Utilizing Trauma-informed Supervisory Support to Address Compassion Fatigue

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Abstract

The purpose of this dissertation is to explore the relationship between compassion fatigue and trauma-informed supervision. West (2015) described compassion fatigue as the adverse emotional or behavioral outcomes of assisting a client who is suffering from trauma. Compassion fatigue is a workplace problem recognized in human service organizations. Components of compassion fatigue are burnout, lowered levels of compassion satisfaction, and secondary traumatic stress. The organizational climate and culture of helping professionals may help alleviate compassion fatigue through support of self-care, peer support, trauma-informed supervision support, and professional recognition.

This research project utilized mixed methods to collect data from staff of two mid-sized human service agencies to explore the relationship between compassion fatigue and trauma-informed supervision. Survey's utilized include the Professional Quality of Life Scale (ProQOL Version 5; Stamm, 2010) to measure compassion fatigue in lower-level workers and a researcher-developed Trauma-informed Supervisory Support survey to measure the knowledge retention and type of trauma-informed supervision given by supervisors. One focus group with lower-level worker participants were held with each agency. Social work implications include modifications to current theory, practice, and/or policy.

Keywords: social worker, trauma, trauma-informed supervision, organizational climate, organizational culture, resiliency, client, worker, compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, helping professional

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Working with clients who experience trauma may contribute to negative emotional, behavioral, and cognitive effects on the social worker, such as secondary traumatic stress or compassion fatigue (Caringi et al., 2016; Ludick & Figley, 2017; Thieleman & Cacciatore, 2013). Trauma may result from domestic violence, substance abuse, mental illness, childhood abuse, or poverty (Kapoulitsas & Corcoran, 2015; West, 2015). Those who experience trauma are often referred to helping professionals, including social workers, nurses, counselors, emergency management personnel, police officers, social work students, military officers, clergy, and physicians (Cieslak et al., 2016; Diaconescu, 2015; Kim, 2013; Ludick & Figley, 2017; Miller & Sprang, 2017; Molnar et al., 2017; Phillips & Dalgarno, 2017). Social work educators need to be aware of trauma and educate social work students on trauma and the signs and symptoms of trauma in clients and in the self (van Breda, 2018). Social work leaders must be aware of trauma in their staff and develop and sustain a trauma-informed work environment including the utilization of trauma-informed supervision. Trauma-informed supervision incorporates cognitive processing of the worker's traumatic event and how the event affected the worker's ability to enjoy life or continue job tasks (Berger, Quiros, & Benavidex-Hatzis, 2018; Courtois, 2018). Both social work educators and leaders should be aware of mental health providers who are available to students and workers to alleviate trauma.

Through each spoken recall of the trauma narrative by the client, the worker has indirect, secondary exposure to the trauma, which can create a feeling of compassion in the workers (Perkins & Sprang, 2012). As social beings, people who experience trauma tend to verbalize that trauma to others to make sense of what happened to them, to find a way to balance their trauma, or provide closure (Perkins & Sprang, 2012; West, 2015). Secondary trauma impacts workers

psychologically, socially, biologically, spiritually, mentally, and emotionally. Figley (1995) studied and described this traumatic experience, or compassion fatigue, regarding this second-hand exposure to the distress of the clients (Figley, 2002). It is hypothesized that social workers are more empathic than most helping professionals and therefore seek to work with clients who need assistance with their trauma, creating a higher risk for compassion fatigue in the worker (Yi et al., 2018).

The literature is replete in the definitions of compassion fatigue. West (2015) described compassion fatigue as the adverse emotional or behavioral outcomes of assisting a client who is suffering from trauma. Yi et al. (2016) and Bourassa (2012) report this construct is the second-hand exposure to the stress derived from working with clients who have survived trauma such as abuse, neglect, or disasters caused by nature or other humans or the trauma workers experience attempting to help the client. Lynch and Lobo (2012) referred to the Oxford English Online Dictionary, Taber's Cyclopedic Medical dictionary, and Chambers' 21st Century Dictionary definition of compassion fatigue as a person showing indifference, self-centeredness, cynicism, emotional exhaustion, or apathy as a reaction to another person's suffering attributed to the numbness and emotional drain felt by the frequent, excessive exposure to these cases.

It is noted how the definition of compassion fatigue is unclear and many researchers noted distinct overlaps of the meaning of compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout. Kelly and Todd (2017), van Mol et al. (2015), and O'Neill (2010), described compassion fatigue as the natural consequences of burnout and secondary traumatic stress. Schmidt (2017) added decreased compassion satisfaction as a third component. Knight (2010) noted this variable can occur with any interaction with clients who experience trauma. Van Mol et al. (2015) stated compassion fatigue is the end of an ongoing and increasingly

demanding and debilitating relationship with needy clients who place the worker into continual disappointing situations the worker cannot assist in changing for the client.

Perry, Toffner, Merrick, and Dalton (2011) believed that presence of burnout increases the likelihood of the presence of compassion fatigue in workers who care for suffering clients. Kapoulitsas and Corcoran (2014) discussed how compassion fatigue can be cumulative and many helping professionals experience it as the "cost of caring" developed in these stressful, and at times unsafe, occupations. Perkins and Sprang (2012) stated only one contact with clients who recount their narrative of trauma can produce secondary trauma and can create avoidance feelings in the worker to protect themselves when clients discuss their trauma by attempts to redirect or ignore the clients' narrative. Diaconescu (2015) defined compassion fatigue in workers who help others (such as social workers, nurses, teachers, etc.) as developing chronic emotional and physical fatigue with a decrease of empathic resources such as enthusiasm, compassion, depression, distress, cynicism, and boredom. Finley and Sheppard (2016) discussed how changing the term compassion fatigue to emotional saturation would be a less stigmatizing and more accurate term as the phenomenon results in inability to manage excessive compassion for others which is different than the inability to create compassion for others.

Tyler (2012) stated a neurobiological change occurs in workers who are subjected to secondary trauma. Tyler (2012) discussed how workers coping with or defending against a client's trauma can begin to experience limbic system overdrive including numbness, distraction, depersonalization, and avoidance of reality due to this hyperarousal. Wagaman, Geiger, Shockley, and Segal (2015) reviewed how empathy is a component of cognitive neurology of how our neuron system mirrors the same physiological sensations of our client's trauma, thereby sharing the client's feeling with the worker and generating empathy in the worker. According to

Thomas (2013), personal distress including self-rumination, neuroticism, and shame felt by workers when they empathize with clients is a self-focused neurological response that significantly predicts compassion fatigue. Newell and MacNeil (2010) mentioned how workers who have to continually display or repress their emotions in an empathic manner increases the risk of burnout.

Contributing factors in the development of compassion fatigue among workers include adverse childhood experiences (ACEs), which include abuse, neglect, and mental illnesses of household members, and attachment insecurity, which decrease worker ability to cope with stress and regulate their emotions (West, 2015). Turgoose and Maddox (2017) found previous traumatic events composed of abuse and neglect to be the primary factor associated with developing compassion fatigue. According to Perkins and Sprang (2013), there are contradictory studies on ACEs being associated with increased compassion fatigue, however increased amount of time working with trauma clients versus non-trauma clients, strongly suggests an increase in secondary trauma for the worker (Devilly, Wright, & Varker, 2009).

Miller and Sprang (2016) identified the emotional labor elements of trauma-inducing depletion in the worker as helpless feelings, suppression of worker anger or frustration, overwhelming intense feelings of client trauma, and worker personal history of trauma. Diaconescu (2015) stated that social workers who work with child violence victims experienced higher traumatic stress than those working with adult violence victims. Mason et al. (2014) noted nurses' worst experience of distress in the workplace included working with violent clients. Turgoose, Glover, Barker, and Maddox (2017) found that police officers spending the longest amount of time working with rape and other sexual violence victims had higher levels of burnout, compassion fatigue, and secondary traumatic stress. Winstanley and Hales (2015) stated

burnout and workplace aggression had a positive association to contributing to compassion fatigue and might become a cyclical pattern in the workplace when the prior variables trigger the later variable, which triggers the prior variables. When a client's aggression contributes to a worker's emotional exhaustion, depersonalization and burnout can increase, which can lead to clients feeling workers are not empathetic, which may lead to increased client aggression (Winstanley & Hales, 2015).

Researchers' study results found gender plays a role in contribution to compassion fatigue with woman helping professionals experiencing higher levels of secondary traumatic stress over man social workers (Branson, Weigand, & Keller, 2013; Choi, 2011; Cieslek et al., 2013; Devilly, Wright, & Varker, 2009; Ivicic & Motta, 2017; Knight, 2010; Mehus & Becher, 2015; Sprang, Craig, & Clark, 2009). Cieslek et al. (2013) noted how culture and societal resources and policies can play a role in nurses potentially developing compassion fatigue. He reviewed how Japanese nurses reported more burnout than United States nurses while Russian nurses reported the least amount of burnout (Cieslek et al., 2013). Branson, Weigand, and Keller (2013) discussed how newer workers have an increased risk of developing vicarious trauma over longer-working workers and having sexually-based personal trauma increases the risk as well.

Molnar et al. (2017) addressed the stigma helping professionals struggle against when societal norms show negative professional and personal consequences upon revealing vicarious trauma's effects on the worker. Lack of organizational training of workers to identify and mitigate compassion fatigue signs and symptoms was recognized as a factor that increases compassion fatigue (Berg, Harshbarger, Ahlers-Schmidt, & Lippoldt, 2016; Caringi et al., 2016; Finley & Sheppard, 2017; Horrell, Holohan, Didion, & Vance, 2011; Phillips & Dalgarna, 2017; Molnar et al., 2017; Shinan-Altman, Werner, & Cohen, 2015; van Mol et al., 2015; Wagaman,

Geiger, Shockley, & Segal, 2015; West, 2015). Increased amount of job tasks, which drive decreased quantity and quality of communication with clients, coworkers, and supervisors were also identified as increasing compassion fatigue (Giarelli et al., 2015; Perry, Toffner, Merrick, & Dalton, 2011; Sprang, Craig, & Clark, 2009; Yi et al., 2018).

Ludick and Figley (2017) suggest that studies of compassion fatigue may not have included the full array of professionals who are affected by secondary trauma. Excluded groups may be helping professionals such as funeral directors, journalists, respiratory therapists, attorneys, physical and occupational therapists, researchers, helping professionals who left the helping profession, and students/teachers of trauma curriculum (Bourassa, 2012; Ludick & Figley, 2017; Sorenson, Bolick, Wright, & Hamilton, 2016). Others, such as mail-delivery workers, public or school bus drivers, or day care workers, are under-researched helping professionals whose population was not mentioned during this literature review but who might experience compassion fatigue.

Theoretical Framework

This dissertation explores the relationship between compassion fatigue and trauma-informed supervision. A thorough literature review suggested organizational climate and culture theory and resilience theory were appropriate to frame this research. These theories address the focal points of this research (compassion fatigue and trauma-informed supervision) and address the micro (worker) level and mezzo (management) level of intervention. The theories were prominent in the literature and they resonated with this writer as a social work practitioner.

Organizational climate and culture theory and resilience theory create a framework that gives context to the reciprocal and sometimes circular influences of compassion fatigue, resilience, trauma, and trauma-informed supervision. Organizational climate and culture theory

frame compassion fatigue and trauma-informed supervision as elements of organizational climate and culture. Resilience theory makes explicit the connections between resilience and compassion fatigue. Literature suggests that trauma-informed supervision could mitigate the effects of trauma and support resilience, while resilience shapes the responses of workers to the trauma they absorb second-hand.

Organizational Climate and Culture Theory

Glisson (2015) noted the definition of organizational climate emerged in 1939 and is attributed to Kurt Lewin who used this term to capture the psychological force of the workplace on staff performance, behavior, wellbeing, and motivation. Researchers stated this impact is measured through role overload, emotional exhaustion such as compassion fatigue, staff turnover, job satisfaction, depersonalization, and role conflict as well as a single overarching negative or positive term (Glisson, 2005; Glisson & Williams, 2015; Hair, 2013). Glisson and Williams (2015) identified social service and mental health agencies' research linked organizational climate to client treatment decisions, service quality, and staff turnover.

Glisson (2015) noted the definition of organizational culture appeared in the 1970s and is the group expectations, norms, and values shared by staff within the organization. Organizational culture shapes the conscious and unconscious way staff approach tasks, make decisions, schedule their workday, and prioritize (Glisson, 2015). Horman and Vivian (2005) discussed how societal norms running counter to organizational values could harm organizational culture. Horman and Vivian (2005) stated when the public denies the existence of the client trauma the organization is addressing, this denigrates the employees, creating additional trauma. In an effort to bolster the organization's purpose, the developing organizational culture includes a message of the external environment as being uncaring and unsupportive (Horman & Vivian, 2005). Organizational

culture may be changeable if organizational leaders brought attention to the workers and allow the workers to engage in teamwork, verbalize hidden assumptions and beliefs, provide meaningful recognition of workers, communicate openly with coworkers, and take part a successful work process (Etherton-Beer, Venturato, & Horner, 2013; Glisson & Williams, 2015).

Organizational culture exists on a preconscious awareness level as a source of collective organizational commitment and identity of shared values (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). Organizational climate and culture theory includes organizational error culture and conflict culture (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). Leadership conflict management behavioral culture, either dominating, avoidant, or collaborative, is correlated to the lower-level worker conflict culture and differentially-related to the job task outcomes of the unit (Schneider, Gonzalez-Roma, Ostroff, & West, 2017).

Schneider, Gonzalez-Roma, Ostroff, and West (2017) discussed how the integration of organizational climate theory and organizational culture theory into one theory have only recently begun due to different methodological and conceptual approaches from researchers. Williams and Glisson (2014) stated organizational climate and culture are two of the most important constructs in a worker's environment to affect worker behavior and performance throughout a myriad of outcomes and settings. By improving organizational climate and culture, an organization's staff can become more effective and increase the success of the organization (Williams & Glisson, 2014). The organization's workers' experiences of practices, procedures, and policies from upper management interconnects with the workers' observations of organizational expectations, rewards, and support given (Schneider, Gonzalez-Roma, Ostroff, & West, 2017; Williams & Glisson, 2014). These workers' perceptions are shared between

coworkers, often become meaningful, and become part of the workers' climate (Schneider, Gonzalez-Roma, Ostroff, & West, 2017).

In related literature, researchers have used organizational climate and culture theory to explore supervisory behavior (as an element of organizational climate) and its impact on worker behavior or experiences. Previous research showed workers' perceptions of supervisory safety behavior were able to significantly predict the behavior-dependent minor injuries and role overload among workers (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). This demonstrates how climate established by supervisor creates a decrease in worker job task errors (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). Supervisory leadership is established as a key driver of organizational climate and is used as a major focus in climate and culture theory (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). Organizational social contexts such as organizational climate and culture can create emotional exhaustion, role conflict, and depersonalization, which can contribute to a decreased outcome and quality of services provided by workers (Glisson, 2005; Hair, 2013). Organizational climate and culture can also impact staff attitude and turnover (Glisson, 2005).

The present study employs organizational climate and organizational culture to explore social workers' levels of compassion fatigue and how that may be affected by supervision designed to mitigate fatigue and foster resilience. By using organizational climate and culture theory in this dissertation research, one can view social workers' levels of compassion fatigue and how they are impacted by supervisory support. If the social worker has a supervisor who is trained to identify and mitigate worker trauma, social workers should feel increased safety, collaboration, and support at work with decreased job task errors. This should show decreased levels of compassion fatigue in the social worker.

Resilience Theory

Resilience theory describes how peoples' traumatic experiences may affect them in harmful ways, and how resilience develops from coping with those events (van Breda, 2018). A person's vulnerability may compromise his or her ability to cope with trauma, thereby contributing to negative outcomes (e.g., social, intellectual, physical development) (van Breda, 2018; Zimmerman, 2013). Resilience theory focuses on the origin of the breakdown in wellbeing and uses a strength-based perspective to rally against trauma (van Breda, 2018; Zimmerman, 2013). Developing and practicing resilience against those life experiences could buffer people from negative outcomes, post-trauma (van Breda, 2018; Zimmerman, 2013).

The literature identifies how this theory applies to social worker practitioners and their clients. Van Breda (2018) noted how social work practice assesses vulnerability of the client and how an effective social worker understands how the client's past, present, and future are all integral in comprehending the client challenges. Social workers need to identify and use client resiliency to mediate outcomes and adversity (van Breda, 2018). Van Breda (2018) also noted resilience theory could help bring together the micro, mezzo, and macro social work levels to integrate client services. The resilience process fluctuates between multilevel systems to bolster client outcomes (van Breda, 2018). The social worker would engage with the person (micro), the person's family (mezzo), and organizations that assist the person (macro) to obtain positive outcomes for the client (van Breda, 2018).

Results of studies describe how accruing resilience against compassion fatigue is apparent in some workers (Kapoulitsas and Corcoran, 2014). According to Kapoulitsas and Corcoran (2014), resilience can be defined as either a cognitive ability linked to a personality trait, or a psychosocial process within a challenge involving increased positive insight,

capacities, and wisdom. These abilities transform potentially negative outcomes into more positive ones (Kapoulitsas and Corcoran, 2014). Researchers also suggested increased understanding of resilience happens through societal and cultural negotiations and interactions specific to shared group customs and values (Kapoulitsas and Corcoran, 2014). Schmidt (2017) concluded workers need regular upper-management personal-reflective debriefing to identify compassion fatigue early on and promote workplace resiliency, which improves client outcomes and worker morale. According to Schmidt (2017), having supervisors lead a worker through a time of structured reflection would increase coping mechanisms, increase workplace appreciation, and decrease work internalization, which would increase resiliency of the worker.

According to Veach and Shilling (2018), trauma-informed supervision is a consistent and frequent collaboration of supervisor and worker to increase professional skill and knowledge through the understanding of the consequences and impact of trauma manifestations. Trauma-informed supervision could bolster worker resilience against traumatic experiences (Veach & Shilling, 2018). Social workers who receive regular trauma-informed supervision as a caring support could show fewer signs and symptoms of compassion fatigue, emotional exhaustion, and distress when seen through the lens of resilience theory (Collins-Camargo & Antle, 2018; Ludick & Figley, 2017). Maximizing resilience in social workers could have a trickle-down effect of increased client outcomes and worker morale (Courtois, 2018).

According to Courtois (2018), using supervision discussions as a connection to others assists helping professionals to explore and process toxic work trauma and enrich their support systems (Collins-Camargo & Antle, 2018; Veach & Shilling, 2018). Trauma-informed supervision is an integral part of social worker self-care (Collins-Camargo & Antle, 2018). According to Collins-Camargo and Antle (2018), staff with increased trauma-informed self-care

also experience decreased burnout and increased compassion satisfaction. Trauma-informed supervisors check in with staff to assess for vicarious trauma, compassion fatigue, and secondary trauma while encouraging self-care by being aware of their own needs and limits (Collins-Camargo & Antle, 2018; Jordan, 2018; Veach & Shilling, 2018). Resilience theory's and trauma-informed supervision's strength-based perspective appear to fit well with social work's mission to increase worker capacity to assist clients (Veach & Shilling, 2018).

Relevance to Social Work

Preventing and mitigating the effects of compassion fatigue through trauma-informed supervision is relevant to social work practice and study. Upon graduation with a Bachelors in Social Work, social work students might find they lack the education and experience to identify the signs and symptoms of compassion fatigue in themselves and they may not know how to use self-care to prevent compassion fatigue (Newell & MacNeil, 2010). Social work is typically characterized as a challenging and stressful profession (Kapoulitsas & Corcoran, 2015; Thomas, 2016). Clients rely on social workers for support. Those same social workers may be offering support to their colleagues (peers) and to social workers under their supervision (Choi, 2011). Given the size and chronicity of the expectation to provide support, obtaining an enhanced understanding of how to mitigate the effects of compassion fatigue will have positive effects on individual workers, their clients, their peers, and the agency community and culture. Social workers may use their unique knowledge of various theories, such as the organizational climate and culture theory and resilience theory, to view the social worker-self, the world, and the systems through which clients navigate (Lynch & Lobo, 2012; Ludick & Figley, 2002; Scott & Davis, 2007).

Problem Statement

This study explores the relationship between compassion fatigue and trauma-informed supervision. Helping professionals such as social workers may be at higher risk of developing compassion fatigue from perceived lack of organizational support after being exposed not only to clients' trauma, but also trauma-inflicted peers at their agencies (Molnar et al., 2017; Perry, Toggner, Merrick, & Dalton, 2011). Ludick and Figley (2017) stated client trauma resembling previous worker trauma are more likely to induce secondary traumatic stress as the worker has to re-live their own previous traumas again in a PTSD-comparable process. Choi (2011) noted more than 80% of the social workers in his research experienced a personal traumatic event and how vulnerable the social worker population is due to this characteristic. The existence of compassion fatigue is particularly worrisome to social work professionals not only as a profession but as a population. Social workers are more likely to have experienced trauma as well as been socialized into a profession that emphasizes empathy.

Using empathy during client contact could make the helping professional vulnerable to compassion fatigue. Empathy is the ability to understand others' experiences by using emotions and cognition to infer conclusions from observed data being presented by others, analyze our own responses to the observations, and hypothesize about what others are feeling (Thomas, 2013). According to Miller and Sprang (2016), worker energy is considerably depleted in communicating appropriate and genuine concern regarding client trauma. Ludick and Figley (2016) discussed how feeling empathy for clients who experience trauma is the link in transferring clients' primary trauma to workers as secondary trauma. Organizations that are trauma-informed should be more effective at addressing how empathy affects compassion fatigue, burnout, and secondary trauma.

While empathy is essential in helping professions and accounts for 10% of psychotherapy's positive outcomes, it is known to be a primary reason for workers to develop secondary stress disorders (Thomas, 2013). According to Ludick and Figley (2016), the Native American definition of empathy is "giving away a piece of yourself with each caring encounter until, at some point, you require healing" (p.115). While helping professionals may have a higher level of empathy, that increased empathy might make them vulnerable to compassion fatigue (Thomas, 2013).

The supervisor is the social worker's designated provider of support and assistance in the professional context. A deterrence to managing job tasks is the limiting factor of compassion fatigue through empathizing with clients. According to Jordan (2018), adding more trauma-affected clients to an employee caseload increases the risk of the employee developing vicarious trauma. If a supervisor does not offer trauma-informed supervision to employees, compassion fatigue or vicarious trauma may occur, which may impede the employees ability to serve and support clients (Courtois, 2018; Jordan, 2018). According to Courtois (2018), compassion fatigue may lead the worker to feel incompetent, cynical, withdrawn from work tasks, and perhaps leave the job to find other work. Unattended compassion fatigue or vicarious trauma can lead to the workers' mental health deterioration with professional and personal alienation from others accompanied by physical posttraumatic stress symptoms (Courtois, 2018; Jordan, 2018).

A trauma-informed supervisor should have the knowledge to administer trauma-informed supervision to mitigate the indirect trauma the worker has received from the client (Knight, 2018). According to Ludick and Figley (2017), continuous exposure to traumatic stress during work is linked to absenteeism and lower organizational commitment. Due to insufficient social support, workers utilized absenteeism from work to cope with or recover from the poor health

that occurred post-trauma (Ludick & Figley, 2017). Decreasing compassion fatigue might decrease absenteeism while increasing positive organizational climate and culture and staff resiliency (Ludick & Figley, 2017). A social work leader at the mezzo level who recognizes and administers trauma-informed assistance to the lower-level worker at the micro level could be positively bolstering the organizational environment, increasing positive client care, and promoting more effective service delivery.

The presence of compassion fatigue applies to all helping professional organizations where social work leaders may be present. This would include, but is not limited to, government agencies, private agencies, non-profit agencies, not-for-profit agencies, and volunteer agencies. Compassion fatigue can also manifest in educational agencies where social work educators may be present, including public and private higher education schools. Gerard (2017) identified how compassion fatigue affects 16-85 percent of healthcare workers. When traumatized workers and students experience poor organizational climate, culture, and/or supervision, they might leave the organization or educational institution where they received the trauma (Collins-Camargo & Antle, 2018; Glisson & Williams, 2015; Rochelle & Buonanno, 2018). Utilizing trauma-informed supervision with staff could increase the organization's ability to adequately serve clients in a strengths-based process, potentially increasing client well-being and mitigating client trauma (Collins-Camargo & Antle, 2018).

When organizations and institutions are not aware the source of staff/student turnover is produced within the organization/institution itself, a dysfunctional cycle may begin due to staff/student psychological stress (Glisson & Williams, 2015). Organizational climate and culture are linked to staff turnover, service outcomes, and service quality (Glisson, 2007). If staff turnover is too high, the ultimate effect of compassion fatigue may be organizational

dissolvement, which may be detrimental to the clients who need the support social workers provide. According to Collins-Camargo and Antle (2018), adequate supervisory support is a factor in decreasing staff turnover and positively influencing agency culture.

The objective of this study is to explore the relationship between compassion fatigue in low-level helping professionals and the trauma-informed supervision their managers might be providing. According to Courtois (2018), there is a lack of trauma-informed supervision research. This study seeks to fill this gap. This sequential mixed methods study aims to analyze perceptions of compassion fatigue among workers in two central Pennsylvanian human service agencies (CPA and SCPA) that serve the aging population and discover if there is a relationship between compassion fatigue attributes among workers who receive trauma-informed supervision support and those who do not. On a monthly basis, CPA and SCPA organizations serve hundreds of clients who experience trauma and due to this service their front-line staff will have an increased likelihood of developing compassion fatigue. The research will identify if the secondary proposed researched human service agency in central Pennsylvania (SCPA) showed increased compassion fatigue due to the supervisors' lack of trauma-informed training. Research may identify a negative impact of increased absenteeism or turnover in these helping professionals at SCPA who do not have a supervisor to debrief their secondary trauma.

Chapter Two: Literature Review

Databases Used

The Millersville University and Kutztown University library databases EbscoHost were utilized using the following keywords: compassion fatigue, organizational climate, organizational culture, workers, burnout, secondary traumatic stress disorder, client trauma, absenteeism, vicarious trauma, worker, staff, employee, trauma informed supervision, social work supervision, social service supervision, and personnel. In reviewing the resulting trove of articles, this writer found approximately 120 appropriate scholarly and academic journal articles. Literature review of these articles found 95 useable sources pertaining to the research project topic. Key themes that emerged as factors contributing to compassion fatigue include burnout, secondary traumatic stress, empathy, and organizational climate and culture. Themes that emerged as factors mitigating compassion fatigue include empathy, self-care, peer support, and supervisory support. This literature review will be focusing on supervisory support and organizational climate and culture as those are the key variables studied in this dissertation.

Trauma Informed Supervisory Support

The literature review found key factors of minimizing compassion fatigue included workers having a supportive organizational culture, which included supervisory support (Graham et al., 2014). Social workers have seen the need for and have been given counseling supervision for more than 60 years (Jordan, 2018). Social work supervision is required so social workers can learn new skills, knowledge, solve problems, and model competence (Jordan, 2018; Vito, 2015). Trauma-informed supervision is also utilized as a stress-management device and a mechanism of positive change for social workers (Adamson, 2018; Courtois, 2018). Adequate supervision is also required at the time of exposure to trauma and for long-term trauma work to mitigate after-

effects (Knight, 2018). Without trauma-informed support, a worker can be placed at great risk for re-traumatization (Knight, 2018). Inadequate supervisors can also inflict additional damage on workers though accusation, blaming, lack of acknowledging the trauma impact, and allowing workers to be exposed to the trauma (Knight, 2018). Human service organizations who train their supervisors to give trauma-informed supervision may increase their support of workers.

Mental health literature began using the term trauma-informed supervision in 2001 to acknowledge the possible existence of traumatic activity impacting a client (Knight, 2018; Knight & Borders, 2018). Trauma-informed supervision utilizes the knowledge of the relationships between trauma, environment, client, and worker (Berger, Quiros, & Benavidex-Hatzis, 2018). Because social workers work with clients who are traumatized, trauma-informed supervision is essential to assist workers in dealing with primary and secondary trauma (Colins-Camargo & Antle, 2018). Trauma-informed supervision requires supervisors to create a non-judgmental physical and interpersonal safe space where helping professionals can safely share questions and reflections (Berger, Quiros, & Benavidex-Hatzis, 2018; Knight, 2018; Veach & Shilling, 2018). Workers need to know trauma-informed supervisors are in alliance with and trust the workers to create healthy expectations and boundaries, and subsequently model them in the worker-client relationship (Berger, Quiros, & Benavidex-Hatzis, 2018; Knight, 2018; Veach & Shilling, 2018). Supervisors must be aware that conflict will occur when working with clients and this conflict needs to be processed in a safe environment (Berger, Quiros, & Benavidex-Hatzis, 2018; Knight, 2018). Without this safe trauma-informed supervisory relationship, workers cannot be adequately supported in a trauma-informed worker-client relationship.

Workplace congruence, which refers to the organizational climate and culture share the same values, perceived equity, workload, community, worker appreciation level, and level of

autonomy, can decrease psychological distress and secondary traumatic stress while workplace incongruence can increase job turnover and psychological distress (Graham et al., 2014; Veach & Shilling, 2018). Helping professionals need to feel they, their ideas, and their contributions matter and their decisions are collaborated rather than dictated by the supervisor (Berger, Quiros, & Benavidex-Hatzis, 2018). Scheuermann (2011) noted when organizations provide workers the opportunity to focus on their strengths instead of their weaknesses, as with job-task oriented supervision, those workers are three-times more likely to have positive quality of life and six-times more likely to be engaged in their jobs. Spielfogel (2016) noted how child welfare workers have major responsibilities heaped on them and many lack the supervision required to relieve the trauma of their responsibilities for their child clients. He stated this lack of supervision creates high turnover due to responsibility overload coupled with emotional exhaustion (Spielfogel, 2016). Colins-Camargo and Antle (2018) discussed how supervision places a part in staff turnover and retention through the amount of positive attention and psychological safety given to the helping professional.

Although Choi's (2011) research did not find organizational resources constitute a predictive factor of secondary traumatic stress, he noted other secondary traumatic stress researchers stated how important clinical supervision was for workers who experienced secondary traumatic stress. Miller and Sprang (2017) stated clinicians could prevent compassion fatigue by using reflective supervision to express their emotions of how their clients' trauma affected them. Researchers also restated the importance of having access to and receiving balanced supervision, which would offer support to the worker while transforming worker trauma (Berger, Quiros, & Benavidex-Hatzis, 2018; Miller & Sprang, 2017; Veach & Shilling, 2018; Vito, 2015). Berger, Quiros, and Benavidex-Hatzis (2018) also noted helping professionals

were more likely to provide self-care when given trauma-informed supervision with supervisors who modeled self-care (Courtois, 2018; Johnson, Johnson, & Landsinger, 2018; Veach & Shilling, 2018). Johnson, Johnson, and Landsinger (2018) stated, due to fear of negative organizational consequences, helping professionals are often ineffective at knowing when to provide self-care and require the supervisor to remind them self-care is allowable during the workday (Knight, 2018; Veach & Shilling, 2018).

Knight's (2010) literature review indicated a lack of findings on informed supervision to alleviate indirect trauma on the worker. Research regarding informed supervision suggested potential for informed supervision to mitigate effects of compassion fatigue and vicarious trauma (Jordan, 2018; Knight, 2017). Rochelle and Buonanno's (2018) research linked low compassion satisfaction to inadequate supervision, peer support, safe work environments, work tools, and work-life balance. Several studies also linked low compassion satisfaction to increased caseloads, disempowerment, punitive organizational practices, and lack of autonomy (Colins-Camargo & Antle, 2018; Devilly, Wright, & Varker, 2009; Hair, 2013; Perkins & Sprang, 2013; Rochelle & Buonanno, 2018; Sprang, Craig, & Clark, 2009). Standard task-enforcement supervision, if completed on a regular and consistent basis, focuses on what is going wrong with a helping professional's caseload, which may create low compassion satisfaction. Due to managing high caseloads and multiple daily crises, it is challenging for the supervisor to find time to celebrate helping professional successes when clients make progress toward goals (Colins-Camargo & Antle, 2018).

Adequate social work supervision can reinforce social work values, increase service delivery, improve worker job satisfaction, and decrease staff burnout and compassion fatigue (Colins-Camargo & Antle, 2018; Hair, 2013). Hair (2013) stated social workers' primary source

of ethical decision-making lie within supervisory support. However, social workers are expressing a concern about the decreased quality and availability of adequate social work supervision (Hair, 2013). Social workers identified emotional support and skill and knowledge development as lacking in their supervision (Hair, 2013). Helping professionals who receive trauma-informed supervision are better able to identify and develop strategies to decrease their own and their clients' trauma reactions (Berger, Quiros, & Benavidex-Hatzis, 2018).

Vito (2015) stated organizational environments that compete for resources often do not provide trauma-informed supervision because the supervisors and workers are required to do additional job tasks, which creates a lack of time (Hair, 2013). There is also a lack of necessary training on how to adequately supervise, once the social worker is promoted to a supervisory level (Vito, 2015). Hair (2013) identified a lack of appropriate supervisory training, which should include at least a year of training in social work legal requirements, practice standards, and code of ethics. Vito (2015) mentioned how some social workers are being supervised by non-social workers who do not understand social work values or ethics, which may impact the workers' supervision. Supervisors are often in control of managing helping professionals' caseloads and workflow and are not being trained to adjust these caseloads appropriately to provide periodic respite to the worker (Colins-Camargo & Antle, 2018). Even trauma-informed supervisors acknowledge a lack of time to proactively and responsively advocate for their workers to receive internal and external assistance to alleviate trauma (Colins-Camargo & Antle, 2018).

O'Neill (2010) stated lack of clinical supervision may indicate inadequate organizational support and contribute to psychological distress and using distancing as a coping mechanism. O'Neill (2010) also discussed how lack of clinical supervision creates professional and personal

isolation, which may result in secondary traumatic stress in rural mental health practitioners. Kapoulitsas and Corcoran (2015) identified participant themes on how access to regular and quality supervision promoted positive organizational climate and culture, decreased compassion fatigue, and was crucial to worker success (Colins-Camargo & Antle, 2018). According to Ivicic and Motta (2017), there are a lack of studies regarding the quality of supervision but found decreased quantity of supervision contributed to secondary trauma in therapists with a history of trauma. Their research found no relationship between secondary traumatic stress and supervision, however they noted there is no valid and reliable measurement tool to assess quality supervision on secondary traumatic stress (Ivicic & Motta, 2017).

Organizational Climate and Culture

Organizational climate is defined by Glisson (2007) as the workers' perception of their wellbeing being psychologically impacted by their workplaces. These climates are created by the organizations, supervisors, coworkers, or individuals and affect the individuals but can be mitigated with interventions to create engaging, functional, stress-free environments where workers feel they make meaningful work accomplishments (Glisson, 2007). Colins-Camargo and Antle (2018) stated a notable amount of child welfare workers were threatened with violence during the workday, which could impact the psychological wellbeing of the worker. Rafcanin, Bakker, and Heras (2016) identified workers who worked in an organizational culture with integrity and who had supervisors who behaved with integrity were provided clues to increase work performance and work engagement. Colins-Camargo and Antle (2018) stated a trauma-informed supervisor who assisted with tasks in the field created the greatest positive impact on helping professional outcomes. Rafcanin, Bakker, and Heras (2016) research findings also showed how even if a supervisor were encouraging of employees to utilize family-supportive

policies, if the organizational culture was not family-supportive, the employee would neither utilize those policies nor increase work performance or work engagement. The organizational climate could be bolstered through the active engagement of giving and receiving of trauma-informed supervision to protect front-line workers in the field, not just in the office.

Marwritz, Resick, and Dust (2014) stated how a hostile organizational climate can be sustained through abusive actions of supervisors. Marwritz, Resick, and Dust (2014) also identified how workers keep their integrity and cope with a hostile work environment through psychological withdrawal and organizational deviance because employees do not have power to change their organizational climate or punish abusive supervisors. Hair (2013) stated some social workers prefer having two supervisors, one for job task review and one for trauma-informed supervision (Knight, 2018). Hair (2013) went on to state how if these two aspects of supervision are combined there may be a conflict of interest and the supervisor may become abusive after the worker reveals the workers trauma to the supervisor. Marwritz, Resick, and Dust's (2014) study showed how highly conscientious supervisors who act with integrity and not abuse can disrupt a hostile organizational climate, lowering workers' psychological withdrawal and deviant acts directed toward the organization in retaliation. By training a supervisor in trauma-informed supervision techniques and creating and sustaining a trauma-informed organizational culture and climate, supervisors could understand how their supervisory communication could be construed as harmful or abusive toward a worker and have the tools to change that behavior.

A positive organizational climate and culture can potentially use supervisors to mitigate psychological withdrawal or other adverse psychological outcomes, which may be a sign or symptom of compassion fatigue and may decrease effective job performance (West, 2015). Diaconescu (2015) discussed how social workers need to understand how a non-supportive

organizational climate can contribute to the onset of burnout and how adequate supervision is necessary to cope with work-related stress. Turgoose, Glover, Barker, and Maddox (2017) noted how workers using self-help benefit by decreasing compassion fatigue, but supervisory and organizational support is needed as well. Johnson, Johnson, and Landsinger (2018) discussed how supervision provides the knowledge, procedures, and theoretical framework and structure necessary for social workers to provide client problem-solving. They also stated it is necessary for social workers to have an opportunity, and the emotional and physical safe space, to reflect on their professional and personal competence (Johnson, Johnson, & Landsinger, 2018; Veach & Shilling, 2018; Vito, 2015). Trauma-informed group supervision could be helpful as well where peers share their success stories, which could inspire other workers (Colins-Camargo & Antle, 2018; Jordan, 2018). Haans and Balke (2018) noted caution in creating a group supervision that does not fixate on worker personal and professional social status, disempowerment, and isolation.

Conversely, Choi (2011) noted social workers who develop secondary traumatic stress can negatively impact an organizational climate. He stated more research is needed on how organizational culture and quality of supervision is linked to secondary traumatic stress of helping professionals (Choi, 2011). Choi (2011) discussed how an increased quantity of non-evaluative supervision was related to decreased secondary traumatic stress. Trauma research identified the dire importance of trauma-informed supervision, which includes validation of secondary trauma and listening to, as well as addressing, the way secondary trauma influences workers professionally and personally (Choi, 2011). Trauma-informed supervisors need to be aware of helping professionals being overwhelmed with the amount and variety of trauma imposed on them by clients and how emotionally exhausting this is for the worker (Courtois,

2018). Without proper supervision to debrief from secondary trauma, workers' mental health may be at risk for deterioration in ways that resemble post-traumatic stress disorder (Courtois, 2018).

Rochelle and Buonanno (2018) discussed how employees who believed they received assistive supervisory support were more empowered, which is linked to organizational culture and climate. Supervisory support functions include providing a sense of performance security, professional self-worth, organizational belonging, sustaining morale, and uplifting over work-related discouragements (Colins-Camargo & Antle, 2018; Rochelle & Buonanno, 2018). Researchers noted how poor organizational climate and culture, especially regarding poor trauma-informed supervisory support, were linked to staff turnover, burnout, and secondary traumatic stress (Caringi et al., 2016; Rochelle & Buonanno, 2018; Sprang, Craig, & Clark, 2009). Kahn (2003) discussed how caring organizations who work with clients who experience trauma are repositories for that trauma (Jordan, 2018). Courtois (2018) stated a large percentage of behavioral and mental health helping professionals come to their work with a personal history of trauma (Jordan, 2018). Anda et al. (2004) identified how workers may be affecting organizational climate by bringing personal factors into the organization, such as adverse childhood experiences (ACEs). These ACEs can increase the emotional distress in the employee, minimize performance, while at the same time, increase the cost to run the organization (Anda et al., 2004; Courtois, 2018; Knight, 2018).

Molnar et al. (2017) identified how vicarious trauma-informed organizations address the impact of vicarious trauma in workers and assume responsibility via organizational policies and procedures aimed at preventing and mitigating this trauma. Butler, Carello, and Maguin (2017) noted social work students required a trauma-informed approach to delivery of academic

curriculum and how future studies need to examine organizational factors such as trauma-informed student supervision. Johnson, Johnson, and Landsinger (2018) discussed how competent supervisors are attentive to their workers and have the possibility of developing a mentoring relationship. Haans and Balke (2018) stated when a mentor self-discloses their own struggles this show of vulnerability can be comforting and creates a visualization of a long-term ongoing process of resilience.

Kahn (2003) stated workers who have a safe, boundary-marked therapeutic relationship with supervisors or peers at work, are able to process their trauma received at work (Veach & Shilling, 2018). Horman and Vivian (2005) discussed the need for organizations to monitor organizational cultures and internally develop structures, such as supervisory support, for the employees to release the tension, pressure, and stress contagion contaminating other employees with trauma. Therefore, if the organizational culture and climate are not amiable to workers attempting to access ways to process trauma, worker psychological wellbeing decreases, which then creates additional negative organizational climate and culture (Horman & Vivian, 2005).

Connection to Current Study

For the purpose of this study, workers are defined as paid staff within an organization. Ling, Hunter, and Maple (2014) defined trauma as the effect on a person who observes or experiences an event involving a threat to their person with the response of increased helplessness or fear. Branson, Weigand, and Keller (2013) stated trauma is a set of circumstances experienced as harmful to the individual with long-term chronic effects on the person's spiritual, social, physical, emotional overall well-being or functioning.

The overview of the literature features trauma-informed supervision and the impact of organizational climate and culture on adequate supervision. The literature review stated how

poor organizational culture and climate, especially inadequate supervision, leads to increased secondary trauma in staff (Caringi et al., 2016; Rochelle & Buonanno, 2018; Sprang, Craig, & Clark, 2009). Compassion fatigue in staff can be decreased through staff recognition, empowerment, trauma-informed supervision, peer support, and self-care. Based on the literature, there is a need for increased trauma-informed supervision in work environments. Because the compassion fatigue is often created in the work environment, the support to address and reduce compassion fatigue has to happen in the work environment. The objective of this study is to measure the levels of and note relationships between compassion fatigue levels in two similar size human service organizations and supervisory support. In one organization workers receive trauma-informed supervision and in one organization workers do not receive trauma-informed supervision.

Chapter Three: Methodology

The purpose of this mixed methods research study is to use quantitative research to capture any relationships between compassion fatigue levels and supervisory support. Participants in this research include workers receiving trauma-informed supervision within a central Pennsylvania human services agency serving the aging population (CPA) and workers not receiving trauma-informed supervision within a second central Pennsylvania human services agency serving the aging population (SCPA). Quantitative research was also used to measure the knowledge retention and type of trauma-informed supervision of the direct CPA supervisors to the CPA workers. SCPA supervisors were excluded from this research as they had not been trained to provide trauma-informed supervision. Qualitative research was utilized to capture emerging themes of how workers experience compassion fatigue within both agencies. This study aimed to capture whether the type of supervision given at CPA/SCPA created a relationship in level of compassion fatigue experienced by the workers.

CPA employs 75 workers while SCPA employs 80. Both agencies were established more than 40 years ago. The outcomes of the data analyses may provide insight to other human service organizations while adding to the empirical knowledge base. By using this mixed-methods approach, these research questions will yield a more rigorous comprehensive analysis of compassion fatigue in workers by showing the relationship of levels of compassion fatigue in workers and supervisory support between those who received and those who do not receive trauma-informed supervision (Shinan-Altman, Werner, & Cohen, 2016).

Resilience and organizational climate and culture were used as the framework theories due to the interest in if and how human service employees in both CPA and SCPA are supported in their agency to impact their levels of compassion fatigue. Resilience theory supported this

researchers interest in how trauma-informed supervision given by CPA supervisors impacts and is impacted by a CPA employee's resilience to trauma. Organizational climate and culture theory supported this researchers interest in how trauma-informed supervision given by CPA supervisors or not given by SCPA supervisors is impacted by employee climate and agency culture and how this impact would change staff compassion fatigue levels at both agencies. This theoretical framework required data collection at mezzo and micro levels of both agencies. Organizational climate and culture theory suggest researchers collect data from upper management, the mezzo level, and lower-level workers, the micro level. The CPA supervisors interviewed received training in trauma-informed supervision, which was arranged by upper-management. Resilience theory is a micro level framework, and micro level data at both agencies were collected to support this theory.

Using organizational climate and culture theory should show how research into compassion fatigue levels of workers who may or may not have trauma-informed supervisory support would provide perspective of the qualitative data of CPA and SCPA. Supervisory leadership is established as a key driver of organizational climate and hearing the answers of the workers when asking questions about their supervisory leadership would identify their perception of their organizational climate and culture (Schneider, Gonzalez-Roma, Ostroff, & West, 2017). Williams and Glisson (2014) stated organizational climate and culture are two of the most important constructs in a worker's environment and by hearing from the CPA and SCPA workers how their climate and culture affect behavior and performance, we might identify if the trauma-informed supervision impacts their organization. If the qualitative research identifies that not having trauma-informed supervision creates a barrier in achieving positive organizational climate and culture, senior leadership would have the opportunity to increase the

success of the organization by training supervisors to provide trauma-informed supervision (Williams & Glisson, 2014).

By completing focus groups using resiliency theory, this strength-based perspective can show the workers' wellbeing (van Breda, 2018; Zimmerman, 2013). This qualitative research could increase the workers' understanding of resilience through this focus group using group interactions specific to shared group customs and values (Kapoulitsas & Corcoran, 2014). By leading CPA and SCPA workers through the focus group, a structured reflection on compassion fatigue and supervisory support could increase the workers' coping mechanisms, increase workplace appreciation, and decrease work internalization which could potentially increase their resiliency (Schmidt, 2017).

Both theories required focusing a lens at both CPA and SCPA supervisors and workers. Lower-level staff in both agencies were interviewed in a focus group setting to identify the relationship between compassion fatigue and trauma-informed supervision. Focus group data from both CPA and SCPA were coded and organized into themes and sub-themes. These themes have revealed themselves during the coding process but have also been previously noted in the literature review and in both theoretical frameworks used. Lower-level staff of both agencies were surveyed on-line to identify if trauma-informed supervision has a relationship with levels of compassion fatigue.

CPA supervisors who have received trauma-training were also surveyed on-line. All supervisors at CPA received mandatory trauma-informed training in the Spring of 2018. This two-day, four-hour long workshop trained the supervisors on how to identify others' trauma, how to prevent others' trauma, how to avoid triggering or exacerbating others' reactions to trauma, and how to respond to others' trauma in trauma-sensitive ways. The supervisors learned

how trauma impacts the brain, how to create a safety plan, the principles of trauma, the kinds of trauma (including vicarious trauma and compassion fatigue), and how to reframe questions as a trauma-informed person. From the training provided to CPA's supervisors, during this research, the variable of "trauma-informed supervisory support" is defined as consistent, higher-level staff assistance to a subordinate worker using techniques that identify, prevent, mitigate, respond to, and manage trauma threats to said worker. Using the resilience and organizational climate and culture theory we can see how supervisors who are trained to be trauma-informed would also be impacted by their own resilience and climate, as well as the agency's culture, during the delivering of trauma-informed supervision.

Research Questions

The following two questions guided this mixed methods research study:

1. Is there a relationship between compassion fatigue levels and supervisory support? (quantitative)
2. How do compassion fatigue levels differ between workers who receive trauma-informed supervisory support versus workers who do not receive trauma-informed supervisory support? (qualitative)

Quantitative Research Justification

The research design utilized was a non-equivalent cross-sectional study utilizing convenience sampling (Rubin & Babbie, 2016). For the purpose of this study, the workers (who were not themselves supervisors) in the CPA/SCPA agency and the CPA supervisors who supervised CPA workers were included in the study. The helping professionals being surveyed at CPA and SCPA do not necessarily have a social work background but are included in the variable of "worker" and "supervisor" in this study. Only participants aged 18 and older were

invited to participate in this study. This cross-sectional study would add scientific information into social workers' knowledge base as these professionals are included in the worker and supervisor variables. If the dependent variable of level of compassion fatigue is shown to be related to the independent variable of workers who receive trauma-informed supervisory support, this study can support the hypothesis those two variables have a relationship and add to the literature base.

Qualitative Research Justification

The qualitative research question this study seeks to address is, "How do compassion fatigue levels differ between workers who receive trauma-informed supervisory support versus workers who do not receive trauma-informed supervisory support?". Research was conducted using a phenomenological, qualitative analysis utilizing focus groups of workers within CPA and SCPA. Only participants aged 18 and older were invited to participate in this study. The identified phenomenon is level of compassion fatigue in workers who may or may not receive trauma-informed supervisory support.

Recruitment

The sample of CPA workers was recruited through a pre-screening process using the CPA organizational chart. Only subjects who were receiving trauma-informed supervision but were not themselves supervisors were asked to participate by personal invitation and via follow-up email. The sample of CPA supervisors were recruited through a pre-screening process using the CPA organizational chart Only subjects who supervised workers who were not themselves supervisors were invited to participate via email. The sample from SCPA workers were recruited through a pre-screening process of the SCPA director using the SCPA organizational chart. Only

subjects who were not receiving trauma-informed supervision and were not themselves supervisors were invited to participate by in-person general announcement and email.

Recruiting samples for the CPA focus group occurred through in-person invitations at their workplace office. Recruiting samples for the SCPA focus group occurred through in-person general announcement and email invitations following a pre-screening of applicants. Applicant names were provided by the director of SCPA to the researcher after pre-screening.

Data Collection

A survey sampling CPA workers and SCPA workers and was utilized to collect quantitative data during this study. The Trauma-informed Supervisory Support survey sampling CPA supervisors was also utilized to collect quantitative data during this study. One focus group with CPA workers and one focus group with SCPA workers participants were also utilized to collect qualitative data.

Quantitative Data

CPA/SCPA Worker Survey: ProQOL

It was determined the use of Professional Quality of Life Scale (ProQOL Version 5-Appendix A) on workers within CPA and SCPA would provide a more in-depth and complete worker perspective on compassion fatigue levels (Stamm, 2009). This approach was chosen for this study to compare compassion fatigue levels of two similar organizations. One organization (CPA) receives trauma-informed supervision and one organization (SCPA) does not. Utilizing other approaches, such as pre-experimental design would not allow this comparison.

The research suggests that using the ProQOL test produces valid and reliable measures of compassion fatigue (Butler, Carello, & Maguin, 2016; Caringi et al., 2016; Cragun, April, & Thaxton, 2016; Gleichgerrcht & Decety, 2013; Giarelli, Denigris, Fisher, Maley, & Nolan, 2015;

Kelly & Lefton, 2017; Kelly & Todd, 2017; Kim, 2013; Knight, 2010; Mason et al., 2014; Mehus & Becher, 2015; O'Mahoney et al., 2018; Sprang, Craig, & Clark 2009; Theileman & Cacciatore, 2014; Turgoose, Glover, Barker, & Maddox, 2017; Thomas, 2013; Wagaman et al., 2015). The 30-question ProQOL was utilized during this research to capture this compassion fatigue variable through the three subscales of compassion satisfaction, burnout, and secondary traumatic stress. Each of the three subscales include 10 questions. Category options are a five-point Likert scale using "never", "rarely", "sometimes", "often", or "very often" as responses. Stamm (2010) , developer of the ProQOL, noted this scale to demonstrate great consistency of assessed instrument items using Cronbach reliability. According to Stamm (2010), the subscale of compassion satisfaction showed alpha scale reliability of 0.88, the subscale burnout showed alpha scale reliability of 0.75, and the subscale secondary traumatic stress showed an alpha scale reliability of 0.81.

In the fall of 2019, the ProQOL (Appendix A) and a demographic form (Appendix B.1) were delivered via an Internet delivery service of Qualtrics Online Survey Software (2014) which helped assure confidentiality of workers by collecting anonymous responses. Some participants voluntarily elected to share email addresses for the opportunity to be randomly chosen to win a $25 Amazon gift card. A consent form (Appendix C.1 or C.2) was given in Qualtrics prior to the survey distribution and data collection in Qualtrics. The Qualtrics tool was open to collect data for the ProQOL for seven days for each of the two agencies approximately one week prior to their organizations focus group data collection. The hypothesis is the group currently receiving the trauma-informed supervision should show less compassion fatigue than the group not receiving trauma-informed supervision.

CPA Supervisory Survey: Trauma-informed Supervisory Support Survey

The CPA staff, including supervisors, attended two two-hour mandated trauma training in the spring of 2018. The specific trauma-informed training model utilized during this training was not accessible to this researcher.. Utilizing core competencies from the handouts given to supervisors at the CPA training, this researcher developed a five-point Likert scale survey, the Trauma-informed Supervisory Support survey (Appendix E), used to measure the knowledge retention and type of trauma-informed supervision given by the CPA supervisors to the CPA workers. Authority was not given to this researcher to request information from the training organization. Relevant information from the training organization would have included if/any post-test scores of the supervisors who attended the training could be released to the researcher to compare to current test scores. Currently, there are no fidelity measures in place at CPA to ensure if and how CPA supervisors are providing trauma-informed supervision.

Following the collection of the workers' quantitative and qualitative data, the Trauma-informed Supervisory Support survey (Appendix E) and a demographic form (Appendix B.2) was delivered via Qualtrics to the CPA supervisors. This helped assure confidentiality of supervisors by collecting anonymous responses. Some participants voluntarily elected to share email addresses for the opportunity to be randomly chosen to win a $25 Amazon gift card. A consent form (Appendix C.3) was given in Qualtrics prior to the survey distribution and data collection in Qualtrics. The Qualtrics tool was open to collect data for the CPA supervisors survey for seven days.

Qualitative Data

This qualitative research project design used two singular, not longitudinal, one-hour focus groups guided by an interview guide. Through convenience and purposive sampling, one

focus group was comprised of CPA workers and one focus group was comprised of SCPA workers. Sufficient cases in a focus group sample is five to seven so this research is sufficient (Padgett, 2017). Transferability of this sample is trustworthy for future external research due to the generalizability of the definition of "worker" (Padgett, 2017). "Worker" can comprise many employee titles, not just certain employees who have specific educational backgrounds.

The CPA focus group was held on September 23, 2019 with seven participants. The SCPA focus group was held on September 30, 2019 with five participants. Both focus groups lasted approximately 60 minutes. This researcher obtained written consent from the participants to conduct this focus group and record the focus group with an audio recorder. Participants names were removed as to not identify the responder. The questionnaire sheet developed by the researcher and utilized during the focus groups (Appendix D) consisted of two warm-up questions and nine research questions. This researcher took minimal notations during the focus group process in order to engage with the participants and moderate the focus group. The focus group was audio-recorded using an iPhone XS and transcribed, then coded, at a later date.

By capturing the experiences of the workers in their own words, studying the phenomena of compassion fatigue is worthy (Creswell & Poth, 2018; Padgett, 2017). This qualitative research showed the nature of reality for real-world workers who experience compassion fatigue (Creswell & Poth, 2018). The advantages of using focus groups are speed; ability to explore reactions, relationships, and associations; gather efficient qualitative data; provide new learning material possibilities; and provide the environment for interviewees to react to others' comments (Padgett, 2017). Strategies for rigor and trustworthiness in this research design include leaving an audit trail (Padgett, 2017). This qualitative research plan answered the research questions using purposive sampling by eliciting perspectives of workers within CPA and SCPA who work

with clients who experience trauma. These data directly from the workers will assist in convincing the reader the findings are trustworthy.

Ethical Considerations and Confidentiality

Prior to each of the two focus groups at CPA and SCPA, this researcher approached all employees, explained this research project in relation to dissertation requirements, and reviewed how it will be recorded for transcription, educational review, and publication by dissertation committee through dissertation guidelines (Creswell & Poth, 2018; Padgett, 2017). This researcher noted how names were kept confidential and received written consent from all to be recruited into the focus group (Creswell & Poth, 2018; Padgett, 2017). Some participants voluntarily elected to share email addresses for the opportunity to be randomly chosen to win a $25 Amazon gift card. Since the participants of each focus group all know each other, this researcher did not have to conceal their identities from each other, however this researcher protected their confidentiality in the data by removing their names (Creswell & Poth, 2018). Prior to the focus group discussion, as the moderator, this researcher reviewed how the group maintained ethical confidentiality of what is said in the group (Creswell & Poth, 2018; Padgett, 2017). This researcher provided security of the data collection by storing the data on a password-protected computer which is not used by others (Creswell & Poth, 2018; Padgett, 2017). This researcher was attentive to intended data usage (Creswell & Poth, 2018).

The potential risks to study participants were psychological harm in discussing compassion fatigue, organizational climate and culture, and supervisory support. Asking questions about unpleasant or traumatic situations may cause distress in participants. Respondents would be referred to the Employee Assistance Program, which provides counseling to both organization's employees at no-cost. The benefits to study participants may have been

the educational information or motivation they received from other participants on how to decrease compassion fatigue within themselves.

Statement of Positionality

This researcher was employed as a Care Manager at CPA from 2008 through present day. I have worked under nine different direct supervisors during this time period, many of whom are still employed by CPA. In addition, I have also completed my Field Practicum of my Masters in Social Work at CPA from 2008-2009. I have held at least four different lower-level Care Manager positions within CPA. I interact with every staff member at CPA on a regular basis. Due to my longevity at CPA, I have seniority over 2/3 of the staff. My different positions held during my time at CPA could be explored from every angle to identify if there was any impact on my research. To my knowledge, I have not had interacted with SCPA staff prior to this study.

Data Analysis

Quantitative Analysis

Data results were analyzed through SPSS Grad Pack Premium Version 25. Only 28 responses were received from the CPA agency and 15 responses were received from the SCPA agency. Due to small sample size, a chi-square test was completed using the two categorical variables (Field, 2018). The two categorical variables included the agency receiving/not receiving trauma-informed supervision and the levels of the three subscales within the ProQOL survey: burnout, compassion satisfaction, and secondary traumatic stress. Completing a chi-square test analyzes the frequency of each combination of variable to assess if compassion fatigue is more likely to occur in the agency that does not receive trauma-informed supervision (Field, 2018).

A chi-square test was completed on the quantitative research to determine a relationship between level of compassion fatigue and supervisory support (Field, 2018). This test is completed to observe actual frequencies in these two categories against frequencies expected in those categories merely by chance (Field, 2018). The compassion satisfaction analyses did not meet assumptions with expected frequency due to small sample sizes with two cells (50%) expected count less than five. Therefore, the chi-square statistic was determined too deviant and inaccurate for this compassion satisfaction analysis (Field, 2018). Fisher's exact test was then used to compute the chi-square statistic using this small sample in a 2 X 2 contingency table (Field, 2018). Low, moderate, and high are three levels a participant may attain when completing the subscale of the ProQOL. Since no sample in either agency received more than two levels in any of the three subscales, only the two agencies and the two subscale levels were used during the chi-square and Fisher's exact test analysis.

Qualitative Analysis

This researcher utilized funds for transcription services through NVivo software to transcribe the data collection. This researcher sorted the entire transcription in NVivo and developed mostly pre-determined and minimally emerging, open, axial, and focus coding (Padgett, 2017; Creswell & Poth, 2018). This researcher used deductive and inductive analysis (Padgett, 2017; Creswell & Poth, 2018). A codebook had been developed prior to the study (Appendix F). Codes developed during the qualitative research were clustered using classical content analysis and themes were developed from the essence of the experience to create a phenomenological description of focus group participants' view of compassion fatigue from working with clients who experience trauma (Padgett, 2017; Creswell & Poth, 2018). Methodological rigor to ensure trustworthiness was completed by verifying the validity of the

research project through previous literature review to show the research topic is worthy with meaningful coherence, adhering to this researcher's chosen phenomenological method with pragmatism framework, collecting and analyzing current focus group data with rich rigor, using sincere methods, using credibility with member reflections, providing a morally-significant contribution, resonating with transferable findings, and avoiding unethical situations (Padgett, 2017; Creswell & Poth, 2018; Tracy, 2010).

Reflexivity is applied in this researcher's fieldwork through ethical considerations during the research project to increase the transparency, trustworthiness, and accountability of this research (Padgett, 2017; Creswell & Poth, 2018). This author is aware of the researcher's existence as affecting the qualitative research data, collection, and analysis. The relationship dynamic of this researcher's position of coworker to the participants of the CPA focus group is noted, which affected the methods and angles used in the interview process. Permissions to share this data in a dissertation were obtained prior to the focus group (Appendix C.2) (Padgett, 2017; Creswell & Poth, 2018). This researcher's personal opinions were nullified during this data collection and analysis (Padgett, 2017; Creswell & Poth, 2018). This researcher has considered how this data and its distribution may be used in retaliation against the interviewees who expressed displeasure of their work environment (Padgett, 2017; Creswell & Poth, 2018).

Chapter Four: Results

Quantitative Results

The quantitative research question answered in this study is, "is there a relationship between compassion fatigue levels and supervisory support?". Demographics including the mean and standard deviation of the Supervisor I level sample at CPA and the employees at both agencies who are supervised by these supervisors are included (see tables 1 and 2.). A review of the demographics of the CPA/SCPA non-supervisor employees shows the majority of the respondents report being female (25 out of 28 CPA and 14 out of 15 SCPA participants. See Table 1.). The majority of the CPA non-supervisor employee participants reported current employment of five years and one day through 10 years (N=12), while the majority of the SCPA non-supervisor employee participants reported current employment as 10 years or more (N=6) (See Table 1.). Having a larger percentage of SCPA participants with a longer time employed by SCPA may help us understand the results of SCPA workers having twice the percentage of high level of compassion satisfaction than the CPA workers. According to O'Mahoney et al. (2018) the palliative care workers who worked the longest had more compassion satisfaction and theorize staff learn how to cope with workplace demands the longer they work while staff who are not suited to palliative care would find other employment earlier.

Approximately 89% (N=25) of CPA non-supervisor employee participants reported being white, while the majority of SCPA non-supervisor employee participants reported being white (approximately 73%; N=11.) (See Table 1.). The majority of the CPA non-supervisor employee participants (19 out of 28) reported care manager as their job title , whereas 14 out of 15 SCPA non-supervisor employee participants reported care manager as their job title (See Table 1.). Supervisor demographic review includes 100% of respondents reporting their race as white and

five out of seven report their gender as female (See Table 2.). The supervisor respondents reported their time employed by current agency as 43% employed 10 years or more while an equal percentage reported being employed five years and one day through ten years (See Table 2.).

When analyzing the low and moderate level of the burnout subscale, this *p*-value does not show statistical significance (Chi-square test shows a *p*-value of .499; *t*-value .458. See table 4a.). When analyzing the moderate and high level of the compassion satisfaction subscale, this *p*-value does not show statistical significance (Fisher's exact test shows a *p*-value of .161; *t*-value 3.101. See table 4b.). When analyzing the low and moderate level of the secondary traumatic stress subscale, this *p*-value does not show statistical significance (Chi-square test shows a *p*-value of .398; *t*-value .716. See table 4c.). Utilizing Chi-square and Fisher's exact test on these three subscales shows we cannot reject the null hypothesis of the research question. The null hypothesis being, there is no relationship between compassion fatigue levels in workers who receive trauma-informed supervisory support versus workers who do not receive trauma-informed supervisory support.

Crosstabulation summarized out of 28 participants in CPA, 19 reported moderate levels of secondary traumatic stress, whereas in SCPA, 12 participants out of 15 total reported moderate levels (See Table 4a.). The other nine CPA participants reported low levels of secondary traumatic stress, whereas in SCPA, the other three participants report low levels (See table 4a.) The crosstabulation noted percentages of the moderate level of secondary traumatic stress was comprised of 61.3% CPA (trauma-informed supervisory) and 38.7% SCPA (non-trauma-informed supervisory) participants (See Table 4a.). Whereas, the low level of secondary traumatic stress was comprised of 75% CPA and 25% SCPA participants (See Table 4a.).

Crosstabulation described how out of 28 participants in CPA, 26 reported moderate levels of compassion satisfaction, whereas 11 SCPA participants out of 15 total reported moderate levels (See Table 4b.). The other two CPA and four SCPA participants reported high levels of compassion satisfaction (See Table 4b.). The crosstabulation noted percentage within the moderate level of compassion satisfaction was comprised of 70.3% CPA and 29.7% SCPA (See Table 4b.). Whereas, the high level of compassion satisfaction was comprised of 33.3% CPA and 66.7% SCPA participants (See Table 4b.).

Crosstabulation summarized out of 28 participants in CPA, 23 reported moderate levels of burnout, whereas 11 SCPA participants out of 15 reported moderate levels (See Table 4c.). The other five CPA and four SCPA participants reported a low level of burnout (See Table 4c.). This crosstabulation noted percentages within the low level of burnout was comprised of 55.6% CPA and 44.4% SCPA participants (See Table 4c.). Whereas, the moderate level of burnout was comprised of 67.6% CPA and 32.4% SCPA participants (See Table 4c.). Therefore, no relationship was found between the level of burnout, compassion satisfaction, or secondary traumatic stress and the supervisory support. It was, however, interesting to note the non-trauma-informed-supervisory agency (SCPA) had twice as many participants with a high level of compassion satisfaction than the trauma-informed supervisory participants (CPA) while SCPA had almost half as many participants respond to the survey (See Table 4b.).

A correlation statistical analyses of the three subscales were computed. Note the Pearson Correlation between burnout and secondary traumatic stress (r=.741, p<.001. See Table 3.) is moderately strong in their positive relationship which indicates this is probably not due to chance. These values indicate a positive relationship between burnout and secondary traumatic

stress. Participants who scored higher in the burnout subscale also scored higher in the secondary traumatic stress subscale.

As only seven out of the nine Supervisor I level supervisors completed this Trauma-informed Supervisory Support survey, this is a very small sample and this researcher can only report the overall average across the participants. Answers were coded at 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. The average score of the average participant survey scores was 3.46. The standard deviation of the average score of the averages was 0.212. The average score of the participants of the Trauma-informed Supervisory Support survey rated themselves to be slightly above neutral in their knowledge take-away from their trauma-informed training.

Table 1. *Demographics of employees at CPA and SCPA being supervised by Supervisor I*

	Experiential Group (*n*=28) *n*%	Comparison Group (*n*=15) *n*%
Gender		
Female	89.29% (*n*=25)	93.33% (*n*=14)
Male	10.71% (n=3)	6.67% (*n*=1)
Time employed by current agency		
1d-2yr	21.43% (*n*=6)	13.33% (*n*=2)
2yr &1d-5yr	14.29% (*n*=4)	33.33% (*n*=5)
5yr &1d-10yr	42.86% (*n*=12)	13.33% (*n*=2)
10yr+	21.43% (*n*=6)	40.00% (*n*=6)
Race		
Black	7.14% (*n*=2)	0.00% (*n*=0)
Hispanic/Latino	0.00% (*n*=0)	6.67% (*n*=1)
White	89.29% (*n*=25)	73.33% (*n*=11)
Other	3.57% (*n*=1)	20.00% (*n*=3)
Job Title		
Care Manager	67.86% (*n*=19)	93.33% (*n*=14)
Clerical/Receptionist	3.57% (*n*=1)	0.00% (*n*=0)
Admin.Assistant I/II	3.57% (*n*=1)	0.00% (*n*=0)
Other	25% (*n*=7)	6.67% (*n*=1)

Table 2. *Demographics of CPA Supervisor I and supervisees at CPA and SCPA*

	CPA Supervisor		CPA Supervisee		SCPA Supervisee	
	f	***%***	***f***	***%***	***f***	***%***
Gender						
Male	2	28.57%	3	10.71%	1	6.67%
Female	5	71.43%	25	89.29%	14	93.33%
Time employed by current agency						
1d-2yr	0	0.00%	6	21.43%	2	13.33%
2yr & 1d-5yr	1	14.29%	4	14.29%	5	33.33%
5yr & 1d-10yr	3	42.86%	12	42.86%	2	13.33%
10yr+	3	42.86%	6	21.43%	6	40.00%
Race						
Hispanic/Latino	0	0.00%	0	0.00%	1	6.67%
White	7	100.00%	25	89.29%	11	73.33%
Black	0	0.00%	2	7.14%	0	0.00%
Native Ameri.	0	0.00%	0	0.00%	0	0.00%
Asian	0	0.00%	0	0.00%	0	0.00%
Pacific Islander	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	1	3.57%	3	20.00%
Job Title						
Care Manager	0	0.00%	19	67.86%	14	93.33%
Case Aide	0	0.00%	0	0.00%	0	0.00%
Clerical/Recept.	0	0.00%	1	3.57%	0	0.00%
Admin.Asst. I/II	0	0.00%	1	3.57%	0	0.00%
Other	0	0.00%	7	25.00%	1	6.67%
Sup. I	7	100.00%	0		0	0.00%

Table 3. *Correlations*

		Sum Burnout	Sum Compassion Satisfaction	Sum Secondary Traumatic Stress
Sum Burnout	Pearson Correlation	1	.032	.741
	Sig. (2-tailed)		.840	.000
	N	43	43	43

Sum Compassion Satisfaction	Pearson Correlation	.032	1	.063
	Sig. (2-tailed)	.840		.689
	N	43	43	43
Sum Sec. Trauma. Stress	Pearson Correlation	.741	.063	1
	Sig. (2-tailed)	.000	.689	
	N	43	43	43

Table 4a. *Relationship Between Level of Secondary Traumatic Stress and Supervisory Support*

Agency	***f***	***%***	***X²***	***p***
CPA				
Low Level	9	32.14%		
Moderate Level	19	67.86%		
SCPA				
Low Level	3	20%		
Moderate Level	12	80%		
			.716	.398

Table 4b. *Relationship Between Level of Compassion Satisfaction and Supervisory Support*

Agency	***f***	***%***	***X²***	***p***
CPA				
Moderate Level	26	92.86%		
High Level	2	7.14%		
SCPA				
Moderate Level	11	73.33%		
High Level	4	26.67%		
			3.101	0.161

Table 4c. *Relationship Between Level of Burnout and Supervisory Support*

Agency	***f***	***%***	***X²***	***p***
CPA				
Low Level	5	17.86%		

Moderate Level	23	82.14%		
SCPA				
Low Level	4	26.67%		
Moderate Level	11	73.33%		
			.458	.499

Qualitative Results

Themes and Sub-themes

Qualitative research was utilized on both agencies in this study. Themes and sub-themes were revealed after transcription and coding of the focus group audio and then corresponded within the literature. Emerging themes from the CPA and SCPA focus groups included: organizational effects on compassion fatigue, client effects on compassion fatigue, peer effects on compassion fatigue, and self-induced effects on compassion fatigue. Sub-themes of organizational effects on compassion fatigue include the following deficiencies: communication, client resources, staff resources, supervisory support including trauma-informed supervisory support, upper management support, workers, ability to use the social work model, and poor work culture. Sub-themes of client effects on compassion fatigue are increased number of intensive-care clients and negative consumer dynamics. Sub-themes of peer effects on compassion fatigue are peer support and increased number of coworkers who have compassion fatigue. Sub-themes on self-induced effect on compassion fatigue are job motivation, feeling guilty about having compassion fatigue, inability to work under the social work model, and personal climate. Also noted are the signs and symptoms of compassion fatigue which are the effect of compassion fatigue on the staff member.

Signs and Symptoms of Compassion Fatigue

The signs and symptoms of compassion fatigue identified by members of both focus groups were similar. Signs and symptoms included: psychological, diminished trust in other staff, headaches, not sleeping, waking up during sleep, "cannot get a good night's sleep", "wake up feeling super anxious", nightmares about office work, increase in stress level, "feel that extra, like, cortisol flowing through my veins", diminished "fun" at work, "deep" negativity, bellyache, nausea, feeling physically hot, emotional, increased temper and unpleasantness, decreased ability to treat other staff "kindly", "that little thread that you're barely hanging on to", "having my head spinning", "jumpier than usual", "feeling a little bit more unattached" in life, increased "sobbing", "my mental health has taken a toll", getting "task oriented" but "miss steps" and are "not as thorough", lack of focus, decreased productivity and concentration, and the feeling of "dragging…a backpack filled with rocks." One participant stated, " I was, you know, feeling like everything was just kind of, all overwhelmed, but I always joke with my supervisors that, my current supervisor just got it for the first time, was like, 'you've been officially broken in, because I sat in your office and cried 15 minutes'." Another participant stated, "And what's the point of this [work] if you can't even keep it together to be pleasant with your coworkers?"

Peer Effects

Both SCPA and CPA focus group members noted peer effects on compassion fatigue included having an increase in compassion fatigue in peers which then affected their own levels of compassion fatigue. CPA members also noted they "separate" or "block" their compassion levels when working with clients. One participant noted, "My compassion fatigue is not due to the clients that we work with…my fatigue is the compassion I feel for my colleagues…" Another participant noted, "I don't let myself become invested at that level with my clients. I'm much

more invested in the people that I work beside than the people that I work with." SCPA participants noted how the announcement of layoffs in their organization due to decreased funding has increased compassion fatigue for their coworkers. SCPA group participants noted they receive more peer support than supervisory support. One participant noted, "I think, or at least for our team, I feel like we do tend to know each other a little bit more personally than just work stuff." Another participant noted, "It's more peer [support] and you can talk to each other, you know, on that same level."

Self-induced Effects

Self-induced effect on compassion fatigue included feeling compassion satisfaction job motivators such as receiving a paycheck, advocating for the client, hating previous jobs, paying the companies "who help our clients", being a peer support for coworkers, giving services to the client, receiving a "thank you" from clients, and not being unemployed. One participant noted, "So, you know, there's a few [clients] that over the years that I've been here, that it's like, they express gratitude…so that, I think, helps." Another participant noted she feels job satisfaction when she's able to provide peer support to the front-line staff who work directly with the clients, "Just being able to listen to it [peer frustration] and really not making a difference [to change the peer's situation] but just, sometimes, being that sounding board that, that people need."

SCPA focus group participants noted self-induced effects on compassion fatigue included feeling guilty about trying to create boundaries and the inability to work under the social work model to prevent compassion fatigue. One participant stated, "It's hard putting yourself aside and feeling guilty.…The hard part is putting those feelings right in the right place. And not taking them out." SCPA participants also noted when they remove themselves from their emotions they become task oriented with increased compassion fatigue. One participant stated, "I lose

compassion sometimes…you get task oriented. Ok? This [work] all needs knocked out and I kind of remove the emotion from it sometimes because I'm just so…I'm like, I gave everything I have nothing to give." Another participant agreed stating, "You're doing the best you can. But you're saying that I have a greater expectation of myself and in the end… they're not giving me enough time.…we're not any longer allowed to be social workers." To which another participant agreed stating, "We can't be social workers."

SCPA participants discussed how their personal climate they bring to work affects their compassion fatigue. One participant stated, "I try…to come [to work] with the positive spin on it because the negative is going to come. Still, you can't help but have a trigger, you know, to me you have things that trigger you [to be negative]." Another participant stated, "When I come in like a hurricane, it kind of affects it [work] from the other end" and "Productivity is down. How do you organize your week? I come in in the morning, look at my stack and say 'I'm gonna do this today.' Clearly that's not working."

Client Effects

Both agencies noted client effects on compassion fatigue levels in staff. CPA participants discussed how they've learned to create boundaries between themselves and their clients' problems to decrease compassion fatigue. One participant stated, "I want to make sure they're [the clients] not at risk. But it doesn't require me to have compassion to do it. ...I'm not going to get personally invested with anybody. Because that's when you really get burned out." Another participant stated, "And I think that's how I protect myself from the compassion fatigue because I really block it. I can't say that I've experienced compassion fatigue based on my clients at work...It's not from my clients."

The SCPA participants noted how compassion fatigue arises through negative client dynamics. One participant stated:

> I think you get reoccurring people and you'll have worked out a situation numerous times and then they [clients] just go back to the same living situation or being around the same people. So, for me, just, I get compassion [fatigue] when I know I'm going to work hard to help you in this way and then it's just going to do…? And I think also working with families of people that we serve gets really tiresome because you're working with so many dynamics.

Another participant agreed stating, "And you fix it [client situation] up. And it's [negative situation] repeated. Yeah, 10, 12, 14 times. And you fix it. And it's repeated, too, it's hard."

SCPA participants discussed how they feel there are too many clients per staff member and too many of them require intensive care management. One participant stated:

> You'd think, maybe, they'd [supervisors] would say, OK, she [lower level worker] has had way too many, now she's right now having, suffering compassion fatigue with all of these critical cases and it's really getting, 'let's give her a break and give her one that maybe isn't quite as stressful'.

Another participant stated, "We're all doing double the work of someone. There's no way, you couldn't balance it out at all." Another participant stated:

> You know, we think that, that balance is not enough money to have enough staff to have enough to manage that (critical cases).…But unfortunately, it's about dollars. And not only that, dollars, but about people and providing services for the great number with unfortunately less, less, and less employees. So, we're able to

be, we can only be, less and less social workers, which I believe in this social work model.

Organizational Effects.

SCPA and CPA focus group participants identified similar sub-themes in the theme of organizational effects on compassion fatigue, however, there were sub-themes brought up by only one of the groups. CPA participants acknowledged a fear of not being allowed to make mistakes and having upper management "target" personnel and harass them into leaving the agency. One participant stated, "Those of us that have been here for a long time are seeing a kind of trend towards that [targeting personnel]…They [supervisors] take you to the point where you start to lose your mind…and you leave." Another participant stated, "Everyone's replaceable", "That's just how they [supervisors] look at us", and "They [supervisors] just want warm bodies." This fear creates compassion fatigue in the CPA lower-level staff due to inability to predict if they will be the next target. This underlying fear is then coupled with the knowledge of when staff leave, the remaining staff have to absorb their clients and the secondary trauma of additional clients.

CPA focus group participants agreed how having fewer resources for clients and staff, as well as the inability to initially communicate the lack of resources available to clients, increased their compassion fatigue. The participants noted an organizational barrier to honestly communicate lack of resources to clients which may decrease trust in their relationship with the client, increase trauma in the client, and increase compassion fatigue in the staff. One participant stated:

> Most of my, like, caregiving related stress, I think, comes kind of from, simultaneously, like, frustrations around the office with regard to funding, or

whatever crisis everyone has determined that's happening. And then doing intake phone calls where, inevitably, it just sort of feels like you're giving somebody a number, too. Because you can't really do anything. And I wish there were some way, like, I wish it were more okay to just sort of be like, 'well, no, nothing exists for you [client] to help us. Like, there's nothing that I, or anyone, can do for you [client]'.

To which another participant stated, "Yeah, that's it. It's that sort of fatigue. If you're mandated to do this [assist clients], you have no money to do it."

One participant stated, "You know, there's no communication from the get-go that we can't provide the [services]." A second participant stated, "We're not allowed at that initial phone call to say we're on a waiting list." The first participant stated:

> So what I'm hearing constantly is that we're lying from the get-go and that just creates the domino effect to the point where it starts out as a little frustration and then each time that ongoing care manager makes that three-month phone call that, no, we can't provide the bath.

Another participant continued, "But if your relationship starts out on a crappy footing…" and the first participant stated, "You know, lack of trust…there is no capability then of building a better relationship."

Another CPA participant noted how compassion fatigue is generated via lack of resources due to different agency departments having different perspectives and resource responsibilities by stating:

> It's unfortunate that they're [client] not going to get a bath. We're not concerned, as [department name removed for confidentiality] workers, because

that's not going to put them [client] at risk. But here is a compassionate [department name removed for confidentiality] person that we're like, 'We can't do anything for them. They're not at risk.' And then it erodes cohesion within our own team. And then we're not team members anymore, we're not one agency, it pits departments against each other just by the nature of the law and the resources.

CPA participants noted a lack of resources also included lack of money to pay internal and external staff which could lead to a lack of services provided to the client which could increase client trauma and secondary trauma in staff. A participant stated:

I have compassion fatigue specifically towards the population [client]. It is related to, like, a massive systemic issue and watched, like, legislatively. There's no emphasis on making sure the older folks have the attention that they need but, like, professionally, I mean, we [workers] get paid shit. But then, like, think about what the home health care aides are making, and it's nothing and we wonder, you know we have problems all the time without, without providers. And it's hard not to understand why, because they're making basically nothing and being forced to do one of the most…

A second participant finished his sentence stating, "It's an important job". Another participant stated, "Some of them are starting at nine dollars an hour. Which is pathetic." A different participant stated:

It stems globally but this is the first time that, really, it means, it's making a bigger impact to me to hear that, yeah, if I'm paid more, if the aides are paid more, if there's more money in the system, and there's more resources, is it going to lower my compassion fatigue? Yeah, I think it really would lower my

compassion fatigue. And that's the part that makes it the most frustrating, because how am I supposed to deal with my compassion fatigue appropriately…when it's really not even in my hands….if you look at it globally, I don't have any control over that [lack of resources].

CPA participants noted increased communication from supervisors and upper management would help decrease compassion fatigue. The participants also stated they felt overworked and supervisors were task-driven and not trauma-informed nor social work driven. One participant noted, "You're almost forced into the mentality of being driven to meet the numbers." A second participant agreed by stating:

> And then by the end of the month it's not all done, well, you're in trouble because it's not done but they don't look at what happened over the course of the month, that maybe, you know, you as an [department name removed for confidentiality] care manager had four or five consumers that, you know, fell out of the tree and ended up in [department name removed for confidentiality] and you were trying to put it all back together before it went into [department name removed for confidentiality].

A second participant stated:

> They're [supervisors] not able to look at different factors…There's no ability to critically think, where it almost feels like, it's just the way to make you [worker] feel nuts, I don't know, if you can't help but feel like it's purposeful sometimes because it doesn't matter that you saw 19 [clients] they're [supervisors] only worried about the one that you didn't.

Another participant stated:

> Once they've [supervisors] hit that management level now, they don't have to worry about the consumers anymore. 'It's not our problem anymore so I don't care'. I don't think the consumers have done that [compassion fatigue] to me… [consumer] did not push me to feeling the way I feel as much as the climate inside of our office. The negativity, and it comes from the top down, and it's, it's not improving and no one's doing anything about it.

CPA participants had mixed opinions regarding in what way their supervisory support was trauma-informed. One participant stated, "I don't know about that…I like him [my supervisor] and I, but I think that he's not traumatized and he's so far removed from doing the job that he's not able, he's not able to relate to it." Another participant stated, "My supervisor, I love him…but as far as the work goes it's almost like…." and a different participant finished, "He's checked out". One participant stated:

> Can I say something else about upper management trauma-informed care which is that at the [name removed for confidentiality] meetings there is lip service that's sort of being paid to being trauma-informed and it's just like an insane joke…it ends up just feeling like mockery…and it's infantilizing.

One CPA participant stated:

> I think mine's [supervisor] still close enough from being where I am, in our shoes, that she's able to …so that she is able to understand in that way…being frustrated and I understand feeling overwhelmed. I've been there you know, not that they'll change anything but at least you can kind of vent about feeling frustrated about stuff with understanding that it's normal.

Another participant in the same department went on to say:

> Mine keeps me from being overly compassionate. My supervisor is quick to say that 'it's not your role. That's not what we're doing'. And she stops it. And I know she gets a lot of flak for that but I think it is trauma-informed in the sense that she is a good buffer for me to not let me get to that point. She is able to stop me from going that extra and feeling more than I need to.

When asked about how trauma-informed supervision given to lower-level staff decreases staff compassion fatigue, one participant stated:

> The opposite effect, it [supervision] increases negativity because their [supervisor] feedback is not supportive. It's always reactive to something that happened that is negative. There is no recognition and especially lately, among staff in our group as it has been, it's caused some fatigue in certain staff members, that I've noticed a lack of staff appreciation.

Another participant stated, "Oh, they [supervisors] may not be trained [trauma-informed], but they're not willing to use that training, and you can't, I mean you can't force them to be compassionate." Another participant stated, "I mean the [government name removed for confidentiality] has tried [training]... but they're [supervisors] not using what they've learned because they don't want to…either through their own personality or some sort of pressure that we don't know about." Another participant stated, "I think that to actually be a trauma-informed workplace would involve just a total change of disposition, that there's too many vested interests in maintaining the current status quo."

CPA participants were asked how much time during the work day the CPA agency and the government agency above CPA allow staff for supervisory support to decrease compassion fatigue and increase compassion satisfaction. Participants noted there is an hour every other

Friday designated for staff from multiple agencies under the government agency to go for human service peer support. Some participants noted a supervisor "that people happen to have the most problems with" is one of the peers providing staff support during this open meeting. Other participants noted, "You can get your supervisor for a couple minutes if you need to talk about something like that but at the end of the day, they're not setting up camp for an hour-long psych session with you about it." One participant stated, "I think if we, if we use it [supervisory time] too much, even in our department, then you're…" and a different participant finished the sentence with, "whiny." The first participant stated, "Uh-huh, based on the [government agency removed for confidentiality] and all the work that needs done, then you're just needy and maybe you're not cut out for this work because, oh yeah, they're using it [supervisors time] too much" and "I think there is an unspoken limit and I think it is different for everybody."

When asked how supervisors or upper management create a supportive work culture during work hours to help cope with compassion fatigue, CPA participants noted two departments set aside time during the work day to celebrate staff birthdays and one department has a cork board where staff can write motivations to each other. One participant noted the differences between departments stemmed from different upper management supervisors, "You guys [in your department] get, you get your parties" and " You [in your department] have an overall good upper management supervisor that is, that cares about her supervisors who, in turn, those supervisors, care about the people that they're supervising. I'm not sure [department names removed for confidentiality] have that support." Another participant noted, "You're [in your department] lucky, you got lucky, your department's different." One participant noted:

> So, I more feel compassion towards all the people that are younger than me that are starting out their careers and could really use a little bit of

encouragement and guidance and focus and enrichment and they're not getting it during work hours! The answer is 'take care of yourself outside of work'.

Another participant noted the culture of the government agency above CPA would have to change before CPA could change their culture to include increased positive staff recognition.

The SCPA focus group participants discussed organizational effects on their compassion fatigue including the lack of current technological and other personnel resources allocated to their agency which then decreases staff productivity and time allowed to assist clients decrease their own trauma which then increases participants compassion fatigue. When asked how SCPA thinks their agency can help decrease compassion fatigue in their staff, one participant answered, "double the staff" and another participant stated:

It's safe to say there's at least 800 clients between the seven of us [staff] if not more. And that's not including the people that aren't even seen yet. The caseloads are too high. I mean when I started you had a caseload, maybe 80 people….We didn't have to do half the paperwork they do now….There's not enough money to provide the services.…They're gonna be on a waiting list and it's getting a year right now.…I don't know what management can do….That's a legislative issue.

SCPA participants stated they had an annual agency retreat away from the office. One participant stated, "The retreat almost stresses people out, right? I'm stressing out because I'm not going to be in the office." Other participants discussed how tight their schedules were and how time away from the office meant less time to get job tasks completed when they returned. One participant discussed leaving her job tasks to come to this focus group:

Right. Even just to take an hour out of my day to be here …came in an hour early, I had to juggle my schedule and no one else is taking the time to do

that because it is not worth it, thinking about compassion fatigue causes more stress.

SCPA participants also discussed how their compassion fatigue was increased due to their inability to use the social worker model due to the lack of personnel resulting from the lack of funding.

SCPA participants discussed how the increase in clients requiring services coupled with the lack of funding and other organization resources increased their compassion fatigue. One participant stated:

> At least once a week…'I don't know what more they want from me' come out of my mouth because, you know, it's like, I'm giving everything I've got....These really traumatic situations with people in the [department name removed for confidentiality] world and then they walk back into my [department name removed for confidentiality] world and I'm like, really, that's, that's the worst [situation] you got?...I don't want to belittle what this other person is feeling because for them this [situation] is a catastrophe. We're getting savvier with getting people out to other organizations…it's helping me feel a little bit better that, like, I'm being, not being, belittled [by supervisors] for saying, 'well, did you call these other sources,' they're actually saying, okay, yeah, bravo…that's helping me feel a little bit better about not helping somebody, for lack of better terms.

When asked what kind of supervisory support SCPA staff receive to help staff cope with compassion fatigue and in what way is the supervisory support trauma-informed, participants stated, "Well, I don't know", "I don't know that we have…", "I don't know that our supervisors

are trauma-informed and I don't know, I mean besides kind of the practical, like, oh, just listening here and there", "I don't know that we have set strategies to cope with or are really, like, totally, we're all just trying to put out fires", "There's the employee assistance program, you really need to take advantage of that", " You know I think there's empathy, but we can't do much with that", "You know, they kind of validate what we're going through, how we're feeling, but in reality there is no formal training", and "We can vent, that's all we can do. And we are going to be guided…to be much better as soon as we've come out of this supervision on some emotional topics."

SCPA participants stated supervisors and workers don't have time for supervisory support because there's too much work to be done. One participant stated, "There's new mandates, there's new, there's new, that and supervisors are having to get everything up to date, try to make sure all the pieces are what they're making and this middle ground is going missing. It's missing." Participants also discussed the work place dynamics of departments who have the time to support staff are criticized by other departments who do not have time to support staff and how that decreases supervisors wanting to and being able to increase staff morale and decrease compassion fatigue. One participant said about her department having staff appreciation meals, "We used to have every Friday. I mean, we had all, all kinds of food but all of a sudden we had to stop because it was, like, everybody else was feeling left out, but everybody had the opportunity."

When asked how much time during the workday the SCPA agency and the government agency above SCPA allow staff to have for supervisory support to decrease compassion fatigue and increase the compassion satisfaction, the answers given by participants were, "Feels like five minutes,", "Yeah", "Yeah", "It's not much", "It's not every day", and "And that gets cut down

more and more if you can get it." One participant stated, "Supervisor counseling, it's just task oriented and it's not a time to sit down and complain about, you know, everything that's going on," but then stated "You know there's a little bit of venting, I sat in a supervisor-that-isn't-even-mine office the other day, you know, there is a little bit of trauma support happening." Another participant stated:

> Really, if we're talking about the leadership level, the [government agency above SCPA removed for confidentiality], I don't personally think that they have a clue. If a bunch of seniors called and complained about, like, being on a waiting list for a year, I don't know that they would, I don't really know with our budgeting, I feel like most of our money comes from the state anyway…so I'm not a big fan of what the [government agency above SCPA removed for confidentiality] is doing to help any of us with compassion [fatigue].

When asked how the supervisory and upper management help create a supportive work culture to help you cope with compassion fatigue, SCPA participants stated, "Oh, they don't…I just need help, you know, but it's hard to pinpoint. If you can't pinpoint one thing, how is someone supposed to help you?", "Well, you know the thing is that supervisors are under a lot of stress", and:

> Because from the state, the upper management, supervisors, and then everything is dumped onto all the people in the units. We are, you know, the little bees that work in the colony and I, going to a supervisor, and they ask you that same thing 'what can I help you with'. Just cry with me and then just hold my hand…I mean I don't know what I need help with.

The participants who were able to articulate how supervisors and upper management created a supportive work environment mentioned supervisors being someone to "take phone calls" if you have a challenging client. One participant stated the agency is missing that "middle support" because if "you have a difficult case, a supervisor can't stop and go out with you."

Relationship Between Quantitative and Qualitative Results

The quantitative data found a correlation between burnout and secondary traumatic stress in the survey participants. According to Cieslak et al. (2013), workers exposed to client trauma would note similar levels of secondary traumatic stress and burnout. In the focus groups, both agency's participants discussed their personal distress responses by listing physical, emotional, psychological, and mental signs and symptoms of compassion fatigue. The ProQOL includes the subscales of burnout and secondary traumatic stress while measuring compassion fatigue. Both agency's participants also discussed negative organizational, peer, client, and self-induced effects on compassion fatigue.

West (2015) noted organizational and individual consequences of burnout include negative attitudes regarding the organization and clients, deleterious coworker relations, withdrawing from client contact, physical health declines, changes in mood, and reduced tolerance of trauma within clients and peers. According to Thomas (2013), personal distress from stressful situations was associated with lower levels of coping skills, higher levels of rumination, frequency of clinical errors, ability to relate with clients, and lower levels of emotional regulation. Wagaman, Geiger, Shockley, and Segal (2015) stated workers with burnout report mental and physical health problems such as sleeping difficulty, gastrointestinal problems, and mood disorders, as well as organizational problems such as lowered productivity, absenteeism, and turnover. They went on to report signs and symptoms of secondary traumatic stress included

client and coworker avoidance, physical symptoms, and hopelessness while recommending having access to effective supervisors to boost resilience as a way to reduce secondary traumatic stress and burnout (Wagaman, Geiger, Shockley, and Segal, 2015).

To reiterate, the Chi-square and Fisher's Exact Test showed no statistical significance in the relationship between employees receiving trauma-informed supervision and compassion fatigue levels. The Trauma-informed Supervisory Support survey showed each supervisor's take-away of knowledge post-trauma-training was only slightly above neutral. Themes found in the focus groups included organizational effects, peer effects, client effects, and self-induced effects. As "predicted" by organizational climate and culture and resilience theories, the themes framed how the employee's agencies, supervisors, coworkers, and self-support levels impacted the staff's ability to prevent and reduce compassion fatigue in the workplace.

Chapter Five: Discussion

The null hypothesis in this study could not be rejected, therefore, it appears there is no relationship in the compassion fatigue levels in lower-level employees of these two similar agencies. This finding appears to correspond with the qualitative study results between these two agencies. Both CPA and SCPA focus group participants agree they are experiencing compassion fatigue. In comparing the CPA and SCPA focus groups, both groups identified how lack of resources, lack of time, lack of workers, and increased client population have increased their compassion fatigue. CPA claims CPA supervisors have been trained to provide trauma-informed supervision and while some focus group members feel their supervisors are providing this supervision, the majority of participants do not feel they are receiving trauma-informed supervision or the trauma-informed supervision given is beneficial. SCPA's supervisors have not received trauma-informed training, however, some group members recalled how they were given some trauma-informed supervision at some point. Both CPA and SCPA noted a lack of job motivators and personal recognition at their agency. Both agencies identified the government agency above their current organization lacked the organizational culture necessary to assist supervisors to provide the trauma-informed supervision necessary for lower-level staff to decrease their compassion fatigue.

CPA employees stated their supervisors have been trained to provide trauma-informed supervision, however only a minority of lower-level workers feel this training is being utilized or utilized well enough to meaningfully decrease worker compassion fatigue. SCPA employees stated their supervisors have not been trained to provide trauma-informed supervision, however a minority of lower-level workers do believe they have received some trauma-informed supervision which may have decreased their compassion fatigue. These qualitative descriptions

appear to summarize the quantitative results of why 82% of CPA employees and 73% of SCPA employees reported moderate burnout levels, 68% of CPA employees and 80% of SCPA employees reported moderate levels of secondary traumatic stress, while only 7% of CPA employees and 27% of SCPA employees reported high compassion satisfaction levels.

It is possible that the trauma-informed supervision being received by the employees is given by certain supervisors who, with or without training, have increased empathy as well as the time and ability to communicate that empathy during the work day. The training received by the CPA supervisors was not supervisor-specific, it was a general training for all human service workers to identify why trauma occurs in humans and the behaviors that develop from trauma. The trauma-informed education supervisors receive regarding how trauma affects people may not be naturally transferred into an ability to assist supervisees in a trauma-informed manner. Training supervisors to provide trauma-informed supervision may alleviate the potentially-negative effects of workers' inability to provide quality service to clients due to compassion fatigue and burnout.

The CPA supervisors may require additional training on how to apply the knowledge of trauma in humans to their supervision skill set. It would be helpful to develop this hands-on training in an andragogical manner to allow CPA supervisors to practice one-on-one modeling of giving and receiving trauma-informed supervision. A limitation in this methodology is the lack of documentation of the supervisor receiving a passing grade on a post-test or other type of fidelity assessment after the trauma-informed training. The supervisor may not have understood the information being received at the training and, therefore, not able to transfer that knowledge onto their ability to conduct supervision.

Also, CPA is not reviewing the supervision being given to supervisees to ensure that trauma-informed supervision is occurring. There is no list of items the supervisor should be covering during the supervision to ensure they are identifying staff trauma complete trauma-informed supervision to mitigate burnout and secondary traumatic stress while increasing compassion satisfaction in order to decrease compassion fatigue. Human service organizations could begin their move to trauma-informed supervision by researching and generating a measurement tool to assess their supervisors.

For example, during trauma-informed supervision a supervisor would assess the feelings and emotional responses of the worker while reviewing their cases (Collins-Carmargo & Antle, 2018; Jordon, 2018; Veach & Shilling, 2018). The trauma-informed supervisor would then allow the worker to discuss the story of the trauma, help the worker manage grief and loss, and then assimilate the worker's trauma into a healing process in a non-retraumatizing manner in order for the worker to return to normal working routines (Jordon, 2018; Knight, 2018; Veach & Shilling, 2018). This might include the recognition of the worker's resilience, strengths, and post-traumatic growth, or by developing a treatment plan using self-care, peer support, or supervisory support (Jordon, 2018; Veach & Shilling, 2018).

Supervisors should be available throughout the workday to provide trauma-informed supervision for healthcare professionals to address and relieve their trauma to decrease secondary traumatic stress. Workers are being subjected to primary and secondary trauma during the course of their workday and need to relieve this trauma in a safe space during their workday in order to perceive a healthy organizational climate and culture. Trauma-informed supervisors need to be cognizant of social workers' trauma history to avoid re-traumatization during supervision. The supervisor also should be aware of the supervisee's trauma-triggers and be aware of external

resources, such as the Employee Assistance Program, the worker can access to relieve trauma during the workday (Jordon, 2018; Knight, 2018).

Workers who provide self-care during the workday are more likely to better manage their workload by avoiding seeing many traumatized clients in one day. These workers providing self-care would also take more breaks from the workload, providing relief from compassion fatigue. The supervisor providing trauma-informed supervision should also be aware of the signs and symptoms of their own compassion fatigue from listening to lower-level workers sharing trauma stories and know how to cope with their fatigue (Veach & Shilling, 2018).

It appears there is a lack of fidelity at CPA to ensure the supervisors understand how to complete trauma-informed supervision and if supervisors are completing appropriate trauma-informed supervision in order to mitigate burnout and secondary traumatic stress while increasing compassion satisfaction. While there is a large body of literature regarding compassion fatigue, burnout, secondary trauma, and vicarious trauma, there is a lack of research into the appropriate training of and post-training assessment of delivering appropriate trauma-informed supervision in a human service organization. According to Knight (2018), the implementation of trauma-informed care is limited in most behavioral, mental, and physical health settings. Knight (2018) discussed how a supervisor may have little or no trauma-informed training to prepare for giving trauma-informed supervision. Knight (2018) noted how supervisors lack time to complete trauma-informed supervision due to their increase in administrative duties.

When asked the amount of time a worker is given during the workday to relieve compassion fatigue, both CPA and SCPA focus group participants mentioned very little time is provided, however, Veach and Shilling (2018) stated supervisors need to be flexible in their schedules, provide intentional trauma-informed check-ins with workers, and provide more than

the one-hour weekly trauma-informed supervision if necessary. A supervisee's trauma reactions may intensify when supervisors minimalize or ignore trauma symptoms (Knight, 2018). It appears that trauma-informed supervision is not adequately given to these two agencies, perhaps due to lack of funding by the organization, to adequately train the supervisor and lack of time by the supervisor and worker to receive the supervision. Using trauma-informed supervision could decrease high turnover, potentially saving human service organizations money to hire and train new workers.

The quantitative research showed a relationship between burnout and secondary traumatic stress regardless of supervision type. Therefore, it would be beneficial for all supervisors to focus their efforts on enhancing compassion toward the workers by listening to the workers primary and secondary trauma accrued during the workday by effects of clients, organization, peer, and self. Supervisors should be aware of the signs and symptoms of compassion fatigue the qualitative data showed, such as gastrointestinal issues, sleeping problems, cardiac concerns, and mental health imbalances. Supervisors should watch and listen for those signs and symptoms in workers during the work day in order to provide time and compassion for the worker to release their trauma which may help lessen their symptoms.

Theoretical Framework

By viewing these research results through the lens of the resilience theory, one could note how the participants reported lack of regular upper-management personal reflective debriefing has a relationship with compassion fatigue and worker morale (Schmidt, 2017). While CPA supervisors received trauma-informed training, they appear to not be prepared to pass on that trauma-training in a meaningful way. Focus group themes framed how the employees feel recognizing compassion fatigue and receiving trauma-informed supervision is relevant and

useful. However, the quantitative results show supervisors were not appropriately trained to deliver trauma-informed supervision to impact compassion fatigue.

The reported lack of effective trauma-informed supervision could be contributing to the lack of workplace appreciation and resiliency of the participants (Schmidt, 2017). Both CPA and SCPA participants noted a lack of job motivators and personal recognition in their agencies indicating a lack of compassion satisfaction. Compassion satisfaction is the gratitude and pleasure they receive from caring for others (Kelly & Lefton, 2017). Trauma-informed supervision may alleviate this low compassion satisfaction by reinforcing the positive impact the worker has on client goals, potentially decreasing compassion fatigue as well. A job motivator may be for the agency to offer a flexible work schedule and flexible work location to improve organizational culture and climate (Glisson & Williams, 2015; Rofcanin, Bakker, & Heras 2016). CPA offers a semi-flexible work schedule to the worker which needs to be approved by a supervisor, however this was not mentioned as a job motivator by participants.

Kelly and Lefton (2017) noted meaningful recognition of an employee is a significant predictor of increased compassion satisfaction and decreased burnout. CPA offers an individual recognition program they designed called the "ACE" program wherein a supervisor can generate a paper to show any lower-level worker the supervisor recognizes a job well-done, however this was not mentioned as a job motivator by participants during the focus group. SCPA participants noted how the agency retreat they are offered by their agency as a staff motivator increases their stress level which could increase compassion fatigue and decrease compassion satisfaction. A limitation in the comparison portion of this study is not knowing if SCPA offers a semi-flexible work schedule or an individual recognition program such as the "ACE" program.

By using the theoretical framework of organizational culture and climate, the research results can be viewed as how poor culture and climate affect staff levels of compassion fatigue. The organizational climate and culture of both CPA and SCPA appear to be poor, as reported by participants during the focus groups. Both CPA and SCPA participants discussed a lack of trust, safety, empowerment, and collaboration between staff members and the multiple government agencies which umbrella each agency. The focus group themes of peer effects, client effects, self-induced effects, and organizational effects could all be impacted by poor organizational climate and culture.

As an example, if an employee develops compassion fatigue from working with clients, this client effect would create a poor employee climate, as well as impact self-inducing effects, if the employee does not relieve this compassion fatigue. Similarly, if peers develop compassion fatigue from working with clients or having a poor organizational culture, this peer effect could create a poor employee climate inducing compassion fatigue in other employees. If the employees do not have a way to relieve compassion fatigue, the poor organizational climate would persist and could compound employee compassion fatigue. Poor organizational culture appears to be one of the organizational effects of increasing compassion fatigue at both agencies. Trauma-informed supervision could mitigate the negative organizational climate and culture within these themes to impact compassion fatigue. However, it appears through quantitative data CPA supervisors who were supposed to be providing trauma-informed supervision were not appropriately trained to apply their knowledge to assist staff in mitigating risk.

There is a need for trust, collaboration, safety, choice, and empowerment in the organizational culture and climate in order for the staff to feel protected from external threats, the staff to be encouraged to use their voices without fear of retaliation, to reward employee efforts,

and to allow the workload to be evenly distributed (Collins-Carmargo & Antle, 2018; Knight, 2018; Schneider, Ehrhart, & Macey, 2013; Veach & Shilling, 2018). Organizational culture that encourages mentoring relationships could benefit supervisors and non-supervisors alike. When a mentoring relationship develops, this relationship can become reciprocal and the supervisor can become additionally-invested in the positive personal and professional outcome of the worker. Glisson (2005) stated organizational culture has a maximum effect on the outcome of services and staff behaviors, while having a poor organizational culture and climate can deteriorate the functions of staff. Glisson (2012) noted less rigid organizational cultures experienced higher staff morale.

Both CPA and SCPA participants noted how their work is mandated not only by their agencies, but by various layers of government agencies above their agency who all mandate parts of their job tasks. These job tasks limit flexibility in individual decision-making due to these layers of bureaucratic red tape and create a rigid organizational culture (Glisson, 2012). This rigid organizational culture may be a contributor to compassion fatigue or a barrier against being given trauma-informed supervision. Both supervisors and lower-level workers would be affected by a poor organizational culture and climate which might also decrease the supervisor's ability to provide, and the strength of, trauma-informed supervision.

Limitations and Strengths

Limitations to this study include small sample sizes of only five-to-seven focus group participants per each of the two focus groups. If the sample sizes were larger, it would have more statistical power to be representational to the population studied (Field, 2018). This study may not be generalizable to other mid-size human service agencies, as inclusion of other variables may create dissimilar outcomes. Other limitations include a limited number of males and non-

white participants to include in the focus groups due to the current CPA and SCPA organizational staff demographics. In future interviews, this researcher would prefer to use current demographic variables of describing gender as woman/man/other versus female/male/other. Limitations also include time of the research and participants, and funding for the researcher to complete a longer and broader longitudinal research study. These limitations decrease the validity and reliability of being able to generalize the research conclusions to external populations.

This researcher attempted to keep particular bias and presuppositions of the data out of the analysis of the data but there is always a chance of not having all biases removed due to the human experience of the researcher. Other limitations include conclusions of the data analysis depending on the participants who chose to be involved in the focus group. This researcher may receive different data from different participants or completing the focus group on a different date or a different location or with a different researcher, and therefore this researcher might have come to different conclusions, due to the themes revealed in the alternate data.

Other limitations of this study is not having measured staff and supervisor responses to a survey regarding organizational climate and culture. This measurement could have potentially linked the lack of trauma-informed supervision to poor organizational climate or culture. Another limitation in this study is the lack of sampling of how many participants had currently, or in the past year, considered leaving their jobs or their professions due to their agency's organizational culture or climate, poor job motivators or job satisfaction, burnout, secondary traumatic stress, or compassion fatigue. Ivicic and Motta (2017) noted how job satisfaction was the greatest significant variable predicting a worker's commitment to remaining in a job. Rochelle and Buonanno (2018) stated how high staff turnover is dangerous for organizations due

to inability to serve clients, costs the taxpayer more money to train new workers, and creates an even more poor organizational culture and climate due to more miserable workers doing increased job tasks. However, quality trauma-informed supervision combined with high levels of job satisfaction equaled decreased secondary traumatic stress in employees (Ivicic & Motta, 2017). All of these factors may account for why compassion fatigue levels in lower-level staff at CPA, whose supervisors have been given trauma-informed training, mirror compassion fatigue levels in SCPA lower-level staff when viewing the focus group results.

Implication for Social Work Educators and Future Studies

Although this study did not find compassion fatigue relationships between workers who do and do not receive trauma-informed supervision, this does not conclude that trauma-informed supervision does not create an impact in compassion fatigue in employees. Framing the results using organizational climate and culture and resilience theories, staff in both agencies identified a lack of organizational and supervisory support. This lack of support may have impacted and have been impacted by poor organizational climate and culture which in turn may negatively impact staff resiliency against compassion fatigue. Organizations could change their climate and culture and increase resiliency in workers through training supervisors to give trauma-informed supervision to front-line staff.

Social workers may be front-line workers, leaders, or educators within their organization. Social work educators should understand the signs and symptoms of compassion fatigue in their students and be able to make referrals to appropriate trauma-informed clinicians to mitigate the students' physical and emotional fatigue. Social work educators should also incorporate teaching about compassion fatigue, empathy, resilience, organizational climate and culture, and trauma-informed supervision into their lectures for social work students. Social work practice and praxis

instructors should be giving trauma-informed supervision during social work student internships. A bachelor-level social work internship may be the first contact a social work student has with clients who experience trauma and by modeling trauma-informed behaviors, the trauma-informed instructor would set the stage for a more resilient social work career for the student. Ultimately, social workers may use their special perspective to increase resiliency and manifest change in their clients, themselves, or others within their organization to create positive organizational climate and culture to relieve compassion fatigue.

The supervisors in this study may not have the knowledge of how to integrate their trauma-informed training into practice. Fidelity must be instructed and practiced and this was not available to the supervisors in this study. Social work educators can glean information from this research to add trauma-informed supervisory training to their Master's in social work classes. Future social workers need to understand the need for trauma-informed supervision and how to instruct and practice fidelity to ensure appropriate task completion which would maintain their resilience and individual organizational climate to prevent compassion fatigue. Teaching this would benefit those social workers who do become supervisors as well as all social workers who practice self-care and understand their own personal distress responses (Diaconescu, 2015; Thomas 2013). These social work graduates will then be empowered to ask for an effective trauma-informed supervisor within their agency which may decrease compassion fatigue, burnout, and secondary traumatic stress, while increasing compassion satisfaction (Caringi et al, 2017).

It is interesting to discuss how quantitative data showed the SCPA agency not receiving trauma-informed supervision had a higher percentage of staff with high levels of compassion satisfaction (7% of CPA employees and 27% of SCPA employees). Upon review of the

qualitative data, there were no SCPA data that differentiated from CPA data to indicate the reason why SCPA has a higher percentage of staff with high levels of compassion satisfaction. Further mixed-methods research could be completed with both agencies workers and supervisors into their agency organizational climate and culture, resiliency developed due to longevity at their organization, and peer support to delve into the relationship behind this statistic.

It is important for social work upper-level managers to understand the organizational culture they create and maintain, so they can create a positive impact and guide the organization in a positive direction. Turnover and absenteeism may be very costly to an organization and can even lead to organizational dissolvement. If social work leaders can identify and mitigate the reasons behind turnover, such as burnout and compassion fatigue, a social work leader can bolster their organization.

Implications for future research include the need for future studies on the same agencies as well as between different agencies at different time periods with larger samples. It would be beneficial to find agencies who have identified the need for trauma-informed supervision and complete a pre-test/post-test design with those supervisors and staff to identify compassion fatigue levels prior to and following the trauma-informed training. Future research is required into the type of and amount of fidelity training and implementation required for staff to receive quality trauma-informed training to decrease compassion fatigue and provide effective services (Glisson, 2007). Fidelity training might include documentation of the workers' debriefing, how supervisors helped relieve the compassion fatigue during each debriefing, follow-up trauma-informed trainings, and a peer support group for the supervisors providing trauma-informed training. Each supervisor's learning needs should be tailored to their own learning style and

previous knowledge as a generalized training may not enhance the skill or knowledge base of the supervisor.

Future studies could also focus on the benefits of agencies who hire non-job-task support staff, such as a trauma-informed Licensed-Clinical Social Worker (LCSW), to specifically provide trauma-informed supervision to all agency staff, thereby relieving the duty from a direct supervisor who may minimize staff reactions to trauma (Knight, 2018). This might be beneficial for staff and agencies whose supervisors are not available to complete adequate trauma-informed supervision or whose staff feel they are not allowed to request trauma-informed supervision for fear of retaliation from supervisors or upper management (Knight, 2018). Supervisors who minimize or ignore staff trauma by invalidation or non-normalizing staff reactions, may increase that trauma, create a poor organizational climate and culture while decreasing staff resiliency (Knight, 2018).

In the review of the literature it was reflected that having qualified trainers limited the impact of the trauma-model and it is a reasonable step to take to be certain the trainers are trained properly. Instead of training dozens of supervisors in the organization, it would be less costly and less time-consuming of organizational resources to have one trauma-informed supervisor for all employees. Employing a trauma-informed LCSW would allow all staff to utilize trauma-informed supervision, even the agency director, who typically does not have a supervisor. Lower-level staff may utilize the LCSW more than their own supervisor due to staff vulnerability from their supervisor having the power to fire them (Hair, 2013).

Current agencies may be required to provide workers' compensation for physical trauma. Future studies could be conducted focusing on identifying the agencies who are providing, or could be providing, workers' compensation for emotional or mental trauma incurred during the

work day. Working with the aging population induces trauma and in order to be a client-focused agency, the agency needs to provide employee-focused care during the work day when the trauma occurs in order for the agency to adequately provide quality client care. Lacking improvement in the training and implementation of the trauma-informed-supervision, as a minimum, social workers should have access to regular mental health assessments and employee assistance programs through their workplace.

Studies could also delve into the need for medical diagnosis based on worker trauma, such as "work-place-acquired anxiety/PTSD/or burnout" would could improve employee access to mental health care. Doulougeri, Georganta, and Montgomery (2016) discuss how, due to the lack of billing code options for work-related burnout, experts recommend medical professionals instead use the ICD-10 (International Statistical Classification of Diseases and Related Health Problems: 10th revision) billing code of work-related neurasthenia to receive insurance compensation. Government regulations require construction staff to wear safety vests and helmets to prevent physical injury. Studies could be completed to identify the need for government regulations requiring human service staff to have similar adequate shields preventing workplace emotional and mental injury and the potentially resulting compassion fatigue.

Conclusion

Compassion fatigue is an important concept to understand for employees who work with clients who experience trauma. Trauma-informed supervision has been shown to mitigate staff compassion fatigue (Jordan, 2018; Knight, 2017). Social work leaders, front-line social workers, and other helping professionals should be educated to understand and daily monitor the signs and symptoms of compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout.

Social work leaders may be leading helping professionals who are not social workers but need to be observed for compassion fatigue and provided with access to mental health care to alleviate workplace trauma. Organizations should be cognizant of the temperature of their organizational climate and create a positive climate to decrease compassion fatigue and increase ability to serve clients. The organizational leaders need to sustain a positive organizational culture and acknowledge the existence of client trauma in order to not create additional trauma within front-line workers. Social work leaders need to be aware of the trauma history and trauma-triggers in staff. Agencies should assess how staff might need to be educated on the neurobiological, empathic effects of trauma on people.

In order to decrease burnout and compassion fatigue, supervisors must create an organizational environment where lower-level staff feel safe expressing the client aggressions that occur to staff during the work day. Utilizing trauma-informed supervision would take into account the helping professional's gender, culture, stigma, lack of compassion fatigue training, longevity of employment in the helping field, past sexually-based trauma, and increased amount of job tasks into the supervision process at both agencies. Agencies should be using trauma-informed supervision to educate staff about empathic responses to client trauma and how, though empathic people tend to gravitate toward helping professions, empathic people also are increasingly at-risk for developing compassion fatigue and burnout. Since compassion fatigue can be cumulative, it is necessary for helping professionals to receive trauma-informed supervision to help identify and daily mitigate compassion fatigue.

This research study compared two similarly sized human service agencies to identify if trauma-informed supervision had a relationship with compassion fatigue. While the quantitative study did not find a significant relationship between trauma-informed supervision and

compassion fatigue levels of staff, the correlational statistical analyses of the three ProQOL subscales indicated a positive relationship between burnout and secondary traumatic stress. Also, the crosstabulation noted more SCPA participants had a high level of compassion satisfaction versus CPA participants. The qualitative study was able to identify how the similarities of compassion fatigue levels manifested in each agency. This mixed methods data will be helpful to future studies in trauma-informed supervision and its relationship with compassion fatigue levels.

Appendix A

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

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

1. 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 lose 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.

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

Appendix B.1

Demographics Form Instructions: Please mark or fill in the answers below that best describes you.

Gender: Female___

Male ___

Other ___ Age:

18 years or older ___

Younger than 18 years older ___ Race:

Black ___ Hispanic/Latino ___ White ___
Asian ___
Native American ___ Pacific Islander ___ Other: _____

Job Title:
Care Manager I/II ___

Case Aide ___ Clerical/Receptionist ___ Administrative Assistant I/II ___ Other: _____

Time Employed by current agency: 1 day-2 years ___

2 years and 1 day -5 years ___ 5 years and 1 day-10 years ___ 10 years+ ___

Appendix B.2

Supervisor Demographics Form

Instructions: Please mark or fill in the answers below that best describes you.

Gender:
- Female___
- Male ___
- Other ___

Age:
- 18 years or older ___
- Younger than 18 years older ___

Race:
- Black ___
- Hispanic/Latino ___
- White ___
- Asian ___
- Native American ___
- Pacific Islander ___
- Other: _____

Job Title:
- Supervisor I:____
- Other: _____

Time Employed by current agency:
- 1 day-2 years ___
- 2 years and 1 day -5 years ___
- 5 years and 1 day-10 years ___
- 10 years+ ___

Appendix C.1

Informed Consent Form

You are being asked to participate in a study conducted by student researcher Heidi Kimmel, MSW, under the supervision of her dissertation chair, Dr. Marc Felizzi. This study is part of the researcher's Millersville University Doctorate in Social Work Program requirements. Please read the following carefully and feel free to ask any questions you have before signing. Signing an "X" and the date at the bottom of the page indicates that you understand the information provided below and agree to participate.

Purpose, Procedures, and Risks: This study seeks to examine compassion fatigue levels in workers. You will be asked to complete a demographics form and a questionnaire. There are no known risks associated with participation in this study. There are no known risks associated with participation in this study. No one is being pressured to be a part of this study. Others may benefit in the future from the information found in this study.

Compensation, Refusal, and Withdrawal: All participants will have the opportunity to enter their email into a random drawing to win a gift card. Participation is voluntary, and can be terminated at any time with no negative consequences.

Confidentiality: Your confidentiality will be maintained throughout the study by not having any names attached to this survey, only email addresses. The email address on this informed consent form will be kept in an encrypted and password protected computer, in a separate computer folder, and will be used only for the random drawing to win a gift card. If the final dissertation product that results from this study is published, I will not include any information that would identify a participant. All questionnaires will be kept in a secure computer software system with password protection for the duration of the study. In compliance with Federal law, this data will be kept for three years, at which time any documents with identifying information will be destroyed. This researcher's dissertation chair, Dr. Marc Felizzi, may also have access to the data collected during this study for the purpose of supervision of the dissertation process.

Age: All participants must be over the age of 18.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact Heidi Kimmel or Dr. Marc Felizzi at the email addresses listed below. They will be more than happy to answer any questions and to provide any additional information.

Responsible Parties: This study has been approved by the Millersville University of Pennsylvania Institutional Review Board. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu.

By writing my email address, I am consenting to participating in this research: _____
Date: _____

Heidi Kimmel, MSW
Doctoral Student Researcher Millersville University Social Work Department
Hdkimme1@millersville.edu

Dr. Marc Felizzi
Millersville University: Dissertation Chair, Associate Professor, MSW Co-Coordinator
Marc.Felizzi@millersville.edu

Appendix C.2

Informed Consent Form

You are being asked to participate in a study conducted by student researcher Heidi Kimmel, MSW, under the supervision of her dissertation chair, Dr. Marc Felizzi. This study is part of the researcher's Millersville University Doctorate in Social Work Program requirements. Please read the following carefully and feel free to ask any questions you have before signing. Signing your name and the date at the bottom of the page indicates that you understand the information provided below and agree to participate.

Purpose, Procedures, and Risks: This study seeks to examine compassion fatigue levels in workers. You will be asked to answer questions about compassion fatigue, organizational climate and culture, and trauma- informed supervision. There are no known risks associated with participation in this study. No one is being pressured to be a part of this study. Others may benefit in the future from the information we find in this study.

Compensation, Refusal, and Withdrawal: All participants will have the opportunity to enter their name into a random drawing to win a gift card. Participation is voluntary, and can be terminated at any time with no negative consequences.

Confidentiality: The researcher will keep all information confidential. Participants must be informed to keep information revealed in the focus group confidential. Since participants may be colleagues of the researcher, the researcher cannot guarantee participants will keep their own or other participants comments confidential. Your confidentiality will be maintained throughout the study by removing names and other identifying features from the data collection process during the data transcription process. The name on this informed consent form will be kept in an encrypted and password protected computer, in a separate computer folder, and will be used only for the random drawing to win a gift card. If the final dissertation product that results from this study is published, I will not include any information that would identify a participant. All transcriptions will be kept in a secure computer software system with password protection for the duration of the study. In compliance with Federal law, this data will be kept for three years, at which time any documents with identifying information will be destroyed. This researcher's dissertation chair, Dr. Marc Felizzi, may also have access to the data collected during this study for the purpose of supervision of the dissertation process.

Age: All participants must be over the age of 18.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact Heidi Kimmel or Dr. Marc Felizzi at the email addresses listed below. They will be more than happy to answer any questions and to provide any additional information.

Responsible Parties: This study has been approved by the Millersville University of Pennsylvania Institutional Review Board. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu.

By signing my name, I am consenting to participating in this research:_____
Date: _____

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Dr. Marc Felizzi
Millersville University: Dissertation Chair, Associate Professor, MSW Co-Coordinator
Marc.Felizzi@millersville.edu

Appendix C.3

Informed Consent Form

You are being asked to participate in a study conducted by student researcher Heidi Kimmel, MSW, under the supervision of her dissertation chair, Dr. Marc Felizzi. This study is part of the researcher's Millersville University Doctorate in Social Work Program requirements. Please read the following carefully and feel free to ask any questions you have before signing. Signing an "X" and the date at the bottom of the page indicates that you understand the information provided below and agree to participate.

Purpose, Procedures, and Risks: This study seeks to examine the knowledge retention and type of trauma-informed supervision given by supervisors. You will be asked to complete a demographics form and a questionnaire. There are no known risks associated with participation in this study. There are no known risks associated with participation in this study. No one is being pressured to be a part of this study. Others may benefit in the future from the information found in this study.

Compensation, Refusal, and Withdrawal: All participants will have the opportunity to enter their email into a random drawing to win a gift card. Participation is voluntary, and can be terminated at any time with no negative consequences.

Confidentiality: Your confidentiality will be maintained throughout the study by not having any names attached to this survey, only email addresses. The email address on this informed consent form will be kept in an encrypted and password protected computer, in a separate computer folder, and will be used only for the random drawing to win a gift card. If the final dissertation product that results from this study is published, I will not include any information that would identify a participant. All questionnaires will be kept in a secure computer software system with password protection for the duration of the study. In compliance with Federal law, this data will be kept for three years, at which time any documents with identifying information will be destroyed. This researcher's dissertation chair, Dr. Marc Felizzi, may also have access to the data collected during this study for the purpose of supervision of the dissertation process.

Age: All participants must be over the age of 18.

Contact: If you have any questions, comments, or concerns before, during, or after the study, please contact Heidi Kimmel or Dr. Marc Felizzi at the email addresses listed below. They will be more than happy to answer any questions and to provide any additional information.

Responsible Parties: This study has been approved by the Millersville University of Pennsylvania Institutional Review Board. Dr. René Muñoz, Director of Sponsored Projects and Research Administration, can be contacted with any questions at either (717) 871-4457 or (717) 871-4146, or at rene.munoz@millersville.edu.

By writing my email address, I am consenting to participating in this research: _____

Date: _____

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Dr. Marc Felizzi

Millersville University: Dissertation Chair, Associate Professor, MSW Co-Coordinator
Marc.Felizzi@millersville.edu

Appendix D

Qualitative Research Questions

Warm-up questions:

1. We work with clients who experience trauma. What part of your job motivates you to continue to work with our clients?
2. In what way do you derive compassion satisfaction from working with our clients?

Qualitative Focus Group Questions:

1. Have you experienced compassion fatigue by working with your clients?
2. What symptoms have you experienced of your emotional/psychological/physical/spiritual health due to the increased stress from compassion fatigue?
3. How are your work duties affected by compassion fatigue?
4. What kind of supervisory support do you receive at your agency to help cope with compassion fatigue? In what way is your supervisory support trauma-informed?
5. How do your supervisors/upper management create a supportive work culture to help cope with compassion fatigue in staff?
6. How much time during the work day do you feel the County and your agency allow staff to have time for supervisory support to decrease compassion fatigue and increase compassion satisfaction?
7. In what way does the organization climate you bring to work and develop for yourself at work affect your compassion fatigue?
8. How can your agency help decrease compassion fatigue in their staff?

Exit Question:

Is there anything else you want to add about compassion fatigue in workers who work with clients who experience trauma?

Appendix E

Trauma-Informed Supervisory Support

Developed by Heidi D. Kimmel, MSW

In Spring of 2018 you received trauma-informed training. These questions are based on the core competencies from this training. For each of the following statements, please check the box which indicates the degree in which you agree or disagree:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	My trauma-informed training helped me identify trauma in other people such as workers I supervise.					
2.	My trauma-informed training taught me how to prevent trauma in other people.					
3.	My trauma-informed training taught me how to avoid triggering or exacerbating reactions to trauma in other people.					
4.	My trauma-informed training taught me to respond to other peoples trauma in trauma-sensitive ways.					
5.	My trauma-informed training taught me how to gently affirm and normalize trauma reactions of others.					
6.	My trauma-informed training taught me how to help others create a safety plan.					
7.	My trauma-informed training taught me to avoid yelling, raising my voice, or any form of aggression while with others.					
8.	My trauma-informed training taught me how to identify vicarious trauma and compassion fatigue in others.					

9.	My trauma-informed training taught me how to reframe questions to others as a trauma-informed person.					
10.	My trauma-informed training taught me how to intentionally create and maintain a safe environment for others.					

Thank you for your assistance in taking this survey!

Appendix F

Codebook

ACE Prevalence- Describes the amount of Adverse Childhood Experiences (ACE) in people. Themes include prevention and effects on bio/psycho/social wellbeing.
Burnout- Describes the bio/psycho/social decline in workers when workers experience a lack of workplace support.
Compassion Fatigue- Describes employees' conditions of decreased caring and empathy due to exposure to clients who experience trauma.
Clients who Experience Trauma- Describes consumers who have been physically, emotionally, sexually abused or neglected which may create a bio/psycho/social decline which impacts consumers' behavior, thoughts, or feelings.
Compassion Satisfaction- Describes the emotion employees feel when they recognize their job positively impacts their clients lives.
Organizational Climate- Describes the psychological sense of well-being employees feel at work and subsequent behavior within the internal work environment.
Organizational Culture- Describes the socially defined behavioral values, expectations, and norms shared within the internal work environment.
Peer Support- Describes when workers receive assistance from their coworkers in the form of social, emotional, practical, or educational help.
Professional Recognition-Describes when employees receive acknowledgement from supervisors of a job well- done.
Resilience- Describes the ability of people to absorb negative energy from what life brings and become stronger rather than weaker.
Secondary Traumatic Stress- Describes an employee's emotional duress which occurs when discussing traumatic experiences of others.
Self-care- Describes practices workers complete themselves to stay emotionally, physically, and mentally balanced.
Supervision Support- Describes the activities agency supervisors complete to enhance worker well-being and decrease stress, compassion fatigue, burnout, vicarious trauma, and secondary traumatic stress. May include promotion of worker self-care, peer support, or professional recognition.
Trauma- Describes the bio/psycho/social response to a dramatic, stressful life event. May be long-term or short-term response.
Vicarious Trauma- Describes employees' decreased ability to feel empathy or motivation to care for clients who share their traumatic experiences.

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