Fall 2019

Implementation of a Self-Care and Wellness Educational Program Addressing Job Stress Among Child Protective Service Workers

Natonya Murray

IMPLEMENTATION OF A SELF-CARE AND WELLNESS EDUCATIONAL

PROGRAM ADDRESSING JOB STRESS AMONG CHILD

PROTECTIVE SERVICE WORKERS

by

Natonya Murray

A Doctoral Project
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

Approved by:

Dr. Karen Rich, Committee Chair
Dr. Patsy Anderson

_____ _____ _____
Dr. Karen Rich   Dr. Lachel Story   Dr. Karen S. Coats
Committee Chair   Director of School   Dean of the Graduate School

December 2019

Published by the Graduate School

THE UNIVERSITY OF
SOUTHERN
MISSISSIPPI.

ABSTRACT

Job stress attributed to secondary exposure to trauma and the high work demands put child protective service workers at high risk of developing physical and psychological health problems. The purpose of the project was to develop and implement a self-care and wellness educational program addressing job stress among child protective service workers (CPS) guided by Substance Abuse and Mental Health Science Administration's (SAMSHA, n.d.b) educational toolkit, *Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns,* the Centers for Disease Control and Prevention's (CDC, 2019c) section on *Adverse Childhood Experiences*, and the National Council for Community Behavioral Health's (NCCBH, 2012) educational toolkit, *Is Your Organization Trauma-Informed?* The sample consisted of 29 participants. The project occurred at a local child protective service facility in an urban area. Participants included the Regional Director, area social worker supervisors, the Area Intake Supervisor, CPS workers, and social worker aides. In this project, the CDC's (2016) Workplace health promotion workplace health model was used to facilitate planning the health promotion program. A review of the evidence was conducted to determine types of job stress specific to child protective service workers and best practices to prevent negative effects of job stress. A pre-test was administered to 23 participants to determine their baseline knowledge. Handouts were provided. The educational materials were delivered. A post-test was administered to 17 participants at the end of the educational training. After the post-test was completed, a survey was administered to 18 participants. Descriptive statistics were used to analyze the results. Results revealed a 15% increase in the participants' knowledge level, intentions to engage in all self-care activities with the

highest intentions focused on emotional self-care, and 60% found materials regarding

self-care most helpful. The educational program, which was developed using evidence-

based guidelines, improved the knowledge level and awareness of self-care and wellness

among CPS workers.

ACKNOWLEDGMENTS

First and foremost, I would like to thank God and my family for providing me with the strength and encouragement throughout this journey. I would like to thank the staff and faculty for encouraging me and providing me the knowledge and guidance that will enable me to move forward in my nursing career. Thank you to Drs. Karen Rich, Patsy Anderson, Lachel Story, as well as Ms. Jeanne Stewart for all of your efforts to assist me with my DNP project. Special thanks to Dr. Laurie Bagwell and Ms. Sonia Adams for keeping me grounded throughout this journey.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ILLUSTRATIONS

LIST OF ABBREVIATIONS

ACYF   Administration of Youth and Families

ACES   Adverse Childhood Experiences

AACN   American Association of Colleges of Nursing

AIS   American Institute of Stress

BRFSS   Behavioral Risk Factor Surveillance System

CDC   Centers for Disease Control and Prevention

CMS   Centers for Medicare and Medicaid Services

CFSR   Child and Family Services Reviews

CF   Compassion Fatigue

CINAHL   Cumulative Index to Nursing and Allied Health Literature

COPD   Chronic Obstructive Pulmonary Disease

CPS   Child Protective Service

EAP   Employee Assistance Program

EBSCOhost   Elton B. Stephens Company host

EE   Emotional Exhaustion

IOM   Institute of Medicine

IPCE   Interprofessional Continuing Education

MSW   Master of Social Work

MDCPS   Mississippi Department of Child Protection Services

NCCBH   National Council for Community Behavioral Health

NCTSN   National Child Traumatic Stress Network

NIOSH   National Institute for Occupational Safety and Health

NSCH	National Survey of Children's Health
PTSD	Post-Traumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
STS	Secondary Traumatic Stress
SVU	Special Victim's Unit
TE	Traumatic Exposure
TIA	Trauma-Informed Approach
TIC	Trauma-Informed Care
USDHHS	U.S. Department of Health and Human Services
VT	Vicarious Traumatization
WHO	World Health Organization

CHAPTER I – INTRODUCTION

Job stress, as defined by the Centers for Disease Control and Prevention (CDC) refers to the "harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker" (CDC, 2018, para. 9). Child and family social workers are among the most stressful jobs in the United States (Koenig, 2019). By default, these workers function as trauma respondents because they are called to assist with child survivors of child maltreatment, traumatizing experiences, and violence (Bride, 2007). Child Protective Service (CPS) workers are important to the population they serve because child maltreatment is a nationwide dilemma.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2017), the national average of "child abuse and neglect victims in 2015 was 683,000 (9.2 victims per 1,000 children) and over two-thirds of children reported at least one traumatic event by the age of 16" (para. 3). To help child victims of abuse recover and heal from trauma, the Administration of Youth and Families (ACYF), the Centers for Medicare and Medicaid Services (CMS), and SAMHSA have recommended efforts to provide trauma-focused services to children and adolescents under 18 years of age (SAMHSA, 2014). In response to the recommendation for trauma-focused services, child welfare agencies are considering or already transitioning to using the trauma-informed care (TIC)/trauma informed approach (TIA) model. Trauma-informed care is the "adoption of principles and practices that promote a culture of safety, empowerment, and healing" (SAMHSA, n.d.c, para. 10). In relation to the context of care, the terms Trauma-

Informed Care or Trauma-Informed Approach are used interchangeably (SAMHSA, 2014).

While the transition to TIC is a positive solution for the population that child welfare agencies serve, child protective service workers continue to be adversely impacted by the consistent indirect or secondary exposure to their clients' trauma such as adverse childhood experiences (ACES) and child maltreatment. Secondary exposure or indirect exposure occurs by witnessing or hearing the details of the traumatic event from the individual who experienced the trauma (Sheen, Slade, & Spilby, 2013, p. 3). Yet, Griffiths, Royse, and Walker (2018) have suggested that little research has addressed the correlation between job stress, health consequences, and personal habits that negatively affect health among CPS workers. The well-being of child protective service workers is important to the safety and health of the population it serves. CPS workers work the frontlines in the most essential departments of the CPS agency, which include the adoption, foster care, investigation, and family service and support departments (Petersen, Joseph, & Feit, 2014).

Research has suggested that self-care is an optimal solution for CPS workers against job stress. Due to reports of limited participation in self-care among CPS workers and reports of not receiving self-care education by social workers and social worker students, the evidence suggests that CPS workers lack self-care knowledge (Bloomquist, Wood, Trainor, & Kim, 2015; Miller, Donohue-Dioh, Niu, Grise-Owens, & Poklembova, 2019). Studies have suggested that CPS agencies should provide more self-care education to their workers (Bloomquist et al., 2015; Miller et al., 2019).

Self-care refers to the efforts that are taken by individuals and organizations that facilitate wellness and stress reduction (Bloomquist et al., 2015). Due to the growing concerns regarding the impact of job stress on workers and upcoming transition to the trauma-informed care model, nurses are in pivotal positions to collaborate with CPS agencies to find solutions to address self-care and wellness needs of CPS workers. Nursing schools are required to provide nurses with the educational background to deliver services according to the Institute of Medicine's (IOM, 2003) core competencies concepts ("patient-centered care, interdisciplinary team, evidence-based practice, quality improvement approaches, and informatics") (para.3). Through collaboration with nurses, CPS agencies can develop evidence-based educational programs to educate their workers to prevent the risk of developing negative physiological and psychological responses from indirect exposure. Child welfare agencies who use the trauma-informed care model must recognize and respond to the impact of the job stress on CPS workers who are associated with secondary exposure and the high demands of the profession.

<div align="center">Background and Needs Assessment</div>

Background

Job stress threatens the health of workers and organizations (CDC, 2018). In 2010, 70% of U.S. employees report their workplace was a significant stressor (American Psychological Association [APA], 2010). The U.S. spends an estimate of "more than $300 billion on absenteeism; turnover diminished productivity; and medical, legal, and insurance costs that result from job stress;" and workers' compensation (American Institute of Stress [AIS], 2011, para. 10). While many Americans struggle with job stress, some fields tend to be more stressful than others. The "occupational stress of helping

professionals serving traumatized populations is a significant work force issue for human service" workers (Middleton, 2015, para. 3).

Trauma occurs when a person's ability to cope is overwhelmed by stress presented as intense fear, helplessness, or horror due to events or circumstances (The National Council for Community Behavioral Health [NCCBH], 2013). National Council on Behavioral Health (NCBH, 2013) reported that "70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives" (para. 2). As a result, trauma has a direct correlation between trauma and physical health conditions "such as diabetes, chronic obstructive pulmonary disease (COPD), heart disease, cancer," and high blood pressure (NCBH, 2013, para. 1). According to Benjet et al. (2016), traumatic exposure occurs when the individual encounters a traumatic event (TE) (e.g., serious injury, sexual violence, death threat). In a study of the general population across 24 countries (N = 125,718), Benjet et al. (2016) reported that over 70% of the respondents sampled reported exposure to at least one trauma exposure in their lifetime, and 30.5% reported exposure to four or more TE.

Trauma can affect a person at any point in their lifespan and present in the form of psychological or physical conditions (SAMHSA, n.d.a). According to Stevens (2013), the National Survey of Children's Health (NSCH) revealed that approximately half of the nation's child population is exposed to some form of trauma directly and/or indirectly. ACES re traumatic or potentially traumatic experiences that happen to children under 18 years old (CDC, 2019c). In 2013, 47.9% of the nation's child population (newborn to 17 years old) had been exposed to at least one ACES (Stevens, 2013). Child abuse and neglect are the most common types of ACES. In 2008, the U.S. spent an estimate of $124

billion on services for ACES (CDC, 2019a). In response to child abuse, social workers are likely to provide services to trauma victims due to the nature of their job roles and populations that they serve; especially, CPS workers (Bride, 2007).

The impact of the response to child maltreatment causes CPS to workers to suffer from job stress physically and mentally. Many studies have revealed that child welfare workers experience negative symptoms of mental, physical, and emotional conditions that ultimately affect their ability to provide optimal, effective services to families and eventually contribute to job turnover costing organizations a substantial amount of time and money (Collins & Parry, 2000, p. ; Jones, 2001; Oser, Perkins, Pullen, & Harp, 2013). CPS workers encounter indirect exposure to trauma because they provide services that require them to work closely with child trauma victims and confront the issues associated with their clients' trauma to ensure their safety.

 Indirect trauma exposure is a common factor in responses to trauma (Sheen et al., 2013, p. 3). For example, approximately "50% of child welfare workers are at high risk" of developing secondary traumatic stress and vicarious trauma (National Child Traumatic Stress Network [NCTSN], 2018b, para. 1). In several studies, CPS workers have reported symptoms associated with burnout, CF, STS, and VT (Bride 2007; Graham & Shier, 2013; Smith & Clark, 2011). Consequently, secondary exposure may influence the CPS worker's ability to be positively effective and provide quality services to children and families (Esaki & Larkin, 2013).

Efforts in the transition to a trauma-informed workplace must include strategies to meet the specific needs of CPS workers to facilitate compassion satisfaction and resilience building. Compassion satisfaction is the positivity that is felt while working

with individuals who have been afflicted by trauma (Salloum, Kondrat, Johnco, & Olson, 2015, p. 55). Resilience building is a useful strategy for CPS workers because it has a positive impact on handling difficult situations emotionally and rationally, building rapport with others, and improving their perspective on the services that they provide to trauma survivors (SAMHSA, n.d.c). Research suggests that engaging in self-care and wellness counteracts the effects of job stress, which can result in improved compassion satisfaction and resilience (Bloomquist et al., 2015; Coleman Martensen, Scott, & Indelicato, 2016).

Several authors have recognized Pearlman and Saakvitne's (1996) domains for self-care to "include physical, psychological, emotional, spiritual, and professional self-care" (Bloomquist et al., 2015, p. 294; Miller et al., 2019; Oser et al., 2013). In addition, Phoenix (2014) identified a sixth self-care domain, personal self-care, in her book, *Victim Advocate's Guide to Wellness: Six Dimensions of Vicarious Trauma-Free Life.* Personal self-care includes activities that promote personal growth and self-awareness (e.g., developing short- and long-term goals) (Phoenix, 2014). Incorporating the concept of wellness helps ensure optimal health outcomes and improves quality of life. According to SAMHSA (2016), wellness is broadly summarized as "the presence of optimal physical and behavioral health; purpose in life; active involvement in satisfying work and play; joyful relationships; and happiness" (p. 3). *Healthy People 2020* aims to enhance the quality of human health and wellbeing (U.S. Department of Health and Human Services [USDHHS], 2019a). Health promotion and wellness are often used interchangeably (Pender, Murdaugh, & Parsons, 2011). Purposeful engagement in behaviors that facilitate wellness and stress reduction are required for self-care (Bloomquist et al., 2015).

"CPS is a division within the state, tribal, and local social services that is central to every community's child protection efforts" and is monitored federally by the Child and Family Services Reviews (CFSRs) (DePanfilis, 2018, p. 10). In Mississippi, the Mississippi Department of Child Protection Services (MDCPS) is an independent agency that has 14 field operations regions covering all 82 counties in Mississippi. The MDCPS oversees CPS agencies located throughout the state (MDCSP, 2018).

The Harrison County CPS agency is in the MDCPS's Region 7 and operates out of its South Operation Division inside the Harrison County Department of Human Services in Gulfport, Mississippi. The Harrison County CPS agency serves communities in Harrison County. Harrison county is located alongside the southeastern border of Mississippi in the Gulf of Mexico. Harrison County is considered one of 17 metropolitan counties, the second most populous, and the largest county in Mississippi (U.S. Census Bureau, 2012). The U.S. Census Bureau (2018) estimates that Harrison County holds a population of approximately 206,650 people with approximately 24.1% (49,802) of them under the age of 18.

Meetings with the facilitator, the Area Intake Social Worker Supervisor, assigned by the Regional Director were held. CPS workers are required to address all cases of reported abuse regardless of the time of day (Pauline Meyers, personal communication, December 7, 2018). They work long hours; take on multiple roles (e.g., caregiver, care coordinator, youth court representatives, temporary placement in personal home); and oftentimes, endure blame and resentment from families (Pauline Meyers, personal communication, December 7, 2018). Secondary trauma exposures within the Harrison

County CPS agency include exposure or involvement of any forms of child maltreatment or ACES, terminal illness and/or death of children in CPS's custody, traumatic deaths (e.g., homicides), rapes, and human trafficking due to the proximity and increased accessibility of multiple interstates and highways that cross states lines (Pauline Meyers, personal communicator May 21, 2019). In addition to indirect trauma exposure, CPS workers initiate trauma when child removal is required as well as endure trauma when exposed (Pauline Meyers, personal communication, December 7, 2018). CPS agency personnel are discussing the transition to a trauma-informed care model to provide trauma-focused services to their clients (Pauline Meyers, personal communication, May 21, 2019).

As previously discussed, CPS workers are at significant risk of experiencing trauma exposure due to the type of populations they serve. To lessen the effects of job stress, the MDCPS agency provides stress management training for the CPS workers yearly (MDCPS, 2018). The MDCPS's stress management training consists of (a) time management skills; (b) burnout and secondary stress prevention; and (c) discussion about fears, stressors, and accomplishment (MDCPS, 2018). The agency used in this project was transitioning to the trauma-informed care model. To increase CPS workers' knowledge and awareness of trauma-informed self-care, an evidence-based education intervention was developed and implemented to target increasing CPS workers' awareness of common trauma responses, wellness, and self-care. Trauma-informed self-care and wellness are beneficial to CPS workers because it incorporates knowledge about self-awareness of emotional responses to secondary trauma exposure and how to respond by pursuing interventions that will manage the impact of the trauma exposure (Salloum et

al., 2015). The training was needed because the Harrison County CPS agency was transitioning to the trauma-informed care model and CPS workers and integral staff lacked knowledge regarding self-care and wellness in a trauma-informed work environment. Stakeholders are made up of the Regional Director, Area Social Worker Manager, social worker supervisors, the special victim's unit (SVU), CPS workers, and support staff.

<div align="center">Problem</div>

In response to the magnitude of child trauma, child welfare agencies are moving towards providing trauma-focused services with the use of the trauma-informed care model. In a trauma-informed work environment, CPS workers are required to provide effective services that will facilitate healing and recovery for their trauma survivors. Presently, CPS workers are negatively impacted by consistent secondary trauma exposure from children who have suffered trauma and/or child maltreatment. Several studies have indicated reports of psychological and physiological effects that were attributed to secondary exposure and high work demands among CPS workers. To alleviate the effects of job stress, research indicates that self-care is an empirical choice. However, self-care also includes the realization of the psychological effects of secondary exposure and intervening with activities that promote positive coping in a trauma-informed environment. In this DNP project, CPS workers were provided with an educational program to improve their knowledge about job stress and to offer interventions to prevent and alleviate this type of stress. The results of pre-test, post-test, and surveys answered the PICO question: Can evidenced-based guidelines be effectively used to educate child

protective service (CPS) workers and positively affect the secondary trauma experienced by these workers?

<div align="center">Purpose</div>

The purpose of this project was to develop and implement a self-care and wellness educational program addressing job stress among child protective service workers guided by SAMHSA's (n.d.b) educational toolkit, *Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns*, the CDC's (2019c) section on *Adult Childhood Experiences*, and the NCCBH's (2012) educational toolkit, *Is Your Organization Trauma-Informed?* The aim of the educational program was to provide CPS workers with evidenced-based research on job stress that is significant to their occupation. The desire was to provide the CPS agency with an educational resource about self-care and wellness.

<div align="center">Significance</div>

"Trauma-informed care is a new concept to mental health and human service organizations" (SAMHSA, 2014a, para. 8). The perspective of this concept is to focus on the traumatized client as a trauma survivor instead of a trauma victim. Trauma-informed care asks the question "What happened to you?" instead of "What is wrong with you?" (SAMHSA, 2014a, para. 8). Professionals who provide services to trauma victims will be expected to understand the impact of trauma and the process for recovery; recognize trauma symptoms among those involved; revise practices, policies, and procedures to reflect the effects of trauma; and prevent further traumatization (SAMHSA, 2014). A trauma-informed child and family service system identifies and addresses the effects of

trauma and existing stress on all parties involved (children, caregivers, and workers) (NCTSN, 2018a).

The NCTSN (2018b) promotes the significance of self-care practices in CPS workers with recommendations on resilience building, addressing STS, as well as personal and professional strategies that are essential to working in a trauma-informed environment. These recommendations emphasize the importance of the CPS workers' ability to understand their emotional responses and prepared to implement positive coping mechanisms to counteract the effects of secondary exposure. To address the impact of trauma and other stressors, nurses are equipped with the educational background to work as interdisciplinary team members in nontraditional work settings to develop interventions that are specific to the healthcare needs associated with workers in their organization.

According to the IOM's (2003) core competencies, "all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics" (para. 2). An interdisciplinary team consists of a group of individuals from different professions and occupations working together to attain the same goal(s) (IOM, 2003). Professions in an interdisciplinary team may consist of healthcare and non-healthcare professionals. In this DNP project, a nurse collaborated with CPS workers.

Nurses collaborating with CPS workers can facilitate interprofessional education to develop a health educational intervention for CPS workers. Interprofessional education occurs when two or more professionals work together and learn from each to create solutions that will optimize the outcomes of healthcare (World Health Organization

[WHO], 2010). The use of health education as a primary intervention to provide interprofessional education facilitates effective collaboration with other disciplines as well as promoting wellness within organizations, which positively impacts health outcomes.

Health education is educating individuals and the community to improve their health by empowering them with the knowledge to make informed decisions regarding healthier choices (WHO, 2019a). Self-care has been shown to be an effective stress-relieving strategy. However, research reveals that CPS workers report limited engagement in self-care strategies, and a need exists for organizations to provide health education regarding self-care education and training to CPS workers (Miller et al., 2019; Miller et al., 2019). Conveying the rationale of why education about self-care is important when developing and delivering health education to CPS workers. In a trauma-informed environment, CPS workers who are knowledgeable and aware of the dangers of the job stress caused by indirect trauma exposure will be empowered to seek out and participate with interventions that will enhance their resilience (NCTSN, 2018b). In a trauma-informed environment, CPS workers are required to

- Be aware of their own emotional response to trauma exposure;

- Plan/engage in strategies that foster positive coping;

- Seek supervision and attend training on secondary trauma;

- Work in a team and balance caseloads; and

- Have work-life balance (Salloum et al., 2015, p. 54).

To fulfill the goal of promoting self-care and wellness, CPS workers must be informed of the recent evidence of health-promoting strategies targeting the specific stress that they

endure on the job. In health promotion, "health education is most commonly often" in the nursing profession (Kemppainen, Tossavainen, & Turunen, 2012, p. 494).

Theoretical Framework

The theoretical framework for this DNP project was the CDC's (2016) workplace health promotion workplace health model. Nurses use theoretical frameworks as guides when organizing health promotion programs. According to Raingruber (2014), theories help to expand on the purpose of a mechanism for intervention and how to evaluate it. Proper planning, implementation, and evaluation of a health promotion program are needed to foster a healthy workplace. In a healthy workplace, the staff will prioritize and incorporate health and health promotion in their work routine (WHO, 2019c).

Due to the time committed to the workplace, the CDC (2016) has recommended a systematic approach to the development of workplace health programs to protect the health of workers in the U.S. Initially, specific identification of the population and its needs are essential in a workplace assessment to determine the direction of the health promotion program and goals of the organization (CDC, 2016). The planning phase identifies the leadership support and the overseer of the program, those involved in the development of the educational intervention and goals, and plans for implementation (CDC, 2016). During the implementation phase, strategies and interventions are presented and put into effect. Finally, the assessment of the goals, overall sustainability, and the impact of the health promotion activity on the organization occurs during the evaluation phase (CDC, 2016).

Creating health promotion programs in the workplace involves "a coordinated, systematic and comprehensive approach" (CDC, 2016, para. 11). According to the

CDC's (2016) World health promotion world health model, a systematic process of creating a health promotion program includes assessment of the workplace, planning, implementation, and evaluation. The outcome of implementing the steps of the world health promotion world health model is a coordinated comprehensive health promotion program that addresses policies, benefits, and the environment that meet the safety and health needs of the employees (CDC, 2016). A well-coordinated health promotion program is created to help all members of an organization.

Health promotion programs targeting job stress help to fulfill one of *Healthy People 2020's* objectives to improve the availability of workplace wellness programs aimed at alleviating and/or preventing employee stress (USDHHS, 2019). The WHO (2019b) defined health promotion as "the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions" (para 1). According to the CDC (2016), health promotion should be implemented using a comprehensive approach that involves addressing health risks and conditions and interventions that are recognized and influenced by the staff and individuals who work in leadership positions within an organization.

Health promotion and illness prevention are vital aspects of health care delivery in traditional and non-traditional settings. Prevention interventions (primary, secondary, and tertiary) provide individuals and communities with knowledge, influence attitudes, and equip them with tools needed to make informed decisions and incorporate healthy behaviors (SAMHSA, 2019). Several studies demonstrated positive results from implementing workplace health promotion programs, such as increased engagement,

compassion satisfaction, workplace retention, and coping (Armato & Jenike, 2018; Asuero et al., 2014; Bressi & Vaden, 2016; Dattilio, 2015). Research has indicated that there is a three to five-dollar cost savings to the employer for every dollar an organization invests in quality health promotion efforts (leadership, programs, and facilities) (Linnan, 2010). On average, studies are showing a 3:1 dollar saving when companies invest in health promotion programs (Johns Hopkins Bloomberg School of Public Health, 2015). The advantages of a successful and sustainable health promotion program include cost savings, improved health risk, and changes within the organization. Health education can be a successful intervention for health promotion to educate CPS workers; however, CPS workers occasionally require a higher level of prevention to address their health needs.

When primary levels of intervention are not useful for CPS workers, secondary and tertiary levels of prevention can be more beneficial to improving their health. Several studies have indicated that CPS workers have reported symptoms of acute and chronic physiological and psychological conditions (Bride, 2007; Collins & Parry, 2000; Griffiths et al., 2018; Jones, 2001; Oser et al., 2013; Graham & Shier, 2013). Secondary prevention promotes actions that are aimed at preventing life-threatening and/or chronic illnesses. For example, CPS workers can benefit from screenings for high cholesterol and diabetes, participation in diet and exercise programs, and mental health counseling. Tertiary prevention in the form of mental health counseling can help CPS workers manage chronic stress to improve quality of life.

<div align="center">Synthesis of Evidence</div>

To gain more insight, the literature was reviewed to determine specific types of stress responses that are endured by CPS workers and best practices to address those

specific responses to promote self-care and wellness. A review of scholarly databases and

search engines included CINAHL, Google Scholar, EBSCOhost, Medline, Research

Gate, and references from retrieved peer-reviewed articles. Searches were conducted to

discover evidence-based knowledge related to concepts such as:

1. the relationship between CT, VT, STS, and burnout;

2. the prevalence of associations between trauma, ACES, and social workers or
   child welfare or CPS workers;

3. associations of symptoms of stress responses reported among social workers;
   and

4. implications for effective interventions regarding stress responses incurred by
   social workers.

Searches included a combination of key terms related to the topic included stress, stress

management, wellness, self-care strategies, child protective service workers, social

workers, trauma, trauma exposure, burnout, compassion fatigue, secondary traumatic

stress, and vicarious trauma. No limitation was placed on publication years.

The search revealed much literature regarding burnout, CF, STS, and VT on

professions (e.g., nurses, emergency responders, police officers, and veterans); however,

little was focused solely on CPS workers. For this purpose, the use of literature regarding

the social worker was adequate. The literature did reveal there is overlap between the

previously mentions stress responses, positive associations to personal history of ACES

among social workers, and endorsement of symptoms of trauma responses among social

workers. The literature revealed that those who provide trauma services respond to many

interventions; however, the literature does not provide a suggestion for an absolute

intervention or combination of interventions as many interventions will require further testing. A review of the evidence established the guidance needed to plan and develop the educational intervention to appropriately address the needs of the CPS workers.

Although there has been much controversy surrounding the correlation of concepts, VT, CF, STS, and burnout are often referenced synonymously. Several research studies have indicated overlapping characteristics among these concepts as they are responses resulting from indirect trauma. Yet, the debate has existed among many of the researchers' efforts to define each concept.

Compassion Fatigue (CF)

Figley's (1995) definition of CF is used by many authors (Boscarino, Figley, & Adams, 2004; Devilly, Wright, & Varker, 2009). As suggested by most authors, CF is defined as "a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress" (Figley, 1995, p. 253). CF is "identical to secondary traumatic stress disorder (STSD) and is the equivalent of posttraumatic stress disorder (PTSD)" (Figley, 1995, p. xv). Figley (1995) defined CF as the stress and level of empathic engagement the worker provides in service to the victim or client. According to Figley (1995), the relationship between stress and empathy contributes to CF.

Researchers in this area may differ in their focus or what term they use to describe the phenomenon, but according to Simpson and Starkey (2006), Figley (2005) suggested that one common theme emerges; "work that is focused on the relief of clients' emotional suffering typically results in the absorption of information about human suffering" (para. 4). Figley (1995) adds that CF is "the reduced capacity or interest in being empathetic or

17

'bearing the suffering of clients' and is the 'natural consequent behaviors and emotions

resulting from knowing about a traumatizing event experienced by a person" (p. 2).

Adams, Boscarino, and Figley (2006) defined compassion fatigue as a reduction in

empathetic capacity or client interest resulting from exposure to traumatizing experiences

demonstrated as behavioral and emotional reactions. With such correlations, CF with VT

and STS are incorporated in the description of indirect trauma (Choi, 2011; Cieslak et al.,

2014).

Burnout

Though there have been many contrasting efforts regarding the definition of job

burnout throughout the literature, the exhaustion component emerges as a key feature.

Maslach, Shaufeli, and Leiter (2001) defined burnout as a job stress response consisting

of the three components of exhaustion, cynicism, and inefficiency. Maslach et al. (2001)

later concluded that job burnout may be reduced to one component, exhaustion.

Kristensen, Borritz, Villadsen, and Christensen (2005) defined burnout as physical and

psychosocial fatigue and exhaustion. Some researchers have simplified burnout to the

generalized concept of exhaustion; however, other researchers have provided explicit

definitions of burnout.

Shirom (2009) proposed "burnout as physical, emotional energy, and cognitive

exhaustion resulting" in a reduction of the ability to cope (p. 1). Demerouti, Mostert, and

Bakker (2010) defined burnout as a psychological syndrome that results in stressful, high

demand working environments that have limited resources. Other research

conceptualized burnout as a difference of six work-life issues between the worker and the

job consisting of work overload and lack control, fairness, reward, community, and value

conflict (Eiter & Laschinger, 2006; Sabo, 2011). A mutual relationship exists between burnout and compassion fatigue. In a meta-analysis, Cieslack et al. (2013) revealed that aspects of burnout were integrated into the notion of compassion fatigue element of energy depletion.

Secondary Traumatic Stress (STS)

The term, STS, was used to replace CF as Figley (1995) felt that there was a stigma that came along with the term. STS was previously described as stress or a consequence that resulted from the act or urge to help victims (Figley, 1995). However, the criteria for a traumatic event included witnessing a traumatic event when guidelines change for the diagnosis of PTSD in the mid-1990s (Devilly et al., 2009). Since the changes occurred for the criteria that defined a traumatic event, research indicates that STS results from secondary exposure (Bercier, 2013; Bride, 2007; Cieslak et al., 2014; Devilly et al., 2009).

Authors suggest that STS is used as a broad term to examine effects of secondary exposure as secondary Post Traumatic Stress Disorder (PTSD) (Bride, 2007; Cieslak et al., 2014) due to some similarities. Both PTSD and STS feature symptoms of intrusion, arousal, and avoidance; however, STS occurs after indirect exposure to trauma. Authors continue to use the terms STS, CF, and VT interchangeably. While some argue that the onset of STS distinguishes it from the other concepts, others introduce them in the same context. Many researchers refer to STS, CF and VT synonymously (Boscarino et al., 2010; Devilly et al., 2009; Figley, 1995).

Vicarious Traumatization (VT)

   Researchers have contrasting views regarding the symptoms and definition of vicarious traumatization. Symptoms of VT are characterized by an abnormal disturbance of the worldview of oneself and others that are categorized into five areas of cognitive disturbances (safety, trust, esteem, intimacy, and control) (Pearlman & Saakvitne, 1995). However, other researchers have suggested that symptoms of VT include nightmares, feelings of unsafety, avoidance, agitation, and desensitization (Bober & Regehr, 2006). Many researchers (Bercier, 2013; Devilly et al., 2009: Sheen et al., 2013) refer to Pearlman and Saakvitne's (1995) definition of vicarious traumatization as "the cumulative transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the client's traumatic material" (p. 31). According to Bercier (2013), Pearlman and Mac (1996) referred to VT as a change in the worldview after secondary exposure to a client's trauma.

   Secondary exposure is a common factor among VT and STS. According to Bercier (2013), McCann and Pearlman (1990) previously suggested that VT occurs after prolonged secondary exposure, but Bober and Regehr (2006) suggested that symptoms of VT present themselves immediately after the exposure. In a systematic review, Bercier (2013), indicated the notable association among VT, STS, and burnout with findings consistent with other research that demonstrate similarities among the concepts (Devilly et al., 2009; Finklestein, Stein, Greene, Bronstein, & Solomon, 2015). Much of the overlap refers to cognitive disturbances and avoidance as seen in STS and burnout.

Adverse Childhood Experiences (ACES)

According to the CDC (2019c), research and awareness began on ACES in the mid-1990s. ACES are characterized as traumatic experiences that are associated with the development of health conditions, hazardous behaviors, and premature death (Maike, Osborne, Fox, & Scarano, 2017). The CDC identified the 10 ACES that have been organized into three general categories as follow:

- Neglect (physical and emotional),

- Abuse (physical, emotional, sexual), and

- Family/household challenges (mental illness, incarcerated relative, mother treated violently, substance abuse, and divorce) (CDC, 2019c, para. 8).

The ACES study was an epidemiology study of childhood trauma experiences that was performed on 17,337 volunteers (CDC, 2019c). The landmark study revealed the lifelong health and wellness impacts that ACES have on children, such as on their physical, cognitive, and neurological development. Results of this study revealed approximately "two-thirds of the participants reported at least one ACE" (CDC, 2019c, para. 10).

In response to the initial ACES study, the BRFSS was developed to monitor and collect current ACES data in the U.S. The BRFSS is as a survey that is conducted annually using a digital dialed telephone that collects information about health risks and health conditions from random non-institutionalized U.S. adults (CDC, 2019b). The CDC provides free resources to assess ACES with this program. Most recently, the CDC (2019b) reported that 42 states have incorporated inquiries of ACES for at least one year on their survey.

ACES in Relationship to Child Service Workers

Some CPS workers have a history of trauma that may impact their ability to provide effective services to their traumatized clients (SAMHSA, n.d.c). Esaki and Larkin (2013) have suggested that ACES may impact a child welfare professional's susceptibility to work stress; thus, negatively affecting assistance that is provided to their clients. In a study performed by Esaki and Larkin (2013) of 94 participants who provided services to child trauma victims, 70% reported approximately one encounter, 54% reported exposure to two or more encounters, and 16% reported exposure to 4 or more ACES.

Research has suggested that there is an association between ACES and CPS workers as their own experiences with ACES guided their career choice and provided them with a better understanding of the suffering of others (NCTSN, 2016). Studies reveal that child welfare professionals who had a personal experience of abuse in their childhood were more susceptible to responding negatively to secondary traumatic stress (Dill, 2007; Nelson-Gardell & Harris, 2003). While CPS workers may feel fulfilled by their work, studies indicate that CPS workers report working in stressful work environments. (Kim & Kao, 2014; Lizano & Mor Borak, 2012).

Responses of Trauma Exposure in Relationship to Social Workers

Symptoms of common traumatic stress responses (VT, STS, CF, and burnout) and other stress responses are triggered by indirect or secondary exposure to a client's trauma, which negatively impacts the mental and physical status of social workers. Various studies have shown that social workers endorse distressing effects related to CF, STS,

22

VT, and burnout. In a quantitative study of the prevalence of symptoms associated with STS (N= 282), 45% (n= 127) reported symptoms of intrusion (involuntary disturbing thoughts of client's trauma), 25% (n = 71) reported symptoms of avoidance (evading reminders of client's trauma), and 25% (n = 71) reported symptoms of arousal (sleeping disturbances and easily startled) (Bride, 2007). While burnout is mainly associated with exhaustion, the three original components of burnout were examined in a study of social workers (N =1001) where 44.3% reported emotional exhaustion (EE), 19% reported depersonalization, and 24% reported a low sense of personal accomplishment (Smith and Clark, 2011). Other studies have indicated other responses to stress that affects social workers.

Research implies that the job stress of social workers and CPS workers influence job satisfaction and other physiological and mental conditions. A Canadian study of social worker satisfaction with work (N =145), the impact of adverse physical effects of stress had a very significant effect on negative views towards the job encouraged intentions to quiet (Graham & Shier, 2013). In a qualitative study of reported consequences of the effects from stress responses of a sample of child protective service workers (N=511), over half (n=323) reported difficulties to maintain healthy diets and substance use; 44% (n=225) of responses mentioned poor eating habits, 31.3% of responses (n=160) mentioned physical health (e.g., fatigue, weight gain, high blood pressure, and headaches), 41.8% (n=214) mentioned mental health issues (e.g., anxiety, depression, isolation/withdrawal, obsession/worry, etc.), and 13% (n=68) mentioning work-life imbalance (Griffiths et al., 2018). In a systematic review and meta-analysis to examine the effects of interventions targeting common stress responses such as CF, STS,

and VT performed by Bercier (2013), many interventions were discussed. While the populations of workers were generalized, the interventions targeted those professions that work closely with trauma and/or provided trauma services.

Management of Trauma Responses among Trauma Workers

Research has indicated interventions such as self-care, leadership supervision, peer support, education, and resilience training have a positive impact on managing trauma responses when working with trauma survivors. A comparison study between therapist who treated sexual abuse survivors and therapists who treated sex offenders indicated that therapists who treated the sex offenders were more likely to use self-care interventions, peer support, and therapy (Way, Van Deusen, Martin, Applegate, & Jandle, 2004). According to a study performed by Bell, Kulkarni, and Dalton (2003), the amounts of hours of supervision and the frequency of supervisor encounters correlated to reduced effects of STS. Hodgkinson and Stewart's (2006) study of train crash survivor counselors indicated that their main coping strategy was sharing their experience with their colleagues. Bell et al. (2003) suggested that trauma education decreases the risk of developing VT. Among other interventions, Bercier (2013) suggested that resilience training had been recognized as a new concept of trauma.

Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concern (SAMHSA, n.d.b) is an evidence-based training tool developed by SAMHSA. As implied in the literature, best practices for common traumatic stress responses are presented in this tool such as education on traumatic responses, self-care and organizational interventions, and resilience training. The education tool was designed for healthcare providers and staff but is an optimal guide for the design and development

24

of a self-care and wellness educational intervention for CPS workers. The educational

tool can easily be modified to fit CPS workers' education needs because it addresses

similar issues that CPS workers are affected by job stress from trauma exposure and the

high demand for their work.

Job Turnover in Relation to CPS workers

With approximately "600,000 social workers in the United States, the number is

expected to grow by 19% by the year 2022" (Bloomquist et al., 2015, p. 1). Among the

many roles of social workers, high rates of job turnover among CPS workers have been

reported. A healthy annual turnover rated is considered to 10-12% (Casey Family

Programs, 2017). Turnover rates for child welfare workers have reported being 20-40%

for the past 15 years (Casey Family Programs, 2017).

Increased caseloads and high work demand initiate unfavorable effects of job

stress among CPS workers (Casey Family Program, 2017). In a meta-analysis, Kim and

Kao (2014) discovered that caseworkers reported that many variables attributed to a

moderate to high effect on their intentions to leave their jobs (e.g., coping, organizational

support, well-being and safety concerns, and stress). In response to job turnover, CPS

agencies incur costs associated with the expenses for new hires and training, overtime,

and expenses for the exiting worker (Casey Family Program, 2017).

Self-Care in Relation to Social Workers

Self-care has been recognized as a vital aspect of the implementation of best

practices among social workers (National Association of Social Workers [NASW],

2009). Research has substantiated that job stress has a negative impact on social workers.

Several studies have demonstrated the benefits of practicing self-care among socials

workers (Bloomquist et al., 2015; Salloum et al. 2015).

In a study of self-care among social workers (N = 786) throughout 42 states,

results revealed that social workers value self-care; however, graduate level social worker

programs and organizations do not educate them on productive methods to employ self-

care (Bloomquist et al., 2015). Another study among social workers (N = 104) that

examined the role of self-care on compassion satisfaction, burnout, and secondary trauma

demonstrated that high levels of trauma-informed self-care lower levels of burnout and

increase levels of compassion satisfaction (Salloum et al., 2015). Failure to participate in

self-care have a negative impact on job retention, quality and cost of services, and

physical and psychological wellbeing (Goetzel et al., 2007; Zapka, Lemon, Manger, &

Hale, 2009).

Trauma-Informed Care (TIC)

Hopper, Bassuk, and Olivet (2010) defined TIC as a strengths-based framework

based on the concept of responding to the impact of trauma. The response to trauma

incorporates physiological and psychological safety for the workers and clients. Trauma-

informed services empower trauma survivors and help them regain self-control.

According to Hopper et al. (2010), principles of TIC are as follow:

- Trauma Awareness: Service providers, policy, and practice will have or reflect
  the understanding of the prevalence and impact of trauma among their clients
  and work force.
- Safety: Physical and emotional safety for service recipients and staff.
- Choice and Empowerment: Choice and empowerment facilitate healing and
  avoid re-traumatization.
- Strengths-Based: Focus on resilience building to help service providers and
  clients. (p. 132)

26

Synthesis of Evidence Summary

The review of the evidence supported the DNP project to develop and implement a self-care and wellness educational program to help CPS workers manage job stress. Research indicates that there are overlapping similarities among the CF, STS, VT, and burnout (Bercier, 2013; Cieslak et al., 2014; Devilly et al., 2009; Finklestein et al., 2015). Due to consistent secondary exposure, CPS workers are at high risk to develop CF, STS, VT, and burnout. In addition, CPS workers have reported personal experiences to ACES (Esaki & Larkin, 2013). Personal experiences with ACES increase CPS workers' susceptibility to being impacted by STS (Dill, 2007; Nelson-Gardell & Harris, 2003). Several studies have indicated reports of physiological and psychological effects of job stress among CPS workers (Bride, 2007; Griffiths et al., 2018; Kim & Kao, 2014; Graham & Shier, 2013; Smith & Clark, 2011). In an agency that is transitioning to the Trauma-Informed Care model, workers must be knowledgeable of the risks of job stress and recognize and respond to symptoms associated with exposure to secondary stress (NCTSN, 2016).

In response to job stress among CPS workers, self-care has been found to be an optimal intervention to counteract the effects of secondary exposure among CPS workers (Miller, Dioh et al., 2019; Miller, Lianekhammy et al., 2019; Oser et al., 2013). However, studies indicate that there is limited participated with self-care among CPS workers (Miller, Dioh et al., 2019; Miller, Lianekhammy et al., 2019; Oser et al., 2013). Research indicates that there is a need to educate CPS workers on self-care (Miller, Dioh et al., 2019; Miller, Lianekhammy et al., 2019; Oser et al., 2013).

Doctor of Nursing Practice Essentials

The American Association of Colleges of Nursing (AACN, 2006) developed the Doctor of Nursing Practice (DNP) Essentials that include eight core competencies for all DNP-educated nurses. These competencies serve as a guide for standards that are required to prepare and equip DNP graduates with the skills to meet the challenges of healthcare in the 21st century (Zaccagnini & White, 2017). The DNP Essentials are listed as follow:

Essential I: Scientific Underpinnings for Practice

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

Essential IV: Information Systems—Technology and Patient Care Technology for the Improvement and Transformation of Health Care

Essential V: Healthcare Policy for Advocacy in Health Care

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

Essential VIII: Advanced Nursing Practice (AACN, 2006, pp. 8-16)

DNP Essentials I, II, III, IV, VI, and VII were addressed in this project. Essential I was met by using evidence-based guidelines to develop, implement, and evaluate an educational training program. To meet Essential II, an educational intervention to address

a knowledge deficit was developed by the DNP student to improve self-care and wellness within the organization. The results of the evidence-based research were disseminated with a poster presentation by the DNP student to address Essential III. Further explanation of the DNP essentials addressed in this project are shown in Appendix A.

Summary

CPS workers are on the frontlines in the fight against childhood trauma. They are required to maintain full functionality in their roles while experiencing prolonged, consistent secondary exposure to client trauma. Trauma exposure, whether direct or indirect, takes a toll on the mental and physical well-being of CPS workers. Child welfare agencies are transitioning to the TIC model. The TIC model requires workers to focus on the trauma that occurred to trauma survivors to help them heal and recover. Workers in a trauma-informed environment must be able to recognize and respond to the negative effects of secondary exposure. Therefore, CPS workers will benefit from receiving trauma-focused wellness and self-care educational intervention.

CHAPTER II – METHODOLOGY

Context

The purpose of this DNP project was to develop and implement a self-care and wellness educational program addressing job stress among child protective service workers guided by SAMHSA's (n.d.b) educational tool, *Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns*, the CDC's (2019c) section on *Adverse Childhood Experiences*, and the NCCBH's (2012) educational toolkit, *Is Your Organization Trauma-Informed*? This project was intended to improve wellness and self-care knowledge among CPS workers who consistently experience secondary trauma in their work. CPS workers are not provided with regularly scheduled training regarding wellness and self-care because MDCPS is only required to provide them with one yearly half-day training session about stress management and prevention.

Setting

Implementation of this DNP project took place in the conference room at the Harrison County Department of Human Services CPS facility. The conference room was equipped with seats, tables, a projector, and a microphone to deliver educational training to the attendees. The participants were assembled to attend the one day, one-and-a-half-hour educational workshop.

Intervention

For the DNP project, an educational program was developed to educate CPS workers about self-care and wellness in a trauma-informed work setting. The training was developed and designed based on evidence from SAMHSA's (n.d.b) toolkit, *Provider and Staff: Self-Care Promoting Staff Wellness and Preventing Vicarious Trauma and*

other Work Force Concerns, the CDC's (2019c) section on *Adverse Childhood*

Experiences, and the NCCBH's (2012) educational toolkit, *Is Your Organization*

Trauma-Informed?

The desired outcomes of this project were to:

1. Improve the knowledge and awareness of Adolescent Childhood Experiences
   (ACES), Trauma-Informed Care (TIC), and common responses to trauma
   exposure endured by CPS workers.

2. Provide staff with readily available wellness and self-care educational
   resources.

3. Increase knowledge of and promote the use of wellness and self-care
   strategies.

4. Evaluate the attitudes of CPS workers and integral staff towards the efficacy
   of the material presented.

Planning educational training was based on a health promotion model and was performed

in a sequential manner.

After engaging with the facilitator at the CPS agency, a determination was made

that a knowledge deficit existed among the CPS workers about self-care and wellness in a

trauma-informed work environment. Written consent was obtained from the Regional

Director allowing this DNP student to work with the staff at the organization. This DNP

student collaborated with the facilitator to investigate specific educational needs for the

population and identified learning outcomes for the participants. The collaboration

prompted and guided an exhaustive review of evidence-based content related to an

analysis of the educational needs of the population as previously determined. After

presenting the facilitator with the evidence-based content regarding educational needs for input and further needs, a final determination was made regarding the educational intervention.

An educational program was designed and implemented for the CPS workers and integral staff to address knowledge deficits regarding aspects of secondary trauma exposure and to promote self-care and wellness. The educational training materials were delivered to the CPS workers and integral staff. Materials presented in the educational program addressed the knowledge deficits regarding aspects of secondary trauma exposure and to promote self-care and wellness. The intent of the project was to increase the self-awareness of the need for self-care and wellness among CPS workers.

Design

Self-care and Wellness Training. The educational program was designed and implemented for the CPS workers who provided direct services to clients at the CPS agency. Topics in the educational training included trauma and trauma exposure, trauma-informed care, adverse childhood experiences (ACES), common emotional responses to trauma, wellness and self-care, and building resilience within the organization. The CPS workers were administered a pre-test and post-test that consisted of 15 questions about the educational material presented in the training. The curriculum was developed from evidence-based guidelines. The content for common emotional responses, wellness and self-care, and building resilience was adapted from SAMSHA's toolkit, Provider and Staff: Self-Care Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns. Educational materials for ACES was adapted from the CDC's section on Adverse Childhood Experiences. The educational component for trauma-

informed care was adapted from the National Council for Community Behavioral

Health's toolkit, Is Your Organization Trauma-Informed?

Post-Training Survey. The post-training survey was developed and implemented

to evaluate the CPS workers' perceptions about the usefulness of the educational program

and intentions to engage in activities provided in the educational material. The post-

training survey was designed using a Likert type scale and open-ended questions. Likert

type scale responses for this survey ranged from extremely helpful to not at all helpful to

evaluate the usefulness and from always to never to evaluate intentions to engage. Open-

ended questions were used to obtain responses from the CPS workers.

This DNP student met with the facilitator to ensure all equipment and materials

were available for the educational workshop. Participants were previously assembled for

an immediately prior staff meeting and were provided with a brief introduction of the

purpose of the educational training. Instructions were given to the participants for

completing tests and surveys. The pre-test was administered by this DNP student and

collected and secured prior to administering educational training during the first 10

minutes. Participants were provided with educational resources or handouts. The

handouts were as follow:

- About the CDC -Kaiser ACE Study (CDC, 2019c).
- Behavioral Risk Factor Surveillance System ACE Data (CDC, 2019b).
- How to Manage Trauma (National Council for Behavioral Healthcare, 2013) .
- Trauma-Informed Approach Trauma-Specific Intervention (Colorado Action in Advocacy, 2017).
- Self-Care Wheel (Phoenix, 2015).
- Self-Assessment Tool: Self Care (Utah Center of Evidence Base Treatment, n.d.).

The educational material was presented in the form of a PowerPoint presentation using a projector provided by the organization. On a few occasions, the materials in the PowerPoint were discussed using hand-outs related to the topics that were being discussed. The educational training was delivered over one hour and 10 minutes. Participants were provided with the opportunity to ask and answer questions throughout the delivery of the training. A post-test was administered after the educational training. The time allotted for the post-test was 10 minutes. A survey was then completed by the participants within the last 5 minutes.

Population

The Area Intake Supervisor was the facilitator. The Area Intake Supervisor identified appropriate staff to attend the workshop, ensured staff participation, and coordinated the time and location to deliver the educational intervention. A total of 29 participants attended the education workshop. Of the total attendants, 4 identified as a "frontline worker," 5 identified as a "social worker," 3 identified as a "caseworker," and 6 identified as "MDCPS" on the survey at the end of the workshop. The population and stakeholders who attended the workshop consisted of the Regional Director, area social worker supervisors, Area Intake Supervisor, CPS workers, and social worker aides. Inclusion criteria were staff identified, employed, or affiliated with the CPS agency who encounter and provide CPS services to children and families. Exclusion criteria were CPS staff members who do not directly provide CPS services to children and families.

Instrumentation

Three measures were evaluated for this educational training. The three measures were (a) the knowledge level of the participants using the pre-test and post-test results,

(b) the participants' intention to use materials provided using the post-test survey results, and (c) the participants' perceptions about whether the materials provided were useful using the post-test survey results. Pre-test and post-test scores were used to compare the program attendees' knowledge level before and after the educational workshop (see Appendix B). The curriculum's pre-test and post-test questions were adapted from evidence-based resources provided by organizations such as SAMHSA, the CDC, and the NCCBH such as:

- Impact of ACES and Adoption of Trauma-Informed Approaches in Healthcare Settings (SAMHSA, n.d.c),
- Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns (SAMHSA, n.d.b),
- Is Your Organization Trauma-Informed? (NCCBH, 2012), and
- Adverse Childhood Experiences: looking at how ACE affects our lives and society (CDC, 2013).

The results of the pre-test and pro-test were analyzed and compared to determine if there was an increase in knowledge after the delivery of the educational training. The pre-test and post-test results were analyzed and are discussed in further detail in the results section. A Likert Scale type survey was used to assess whether the attendees will use the material provided and if they believed the information was useful (see Appendix C). The responses the items were presented as follows: (1) never, (2) rarely, (3) sometimes, (4) often, and (5) always or (1) not at all helpful, (2) not so helpful, (3) somewhat helpful, (4) very helpful, and (5) extremely helpful. The survey results were analyzed and are discussed in further detail in the results section.

Ethical Considerations

Approval for this DNP project was obtained, and a facilitator was assigned by the Regional Director of the CPS agency after discussing and acknowledging the need for stress management education within the organization with this DNP student (see Appendix D). After the educational program was developed, the project was reviewed and approved by The University of Southern Mississippi's Institutional Review Board (IRB Protocol 19-329) (Appendix E). Tests and the survey were completed anonymously to protect the identity of the attendees; no personal data was collected from the participants. The training was conducted in an area exclusive to those affiliated with the CPS agency. Prior to the delivery of the educational material, the pre-tests were administered to attendees then collected and stored in a locked container by this DNP student. Post-tests and surveys were administered after the educational materials were presented and then collected at the time of completion. The post-tests and surveys were collected by this DNP student and stored in a locked container. After the data was reviewed and analyzed, materials were shredded and disposed of discretely.

Data Analysis

Data from the pre-tests, post-tests, and surveys were evaluated and analyzed by this DNP student. Descriptive statistics were used to analyze the improvement in the attendees' knowledge of concepts and to compare mean scores of pre-tests and post-tests. Descriptive statistics were used to describe the results of the survey regarding whether the attendees had intentions to use the material presented and if attendees believed the materials were useful. The results from the data assisted with answering the PICOT

question: Can evidenced-based guidelines be effectively used to educate CPS workers and positively affect the secondary trauma experienced by these workers?

Summary

The DNP project's overall goal was to plan and develop an educational program to improve CPS workers' knowledge of self-care and wellness. Materials from SAMHSA, the CDC, and the NCCBH were used to design the educational program. The population for the educational program included CPS staff who were affiliated with the CPS agency who encounter and provide direct services to children and families. After receiving approval from the Regional Director and having a facilitator assigned to oversee the project at the facility, the educational program was developed. The DNP project measured the attendees' (a) knowledge, (b) intentions to use the materials provided, and (c) beliefs about the usefulness of the materials provided. Prior to implementing the educational program, The University of Southern Mississippi's IRB determined that the DNP project posed no risk to the welfare, rights, and privacy of the participants. The project was implemented in the CPS agency's conference room using a PowerPoint presentation and handouts. Attendees were given pre-tests prior to delivering the educational materials. The attendees were given post-tests followed by surveys after the education was delivered. Pre-test and post-test data were analyzed and compared to determine whether there was a knowledge increase using descriptive analysis. The data from the surveys were analyzed using descriptive analysis to determine whether the attendees had any intentions to use materials provided and if they believed that the materials provided were useful. Results from data analysis provided answers to the

PICOT question: Can evidenced-based guidelines be effectively used to educate CPS

workers and positively affect the secondary trauma experienced by these workers?

CHAPTER III - RESULTS

The purpose of this DNP project was to develop and implement a self-care and wellness educational program addressing job stress among child protective service workers guided by SAMHSA's (n.d.b) educational tool, *Promoting Staff Wellness and Preventing Vicarious Trauma and other Work Force Concerns*, the CDC's (2019c) section on *Adult Childhood Experiences*, and the NCCBH's (2012) educational toolkit, *Is Your Organization Trauma-Informed?* A total of 29 participants attended the educational workshop. The pre-tests and post-tests consisted of 15 questions each. Of the 29 participants, 23 participated with the pre-test. Of the total number of questions (23 x 15 = 345) among the 23 attendees who participated with the pre-test, 38 of the questions were not answered with no explanation provided. Of the 29 participants, 17 participated with the post-test. Of the total number of questions (17 x 15 = 255) among the 17 attendees who participated with the post-test, 17 questions were left unanswered with no explanation provided.

The mean score value of the pre-tests was 44.04% before the participants received the training. After the participants received the training, the mean score value of the post-test was 58.94%. After reviewing and comparing the mean score values of the pre-test and post-test scores, the mean scores of the pre-test and post-test demonstrated a knowledge increase of approximately 15% among the participants as shown in Figure 1.
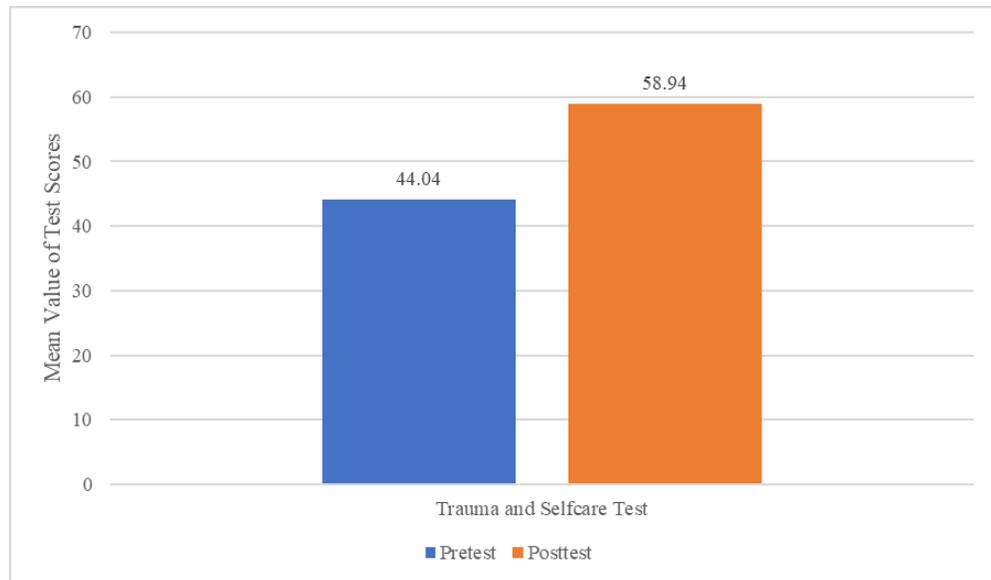
Figure 1. *Comparison of Mean Values of Pre-test and Pos-test*

Further analysis of the test scores is shown in Table 2. For each concept in the pre-test, the total number of participants who answered it correctly was identified by the percentage of those who participated with the pre-tests. For each concept in the post-test, the total number of participants who answered it correctly was identified by the percentage of those who participated with the post-tests. The results demonstrated an improvement in the knowledge of all concepts. The results in the pre-test demonstrated that there was zero knowledge of the concepts of trauma-informed care and the ACES monitoring system, BRFSS. Overall, Table 2 demonstrates that there was a knowledge improvement in all topics discussed in the educational intervention.

Table 1

Pre and Post-Test Results

Concept	% Correct Pretest	% Correct Posttest	% Increased
TIC Principle	34.78	64.70	29.92%
TE	52.17	82.35	30.18%
ACES Categories	21.739	47.05	25.31%
ACES Example	78.26	58.24	9.97%
TIC definition	0.0	29.41	29.41%
Behavioral Risk Factor Surveillance System	0.0	17.647	17.65%
EAP	60.869	82.35	21.48%
STS	52.17	70.588	18.42%
Burnout	30.43	47.05	17.07%
Resilience	69.565	82.35	12.79%
Compassion Fatigue	26.086	52.94	26.85%
VT	28.06	47.058	19.00%
Wellness	21.739	58.82	37.08%
Self-care	47.826	76.47	28.64%
Compassion in Management	60.869	88.235	27.37%

The survey measured whether the attendees had intentions to use the materials provided and if they believed that the materials provided were useful. After the educational intervention and post-tests were completed, 18 participants participated in the survey who identified as either a "social worker," "frontline worker," "caseworker," or generally referenced themselves with the organization "MDCPS." Of the total attendants, 4 identified as "frontline worker," 5 identified as "social worker," 3 identified as "caseworker," and 6 identified as "MDCPS". Due to the timing and nature of the work of child welfare workers, some of the participants either had to leave and return during the educational workshop; leave for the day to address the needs of children in CPS' custody out in the community; or leave for the day to address other time-sensitive cases that required immediate attention after presenting the educational materials and post-

tests. The attendees who remained participated with the surveys. As seen in Figure 2, respondents reported intentions to use all self-care strategies with the highest intentions to engage "often" and "always" in self-care activities mainly focused on the area of emotional self-care. The survey results revealed that 56% of the respondents reported intentions to engage in emotional self-care "often" and 38.8% "always."
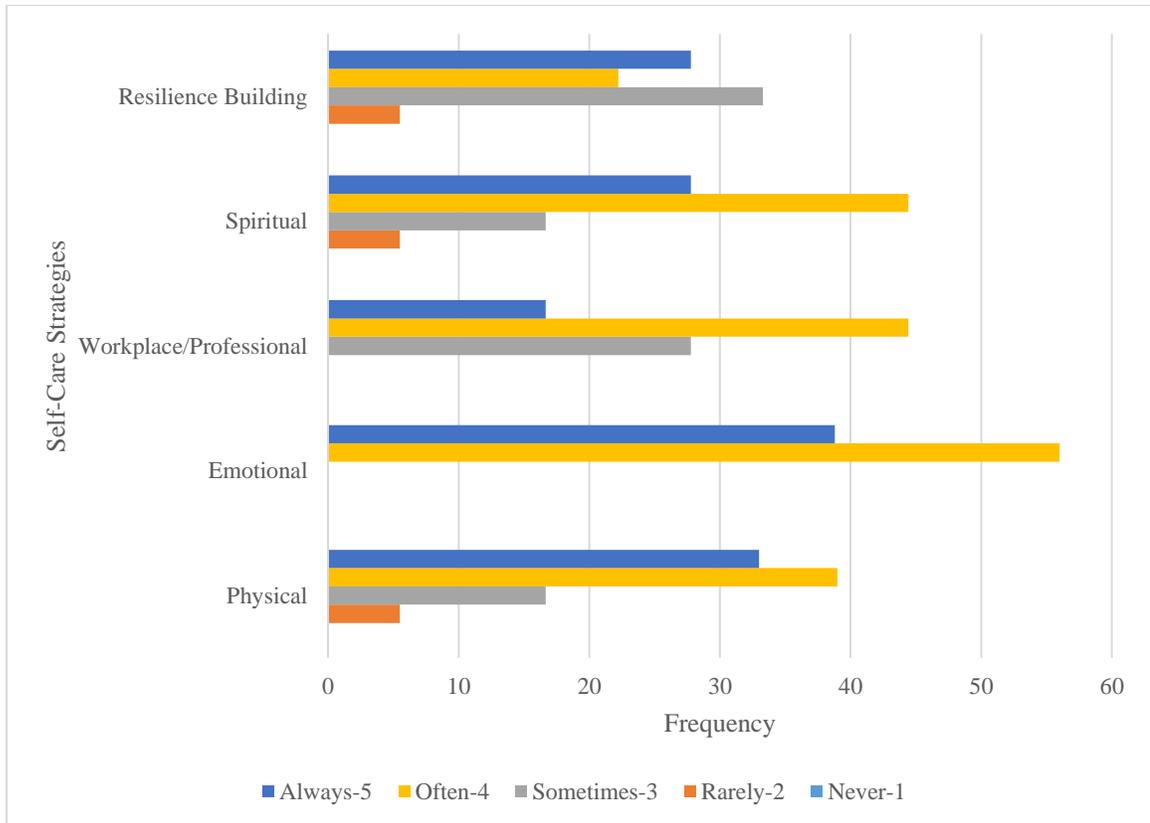

Figure 2. *Intention of Engagement in Self-Care Strategies*

Of the 18 respondents who participated with the survey, 62.5% reported that information related to trauma, trauma-informed care, and common trauma responses were "very helpful," and 60% of respondents reported that information presented on self-care strategies was "most helpful." The main suggestion for improvement among the

respondents was allotting "more time" to allow for the delivery of the educational

intervention.

Summary

The educational intervention was developed and implemented to increase the CPS

workers' knowledge of self-care and wellness. A total of 29 participants attended the

educational workshop. Of the 29 participants, 23 participated with the pre-test, 17

participated with the post-test, and 18 participated with the surveys. Among the 23

participants who participated with the pre-test, 38 questions were left unanswered among

all the pre-tests without explanation. Among the 17 participants who participated with the

post-test, 17 questions were left unanswered among all the post-tests without explanation.

Using descriptive statistics, the results indicated that there was a knowledge improvement

in the mean pre-test and post-test scores and in all concepts presented in the educational

program. The results indicated a knowledge increase in all concepts with the highest

improvements in awareness of the concepts of wellness (37.08%) and trauma exposure

(30.18%). However, the results revealed that the CPS workers were not knowledgeable

of trauma-informed care and the ACES monitoring system, BRFSS, prior to the

educational training. Due to the nature of child welfare workers, CPS workers had exited

the room momentarily and then returned to the training occasionally. Also, some CPS

workers had to leave to address time-sensitive issues after the educational material and

post-test were presented. Of the 18 attendees who participated with the survey, the results

indicated that the attendees had the highest intent to engage in emotional self-care

strategies "often" and deemed both information related to trauma and self-care strategies

"very helpful" with self-care deemed to be "most helpful." In the end, attendees

suggested that more time was needed to deliver the educational workshop.

CHAPTER IV – DISCUSSION

In a trauma-informed environment, CPS workers should be provided with education on self-care and wellness with a focus on trauma. According to the NCTSN (2018b), workers who are informed of the risks of trauma exposure are more likely to engage in self-care and well activities (e.g., proper rest, nutrition, exercise, and stress reduction activities), which are vital to preventing the effects of secondary traumatic stress. Comparison of the pre-test and post-test mean value scores showed a 15% improvement in post-test scores among the participants which represents a heightened awareness of self-care and wellness. The heightened awareness will facilitate decision making in CPS workers' responses and reactions to the effects of indirect trauma exposure. Through a heightened awareness of the materials presented in the educational program, participation with tests and surveys was limited due to personal choice and obligations of the job.

The survey indicated that 62.5% of those who participated with the survey rated the content about ACES and trauma concepts as "very helpful." Common stress responses to indirect trauma exposure were presented and discussed with engagement from the participants. Respondents requested more information to help them distinguish between the symptoms of vicarious traumatization and secondary traumatic stress. As a response to the educational intervention, survey results revealed that most of the participants either planned to engage in emotional self-care strategies "often" at 56% or "always" at 38.8%. This result is a possible indication that this response was triggered by improving the awareness of increased risk for developing common stress responses such as STS, burnout, compassion fatigue, and/or vicarious trauma. The attendees' responses

45

and survey results support the need for organizations to provide health promotion opportunities to their workers.

Providing employees with remote access to healthcare providers, gyms, and other wellness amenities would be beneficial to health promotion, but it can be costly for organizations that do not have the funding for it. An unexpected finding was the CPS workers' lack of knowledge of the Employee Assistance Program (EAP) resource that was available to them. Awareness about the EAP increased by 21.48% among the participants. The EAP is a free service for employees and beneficial for emotional well-being. When discussing the EAP, employees were observed discussing the program and requesting more contact information for their EAP with their supervisors and the regional director.

The results indicated that the participants had high intentions to engage in emotional self-care strategies; however, a lack of knowledge among the CPS workers existed about the EAP resource available to them. A lack of the purpose of the EAP was observed among the CPS workers also. Now that CPS workers and integral staff are aware of the EAP resource, hopefully, they will use the resource to facilitate engagement in emotional self-care.

Materials presented about self-care strategies were rated "most helpful" among most of the participants. This response is congruent with the research that suggests that organizations should provide child protective workers with more self-care education (Miller, Lianekhammy, & Grise-Owens, 2019). Perhaps, the CPS agency will modify their annual training to include a mandatory session about self-care and wellness for CPS workers and integral staff.

In summary, the results answer the PICO question. The use of evidence-based guidelines to educate child protective service workers was effective; however, the effect on secondary trauma experienced by the CPS workers at the Harrison County Department of Human Services CPS facility could not be determined based on the delivery of the educational intervention. After the educational program was delivered, an increase in the knowledge level was demonstrated in all concepts presented and an overall 15% increase was seen in the mean scores of the post-tests. The surveys showed a positive affect toward preventative measures against secondary exposure because the participants found educational materials regarding self-care to be most useful with the highest intentions to engage in emotional care.

<div align="center">Limitations</div>

Limitations for this project included the time allotted, limited participation, and technical difficulties. The initial time allotted was shortened and shifted towards the end of the workday as there was a transition in the leadership and an extended staff meeting. Due to the timing and nature of the work of child welfare workers, some participants were required to leave after the educational intervention was delivered due to obligations of the job. Low participation with pre-tests and post-tests was mainly attributed to the CPS workers' personal choice and obligations of the job. Technical difficulties occurred with the projector and microphone used to deliver the program. They would shut off briefly, so in some instances, the presentation was improvised with the handouts that had been provided to the participants prior to the delivery of the educational intervention. The handouts served as visual aids to help the participants follow along with the delivery of the content in the educational program to prevent interruption.

Organizational Impact

The DNP project has the potential to be sustainable at the agency. This educational intervention may be incorporated into the mandatory stress management training that is required for MDCPS workers. After delivering the educational intervention, the participants suggested that more time should have been allotted to deliver educational intervention. The facilitator suggested that the educational program would be most beneficial if used as an introductory course during the onboarding process for new hires.

Recommendations and Implications for DNP Practice

All healthcare professionals are required to incorporate the IOM's core competency to improve patient care outcomes (IOM, 2003). An advantage of working in an interdisciplinary team is that it enhances creative solutions that are beneficial and optimize care of a population (IOM, 2003). This DNP student collaborated with CPS workers to successfully design and implement self-care and wellness (i.e., health promotion) educational programs using evidence-based guidelines. The educational program was developed and implemented to meet CPS workers' stress management needs while workers were in the transitioning phase to the Trauma-Informed Care model. Educating the staff improved their awareness of the need for engagement in self-care and wellness activities to protect them from the effects of secondary trauma exposure, both mentally and physically. Raising the workers' knowledge was shown to increase their awareness of the need for self-care education. An unintentional benefit was the increased awareness of the availability of the EAP among the CPS workers, which is an

organizational service that will assist with the stress management needs of the staff free of cost. Overall, CPS workers reported a high interest in self-care.

With a high interest in self-care, opportunities for self-care education for CPS workers need improvements in the organization. In the future, CPS workers should be provided with increased exposure to content associated with self-care training that is mandatory. Due to the observation of peak interest in the EAP discussed among the staff and organizational leaders, EAP representatives should have more presence at the facility. In addition, organizations should seek out opportunities for healthcare providers to provide educational sessions to their staff due to the physical and psychological health risks associated with secondary trauma exposure and the high demands of the profession.

Conclusion

Stress-induced by work is a national concern and has long been recognized by the National Institute of Occupational Safety and Health (CDC, 2018). Outreach to the community to enhance health promotion and prevention is vital to effective clinical outcomes. A goal *of Healthy People 2020* is to "increase the number of employees who have access to workplace stress management/reduction programs" (USDHHS, 2019b, para.14). Research reveals that secondary or indirect exposure to trauma is a specific job stressor for professionals who provide direct services to trauma victims (Cieslak et al., 2014). To protect employees, organizational leaders must provide and ensure that their staff is receiving regular training and education about health promotion in the form of self-care and wellness activities.

APPENDIX A

49

APPENDIX B APPENDIX A – Doctor of Nursing Practice Essentials

DNP Essentials	DNP Project
Scientific Underpinnings for Practice	Addressed by using evidence-based guidelines and a theoretical framework to develop, implement, and evaluate an educational training program.
Organizational and Systems Leadership for Quality Improvement and Systems Thinking	Developed, implemented, and evaluated an educational intervention to improve the CPS workers and integral staff's knowledge of self-care and wellness in a trauma-informed environment.
Clinical leadership and analytical methods for evidence-based practice	The results of the evidence-based research were disseminated with a poster presentation by the DNP student.
Information Systems—Technology and Patient Care Technology for the Improvement and Transformation of Health Care	Utilization of databases and evidence-based repositories to search, analyze, and synthesize evidence-based literature related to the purpose of this DNP project.
Interprofessional Collaboration for Improving Patient and Population Health Outcomes	This essential was met through the collaboration of the DNP student and social work discipline to improve knowledge regarding self-care and wellness in response to secondary exposure.
Clinical Prevention and Population Health for Improving the Nation's Health	The DNP project addressed national concerns of improving health-related quality and well-being and job stress as presented by *Healthy People 2020,* the CDC, and the NAIOSH.

APPENDIX C APPENDIX B — Pre-Test/Post-Test

Promoting Self-care and Wellness in a Trauma-Informed Work Setting

Directions: Please read the questions, then select one answer.

All the following are principles of the Trauma-Informed Model **EXCEPT**:
   a. Cultural, Historical, and Gender Issues
   b. Safety
   c. Power
   d. Transparency

Trauma Exposure is defined as
   a. Only direct exposure to threatened death, serious injury or sexual violence
   b. Any direct or indirect exposure to threatened death, serious injury or sexual violence
   c. Indirect or witnessed exposure to threatened death, serious injury or sexual violence only

ACES categories include which of the following?
   a. Nutritional
   b. Emotional
   c. Household challenges

Which one is not an example of an ACES?
   a. family violence,
   b. alcoholism
   c. divorce
   d. relocation

All apply to a trauma-informed approach as a program, organization, or system that is defined by SAMHSA **EXCEPT**
   a. Remembers the historical trauma of the organization.
   b. Realizes the widespread impact of trauma and understands potential paths for recovery.
   c. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
   d. Actively resist re-traumatization.
   e. Only a and c apply
   f. Only b and a apply
   g. None of these apply
   h. All of these apply

The Behavioral Risk Factor Surveillance System
   a. is a federal based system.

51

b. monitors behavioral risk factors monthly.
c. obtains data from institutionalized and non-institutional U.S. adults.
d. Only a and b apply
e. Only c and a apply
f. Only b and c apply
g. None of these apply
h. All of these apply

_____ is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.
a. Human Resources Department (HR)
b. Equal Employment Opportunity Commission (EEOC)
c. Employee Assistance Program (EAP)
d. None of these apply

_____ is described as a physical and emotional stress responses to working with a highly traumatized population characterized as intrusive thoughts of and avoidance of triggers and emotions of trauma and increased physical arousal.
a. Vicarious traumatization
b. Secondary traumatic stress
c. Burnout
d. Compassion fatigue
e. Resiliency

_____ is characterized by feelings of negativism or cynicism related to one's job and reduced professional efficacy
a. Vicarious traumatization
b. Secondary traumatic stress
c. Burnout
d. Compassion fatigue
e. Resiliency

_____ the ability to "bounce back" from challenging circumstances
a. Vicarious traumatization
b. Secondary traumatic stress
c. Burnout
d. Compassion fatigue
e. Resilience

_____ is described as a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress
a. Vicarious traumatization
b. Secondary traumatic stress
c. Burnout

d. Compassion fatigue
e. Resiliency

_____ is described as a negative shift of the worldview occurs as a result of empathetic engagement with client's or patient's trauma material.
a. Vicarious traumatization
b. Secondary traumatic stress
c. Burnout
d. Compassion fatigue
e. Resiliency

Wellness is best defined as:
a. Wellness is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.
b. Wellness is a state of complete physical and mental well-being, and not merely the absence of environmental distress.
c. Wellness is a state of the complete absence of disease or infirmity.
d. Wellness is the ability of individuals, families, and communities to maintain a state of complete physical, mental, and social well-being in the absence of illness.
e. Wellness is a state of complete physical, mental, and intellectual well-being, and not merely the absence of disease or infirmity.

Self-care is best defined as:
a. Self-care is the ability of individuals, families, and communities to promote, maintain health, prevent disease, and to cope with illness without or with the support of a health care provider.
b. Self-care is the ability of individuals, families, and communities to maintain a state of complete physical, mental, and social well-being in the absence of illness.
c. Self-care requires that a health care provider is not involved in the support or delivery of care.
d. Guidance from a healthcare provider is required for an individual to engage in self-care.

It is suggested that approaching management with compassion requires all the following **EXCEPT**:
a. Empathy
b. Toughness
c. Forgiveness
d. Being mindful

Promoting Self-Care and Wellness in a Trauma-Informed Work Setting Survey

This survey is an anonymous, voluntary survey. Do you wish to participate? Yes or No (Circle your answer)

Directions: Circle the appropriate number and provide feedback for the following questions. **<u>Flip page when done.</u>**
5 – Always
4 – Often
3 – Sometimes
2 – Rarely
1 – Never
-**What is your job role in this organization?** _____
-How often do you plan on engaging in physical self-care strategies? If so, which one(s):

_____
__

5	4	3	2	1

-How often do you plan on engaging in emotional self-care strategies? If so, which one(s):

_____
__

5	4	3	2	1

-How often do you plan on engaging in workplace/professional self-care strategies? If so which one(s) :

_____

5	4	3	2	1

-How often do you plan on engaging in spiritual self-care strategies? If so which one(s):

_____
__

5	4	3	2	1

-How often do you plan on engaging in resilience building strategies? If so, which one(s):

_____
__

5	4	3	2	1

Directions: Circle the appropriate numbers and provide two pieces of feedback at the bottom of the page.
5 – Extremely helpful

4 – Very helpful
3 – Somewhat helpful
2 – Not so helpful
1 – Not at all helpful
-How useful was the information presented on trauma and related events, trauma informed care, and common trauma responses? If so, what was most useful:

_____

| 5 | 4 | 3 | 2 | 1 |

-How useful was the information presented on physical self-care strategies?
If so, what was most useful:

_____

| 5 | 4 | 3 | 2 | 1 |

-How useful was the information presented on workplace/professional self-care strategies? If so, what was most useful:
ow useful was the information presented
on _____

| 5 | 4 | 3 | 2 | 1 |

How useful was the information presented on spiritual self-care strategies? If so, what was most useful:

_____

| 5 | 4 | 3 | 2 | 1 |

-How useful was the information presented on resilience building strategies? If so, what was How useful was the information presented on resilience buildings strategies? If so, what was most useful:

_____

| 5 | 4 | 3 | 2 | 1 |

What topic did you find most useful?
Comments:

_____
____

What are your suggestions to improve this educational training?
Comments:

APPENDIX E APPENDIX D — Organization Approval Letter

Re: Natonya Murray's DNP Project

Ricardo Bolton <Ricardo.Bolton@mdcps.ms.gov>
Wed 11/7/2018 1:11 PM
To: Karen Rich <Karen.Rich@usm.edu>
Cc: Natonya Murray <Natonya.Murray@usm.edu>

Dr. Rich,
State office approval was given.

Ricardo Bolton, LMSW
Regional Director
Region VII-Central, Harrison County
Mississippi Department of Child Protection Services
Sent from my iPhone

From: Ricardo Bolton <ricardo.bolton@mdcps.ms.gov>
Sent: Monday, November 5, 2018 8:40 AM
To: Karen Rich
Cc: Natonya Murray
Subject: Re: Natonya Murray's DNP Project

Hello Dr. Rich,
This will be acceptable. I will forward this information to my state office so that they are aware of the project that this student will be doing with USM.

APPENDIX F APPENDIX E – IRB Approval Letter

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-329
PROJECT TITLE: Program Planning: Evaluation of a Self-Care and Wellness Educational Training for Job Stress Induced by Work-Related Trauma Exposure among Child Protective Service Workers.
SCHOOL/PROGRAM: School of LANP, Leadership & Advanced Nursing
RESEARCHER(S): Natonya Murray, Karen Rich

IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: July 24, 2019 to July 23, 2020

Donald Sacco Jr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

REFERENCES

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and
psychological distress among social workers: A validation study. *American
Journal of Orthopsychiatry*, *76*(1), 103-108. doi:10.1037/0002-9432.76.1.103
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699394/

American Institute of Stress (AIS). (2011). Workplace stress. Retrieved from
https://www.stress.org/workplace-stress

American Psychological Association Center for Organizational Excellence (APA).
(n.d.). APA Center for Organizational Excellence: Work Stress. Retrieved from
http://www.apaexcellence.org/resources/special-topics/work-stress

American Psychological Association (APA). (2010). Stress in America key findings:
2010. Retrieved from https://www.apa.org/news/press/releases/stress/2010/key-
findings

Armato, C. S., & Jenike, T. E. (2018). Leadership development program for physician
resiliency and wellness. Retrieved from https://catalyst.nejm.org/leadership-
development-program-physician-resiliency-wellness/

Asuero, A. M., Queraltó, J. M., Pujol-Ribera, E., Berenguera, A., Rodriguez-Blanco, T.,
& Epstein, R. M. (2014). Effectiveness of a mindfulness education program in
primary health care professionals: A pragmatic controlled trial. *Journal of
Continuing Education in the Health Professions*, *34*(1), 4-12.
doi:10.1002/chp.21211
http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t
rue&db=c8h&AN=104049221&site=ehost-live

58

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious

    trauma. *Families in Society: The Journal of Contemporary Social*

    Services, *84*(4), 463-470. doi:10.1606/1044-3894.131

    https://www.researchgate.net/publication/276455324_Organizational_Prevention

    _of_Vicarious_Trauma https://www.ce-

    credit.com/articles/100716/PrevVicariousTrauma.pdf

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M.,

    … Koenen, K. C. (2016). The epidemiology of traumatic event exposure

    worldwide: Results from the World Mental Health Survey

    Consortium. *Psychological Medicine*, *46*(2), 327–343.

    doi:10.1017/S0033291715001981

Bercier, M. (2013). Interventions that help the helpers: A systematic review and meta-

    analysis of interventions targeting compassion fatigue, secondary traumatic stress

    and vicarious traumatization in mental health workers. Retrieved from

    https://vtt.ovc.ojp.gov/ojpasset/Documents/INT_%20That_Help_The_Helpers-

    508.pdf

Bloomquist, K., Wood, L., Trainor, K., & Kim, H. (2015). View of self-care and

    professional quality of life: predictive factors among MSW practitioners.

    Retrieved from

    https://journals.iupui.edu/index.php/advancesinsocialwork/article/

    view/18760/20469

Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma:

    do they work? *Brief Treatment and Crisis Intervention*, *6*(1), 1-9.

doi:10.1093/brief-treatment/mhj001

https://www.researchgate.net/publication/31325315_Strategies_for_Reducing_Se

condary_or_Vicarious_Trauma_Do_They_Work

Boscarino, J., Figley, C., & Adams, R. (2004). Compassion fatigue following the

september 11 terrorist attacks: a study of secondary trauma among New York

city social workers. Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2713725/

Bressi, S. K., & Vaden, E. R. (2016). Reconsidering self-care. *Clinical Social Work

Journal*, *45*(1), 33-38. doi:10.1007/s10615-016-0575-4

https://repository.brynmawr.edu/cgi/viewcontent.cgi?article=1068&context=gss

wsr_pubs

Bride, B. (2007, February 1). Prevalence of secondary traumatic stress among social

workers. Retrieved from

https://www.researchgate.net/publication/6419610_Prevalence_of_Secondary_Tr

aumatic_Stress_among_Social_Workers

Casey Family Programs (CFP). (2017). How does turnover affect outcomes. Retrieved

from https://www.casey.org/turnover-costs-and-retention-strategies/

Centers for Disease Control and Prevention (CDC). (2013). Adverse childhood

experiences looking at how ACES affect our lives & society. Retrieved from

https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

Centers for Disease Control and Prevention (CDC). (2016). Workplace health model.

Retrieved from

https://www.cdc.gov/workplacehealthpromotion/model/index.html

Centers for Disease Control and Prevention. (2018). STRESS...At work. Retrieved from

  https://www.cdc.gov/niosh/docs/99-

Centers for Disease Control and Prevention (CDC). (2019a). Preventing child abuse &

  neglect. Retrieved from

  https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html

Centers for Disease Control and Prevention (CDC). (2019b). Behavioral risk factor

  surveillance system ACE data. Retrieved from

  https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-

  brfss.html

Centers for Disease Control and Prevention (CDC). (2019c). About adverse childhood

  experiences. Retrieved from

  https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.ht

  ml

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html

Choi, G. (2011). Organizational impacts on the secondary traumatic stress of social

  workers assisting family violence or sexual assault survivors. *Administration in*

  Social Work, *35*(3), 225-242. doi:10.1080/03643107.2011.575333

  http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t

  rue&db=c8h&AN=104713643&site=ehost-live

Cieslak, R., Shoji, K., Douglas, A., Melville, E., Luszczynska, A., & Benight, C. C.

  (2014). A meta-analysis of the relationship between job burnout and secondary

  traumatic stress among workers with indirect exposure to trauma. *Psychological*

  Services, *11*(1), 75-86. doi:10.1037/a0033798

61

https://www.uccs.edu/~Documents/thhc/faculty_publications/CieslakShojiDougl as2014.pdf

Coleman, C., Martensen, C., Scott, R., & Indelicato, A. (2016). Unpacking self-care: The connections between mindfulness, self-compassion, and self-care for counselors. Retrieved from https://pdfs.semanticscholar.org/13e5/f39b25a16c883d4b3b775ecedbc073c3a3fe. pdf?_ga=2.231845849.716240385.1569093707-467271111.1566750450

Collins. B., & Parry, B. (2000). Stress: The perceptions of social work lecturers in Britain. Retrieved from https://www.researchgate.net/publication/249284943_Stress_The_perceptions_of _social_work_lecturers_in_Britain

Colorado Advocacy in Action [CAIA]. (2017). Trauma-informed approach trauma-specific interventions. Retrieved from http://coloradoadvocacy.org/wp-content/uploads/2017/06/TraumaInformedCare-1.pdf

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner Guide. *Australian Psychologist*, *50*(6), 393-399. doi:10.1111/ap.12157 http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t rue&db=c8h&AN=110848415&site=ehost-live

Demerouti, E., Mostert, K., & Bakker, A. B. (2010). Burnout and work engagement: A thorough investigation of the independency of both constructs. *Journal of Occupational Health Psychology*, *15*(3), 209-222. doi:10.1037/a0019408

http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t
rue&db=c8h&AN=105047606&site=ehost-live

DePanfilis, D. (2018). Child protective services: A guide for caseworkers 2018.
Retrieved from
https://www.childwelfare.gov/pubPDFs/cps2018.pdf#page=10&view=Chapter%
201:%20Purpose%20and%20Overview

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic
stress or simply burnout? Effect of trauma therapy on mental health
professionals. *Australian & New Zealand Journal of Psychiatry*, *43*(4), 373-385.
doi:10.1080/00048670902721079
https://www.researchgate.net/publication/24210263_Vicarious_Trauma_Seconda
ry_Traumatic_Stress_or_Simply_Burnout_Effect_of_Trauma_Therapy_on_Ment
al_Health_Professionals

Dill, K. (2007). Impact of stressors on front-line child welfare supervisors. *The Clinical
Supervisor*, *26*(1-2), 177-193. doi:10.1300/j001v26n01_12
https://www.researchgate.net/profile/Katharine_Dill/publication/255613132_Imp
act_of_Stressors_on_Front-
Line_Child_Welfare_Supervisors/links/55c72aa808aeb9756743a817/Impact-of-
Stressors-on-Front-Line-Child-Welfare-Supervisors.pdf

Esaki, N., & Larkin, H. (2013). Prevalence of adverse childhood experiences (ACES)
among child service providers. *Families in Society: The Journal of
Contemporary Social Services*, *94*(1), 31-37. doi:10.1606/1044-3894.4257

https://www.researchgate.net/publication/261633751_Prevalence_of_adverse_ch

ildhood_experiences_ACE_among_child_service_providers

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress*

disorder in those who treat the traumatized. London, UK: Psychology Press.

Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic

stress disorder and vicarious trauma in mental health professionals. *Health &*

Social Work, *40*(2), e25-e31. doi:10.1093/hsw/hlv026

Goetzel, R. Z., Shechter, D., Ozminkowski, R. J., Marmet, P. F., Tabrizi, M. J., &

Roemer, E. C. (2007). Promising practices in employer health and productivity

management efforts: findings from a benchmarking study. *Journal of*

Occupational and Environmental Medicine, *49*(2), 111-130.

doi:10.1097/jom.0b013e31802ec6a3

Graham, J., & Shier, M. (2010). Social work practitioners and subjective well-being:

Personal factors that contribute to high levels of subjective well-being.

International Social Work, 53, 757-772. 10.1177/0020872810368394. Retrieved

from

https://www.researchgate.net/publication/224894164_Social_work_practitioners

_and_subjective_well-

being_Personal_factors_that_contribute_to_high_levels_of_subjective_well-

being

Griffiths, A., Royse, D., & Walker, R. (2018). Stress among child protective service

workers: Self-reported health consequences. *Children and Youth Services*

Review, *90*, 46-53. doi:10.1016/j.childyouth.2018.05.011 https://www-

sciencedirect-com.lynx.lib.usm.edu/science/article/pii/S0190740918300914

Hodgkinson, P. E., & Stewart, M. (2006). *Coping with catastrophe: A handbook of post-

disaster psychological aftercare*. London, UK: Routledge.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: trauma-

informed care in homelessness services settings. *The Open Health Services and

Policy Journal*, *3*(2), 80-100. doi:10.2174/1874924001003020080 Shelter from

the Storm: Trauma-Informed Care in Homelessness Services Settings

http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf

Institute of Medicine (IOS). (2003). Health professions education: A bridge to quality.

Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK221519/

Introduction. (2018). Retrieved from https://www.nctsn.org/trauma-informed-

care/secondary-traumatic-stress/introduction

Johns Hopkins Bloomberg School of Public Health. (2015). Making workplace health

promotion (wellness) programs "work". Retrieved from

https://www.jhsph.edu/research/centers-and-institutes/institute-for-health-and-

productivity-studies/ihps-blog/making-workplace-health-promotion-wellness-

programs-work

Jones, C. (2001). Voices from the front line: State social workers and new labour.

Retrieved from https://academic.oup.com/bjsw/article/31/4/547/1621382

Kemppainen, V., Tossavainen, K., & Turunen, H. (2012). Nurses' roles in health

promotion practice: An integrative review. *Health Promotion*

International, *28*(4), 490-501. doi:10.1093/heapro/das034

https://academic.oup.com/heapro/article/28/4/490/556908

Kim, H., & Kao, D. (2014). A meta-analysis of turnover intention predictors among U.S.

child welfare workers. *Children and Youth Services Review*, *47*, 214-223.

doi:10.1016/j.childyouth.2014.09.015 https://usm-primo-exlibrisgroup-

com.lynx.lib.usm.edu/discovery/openurl?institution=01USM_INST&vid=01US

M_INST:01USM&date=20141203&issue=&isbn=&spage=214&title=Children

%20&atitle=A%20meta-

analysis%20of%20turnover%20intention%20predictors%20among%20U.S.%20

child%20welfare%20workers.&sid=EBSCO:CINAHL%20with%20Full%20Text

:103923488&volume=47&pages=214-

223&issn=01907409&au=Kim&genre=article&ID=10.1016%2Fj.childyouth.201

4.09.015

Koenig, R. (2019). The most stressful jobs. Retrieved from

https://money.usnews.com/careers/company-culture/slideshows/the-most-

stressful-jobs?slide=16

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). Copenhagen

burnout inventory. *PsycTESTS Dataset*. Retrieved from

https://www.tandfonline.com/doi/abs/10.1080/02678370500297720

Leiter, M. P., & Laschinger, H. K. (2006). Relationships of work and practice

environment to professional burnout. *Nursing Research*, *55*(2), 137-146.

doi:10.1097/00006199-200603000-00009

https://www.researchgate.net/publication/7076938_The_Impact_of_Nursing_Wo

rk_Environments_on_Patient_Safety_Outcomes_The_Mediating_R

Linnan, L. A. (2010). The business case for employee health: what we know and what

we need to do. *North Carolina Medical Journal*, *1*(1), 69-74. Retrieved from

http://classic.ncmedicaljournal.com/wp-content/uploads/NCMJ/Jan-Feb-

10/Linnan.pdf

Lizano, E. L., & Mor Barak, M. E. (2012). Workplace demands and resources as

antecedents of job burnout among public child welfare workers: A longitudinal

study. *Children and Youth Services Review*, *34*(9), 1769-1776.

doi:10.1016/j.childyouth.2012.02.006 https://usm-primo-exlibrisgroup-

com.lynx.lib.usm.edu/discovery/openurl?institution=01USM_INST&vid=01USM

_INST:01USM&date=20120901&issue=9&isbn=&spage=1769&title=Children%

20&atitle=Workplace%20demands%20and%20resources%20as%20antecedents%

20of%20job%20burnout%20among%20public%20child%20welfare%20workers:

%20A%20longitudinal%20study.&sid=EBSCO:CINAHL%20with%20Full%20T

ext:104357278&volume=34&pages=1769-

1776&issn=01907409&au=Lizano&genre=article&ID=doi:10.1016%2Fj.childyo

uth.2012.02.006

Maike, M., Osborne, M., Fox, T., & Scarano, D. (2017). Exploring the landscape of

mental health and wellness in Washington's k-12 education system. Retrieved

from: https://wa.kaiserpermanente.org/static/pdf/public/about/mental-health-

wellness-full-report.pdf

Maslach, C., Shaufeli, W., & Leiter, M. (2001). Job burnout. Retrieved from

https://www.researchgate.net/profile/Michael_Leiter/publication/5396366_Early

_Predictors_of_Job_Burnout_and_Engagement/links/0912f50ba531f7174c00000

0/Early-Predictors-of-Job-Burnout-and-Engagement.pdf

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for

understanding the psychological effects of working with victims. *Journal of

Traumatic Stress*, *3*(1), 131-149. doi:10.1007/bf00975140

Middleton, J. (2015). Addressing secondary trauma and compassion fatigue in work with

older veterans: an ethical imperative. *Journal of Aging Life Care*. Retrieved from

https://www.aginglifecarejournal.org/addressing-secondary-trauma-and-

compassion-fatigue-in-work-with-older-veterans-an-ethical-imperative/

Miller, J. J., Donohue-Dioh, J., Niu, C., Grise-Owens, E., & Poklembova, Z. (2019).

Examining the self-care practices of child welfare workers: A national

perspective. *Children and Youth Services Review*, *99*, 240-245. Retrieved from

https://usm-primo-exlibrisgroup-

com.lynx.lib.usm.edu/discovery/openurl?institution=01USM_INST&vid=01US

M_INST:01USM&date=20190401&issue=&isbn=&spage=240&title=Children

%20&atitle=Examining%20the%20self-

care%20practices%20of%20child%20welfare%20workers:%20A%20national%2

0perspective.&sid=EBSCO:CINAHL%20with%20Full%20Text:135227623&vol

ume=99&pages=240-

245&issn=01907409&au=Miller&genre=article&ID=doi:10.1016%2Fj.childyout

h.2019.02.009

Miller, J. J., Lianekhammy, J., & Grise-Owens, E. (2019). Examining self-care among

      individuals employed in social work capacities. *Advances in Social Work*, *18*(4),

      1250-1266. doi:10.18060/22320

      http://journals.iupui.edu/index.php/advancesinsocialwork/article/view/22320

Mississippi Department of Child Protective Services (MDCPS). (2018). Full report to

      the Mississippi legislature: A review of the Mississippi Department Child

      Protection Services for fiscal years of Child Protection Services 2017 and 2018.

      Retrieved from https://www.peer.ms.gov/Reports/reports/MDCPS-Full.pdf

National Association of Social Workers (NASW). (2009). *Social work speaks: National*

      Association of Social Workers policy statements, 2009-2012 (8th ed., pp. 268-

      272). Washington, DC: National Assn of Social Workers Press.

National Child Traumatic Stress Network (NCTSN). (2016). Secondary trauma and

      child welfare staff: guidance for supervisors and administrators. Retrieved from

      https://www.nctsn.org/sites/default/files/resources/secondary_trauma_child_welf

      are_staff_guidance_for_supervisors.pdf

National Child Traumatic Stress Network (NCTSN). (2018a). Creating trauma-informed

      systems. Retrieved from https://www.nctsn.org/trauma-informed-care/creating-

      trauma-informed-systems

National Child Traumatic Stress Network (NCTSN). (2018b). Secondary traumatic

      stress. Retrieved from https://www.nctsn.org/trauma-informed-care/secondary-

      traumatic-stress/introduction

National Council for Behavioral Community Health (NCCBH). (2012). Is your

      organization trauma-informed. Retrieved from

https://www.thenationalcouncil.org/wp-content/uploads/2012/11/Is-Your-Organization-Trauma-Informed.pdf

National Council on Behavioral Health (NCBH). (2013). How to manage trauma. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf

Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare*, *82*(1), 5-26. Retrieved from http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=106815898&site=ehost-live

Oser, C., Perkins, E., Pullen, E., & Harp, K. (2013). Causes, consequences, and prevention of burnout among substance abuse treatment counselors*:* A rural versus urban comparison. Retrieved from https://www.researchgate.net/publication/236676386_Causes_Consequences_and_Prevention_of_Burnout_Among_Substance_Abuse_Treatment_Counselors_A_Rural_Versus_Urban_Comparison

Phoenix, O. (2014). *Victim Advocate's guide to wellness: Six dimensions of vicarious trauma-free life*. Scotts Valley, CA: Create Space Publishing.

Phoenix, O. (2015). Self-care wheel. Retrieved from http://www.olgaphoenix.com/wp-content/uploads/2015/05/SelfCare-Wheel-Final.pdf

Pearlman, L. A., & Mac Ian, P. S. (1996). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, *26*(6), 558-565. doi:10.1037/0735-7028.26.6.558

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York, NY: W Norton & Company.

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2011). *Health promotion in nursing practice*. Upper Saddle River, NJ: Prentice-Hall.

Petersen, A., Joseph, J., & Feit, M. (2014). The Child Welfare System. In *New Directions in child abuse and neglect research* (p. 176). Washington, DC: National Academies Press.

Raingruber, B. (2014). Health promotion theories. In *Contemporary Health Promotion in Nursing Practice*. Burlington, MA: Jones & Bartlett Publishers.

Sabo, B. (2011). Reflecting on the concept of compassion fatigue. *Online Journal of Issues in Nursing*, *16*(1), 1. https://doi-org.lynx.lib.usm.edu/10.3912/OJIN.Vol16No01Man01 Retrieved from http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=104894933&site=ehost-live

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review*, *49*, 54-61. doi:10.1016/j.childyouth.2014.12.023 https://usm-primo-exlibrisgroup-com.lynx.lib.usm.edu/discovery/openurl?institution=01USM_INST&vid=01USM_INST:01USM&date=20150201&issue=&isbn=&spage=54&title=Children%20&atitle=The%20role%20of%20self-care%20on%20compassion%20satisfaction,%20burnout%20and%20

secondary%20trauma%20among%20child%20welfare%20workers.&sid=EBSCO
:CINAHL%20with%20Full%20Text:103756200&volume=49&pages=54-
61&issn=01907409&au=Salloum&genre=article&ID=10.1016%2Fj.childyouth.2
014.12.023

Sheen, K., Slade, P., & Spiby, H. (2013). An integrative review of the impact of indirect
trauma exposure in health professionals and potential issues of salience for
midwives. *Journal of Advanced Nursing*, *70*(4), 729-743. Retrieved from
http://researchonline.ljmu.ac.uk/id/eprint/8574/

Shirom, A. (2009). Burnout and health: expanding our knowledge. *Stress and
Health*, *25*(4), 281-285. doi:10.1002/smi.1283

https://onlinelibrary.wiley.com/doi/full/10.1002/smi.1283

Simpson, L. R., & Starkey, D. S. (2006). *Secondary traumatic stress, compassion
fatigue, and counselor spirituality: Implications for counselors working with
trauma*. Retrieved March 22, 2007, from

http://www.counselingoutfitters.com/Simpson.htm

Smith, R. J., & Clark, S. J. (2011). Does job resource loss reduce burnout and job exit
for professionally trained social workers in child welfare? *Children and Youth
Services Review*, *33*(10), 1950-1959. Retrieved from
https://calswec.berkeley.edu/sites/default/files/does_job_resource_loss_reduce_b
burnou_and_job_exit_for_professionally_trained_social.pdf

Stevens, J. (2013). Nearly 35 million U.S. children have experienced one or more types
of childhood trauma. Aces too high. Retrieved from

https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-

experienced-one-or-more-types-of-childhood-trauma/

Substance Abuse and Mental Health Services Administration (SAMHSA).

(2014). SAMHSA's concept of trauma and guidance for a trauma-informed

approach (14-4884). Retrieved from https://store.samhsa.gov/system/files/sma14-

4884.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014a).

Trauma-informed care in behavioral health services. treatment improvement

protocol (TIP) Series 57 (13-4801). Retrieved from

https://www.ncbi.nlm.nih.gov/books/NBK207202/

Substance Abuse and Mental Health Services Administration (SAMHSA). (2016).

SAMHSA'S wellness initiative: wellness community PowerPoint presentation.

Retrieved from https://store.samhsa.gov/system/files/sma16-4955.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017).

Understanding child trauma. Retrieved from https://www.samhsa.gov/child-

trauma/understanding-child-trauma

Substance Abuse and Mental Health Service Administration (SAMHSA). (2018).

SAMHSA is announcing the availability of up to $210 million for Project

AWARE state education agency grants. Retrieved from

https://www.samhsa.gov/newsroom/press-announcements/201804091100

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019).

Substance abuse and mental illness prevention. Retrieved from

https://www.samhsa.gov/find-help/prevention

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.a).

    Impact of ACES and adoption of trauma-informed approaches in healthcare

    settings. Retrieved from https://integration.samhsa.gov/about-

    us/ACES_in_TIC.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.b).

    Promoting staff wellness and preventing vicarious trauma and other work force

    concern. Retrieved from https://www.integration.samhsa.gov/mai-coc-grantees-

    online-community/1B_-_Virtual_Meeting_Breakout_Session.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.c).

    Trauma. Retrieved from https://www.integration.samhsa.gov/clinical-

    practice/trauma-informed

U.S. Census Bureau. (2012). 2012 economic census reference maps: Mississippi.

    Retrieved from https://www.census.gov/geographies/reference-

    maps/2012/econ/census/mississippi.html

U.S. Census Bureau QuickFacts: Harrison County, Mississippi. (2018). Retrieved from

    https://www.census.gov/quickfacts/harrisoncountymississippi

U.S. Department of Health and Human Services (HHS). (2019a). Health-related quality

    of life & well-being | healthy people 2020. Retrieved from

    https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-

    quality-of-life-well-being

U.S. Department of Health and Human Services (HHS). (2019b). Occupational safety

    and health | healthy people 2020. Retrieved from

https://www.healthypeople.gov/2020/topics-objectives/topic/occupational-safety-
and-health/objectives

Utah Center of Evidence-Based Treatment [UCEBT]. (n.d.). Core competencies: Peer
role: Self-care self -assessment tool: self-care. Retrieved from
https://www.ucebt.com/images/pdfs-doc/SelfAssessmentToolSelfCare-PeerRole-
Peer_Training.pdf

Way, I., VanDeusen, K., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious
trauma: a comparison of clinicians who treat survivors of sexual abuse and
sexual offenders. *Journal of Interpersonal Violence*, *19*(1), 49-71.
doi:10.1177/0886260503259050
http://lynx.lib.usm.edu/login?url=http://search.ebscohost.com/login.aspx?direct=t
rue&db=c8h&AN=106752421&site=ehost-live

World Health Organization (WHO). (2010). Framework for action on interprofessional
education & collaborative practice. Retrieved from
https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_
eng.pdf?sequence=1

World Health Organization (WHO). (2019a). Health education. Retrieved from
https://www.who.int/topics/health_education/en/

World Health Organization (WHO). (2019b). Health promotion. Retrieved from
https://www.who.int/westernpacific/about/how-we-work/programmes/health-
promotion

World Health Organization. (WHO) (2019c). Stress at the workplace. Retrieved from
https://www.who.int/occupational_health/topics/stressatwp/en/

Zaccagnini, M., & White, K. (2017). *The doctor of nursing practice essentials* (3rd ed.).

    Burlington, MA: Jones & Bartlett Publishers.

Zapka, J. M., Lemon, S. C., Magner, R. P., & Hale, J. (2009). Lifestyle behaviours and

    weight among hospital-based nurses. *Journal of Nnursing Management*, *17*(7),

    853–860. doi:10.1111/j.1365-2834.2008.00923.x

    https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2760042/