Responding to APS Cases Involving Adults Experiencing Homelessness

Virtual Course

PARTICIPANT MANUAL

Academy for Professional Excellence

APSWI
Adult Protective Services
Workforce Innovations

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2021

Rachael m. Ferraiolo, LCSW

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to **Responding to APS Cases Involving Adults Experiencing Homelessness Participant Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division
Arizona Department of Economic Security, DAAS-Adult Protective Services
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TABLE OF CONTENTS

EXECUTIVE SUMMARY

RESPONDING TO APS CASES INVOLVING ADULTS EXPERIENCING HOMELESSNESS

This is the **second workshop** in the series: "Effectively Working APS Cases for Persons Experiencing Homelessness". The series is designed to provide APS professionals with knowledge, practical tools, opportunities to build empathy and gain a better understanding of what many individuals who are homeless experience in order to work more effectively with this population.

The goal of this workshop is to build on the foundational concepts in Workshop #1 and provide opportunities to broaden APS professionals' skills when working with people who are experiencing homelessness. These cases are often complex and this workshop allows participants to understand more about this complexity and see the intense reality they may endure when out in the field. Working through expected challenges in training, moves APS professionals towards confidence and critical thinking with these cases in their day-to-day work. Throughout this workshop, participants will take best practices from the field of Homelessness Outreach, tailor and apply them to the purpose of Adult Protective Services.

Virtual Training:

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout rooms, chat box discussions, large group discussions, and self-reflection. PowerPoint slides are used to stimulate discussion.

- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

Course Requirements:

- There are no course requirements, but it is recommended that participants have some experience interviewing clients. It is highly encouraged to have attended Workshop #1 prior to attending Workshop #2.

Continued

Target Audience: This workshop is intended for new or experienced line staff.

Learning Objectives:

After completion of this workshop, participants will be able to:

- Summarize the unique traits, challenges and needs experienced by people who are at risk of or are experiencing homelessness
- Identify effective methods and plan for challenges when conducting outreach and engagement
- Apply practical techniques when completing the initial assessment with individuals experiencing homelessness
- Develop their own personal plan to encourage self-care and build resiliency as an APS professional

COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW		20-25 minutes
Course Goal and Learning Objectives		
Individual Reflection: My Why		
CULTURE OF POVERTY & HOMELESSNESS		10 minutes
Considerations		
Length of Homelessness		
SAFETY		15 minutes
Strategies	Handout #1	
OUTREACH		35-40 minutes
Activity #1- Outreach with Iris (Large Group)	Handout #2	
Strategies and Challenges	Handout #3	
Activity #2- My Own Motto (Individual and Breakout Rooms)		
ENGAGEMENT AND ASSESSMENT		25-30 minutes
Strategies	Handout #4	
Psychoeducation		
Tasks		
Activity #3- Engagement with Iris (Individual and Large Group)		
CONSIDERATIONS & INTERVENTIONS WHEN WORKING WITH SUB POPULATIONS		20-25 minutes
Health Concerns		
Recovery Model		
Activity #4- Applying Recovery Model to Iris (Individual and Large Group)	Handout #5	
SELF-CARE		25 minutes
Vicarious Trauma and Burnout		
Mitigating Compassion Fatigue and Burnout		

Activity #5- Compassion Satisfaction (Individual)	Handout #6	
Activity #6- Vicarious Resiliency (Individual, Large Group)		
WRAP-UP AND EVALUATIONS		15 minutes
TOTAL TIME (NOT INCLUDING BREAKS)		**3 hours**

APSWI
Adult Protective Services Workforce Innovations

Responding to APS Cases Involving Adults Experiencing Homelessness

We create experiences that transform the heart, mind, and practice.

Academy for Professional Excellence

Notes:

Academy for Professional Excellence
Inquire. Inspire. Impact.

About the Academy

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

OUR PROGRAMS

APEX APSWI CWDS LIA RIHS SACHS

Notes:

Academy for Professional Excellence | APSWI Adult Protective Services Workforce Innovations

About the Academy & APSWI

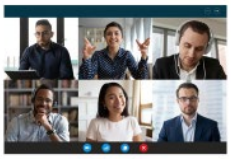
- Adult Protective Services Workforce Innovations (APSWI)
  - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
  - APSWI provides innovative workforce development to APS professionals and their partners.

OUR PROGRAMS

APEX APSWI CWDS LIA RIHS SACHS

Notes:

Housekeeping



- Video Camera
  - Option to hide "self view"
- Mute, unmute
- Chat box
- Reactions:
  - Thumbs up, clap, raise hand, heart emoji, etc.
- If you must step away
- Potential technical glitches

Notes:

Welcome

Chat box:

- On a scale from 1-10, how confident are you in your ability to assess the immediate needs of someone who is experiencing homelessness?

OR

- How many months or years have you been working with individuals experiencing homelessness?

Notes:

Today's Goal and Learning Objectives

Workshop #2 of a series: How to Effectively Work with Older Adults Experiencing Homelessness

- Workshop #1: Examining the Layers (foundational, knowledge)
- Our goal today: understand the complexity of these cases, explore the reality you may experience, and work through potential challenges.

Learning objectives:

- Summarize the unique traits, challenges and needs experienced by people who are at risk of or are experiencing homelessness
- Identify effective methods and plan for challenges when conducting outreach and engagement
- Apply practical techniques when completing the initial assessment with individuals experiencing homelessness
- Develop their own personal plan to encourage self-care and build resiliency as an APS professional

Notes:

Possible Shift in Current Practice

Today may challenge current practice and provide moments to "shift".

Housing First:
- Passed in CA in 2016
- Based on Maslow's hierarchy of needs
- Keep in mind when addressing initial protective issue

Various takeaways from today's workshop, not all will apply to every APS program.

Notes:

Our Why

"To value someone who is otherwise devalued, to believe someone who is otherwise disbelieved, to stand by someone who is otherwise alone, may be a powerful means to help them 'find the world' again." (Henderson and Pochin, 2001)

Think about clients or types of cases you've had that "touched" you more than others. Why was this the case?

- Moral Responsibility
- Professional Responsibility
- Social Responsibility

Notes:

Living Unhoused: A Choice?

- Is it the outcome of failed systems, discrimination, and/or accessibility?
- Do people have unmet mental, physical and/or cognitive health needs?
- Housing First- meeting people's most basic needs

Notes:

Considerations

- High vulnerability to victimization
- Often mistrustful of service providers and reluctant to engage
- Hard to reach and experience deep social exclusion
- Experience self-neglect that leads to homelessness
- No affordable options for stable housing
- Unrealistic care plans
- Stereotyping and stigma
- Continued stress of life on streets
- Less resilient as they grow older

What are some of your concerns when working with this population?

Think back to Workshop #1, what are some factors in someone's life that may contribute to them becoming less resilient?

Notes:

Length of Homelessness

IMMINENT:
- Financial abuse (self or others)
- Eviction
- Self-neglect (ADL's)

NEWLY HOMELESS (transitional):
- Result of structural economic constraints
- Impact of social situations
- Left against medical advice

CHRONIC:
- Complex and chronic health needs/risks
- Lack of support from family/friends
- Often refuse help
- Serious and persistent mental illness and/or drug use

*All share inherent trauma of experiencing homelessness

Notes:

Safety Strategies Prior to Meeting

Chat box: Share ways in which you practice safety while visiting people you interview

Handout #1: Tip Sheet

- **Teams**
  - Pairs
  - Develop a contingency plan before leaving the office.
  - "Code word" (e.g. "Where's Charlotte?")
  - Conduct regular gear up/debrief
- **Strategies**
  - Keep others informed
  - Plan for safer locations
  - Approachable or not?
  - PPE
  - People who are sleeping, peeking/touching tents

Notes:

Safety Strategies While Engaged

- Introductions and appearance
- Don't interrupt sales of drugs or sex.
  - If you suspect that a client is under the influence, consider rescheduling and visiting on a different day.
  - Do not accept or hold any type of controlled substance.
- Refrain from petting dogs/animals that may belong to your client or "community".
- In an emergency, call, or have another person call 911.
- LISTEN TO YOUR GUT/INTUITION

Notes:

Safety Strategies Upon Completion

Consultation
- Providers can gain insight and share experiences, successes and areas of improvement
- Regular case conferencing
  - Weekly team meetings
  - Multidisciplinary Teams: may include agency partners, such as housing representatives and mental health providers

Training
- Agency-wide safety trainings (i.e., Non-violent Crisis Intervention)
- Regular review of individual and team safety protocols

Notes:

Notes:

HANDOUT #1 - TIP SHEET
Safety Strategies When Working with Clients Experiencing Homelessness

BEFORE MEETING WITH INDIVIDUAL
• Document your location and make sure another staff/supervisor is aware   ○ Note any potential risks or dangers in the location (e.g. gang activity, isolated area, crime) and take precautions
• Work in teams if possible and conduct gear-ups and debriefs
• Always carry identification
• Create a "code word" amongst the team that can be used to indicate a safety issue. Ensure everyone knows it and that it feels realistic to the situation.
DURING THE MEETING
• Never sneak up on or corner someone
• Never wake a sleeping client or peek into their tent/home
• Don't interrupt sales of drugs or sex work
• Listen to your gut/intuition and never hesitate to leave an unsafe situation
• If you're concerned person is under the influence, consider rescheduling appointment if you believe they are unable to constructively participate in a discussion, taking into account when they might be more sober than not.
• Maintain the confidentiality of your client as best as possible
• Refrain from petting animals/dogs, these are family and maybe "security".

Meet Iris

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Handout #2: Iris Case Study

- Iris, late sixties, has been homeless for five years.
- Referred to APS by the County Homeless O&E Team.
- Iris typically stays alone near the park benches, but often visits the local Senior Center.
- She has a prepaid cell phone and one bag of personal belongings.
- O&E reporting self-neglect: Iris has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.
- Reports that Iris is friendly but may have some untreated mental health issues.
- She receives a monthly disability check and is a MediCal/Medicare recipient.

Safety and Outreach: What are some things you would want to do to prepare or think about before meeting Iris?

Notes:

Notes:

HANDOUT #2 - IRIS CASE STUDY

You are assigned to work with Iris, in her late sixties, who has been homeless for five years.

She was referred to APS by the County Homeless Outreach and Engagement (O&E) Team.

O&E recently noticed her in a park they regularly visit when conducting outreach.

Iris typically stays alone near the park benches, but often visits the local Senior Center which provides meals.

She has a prepaid cell phone and one bag of personal belongings.

O&E contacted APS reporting self-neglect because Iris reports she has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.

The referring clinician reports that Iris is friendly but may have some untreated mental health issues.

She receives a monthly disability check and is a MediCal/Medicare recipient.

Safety:

Outreach:

Principles of Outreach

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Contact individuals in non-traditional settings who might otherwise be ignored or underserved.

Principles:
- "Inreach" – 'walking' with the client
- Creating a human connection
- Building trust
- Developing a sense of community
- Dignity and respect
- Honesty
- Versatility
  - Providers as ambassadors, navigators and bridge builders

(NHCHC, 2013 & 2014)

Notes:

Outreach Strategies

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Handout #3: Tip Sheet
- Initial approach
- Time of day
- Gatekeepers
- "Three homes"
- Respond, don't react
- Be culturally responsive
- Trauma-informed Care
- Contact information and anticipated follow up
- Repeat visits
- Hygiene kits, water, incontinence products

(NHCHC, 2013)

Notes:

Notes:

HANDOUT #3 - TIP SHEET
Outreach Strategies When Working with Clients Experiencing Homelessness

BEFORE MEETING WITH THE INDIVIDUAL
• Attempt to form relationships with key community members (e.g., gatekeepers, staff at Senior Centers/Churches)
• Schedule appointments when the client is most active and motivated (i.e. avoid mornings and meal times)
DURING THE MEETING
• Be open to making in person "warm handoffs" with other providers
• Respect the client's "three homes": their personal space, the physical space where they live, and the community in which they live.
• Clearly identify yourself and agency
• Be yourself, actively listen and ask open-ended questions
• Initial goals are getting to know the person as a human and assessing for safety   ○ Examples: "Have you eaten today?" "How do you plan to get your next meal?" "Where do you normally sleep?" "How do you keep yourself safe on the streets?" "Are there people out here that you trust or consider a friend?"

• Don't push an agenda, especially in the beginning
  ○ Let the client lead and move at their pace. (i.e. "How can I best help you?"
  ○ Keep initial conversations brief

• Carry and use emergency items such as hygiene kits, water, incontinence products, if available
• Respond, don't react. Think about what needs to happen in order for you to "meet" them where they're at
• Ask questions using a culturally responsive and trauma-informed lens
• Encourage the client to set goals and work collaboratively towards small steps
• Tell the client when you'll be back and how to reach you
• Repeat visits build trust and rapport
• Follow up and follow through, only commit to things you know you can complete and that are within your control.
• Don't be afraid to use creative and unconventional ways to connect and present information (i.e. use of written material or pictures, create a binder to hold important documents)

Outreach Challenges

Knowing some of the challenges ahead of time will help prepare you and possibly allow time to think of solutions.

- Differences in perspectives among team members and agencies
- Unmanaged mental illness, especially when a client lacks insight to their symptoms
- Lack of client readiness and trust
- Limited resources within the community (phones, transportation, translation services, housing options, etc.)
- Staff burnout and turnover

(NHCHC, 2014)

Notes:

Developing Your Personal Outreach Style

My Own Motto Activity

1. Individually: Reflect on your own style when engaging with clients, alleged perpetrator and collaterals.
   - **What is at the core of your work and how you interact with people?**
   - Write/type it down in your participant manual

2. Breakout Room Activity:
   - Share and note similarities and differences.
   - Allow each person to share.

Notes:

Notes:

Engagement and Assessment Strategies/Techniques

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Handout #4: Tip Sheet

- Get to know the client's personal narrative
- Have a consistent presence
- Follow up and follow through
- Let the client lead
- Encourage client to set goals
- Work towards small steps (SMART)
- Move at the client's pace
- Pay attention to health literacy

We must continuously balance the client's freedom of choice with the severity of conditions and limitations of your role.

Notes:

Notes:

HANDOUT #4 - TIP SHEET
Engagement and Assessment Strategies When Working with Clients Experiencing Homelessness

Get to know the client's personal narrative (i.e. "What were some factors that brought you to the place you are now?"
Express appreciation for survival skills as strengths and coping mechanisms. How have they survived living unhoused?
Have a consistent and predictable presence in the community.
Follow up and follow through. Know your boundaries as a professional before making promises or offering specific help.
Encourage clients to set goals.
Let the client lead. This involves the process of negotiation and is often not linear.

Work towards small steps
• Utilize SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) and Motivational Interviewing
  ○ Example of a goal that is too broad: *Get a job*
  ○ Example of a SMART goal: *APS professional and client to call DMV on Tuesday to schedule an appointment to obtain identification card.*

Move at the client's pace. Talk to clients about pacing. If a client disengages, they may be overwhelmed or feeling dismissed.

Psychoeducation

What it might look like when working with people experiencing homelessness:

- Information and education about illness (mental health and/or substance use, medical issues), including options for treatment
- Coping skills, recognizing triggers, relapse prevention, medication management
- Behavioral interventions (sleep hygiene, nutrition, etc.)

Considerations when sharing information:

- Build off client strengths and resiliency
- Interactive, structured and comprehensible
- Allow time for clients to ask questions
- Include caregivers/family in the discussions if possible

(Motlova et al., 2017)

Notes:

Engagement Case Study

Handout #5: Iris Case Study Continued

What skills and attitudes would you use/have with Iris depending on the phase of engagement/where you are in the case?

Possible answers:

- *Introduce self and purpose; demonstrate empathy and respect; reflect the client's feelings and message; ask open-ended questions, allow the client to tell their story; consider providing emergency items*
- *Complete biopsychosocial assessment and safety evaluation*
- *Identify client strengths/coping skills, limitations, goals*
- *Offer concrete assistance based on client's needs and preferences and available/appropriate community resources*
- *Service coordination with local clinics, housing agencies, etc.*

Notes:

Notes:

HANDOUT #5 - IRIS CASE STUDY CONTINUED

You are assigned to work with Iris, in her late sixties, who has been homeless for five years.

She was referred to APS by the County Homeless Outreach and Engagement (O&E) Team.

O&E recently noticed her in a park they regularly visit when conducting outreach.

Iris typically stays alone near the park benches, but often visits the local Senior Center which provides meals.

She has a prepaid cell phone and one bag of personal belongings.

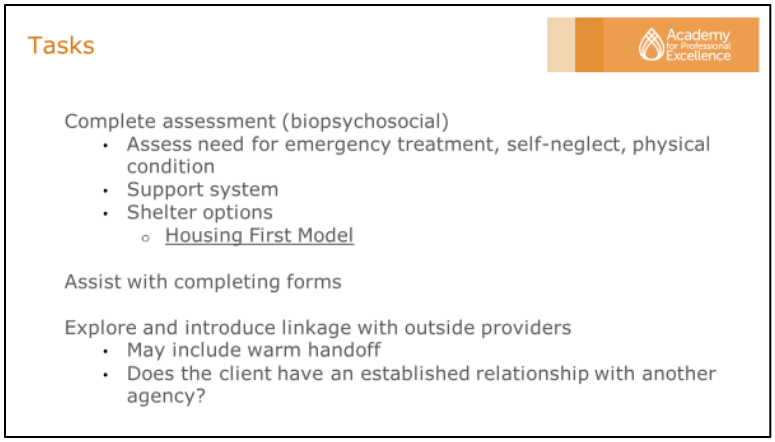
O&E contacted APS reporting self-neglect because Iris reports she has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.

The referring clinician reports that Iris is friendly but may have some untreated mental health issues.

She receives a monthly disability check and is a MediCal/Medicare recipient.

Activity #3- Skills and Attitudes During Engagement (at each phase):

Activity #4 (for later use)- Using Recovery Model:


Tasks
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Complete assessment (biopsychosocial)
Assess need for emergency treatment, self-neglect, physical condition
Support system
Shelter options
Housing First Model
Assist with completing forms
Explore and introduce linkage with outside providers
May include warm handoff
Does the client have an established relationship with another agency?

Notes:

Notes:

Addressing Peoples' Health Concerns

Chat box: What do you know about person-centered practice?

Person-centered practice:
- Partnership where all involved have the role of advocate
- Reduce barriers to care through the sharing of responsibilities

Chat box: What do you know about Trauma-informed Care (TIC), including any specific principles?

TIC Principles:
- Safety
- Choice
- Collaboration
- Trustworthiness
- Empowerment

Notes:

Recovery Model

Chat box: What do you know about the Recovery Model?

Principles:
- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Nonlinear
- Strength-based
- Peer support
- Respect
- Responsibility
- Hope

Interventions:
- Harm Reduction
- Motivational Interviewing

Notes:

Applying Recovery Model to Sub Populations

Severe and persistent mental illness:

- Give the client control (decision making)
- Provide calm, consistent support
- Involve staff from mental health agencies that may be familiar with the client

Cognitive impairments:

- Set realistic goals based on client limitations
- Consider putting information in writing
  - Use of binder, calendar, signs, etc.
- Ask questions to assess ability to manage ADLs
- Make referrals to agencies specializing in Neurocognitive Disorders

Notes:

Recovery Model and Iris

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Handout #5: Iris Case Study Continued

Using the Recovery Model, what are some short and/or long-term goals for Iris?

*Remember the goal making process is collaborative

Possible Answers:

- Short term:
  - Safety assessment (self neglect?)
  - Assess/address need for medical/mental health intervention
  - Basic needs (food, hygiene kits)
  - Explore interest in housing (shelter or permanent)
- Long term:
  - Create collaborative action plan (SMART goals) to address Iris' needs
  - Coordinate housing placement if Iris is interested in permanent housing
  - Connecting Iris with agencies in community (e.g., help completing application to IHSS)

Notes:

Notes:

Vicarious Trauma, Compassion Fatigue & Burnout

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This work requires patience, positive regard and persistence. Feelings of anxiety, guilt, frustration, reluctance, fear and exhaustion are common.

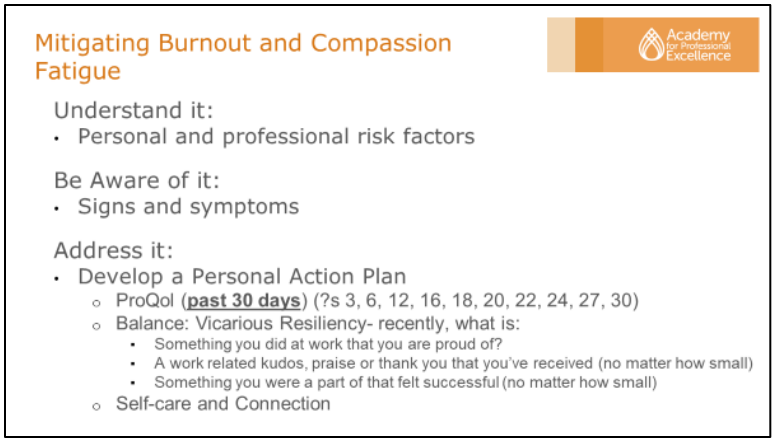
Vicarious Trauma: The process of change that happens because you care and feel committed or responsible to help.

Compassion Fatigue: The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period or time.

Burnout: Characterized by physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding or stressful work.

*Cumulative effect…doesn't happen over night.

Notes:



Notes:

Something About YOU

HANDOUT #6 PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

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

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

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

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

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

Total: ____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Total: ____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

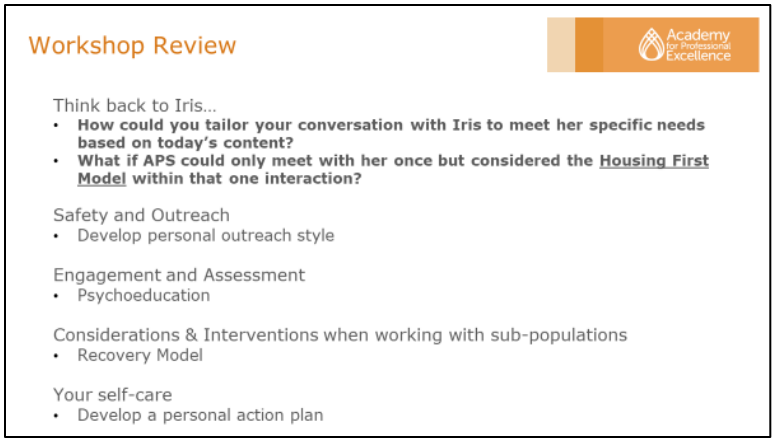
Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

Total: ____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High



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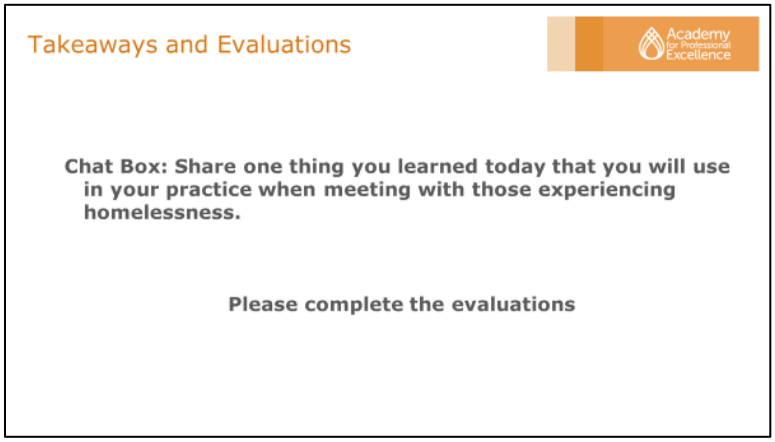

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