

ADVOCATE EDUCATION AND SUPPORT PROJECT
Responding the Needs of Advocates



**Secondary Traumatic Stress:
A Series for Advocates ***

8 Session Curriculum

*** Advocates: Any worker or staff person involved in direct service and/or outreach to traumatized populations**



AESP
A Project of the
Center for Violence Prevention and Recovery
Beth Israel Deaconess Medical Center
330 Brookline Avenue, Rose 200
Boston, MA 02215
617-667-8241 or 617-667-8239

Email: kmanners@bidmc.harvard.edu; ltieszen@bidmc.harvard.edu
www.bidmc.harvard.edu/violenceprevention

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implementation, and printing of this curriculum.**

Acknowledgments

The Advocate Education & Support Project Curriculum represents the work of ten years of group work with advocates throughout Massachusetts. It represents the growing understanding of Secondary Traumatic Stress in the advocacy community and an increasing recognition by supervisors that there needs to be a better response to this issue.

The Advocate Education & Support Project (AESP) has been a collaborative process from the beginning, with Beth Israel Deaconess Medical Center, Center for Violence Prevention & Recovery staff meeting with the Suffolk County District Attorney's Office Victim Witness supervisors to learn more about the needs of court-based advocates. Further, Center staff brought together a diverse group of project planners representative of community advocacy, criminal justice, and mental health. Participating organizations included: Transition House, The Network for Battered Lesbians & Bisexual Women, Boston Public Health Commission, Roxbury Comprehensive Community Health Center, and Cambridge Guidance Center. Janet Yassen, co-founder of the Boston Area Rape Crisis Center and staff of Victims of Violence Program, Cambridge Hospital, also assisted in facilitating this process. Some of the initial collaborators (Janet Yassen) joined by other advocate and clinical partners (Dolores Aguirre, Melissa Dimond, and Meg Stone) have enriched this process. Amy Waldman (Northampton) and Barbara Russell (Amherst) have been particularly helpful as they have lead groups in Western Massachusetts and provided feedback on the curriculum. Survivors have been represented in every step of this process; their voices are essential and keep us grounded.

Remaining focused on the objectives listed below, we have tried to build a curriculum that is accessible to all advocates and produces results at multiple levels:

1. Provide opportunities for skill building, peer consultation, and collaboration among an interdisciplinary group of professionals.
2. Produce an enhanced response to victims of interpersonal violence.
3. Promote systems change, that creates a more responsive and healthy work environment.
4. Support and create connections for domestic violence, sexual assault, and other interpersonal advocates in their work.

As we have piloted and expanded this project across the State of Massachusetts we have worked with hundreds of advocates and learned enormously from them. We have edited and re-edited this curriculum many, many times. It could continue to be revised in an ongoing way; it is not finished for there is more to learn and more research being done all the time.

We have built on the work of Charles Figley, Brian Bride, B. Hudnall Stamm, as well as Laurie Anne Pearlman & Karen Saakvitne, and their colleagues at the Traumatic Stress Institute, and appreciate their research, clinical work and materials which enhance our knowledge. We recognize Suzanne Slattery's dissertation work on protective factors in ameliorating STS and Burnout among advocates, and her consultation, which have been enormously helpful. Thank you all for your commitment to all who work with survivors of trauma and abuse.

We want to thank the advocates who have participated in our groups and our process; your weekly feedback has been enormously helpful. We want to thank the clinicians and advocates who have facilitated groups and helped us to refine the curriculum. We want to thank the staff at the Center for Violence Prevention & Recovery, Beth Israel Deaconess Medical Center for their support and for the continuing commitment of space, oversight, and funds to this effort.

In addition, AESP is extremely grateful to those outside of the Medical Center who have funded the initial pilots and the ongoing work. Former Suffolk County District Attorney Ralph C. Martin III and his Victim Witness Unit Chief, Janet Fine believed in this work from the beginning and supported it from his personal funds. The Massachusetts Office for Victim Assistance has supported the group work with advocates who are also survivors of trauma. Both The Academy of Matrimonial Lawyers Foundation and the Olive Higgins Prouty Foundation have supported this endeavor in an ongoing way. The Jacob and Valeria Langeloth Foundation helped AESP to expand across the State of Massachusetts.

Finally, the Herman Foundation, through more recent grants, has provided the funding for finalizing this curriculum and getting it printed, as well as supporting ongoing groups and new ideas. Thank you all.

We believe in the need to address the impact of secondary trauma on the personal and professional lives of advocates, and others working with survivors.

We look forward to continuing to move this work forward and to having you join us.

Lisa A. Tieszen, MA, LICSW
Project Coordinator

Katherine Manners, M.Ed., LMFT
Clinical Coordinator

How to use this curriculum

This curriculum is intended for use in a co-facilitated series, with a group of eight to ten advocates/clinicians/direct services staff meeting eight consecutive weeks for two hours. A light and healthful snack is provided weekly along with water.

It has been a dynamic, evolving curriculum – changing, updating and amending based on the feedback from participants and facilitators each time the series has been offered.. We encourage you to use the curriculum in the same way – adapting the exercises, flow, structure to best suit your style and the style of your participants.

Each of the eight sessions in this curriculum has guidelines for instruction, exercises, and discussion; handouts are included at the end of each session's section. There is core content covered in each session although there are many ways to convey this material. Methods of teaching are suggested, as are exercises; all are flexible and can be modified according to the needs of the group and the particular strengths of the facilitators.

Sessions are organized to include a check-in time at the start and then a move into the content for that week's session using various tools and modalities to elicit the participants' reflection and participation. The curriculum is designed to work on multiple levels incorporating different teaching/learning styles including didactic presentation, discussion, role play, art, music, relaxation, etc. Each session ends with an experiential relaxation exercise that varies every week in an effort to expose the participants to multiple methods. Suggestions for weekly relaxation activities are located at the end of the manual.

We have included a demographic survey that we have used in our series to provide us with general and anonymous information about our participants. This form is optional. We have also included an example of the weekly feedback forms that we have been using. While they are completed anonymously, they have provided valuable feedback to the facilitators in real time that enables them to adapt, change or add exercises as identified by the participants for the remainder of the series, or for the next time a series is offered.

Feel free to make this curriculum your own and most of all have fun with it!

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SESSION #1 - Introductions

Goals and Objectives

Goals:

1. Introduce participants to one another and to the Project overall, including goals and structure.
2. Begin to establish a supportive environment for group sharing and learning.
3. Begin evaluation to further understand the effects series efficacy.

Objectives:

Group leaders introduce themselves and the Project:

a. What this series is:

- Education and Support: This is a parallel process as to your work – as advocates, we are familiar with providing this to our clients. In this series we will be experiencing the same.
- Understanding Secondary Traumatic Stress (STS): What it is, how it develops, what factors contribute to its development.
- Learning strategies for self care: Members will be encouraging each other and trying new ways to take care of themselves both on and off the job.
- An opportunity to create systems change: members may develop new strategies or ideas for improvements in their agency/organization/world that can improve services to victim/survivors.

b. What this series is not:

- Therapy group: we are focused on creating a peer support network (leaders can make referrals for therapy).
- Lecture series or a class: meetings are highly interactive.
- Gripe session: we will be engaged in productive strategizing and in finding solutions to particular issues.

c. Logistics:

Structure of the group; 2-hour meetings, beginning and ending on time; turn off cell phones/pagers; refreshments provided; commitment for the 8 weeks; between group contacts; how to reach leaders if running late or cannot come.

Advocate Education and Support Project Session #1 - Introductions

Exercises:

	Name	Type	Time
1.	Introductions	Go round	20 min
2.	Group Guidelines	Brainstorm	5 min
3.	Professional History	Go round	20 min
4.	Exploring Challenges, Identifying Effects	Group disc.	25 min
5.	Why We Stay?	Group disc.	15 min

Closing/Checkout

1.	Checkout	Go round	5 min
2.	Evaluations	Written	10 min
3.	Relaxation		10 min

Handouts

- Group curriculum packets
- Name and numbers for facilitators
- Pre- series surveys and demographic survey
- Weekly Check out
- Weekly Feedback form

Session #1 - Introductions

Exercises: (95 minutes)

As participants arrive, have them review their packets (and optional pre-series surveys) before commencing with the group. (5-10 minutes)

- 1. Introductions** (20 minutes)
 - a. Project (see Objectives: a,b,c)
 - b. Facilitators
 - c. Participants: Name, where working, how long

- 2. Presenting group guidelines:** (5 min) *(Presenters can write these up on newsprint with the group or have them prepared before the group arrives for easy review).*
List out guidelines, discuss, and modify. Include, but not limited to:
 - *Try on new ideas/behaviors;*
 - *Take responsibility for own learning;*
 - *Try to participate;*
 - *Agree to disagree;*
 - *Accept other's styles;*
 - *Both/and thinking;*
 - *No shaming or blaming;*
 - *Be non-judgmental*
 - *Confidentiality (in the room and on personal issues, except for 51As, suicidality or homicidality)*

- 3. Professional history:** In a go around, ask participants to describe *When, Where, How* and *Why* they got into this work. AND, what has prompted them to join this series? (20 min)

- 4. Exploring Challenges, Identifying Effects:** (Group discussion)
 - a. What are the biggest challenges for you in this work? (10 minutes).
 - b. Follow up: Referring back to responses from above, ask participants: How have each of these challenges affected you personally and/or professionally? (15 minutes) *Facilitators draw out responses to this question of the various signs/symptoms of STS - record on newsprint. Try to record in two columns if possible: Personal and Professional. Begins introduction of their common experiences and difficulties with the work as well as begins to define their personal response to STS.*

- 5. Why We Stay?** (Group discussion)
 - a. What keeps you in the work? *Facilitators record responses on newsprint – encourages the “silent” benefits of the work and reminds participants of*

the real motivations and rewards for being in this field despite its inherent challenges. Sum up what has been recorded. (15 min)

Closing/Check out:

Allow at least 25 minutes at the end of the first session for routine check out, evaluations and an abbreviated relaxation exercise.

- Check out: review handout (Attachment A) and use the question as a go round. This is an exercise that will be used each week “What one thing are you going to do for yourself this week?” Leaders record answers and these will be used for the check in next week.
- Distribute and collect brief evaluations, describing evaluation process.
- Ask if they know of any planned absences next week.
- Confirm that this group will accept new member next session OR is now closed, depending upon the facilitators’ decision.
- Check and see if any participant will want to get MSW continuing education units for the series. If someone does, s/he needs to sign in each week & her/his evaluations for first four sessions need to be copied and stapled to the sign-in sheet and kept in CEU file.
- Relaxation exercise (10 minutes). While participants close their eyes and listen to music/meditation tape, facilitators will read select words from the list the participants made in their last exercise (What keeps you in the work?). OR
- Stretching & Breathing (5 minutes). Stand in circle and share one way that each relaxes and guide group in simple stretch they might/do use. Everyone practices this stretch together. (This is fun and quicker than the above relaxation and may be more comfortable for everyone.)
- *Next week will begin 20 minute relaxation at the conclusion of each group.*

Session 1 – Attachment A
ADVOCATE EDUCATION AND SUPPORT PROJECT

Weekly Check out:

This is an exercise that will be used each week in a question, go round: “What one thing are you going to do for yourself this week?” Your group facilitators will record your answers and follow up with you during the check in next week.

Please consider this a “Public Declaration of Intent.” There is no penalty for not completing your task, but the facilitators and group members will encourage you to do so. Keep in mind that “self care” can occur in various realms: personal, professional or within your organization or community (examples are provided below). We encourage you to choose something that is new and different for you, not something that is already well integrated into your routine. It’s about trying something new or doing something you have been meaning to do. Ideally, what you choose will be small enough and reasonable enough that you are able to accomplish it by the following meeting. Examples:

Personal:	Professional:	Organizational:	Community
Reading	Attending conference/work shop	Request regular staff or supervision meetings	Attend religious/spiritual services
Medical appts			
Baking	Taking lunch away from desk	Plan for staff retreat	Get involved in community effort, i.e. community clean up day; neighborhood gathering
New physical activity	Address supervisor with pressing or lingering issue	Suggest or work toward policy changes	
Getting more rest			
Building/gardeni ng project	Arrange a group lunch	Personalize office	Get involved in a political activity or cause of your choice, i.e. write letter/email legislator, attend rally
Socializing	Etc.	Etc.	
Attending a performance			
Spa treatment			Etc.
Etc.			

Advocate Education & Support Project

Session #2

Defining Terms, Understanding Secondary Traumatic Stress

Goals:

1. Develop a working understanding of stress, burnout, transference, countertransference and trauma as distinct from Secondary Traumatic Stress (STS).
2. Understand how STS may be manifesting personally and professionally.
3. Establish supportive environment for group sharing and learning.
4. Continue to integrate new strategies into practice during series sessions.

Objectives:

1. Re-introductions
2. Define terms: Stress, Burnout, Trauma, and Counter transference, as distinct from Secondary Traumatic Stress.
3. Begin defining and discussing the effects of Secondary Traumatic Stress.
4. Continue to reinforce new and current self-care strategies.

Advocate Education and Support Project Session #2

Defining Terms and Understanding Secondary Traumatic Stress (STS)

Pre group preparation: *In prep for Exercise #6, facilitators will place eight pieces of newsprint on the walls around the room. Each sheet will have a different header on it: Cognitive, Physical, Emotional, Spiritual, Behavioral, Relationships (personal and professional), Professional Morale, Job Performance. Draw a line down the center of each page. Leave markers within reach of each paper.*

Exercises:

Name	Type	Time
1. Introductions of new members, if present	Go round	5 min
2. Name game (optional ice breaker)	Go round	(10 min)
3. Check in	Go round	10 min
4. Examining Language	Discussion	10 min
5. Defining Terms	Didactic	15 min
6. Personal & Professional Effects of STS	Writing/Discussion	35 min
7. Personal & Professional Strategies	Writing/Discussion	25 min

Closing/Checkout

1. Checkout	Go round	5 min
2. Evaluations	Written	5 min
3. Relaxation		20 min

Handouts

- Defining Terms (Attachment A)
- Examples of Effects of Secondary Traumatic Stress (Attachment B)
- Weekly feedback forms

Session #2

Defining Terms, Understanding Secondary Traumatic Stress

Exercises: (85-95 minutes)

1. **Welcome** newcomers (final opportunity for newcomers if you have decided to welcome newcomers after Session #1) Extend introductions and review structure and guidelines; cell phones/pagers off). (5 minutes)
2. *(Optional)* **Name Game:** ice breaker go round: What is your first name, how did you get it, do you like it? (10 minutes)
3. **Check-in** from first week on self care (10 minutes).
4. **Examining language:** What do we call the people we help: victims, survivors, clients, etc. (10 min)
 - *For discussion:* Advocates in different settings, coming from different backgrounds refer to people with whom they work in different terms. These terms may evolve over time, or one may settle on a term commonly used within their organization. It is important to recognize that different people in different settings may experience these terms negatively or positively. Some groups may settle on a common term for use for the duration of the series, others may elect to use their own terms. *What is crucial is the discussion and recognition of the importance of language.* The group may or may not settle on a common term, but members should have the opportunity to hear one another's preferences.
5. **Defining Terms:** Through review of Attachment A, facilitators will discuss the various terms: Stress, Burnout, Transference, and Trauma, as distinct from Secondary Traumatic Stress. (15 minutes)
 - Note that anyone in any career can experience **Stress** and **Burnout**.
 - Our clients/victims/survivors experience **Transference, Trauma** and **PTSD**.
 - **Counter transference** is an advocates strong feelings, reactions (*overreactions?*) to a situation, event or person that is caused by the triggering of the advocates own personal, historical experiences and feelings. The advocate is not always conscious of why their feelings may be so passionate or disturbing.
 - **Secondary Traumatic Stress** is particular to people working with a highly traumatized population (i.e. advocates, EMTs police, nurses, etc). STS can develop relatively suddenly and can vary day to day in its level of distress. Symptoms mirror those of PTSD.

6. **Personal and Professional Effects of STS:** Review Attachment B with the group – *Remind them that some of these examples may have shown up on their lists from last week when discussing their particular challenges of the work (5 minutes).*
- Direct the group to the sheets on the walls around the room, ask the members to walk around to each of the sheets to record any signs or symptoms that they notice in themselves on the LEFT SIDE of the appropriate sheets. Ask participants to return to their seats when they feel they are finished. (15 minutes) Facilitators fill in areas as needed.
 - Return to large group, ask participants to volunteer as spokespersons to present each sheet to the larger group – discuss. Facilitators will note and normalize commonalities, shared experiences resulting in the reduction of the sense of isolation. (15 minutes).
7. **Strategies:** (25 minutes) Review attachment C -
- Participants will now be directed to record on the RIGHT SIDE of each sheet, various strategies that they use to take care of themselves. (10 minutes) Facilitators fill in areas as needed.
 - Return to large group, volunteer spokesperson reports on each list - discuss (15 minutes)

Closing/Checkout (30 min)

- Allow 5-10 minutes for question go round: “What one thing are you going to do for yourself this week?” Leaders record answer for check in the next week.
- Review plans for upcoming sessions and offer a few minutes for urgent closing comments by participants.
- Distribute and collect feedback forms (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list)

Session #2 – Attachment A
Advocate Education and Support Project
Defining Terms

STRESS

A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression. (American Heritage Dictionary)

BURNOUT

A “state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations” (Pines & Aronson, *Career Burnout: Causes and cures*, 1988). Symptoms include: depression, cynicism, boredom, loss of compassion and discouragement.

TRANSFERENCE / COUNTER TRANSFERENCE

Transference is the shift of emotions, especially those experienced in childhood, from one person or object to another, especially the transfer of feelings about a parent to a therapist. (Random House Dictionary) **Counter transference** is the “process of seeing oneself in the client, of overidentifying with the client, or of meeting needs through the client” (Corey, 1991)

TRAUMA STRESS REACTION / POST TRAUMATIC STRESS DISORDER (PTSD)

Acute – Up to 1 month after trauma

PTSD – 1 month after trauma and beyond

A psychological reaction that occurs after experiencing a highly stressing event outside the range of normal human experience characterized by: 1) Dissociation (numbing, detachment, reduced awareness, depersonalization, de-realization, amnesia). 2) Re-experience (flashbacks, nightmares, recurrent thought/images). 3) Avoidance of reminders (thoughts, feelings, people, places, conversation). 4) Marked increase in anxiety/arousal (difficulty sleeping, irritability, poor concentration, hyper-vigilance, exaggerated startle response, motor restlessness).

SECONDARY TRAUMATIC STRESS

(Also referred to as: Compassion Fatigue and Vicarious Trauma)

Secondary Traumatic Stress is “the normal and universal response to abnormal (violence-induced) or unusual events (disaster) in which you are not the primary victim.” (J. Yassen in C. Figley, 1995).

Vicarious Traumatization, or VT is the “transformation or change in a helper’s inner experience as a result of responsibility for and empathic engagement with traumatized clients” (Saakvitne, et.al, 2000)

Compassion Stress/Fatigue is the “natural behaviors and emotions that arise from knowing about a traumatizing event ...the stress resulting from helping or wanting to help a traumatized person.” (Figley, 1995)

How do these terms Stress, Burnout, Transference and Traumatic Stress differ from STS?

- **Stress** is in the ebb and flow response to everyday demands. Expectations, obligations and just moving from place to place require constant adjustments to particular people and situations. Unlike STS, it does not involve trauma, nor is it a cumulative process.
- **Burnout** primarily has to do with one’s work conditions or job requirements and develops gradually. It is a generalized physical and emotional exhaustion as well as a cynical, negative (even hostile) response to coworkers and the job. STS comes on more quickly than burnout and is more responsive to solutions.
- **Transference** is a reminding of positive or negative historical information or emotion. STS is a response to current day events or situations.

- **Traumatic Stress Reactions** are very similar to those of STS, but with STS you are not the primary victim of the traumatic, unusual event.

Examples of Effects of Secondary Traumatic Stress:

PERSONAL

Physical:

- Rapid heartbeat/breathing; Aches and pains; Dizziness; Shock; Sweating; Somatic reactions; Impaired immune system

Emotional:

- Powerlessness; Anxiety; Guilt; Anger; Rage; Shutdown; Numbness; Fear; Helplessness; Sadness; Depression; Hypersensitivity; Emotional roller coaster; Overwhelmed; Depleted.

Behavioral:

- Clingy; Impatient; Irritable; Withdrawn; Moody; Regression; Sleep disturbances; Appetite changes; Nightmares; Hypervigilance; Elevated startle response; Use of negative coping (smoking, alcohol or other substance misuse); Accident proneness; Losing things; Self-harm behaviors.

Spiritual:

- Questioning the meaning of life; Loss of purpose; Lack of self-satisfaction; Pervasive hopelessness; Ennui; Anger at God; Questioning of prior religious beliefs.

Interpersonal:

- Withdrawn; Decreased interest in intimacy or sex; Mistrust; Isolation from friends; Impact on parenting (protectiveness, concern about aggression); Projection of anger or blame; Intolerance; Loneliness

Cognitive:

- Diminished concentration/self-esteem; Confusion; Spaciness; Loss of meaning; Preoccupation w/trauma; Apathy; Whirling thoughts; Perfectionist standards; Thoughts of self harm or harm toward others; Self doubt; Minimization.

PROFESSIONAL

Job Performance:

- Decrease in quality/quantity of workload; low motivation; Avoidance of job tasks; Increase in mistakes; Setting perfectionist standard; Obsession about details.

Morale:

- Decrease in confidence; Loss of interest; Dissatisfaction; Negative attitude; Apathy; Demoralization; Lack of appreciation; Detachment; Feelings of incompleteness.

Interpersonal:

- Withdrawal from colleagues; Impatience; Decrease in quality of relationship; Poor communication; Subsume own needs Staff conflicts.

Behavioral:

- Absenteeism; Exhaustion; Faulty judgment; Irritability; Tardiness; Overwork; Irresponsibility; Frequent job changes.

From Janet Yassen in Figley (1985)

When should you, or your supervisee seek professional help?

Anytime an advocate notices several of the signs and symptoms of secondary traumatic stress (as defined in the handout) over a 3-6 month period, or finds these symptoms to be interfering with personal or professional relationships, they should seek outside professional help. (Your facilitators can help you with a referral or feel free to call the AESP for more information).

STRATEGIES FOR MINIMIZING THE IMPACT OF SECONDARY TRAUMATIC STRESS

Personal

- Body work
- Sleep
- Good nutrition
- Social support
- Therapy
- Balance
- Relaxation
- Contact with nature
- Creative expression
- Skill development
- Meditation/Spiritual Practice
- Self-awareness
- Humor

Add your own:

Professional

- Balance
- Boundaries/Limit Setting
- Getting Support/Help
- Plans for Coping
- Professional Training
- Job commitment
- Replenishment
- Supervision and consultation
- AESP workshops/series

Add your own:

Organizational

- Improve physical setting
- Clarify values of the system
- Advocate for support from Supervisor/Management
- Develop collegial support
- Enhance safety in the workplace
- Clarify job tasks & personnel guidelines

Add your own:

Community

- Participate in public awareness activity
- Build coalitions with other agencies/stakeholders.
- Get involved in legislative reform
- Create or participate in social action effort.
- Initiate community effort
- Attend religious/spiritual services

Add your own:

Adapted from J. Yassen in Figley (1995)
Advocate Education and Support Project, 2004
CVPR/ BIDMC, 330 Brookline Ave, Boston, MA 02215: 617-667-8239 / 8241

Advocacy Education & Support Project
Session #3 – Understanding STS, Developing Strategies

Goals:

1. Continue to develop a working understanding of the effects of Secondary Traumatic Stress (STS)
2. Recognize influencing factors that contribute to the development of Secondary Traumatic Stress (STS).
3. Recognize workable strategies to reduce the effects of STS.

Objectives:

1. Continue to reinforce new and current self care strategies.
2. Continue to review and define the development, effects, and contributing factors to the development of Secondary Traumatic Stress.
3. Begin to develop strategies to reduce the impact of STS.

**Advocate Education and Support Project
Session #3
Understanding STS and Developing Strategies**

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. The Development of STS	Didactic/Brainstorm	15 min
3. Understanding STS	Drawing/Discussion	20 min
4. Success Stories	Paired Discussion	20 min

Closing/Checkout

1. Checkout	Go round	5 min
2. Evaluations	Written	5 min
3. Relaxation		20 min

Handouts

- The Development of STS
- Weekly evaluations

Session #3 – Understanding STS and Developing Strategies

Exercises: (90 min)

2. **Check in** (10 min) On self care. This week begin additional check in on any identified effects of STS experienced through the week.
3. **The Development of STS** (see Attachment A) Review and discuss. (15 min)
 - On newsprint: Brainstorm with participants on their role, record on newsprint: How does their job/role differ from other kinds of jobs? What are their responsibilities?
 - On newsprint: Brainstorm and record the things they hear/see through their work: How is it different from other jobs? What kinds of things are they exposed to on a daily basis?

Teaching/Didactic: Influencing Factors: We all come with differing strengths and weaknesses in each of these categories. While some of these factors may be strong, and positively in place, others may be weak, absent or contributing negatively to our well being and effectiveness. Each category significantly determines the development of STS. Like a “filter”, these categories can either serve a positive, protective function or they may serve as a negative feature in our lives that must be guarded against. They may contribute to our ability to cope, allowing us to perform well professionally and personally; Or they may contribute negatively, taxing our coping mechanisms and increasing our sense of isolation, irritability and hopelessness. There is a range of response that may change week to week, month to month, depending upon the amount of positive support received in these areas. This is why some colleagues seem to handle the challenges of the work so effortlessly – and some end up leaving their jobs after a few months.

- On newsprint: Brainstorm and record examples of influencing factors in each category: Personal/Professional/Organizational/Community.

Teaching/Didactic: In closing: STS is responsive to intervention because of the possibility for change in some of these categories. Improvements in some or all of these areas can “shore up” individuals from the difficulties faced through the advocates role and the input of traumatic information. The hope and goal of AESP is to help you identify which areas can be strengthened and support your efforts for change – ultimately allowing you to do your job more effectively.

4. **Understanding STS** (see Attachment B) (20 minutes).

5. **Success Stories**-In pairs, participants will take turns describing a particular professional moment in which they felt they were at their best – that they were acting exactly as the competent, intelligent and compassionate advocate they aim to be. The first advocate will speak for 3-5 minutes without interruption. Their partner will then provide feedback about what they heard and how they think about this advocate’s success (2-3 min). Switch roles. Then come back to the larger group for reflective discussion about the exercise: What was that like? How was it to speak about yourself so positively? How was it remaining silent? (20 minutes total)

Closing/Checkout (30 min)

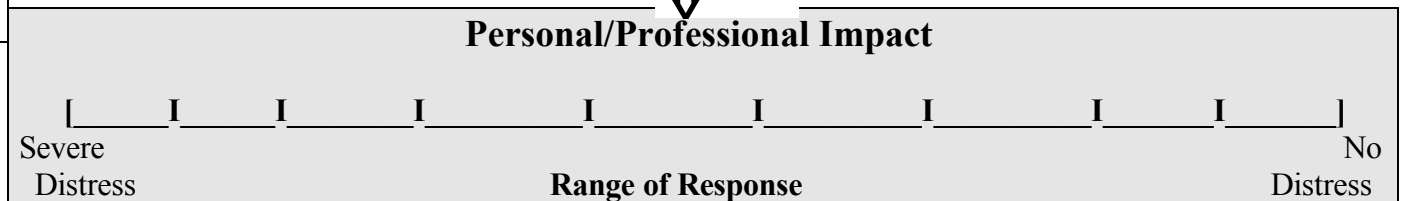
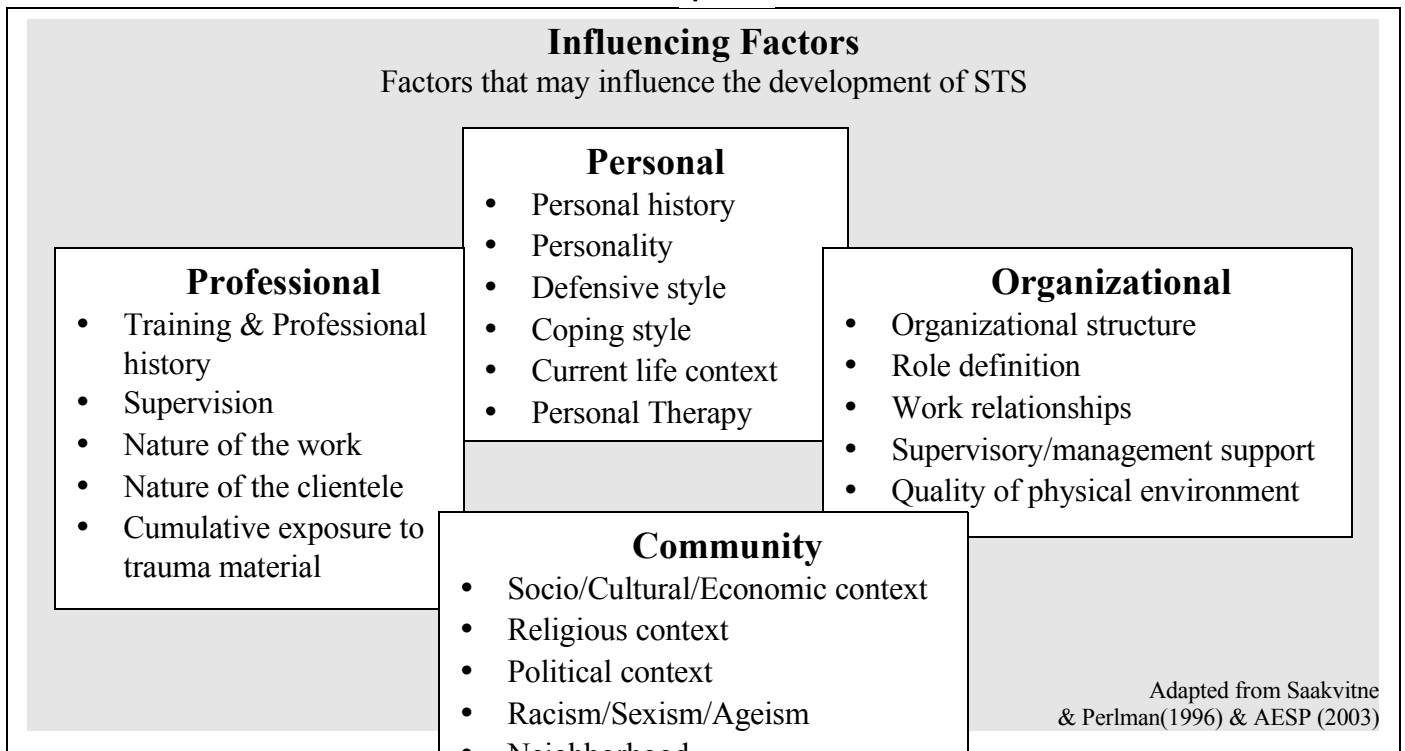
- Allow 5-10 minutes for question go round: “What one thing are you going to do for yourself this week?” Leaders record answer for check in the next week
- Review plans for upcoming sessions and offer a few minutes for urgent closing comments by participants.
- Distribute and collect weekly feedback forms (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise.
 - Review attached article on Gratitude and distribute blank journals. Take remaining time for participants to record three things they are grateful for in the moment. Encourage them to continue with this daily practice. This becomes part of the weekly check in.

The Development of Secondary Traumatic Stress

Role
Your Responsibilities



Input
What do you hear? What do you observe?
From the population with whom you work.



Understanding Secondary Traumatic Stress (a.k.a: *Vicarious Traumatization*)

*“Vicarious traumatization is a process, not an event. It includes our strong feeling and our defenses against these feelings. Thus vicarious traumatization is our strong reactions of grief, rage and outrage which grow as we repeatedly hear about and see people’s pain and loss and are forced to recognize human potential for cruelty and indifference, **and** it is our numbing, our protective shell, and our wish not to know, which follow those reactions. These two alternating states of numbness and overwhelming feelings parallel the experience of PTSD.”*

(from “Transforming the Pain” by K.W. Saakvitne and L.A. Pearlman, WW Norton, 1996)

- a. Facilitators will review the quote with the group by reading it aloud.
 - b. Participants directed to think of a time in their work that they had some of these reactions: grief, rage, outrage and recognizing human potential for cruelty.
 - c. Participants asked to draw whatever comes to mind while they think about the situations and the feelings evoked. (5 minutes) Reduce participants’ anxiety about drawing by reassuring them this is not a contest, their drawing will not be judged and it doesn’t have to be “of” something – It can be colors or textures if they prefer.
 - d. Participants are instructed to turn the sheet over and similarly draw what comes to mind when they think of a time in their work that they had some of these opposite reactions: numbing, protective shell, wish not to know (5 minutes) *Alternative: Participants are instructed to turn the sheet over, or get a new one and draw what it is that sustains them: people, places, things, colors, settings, etc.*
 - e. Share drawings with larger group (10 minutes)
- Recognizing the strong emotion that may have been derived from this exercise, be conscious of the power of letting go of those images. Initiate

discussion about what people would like to do with their drawings: keep them, leave them with co-facilitators, destroy them, etc.

Session 3 – Attachment C

Highlights from the Research Project on Gratitude and Thankfulness

Dimensions and Perspectives of Gratitude

Co-Investigators: Robert A. Emmons, University of California, Davis

(contact: raemmons@ucdavis.edu; 530.752.8844)

Michael E. McCullough, University of Miami

(contact: mikem@miami.edu; 305.284.8057)

Synopsis. Gratitude is the “forgotten factor” in happiness research. We are engaged in a long-term research project designed to create and disseminate a large body of novel scientific data on the nature of gratitude, its causes, and its potential consequences for human health and well-being. Scientists are latecomers to the concept of gratitude. Religions and philosophies have long embraced gratitude as an indispensable manifestation of virtue, and an integral component of health, wholeness, and well-being. Through conducting highly focused, cutting-edge studies on the nature of gratitude, its causes, and its consequences, we hope to shed important scientific light on this important concept. This document is intended to provide a brief, introductory overview of the major findings to date of the research project. For further information, please contact either of the project investigators.

We are engaged in three main lines of inquiry at the present time: (1) developing methods to cultivate gratitude in daily life, (2) developing a measure to reliably assess individual differences in dispositional gratefulness and (3) designing experimental studies that enable us to distinguish the differential causes and consequences of gratitude and indebtedness.

This project is supported by a grant from the John Templeton Foundation of Radnor, PA.

Gratitude Interventions and Psychological and Physical Well-Being

- In an experimental comparison, those who kept gratitude journals on a *weekly* basis exercised more regularly, reported fewer physical symptoms, felt better about their lives as a whole, and were more optimistic about the upcoming week compared to those who recorded hassles or neutral life events (Emmons & McCullough, 2003).
- A related benefit was observed in the realm of personal goal attainment: Participants who kept gratitude lists were more likely to have made progress toward important personal goals (academic, interpersonal and health-based) over a two-month period compared to subjects in the other experimental conditions.
- A *daily* gratitude intervention (self-guided exercises) with young adults resulted in higher reported levels of the positive states of alertness, enthusiasm, determination, attentiveness and energy compared to a focus on hassles or a downward social comparison (ways in which participants thought they were better off than others). There was no difference in levels of unpleasant emotions reported in the three groups.

- Participants in the daily gratitude condition were more likely to report having helped someone with a personal problem or having offered emotional support to another, relative to the hassles or social comparison condition.
- In a sample of adults with neuromuscular disease, a 21-day gratitude intervention resulted in greater amounts of high energy positive moods, a greater sense of feeling connected to others, more optimistic ratings of one's life, and better sleep duration and sleep quality, relative to a control group.

Measuring the Grateful Disposition

- Most people report being grateful (average rating of nearly 6 on a 7 point scale).
- *Well-Being*: Grateful people report higher levels of positive emotions, life satisfaction, vitality, optimism and lower levels of depression and stress. The disposition toward gratitude appears to enhance pleasant feeling states more than it diminishes unpleasant emotions. Grateful people do not deny or ignore the negative aspects of life.
- *Prosociality*: People with a strong disposition toward gratitude have the capacity to be empathic and to take the perspective of others. They are rated as more generous and more helpful by people in their social networks (McCullough, Emmons, & Tsang, 2002).
- *Spirituality*: Those who regularly attend religious services and engage in religious activities such as prayer reading religious material score are more likely to be grateful. Grateful people are more likely to acknowledge a belief in the interconnectedness of all life and a commitment to and responsibility to others (McCullough et. al., 2002).
- *Materialism*: Grateful individuals place less importance on material goods; they are less likely to judge their own and others success in terms of possessions accumulated; they are less envious of wealthy persons; and are more likely to share their possessions with others relative to less grateful persons.

Distinguishing Between Gratefulness and Indebtedness

- In a narrative study, people who write about being indebted to others reports higher levels of anger and lower levels of appreciation, happiness, and love relative to people who write about being grateful to others (Gray & Emmons, 2000).
- The experience of indebtedness is less likely to lead to a desire to approach or make contact with others relative to an experience of gratefulness. Thus, indebtedness tends to be an aversive psychological state that is distinct from gratitude.

"Gratitude is not only the greatest of virtues, but the

"A noble person is mindful and thankful

"Gratitude is the moral memory of

parent of all the others"
--Cicero

*of the favors he
receives from others"*
--the Buddha

mankind"
--Georg Simmel

*"Ingratitude is the
essence of vileness"*

--Kant

*"The essence of all
beautiful art,
is gratitude"*

-- Nietzsche

*"The best kind of
giving is thanksgiving"*

--Chesterton

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Advocacy Education & Support Project

Session #4

Benefits & Limitations of Professional Boundaries

Goals:

1. Identify and understand professional and personal boundaries/limits;
2. Recognize the impact of establishing limits between oneself and one's client and/or workplace.

Objectives:

1. Discuss boundaries/limits as they might relate to advocates' role, time, space, and use of resources.

Advocate Education & Support Project
Session #4
Benefits & Limitations of Professional Boundaries

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. Testing Limits	Large group discussion	30 min
4. What would you do?	Paired Discussion	30 min
5. Personal Assessment	Paired/Group Discussion	10-15 min

Closing/Checkout

1. Checkout	Go round	5 min
2. Evaluations	Written	5 min
3. Relaxation		20 min

Handouts

- Vignettes
- For Further Discussion: Professional Limits
- AESP Consultation Guide (in preparation for sessions 5 & 6)
- Weekly feedback forms

Session #4

Benefits & Limitations of Professional Boundaries

Exercises: (90 min)

1. **Check in** on self-care, signs and symptoms of STS and gratitude journals (10 minutes).
2. **Testing Limits.** Large group discussion (30 min):
 - a. What kind of guidance have you received directly or indirectly from your supervisor/agency on setting limits at work?
 - b. What information/guidance have you gleaned from your culture, religious community, class, family about setting limits between work and family/personal life?

(Facilitators, be prepared for range of reactions, including possibility that participants feel that setting limits on one's community means closing people out, being cold or harsh, inconsistent with cultural beliefs).

- c. What happens when you don't believe the person with whom you are working? How do you feel when you think you are being manipulated? What do you do?
3. **What would you do?** Paired discussion (Attachment A – 30 minutes)
 - a. Participants break up into pairs. Distribute one to two vignettes per each pair. Have pair discuss their vignette, with each responding to the questions (10 minutes).
 - b. Return to larger group, read vignettes aloud, and share responses with full group. Invite discussion, and comment on the vignettes, using Attachment B notes. The points listed may come up in discussion and you may simply highlight. You may also want to integrate them if they do not come up spontaneously. The group sharing can be done according to topic (i.e., role, time, space, money (20 minutes). *Attachment B can be given to participants at end of meeting to capitalize on their learning.*
4. Personal Assessment: Is making yourself a priority ok? Consider yourself personally, your agency, family, culture and their impact on this view? (paired or large group discussion-10-15 minutes)

Closing/Checkout (30 min):

- Allow 5-10 minutes for question go round: "What one thing are you going to do this week for yourself?" Leaders record answer for check-in the next week.
- How do you end the workday? Do you mark change from work to leisure in any particular way? i.e., change clothing, certain music, etc.
- Review plans for upcoming sessions and offer a few minutes for urgent closing comments by participants. Distribute and review AESP consultation guide:

Attachment C. Ask participants to consider bringing in an issue or problem for next week's consultation meeting. Be clear that you would like 1-2 people ready to consult next week.

- Distribute and collect weekly feedback forms (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list): consider artistic or physical.

Attachment A
Vignettes for Limit-Setting Discussion: What would you do?

Jean is constantly working late. With everyone else staying past 5:00 PM, she finds that, especially as a new advocate, she feels she cannot leave on time. Her family is becoming increasingly impatient with her, and she feels them starting to get angry.

What should she do?
What would you do?

Mark is finding himself pleased that he has made such a good connection with the family of a homicide victim. He has worked hard to really listen to them and respond to their requests. The family is having a memorial service and has asked him to attend, and to come to the reception at their home after the service.

What should Mark do? Why?
What would you do?

Sara is distressed about her reactions to a survivor with whom she is working. She feels uncomfortable with him and isn't sure why. One day, as he approaches her, with arms open to greet her with a hug, she is overwhelmed by the fear she feels. But she knows that he has done nothing to incite such feelings. It becomes clear to her that the memories of the attack she experienced two years ago are returning, and she is unsure how to handle this with her client.

What should Sara do?
What would you do?

Mary is struggling financially. As her advocate you know this. She has been in a shelter for months and unable to find a job, although she has worked hard sending out applications and going on interviews. Her daughter's birthday is coming up and she asks you for \$5 to help her buy the special sweater that her daughter wants.

How should the advocate handle this situation?
How would you handle it?

You realize that if you were not Wanda's advocate, you might be her friend. You share many similar interests and like the same music. You find yourselves attracted to the same people and clothes. You find yourself wanting to share more about yourself and are thinking it might be nice to have dinner together.

What do you need to consider here?
What is the right thing to do?

Each time there is an evening gathering of people from work, you feel anxious. You are finding the work to be extremely rewarding, but are tired at the end of the day and want to spend the evenings at home with your partner. Each time that you decline an invitation, colleagues seem to make comments, and you are feeling that somehow not going out with them is going to alienate you.

What do you do?

Anna, like everyone else in her office, uses her personal cell phone for work calls. She notices her bill is creeping up and that certain clients seem to be calling her on a more regular (vs. emergency) basis.

What should Anna do?
What would you do?

Tracy is noticing that important agency information is being circulated nights and weekends by managers via email. There is an increasing expectation that staff will read and respond to emails during non-working hours. Tracy is beginning to wonder when she stops work.

What should Tracy do?
What would you do?

Advocate Education and Support Project
Session 4 – Attachment B
For Further Discussion: Limit-setting in Professional Life

These four areas cover key aspects of work life and can be explored/discussed using the vignettes exercise 4.

A. Role (Sara, Mary, Wanda vignettes)

1. **The role of personal sharing/disclosure:** for whom are you doing this? Are you sharing because you believe it will be helpful to the client/survivor's healing or because you need to talk about your issues? Be cautious either way, as your way of moving forward or resolving an issue may not fit with the client and her needs and s/he may feel pressured to proceed in the way that you did;
2. **Being clear about your role with survivor/victim,** i.e., what you do, how you do it, when and for how long you do it. Advocates may not have received guidance in this area and the discussion of one's role with one's clients can be very important and useful, especially at the beginning of a working relationship;
3. **Decision-making** is based on your role and the needs of the client, along with agency/state mandates.
4. **Feelings/Reactions:** Discuss what it feels like to set a limit with a client (and client's reaction to that limit-setting). Obviously clients do not always respond positively and it may be difficult for the advocate to experience this reaction, especially if new. Participants might want to roleplay a negative experience with this and the group could process it.

B. Time (Jean, Mark, final vignettes)

1. **Clarity of work schedule:** All employees should have a clear sense of their work schedule. If this is unclear, advocates should refine their hours and degree of flexibility and comp time with their supervisors and/or employee handbook. Invite participants to consider what their work hours are as well as the agency/supervisor's expectations of their availability on and off work time. Inquire about covering the beeper and how that is handled. (Being on-call and/or available 24 hours/7 days/week or for long periods of time without breaks are red flags.
Questions to consider: Are you expected, on a regular basis, to extend your work time?
2. **Leaving work:** When you leave work, are you truly able to leave work? (Is your beeper on? Are you thinking about work and/or clients?) This gets into the larger dilemma of physical separation from work vs. emotional/psychic separation. This could be a very useful discussion if time is available.
3. **Extracurricular events:** Are there evening and/or week-end events that advocates are expected to participate in? Was this outlined at hiring? What problems does this create for you at home? Are you compensated in any way? Are these activities shared? What if you have another job?

B. Space (Sara)

1. **Physical space:** Consider your physical closeness and distance with clients/survivors (your comfort level along with what the client needs/wants; respecting client's culture/religion, as well as your own.);
2. **Physical Contact:** Discuss physical contact with clients. Supervisors and agencies may or may not be discussing this issue. Be aware that traumatized clients may be re-traumatized or frightened by close proximity of any kind. It may also be misinterpreted by clients. How does culture play a role? Open up discussion about these issues, reinforcing for participants that the agency's rules/mandates take precedent and then personal ethics/values/feelings are our guide.
3. **Physical Safety:** Choosing where to meet: creating comfort and privacy, not confusion is important.

C. Money/resources (Mary)

1. **What is the policy of your agency?:** Is there a work policy on giving clients money? Is there a petty cash fund or emergency fund, or other resources to offer clients?
2. **To give or not to give:** Discuss the desire to help out a client and along with the cumulative effect of giving even small amounts of money from your pocket. Raise awareness by totaling \$1 per week to a client to help with her laundry or transportation, is \$52/year. This adds up in a way that advocates may not be fully considering. Also, one's guilt may affect the need to give, esp. if the advocate has "been in the same boat", so that having more may leave the advocate feeling the need to "give more". Discuss creative ways to respond to clients needs without using personal funds, such as utilizing furniture banks, t-tokens or passes through the agency, etc. Cultural issues are important here.

AESP Consultation Guide

The consultation process in the AESP group is distinct from case consultation on the job. Instead of a client centered focus on what to do on behalf of a client, what resource is optimal, or whether you made the right decision in your work with her, you will focus in on YOUR experience with the client. We mean to help you better understand your reactions resulting from your work with the client and her trauma. In some situations, a specific traumatic incident may be particularly disturbing to you. In others, the client's reactions may puzzle or confuse you. By better understanding the ways that a client's traumatic experience affects you, you may be better able to take care of yourself, better able to assist your client and better able to anticipate your response to a similar incident in the future and to prepare yourself.

Your homework: Consider a client, situation or encounter that was particularly disturbing, has “stuck with you” for some time or gets “triggered” or lingers in your thoughts. You may understand perfectly why this person/situation/case “gets to you”, or it may not be so clear. But what is clear is that you end up thinking about this case often and when you do, it may affect you in a variety of ways. You may feel more worried or unsafe; you may worry more about the other people you help; or you may get angry with your coworkers or the failure of “system”. Consider all aspects of the situation and use these questions below as a helpful way to frame your presentation to the group.

- Provide a brief description of a situation or case that is troubling you. It may be current or in the past.
- What are you noticing about how this situation may be affecting you personally and professionally? Describe and give details to the group.
- Think about what you have tried, or what gets in the way of you trying to improve the situation.
- Discuss what you experience as the most difficult part of this situation
- Consider the role your supervisor/agency plays in your feelings/responses to the situation. If they play no role, why not?

Non-presenting group members will listen for signs of Secondary Traumatic Stress and provide feedback to the presenting advocate. They may also monitor and note their own STS reactions to the presentation.

Advocate Education & Support Project Session #5 - Consultation

Goals:

1. Provide opportunity for group participants to present experiences of secondary traumatic stress in their work and develop strategies to minimize the impact.
2. Continue to integrate new strategies into practice during series sessions.

Objectives:

1. Describe plan to focus on consultation in the next three sessions. Participants may choose work situations or cases that are secondarily traumatizing. Each situation will be considered from various vantage points to identify obstacles and resources for personal/professional dilemmas. Concrete strategies will be developed for each presenter.

Advocate Education & Support Project Session #5 - Consultation

Pre-group Preparation: In preparation for Session 5 and 6, list the following on newsprint to guide the group in the consultation process:

- Description
- Personal and Professional effects
- (Optional: As a reminder, you may choose to list out the categories):
 - Physical
 - Psychological
 - Spiritual
 - Cognitive
 - Behavioral (personal and professional)
 - Interpersonal (personal and professional)
 - Job performance
 - Job morale.
- Roadblocks
- The most difficult part
- Supervisor/Agency Role

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. Facilitator Role Play	Demonstration	10 min
3. AESP Consultation	Brainstorm/Discussion	70 min

Budget time according to the number of participants presenting to allow equal time.

Closing/Checkout

1. Checkout	Go round	5 min
2. Evaluations	Written	5 min
3. Relaxation		20 min

Handouts

- AESP Consultation guide (if needed)
- Consultation Strategies: Quick Reference
- Weekly feedback form

Session #5 - Consultation

Exercises: (90 min)

1. **Check-in:** Ask about self-care, gratitude journal use, and signs/symptoms of STS in past week. (10 min)
2. **Preparing for Consultation:** Hand out attachment A and review with the group.
Alternative: Facilitator Role Play: Facilitators role play consultation by using example on Attachment A: One of you will play the facilitator and the other will play the advocate. (10 min)
3. **AESP Consultation:** Begin participant consultation
 - a. Using the guide provided last week, initiate consultation. Remember to stay focused on the participant's experience, feelings and responses, not on the case details.
 - b. Facilitators use newsprint to document STS symptoms/responses from advocates' personal/professional experience. (You may list contributing factors separately as they come up but do not ask for them).
 - c. Group members brainstorm strategies - facilitators lead discussion, recording these on newsprint within the varying realms: (i.e. Personal, Professional, Organizational and Community) and invite additional discussion/strategies. This newsprint goes home with the presenting advocate.

Note: Manage your time – note the number of participants willing to present before getting started and manage your time accordingly. Don't move to quickly into strategizing, but give full attention to the feelings/responses provided by the participants.

Closing/Checkout (30 min)

- Allow 5-10 minutes for new check out question: "Are there any strategies that we have discussed today that you would like to try out in the coming week?" Leaders record answer for check in next week.
- Distribute and collect weekly feedback forms (allow 5 minutes).
- Ask for 3-4 volunteers to bring in situations/issues to discuss in Consultation next week.
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list)

Session 5 – Attachment A
AESP Consultation

The consultation process in the AESP group is distinct from case consultation on the job. Instead of a client centered focus on what to do on behalf of a client, what resource is optimal, or whether you made the right decision in your work with her, you will focus in on YOUR experience with the client. We mean to help you better understand your reactions resulting from your work with the client and her trauma. In some situations, a specific traumatic incident may be particularly disturbing to you. In others, the client's reactions may puzzle or confuse you. By better understanding the ways that a client's traumatic experience affects you, you may be better able to take care of yourself, better able to assist your client and better able to anticipate your response to a similar incident in the future and to prepare yourself.

As you consider presenting a situation to the group, consider these questions:

- Provide a brief description of a situation or case that is troubling you. It may be current or in the past.
- What are you noticing about how this situation may be affecting you personally and professionally? Describe and give details to the group.
- Think about what you have tried, or what gets in the way of you trying to improve the situation.
- Discuss what you experience as the most difficult part of this situation
- Consider the role your supervisor/agency plays in your feelings/responses to the situation. If none, why not?

Example:

When working intensively with a sexual assault survivor who is your age and seems like someone you could easily befriend, you might find yourself affected, and/or coping, in a variety of ways.

Presentations should include:

1. Personal Impact (physical, psychological, spiritual, cognitive, behavioral, interpersonal)

- You are anxious, actually feeling frightened of being assaulted when walking to the T.
- You can't sleep, all you do is review what has happened that day in court.
- You find yourself unable to get close to or be intimate with your partner, because you are flooded with the images of the assault.

2. Professional Impact (Behavior, work relationships, job performance, morale)

- You focus in on work, reading all you can about sexual assault and prior cases, in an effort to do your best for your client. You cannot tolerate interruptions and find yourself becoming irritable with and withdrawing from colleagues and getting angry about their flippant attitudes.
- This case was the last straw, you are feeling so overwhelmed by the number of serious cases you have that you dread coming to work. You find yourself coming in late and calling in sick.

Facilitator Roleplay: Mock Consultation

In order to demonstrate to the series participants how AESP consultation is formulated, the facilitators will present a mock consultation. One facilitator will assume the role of a group member (“advocate”) presenting the example provided, while the other will facilitate the consultation.

With the group members observing, the facilitator will lead the presentation using the question format presented on the preceding page. The “advocate” will respond and provide information regarding the personal and professional impact of this case. On newsprint, the facilitator will record significant symptoms or effects.

The “advocate” is free to include any of the following information that would be considered Contributing Factors to the development of STS. The “advocate” also must model discretion for the group, by determining what may be too personal to share. For example: the “advocate” may not want to share that her roommate was raped in college because that information may be too difficult for her. At some point during this role play, the “advocate” should “clue in” the group members to this fact about herself, and explain why she will not be mentioning it during the consultation. But that SHE is aware that it may be a factor that is influencing her response in this case.

Contributing Factors:

- **Personal:** Your roommate was raped in college.
- **Professional:** Your supervisor has recently left the agency.
- **Organizational:** You share an “office” that is actually a converted closet, with 2 co-workers.
- **Community:** There has been a rash of house breaks in your neighborhood over the last 6 months and everyone is feeling nervous.

STRATEGY SESSION:

Following the gathering of information by the facilitator, the larger group then joins in developing concrete strategies for this advocate in order to minimize their symptoms of STS. Facilitators will divide a fresh piece of newsprint into four sections: Personal, Professional, Organizational and Community to record the strategies developed by the group. This goes home with the advocate at the conclusion of the consultation.

Example:

- **Personal:** Go to the gym 3x/week to relieve anxiety; Arrange to walk with someone to the T every evening to feel safer.
- **Professional:** Talk with a co-worker you trust about your reactions.
- **Organizational:** Speak with the Agency Director about assigning a new supervisor for you and the stress of working in such a small office space.

- **Community:** Organize a neighborhood block party or invite a few neighbors for a cookout to discuss neighborhood safety and forge new connections/relationships.

Session 5-7 – Attachment B
Consultation – Strategies - Quick Reference

**STRATEGIES FOR MINIMIZING THE IMPACT OF
SECONDARY TRAUMATIC STRESS**

Personal

- Body work
- Sleep
- Good nutrition
- Social support
- Getting help
- Balance
- Relaxation
- Contact with nature
- Creative expression
- Skill development
- Meditation/Spiritual Practice
- Self-awareness
- Humor

Add your own:

Professional

- Balance
- Boundaries/Limit Setting
- Getting Support/Help
- Plans for Coping
- Professional Training
- Job commitment
- Replenishment
- Supervision and consultation
- AESP workshops/series

Add your own:

Organizational

- Improve physical setting
- Clarify values of the system
- Advocate for support from Supervisor/Management
- Develop collegial support
- Enhance safety in the workplace
- Clarify job tasks & personnel guidelines

Add your own:

Community

- Participate in public awareness activity
- Build coalitions with other agencies/stakeholders.
- Get involved in legislative reform
- Create or participate in social action effort.
- Initiate community effort
- Attend religious/spiritual services

Add your own:

Advocate, Education and Support Project, 2004
Adapted from J. Yassen in Figley (1995)

Advocate Education & Support Project Session # 6 - Consultation

Pre-group Preparation: In preparation for Session 5 and 6, list the following on newsprint to guide the group in the consultation process:

- Description
- Personal and Professional effects
- Roadblocks
- The most difficult part
- Supervisor/Agency Role

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. AESP Consultation	Brainstorm/Discussion	60 min
<i>Budget time according to the number of participants presenting to allow equal time.</i>		
3. Making A Commitment to Yourself	Writing	10/15 min

Closing/Checkout (allow 40 min)

1. Checkout	Go round	15 min
2. Evaluations	Written	5 min
3. Relaxation		20 min

Handouts

- AESP Consultation guide (if needed)
- Consultation Strategies: Quick Reference (if needed)
- Making a Commitment to Yourself
- Workplace Practices (homework)
- Weekly feedback forms

Advocate Education & Support Project Session # 6 - Consultation

Goals:

1. Provide opportunity for group participants to present experiences of secondary traumatic stress in their work and develop strategies to minimize the impact of secondary traumatic stress.

Objectives:

1. Group continues using consultation framework to illustrate the impact of trauma work on advocates personally and professionally.
2. Group will develop achievable solutions to respond to each presenter's situations.

Advocate Education & Support Project Session # 6 - Consultation

Exercises:

1. **Check-in:** Ask about self-care, gratitude journal use, and signs/symptoms of STS in past week.
2. **AESP Consultation:** Continue participant consultation
 - a. Using the guide provided last week, initiate consultation. Remember to stay focused on the participant's experience, feelings and responses, not on the case details.
 - b. Facilitators use newsprint to document STS symptoms/responses from advocates' personal/professional experience. (You may list contributing factors separately as they come up but do not ask for them).
 - c. Group members brainstorm strategies - facilitators lead discussion, recording these on newsprint within the varying realms: (i.e. Personal, Professional, Organizational and Community) and invite additional discussion/strategies. This newsprint goes home with the presenting advocate.

Note: Manage your time – note the number of participants willing to present before getting started and manage your time accordingly. Don't move to quickly into strategizing, but give full attention to the feelings/responses provided by the participants.

3. **Making A Commitment To Yourself** – see closing/checkout (allow 15 min) (Attachment A).
 - a. Group members fill these out individually (10-15 min), then come back for a larger group discussion/Checkout:
 - b. What did you commit to accomplishing in the next week in each category? (15 min)

Closing/Checkout (Allow 40 minutes)

- Making a Commitment to Yourself (see above 2.b.-15 minutes)
- Review plans for upcoming sessions and offer a few minutes for urgent closing comments by participants. Introduce concept of organizational consultation and request participants consider bringing in an issue or problem for next week's group – see below.
- Distribute and collect brief evaluations (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list)

Homework

- **Pass out Workplace Practices Survey.** Ask participants to fill these out for next week. Ideally, they should review it with a co-worker, supervisor or at a staff meeting, using the survey as a tool to inspire discussion for change at the organizational level. Participants should consider the response of their managers to this type of survey and help them to decide the safest way to proceed with this exercise. Inform the group that they will be sharing some of their responses in discussion next week. However, discussion will be focused on developing workable strategies to

address the issues raised rather than complaining about agency practices. Participants should feel free to make copies for distribution to their coworkers.

Session 6 - Attachment A
Making a Commitment to Yourself

1. Write down three things you could do to address vicarious traumatization for each arena:

Personal

1. _____
2. _____
3. _____

Professional

1. _____
2. _____
3. _____

Organizational

1. _____
2. _____
3. _____

Community

1. _____
2. _____
3. _____

2. Next, place an asterisk beside every strategy you could implement during the next month.

3. Then, underline or circle one in each category that you will try to do during the next week.

The lists might look like the following:

Personal

1. make medical/dental appointment
2. exercise*
3. have dinner with a close friend

Professional

1. take actual lunch break*
2. schedule supervision*
3. sign up for training workshop

Organizational

1. have STS discussions with my coworkers*
2. begin a reading/discussion group
3. plan a staff party*

Community

1. sign up to be a Big Sister*
2. let my church group know about victim services
3. join community gardening club or neighborhood watch group

Adapted from *Transforming the Pain: A Workbook on Vicarious Traumatization*. Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)

WORKPLACE PRACTICES

Please consider the following practices and rate on the scale how you think the agency performs in this particular area.

How are we doing?

Practice	Great 1	2	3	4	Needs Attention 5
1. Role					
Task Variety					
Rotating on call or other less agreeable tasks					
Back up / coverage – real and available					
Clear lines of authority					
Clear lines of support					
Role flexibility within personal interests					
Ability to move within agency					
Regular expectation of working beyond hours (i.e. on-call, community events, etc.					
Comments:					
2. Job Descriptions					
Descriptions are prepared for all jobs					
Relevant and clear					
Do-able					
Reviewed annually by staff and supervisor					
Regularly expected to carry others' job descriptions					
Comments:					
3. Flexible Time					
Vacation					
Family/Medical Leave					
Sick Time					
Comp Time					
Comments:					
4. Opportunities for Education and Training					
Money for outside conferences					
Time for outside conferences					
Encouragement to present internally/externally					
Sufficient training for new employees					
In-services					
Team building activities, staff retreats					
I get the training I need to take on new tasks					
Recognition of STS as “occupational hazard”					

Comments:					
Work place Practices, continued	Great 1	2	3	4	Needs attention 5
5. Compensation and Benefits					
Adequate salaries					
I work more than one full time job to make ends meet					
Regular raises					
Equity (i.e. salaries seem to match experience and job level)					
Adequate benefits					
Money or comp time given for extra hours worked					
Comments:					
6. Physical Environment					
I have a designated workspace					
I have access to phone/computer, etc					
Workspace is comfortable and private					
Workspace feels safe					
Workspace is clean and in good repair					
Comments:					
7. Funds and resources for clients and workplace					
I have access to petty cash/emergency funds for clients					
I often give clients money, rides, help out of my own pocket					
The agency has access to resources for clients' basic needs					
My agency is creative in responding to clients' needs					
I feel pressure to contribute to workplace events, i.e. farewell parties, showers, birthday, etc.					
Comments:					
8. Valuing Diversity					
My experience & background are welcomed, respected and included.					
Disparaging comments about staff or clients are not tolerated.					
I feel comfortable raising issues about my experiences and/or my community(ies)					
Accommodations have been made for me, as needed.					
Comments:					

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Advocate Support and Education Project Session # 7 – Organizational Consultation

Goals:

1. Provide an opportunity for participants to practice and consider a range of techniques to minimize STS at the organizational and community level.
2. Encourage participants to devise specific action plans for their own personal, professional, organizational and community circumstances.
3. Continue to integrate new strategies into practice during series sessions.

Objectives:

1. Through reflection and discussion, participants will identify areas for improvement within their organizations and across systems. Specific achievable strategies are to be determined with the support of group members, facilitators and the AESP.
2. Discuss specifically how feedback and recommendations will be shared with others, particularly agency management.

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. Organizational Consultation	Discussion	30/40 min
3. System Change	Brainstorm/Discussion	30/40 min

Closing/Checkout (allow 40 min)

1.	Checkout	Go round	15 min
2.	Evaluations	Written	5 min
3.	Relaxation		20 min

Advocate Support and Education Project Session # 7 – Organizational Consultation

Exercises:

1. **Check-in:** Continue to check on self-care practice, use of gratitude journal, and signs/symptoms of STS.
2. **Organizational Consultation:** In a large group, review the Workplace Practices Survey they completed during the week. Participants share the experience of initiating discussion within their agency. (Invite participants to share with whom they did the survey and why they went to that person or people. Describe the process.) Facilitators identify themes between agencies and help participants to identify one or two specific changes in which they can get involved.
3. **(Optional) System Change:** Facilitators lead participants in a brainstorming exercise to generate recommendations for change in the systems and organizations represented in the group. Identify changes in which participants can play an active role. Identify changes that require outside and broader involvement by administrators, supervisors, advisors, etc. Participants should consider:
 - What structural changes would minimize STS and allow you to do your work more successfully?
 - What changes are specific to your own work setting?
 - What changes apply across distinct systems?
 - What role can you play individually in making this change?
 - Who may you draw in to participate in making this change?
 - Is there anything that AESP, facilitators or group participants do to support your efforts?

Consider strategies in the following realms:

Organizational

- Improve physical setting
- Clarify values of the system
- Advocate for support from Supervisor/ Management
- Develop collegial support
- Enhance safety in the workplace
- Clarify job tasks & personnel guidelines

Community

- Participate in public awareness activity
- Build coalitions with other agencies/ stakeholders.
- Get involved in legislative reform
- Create or participate in social action effort.
- Attend religious/spiritual services

Closing/Checkout (30 min)

- Allow 10-15 minutes for check-out: *name one positive thing that your agency is doing to support staff.*
- Reflect on this week's discussion to provide the answer: What organizational strategy have I learned here today that I may begin to implement this week? Leaders record answer for check in the next week.
- Review plans for upcoming session and offer a few minutes for urgent closing comments by participants. Prepare for ending the group – discuss possibility of dinner or potluck if participants are interested and able.
- Distribute and collect weekly feedback forms (allow 5 minutes).
- Ask if they know of any planned absence next week – If anyone will be absent, have that person complete a post test evaluation before leaving today.
- 20 minutes for relaxation/meditation exercise (from attached list)

Advocate Education and Support Project Session #8 – Moving Forward

Goals:

1. Provide closure and reflection for the full Advocate Education & Support Project.
2. Elicit feedback from group participants about their experiences in the AESP.
3. Continue to integrate new strategies into practice during final series session.

Objectives:

1. Facilitators lead participants in closing and reflecting exercises.

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. Unfinished business	Discussion	30 min
3. 3,2,1	Go round	20 min
4. Group Letter	Writing	15 min
5. In Closing...	Discussion	5 min

Optional Exercise

1. Potluck or dinner out at restaurant following final session

Closing/Checkout (allow 40 min)

1. Checkout	Go round	15 min
2. Weekly feedback/ Post series survey	Written	15 min
3. Relaxation		20 min

Handouts

- Weekly feedback forms

Advocate Education and Support Project Session #8 – Moving Forward

Exercises:

1. **Check-in:** Final go round about self-care, use of gratitude journals, and signs/symptoms of STS during last week. (10-15 min)
2. **Unfinished Business:** Facilitators lead discussion of topics raised in previous weeks that did not receive enough attention or time. Use the weekly feedback forms to help inform you and determine a topic(s) to return to or one that has not been raised in the curriculum (i.e. STS and the impact on intimate relationships, etc.). (30 min)
3. **3,2,1** – In a go-round, each participant answers the following:
 - a. Think of 3 people in your life (personal and professional) that you can rely on.
 - b. Identify 2 things you will be taking from this series.
 - c. Name 1 next step for yourself as you continue this journey. (20 min)
4. **Group Letter:** Have each participant select a piece of colorful paper and put their name at the top (could decorate if time allows). Tape the papers to wall. Participants move around the room to write on each paper positive messages/attributes/gifts received from that person – for members to keep. (15 min)
5. **(Closing...(optional)** Pick a date, 6 months from now that the group will re-convene for a refresher session. Discuss plan for an email/mail survey at 3 or 4 months. Facilitators bring a concrete token for participants to take with them at the close of the program.)

1.

Closing/Checkout

- Allow 5-10 minutes for question go round.
- Offer a few minutes for urgent closing comments by participants.
- Distribute and collect evaluations.
- 20 minutes for relaxation/meditation exercise (from attached list)

Advocate Education and Support Project

SUGGESTED GROUP RELAXATION ACTIVITIES (20 MINUTES AT THE END OF EACH SESSION)

MEDITATION

Traditional:

Visualization, guided imagery
Progressive muscle relaxation
Breathing

Music tape

Poetry tape or reading

Short story tape or reading

PHYSICAL

Stretching

Yoga (tape or video)

Stress relieving massage – face and head; hand

Take a walk outside

ART / CREATIVE

These exercises can be related to the content of a particular session- other areas of focus may be listed below.

Sculpy/Air drying clay – creating an object that may bring you a sense of peace

Drawing – person(s), place(s) and/or thing(s) from where you draw strength

Look at art books while listening to music

Create a collage of a beautiful/peaceful place

Watercolor of nothing in particular

WRITING

Reflect on phrase “Being good to myself” listing all that comes to mind

Who supports you? List of questions: Name 3 people you get in touch with when you are blue. Do these people usually make you feel better? Who energizes you? Who do you like to play with? Name two people you would contact in a crisis. At work whom do you seek out when you need honest feedback? Do they help you? Can you trust them? Who would you like to discover new things with? Who would you enjoy traveling with? Is there someone you can discuss spiritual ideas and concerns with? Members then share their impressions of the exercise with the larger group.

Write a letter to self, listing all of your blessings/attributes.

Free writing:– pen to paper without lifting it for 20 minutes: examples: I feel relaxed when...; List everything you can think of why you do this work; Write about something positive that you participated in at work in the past week, what happened and what you thought and felt about it; List one or more ways in which you have grown personally or professionally as a result of working with trauma survivors;

Writing goals to achieve in the next five years in the form of an affirmation (i.e. “I am living in a beautiful ranch house on one hundred acres of land in northern New Mexico”) Categories: Geography (where living); relationships, profession, self-care, fun, lifestyle, innerlife, world situation.

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**Advocate Education and Support Project
Demographic Form**

Your answers to these questions will help us to evaluate the project. All responses will be kept confidential. This survey will be read by the project evaluator only, not the facilitators. Results will be presented to facilitators in summary only without identifying information.

Your date of birth: _____
 month day year

Today's Date: _____
 month day year

1. What is your primary work setting?

- a. Community health center program
- b. Hospital or Medical Center
- c. District, Superior, or Probate Court
- d. Community-based shelter/advocacy program
- e. Other: _____

2. Which group of clients or patients do you work with the most? (Circle all that apply)

- a. Children (ages 0 - 11)
- b. Adolescents (ages 12 -17)
- c. Adult women
- d. Pregnant women
- e. Adult men
- f. Elderly (ages 65 and older)
- g. Other _____

3. How long have you been working in this field, as an advocate for victims and survivors of domestic violence, sexual assault, and/or child abuse? _____ years (if less than 1 year please specify months).

4. Your Sex: ____ Female ____ Male ____ Transgender, FTM ____ Transgender, MTF

5. Your sexual orientation: ____ Straight ____ Gay ____ Lesbian
 ____ Bisexual ____ Transgender

6. Your Race/Ethnicity (circle all that apply):

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White or Caucasian
- f. Hispanic or Latino(a)
- g. Multiracial
- h. Other: _____

(Please turn over & complete other side)

6. Personal History

Below: Please mark each crime/victimization that you have experienced as the primary victim/survivor.

- Homicide (not vehicular)
- Motor Vehicular Homicide
- Assault
- Robbery
- Domestic Violence
- Adult Sexual Assault/Abuse
- Adult Survivor of Incest or Child Sexual Assault
- Adult Survivor of Child Physical Abuse
- Child Sexual Assault/Abuse
- Child Physical Abuse
- Abuse of Disabled Person
- Elder Abuse (Ages 60 +)
- Violation of a Protective Order (209A)
- Crime related to DUI/DWI
- Hate Motivated Crimes
- Political Trauma
- Other (specify):

Advocate Education and Support Project (AESP)

Your answers to these questions will help us to evaluate the project. All responses will be kept confidential.

1. Please complete the following statements as they relate to today’s meeting:

a. “I learned . . .

 _____.”

b. “I wish that . . .

 _____.”

c. “I want to know more about. . .

 _____.”

2. Please rate each part of today’s meeting (list specific exercises):

	Not Included or Not Present	Not Helpful			Very Helpful	
	0	1	2	3	4	5
a. _____	0	1	2	3	4	5
b. _____	0	1	2	3	4	5
c. _____	0	1	2	3	4	5

2. Please rate the extent to which you agree with the following statements:

	Strongly Disagree			Strongly Agree	
	1	2	3	4	5
a. I understand the purpose of the AESP.	1	2	3	4	5
b. I felt comfortable participating.	1	2	3	4	5

4. Please add any other comments that you would like to make about the content, material, exercises or the knowledge and preparedness of the facilitators:

