

ADVOCACY EDUCATION AND SUPPORT PROJECT:
Advocates with a personal history of violence or trauma

Responding the Needs of Advocates

8 SESSION CURRICULUM

AESP
A Project of the
Center for Violence Prevention and Recovery
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Session 1: Introductions

Session 2: Defining terms, Understanding Secondary Traumatic Stress (STS)

Session 3: Impact and Strategies

Session 4: Professional Identity and Professional Boundaries

Session 5: Consultation

Session 6: Consultation

Session 7: Organizational Consultation

Session 8: Moving Forward

Advocacy Education and Support Project Session #1 - Introductions

Pre-series surveys (10 min during arrival)

Pre group preparation: *Post group guidelines. Post 4 blank pieces of newsprint with different headings: Personal, Professional, Organizational, Community. Leave markers within reach of each paper*

Exercises:

	Name	Type	Time
1.	Introductions	Go round	20 min
2.	Group Guidelines	Brainstorm	10 min
3.	Dinner / Ice breakers	Go round	45 min
4.	Professional History	Go round	20 min
5.	Personal History	Writing/discussion	30 min
6.	Effects of Personal History	Brainstorm	10 min
7.	(Optional) Strategies	Writing	10 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
- Confidentiality agreement
- Pre- series surveys and demographic survey
- Journals
- Weekly Check out
- Weekly Evaluation

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. Reflect on and share personal experiences of violence and trauma, and its influence on professional identity.
4. Begin survey and evaluation to further understand the effects of STS on advocates and determine project efficacy.

Objectives:

Facilitators 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.
- A safe and confidential environment for exploring the influence of personal history on professional identity.
- Learning strategies for self care: Members will be encouraging each other & trying new ways to take care of themselves both on and off the job.
- An opportunity to create system change: Members may develop new strategies or ideas for improvements in their agency/organization/ world that can improve services to victim/survivors.
- This is a pilot; we want feedback. We want to consider how this group is the same and different and what changes need to be made for future groups.

b. What this series is not:

- **Therapy group:** We are focused on creating a peer support network (leaders can make referrals for therapy). *Be really clear about the distinction of our focus on STS in this series while helping participants understand how the trauma in their lives affects them. This group will NOT focus in on their trauma and if that is erupting, referrals need to be made.*
- **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; pre and post testing for program evaluation; commitment for the 8 weeks; between group contacts; how to reach leaders if running late or cannot come.

d. Confidentiality:

Participants will agree to sign a statement of confidentiality protecting the identities and personal experiences of fellow group members. (See attached.) Allow time for questions and discussion.

e. Check in by telephone:

Facilitators will contact each group member after the first session to see how she/he responded to first session and how he/she is doing.

Session #1 - Introductions

Exercises: (95 minutes)

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

1. **Introductions** (20 minutes)
 - a. Facilitators
 - b. Project (see Objectives: a,b,c,d)
 - c. Participants: Name, Where working, how long
2. **Presenting group guidelines:** (10 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;*
 - *No shaming or blaming;*
 - *Be non-judgmental (potential discussion about disclosure)*
 - *Confidentiality (in the room and on personal issues, except for 51As, suicidality or homicidality)*
3. **Dinner:** Ice breaker discussion questions (30-45 min)
 - a. **Suggested questions:**
 - How did you get your first name? Do you like it?
 - Where did you grow up? With whom and where do you live now?
 - Do you have a favorite TV show?
 - What do you like to do in your spare time?
 - What is the last thing you cooked? (and when?)
 - What was the last thing you read?
4. **Professional history:** In a go around, ask participants to describe *When, Where, How* and *Why* they got into this work. (20 min)
5. **Personal history:** Spread out around the room with pen and paper, and respond to the questions listed in Attachment A. (10 min) Discuss in large group. (20 min)
6. **How does your history help you be a better advocate?**
 - a. Group brainstorm recorded on newsprint (10 min) 7:25

7. *(Optional if there is time)* **Strategies we use:** Review Attachment B: Check out. On newsprint around the room, participants will list the strategies that are helping them in the various realms. (10min)

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 B) 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.
- Relaxation exercise (10 min). Distribute Gratitude Journals: Beginning today, write down three things for which you are grateful.
- *Next week will begin 20 min relaxation at the conclusion of each group.*

Session 1 – Attachment A

Advocate Education and Support Project

Personal History

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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

ADVOCACY 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 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;
New physical activity;	Address supervisor with pressing or lingering issue;	Suggest or work toward policy changes;	neighborhood gathering;
Getting more rest;			
Building/garden ing 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.			

Advocacy Education and Support Project
Session #2
Defining Terms and Understanding Secondary Traumatic Stress (STS)

Exercises:

Name	Type	Time
1. Introductions/Ice breakers	Go round	10 min
2. Check in (and Gratitude lists)	Go round	10 min
3. Examining Language	Discussion	10 min
4. Defining Terms	Didactic	15 min
5. Vignettes	Paired discussion	15 min
6. Silent Witness	Writing/Discussion	30 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 STS (Attachment B)
- Vignettes (Attachment C)
- Evaluations

Advocacy 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.
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. Define terms: Stress, Burnout, Trauma, and Countertransference, as distinct from Secondary Traumatic Stress.
2. Begin defining and discussing the effects of Secondary Traumatic Stress.
3. Continue to reinforce new and current self-care strategies.

Session #2

Defining Terms, Understanding Secondary Traumatic Stress

Exercises: (85-95 minutes)

Welcome ritual – phones, pagers off – Invite members to bring their thoughts, emotions and focus into the room, to leave their day behind with a couple of deep breaths and/or standing stretch, and /or images of a door closing, etc. This ritual should be consistent with each meeting.

1. **Ice breaker:** Ask the participants to name as many of the others they can remember in the group. **Or,** Introduce another member by name and something you remember about her. Others should feel free to chime in. (10 minutes)
2. **Check-in** from first week on self care and ask about gratitude journals(10 minutes)
3. **Examining language:** *Introduction: 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. There are no correct 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.* What do we call the people we help: victims, survivors, clients, etc. Go round, what term do you use? What do we call ourselves? (15 min total)
4. **Defining Terms:** Through review of Attachment A and B, facilitators will discuss the various terms: Stress, Burnout, Transference, and Trauma, as distinct from Secondary Traumatic Stress. Ask participants for examples of each as you move through each of the terms. (20 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 advocate's strong feelings, reactions (*overreactions?*) to a situation, event or person that is caused by the triggering of the advocate's own personal, historical experiences and feelings. The advocate is not always conscious of why her/his feelings may be so passionate or disturbing.
 - **Secondary Traumatic Stress** is particular to people working with a highly traumatized population (i.e. advocates, EMT's police, nurses, etc). STS can develop relatively suddenly and can vary day to day in its level of distress. Symptoms mirror those of PTSD.
5. **Vignettes:** In pairs, distribute vignettes. (Attachment C). After reviewing these, pairs will determine the term that most appropriately describes the vignette. Follow with large group feedback. (15 min)

6. **Silent Witness:** Review Attachment D with participants in preparation for exercise. (20 min)

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 brief evaluations (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list) *Suggestion: Guided imagery relaxation, either read by facilitators or on CD*

Session #2 – Attachment A
Advocacy 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 / COUNTERTRANSFERENCE

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) **Countertransference** 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, derealization, 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, hypervigilance, 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 Trauma 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.
- **Trauma** or traumatic stress has very similar symptoms and reactions as STS, but 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).

Session 2 – Attachment C

Advocate Education and Support Project

Abby Advocate has worked well with Sondra Survivor in the aftermath of her sexual assault. However AA was devastated by SS's decision not to go forward with the charges in court. After all her hard work, AA was tearful and angry that SS did not go forward.

Abby Advocate bursts into the office clearly agitated, irritated, rushing. Because of a missed bus, she was late for her meeting, and she snapped at the receptionist and a student intern who needed her attention.

Ever since the assault two weeks ago, Abby Advocate cannot shake the feeling of being followed. Even at work, she jumps whenever anyone passes behind her.

Abby Advocate still has nightmares, even though the abuse she experienced herself was 25 years ago. She can't enter her family home or a dark office without feeling anxious. She feels nervous whenever meeting with male co-workers or consultants.

Abby Advocate feels good every time she meets with her supervisor whose warm and caring ways make her feel loved. She feels heard and understood in a way that she has not felt before. She feels emotionally close to her supervisor and is often reminded of her beloved grandmother.

Abby Advocate feels drained and exhausted at the end of her day and can't stop thinking of ways to advocate for Cleo Client. She goes to the gym and Cleo is on her mind; she stops by and has a drink with a friend and talks about a recent nightmare that mirrors Cleo's sexual assault in which she is the victim. Abby feels that she is the lone voice responsible for Cleo.

Abby Advocate has been coming in late for the last three weeks and calling in sick, almost once a week. She's barely returning phone calls, and when she does, she is curt and disinterested. She doesn't see how her behavior and attitude are affecting her work.

Making It Personal / Silent Witnessing

PART 1

Think about: What have you noticed that has changed for you since starting this work?
Ask the participants to write down three signs of vicarious traumatization that they are aware of in their current life.

Example:

- I don't watch the evening news anymore
- When my partner is late getting home, I fear the worst
- I cry easily at movies and even radio stories

OR

- Whenever I see a dad with a daughter, i worry he is a perpetrator.
- I go out less and when I do, I no longer tell anyone what I do for a living
- I am always so scared for my children, I know I'm overprotective, but I can't help it.

PART 2

When asking people to list three signs of STS, let them know that you will ask them to show their list to others. Then after the lists are completed, ask them to stand and silently walk around the room. Invite them to share what they have written with one another by holding their lists in front of them for others to read. They are to remain silent, they may not comment or speak to one another until the exercise is complete.

PART 3

Large group discussion:

What was that like? What did you notice?

What was it like not speaking?

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

**Advocacy Education and Support Project
Session #3
Impact and Strategies**

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. The Development of STS	Didactic/Brainstorm	15 min
3. Personal and Professional Effects	Writing/Discussion	20 min
4. Strategies	Writing/Discussion	20 min
5. STS Self Assessment	Writing	15 min

Closing/Checkout

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

Handouts

- The Development of STS
- STS Self Assessment
- Weekly evaluations

Advocacy Education & Support Project Session #3 – Impact and Strategies

Goals:

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

Session #3 – Impact and Strategies

Exercises: (90 min)

Facilitators: Prior to the start of this session, prepare the following: Eight sheets of newsprint up on the walls around the room with markers at each page. On each sheet write the areas of effect and a line drawn down the middle. The areas of effect are: Physical, Emotional, Behavioral, Spiritual, Interpersonal, Cognitive, Job Performance, Job Morale.

Welcome ritual – phones, pagers off – Invite members to bring their thoughts, emotions and focus into the room, to leave their day behind with a couple of deep breaths and/or standing stretch, and /or images of a door closing, etc. This ritual should be consistent with each meeting.

1. **Check in** on self care homework (10 min) and icebreaker: Ask the participants to name as many of the others they can remember in the group.
2. **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 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 horror 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.

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.

3. Personal and Professional Effects of STS:

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 appropriate sheets. Ask participants to return to their seats when they feel they are finished. (10 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. (10 minutes).

4. Strategies:(20 minutes)

- On the newsprint previously posted: group members will move around the room and record strategies that could be used to reduce symptoms of STS. (10 minutes) Facilitators fill in areas as needed.
- Return to large group, volunteer spokesperson reports on each list - discuss (10 minutes)

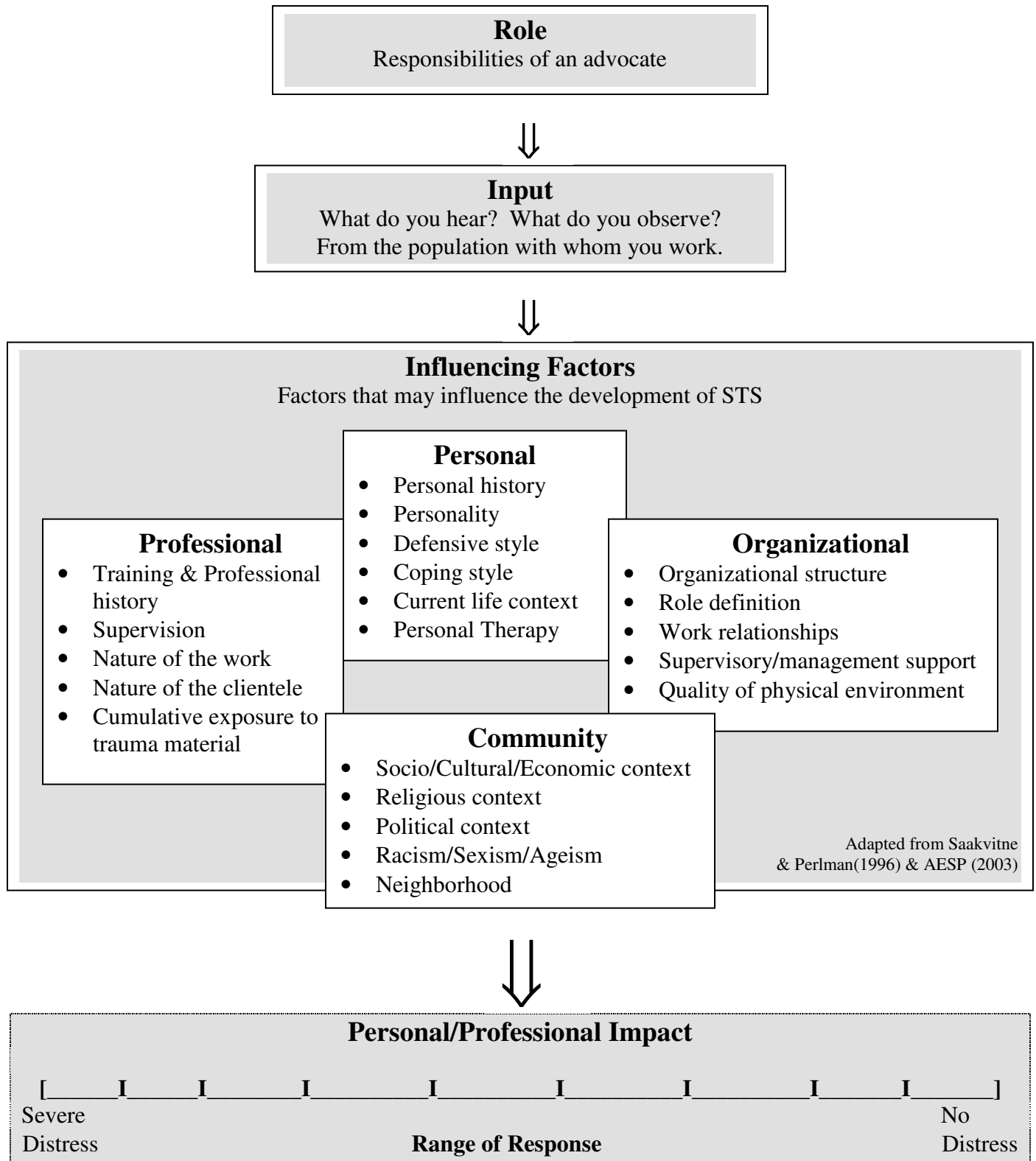
5. Self Assessment of Strengths and Vulnerabilities (15 minutes)

Attachment B – Have participants review from the last exercise, ways in which they can improve their coping strategies in the four realms. Record ideas on the paper.

Closing/Checkout (30 min)

- Allow 5-10 minutes for question go round: “What one thing are you going to do for yourself this week?” Also, check in on the status of their gratitude journals. 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 brief evaluations (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise. *Suggestion: Paper and crayons – Participants color a picture depicting, or suggesting those people, places and/or things from which they derive strength. Sharing the pictures is optional and can be a group decision. Drawings are done in silence with ambient sound or music.*

The Development of Secondary Traumatic Stress



Self-Assessment of Strengths and Vulnerabilities

Take the next few minutes to do a self assessment of where you are doing well and where you may need extra “shoring up” of these factors. Jot down ways you can take control and enhance your resilience through improvement in these areas.

Personal

- Personal history _____
- Personality _____
- Defensive style _____
- Coping style _____
- Current life context _____
- Personal Therapy _____

Professional

- Training & Professional history _____
- Supervision _____
- Nature of the work _____
- Nature of the clientele _____
- Cumulative exposure to trauma material _____

Organizational

- Organizational structure _____
- Role definition _____
- Work relationships _____
- Supervisory/management support _____
- Quality of physical environment _____

Community

- Socio/Cultural/Economic context _____
- Religious context _____
- Political context _____
- Racism/Sexism/Ageism _____
- Neighborhood _____

Advocacy Education & Support Project
Session #4
Professional Identity & Professional Boundaries

Goals and Objectives

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. At Home on the Range?	Writing/Discussion	25 min
3. Who Am I? Who Can Know?	Brainstorm/Discussion	10 min
4. Is it Just Me? Sharing With Clients	Paired/Group Discussion	45 min

Closing/Checkout

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

Handouts

- Home on the Range?
- Is It Just Me? ...sharing with clients
- AESP Consultation Guide (in preparation for sessions 5 & 6)
- Evaluations

Advocacy Education & Support Project
Session #4
Professional Identity & Professional Boundaries

Goals:

1. Identify ways that your personal trauma affects your professional identity and boundaries.
2. Understand professional and personal boundaries/limits;
3. Recognize the impact of establishing limits between oneself and one's client and/or workplace.

Objectives:

1. Consider personal history and decision-making about disclosure to clients and colleagues;
2. Discuss boundaries/limits as they might relate to advocates' role, time, space, and use of resources.

Session #4

Professional Identity & Professional Boundaries

Exercises: (90 min)

Welcome Ritual

1. **Check in** on self-care (10 minutes).
2. **At Home on the Range?** Have participants review attachment A and mark their place on the sheet that best describes their current position. Follow this with discussion asking: Is there consistency between your responses? Is consistency important? Why, why not? Does your history change how you approach the work? (25 min)
3. **Who I am and who can know?** What factors are present in your organization's culture that makes it easy or impossible to tell your co-workers? Facilitators: Record the agency factors that make it safe for advocates to disclose their histories. (10 min)
4. **Is it just me?...Sharing with clients**
Paired discussion (Attachment B – 45 minutes)
 - a. How, when and why do you tell clients? General discussion (15 min)
 - b. 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).
 - c. Return to larger group, read vignettes aloud, and share responses with full group. Invite discussion, and comment on the vignettes. (20 min)

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.
- 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 brief evaluations (allow 5 minutes).
- Ask if they know of any planned absence next week.
- 20 minutes for relaxation/meditation exercise (from attached list). *Suggestion: Writing exercise*

Session 4 – Attachment A
Advocate Education and Support Project

At Home on the Range?

Please place a mark on the following ranges that best describes your current position.

In my family...

[_____]					
No one knows	2	3	4	5	My status as a survivor defines me
I'm a survivor					

In my social circles...

[_____]					
No one knows	2	3	4	5	My status as a survivor defines me
I'm a survivor					

In my community...

[_____]					
No one knows	2	3	4	5	My status as a survivor defines me
I'm a survivor					

In my agency...

[_____]					
No one knows	2	3	4	5	My status as a survivor defines me
I'm a survivor					

My history of trauma...

[_____]					
Does not factor	2	3	4	5	Defines how I approach my work
Into my work					

Is there a difference between me and other advocates that do not have a personal history of trauma?

Session 4 – Attachment B
Advocate Education and Support Project

Is it Just Me? ...sharing with clients

Jean is constantly working late. With everyone else in her office staying past 5:00 PM, she also feels like she must stay late. Everyone is so dedicated to the work. There is so much to do and it really feels like some of this work is life or death.

What should she do?

What would you do?

Does your trauma history affect your response?

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?

Would your trauma history affect your response?

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?

Would your trauma history affect your response?

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?

Would your trauma history affect your response?

Dorie's situation sounds so much like the home you grew up in. You want her to know the effect it had on you as a child when your mother didn't protect you from harm. You are so scared that her children will face the same fate if she doesn't do something NOW!

How should the advocate handle this situation?
How would you handle it?
Would your trauma history affect your response?

Jeanette's determination to reconcile with her abuser by giving him another chance has you tied up in knots. You realize that not only are you feeling tense and sick to your stomach everytime you think of her and her kids, but it's becoming more difficult to hide your anger from her.

How should the advocate handle this situation?
How would you handle it?
Would your trauma history affect your response?

You realize that if you were not Wanda's advocate, you might be her friend. You share many similar interests and likes and listen to the same music. In fact, she goes to the same club that you do to listen to bands. You find yourself wanting to share more about yourself and are thinking it might be nice to hang out together.

What do you need to consider here?
What is the right thing to do?
Would your trauma history affect your response?

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?
Would your trauma history affect your response?

Claudia was in a battering relationship for over 10 ten years. She finally was able to leave when her 7 yo son began using the same words and tone that his father used to threaten her. You are amazed how much Claudia's experience seems like your own. You want to share your experience.

What should you do?
Why?

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.

As you consider presenting a situation to the group, here are helpful ways to think about framing your presentation:

- 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.

Advocacy Education & Support Project

Session #5 - Consultation

Goals and Objectives

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 (optional)	Demonstration	10 min
3. AESP Consultation	Brainstorm/Discussion	

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
- Evaluations

Advocacy 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. 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.

Session #5 - Consultation

Exercises: (90 min)

Welcome ritual

1. **Check in (10 min)**
2. **Facilitator Role Play:** (Optional) Facilitators role play consultation by using example on Attachment A: One of you will play the facilitator and the other will play the advocate.
Alternate: Hand out attachment A and review with group. (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. (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 too quickly into strategizing, but give full attention to the feelings/responses provided by the participants. Graphic descriptions?

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 brief evaluations (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)
 - Humorous relaxation: video, podcasts, etc.
 - Homework: Bring in a joke or comic that you find really funny to share with group next week. (Facilitators: send email reminder.)
 - Who Supports You?

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 proceeding 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:

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

Advocacy Education & Support Project Session # 6 - Consultation

Goals and Objectives

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 (jokes)	Go round	10 min
2. AESP Consultation	Brainstorm/Discussion	
<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
- Organizational Stress Management Survey (homework)
- Evaluations

Advocacy 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.

Exercises:

Welcome Ritual

1. Check in

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. (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)

4. **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)

5. **Homework**

- **Pass out Organizational Stress Management 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)

ORGANIZATIONAL STRESS MANAGEMENT

The following components are contributing factors to organizational health or stress. Please examine which components are present in your agency/setting and which ones need improvement. Be specific about ideas and steps that need to be taken. It is important to have a strong organizational structure to be able to respond effectively when crises occur and to be able to prevent secondary traumatic stress.

1. PHYSICAL ENVIRONMENT

- | | |
|---|---|
| <input type="checkbox"/> Design of the building | <input type="checkbox"/> Nutritious/tasty food |
| <input type="checkbox"/> Space Design | <input type="checkbox"/> Offices/lounge for staff |
| <input type="checkbox"/> Privacy | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Noise level | <input type="checkbox"/> Access for the disabled |
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Toxins |

Comments: _____

2. TASKS

- | | |
|--|--|
| <input type="checkbox"/> Job descriptions | <input type="checkbox"/> Evaluation procedures |
| <input type="checkbox"/> Clear philosophy, mission statement | <input type="checkbox"/> Adequate supervision |
| <input type="checkbox"/> Realistic expectations | <input type="checkbox"/> Job security |
| <input type="checkbox"/> Career and in-service opportunities | <input type="checkbox"/> Job Overload |
| <input type="checkbox"/> Task variety | |

Comments: _____

3. MANAGERIAL

- | | |
|---|--|
| <input type="checkbox"/> Clear lines of authority | <input type="checkbox"/> Accountability |
| <input type="checkbox"/> Leaders are accessible, open to feedback | <input type="checkbox"/> Tries to minimize red tape |
| <input type="checkbox"/> Provides role models | <input type="checkbox"/> Able to motivate/build morale |

Comments: _____

Janet Yassen, LICSW, 2001
WORD\SAFETRAN\DOCUMENT\StressMg.doc

4. INTERPERSONAL

- | | |
|---|--|
| <input type="checkbox"/> Clear personnel guidelines | <input type="checkbox"/> Social support/mutual aid valued |
| <input type="checkbox"/> Respect for differences | <input type="checkbox"/> Trust among staff (cooperation vs. competition) |
| <input type="checkbox"/> Sensitivity to needs of individuals | |
| <input type="checkbox"/> Mental health days, stress management training, etc. | |

Comments: _____

☐ Systems for staff appreciation _____

☐ Ways in which a positive atmosphere is fostered _____

☐ Outlets for dealing with stress within the workday _____

☐ Methods of communication already in place _____

☐ Systems in place for providing non-stigmatizing help _____

5. ADDITIONAL NEEDS _____

6. NEXT STEPS _____

GOOD LUCK AND REMEMBER TO TAKE CARE, TO MAINTAIN A SENSE OF HUMOR, AND TO BREATHE!

Advocacy Education & Support Project
Session # 7 – Organizational Consultation

Goals and Objectives

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

Advocacy 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.

Advocacy Support and Education Project Session # 7 – Organizational Consultation

Exercises:

Welcome ritual

1. **Check in**
2. **Organizational Consultation:** In a large group, review the Organizational Stress Management Survey they completed during the week. Participants discuss 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. **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 5-10 minutes for check-out: 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 sessions 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/able. (*Program is unable to pay for dinner out*)
- Distribute and collect brief evaluations (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)

Advocacy Education & Support Project Session # 8 – Moving Forward

Goals and Objectives

Exercises:

Name	Type	Time
1. Check in	Go round	10 min
2. 3,2,1	Go round	20 min
3. Next Steps	Writing	10 min
4. Group Letter	Writing	15 min
5. In Closing...	Discussion	5 min
7. For Pilot – extended evaluation	Writing/Discussion	15 min (see below)

Closing/Checkout (allow 40 min)

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

Handouts

- Next Steps
- Weekly evaluations
- Post series survey

Advocacy, Education and Support Project Session #8 – Moving Forward

Goals:

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

Objectives:

1. Facilitators lead participants in closing and reflecting exercises.
2. Discuss AESP follow-up plan of email/mail surveys at 3 and 4 months, followed by refresher session at 6 months to review content and ongoing benefits.

Advocacy, Education and Support Project Session #8 – Moving Forward

Exercises:

Welcome Ritual

1. **Check in (10 min)**
2. **3,2,1** – In a go-round, each participant answers the following:
 - a. Think of 3 things you will be taking from this group.
 - b. Identify 2 people you can turn to for support
 - c. Name 1 next step for yourself as you continue this journey
3. **Next Steps:** Handout. Have the group fill out the questions on the handout. Copy for files and distribute to participants, OR if copying is unavailable, collect and mail copies to participants the next day. Explain that AESP will mail the originals back to them in 3-6 months and will be followed up with a phone call “check in” to encourage their progress. This will also be used as the checkout.
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 a positive messages/attributes/gifts received from that person – for members to keep.
5. **For Pilot group only....** Written, extended evaluation, with a follow up discussion asking participants for anything they would like to add, highlight or clarify that may improving the series for future participants.
6. **In closing...** Follow up surveys will be emailed or mailed to the participants at either 3 or 6 months. AESP will use their answers anonymously and comparatively in their ongoing research regarding the immediate and long term effectiveness of the series. Optional: Facilitators bring a concrete token for participants to take with them at the close of the program.

Closing/Checkout

- Allow 5-10 minutes for question go round: Review your Next Steps sheet.
- Offer a few minutes for urgent closing comments by participants.
- Distribute and collect weekly feedback and post series survey (allow 15 minutes).
- Relaxation?

Handout

- Next Steps
- Surveys and evaluation

Name: _____

Home mailing address: _____

NEXT STEPS

In my personal life my next step is:

In my professional life my next step is:

In my organization my next step is:

In my social/cultural/community my next step is:

I am making a commitment to myself to take steps.

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

Advocacy 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.

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? (30 minutes total)