



CHILD AND FAMILY JOURNAL OF INNOVATIVE PRACTICE AND RESEARCH



THEME: Secondary Trauma and
Workforce Resilience

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About the Cover Design

Since its inaugural issue in 2020, the *Child and Family Journal of Innovative Practice and Research* has been a home for integrating research and practice from universities, clinical centers, and communities. Our logo represents our dedication to innovation and sparking new ideas and connections, while being held up by the core value of the dignity and worth of the human person. The photo on the cover depicts a 2016 mural by the French-Tunisian artist eL Seed, painted on the side of the University of Houston Graduate College of Social Work building. The 60x40 ft² “calligraffiti” work depicts a quote by Sam Houston, translated into Arabic: “Knowledge is the food of genius, and my son, let no opportunity escape you to treasure up knowledge.” Read more about eL Seed’s mural [here](#). The photo was originally published in the UH GCSW Photo Gallery “eL Seed Mural 2016.” Logo and cover design by Hailey Park, for the *Child and Family Journal of Innovative Practice and Research* at the University of Houston.

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CHILD AND FAMILY JOURNAL OF INNOVATIVE PRACTICE AND RESEARCH

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The University of Houston | Graduate College of Social Work

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If you are interested in serving on the Editorial Board for *Child and Family Journal of Innovative Practice and Research*, please email Dr. Monit Cheung at mcheung@uh.edu with your curriculum vitae. We look forward to working with you as a team. The first volume was published in May 2020 (Volume 1, Issue 1). All previous issues of this e-journal can be retrieved from this [LINK](#).

To submit an article to the CFJ, please email Elisabeth Adams, Editorial Manager, at emwalla@cougarnet.uh.edu.



JOURNAL AIM

Child and Family Journal for Innovative Practice and Research

Child and Family Journal for Innovative Practice and Research (CFJ) provides an integrated practice-research platform for all child and family programs, agencies, and institutions in the United States and globally to share child welfare research and practice experiences. It aims to provide updated and creative information to promote child and family well-being in communities, universities, and clinical or research centers. Our contributors are scholars and practitioners working to share knowledge, practice insights, service outcomes, and sources of professional development from local to international.

Background

The CFJ is sponsored by the Child and Family Center for Innovative Research (CFCIR) and the Graduate College of Social Work (GCSW) at the University of Houston (UH). The CFCIR aligns with GCSW's mission to improve youth and family well-being, strengthen interpersonal relationships, and promote social justice. Under the center branches, the Child Welfare Education Project (CWEP) is a program in partnership with federal Title IV-E programs that prepares Master-level social work students to pursue a child welfare career and promotes workforce effectiveness in public child welfare. Additionally, CWEP prepares its students to develop reliable systems and professional networks locally, statewide, nationally, and internationally. Furthermore, the CFCIR supports faculty and social work researchers in conducting innovative research and practice for children and families. These multilevel connections highlight the Center's commitment to providing innovative care on micro, mezzo, and macro levels to children and families; empowering students, faculty, practitioners, and researchers to succeed in their careers; promoting social justice; and decreasing racial disparities in both local and global communities.

Aim and Scope

Along with the mission of the CFCIR and GCSW at the University of Houston, the CFJ aims to provide a platform for describing the multilevel partnerships in the child and family sector. It also delivers updates on child and family practices, creative research ideas, policy summaries, and reflections on educational development, all aimed at strengthening and expanding the field of child and family services.

The CFJ values summaries or progress reports of any form that focus on child and family services, such as short stories, case studies, poems, personal or professional reflections, artwork, photos, book reviews, and other innovative works. All publications must reflect the core values and ethics of social work. One volume, each with two issues, will be distributed annually. Submission and publication are made online without additional cost or compensation to the contributors. The contributors must include a statement with their submission that it is their original work, not considered or published in other sources. References are cited in [APA 7th Edition style](#).

Mission

- Develop bridges between practice and research by sharing innovative works, updates, and experiences among professionals, faculty, staff, and students for use in child and family services.
- Make research within the field of child and family studies accessible to the general public, regardless of any background, by publishing in an online and open-access format.
- Highlight the importance of child and family services and collaboration within the field, through professional exchange among multilevel partnerships, to promote social work practice and academic development.



FEATURED ARTICLE

Strengthening Workforce Resilience Through Trauma-Informed Support

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Evelin D. Gomez, PhD | University of Colorado Anschutz Medical Campus

Shaina Swain | University of Denver

OVERVIEW

Strengthening the skills of adults who care for children with trauma can lead to positive impacts on children's mental health, learning, and behavior. Adults who deliver trauma-informed approaches must show resilience to model emotional regulation and social competency (Wampold & Flückiger, 2023). Secondary traumatic stress (STS) (Sprang et al., 2019), moral distress (He et al., 2021), and burnout (Yang & Hayes, 2020) can interfere with workers' ability to implement these approaches. To be effective, trauma-informed care must address workers' well-being and resilience, as well as strengthen their coaching skills to deliver evidence-based interventions to the children and families they serve.

KEYWORDS

Workforce resilience, trauma-informed care, secondary traumatic stress

Intervention Development

We developed and pilot-tested a comprehensive intervention with staff and supervisors who serve children, youth, and families exposed to trauma from nine agencies in the Mountain West. Our program's goals were to prevent and address secondary traumatic stress (STS) among the workforce and strengthen staff's skills to provide evidence-based trauma-informed care to clients. The intervention included 30 hours of training, individualized coaching, and a community of practice (COP). Training topics included trauma-informed supervision and leadership, strengthening resilience to prevent and address STS, cultural concepts in trauma and resilience, and the National Child Traumatic Stress Network's *Core Curriculum in Childhood Trauma* (CCCT) (Layne et al., 2014). The strengthening resilience course included 12 hours of training, while the trauma-informed supervision and cultural concepts courses each included 4 hours of training. The CCCT was delivered over four sessions totaling 10 hours. All training sessions were delivered over Zoom. Continuing education credits (CEUs) were offered for the strengthening resilience and CCCT courses.

Our coaching program used a trauma-informed approach rooted in the International Coaching Federation's Core Competencies (n.d.). The coaching method emphasized the same framework taught in the strengthening resilience course, with 12 focus areas that the participants rated in an assessment when they signed up for coaching. The coach and each participant used the assessment to identify core session priorities. We offered participants up to eight individualized coaching sessions via Zoom. The COP focused on applying trauma-informed principles to agency policies and practices, and sessions were held weekly for six weeks following the last training course.

Implementation

Seven participating agencies were either licensed residential treatment programs serving youth with psychiatric needs or were in the process of obtaining a license. Two agencies provided intensive community-based services and/or day treatment for children and youth with serious



behavioral health challenges. All agencies had a client base with a significant percentage of referrals from human services departments. We conducted an organizational assessment of each agency at baseline and 12 months after the intervention.

194 individuals participated in at least one assessment. The assessment included measures of personal and work-related well-being, job satisfaction, work stress, and organizational perception (Potter et al., 2016). Among these participants, 84% were women, 65% identified as White, and the mean age was 37 years (range 22-79 years). Many (27%) had worked in their profession for 1-3 years, 26% for 4-7 years, and 19% for 8-15 years. Twenty-three percent were licensed mental health providers or social workers, 20% were unlicensed mental health providers, 17% were agency leaders or administrators, and 16% were family support workers.

Preliminary Findings

Several crucial factors influenced the successful implementation of this intervention. Strong leadership buy-in at the organizational level and active engagement were essential for encouraging workforce participation. Additionally, the strategic sequencing and timing of training sessions facilitated effective learning and implementation among participants. Initiating the program with the strengthening resilience course emphasized that workforce wellbeing was the priority. This priority enhanced participants' ability to engage in skill-building sessions focused on trauma-informed supervision and client care. These skills included individualized coaching and the establishment of COPs, which reinforced learning and supported adaptation to life challenges. These implementation components, such as leadership roles, training sequence, and workforce support, aligned with best practices for sustaining trauma-informed systems change (Hanson & Lang, 2016).

The participating agencies demonstrated improvements in burnout, STS, well-being, and life balance measures from baseline to follow-up. There were also decreases in the reported frequencies of some factors related to moral distress at follow-up compared to baseline. The pilot program's results are encouraging, suggesting that the program's efforts to support the workforce's well-being were practical. The resilience training focused on an ecological model, covering resilience factors at the personal, relational, organizational, and systems levels. Preliminary findings suggest that individual strategies are most commonly used, although organizational leadership is also linked to potential effects on promoting positive life balance and reducing moral distress. Further research should provide evidence to illuminate the program's individual and organizational impacts.

Participating agencies demonstrated improvements in burnout, STS, well-being, and life balance measures from baseline to follow-up.

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PRACTICE CONSIDERATIONS

Secondary Trauma Concerns, Self-Care & Recommendations for Child Welfare Workers (CWWs): A Child Welfare Supervisor's Perspective

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OVERVIEW

Child welfare workers (CWWs) face high caseloads, long work hours, and strict deadlines from courts, caregivers, and parents. In many instances, CWWs spend more time with their clients than with their own families, and work-life balance is challenging. Thus, CWWs are more likely to experience high stress levels, and work-related stress has been found to impact their well-being (Griffiths & Royse, 2016; Lizano et al., 2014).

KEYWORDS

Secondary traumatic stress, self-care

National Concerns

According to a study by Griffiths and Royse (2016), in 2001, the average worker turnover rate was 22%, and some jurisdictions had turnover rates as high as 90% (Child Welfare Information Gateway, 2014). This impacts the tasks given to CWWs, which may be jeopardized due to the timeframe needed to investigate abuse and neglect. Additionally, visits to the suspected domicile may be delayed and can contribute more to the abuse allegations (Government Accountability Office, 2003). Thus, the shortage of child welfare professionals and their high turnover rates are recognized as national problems (Cahalane & Sites, 2008; Griffiths & Royse, 2016). Further, approximately 3.5 million child abuse and neglect referrals were made in 2013, which alleged the maltreatment of 6.4 million children. At the same time, 1,520 child fatalities occurred (Griffiths & Royse, 2016; U.S. Department of Health and Human Services, 2015).

Secondary Trauma

Secondary traumatic stress (STS) refers to psychological symptoms that develop indirectly from working with traumatized individuals or observing the trauma of others (Bride et al., 2004; Kim et al., 2023). To embellish the point, Clark et al. (2024) state that "Secondary traumatic stress (STS) is the cumulative process of developing trauma responses as a result of exposure to the primary trauma of other individuals, groups, or communities." These authors noted findings from 2020 studies showing that nearly one-third of the workers sampled had STS (Clark et al., 2024). Some arguments compare STS to post-traumatic stress, as STS may produce the same symptoms. CWWs, because of their close associations with abused and traumatized victims, may begin to exhibit STS (Kim et al., 2023; Sprang et al., 2011).

According to Miller et al. (2019), STS is a nationwide issue in the United States because CWWs may experience extreme burnout over time. This can include emotional exhaustion, depersonalization, compassion fatigue, or vicarious trauma (Miller et al., 2019).

STS is a nationwide issue in the United States because CWWs may experience extreme burnout over time.

Global Concerns

According to Antonopoulou et al. (2017), STS remains a global issue. Indeed, an extensive survey of workers at two UK social service departments found that work-



related stress was the greatest factor affecting staff's decisions to leave. Further, staff working with children and families specifically reported the highest levels of absenteeism and the poorest well-being, with mental health figures being worse than previously noted (Antonopoulou et al., 2017; Coffey et al., 2004).

Organizational issues were also observed in Norway, where CWWs' offices vary in size across towns and cities. They range from 4 to 140 offices per area, making the organizational policies and support often inconsistent. Many authors have noted that measures should be in place to curb negative workplace experiences among CWWs (Olaniyan & Hetland, 2024).

Immigrant CWWs may experience more stress, feeling that they are not understood or that their input is diminished.

Concerns for Migrants

One should not forget the cultural differences faced by immigrant CWWs. According to Lin et al. (2018), due to unique challenges in acculturation when dealing with American counterparts and organizational demands, immigrant CWWs may experience more stress, feeling that they are not understood or that their input is diminished.

Self-Care

According to Clark et al. (2024), self-care may be a potential strategy for mitigating the risk of adverse outcomes among CWWs, such as STS and burnout. According to a study done by Miller et al. (2019), results taken from the Self-Care Practice Scale (SCPS) suggest that individuals who hold an MSW and a license are more likely to engage in personal and professional self-care practices than those in other professions or those without a social work license (Lee et al., 2016; Miller et al., 2019).

Recommendations

According to Castaneda and Han (2024), in the state of California, the California Department of Social Services (CDSS) mandates that a minimum of 50% of personal care workers (PCWs) who offer emergency response or family maintenance services must have an MSW degree, according to Section 31-070.1 of the Child Welfare Manual of Policies and Procedures. This is mandated to provide better services and outcomes not only for the families served but also for the mental health of workers, who can better manage their stress and be more consistent and effective in their line of work. Olaniyan and Hetland (2024) suggest interventions that may assist in relieving secondary trauma and stress among CWWs, which include treatment modalities (see Table 1).

Individuals who hold an MSW and a license are more likely to engage in personal and professional self-care practices.

In conclusion, although more research is needed to address secondary trauma and stress for child welfare workers, the tools available through MSW and licensing platforms can help CWWs be more informed and better capable of recognizing signs and symptoms. Through the curriculum and internships with social agencies, these workers can learn to be culturally aware, identify and manage their biases, and help themselves and their diverse demographics. In addition, CWWs can access Employee Assistance Programs through their jobs and become exposed to psychoeducational treatments. Thus, they can apply learned coping mechanisms throughout their internships and practice. This way, CWWs can maintain mental health in their personal lives, allowing them to make a more substantial commitment to the families they serve and achieve better outcomes for everyone involved.



Table 1. Interventions that have helped relieve secondary trauma (see references listed in Olaniyan & Hetland, 2024).

Authors (year) Country	Population	Themes	Intervention type	Key findings
Caringi et al. (2008). USA	Child welfare workers #unavailable	Improve workforce retention	Management consultant, capacity building, and interagency design team	Valuable problem-solving methods that strengthen employees, teams, and the whole work environment to learn better and generate knowledge, innovation, and development
Claiborne et al. (2014) USA	Child welfare workers 361	Improve job satisfaction	Design team interventions	Evidence of increased satisfaction among participants related to the nature of work. Reduction in the workforce turnover intentions, and a significant increase in overall satisfaction
Guay et al. (2023) Canada	Child welfare workers 161	Improve mental health and work functioning for employees exposed to traumatic events.	Peer support program	Findings show no significant difference in peer support on mental health and work functioning between the CWW exposed to the intervention and the control groups.
Medina & Beyebach (2014) Spain	Child welfare workers 152	Professional beliefs and burnout	Solution-focused brief therapy	The practice of strengths-based beliefs is associated with lower reports of burnout, while CWW who practice deficit-based beliefs report increased burnout. Focusing on service users' difficulties is also associated with increased burnout.
Miller (2020) USA	Child welfare workers 131	Improve self-care	Training in self-care	Participants report high satisfaction with the intervention—increased knowledge around self-care, its practices, and values. Although confidence in the intervention significantly improved, participants remained generally unsure of their ability to use professional self-care practices.
Shannon & Saleebey (1980) USA	Child welfare workers 41	Increasing knowledge of the causes of burnout	Training sessions on stress and relaxation	Most participants reported the intervention as successful. The practical use of the knowledge gained during the intervention was not evaluated.
Skar et al.(2022) Denmark	Child welfare workers 667	Protection against burnout and secondary traumatization	Personal therapy	Participating in personal therapy was associated with lower reports of emotional exhaustion and secondary traumatization. Although case supervision was associated with lower reports of emotional exhaustion, receiving supervision on the personal impact of working in the field contributed to increased reports of all adverse outcomes.



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SECONDARY TRAUMA ASSESSMENT TOOLS

Measuring Secondary Traumatic Stress

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OVERVIEW

Measuring secondary traumatic stress (STS) can be a challenging endeavor. The following table comprises multiple assessments of STS, which are free to use to assess your own experiences of STS as a professional working with children and families.

KEYWORDS

Secondary traumatic stress, assessment tool

Assessment Name	Function	How to Use It	Where to Find It
Secondary Traumatic Stress Scale (STSS)	A self-report tool for persons working with traumatized clients that assesses STS symptoms experienced in the past 7 days.	Add 17 items together to receive a total score. Higher scores = more severe STS.	National Association for Alcoholism and Drug Abuse Counselors (NAADAC) https://www.naadac.org/assets/2416/sharon_foley_ac15_militarycultureh_o2.pdf
Secondary Trauma Impact Scale (STIS)	A self-report tool for assessing STS for persons working with traumatized clients.	Add 6 items together to receive a total score. Higher scores = more severe STS.	Secondary Traumatic Stress Consortium https://www.stsconsortium.com/files/ugd/72c6ae_0b8492f6acb84a21b956f9bac457eb02.pdf
The Professional Quality of Life Scale – 5 (ProQOL)	A self-report survey that measures compassion fatigue, burnout, and STS among helping professionals.	Visit the provided link and select “Administer Now” to take the 30-item questionnaire. You will need to provide an email address where results will be sent via a link to a detailed PDF document.	NovoPsych https://novopsych.com/assessments/clinician-self-assessment/the-professional-quality-of-life-scale-5-proqol/
Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool	A self-report assessment tool for mental health professional supervisors’ competency regarding STS knowledge.	Supervisors can self-rate their expertise as “Not part of my skill set yet,” “Doing OK but need more training,” and “I have confidence in my skills in this area.”	University of Kentucky Center on Trauma & Children https://ctac.uky.edu/sites/default/files/2022-07/sts_informed_competencies_self_rating_tool_5.pdf



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Seek comfort and happiness	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Spend time with people I love	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Stay in touch with important people in my life	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Stay positive in my thoughts and attitude	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Others:	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *

Spiritual Self-Care

Appreciate optimism and hope	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Be aware of non-material aspects of life	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Be present and mindful	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Contribute to meaningful causes	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Meditate, pray, or sing	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Spend time in nature	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Others:	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *

Relational Self-Care

Ask for help when I need it	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Connect with colleagues outside of work	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Make time to stay in contact with friends	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Schedule dates with my favorite person(s) and significant other(s)	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Spend time with my animal companion	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Spend time with my extended family	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
Others:	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *

Overall Balance

Strive for balance among school, work, family, relationships, nutrition, health, mental health, exercise, play, and rest	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *	3 2 1 0 *
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Comments:



PRACTICE ARTICLE

EMDR for Self-Care among Mental Health Professionals Serving Diverse Clients

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OVERVIEW

Eye Movement Desensitization and Reprocessing, or EMDR, is intended for adults with posttraumatic stress disorder (PTSD) to help reduce anxiety and harmful flashbacks. It has also evolved to treat other comorbid disorders, such as substance use disorders (SUD), in adults, adolescents, and children (Moreno-Alcazar et al., 2017).

KEYWORDS

EMDR, secondary traumatic stress, self-care

EMDR Development

In 1987, Francis Shapiro tested how to integrate stored memories into eye movements for transforming past images into current sensations. The application of Adaptive Information Processing (AIP) skills has laid the foundation to build Eye Movement Desensitization and Reprocessing (EMDR) into a therapeutic model (Barron, 2019). Since then, EMDR has been considered not only a technique but a therapeutic process that can turn unwanted, disturbing memories into future-oriented solutions that emphasize symptom reduction. In 2013, the World Health Organization (WHO) found evidence from systematic analyses to support EMDR as an effective treatment for adults to overcome posttraumatic stress disorder (PTSD) symptoms (Barron, 2019).

EMDR has presented benefits to help individuals reduce the impact of extensive trauma and restore well-being.

EMDR has presented benefits to help individuals reduce the impact of extensive trauma and restore well-being. It has been proven to significantly reduce symptoms of PTSD, anxiety, and depression (Karadag et al., 2019). More recent research has identified EMDR techniques to help clients build their emotional regulation skills (Civilotti, 2021). The effectiveness of EMDR has been compared to CBT in reducing PTSD and anxiety symptoms, showing that fewer EMDR sessions could achieve similar results for diverse clients across ages (Matthijssen et al., 2020).

EMDR for Ethnic and Cultural Diversity

Social workers work with diverse populations. In clinical social work practice, EMDR is regarded as a therapeutic model for successfully helping individuals recall traumatic events without describing details of the trauma (Dwyer et al., 2024). In the EMDR journey, eight therapeutic steps are typically implemented: history taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation. During each phase, a clinical social worker leads the client through the safe processing of past trauma. Specific techniques used across these phases include relaxation practices, speaking to the negative self-statement, changing



negativity to positivity, paying attention to current impact on and within the body, connecting sound taps with eye movements, using self-soothing techniques, describing coping skills, and re-evaluating the helpfulness of each method used (Gainer et al., 2020).

EMDR as a Self-Care Modality

As mental health professionals, we utilize EMDR as a therapeutic approach to treat clients who have been psychologically impacted by past trauma. With consistent exposure to secondary trauma, we may face our own compassion fatigue and burnout symptoms. We must prioritize self-

With consistent exposure to secondary trauma, we may face our own compassion fatigue and burnout symptoms.

care to enhance our well-being before helping others. Research shows that clients' PTSD and anxiety symptoms, particularly when professionals experience repeated exposure to traumatic narratives, can intensify work stress, compassion fatigue, and burnout symptoms (Rzepka et al., 2024). After providing treatment for clients to help them reduce traumatic reactions, helping professionals should implement EMDR for their own well-being, with a focus on:

- 1) Reducing work-related stress, particularly when combined with routine exercises (Ashkenazy, 2016).
- 2) Instilling hope to promote clients' quality of life can resolve intense feelings after prolonged exposure to clients' recalling details of their traumatic experiences (Rzepka et al., 2024).
- 3) Planning concrete solutions to encourage therapists who need help (Emdria, 2025).

To support mental health professionals dealing with work stress, a self-care traumatic episode protocol integrated with EMDR was tested in a randomized controlled trial during the COVID-19 pandemic (Moench & Billsten, 2021). Results showed decreased depression, anxiety, and stress, and increased self-efficacy among participants.

Self-Administered EMDR

Relaxation practices can help clients remain emotionally regulated during sessions when they disclose intense emotions. This learned calmness can be applied not only to clients but also to practitioners. First, when clinicians demonstrate techniques to their clients, they can remain relaxed while processing trauma-related information with clients throughout the day. Second, when helping clients turn a negative self-statement into a positive one, clinicians can also pay attention to their own body-mind connection. This action is considered a healthy ritual before the end of a session or workday. Clinicians who model positive verbalizations (e.g., encouraging clients to say nice things to relax) serve as role models for increasing freedom and joyful feelings (Brancoforte, 2024). In addition, self-soothing techniques can build confidence, thereby fostering a sense of trust and safety. Specifically, weighted blankets, small fidgets, and low lighting can also increase comfort levels for both clients and clinicians.

EMDR as a self-care tool includes an essential "reprocessing" ingredient to train our brain to regulate emotional distress and reduce its intensity. Although professional guidance is essential, mental health professionals can help themselves, especially after EMDR training, to apply EMDR techniques as self-care exercises. Suggested EMDR for self-care is included in Table 1.

Mental health professionals can help themselves, especially after EMDR training, to apply EMDR techniques as self-care exercises.



Table 1. EMDR for self-care.

Name	Access Link	Source
Container Exercise	https://www.youtube.com/watch?v=7YzAohCwDIo	Hensen (2025)
Guided EMDR Exercises	https://www.drlesliehemedes.com/blog1/5-emdr-inspired-exercises-you-can-do-at-home	Hemedes (2025)
EMDR Self-Therapy	https://emdrhealing.com/how-to-self-administer-emdr-therapy/	Zolik (2022)

Self-administered EMDR must be practiced with care and consistency. Also, following guided exercises with evaluative measures is essential. Zolik (2022) suggests using dual focus: 1) external bilateral stimulation, and 2) internal activation of psychological recovery through sight, hearing, and tactile movements. These self-administered steps are performed online or in self-practice. Regular practices can generate self-initiated beliefs of mastery, which is considered an early outcome measure needed for long-term positive impact (Shapiro, 2001).

Self-care for mental health providers supports career longevity, reduces stress symptoms, and improves overall well-being. Techniques that focus on keeping clinicians emotionally regulated allow them to continue to support the mental health of individuals who have experienced traumatic events and replace their PTSD symptoms with positivity.

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CHILD WELFARE RESOURCES



THE ANNIE E. CASEY FOUNDATION

[The Annie E. Casey Foundation – Child Welfare Resources](#)

The Annie E. Casey Foundation’s website offers an abundance of resources and initiatives that help children grow up in families and get the support they need to heal, build lasting family relationships, and reach their full potential.*



Child Welfare
Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

[Child Welfare Information Gateway](#)

An important aspect of child welfare work is the engagement of youth and teen voices who have experienced the adoption and foster care system. The Child Welfare Information Gateway provides a forum for incorporating these voices and perspectives into professional discussions.

- [Resources for Child Welfare Professionals](#)



Title IV-E Prevention Services
CLEARINGHOUSE

[Kinship Navigator Programs](#)

There are three Kinship Navigator Programs within the clearinghouse that look supportive and promising. To learn more about the programs, go to the link above and filter by program or service area by clicking on “kinship navigator.”



NFPA TRAINING INSTITUTE
SPONSORED BY CENTENE

[National Foster Parent Association - Resources](#)

The NFPA hosts an extensive resources page featuring information on fostering, kinship, legal rights, services, trainings, and much more.



THE RIVERSIDE
PROJECT

[The Riverside Project](#)

The Riverside Project is a collaborative network of agencies, congregations, nonprofits, school districts, and passionate individuals working together to transform the foster care system in Houston, TX.



Circle of Security
INTERNATIONAL
Early Intervention Program for Parents & Children

[Circle of Security Training & Resources for Parents](#)

The Circle of Security is a visual map that helps promote secure attachment between children and their caregivers. Circle of Security International focuses on training providers with diverse backgrounds and from various disciplines, and on providing attachment resources for caregivers.

*Most descriptions on this page and the pages following are taken directly from each organization’s website.



Resources for Adolescents in the Child Welfare System

This issue highlighted many aspects of child and family work, including the importance of having resources and a support system during this time. As the University of Houston publishes this online journal, the resources below are categorized into both local and national agencies serving both child welfare professionals and their clients.

Houston, TX Resources:

[211 Texas/United Way Helpline](#)

A free, confidential helpline operated by United Way of Greater Houston, 24 hours a day, 7 days a week, 365 days a year, the 211Texas/United Way HELPLINE connected more than 1.2 million of our neighbors with help in 2022. The top calls were for utility assistance, rent and mortgage assistance, housing assistance, public benefits assistance, and food assistance.

[AccessHealth](#)

AccessHealth is a private, not-for-profit Federally Qualified Health Center that focuses on providing primary healthcare services to the low-income populations of Fort Bend and Waller counties. However, it opens its doors to all who wish to receive care, regardless of income or circumstances.

[Angel Reach](#)

Angel Reach is a faith-based nonprofit that helps teens and young adults through employment assistance, education advising, counseling, mentoring, tutoring, support groups, and more.

[BridgeYear](#) and [MorePathways by BridgeYear](#)

BridgeYear offers “career test drives” that give students hands-on experience to see if a job is right for them, as well as a 1:1, comprehensive advising program. They additionally host an online database to search for jobs in the Houston area that either a) require less than a 4-year degree, or b) have a training program.

[Eight Million Stories \(8MS\)](#)

Eight Million Stories works to disrupt the school-to-prison pipeline by providing disconnected youth/young adults (those who have been pushed out of our school system or are involved with the justice system) with an opportunity to complete their education and obtain meaningful employment, to transition into adulthood and become self-sufficient successfully.

[The Harris Center](#)

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (IDD) strives to provide high-quality, efficient, and cost-effective services so that persons with behavioral health and developmental needs may live with dignity as fully functioning, participating, and contributing members of the community.

- 24/7 CRISIS LINE: 866-970-4770



[Houston Angels](#)

The Houston Angels' mission is to walk alongside children, youth, and families in the foster care community by offering consistent support through intentional giving, relationship-building, and mentorship.

[Houston PEARLS Foundation](#)

The Houston PEARLS Foundation supports youth in foster care, ages 14-18, through community mentoring and resources. They strive to provide a support system that teaches life skills, preparing youth for adulthood and real-world challenges. We do this by facilitating relationships with caring mentors and by holding bi-monthly community-building program nights.

[Legacy Community Health](#)

Legacy Community Health is a full-service health care system comprising over 50 locations in the Texas Gulf Coast region, offering adult and senior primary care, pediatrics, OB/GYN, behavioral health, dental, HIV/AIDS care, vision, specialty care, and pharmacy services. As the largest Federally Qualified Health Center (FQHC) in Texas and a United Way-affiliated agency since 1990, Legacy ensures its services and programs are open to all, regardless of the ability to pay, without judgment or exception.

[Legacy Community Health TeenWell Program](#)

Legacy TeenWell™ helps provide teens and young adults with the information, resources, and answers they need to become self-reliant in managing their own healthcare.

[Texas Foster Youth Justice Project](#)

The TFYJP educates former and current foster youth in TX about their legal rights, and provides the public with information regarding foster youth's needs and concerns.

[Texas Foster Youth Justice Project - Aging Out of Foster Care in Texas: What You Need to Know](#)

This link leads to one-page bifold handouts in both Spanish and English that explain what aging out of foster care means, why the details are important to know, and the benefits and services to which aged-out foster youth are entitled.

National Resources:

[National Foster Youth Institute](#)

NFYI aims to transform the child welfare system by building a national grassroots movement led by foster youth and their families.

[National Mentoring Resource Center](#)

Launched in January 2014, the National Mentoring Resource Center is a comprehensive and reliable resource for mentoring tools, programs, and training materials, as well as access to no-cost training and technical assistance.



[Mentoring.org - Foster Care Resources](#)

Mentoring.org's "Engaging Youth In Foster Care" page lists abundant resources, blog posts, research on mentoring foster youth, and programs around the US.

Resources for Indigenous and Native College Students

There are many challenges facing students seeking to further their education. Still, there are Indigenous and Native American college students who meet a particular set of representation and face financial, mental health, and mentorship challenges. The following is a compilation of resources designed to bridge the gap and make college entrance and success more attainable for Indigenous and Native students.



[College Guide for Indigenous and Native American Students](#)

This guide, compiled by Best Colleges, organizes resources supporting Indigenous learners.



U.S. Department of the Interior

Bureau of Indian Education

[Bureau of Indian Education](#)

The BIE provides information on schools, college-preparatory courses, and educational events.



[National Indian Education Association](#)

The NIEA works to advance culture-based educational opportunities for American Indians, Alaska Natives, and Native Hawaiians.



**AMERICAN INDIAN
COLLEGE FUND**
EDUCATION IS THE ANSWER

[American Indian College Fund](#)

There are many scholarship opportunities available. The AICF has a scholarship application open to any full-time Native American student who is a member or descendant of a state- or federally-recognized tribe with at least a 2.0 grade point average.



CALL FOR PAPERS

The *Child and Family Journal of Innovative Practice and Research* (CFJ) aims to build a platform for sharing innovative ideas in child and family welfare. We invite scholars and practitioners to submit manuscripts, practice notes, case studies, teaching/educational notes, stories, personal or professional reflections, and other innovative works sharing clinical experiences in child and family services. The CFJ loves to hear from the field and share experiences with the audience to advocate for our clients, clinicians, workers, and families.

Upcoming issues will center around the following topics:

Volume 7, Issue 2: Professional health and the future of social work. We invite anyone interested in this topic to share their stories, including child welfare employees or clinicians interested in professional health and the advancement of the social work profession, as well as professionals with an academic viewpoint. Suggested topics include, but are not limited to:

- Professional health
- Social work prospects
- A review of the literature surrounding the state of social work as a profession
- The future of social work (i.e., work related to children and youth, social work students, faculty, and staff)
- How child welfare agencies can support child welfare workers

We invite submissions of short articles (1-3 single-spaced pages) on the above topics for future issues. To be given priority for **Volume 7, Issue 2**, please submit articles and content by **August 1, 2026**.

The *Submission Guidelines for Authors* are [here](#) or on the journal [webpage](#).

