participants' willingness to tell
- Overly-praising

5. Normalize
- Indicate person's reaction is understandable
- Trying to "make it better"

6. Make a bridge to intervention
- Therapy is a form of talking, just like this
- Trying to be a therapist yourself

7. Don’t overlook possibility of resilience
- Listen for evidence of good functioning despite trauma
- Assuming that trauma exposure = PTSD or "I don’t care" = "I'm not affected"

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Being ready to respond if someone becomes triggered

- Signs a person has been triggered
  - Intrusions, reexperiencing, flashbacks
  - Staring off, not responding, strong reactions that don’t fit what is going on at the moment
  - Avoidance
  - Sudden refusal to talk about something, cracking jokes at inappropriate times
  - Sudden shifts in mood or thoughts
  - Hyperarousal
  - Startle response, bouncing legs, hypervigilence
  - Dissociation
  - Feeling unreal or that the environment is unreal
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**Being ready to respond if someone becomes triggered**

- Check your own level of arousal
- Remember the airplane "oxygen mask"
- Use a calm voice
- Put a label on what’s happening
- Invite person to engage in self-calming exercise with you
  - Deep breathing
  - Grounding with the five senses
  - Here and now

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**Recognizing our own Secondary Traumatic Stress**

- Self-check tool:
  - Professional Quality of Life Scale (Stamm, 2009; http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)
  - Compassion Satisfaction
  - Burnout
  - Secondary Traumatic Stress

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**Recognizing our own Secondary Traumatic Stress** (Laura van Dermoot Lipsky, Trauma Stewardship, 2009)

Feelings of helplessness/low self-efficacy

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**Recognizing our own Secondary Traumatic Stress**

- Working so hard but feeling we aren’t doing enough

  "My question is, are we making an impact?"
Recognizing our own Secondary Traumatic Stress

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Hypervigilance, being “always on”

“I look at everything. Can’t go wrong that way.”

**Slide 58**

Diminished creativity, loss of pleasure in life

**Slide 59**

Closing our minds/shutting out complexity

“What I’m proposing is this. No.”

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Chronic exhaustion/physical ailments

“No, not there please. That’s where I’m going to put my head.”
Recognizing our own Secondary Traumatic Stress (Lipsky, 2009)

Avoidance

“No, Thursday’s out. How about never—is never good for you?”

Guilt

“Great—now I have survivor guilt.”

Cynicism

“She’ll come down eventually, and she’ll come down hard.”

Numbness/diminished empathy

“Listen pal, they’re all emergencies.”
Recognizing our own Secondary Traumatic Stress (Lipsky, 2009)

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Feeling trapped by our own indispensibility

“Only I can prevent forest fires?” Don’t you think you should share some of the responsibility?”

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Addictive behaviors

“Stress management is for wimps!”

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Addictive behaviors

“I had an epiphany.”

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Helplessness/low self-efficacy

“Though every rescue brings the knowledge of a life saved, it also brings the knowledge of countless other lives not saved. This to me feels like a personal failure.”

--Animal rescue worker
Recognizing our own Secondary Traumatic Stress (Lipsky, 2009)

Diminished creativity, loss of pleasure in life

"All my energy goes into just getting through my days. I don’t do anything anymore but work and go home and watch TV."

--Community organizer

Feeling we can never do enough

"It’s not a feeling, it’s true. If I don’t do it, it’s not going to get done, and if it doesn’t get done, people die. I can never do enough."

--Attorney for death row inmates

Hypervigilance, being “always on”

“I recently received photos from a friend’s wedding and as I sat there looking through them, I thought to myself, ‘I wonder when the domestic violence is going to start.’”

--Domestic violence advocate

Physical signs of STS/VT/CF

- Physical exhaustion
- Insomnia or over-sleeping
- Headaches,
- Backaches
- Stomachaches
- Getting sick more often (suppressed immune system)
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Behavioral signs of STS/VT/CF
- Increased alcohol and drug use
- Other addictions (shopping, workaholic, gambling)
- Absenteeism
- Avoidance of work
- Anger and irritability
- Overburdened sense of responsibility
- Difficulty making decisions, self-doubt
- Forgetfulness
- Socially isolating ourselves
- Silencing response
  - Changing the subject, giving “pat” answers, minimizing, cracking jokes, spacing out, not listening

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Psychological signs of STS/VT/CF
- Emotional exhaustion
- Feeling ineffective
- Depressed mood
- Reduced ability to feel empathy
- Cynicism
- Resentment of demands
- Dreading the workday
- Loss of sense of enjoyment
- Difficulty separating work and personal life
- Disruption of worldview (moral injury)
- Dissociating
- Hypervigilence
- Intrusive images
- Hypersensitivity or insensitivity to emotional material

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Activity
- Developing an early warning system
  - Your “dosimeter”
    - Green zone
    - Yellow zone
    - Red zone
- What signs do you experience most at work?
- What signs do you bring home most often?
- Who can help you monitor your “dosage” if you are not aware?

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Addressing STS/VT/CF is a multi-pronged effort
- Professional skills
  - Trauma training
  - Debriefing
- Organizational
  - Supervision
  - Understanding VT/CF/STS
  - Resilience
  - Managing work load assignments
- Personal
  - Self-care
  - Work/life balance
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**What causes Secondary Traumatic Stress?**

- Just like direct exposure to trauma, secondary traumatic stress:
  - Dysregulates us
    - Physiological arousal
    - Distressing emotions
    - Unhelpful cognitions/appraisals/moral injury
  - Causes us to experience as if in the present something that has happened in the past
- So strategies that protect us will be those that:
  - Re-establish our emotional, physical, cognitive, and moral balance
  - Ground us in the present
  - Dispel unhelpful thoughts/interpretations
  - Reconnect us to our strengths, sources of support, and higher values

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**Methods of self-care**

- Beyond binge eating, binge watching, or binge anything!

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**“Background” Resilience**

- Work-life balance
- Taking time off when it is granted
- Activities that recharge your batteries
- Laughing
- Physical activity
- Healthy food
- Social support and connection

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**Self-care After trauma exposure**

- While at work
  - How do you ground yourself/regulate your emotions while participants (or colleagues) are talking about trauma?
  - What do you do to re-ground yourself after being shaken up by someone’s traumatic story?
  - How do you know you’re ready to get back to work?
- In the transition between work and home
  - What do you do at the end of the workday to put away difficult stories before you go home?
- At home
  - How do you recharge your batteries?
- In the longer term
  - What preserves your sense of purpose, meaning, and satisfaction in the work you do?
What gets in the way of self-care

• Thinking self-care is “selfish”
• Waiting too long to use the tools in our toolboxes
• Lack of a repertoire of good self-care activities
• Not regularly reassessing the ones we use—are they still working for us?
  ▫ This tool in the toolbox needs a little wrench so we can constantly be tinkering with it
• Thinking self-care is different from developing any other skill
  ▫ The more we “work” our self-care “muscles” and practice our skills, the stronger and more automatic they will be

Self-care after trauma exposure

• While at work
  ▫ Give yourself 5: Shut the door
  ▫ Look at a picture on your cell phone of the one who rocks your world
  ▫ Do a stress reduction activity
    ▪ SOS, imagery, breathing, meditation, mindfulness

Imagery for affect regulation

• Picture in your mind a time when you were completely relaxed, without any tension or worries. Really go there in your mind
• Involve all 5 senses
  ▫ What are all the things you see?
  ▫ What are all the things you hear?
  ▫ What are all the things you touch?
  ▫ What are all the things you smell?
  ▫ What are all the things you taste?
• Write script or make a recording
Imagery relaxation for S.

- Find a quiet, comfortable place to sit.
- Settle in and close your eyes.
- Breathe slowly and deeply through your nose, down deep into your belly, and exhale through your mouth, slowly and all the way.
- Do this for 10 slow, calming breaths.

Imagine you are at the stadium and you are sitting in your seat. You feel calm and relaxed and happy. Close your eyes and try to really be there in your mind.
- Think of all the things you see: the field is bright green and the Tar Heels are wearing their blue jerseys. There are fans all around waving blue pennants and the bright lights are shining. The scoreboard flickers and shows a big picture of fireworks exploding—we made a touchdown!

Hear in your mind all the sounds at the ball game. The announcers are booming, the fans are roaring and you hear them chanting Marquise, Marquise, Marquise!
- Imagine the good smells you smell: the hot dogs, the peanuts, and the popcorn.
- You can feel the cushion underneath your butt and the sticky places on the ground where stuff got spilled.

You can taste in your mouth the Chick-Fil-A you are eating and that yellow mustard that you always get some of on your face.
- Imagine you’re really there. You’re relaxed and happy and you feel calm and good inside.
- Stay there in your mind as long as you’d like.
- When you’re ready, open your eyes and enjoy the nice, calm feelings that you have inside. They are yours to take with you wherever you go.
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Apps for meditation/mindfulness
- iChill
- Headspace
- Meditation Made Simple
  - Designed by Russell Simmons
- Omvana
- Calm
- Stop, Breathe, and Think
- Take a Break Guided Meditation
- Relax Melodies

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- Just like any skill
  - The more you practice, the stronger your “muscles” will get and the more natural these strategies will become
  - Just reading about them is like trying to fix a flat tire by reading your car’s owner’s manual
  - They don’t work unless you actively do them!
- Introducing others to grounding/self-regulation strategies you actually use
  - Gains buy-in from them
  - Might intrigue them
  - Has the potential to actually work!

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Self-care after trauma exposure
- While at work
  - Give yourself 5: Shut the door
  - Look at a picture on your cell phone of the one who rocks your world
  - Do a stress reduction activity
    - SOS, imagery, breathing, imagery, meditation, mindfulness
- In the transition between work and home
  - Touch a reminder that “work stays at work”
  - Blast great music on your car stereo/headphones
  - Walk around the block before going in the house
Self-care after trauma exposure

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  ▪ Walk around the block before going in the house
• At home
  ▪ Practice LID
  ▪ Share your state of mind, not the trauma
  ▪ Relaxing, restoring activities

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Activity: Brainstorming self-care tools

Come up with at least one strategy you could (and would) use to help yourself stay calm, grounded, and self-regulated:
1. While you are still at work (Green bag)
2. At home (White/Purple bag)

Put each strategy in the right bag and we’ll find out which ones might work for whom!

Activity: CF/STS protection toolkit

• What would go in your CF/STS protection toolkit?
• What are your warning signs
  ▫ What do I look like when I’m at a 4? A 9?
• Scheduling a regular self-check every week
  ▫ When? Where?
• Self-care strategies you can actually use when stressed
  ▫ While you are still at work
  ▫ During transition between work and home
  ▫ At home
  ▫ In the longer term
• Stress resilience strategies you can use
  ▫ What recharges your batteries
  ▫ Ways to stay physically and emotionally health
Resources


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