5-2024

COMPASSION FATIGUE IN SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM SETTINGS

Sandra Gallegos

COMPASSION FATIGUE IN SHORT TERM RESIDENTIAL THERAPEUTIC

PROGRAM SETTINGS

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Sandra Gallegos Reyes

May 2024

COMPASSION FATIGUE IN SHORT TERM RESIDENTIAL THERAPEUTIC

PROGRAM SETTINGS

_____

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

by

Sandra Gallegos Reyes

May 2024

Approved by:

Yawen Li, Research Supervisor, Social Work

Yawen Li, M.S.W. Research Coordinator

ABSTRACT

This study was conducted to gain further understanding on the possible effects of providing trauma informed care to traumatized children in the foster care system in a Short Term Residential Therapeutic Program (STRTP) environment. STRTP caregivers are prone to be exposed to secondary traumatic stress when working in providing direct care in this type of setting by word of mouth by the youth, placement paperwork of previous trauma and behaviors, and current maladaptive behaviors during placement. With secondary traumatic stress, caregivers are also susceptible to burnout. This study took a positivist approach and collected data from November of 2023-Febraruay 2024 from current STRTP members. Data was collected voluntarily by the respondents where the researcher shared the survey link on social media platforms such as the following: Instagram, Facebook, and TikTok. The researcher had a total of (n=38) respondents. The researcher utilized the ProQOL measure from, The Center of Victims of Torture, which measures compassion satisfaction, compassion fatigue, and burnout. Utilizing SPSS, the researcher ran a bivariate analysis on the survey results. The researcher found the following findings: as caregivers engaged more in selfcare, the more compassion satisfaction they had and less burnout and traumatic stress; there was no correlation between the number of years working in STRTP and levels of compassion satisfaction, burnout, and secondary trauma. These findings can support STRTP agencies in the future by prioritizing the importance

of selfcare engagement within their agencies to prevent burnout and traumatic

stress symptoms from their caregivers.

TABLE OF CONTENTS

CHAPTER FOUR: RESULTS

CHAPTER FIVE: DISCUSSION

LIST OF TABLES

CHAPTER ONE

PROBLEM FORMULATION

Introduction

This chapter begins with a description of compassion fatigue experienced in an occupation that provides trauma informed care to its clients. The occupation in focus is Short Term Residential Therapeutic Programs (STRTP). Chapter one will introduce the purpose and objective of this research proposal on compassion fatigue, compassion satisfaction, burnout, and its relation to the engagement in self-care by those that provide direct care in STRTP settings.

Rationale, Purpose, and Significance

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another (NCTSN, 2018). Secondary Traumatic stress can also be known as compassion fatigue and secondhand post-traumatic stress disorder. The focus of this study will measure compassion fatigue experienced by caregivers working with traumatized children in a STRTP settings and providing trauma informed care. The focus of this study is to answer the following questions:

1.   Does the duration of employment in the STRTP correlate with levels of compassion fatigue/satisfaction and burnout among staff members?

2.   Is there a relationship between the extent of investment in self-care activities and the caregivers' roles within this particular setting?

While there is a growing literature on the impact of trauma on children, there has been relatively little attention to the needs of their caregivers, who are themselves at risk for elevated levels of stress (Banyard et. al., 2001). The National Child Traumatic Stress Network defines secondary traumatic stress (STS) as the emotional distress experienced by an individual after hearing about the traumatic experiences of another (Virtual Lab School). STRTP caregivers are susceptible of being exposed to secondary traumatic stress by hearing the stories and traumatic events form the youth in care. As a residential caregiver, you may work with children and families who have endured or are currently experiencing significant traumas such as homelessness, child abuse, sexual assault, community violence, or substance abuse (Virtual School Lab). The researcher will be exploring its correlation with compassion fatigue/burnout and self-care engagement in health care workers in STRTP's and takin into consideration the number of years working in the STRTP.

There has been little research done with caregivers working in STRTP's that provide direct trauma informed care to traumatized children in foster care. Most research involving compassion fatigue derives from hospital nurses and those working in healthcare. Child abuse is a global epidemic, distressing millions of children across all countries and within all cultures (Hayes & O'Neil, 2018). STRTP healthcare workers provide care to these specific children who

have gone through some sort of trauma or abuse from their parents or other members in their family. Child abuse can occur in several ways that results in long lasting negative effects in children. For example, children exposed to traumatic events experience long-lasting negative effects including brain impairments, variations to gene expressions, issues with physical growth and development, complications forming attachments, serious health problems, and significant mental health conditions (Bartlett & Rushovich, 2018). In providing the necessary care and oversight to assist children in overcoming their traumatic past, caregivers can develop feelings of compassion fatigue that can ultimately lead to burnout if the caregiver does not have access to or participate in self-care activities themselves on their own time.

<div align="center">

Potential Contributions of the Study for Micro

and Macro Social Work Practice

</div>

This study will contribute to micro and macro social work practice. This study will contribute to micro social work practice by informing the caregivers in this working field an idea of what one can experience by providing trauma informed care by STRTP's founders and administrators. It is not easy working with traumatized children, everyone reacts differently to their traumatic experiences. STRTPs can take into consideration the data and results of this study and implement the importance of self-care to avoid compassion fatigue which can ultimately result in feelings of burnout.

It will potentially contribute to macro social work practice by providing an idea of what caregivers in these settings are facing and implementing a strategy to decrease compassion fatigue. Programs and conventions can be implemented for education and training purposes for individuals providing trauma-informed care. STRTP's are not the only organizations providing trauma-informed care. Other examples are foster parents, field social workers, nurses, psychiatrists, etcetera. Advocating on the importance of self-care activities and how to ground yourself after working in this environment which in some cases will require for the helping professional to listen to traumatic events experienced by the clients.

Summary

This chapter offers insight into the experiences encountered by helping professionals when working with emotionally disturbed children. It highlights the breadth of the issue and underscores the crucial role of self-care involvement in the helping professions and the potential contributions to social work in a micro and macro perspective.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Children in foster care are among the most vulnerable children in America (Children's Defense Fund). A child being removed from their family is a traumatic experience alone that takes time to heal from. In the United States there were 423,997 children in care in 2019 (Children's Defense Fund). In this part of the research a brief description will be given of what the child welfare system is, the prevalence, causes and contributions of the issue, lastly, interventions and preventions of the problem.

<u>Child Welfare System</u>

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families (Child Welfare Information Gateway, 2020). The child welfare system does not only help the children at risk, but the family. This state program is meant to work with families and bring them back together stronger than ever. The goal of child welfare is to promote the well-being, permanency, and safety of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families (Child Welfare Information Gateway, 2020). For those that do not get to go back with their families or get adopted "age out" of the foster

care system, spending most of their teen years in congregate care setting such as a STRTP.

The child welfare system goes back to the 1800s, although it was not as complex as it is today, it provided shelter to malnourished and vulnerable children. By 1800 there were seven orphanages in the US, by the 1830s there were twenty-three, by the 1850s more than 70 (Gordon, 2011). Throughout the years, the child welfare system gradually grew, and certain acts passed that benefited low-income families. Most children affected from the welfare system are people of color. Children of color, particularly Black and American Indian/Alaska Native children, are dramatically overrepresented in the child welfare system (Child Defense Fund). Over the years, orphanages later became group homes or congregate care facilities, and currently these group homes are now STRTP's. The Residentially Based Services (RBS) pilot emerged as a means to re-imagine a different way of providing care to children in these facilities (Loudenback, 2019). The results of this study/program resulted in a reform of group homes into STRTP's. In 2014, youth who participated averaged one fewer placement than other youth, and in L.A., only 20 percent returned to group care after their experience, compared with more than 80 percent of a control group (Loudenback, 2019). With that reform effort, existing group homes must now transition to become short-term residential therapeutic program (STRTP), a clinically driven set of standards for residential care that owes much to the RBS vision (Loudenback, 2019).

<u>Trauma-Informed Care</u>

A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — to provide effective health care services with a healing orientation (CHCS). Those who provide trauma informed care need to be aware of what challenges and obstacles the client that they are working with has gone through to better create their needs and services plan and avoid re-traumatization in the youth. A system utilizing a Trauma-Informed approach also fully integrates knowledge about trauma into all aspects of services and trains staff to recognize the signs and symptoms of trauma and thus avoid any possibility of re-traumatization (SAMHSA, 2014).

<u>Compassion Fatigue</u>

Compassion fatigue has been evident to be experienced in health care providers, school educators, social workers, and many other helping professional careers. A recent survey in the USA indicated that burnout is a serious problem that continues to intensify, with 70% of respondents (N=733) believing that healthcare provider burnout will worsen in the next 2-3 years (Bees, 2021). Compassion fatigue can negatively affect the healthcare provider individually and the outcome of the services being provided to their clients that result from cognitive distress, emotional, and physical symptoms which can ultimately lead to burnout. Workers experiencing compassion fatigue might describe themselves as overwhelmed and drained, and individuals experiencing compassion fatigue

often become moody, irritable, impatient, and withdrawn; Emotional symptoms of compassion fatigue can include feelings of anxiety, guilt, anger, fear, sadness, and helplessness (Harr, et.al., 2014).

Compassion Satisfaction

Compassion satisfaction on the other hand that some may experience when working with others is the opposite of compassion fatigue. Those who experience satisfaction are those that feel good about the work they have done with their clients. Compassion satisfaction is coming home from work feeling good about the work we did and spreading the positivity and encouragement of ongoing work life (Lightbody-Warner, 2020). Satisfaction can derive from collaborating with a client or youth in this case in a short amount of time and or collaborating with clients and experiencing the fruition of your hard work and dedication to help the youth overcome their traumas and issues. Many people enter these types of fields because they have empathetic attitudes for others difficulties, as well as a strong desire to assist in alleviating the difficulties by providing healing, encouragement, and support to others who are facing anguish (Lightbody-Warner, 2020).

Self-Care

The importance of self-care has become an important topic in the mental health realm in recent years. Self-care has long been of concern to helping professionals at risk for burnout or vicarious traumatization (Butler et al., 2019). The engagement of self-care, in any form, can significantly reduce the levels of

stress, compassion fatigue, and overall health in helping professionals in all areas. Occupational stress may arise from a variety of work-related circumstances, including unpleasant working conditions, excessive workload, role conflict or ambiguity, lack of job security, over-or-under promotion, and conflicts with bosses and coworkers, and among other factors (Copper & Marshall, 1976). Working in STRTP settings can become unpleasant when tending and emotionally disturbed children. Therefore, it is necessary to realize that self-care cannot be considered natural and automatic, but something that requires special attention on the part of the helping professional (Slosar et al., 2018). In a study conducted by five researchers, they proposed six life domains (physical, professional, relational, emotional, psychological, and spiritual) that requires self-care attention which are closely bound to practice the outcomes of the other domains (Butler et al., 2019).

<center>Causes and Contributions</center>

Causes that lead to compassion fatigue and burnout can vary from person to person. Ultimately, it comes down to how that individual takes care of themselves and the boundaries they stand on in their working environment. Above all, self-care requires a commitment to ones own well-being as a priority (Butler et al., 2019). Working in STRTP's, caregivers need to have a level of understanding of the youth's background and history and be cautious of where the youth is at in their healing stage, most children arrive angry, confused, feeling

<center>9</center>

abandoned, etc., based off experience. For example, in a crisis in these environments, there may be youth that express themselves by trashing the space around them and experiencing this daily can lead to compassion fatigue but also being emotionally and mentally drained. Contributions such as personal risk factors for compassion fatigue can include having a history of trauma or a pre-existing psychological disorder, isolation, and a lack of social support (Resilient Retreat, 2021).

<div align="center">Intervention and Preventions</div>

Working in a STRTP puts you in a healthcare setting due to providing specialty mental health services. Research on compassion fatigue is prevalent in the nurse's field and can also be applied to STRTP caregivers. It is important to consider three categories of interventions that can be used to improve the intensity of compassion fatigue in nursing; They include work/life balance, education, and work-setting programs (Boyle, 2011). To prevent progressing compassion fatigue to feelings of burnout, one must have an understanding of work/life balance, education, and work-setting program. Being available for the things that make you happy is important whether it is working out, hiking, walking, etc., it is important to engage in self-care activities outside of the work environment. Continuing education programs that augment basic emotional-support competencies in the practice setting, patient rounds, and interdisciplinary team meetings that integrate the humanistic perspective into healthcare are

excellent modalities for developing these skills (Boyle, 2011). Work-setting programs can also be used as a prevention towards compassion fatigue, by holding a space within the agency to process what was experiences or what you learned about when engaging with traumatized youth in STRTP's.

Theoretical Intervention

The theoretical orientation for this study is Constructivist Self-Development Theory (CSDT). CSDT will be the theoretical framework to support this study since it provides the best approach to determine how working with youth in a STRTP and providing trauma informed care to the population these agencies serve, can affect the caregivers working in them. Trauma has been perceived and defined in diverse ways over the years, contingent on the development of knowledge and the understanding of the impact of traumatic experiences on the individual, family, community, and society (van der Kolk, 2014). Working with traumatized children can drastically affect the caregivers working in STRTP's by them reading about their traumatic past or listening firsthand from the child themselves. Constructivist self-development theory focuses on three psychological dimensions of the individual who has experienced trauma: the self, the traumatic memories, and the psychological needs and related cognitive schemas (McCann & Pearlman, 1990). People respond to trauma in diverse ways, and some can overcome their perception or realities of the experienced trauma whether it is firsthand or secondhand trauma.

Constructivist theories assume that individuals create and construct their own personal realities which in turn shape their feelings and behavior (McCann & Pearlman, 1990).

Summary

In conclusion, this chapter provided a summary on the child welfare system and the development of group homes and the recent transition to STRTP's which require these organizations to provide rehabilitation and specialty mental health services to the youth in care. Providing trauma informed care in STRTP can cause compassion fatigue, compassion satisfaction, and burnout. Despite the causes and contributions that can lead to compassion fatigue in caregivers, there are also interventions and preventions to avoid compassion fatigue in these settings.

CHAPTER THREE

METHODS

Introduction

Chapter three of this study explores the approach implemented for this research. It begins with outlining the research design, followed by explaining the participant criteria and recruitment method. Furthermore, it dives into the tools utilized for the data collection, along with measures taken to ensure ethical consideration with the utilization of human subjects. Lastly, it will cover the strategy for analyzing the gathered data.

Research Design

This study will apply a positivist paradigm. The researcher will be collecting quantitative data related to compassion fatigue with a surveying tool and its impact on healthcare professionals/caregivers in a STRTP setting. Positivist researchers suppose that one can identify the laws and mechanisms of human behavior and therefore reveal cause and effect relationships (Morris, 2014). The research will implement an exploratory design by taking into consideration the STRTP caregivers amount of time working at the STRTP and whether they engage in self-care activities outside of the STRTP and how often they engage to determine the correlation with compassion fatigue, compassion satisfaction, and burnout based off the results retrieved from the ProQOL survey.

The last assumption of the positivist approach is the researcher takes a neutral

position and does not affect the implementation of the research project (Morris,

2014). The researcher will not affect or intervene during the collection of the

quantitative data after the link to the survey is posted on social media. The

positivist approach aligns with the research focus of this study due to the

researcher identifying its correlation between the amount of self-care and the

compassion fatigue experienced by caregivers working in a trauma informed care

type setting such as STRTP's.

Sampling and Sample

The study participants for this study were adults who currently work in a

STRTP setting. The survey was available to all individuals willing to participate in

the study via social media websites. In the survey, there was an option to share

their gender identification if different than that of a female or male for participants

that identify differently, respectfully. Participants were provided with an English

survey unless a participant requested a different language; the researcher would

have then attempted to translate the survey to the preferred language.

The participants for this study were selected through social media

platforms such as Instagram, Facebook, and TikTok. A post was put out on

social media by the researcher with the requirements and a link to participate in

the study. The link then offered participants the option to indicate if they were

currently working at an STRTP. If the participant selected "yes," they proceeded

with the survey; if the selection was "no," the survey closed and thanked the

participant for their time. The researcher also reached out to acquaintances in

the same field and encouraged them to share the link to enhance data collection.

Data Collection Instruments and Procedures

This research consisted of quantitative data being collected via an online

survey administered to the participants through Qualtrics, which did not take

more than 15-20 minutes to complete. The survey included questions about the

participants' gender identification, whether they were currently working at an

STRTP, the duration of their employment in the STRTP setting, the time they

devoted to self-care outside of the STRTP setting, and finally, the participants

were provided with the ProQOL measure from The Center of Victims of Torture,

which assessed compassion satisfaction, compassion fatigue, and burnout. This

measure was available at www.ProQOL.org. The questions from the ProQOL

were replicated in an electronic form on Qualtrics to consolidate all data

collection into one instrument. The survey questions are detailed in appendix A.

There was one phase of data collection during the implementation of this study.

The phase of data collection occurred during the voluntary survey completion by

the participant between November 2023 and February 2024.

Survey data was recorded and managed in Qualtrics. The researcher

downloaded the data from Qualtrics onto an Excel document, which was stored

in a password-protected file. This file was then stored on a password-protected computer.

Protection of Human Subjects

The researcher took the necessary steps to ensure the human subjects in this study are protected throughout the phase of the data collection. This research first underwent through the Institutional Review Board at California State University, San Bernardino who granted approval to conduct this study (IRB-FY2023-400). The letter of approval can be found in Appendix B. All data collected for this study was anonymous and confidential and was kept in a password-protected computer.

Data Analysis

Once the data was collected and recorded, the researcher analyzed it using the Statistical Package for the Social Sciences (SPSS). The data was examined for any outliers and missing values. A chi-square test was conducted on the results of this study. The variables evaluated on SPSS included the duration of employment at the STRTP compared with the ProQOL scores, as well as self-care engagement compared with the ProQOL scores, to measure their correlation with compassion fatigue, compassion satisfaction, and burnout.

Summary

In conclusion, this chapter explained the exploratory design this research implemented under a quantitative perspective. Second, the chapter explained how the researcher selected its participants, data collection, analysis and how the human subjects were to be protected.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the findings of the data collection and the characteristics of the sample data. In this chapter a table will be provided of the characteristics of the sample from the data collected.

Frequency Distribution

A total of 38 STRTP caregivers participated in the survey. As depicted in Table 1, most respondents held the roles of residential counselors, followed by a therapist, mental health rehab specialist, case manager/facility manager, and lastly, others. Those categorized under "other" likely encompassed administrative or intern roles.

The average compassion satisfaction score among all study participants was 38.95 (SD = 5.88). The average burnout score among this study's participants was 23.76 (SD = 6.36). Lastly, the average secondary traumatic stress score among this study's participants was 24 (SD = 7.15).

Table 1. Characteristics of the Sample

Table 1				
Characteristics of the Sample				
Variables	*n*	*%*	*M (SD)*	
Gender				
Male	8	21.1		
Female	30	78.9		
Years Working in STRTP				
Less than 1 year	10	26.3		
1-2 years	17	44.7		
3+ years	11	28.9		
Employment Status				
Full-time	22	57.9		
Part-time	16	42.1		
Role at STRTP				
Residential counselor	22	57.9		
CM/FM	3	7.9		
Therapist	6	15.8		
MHRS	4	10.5		
Other	3	7.9		
CompassionSatisfaction			38.95 (5.88)	
Burnout			23.76 (6.36)	
SecondaryTraumaticStress			24 (7.15)	
Note. N = 38.				

<u>Findings</u>

Statistical analysis demonstrated a significant relationship between selfcare engagement and the three variables on the ProQOL: compassion satisfaction, compassion fatigue, and burnout. The data indicates that individuals that engaged in self-care activities tend to experience lower levels of compassion fatigue and burnout, and higher levels of compassion satisfaction, thereby enhancing their overall quality of life and work environment. The engagement of self-care practices among helping professionals, such as caregivers in a trauma-informed care facilities, is important for not only the wellbeing of the helping professional but also for fostering a supportive and conducive work environment within these organizations. The relationship between time working in the field and

19

the three components of that in the ProQOL had no correlation. For example, individuals that worked less than two or more than two years within these trauma-informed care facilities had no liked effects of compassion fatigue and burnout despite the nature of the work environment. There was no correlation between the number of years working at an STRTP with the levels of compassion fatigue, compassion satisfaction, and burnout.

CHAPTER FIVE

DISCUSSION

Interpretations

The findings of this research shed some light on the relationship between self-care practices and the levels of compassion satisfaction, compassion fatigue, and burnout among helping professionals, specifically STRTP caregivers. As mentioned above, there has been little research into the experiences of healthcare providers within STRTP agencies, making this study significant. Most of the research on compassion fatigue and burnout includes other helping professionals that may or may not include working with traumatic children (i.e., nurses). Although, these findings are similar to several studies that include social workers who engaged in appropriate selfcare practices experienced high levels of compassion fatigue and lower levels of burnout (Salloum et al., 2015). This related study resonates with this study due to selfcare being an important component with STRTP caregivers working in a stressful environment that includes providing agape love to emotionally disturbed children. This study demonstrates the importance of active engagement in self-care reduces burnout and compassion fatigue among helping professionals dedicated to providing trauma informed care to children in the foster care system. While this research emphasizes the importance of self-care practice, it acknowledges the need for further inquiry into the daily stressors faced by

STRTP caregivers and the contributing factors to their stress levels and factors in their working environments.

The levels of burnout and compassion fatigue were statistically proven to be lower as STRTP members engaged in selfcare on their own time. Self-care activities practiced by health care providers have helped to reduce occupational stress and have shown an increase in resilience, which is a crucial ability a person develops to recover from challenges and stress faced in the workplace (Wright, 2020). Additionally, the emotional impact of working with children may occur directly as a result of the challenges of managing behavioral difficulties or indirectly through hearing about a child's traumatic history (Meyers a& Cornille, 2002). Those that engaged less in self-care displayed higher levels of compassion fatigue, burnout and higher levels of compassion satisfaction compared to those that engaged less in self-care activities. This goes to show the importance of self-care in helping professionals that provide trauma informed care with not just specifically youth in the foster care system but in the realm of mental health services being provided to individuals.

Limitations

A limitation of this study is the small data sample that was collected. Should there have been a larger sample size with prospective to the roles within an STRTP for a potential relationship with the number of years working in the STRTP and the three levels on the ProQOL: compassion fatigue, compassion

satisfaction, and burnout. Another limitation which can be further explored is comparing the levels with the professional caregivers that work directly with the youth in care and those that hold higher positions such as therapist and administrative roles. The distinction between those that provide direct care 24/7 and those that meet with the youth 1-3x/week could possibly show some insight on how the distinct levels vary depending on the amount of direct care being given to the youth.

Another limitation for this study that could have changed the results of the data are the results of those that chose not to complete the survey questionnaire. The data of those individuals could have enhanced the current data or showed other striking results. Lastly, diving into the participants' distinct roles and exploring their workload and responsibilities to find what can cause burnout, compassion fatigue and compassion satisfaction. This could improve work environments within STRTP agencies and give management an opportunity to intervene where necessary to avoid burnout and compassion fatigue.

Implication and Recommendations

Understanding the effects of working in the mental health field as a social worker, whether it is working with youth in foster care, medical, psychiatric, etc., practicing self-care is vital to avoid feelings of burnout and compassion fatigue. Although there are many contributions that can lead to compassion fatigue and burnout, working in an environment that advocates for self-care practices can

23

improve the overall mental health and satisfaction of their employees within STRTP agencies and other mental health facilities. The aim of this study is to show the importance of implementing self-care practices in our daily lives as dive into the helping profession. Providing trauma informed care to our clients can take toll in helping professionals like STRTP caregivers if STRTP agencies do not emphasize the importance of engaging in self-care.

Summary

In conclusion, this study shed some insight into the importance of engaging in self-care practices to reduce feelings of compassion fatigue and burnout and increase feelings of compassion satisfaction in working environment where specialist mental health services are being provided. The limitations of this study will contribute to the knowledge gap and share some insight of the possible outcomes of caregivers providing specialty mental health services to youth in STRTP placements. Caregivers in this new transitioned setting from group homes to STRTP, are now required to provide more mental health services within their agencies which in return may increase feelings of compassion fatigue, burnout by the caregiver.

APPENDIX A

PROQOL SURVEY, SCALES, AND APPROVAL

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.

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

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

the effects of helping when you are *not* happy so you reverse the score

*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

Permission to Use the ProQOL

Thank you for your interest in using the Professional Quality of Life Measure (ProQOL). Please share the following information with us to obtain permission to use the measure:

Please provide your contact information:

Email Address

007731705@coyote.csusb.edu

Name

Sandra Gallegos Reyes

Organization Name, if applicable

Country

United States

Please tell us briefly about your project:

I am focusing on compassion fatigue expreinced by those that privide direct care to youth in foster care in an STRTP setting.

What is the population you will be using the ProQOL with?

I will be using the ProQOL with the adults working in a STRTP setting. Primarily those that povide diret care to youth in foster care.

In what language/s do you plan to use the ProQOL?

Listed here are the languages in which the ProQOL is currently available (see https://proqol.org/ProQol_Test.html). If you wish to use a language not listed here, please select "Other" and specify which language/s.

English

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

  You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;
  It is not sold; and
  No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."

Note that the following situations are acceptable:
  You can reformat the ProQOL, including putting it in a virtual format
  You can use the ProQOL as part of work you are paid to do, such as at a training: you just cannot sell the measure itself

Does your use of the ProQOL abide by the three criteria listed above? (If yes, you are free to use the ProQOL immediately upon submitting this form. If not, the ProQOL office will be in contact in order to establish your permission to use the measure.)

Yes

Thank you for your interest in the ProQOL! We hope that you find it useful. You will receive an email from the ProQOL office that records your answers to these questions and provides your permission to use the ProQOL.

We invite any comments from you about the ProQOL and the experience of using it at proqol@cvt.org. Please also contact us if you have any questions about using the ProQOL, even if you noted them on this form. Note that unfortunately, our capacity is quite limited so we may not be able to respond to your note: however, we greatly appreciate your engagement.

APPENDIX B

IRB APPROVAL

IRB-FY2023-400 - Initial: IRB Admin./Exempt Review Determination Letter

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: sandra.gallegosreyes1705@coyote.csusb.edu, Yawen.Li@csusb.edu

Wed, Nov 1, 2023 at 7:03 PM

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

November 1, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-400

Yawen Li Sandra Gallegos Reyes
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Yawen Li Sandra Gallegos Reyes:

Your application to use human subjects, titled "COMPASSION FATIGUE IN STRTP SETTINGS " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. You can find the modification, renewal, unanticipated/adverse event, study closure forms in the Cayuse IRB System. Some instructions are provided on the IRB Online Submission webpage toward the bottom of the page.. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

30

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-400 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

APPENDIX C

INFORMED CONSENT

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to examine compassion fatigue among those that provide direct care to traumatized children in STRTP settings. The study is being conducted by Sandra Gallegos, a graduate student, under the supervision of Dr. Yawen Li, Professor and Research Coordinator in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to measure compassion fatigue experienced by caregivers working with traumatized children in a STRTP setting.

DESCRIPTION: Participants will be provided with a survey that will include some demographics, and questions from the ProQOL to measure compassion fatigue, compassion satisfaction, and burnout. Participants will also be asked questions about their level of engagement in self-care.

PARTICIPATION: Your participation in the study is voluntary. Youth may withdraw from the study participation at any time without any penalty.

CONFIDENTIALITY: Your responses will not ask for any identifiable information, and all data will be kept in a password protected laptop by the researcher.

DURATION: It will take 15-20 minutes to complete the survey.

BENEFITS: There will not be any direct benefits to the participants who complete the survey. However, we hope the information learned from this study may benefit society in our understanding of compassion fatigue/burnout in STRTP settings experienced by caregivers providing specialty mental health services.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Yawen Li at yawen.li@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2024.
****

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Print Name	Date

REFERENCES

Banyard, V. L., Rozelle, D., & Englund, D. W. (2001). Parenting the traumatized child: Attending to the needs of nonoffending caregivers of traumatized children. *Psychotherapy: Theory, Research, Practice, Training, 38*(1), 74–87. https://doi.org/10.1037/0033-3204.38.1.74

Bartlett, J., & Rushovich, B. (2018). Implementation of trauma systems therapy foster care in child welfare. *Children in Youth Services Review, 91*, 30-38. Retrieved from www.elsevier.com/locate/childyouth

Bees J (2021) Clinician burnout during a pandemic: Worsening before it gets better. *New England Journal of Medicine Catalyst Innovations in Care Delivery* 2: 1–5.

Boyle, D., (Jan 31, 2011) "Countering Compassion Fatigue: A Requisite Nursing Agenda" OJIN: The Online Journal of Issues in Nursing Vol. 16, No. 1, Manuscript 2. https://doi.org/10.3912/OJIN.Vol16No01Man02

Butler, L. D., Mercer, K. A., McClain-Meeder, K., Horne, D. M., & Dudley, M. (2019). Six domains of self-care: Attending to the whole person. *Journal of Human Behavior in the Social Environment, 29*(1), 107–124. https://doi-org.libproxy.lib.csusb.edu/10.1080/10911359.2018.1482483

Center for health care strategies. *What is trauma-informed care?*. (2022, July 7). https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

Children's Defense Fund. *The State of America's children 2021 - child welfare*. (2021, March 28). Retrieved March 9, 2022, from

https://www.childrensdefense.org/state-of-americas-children/soac-2021-child-welfare/

Child Welfare Information Gateway. (2020). How the child welfare system works. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare. gov/pubs/factsheets/cpswork/

Cooper, C. L., & Marshall, J. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. *Journal of Occupational Psychology*, 49, 11–28. doi:10.1111/joop.1976.49.issue-1

Forster, D. (2009, April). Rethinking compassion fatigue as moral stress. https://jemh.ca/issues/v4n1/documents/JEMH_Vol4_No1_Rethinking_Compassion_Fatigue_as_Moral_Stress_apr_09-final.pdf

Gordon, L. (2011). Child welfare: A brief history. *Social Welfare History Project.* Retrieved from https://socialwelfare.library.vcu.edu/programs/child-welfare-overview/

Gustafsson, T., & Hemberg, J. (2022). Compassion fatigue as bruises in the soul: A qualitative study on nurses. *Nursing ethics*, *29*(1), 157–170. https://doi.org/10.1177/09697330211003215

Harr, C. R., Brice, T. S., Riley, K., and Moore, B.. (2014). The impact of compassion fatigue and compassion satisfaction on social work students. Journal of the Society for Social Work and Research. 5:2, 233-25.

Hayes, B., & O'Neil, E. (2018). The effects of individual and national level factors on attitudes toward child maltreatment. *Child Abuse & Neglect, 83,* 83-93. doi 10.1016/j.chiabu.2018.07.012

Lightbody, M. (2020, October 29). Compassion satisfaction and compassion fatigue: Helpful tips for our frontline workers. https://med.uth.edu/psychiatry/2020/10/29/compassion-satisfaction-and-compassion-fatigue-helpful-tips-for-our-frontline-workers/

Loudenback, J. (2019, February 22). *California built a great model for group home reform, then threw out the best part*. The Imprint. https://imprintnews.org/child-welfare-2/california-group-home-reform-falters-without-key-supports-for-youth/33822

McCann, L., Pearlman, L.A. (1990). *Constructivist self-development theory as a framework for assessing and treating victims of family violence (from Violence Hits Home: Comprehensive Treatment Approaches to domestic violence, P 305-329, 1990, Sandra M. Stith, Mary Beth Williams, et al., -- see NCJ-128537)*. Office of Justice Programs. https://www.ojp.gov/ncjrs/virtual-library/abstracts/constructivist-self-development-theory-framework-assessing-and#:~:text=Constructivist%20self%2Ddevelopment%20theory%20focuses,needs%20and%20related%20cognitive%20schemas.

Meyers T., Cornille T. (2002). The trauma of working with traumatized children. In

Figley C. R. (Ed.), Treating compassion fatigue (pp. 39–55). New York,

NY: Brunner-Routledge.

Morris, T. (2014). Practice informed Research Methods for Social Workers.

Resilient Retreat. (2021, December 30). *What is compassion fatigue?*.

https://www.resilientretreat.org/what-is-compassion-

fatigue/#:~:text=Personal%20risk%20factors%20for%20compassion,a%2

0lack%20of%20social%20support

Salloum, A, Kondrat, D., Johnco, C., & Olson, K. (2015). The role of self-care on

compassion satisfaction, burnout and secondary trauma among child

welfare workers. Children and Youth Services Review (49) 54-61.

Slosar, D., Soltesova, Z., Plavnicka, J. (2018). The importance of self-care by

professionals in helping professions.

https://www.researchgate.net/publication/324748311_The_importance_of

_Self-care_by_professionals_in_helping_professions

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

Concept of Trauma and Guidance for a Trauma-Informed Care Approach.

U.S. Department of Health and Human Services.

The National Child Traumatic Stress Network (NCTSN). (2018, October 22).

Secondary traumatic stress. https://www.nctsn.org/trauma-informed-

care/secondary-traumatic-

stress#:~:text=Secondary%20traumatic%20stress%20is%20the,disasters

%2C%20and%20other%20adverse%20events

Van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in

the healing of trauma. New York: Penguin Group, LLC.

Virtual Lab School. (n.d.). *How trauma impacts caregivers.*

https://www.virtuallabschool.org/focused-topics/trauma-informed-care-in-

child-care-settings/lesson-

3#:~:text=Secondary%20trauma%20is%20a%20risk,to%20these%20expe

riences%20as%20well

Wright E.M. The ethical imperative of self-care:a call to action. *J Midwifery Wom*

Health. 2020;65(6):733–736. doi: 10.1111/jmwh.13150.