

2025-2026

Clearinghouse on
Supervised Visitation

VICARIOUS TRAUMA

IN

SUPERVISED VISITATION



Vicarious Trauma in Supervised Visitation

Overview

Supervised visitation providers play a crucial role in supporting families involved with the family court and the child welfare system. While this work is meaningful, it can also be emotionally demanding for those who provide it. Repeated exposure to traumatic cases can lead to exhaustion, frustration, and vicarious trauma. Over time, this ongoing exposure can make it harder to stay grounded, patient, and fully present during visits, even for the most dedicated staff.

This brief training module acknowledges those challenges and provides visitation staff with strategies to manage the impact of this demanding work. It explores how burnout and compassion fatigue develop and offers tools to mitigate their effects. A key focus is compassion satisfaction, or the sense of fulfillment that comes from helping others and making a difference. Research shows that strengthening this sense of purpose helps protect against vicarious trauma and sustain long-term well-being. By reinforcing the value of supervised visitation providers in supporting families and offering practical ways to maintain resilience, this training supports those who dedicate themselves to the well-being of children navigating difficult circumstances. The goal is to help staff feel supported and confident as they continue this important work.

Objectives

By the end of this training, supervised visitation staff will be able to:

- Define vicarious trauma and identify its symptoms, risk factors, and potential long-term impact on visitation staff.
- Differentiate between vicarious trauma, burnout, and compassion fatigue, and understand how each may show up during or after visitation sessions.
- Recognize that the circumstances families in supervised visitation are experiencing are often complex and emotionally demanding for supervised visitation providers.
- Discuss the potential impacts of vicarious trauma and compassion fatigue on supervised visitation staff.
- Define and discuss compassion satisfaction and explain its importance in professional well-being and public service.
- Explore strategies for mitigating vicarious trauma through self-awareness, emotional regulation, and professional support.

- Identify strategies that promote compassion satisfaction including self-care, professional development, and peer support.

Note about activities and quizzes: This training includes multiple Knowledge Checks and a Quiz. The answers are provided in the answer sheet beginning on page 41.

Overview of Trauma

Before exploring vicarious trauma, it's essential to first understand trauma itself. Trauma is more than everyday stress; it results from overwhelming or life-threatening events that disrupt an individual's sense of safety and well-being (APA Dictionary of Psychology, 2018; McLaughlin et al., 2013). Trauma can stem from many experiences, including abuse, neglect, violence, natural disasters, or major life disruptions (NCTSN, n.d.; Swan, 1998). Research shows that two out of three people have experienced Adverse Childhood Experiences (ACEs), such as household dysfunction, parental separation, or exposure to substance abuse (CDC, 2024).

A trauma-informed perspective helps professionals better understand the behaviors and coping mechanisms of individuals who have experienced trauma. Instead of asking, "What's wrong with you?", a trauma-informed approach shifts the question to "What happened to you?" (SAMHSA, 2014a). This perspective enhances service delivery, promotes resilience, and prevents retraumatization.

Various events and circumstances can trigger trauma, leading to physical, emotional, and social challenges. Trauma can result from:

- Physical abuse and threats
- Sexual abuse or assault
- Intimate partner violence
- Parental neglect or abandonment
- Separation due to incarceration or divorce
- Living with substance abuse or mental illness in the family
- Bullying
- Chronic experiences of unfair treatment
- Exposure to violent crimes, such as shootings
- Experiences associated with displacement or migration to another country
- Natural or man-made disasters, such as fires, hurricanes, earthquakes, riots, and terrorism

(APA Dictionary of Psychology, 2018; McLaughlin et al., 2013; National Child Traumatic Stress Network [NCTSN], n.d.; Swan, 1998)

Impact of Trauma on the Individual

Trauma, whether experienced in childhood or adulthood, can have profound and lasting effects on mental, emotional, and physical well-being. These effects may influence how individuals think, feel, and interact with others, often affecting their relationships, work, or daily life. In supervised visitation settings, these responses may appear during intake conversations, transitions in and out of visits, or interactions between parents and children.

Explore the following common responses to trauma:

Category	Examples of these Responses to Trauma
1. Psychological Responses	<ul style="list-style-type: none">• Flashbacks and intrusive memories• Anxiety and panic attacks• Depression• Dissociation• Nightmares and sleep disturbances• Emotional numbness or heightened reactivity
2. Cognitive Responses	<ul style="list-style-type: none">• Impaired concentration and memory• Difficulty making decisions• Negative self-perception and distorted beliefs• Hypervigilance and constant alertness
3. Behavioral Responses	<ul style="list-style-type: none">• Avoidance of reminders or triggers• Increased aggression or irritability• Social withdrawal and isolation• Self-destructive behaviors (e.g., substance abuse, self-harm)
4. Interpersonal Responses	<ul style="list-style-type: none">• Difficulty forming and maintaining relationships• Trust issues and fear of intimacy• Attachment difficulties• Challenges in communication and emotional expression

(SAMSHA, 2014a; SAMSHA, 2014b; National Center for PTSD, n.d.; DCF, 2024; Department of Communities, n.d.)

RESPONSES TO TRAUMA

EXPLORE THE FOLLOWING COMMON RESPONSES TO TRAUMA:



Psychological Responses

01

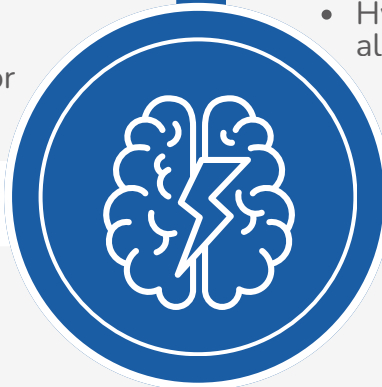
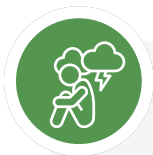
- Flashbacks and intrusive memories
- Anxiety and panic attacks
- Depression
- Dissociation
- Nightmares and sleep disturbances
- Emotional numbness or heightened reactivity



02

Cognitive Responses

- Impaired concentration and memory
- Difficulty making decisions
- Negative self-perception and distorted beliefs
- Hypervigilance and constant alertness



Behavioral Responses

03

- Avoidance of reminders or triggers
- Increased aggression or irritability
- Social withdrawal and isolation
- Self-destructive behaviors (e.g., substance abuse, self-harm)



Interpersonal Responses

04

- Difficulty forming and maintaining relationships
- Trust issues and fear of intimacy
- Attachment difficulties
- Challenges in communication and emotional expression

Knowledge Check Matching Exercise

(Answers are provided in the answer sheet beginning on page 41.)

Draw a line between the type of response to trauma and an example of such a response:

Behavioral

•

•

Impaired
Memory

Interpersonal

•

•

Emotional
Numbness

Cognitive

•

•

Attachment
Problems

Psychological

•

•

Increased
Aggression



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Impact of Trauma on Relationships

The ripple effects of trauma extend far beyond the individual and can impact their relationships. Understanding how trauma affects relationships is crucial for fostering a supportive and empathetic environment within supervised visitation programs, where staff often witness both the strengths and the challenges within parent-child interactions.

- Clients who have experienced trauma may struggle with trust, viewing the world as unpredictable and potentially dangerous.
 - This can affect how they approach visitation staff, the visitation space, or even the reunification process.
- Suspicion and fear can disrupt relationships, making it challenging to build and maintain trust with children, family members, and staff.
 - Parents or caregivers may appear guarded or defensive, while children may be hesitant to engage or show affection.
- Trauma can hinder effective communication, leading to difficulties expressing emotions or understanding others at the intake or visit.
 - Staff may notice moments where a caregiver seems overwhelmed or a child has trouble verbalizing their needs.
- Survivors may grapple with dissociation or emotional numbing, making it challenging to connect with their children on a deep, emotional level.
 - These moments can appear as withdrawal, flat affect, or seeming “checked out” during the visit.
- Trauma can disrupt the formation of secure attachments for both children and their parents involved in the court system, leading to patterns of anxious, avoidant, or ambivalent attachment styles. Additionally, fear of abandonment or difficulty getting close to others can strain relationships and create a cycle of relational distress.
 - These attachment challenges may become more visible during transitions into or out of visitation sessions.
- Trauma survivors may struggle with setting and maintaining healthy boundaries in relationships. This can lead to over-dependency or emotional withdrawal as a means of self-protection.
 - Staff might notice these patterns when supporting families through visitation guidelines or coaching safe interactions.

(SAMSHA, 2014a; ISTSS, 2016; Carlson & Ruzek, 2013; Marshall & Kuijer, 2017; Dorahy et al., 2012)

Knowledge Check

Which of the following is a behavioral response to trauma?

- A. Impaired memory
- B. Increased aggression
- C. Emotional numbness
- D. Attachment difficulties

Impact of Trauma in the Workplace

Given the circumstances surrounding a family's involvement with supervised visitation, the environment, including office spaces and other designated areas used for visitation can be significantly impacted by trauma. Staff often serve as the steady and grounding presence in moments that may feel emotionally charged or unpredictable for families. Supervised visitation staff must create a trauma-informed, supportive work environment to help all individuals thrive, despite the challenges that trauma may present. Understanding how trauma affects both personal well-being and professional performance is crucial in this context, especially for staff who navigate high-stress interactions day after day.

Impact on Work Performance

- Trauma can often trigger heightened levels of anxiety and depression, affecting an individual's ability to concentrate and maintain emotional stability at work.
 - For supervised visitation staff, this may show up as feeling overwhelmed during busy shifts or having trouble staying emotionally regulated during difficult visits.
- Individuals might exhibit alterations in work habits, such as decreased productivity, procrastination, or an inability to meet deadlines.
 - In visitation settings, this can also include difficulty mentally transitioning between emotionally intense cases.
- Trauma can often disrupt sleep patterns, resulting in insomnia or nightmares, which can contribute to fatigue and decreased alertness during working hours.
 - Fatigue can make it harder to stay patient, attentive, and fully present during sessions.
- The emotional and cognitive toll of trauma can result in decreased productivity and an inability to focus on tasks.
 - Staff may find themselves emotionally drained after a particularly challenging case.

- Chronic stress from trauma may manifest in physical ailments, impacting an individual's overall health and ability to perform optimally at work.
 - This can further reduce the energy needed to manage fast-paced visitation schedules or unexpected case-related stressors.

(DeFraia, 2015; Choitz & Wagner, 2022)

Impact on Professional Relationships

- Employees may withdraw from social interactions, preferring isolation as a coping mechanism.
- Trauma may manifest as heightened irritability, leading to strained relationships with colleagues and supervisors.
- Trauma may lead to a lack of trust in coworkers, hindering effective collaboration and teamwork.
- Individuals may struggle with effective communication, finding it challenging to articulate their thoughts and needs in a professional setting.

(DeFraia, 2015; Choitz & Wagner, 2022)

Recognizing and addressing the impact of trauma requires a holistic approach that integrates mental health services, social support systems, and trauma-informed care.

The Emotional Toll of Trauma Exposure on Visitation Staff

In order to effectively mitigate the psychological and emotional toll of supervised visitation, staff members must first recognize the overlapping effects of burnout, compassion fatigue, and vicarious trauma. Supervised visitation staff are frequently exposed to distressing stories of violence, suffering, and injustice, which can take a cumulative toll on their well-being. This prolonged exposure, combined with the high-pressure nature of the child welfare system, increases the risk of emotional exhaustion, diminished professional efficacy, and a reduced capacity for empathy (Mathieu, 2007; Cocker & Joss, 2016).

While often used interchangeably, burnout, compassion fatigue, and vicarious trauma are distinct experiences:

Term	Definition	Impact
Burnout	A state of emotional, physical, and mental exhaustion caused by prolonged and excessive workplace stress.	Can manifest as fatigue, cynicism, reduced job satisfaction, and feelings of ineffectiveness.
Compassion Fatigue	Compassion fatigue is a combination of physical, emotional, and spiritual depletion associated with caring for others who are in significant emotional pain and physical distress (Figley, 1995). Compassion fatigue is often referred to as the “cost of caring” for others who are experiencing emotional pain (Figley, 1995). These “costs” can include reduced occupational satisfaction, poor decision-making, reduced socialization, and a growing indifference to the suffering of others (Bride et al., 2007; Joinson, 1992; Stamm, 2010).	Compassion fatigue can emerge quickly and with little warning, often in response to particularly distressing cases (Henson, 2020). Its sudden onset can lead to behavioral, emotional, and physical changes that may overwhelm a person's ability to cope, often manifesting as a full-body response. Symptoms such as emotional numbness, irritability, sleep disturbances, or a diminished ability to connect with victims and defendants (Sorenson et al., 2016).
Vicarious Trauma	The deep emotional and cognitive changes that occur when an individual repeatedly absorbs the traumatic experiences of others.	Might experience intrusive thoughts, heightened anxiety, or even changes in their worldview, becoming more fearful, mistrustful, or emotionally withdrawn.

(Source; Bride et al., 2007; Najjar et al., 2009; Newell & MacNeil, 2010)

The Emotional Toll of Trauma Exposure on Visitation Staff

A brief guide to recognizing burnout, compassion fatigue, and vicarious trauma in supervised visitation work.



BURNOUT

- Results from prolonged, excessive workplace stress that drains emotional, physical, and mental energy.
- Shows up as fatigue, cynicism, reduced job satisfaction, and feelings of ineffectiveness.



COMPASSION FATIGUE

- The “cost of caring,” a sudden depletion of emotional, physical, and spiritual energy when working with others’ pain.
- Can cause emotional numbness, irritability, sleep disturbances, and difficulty connecting with clients.



VICARIOUS TRAUMA

- Deep emotional and cognitive shifts caused by repeatedly absorbing others’ traumatic experiences.
- May lead to intrusive thoughts, increased anxiety, and changes in worldview (fearfulness, mistrust, withdrawal).

(Bride et al., 2007; Bride et al., 2007; Cocker & Joss, 2016; Figley, 1995; Henson, 2020; Joinson, 1992; Mathieu, 2007; Najjar et al., 2009; Newell & MacNeil, 2010; Sorenson et al., 2016; Stamm, 2010)

Knowledge Check

Burnout is best described as:

- A. A sudden emotional reaction to a single traumatic event
- B. A state of exhaustion caused by prolonged workplace stress
- C. A shift in worldview caused by exposure to trauma
- D. The feeling of accomplishment after helping a family

Burnout and Compassion Fatigue in Supervised Visitation

Burnout and compassion fatigue are common risks for supervised visitation staff working with families in difficult circumstances (Fuseini, 2024). Because visitation professionals often witness emotional and strained interactions, and the stress families carry into the visitation room, the work can feel emotionally taxing over time. Continuous exposure to trauma can take a toll and can lead to emotional exhaustion, impaired decision making, and diminished empathy (Mathieu, 2007; Cocker & Joss, 2016). Even seasoned staff may notice moments when their patience is shorter, their energy is lower, or their sense of purpose feels clouded by the intensity of the work.

The Influence of Emotion

Emotions play a critical role in decision making. Both social science and neuroscience research indicate that emotions can significantly influence behavior (Izard, 2009; Naqvi et al., 2006). Supervised visitation staff are likely to experience difficult and/or negative emotions through what they witness during visitation sessions (i.e: difficult family separations at the end of visitation, familial conflict, familial tension, no-shows, etc). These moments can stay with staff long after the visit has ended, sometimes influencing how they feel heading into the next session. Staff members' responses may be affected by the difficult emotions they experience and bear witness to, making emotional regulation an important skill for sustaining well-being in this role.

Vicarious Trauma in Supervised Visitation Settings

Vicarious trauma is the emotional distress experienced by someone who has seen images from and/or has heard another person's account of a traumatic event (Jaffe et. al., 2003; Office for Victims of Crime [OVC], n.d.a). For supervised visitation staff, this often occurs through repeated exposure to case histories, court orders, and the emotional weight of the stories parents and children carry with them into each visit. Vicarious trauma can lead to profound shifts in beliefs, values, and perceptions of

safety, fairness, and justice (OVC, n.d.b), sometimes creating a sense of hopelessness or heightened vigilance in both work and personal life.

Symptoms of Vicarious Trauma

Research indicates that vicarious or secondary trauma can manifest in a wide range of symptoms, varying from mild to severe. In extreme cases, these symptoms closely resemble those of Posttraumatic Stress Disorder (PTSD) (Figley, 1995; OVC, n.d.a).

1. **Change in worldview:** Your perspective has shifted. You may question justice, fairness, or whether positive change is possible. You might feel disillusioned with the system. You may notice this when cases feel repetitive, progress seems slow, or when family conflict appears unresolvable.
2. **Decreased empathy:** It's harder to connect with people's emotions. You feel detached or indifferent, even in situations that used to move you. You may also feel "numb" during visits that would typically evoke concern or compassion.
3. **Difficulty separating work life from personal life:** You find it hard to disconnect, often thinking about cases outside of work hours and struggling to balance professional responsibilities with personal well-being. Visits that were especially emotional or stressful may replay in your mind long after your shift ends.
4. **Anxiety and hyperarousal:** You feel constantly on edge, always anticipating the worst. It's difficult to focus, relax, or sleep, and your body might feel tense or restless. This may occur if you are frequently preparing for escalations or anticipating emotional reactions during visits.
5. **Anger and irritability:** Small things set you off more than they used to. You experience frequent frustration, losing patience quickly with coworkers, scheduling challenges, or unexpected disruptions during visits. You may notice irritability when navigating visit logistics, transitions, or repeated last-minute cancellations.
6. **Hopelessness and feelings of inefficiency:** You feel disheartened, questioning whether the work you do is making a meaningful difference for the children and families you support. This may show up as discouragement when families struggle to make progress, even when you're offering structure, consistency, and compassionate support.
7. **Difficulty making decisions:** Even simple choices feel overwhelming. You worry about making the wrong call, and overanalyzing decisions drains your energy. This can be especially challenging during fast-paced shifts where safety decisions, documentation, or moment-to-moment judgment calls are required during visits.
8. **Avoidance:** You dread going to work and may feel as if some problems are too big for you to solve. Certain cases feel overwhelming, and you may procrastinate or mentally disengage to cope with the stress. Avoidance may also show up as reluctance to take on certain cases, hesitation before entering a visit with known conflict, or feeling anxious about upcoming high-intensity visits.
9. **Intrusive thoughts:** Disturbing case details or difficult decisions replay in your

mind, popping up when you least expect them. Hearing difficult disclosures, witnessing emotional distress during visits, or reviewing case files can trigger these recurring thoughts outside of work.

10. **Hypervigilance:** You remain constantly on high alert, anticipating potential conflicts, threats, or ethical dilemmas. This might look like scanning the room repeatedly, bracing for sudden escalations, or feeling unable to relax during transitions or exchanges.
11. **Exhaustion:** You feel mentally and emotionally drained, struggling to sustain the energy needed for your judicial responsibilities. This fatigue may build across multiple visits, especially on days with consecutive high-conflict or emotionally heavy sessions, or when staffing levels are low.

(Jaffe et. al., 2003; Maguire & Byrne, 2016; OVC, n.d.a; Guo et al., 2023)

Knowledge Check

Which scenario reflects hypervigilance?

- A. Reviewing notes at the end of the shift
- B. Frequently scanning the room for possible conflict
- C. Feeling grateful after a successful visit
- D. Feeling tired after a long workday

Brief Vignettes in Supervised Visitation

(Answers are provided in the answer sheet beginning on page 41.)

Hazel

Mr. Jones is the visiting parent in a dependency case in which he is accused of physically abusing his child. The staff member chosen to supervise, Hazel, has reviewed the file and seen the police reports and photographs of Lydia Jones, age 5. This is Hazel's fifth extreme abuse case this year, and she is having nightmares about them. She is nervous around Mr. Jones and can't look him in the eye. She is also afraid for Lydia. After supervising visits, Hazel has cried about her cases, and feels like she has to force herself to go to work. There are only two other monitors at the small SV program, and Hazel can not ask to be reassigned.

Questions to consider:

1. What signs of vicarious trauma is Hazel showing?

2. What supports or strategies could help Hazel cope during this time?

Brief Vignettes in Supervised Visitation

(Answers are provided in the answer sheet beginning on page 41.)

Patrice

Patrice has been operating a supervised visitation program for four years and has begun to dislike her work, even though she is a trusted monitor and held in high esteem by the child welfare community. She has noted a high volume of substance abuse referrals from the court, and finds those cases exhausting. She has been monitoring the Frea family in supervised visitation for eight months. She suspects that the case is going to become a termination of parental rights case. The child, Neecia, is 3 years old, and clearly loves her mother Jade. But Jade shows very little interest in Neecia at visits, and Patrice has documented that Jade smells of alcohol at each visit and has acted erratically at the program. The case manager has told Patrice that Jade has failed to comply with her caseplan and has been re-arrested for violating probation on a drug possession charge.

Questions to consider:

1. What factors in Patrice's role and caseload are contributing to her burnout?

2. How might Patrice recognize compassion satisfaction within her work despite compassion fatigue?

Brief Vignettes in Supervised Visitation

(Answers are provided in the answer sheet beginning on page 41.)

Marcus

Marcus works for the Sunshine Visitation Program and believes in helping people. His former position was working at the local homeless coalition for five years, and he thought that SV cases with children might give him more joy in his work. But Marcus, because of his extensive experience, is the designated monitor for mental health referrals; those cases in which a parent has been struggling with mental health issues. Marcus frequently finds himself impatient with the parents at visits: he is angry when a parent has forgotten to take their medication or attend therapy. He realizes that he had experienced these emotions in his last job, and that is why he left. He is having trouble sleeping even though he feels tired all the time, and he often has nightmares about former clients. He feels hopeless about whether he can really help improve people's lives in his job.

Questions to consider:

1. What emotional challenges is Marcus experiencing, and how are they affecting his work and personal life?

2. What changes could help Marcus regain motivation and maintain his commitment to helping others?

Counteracting the Impact of Vicarious Trauma Through Compassion Satisfaction

Supervised visitation staff are at risk of experiencing vicarious trauma, burnout, and compassion fatigue. These challenges can distort perceptions of the work and diminish professional well-being. However, research has shown that cultivating compassion satisfaction can actively combat vicarious trauma, helping professionals maintain their emotional resilience and job fulfillment. This training focuses on three key steps to mitigate the negative effects of vicarious trauma and reinforce professional satisfaction:

- **Step 1:** Build compassion satisfaction by focusing on the positive impact they are having on the children and families they serve. Compassion satisfaction is a protective feeling that can help counter the emotional strain that sometimes comes with supervised visitation.
- **Step 2:** Practice emotional regulation to manage the many emotional responses that can arise in supervised visitation settings. These skills help staff stay grounded, even when visits become stressful or unpredictable.
- **Step 3:** Take trauma training to understand the impact of trauma and avoid vicarious trauma. A deeper understanding of trauma allows staff to interpret behaviors compassionately while also protecting their own emotional well-being.

This training reviews all three of these steps, first focusing on building compassion satisfaction for supervised visitation staff.

The Role of Compassion Satisfaction in Combating Vicarious Trauma

Definition: Compassion satisfaction is the sense of fulfillment professionals derive from helping others, particularly in caregiving and advocacy roles (Dehlin & Lundh, 2018). For supervised visitation staff, this satisfaction can stem from knowing that their work helps support vulnerable children and families.

When professionals experience compassion satisfaction, they are more likely to:

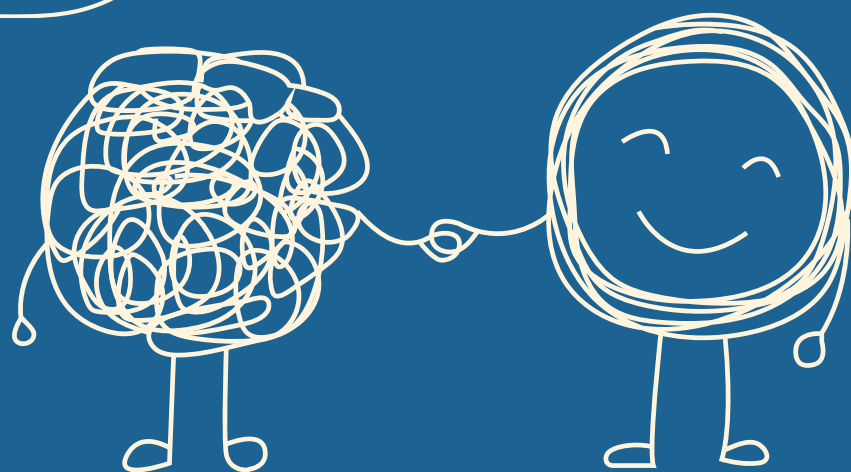
- Maintain enthusiasm and energy for their work even during busy or emotionally demanding weeks
- Foster positive relationships with colleagues and clients because they feel connected to the purpose behind their actions
- Sustain their emotional engagement while avoiding emotional exhaustion by learning to recognize the meaningful moments that occur during visits

Now that you've learned about vicarious trauma and compassion fatigue, it's time to learn about compassion satisfaction with some guided reflection along the way.

Knowledge Check

Compassion satisfaction can help staff by:

- A. Reducing empathy toward families
- B. Increasing detachment from difficult cases
- C. Strengthening job satisfaction and resilience
- D. Encouraging staff to take on more cases



PAUSE FOR REFLECTION

Think of a recent supervised visit you monitored where the child enjoyed the time with their parent/caregiver.

How did that make you feel?

Consider how moments like these contribute to your sense of purpose and remind you why your role matters.



Building and Enhancing Compassion Satisfaction

Research suggests several strategies to actively cultivate compassion satisfaction, which in turn mitigates vicarious trauma (Ryu & Shim, 2022; Stoewen, 2022; Bae et al., 2020). For supervised visitation staff, intentionally practicing these strategies can help offset the emotional heaviness of the work and strengthen your sense of purpose.

- Acknowledge success: Regularly reflect on and celebrate reaching goals and your positive impact.
- Prioritize self-care: Prioritize personal well-being to maintain energy and fulfillment at work.
- Foster a supportive work environment: Engage with a team that values and encourages emotional well-being.
- Seek professional development: Participate in training and learning opportunities to increase feelings of competence, confidence, and satisfaction.

(Ryu & Shim, 2022; Stoewen, 2022; Bae et al., 2020)

Factors Influencing Compassion Satisfaction

Compassion satisfaction does not develop in isolation. Workplace dynamics and external factors also play a role in shaping professionals' experiences:

- Work-life balance: Maintaining boundaries between personal and professional life helps sustain compassion satisfaction.
- Support systems: Access to peer and supervisory support can buffer against stress and amplify positive experiences.
- Manageable caseloads: Reasonable workloads can help prevent burnout and foster compassion satisfaction by allowing for meaningful, quality interactions with those being helped.

(Bae et al, 2020; Zhang et al., 2018; Haas, 2020; Hunsaker et al., 2015)

Indications of Compassion Satisfaction

Here are some of the indications that a professional is experiencing professional satisfaction:

- Strong, positive relationships with clients and colleagues
- A sense of energy and enthusiasm for work
- Emotional engagement without burnout

(Bae et al., 2020)

Benefits of Compassion Satisfaction

When professionals develop compassion satisfaction, they often report the following:

- Increased job satisfaction
- Reduced risk of burnout
- Improved mental health
- Strengthened professional identity

(Ryu & Shim, 2022)

COMPASSION SATISFACTION IN SUPERVISED VISITATION



WHAT IS COMPASSION SATISFACTION?

Compassion satisfaction is the sense of fulfillment professionals gain from helping others.

In supervised visitation, it often comes from knowing your work supports the safety and well-being of children and families.

When staff experience compassion satisfaction, they are more likely to:

- Maintain energy and motivation during emotionally demanding work
- Build positive, purpose-driven relationships
- Stay emotionally engaged without becoming emotionally exhausted



BUILDING AND STRENGTHENING COMPASSION SATISFACTION

Research shows compassion satisfaction grows when staff:

- Acknowledge successes and meaningful moments
- Prioritize self-care to sustain energy and focus
- Seek supportive peers and supervisors
- Engage in training and professional growth



WHAT INFLUENCES COMPASSION SATISFACTION?

Compassion satisfaction is shaped by both individual and workplace factors, including:

- Healthy work-life boundaries
- Access to peer and supervisory support
- Manageable caseloads that allow for meaningful interactions



SIGNS OF COMPASSION SATISFACTION

You may notice:

- Strong, positive relationships with clients and colleagues
- A sense of energy, purpose, and engagement at work
- Emotional connection without burnout



WHY IT MATTERS

Compassion satisfaction is linked to:

- Higher job satisfaction
- Lower risk of burnout
- Improved mental health
- A stronger professional identity

How to Develop **Compassion Satisfaction** in Supervised Visitation



Acknowledge your successes

Regularly reflect on the meaningful role you play in supporting safe, structured visits for children and families. Recognize moments where your presence, consistency, or calm response helped create safety, connection, or stability.

Practice self-care

Prioritizing your physical and emotional well-being helps you stay regulated and present during visits. Taking care of yourself supports your ability to manage stress, remain attentive, and continue showing up for emotionally demanding work.

Help create a supportive workplace

Engage with coworkers and supervisors who value emotional well-being, communication, and teamwork. A supportive work environment can help reduce isolation and make challenging cases feel more manageable.

Participate in professional development

Ongoing training in trauma-informed practices, child development, and supervised visitation skills can strengthen confidence and increase satisfaction by reinforcing your competence and effectiveness in the role.

Maintain a work-life balance

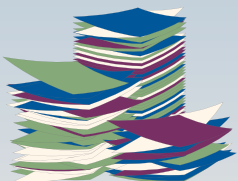
Setting and maintaining boundaries between work and personal life (especially after difficult visits) helps prevent emotional overload and supports long-term compassion satisfaction.

Utilize your available support systems

Accessing peer support, supervision, and consultation provides space to process difficult experiences, gain perspective, and recognize the positive impact of your work.

Advocate for a reasonable workload/caseload

Reasonable schedules and caseloads allow supervised visitation professionals to remain attentive, regulated, and engaged, supporting both professional well-being and higher-quality visits for children and families.

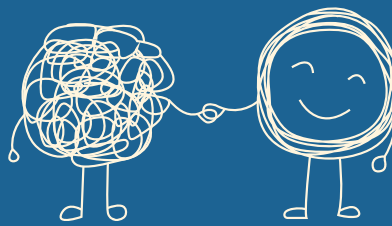


Can Compassion Satisfaction and Compassion Fatigue Co-occur?

Professionals can experience both compassion satisfaction and compassion fatigue simultaneously. Supervised visitation staff may feel deeply fulfilled after witnessing a positive parent-child interaction while also feeling emotionally drained from a difficult visit earlier in the day. While compassion fatigue may arise from the emotional toll of the work, developing compassion satisfaction serves as a protective factor, helping professionals reframe their experiences in a more positive and sustainable way (Barr, 2017; Berger et al., 2015; Sprang et al., 2007; Craig & Sprang, 2010; Linley & Joseph, 2007).

Feeling both at once is normal. Compassion satisfaction helps buffer the difficult moments and strengthens long-term resilience in supervised visitation work.

PAUSE FOR REFLECTION



Take a minute to think about your role as a supervised visitation provider. Write your thoughts in the boxes.

Can you think of a time within the last month where you felt fulfillment or pleasure from your involvement with a family? Think about what, specifically, brought about this sense of personal gratification?

A large, empty yellow rectangular box for writing a reflection.

After reading through strategies to foster compassion satisfaction (acknowledging success, self-care, supportive work environment, professional development), what is one way you are already creating an attitude of compassion satisfaction for yourself?

A large, empty yellow rectangular box for writing a reflection.

On the other hand, are there factors that are currently inhibiting your compassion satisfaction? If so, what is in your control to potentially mitigate their effects on you in the workplace? Write one thing you could do to mitigate barriers to compassion satisfaction.

A large, empty yellow rectangular box for writing a reflection.

How could developing compassion satisfaction assist you in enjoying your role in the child welfare system?

A large, empty yellow rectangular box for writing a reflection.

Knowledge Check Matching Exercise

(Answers are provided in the answer sheet beginning on page 41.)

Draw a line to match the impact of compassion satisfaction reported in social science research to its explanation below:

Awareness

•

- Compassion satisfaction refers to the overall pleasure derived from helping others (Stamm, 2010).

**Positive
Feelings**

•

- Compassion satisfaction has been found to correlate positively with resilience, or the ability to bounce back after difficult experiences (Burnett & Wahl, 2015). Therefore, it can be considered a protective factor for those in helping professions.

Strength

•

- Compassion involves recognizing another person's suffering while feeling a genuine desire to ease or alleviate that distress.

**Job
Satisfaction**

•

- Compassion satisfaction can help individuals feel empowered by having been able to help, leading to satisfaction with one's own circumstances and increased personal development (Hansen et al., 2018).

Resilience

•

- Individuals in helping professions may experience compassion satisfaction, which is often linked to greater overall fulfillment and positive feelings about their work (Sacco & Copel, 2017).



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Factors That Contribute to Building Compassion Satisfaction

Building compassion satisfaction in supervised visitation staff is essential for sustaining a sense of purpose, balance, and resilience in their demanding work. Given what we know about the circumstances that lead families to participating in a visitation program, it's important to recognize that supervised visitation staff often witness heartbreaking interactions and moments. The work can be meaningful and rewarding, but it can also feel heavy at times, especially when progress is slow or when families face significant challenges.

Supervised visitation staff may not always see the long-term positive outcomes of their efforts. This can make it difficult to recognize the impact they have on safety, connection, and stability for children and caregivers. To support their well-being, intentional strategies are needed.

These strategies include recognizing the significance of their role, practicing emotional regulation techniques, and using workplace and supervisory strategies. By doing so, supervised visitation professionals can enhance their resilience, cultivate a greater sense of well-being, and effectively combat vicarious trauma.

Emotional Regulation: Understanding and Managing Emotions

Emotional regulation is the ability to adjust or modulate one's emotions (APA Dictionary of Psychology, n.d.b). It can also refer to shaping which emotions one has, when one has them, and how one experiences or expresses those emotions (Gross, 1998).

Generally speaking, there are two pathways to achieve emotional regulation:

1. Bottom-up approach (body-to-brain regulation) – engaging the body to influence emotional states (Gherman, n.d.)
2. Top-down approach (brain-to-body regulation) – using cognitive strategies to reshape emotions (Sheppes & Gross, 2011)

The Nervous System: Constantly Sending Signals

The **parasympathetic nervous system** works alongside the sympathetic nervous system, which controls the fight-or-flight response. Known as the “rest and digest” state, the parasympathetic nervous system regulates the body's relaxation responses (Long, 2021). It plays a key role in maintaining functions such as heart rate, metabolism, and breathing patterns. Understanding this system can be especially helpful because physical signs of stress may arise during or after difficult visits. Recognizing these signals can support quicker emotional recovery.

The Role of the Parasympathetic Nervous System in Relaxation

Rather than the brain solely directing the body's actions, the parasympathetic nervous system helps manage bodily functions by transmitting signals from the **body to the brain**. When functioning optimally, it contributes to better emotional well-being and overall physical health (Long, 2021). This is important for supervised visitation staff who may experience elevated stress levels throughout the day. Simple practices that activate the parasympathetic system can help staff remain calm and effective during visits.

This body-oriented approach to emotional regulation can include:

- Practicing breathing exercises
- Engaging in physical activity
- Stretching the body or doing yoga
- Using aromatherapy
- Holding fidget toys
- Deep breathing from your diaphragm
- Walking outside
- Playing music
- Reading a book
- Practicing mindfulness

Reframing and Redirecting Through Brain-to-Body Regulation

Cognitive approaches also play a role in emotional regulation by employing “thinking” strategies. These methods include:

- Reframing perceptions - interpreting situations differently to shift emotional responses (Gross, 1998)
 - For example, recognizing that a parent's irritability may come from fear or stress rather than disrespect can help staff remain calm.
- Positive self-talk and affirmation - reinforcing constructive beliefs
 - This can support confidence when managing high-conflict visits.
- Redirecting focus - engaging in alternative activities to break cycles of negative thoughts (Gross, 2013)
 - This is especially helpful when transitioning from one emotionally intense visit to the next.

Knowledge Check

Which is an example of a bottom-up regulation strategy?

- A. Reframing a stressful situation
- B. Practicing positive self-talk
- C. Deep breathing from the diaphragm
- D. Redirecting focus to another activity

Coping Strategies for Emotional Resilience

Outside of the Workplace

Understandably, as supervised visitation staff, it's easy to get caught up in the emotional intensity of the case we handle. However, focusing on personal well-being outside of work is essential for maintaining resilience and managing the emotional demands of our role. Prioritizing self-care can help mitigate compassion fatigue and enhance compassion satisfaction (Figley & Ludick, 2017).

Here are some strategies to incorporate into your routine:

- Eating nutritious meals
 - Healthy meals provide the energy and focus you need throughout the day. For example, starting the day with a protein-rich breakfast like eggs and avocado can help maintain your energy during long work days.
- Getting enough sleep
 - Quality sleep is vital for emotional regulation. Try to get 7-9 hours of sleep each night to ensure you're well-rested and able to handle the stress of your job.
- Spending time in nature
 - Taking a break outdoors, even for a short walk, can help reduce stress and refresh your mind. Time spent in nature has been shown to promote relaxation and well-being.
- Engaging in hobbies
 - Activities you enjoy, like reading, crafting, or gardening, offer a mental break from work. Engaging in hobbies also helps maintain a sense of personal identity beyond your role as a supervised visitation monitor.

These activities not only help manage stress but also promote a balance between your personal and professional life. Engaging in fulfilling personal interests is key to preventing burnout (Figley & Ludick, 2017).

Additional Coping Strategies for Emotional Regulation

The following strategies, adapted from the Centers for Disease Control and Prevention (2024), can help manage emotions effectively:

- Allow time to adjust to new information and situations
- Avoid impulsive decision-making
- Take regular breaks
- Foster social connections
- Limit excessive exposure to distressing news
- Seek support when needed
- Maintain consistent routines
- Express experiences through communication
- Prioritize physical health and well-being

Within the Workplace

The workplace can be a source of stress, especially when dealing with emotionally charged cases or clients. However, fostering compassion satisfaction within the workplace can help reduce the impact of compassion fatigue and create a more resilient environment.

Here are several strategies to help you thrive:

- Mindfulness breaks
 - Taking short breaks throughout the day to refocus through mindfulness or deep breathing exercises can help reset your mind. A 5-minute breathing exercise between visits can make a big difference.
- Supportive supervision
 - Having a supervisor or mentor who understands the emotional toll of your role can provide an outlet for emotional processing. Regular check-ins with a supportive supervisor help you reflect on challenging moments in a safe space.
- Social connections
 - Developing relationships with colleagues can provide much-needed emotional support. Even a brief conversation with a fellow visitation monitor or a staff member can remind you that you're not alone in facing tough visits.
- Movement and standing breaks

- Sitting for extended periods can lead to physical discomfort, which in turn can add to stress. Taking regular standing breaks or doing light stretches can reduce physical tension and help you stay energized.
- Vacation and time off
 - Taking time away from the workplace is essential for long-term resilience. Scheduling time off, whether for a vacation or simply to rest, allows you to recharge and return to work refreshed.

(Sacco & Coppel, 2017; Miller & Sprang, 2017)

Connecting Emotional Regulation, Resilience, and Compassion Satisfaction

Resilience, emotional regulation, and compassion satisfaction are closely linked. Building resilience often involves practices that also improve emotional regulation, such as mindfulness, self-awareness, and coping strategies. These techniques help you manage your emotions effectively and enhance compassion satisfaction, allowing you to stay connected to your sense of purpose and dedication to your work.

By strengthening emotional regulation, resilience, and compassion satisfaction, you are better prepared to handle the emotional demands of your role. This reduces the risk of vicarious trauma and helps you maintain a healthy balance in both your professional and personal life.



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Brief Vignettes in Supervised Visitation

(Answers are provided in the answer sheet beginning on page 41.)

Revisiting Hazel, Patrice, and Marcus

Now return to the case scenarios of Hazel, Patrice, and Marcus (on pages 14-16). How might you suggest ways for them to build compassion satisfaction and build their own emotional regulation and coping strategies?

Hazel:

Patrice:

Marcus:

Conclusion

As you complete this training, we hope you walk away with a deeper understanding of the challenges you face as supervised visitation staff, particularly when working with emotionally intense cases. The skills and strategies you've explored here are not just tools for enhancing your own well-being, but also for fostering a healthier and more supportive environment for everyone involved in the child welfare and legal process.

You've gained insights into recognizing and addressing vicarious trauma, compassion fatigue, and burnout, while learning how to nurture compassion satisfaction and resilience in your work.

The work you do is invaluable and your commitment to supporting children and their families is truly commendable. We appreciate the dedication, empathy, and professionalism you bring to your role every day. By taking the time to care for yourself and implement the strategies from this course, you're not only improving your own well-being but also contributing to a healthier and more effective child welfare system. Your resilience, emotional regulation, and compassion satisfaction are essential to the important work you do. Thank you for your continued commitment to improving the lives of others.

QUIZ

(Quiz answers are provided in the answer sheet beginning on page 41.)

1 Which statement best describes vicarious trauma?

- A. Stress caused by managing paperwork
- B. Emotional and cognitive changes after repeated exposure to others' trauma
- C. Fatigue caused by long work hours
- D. A temporary emotional reaction that resolves quickly

2 What is a common sign of compassion fatigue?

- A. Feeling energized after difficult visits
- B. Emotional numbness or irritability
- C. Decreased attention to clients' stories
- D. A strong sense of fulfillment in caregiving

3 Which statement best describes vicarious trauma?

- A. The relief felt when a workday ends
- B. A sense of fulfillment from helping others
- C. A strategy for preventing burnout
- D. A method of emotional regulation

4 Which statement best describes vicarious trauma?

- A. Avoiding conversations with colleagues
- B. Ignoring stress until it resolves
- C. Taking mindfulness breaks during the day
- D. Reading case files during personal time

5 Which statement best describes vicarious trauma?

- A. Excitement about learning new skills
- B. Difficulty disconnecting from cases after work
- C. Maintaining steady enthusiasm for client progress
- D. Enjoying collaboration with coworkers

Resources

Drowning in Empathy: The Cost of Vicarious Trauma Individuals in high-stress professions are vulnerable to developing Compassion Fatigue, a form of secondary trauma akin to PTSD, which can be successfully treated using the strategies outlined in Amy's presentation.

<https://www.youtube.com/watch?v=Zsaorjlo1Yc>

What is Vicarious Trauma? If you'd like to gain a deeper understanding of what vicarious trauma entails, watch this video featuring Dr. Laurie Pearlman, a world-renowned expert on the subject.

<https://www.youtube.com/watch?v=wVDSdta0mbM>

Emotional Mastery TEDx: Dr. Joan Rosenberg, a psychologist and expert in personal development, reveals that how we handle unpleasant emotions impacts our success in life.

<https://www.youtube.com/watch?v=EKy19WzkPxE>

Using 5 minutes of Self-Care to Survive Burnout: In this TEDx talk, Racquel Armstrong, a Ph.D. candidate at Ohio State University, shares her story and emphasizes the importance of taking care of ourselves on a daily basis to avoid burnout.

<https://www.youtube.com/watch?v=Xmbh3VHwcTo>

988 Lifeline: Provides immediate support for individuals in emotional distress or experiencing a mental health crisis. By dialing 988, individuals can connect to trained counselors who offer free, confidential assistance, and help with issues such as depression, anxiety, suicidal thoughts, or other mental health concerns. The Lifeline is available 24/7 and aims to provide support, de-escalate crises, and connect callers to further resources if needed (calls, chat & text)

<https://988lifeline.org/>

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Answers to all knowledge check and quiz questions. All answers are highlighted in green.

Matching Exercise

Draw a line between the type of response to trauma and an example of such a response:

Type of Response to Trauma	Examples
Behavioral	Impaired memory
Interpersonal	Emotional Numbness
Cognitive	Attachment problems
Psychological	Increased aggression

Answers: Behavioral -> Increased aggression; interpersonal -> attachment problems; cognitive-> impaired memory; psychological-> emotional numbness

Knowledge Check

Which of the following is a behavioral response to trauma?

- A. Impaired memory
 - B. Increased aggression
 - C. Emotional numbness
 - D. Attachment difficulties
-

Knowledge Check

Burnout is best described as:

- A. A sudden emotional reaction to a single traumatic event
 - B. A state of exhaustion caused by prolonged workplace stress
 - C. A shift in worldview caused by exposure to trauma
 - D. The feeling of accomplishment after helping a family
-

Knowledge Check

Which scenario reflects hypervigilance?

- A. Reviewing notes at the end of the shift
 - B. Frequently scanning the room for possible conflict
 - C. Feeling grateful after a successful visit
 - D. Feeling tired after a long workday
-

Hazel

Mr. Jones is the visiting parent in a dependency case in which he is accused of physically abusing his child. The staff member chosen to supervise, Hazel, has reviewed the file and seen the police reports and photographs of Lydia Jones, age 5. This is Hazel's fifth extreme abuse case this year, and she is having nightmares about them. She is nervous around Mr. Jones and can't look him in the eye. She is also afraid for Lydia. After supervising visits, Hazel has cried about her cases, and feels like she has to force herself to go to work. There are only two other monitors at the small SV program, and Hazel can not ask to be reassigned.

Questions to consider:

1. What signs of vicarious trauma is Hazel showing?
 - a. Possible answer: Hazel is showing several signs of vicarious trauma. She is experiencing intrusive symptoms, such as nightmares related to the abuse cases. She also shows emotional and physical distress, including anxiety around Mr. Jones, fear for Lydia's safety, and crying after visits. Hazel's avoidance of eye contact suggests emotional avoidance, and her feeling that she must "force herself" to go to work may indicate emotional exhaustion and decreased motivation. Together, these symptoms suggest that her exposure to repeated traumatic cases is affecting both her work functioning and her personal well-being.
2. What supports or strategies could help Hazel cope during this time?
 - a. Suggested answer: Hazel may benefit from strategies that increase compassion satisfaction and emotional support. Recognizing the meaningful role she plays in providing a safe and consistent environment for Lydia may help her reconnect with the purpose of her work. Building stronger peer support with the other monitors, even informally, could

reduce feelings of isolation. Additional supports such as reflective supervision, workload check-ins, or access to trauma-informed wellness resources may also help Hazel manage stress and reduce the impact of vicarious trauma.

Patrice

Patrice has been operating a supervised visitation program for four years and has begun to dislike her work, even though she is a trusted monitor and held in high esteem by the child welfare community. She has noted a high volume of substance abuse referrals from the court, and finds those cases exhausting. She has been monitoring the Frea family in supervised visitation for eight months. She suspects that the case is going to become a termination of parental rights case. The child, Neecia, is 3 years old, and clearly loves her mother Jade. But Jade shows very little interest in Neecia at visits, and Patrice has documented that Jade smells of alcohol at each visit and has acted erratically at the program. The case manager has told Patrice that Jade has failed to comply with her caseplan and has been re-arrested for violating probation on a drug possession charge.

Questions to consider:

1. What factors in Patrice's role and caseload are contributing to her burnout?
 - a. Suggested answer: Several factors contribute to Patrice's burnout. She has been in her role for four years and reports growing dissatisfaction with her work. The high volume of substance use-related referrals has become emotionally draining, particularly when cases show little progress. Patrice has been supervising the Frea family for eight months and anticipates a likely termination of parental rights, which can be emotionally heavy. Repeated exposure to Jade's ongoing substance use and instability, combined with the emotional impact on Neecia, has likely contributed to cumulative stress and emotional exhaustion.
2. How might Patrice recognize compassion satisfaction within her work despite compassion fatigue?

- a. Suggested answer: Even while experiencing compassion fatigue, Patrice's actions reflect compassion satisfaction. Her continued commitment to supervising visits, documenting concerns, and showing up consistently demonstrates her dedication to child safety and well-being. Patrice's concern for Neecia and her careful monitoring of Jade's behavior highlight the meaningful role she plays in the child welfare system. Recognizing her professionalism, consistency, and the protective function of her work may help Patrice reconnect with the value and impact of her role.
-

Marcus

Marcus works for the Sunshine Visitation Program and believes in helping people. His former position was working at the local homeless coalition for five years, and he thought that SV cases with children might give him more joy in his work. But Marcus, because of his extensive experience, is the designated monitor for mental health referrals; those cases in which a parent has been struggling with mental health issues. Marcus frequently finds himself impatient with the parents at visits: he is angry when a parent has forgotten to take their medication or attend therapy. He realizes that he had experienced these emotions in his last job, and that is why he left. He is having trouble sleeping even though he feels tired all the time, and he often has nightmares about former clients. He feels hopeless about whether he can really help improve people's lives in his job.

Questions to consider:

1. What emotional challenges is Marcus experiencing, and how are they affecting his work and personal life?
 - a. Suggested answer: Marcus is experiencing frustration, anger, and hopelessness in his role, particularly when working with parents who struggle to follow treatment plans. These emotions mirror what he experienced in his previous job, suggesting unresolved cumulative stress. His emotional strain is affecting his sleep, as he feels constantly tired but has difficulty sleeping and experiences nightmares about former clients. These symptoms indicate that work-related stress is spilling into his

personal life and contributing to emotional exhaustion and reduced job satisfaction.

2. What changes could help Marcus regain motivation and maintain his commitment to helping others?

- a. Suggested answer: Marcus may benefit from shifting his focus from “fixing” clients to practicing a more nonjudgmental, trauma-informed approach. Understanding that missed medication or therapy appointments can be part of mental health challenges (not personal failures) may reduce frustration and self-blame. Strengthening emotional regulation skills, setting clearer professional boundaries, and engaging in reflective supervision could help Marcus process difficult cases and rebuild confidence in his ability to support families without carrying their outcomes as personal responsibility.

Knowledge Check

Compassion satisfaction can help staff by:

- A. Reducing empathy toward families
- B. Increasing detachment from difficult cases
- C. Strengthening job satisfaction and resilience
- D. Encouraging staff to take on more cases

Activity: Exploring the Impact of Compassion Satisfaction

Matching: Awareness, Positive feelings, Strength, Job Satisfaction and Resilience. Put each in a matching opportunity for learners.

Match the impact of compassion satisfaction reported in social science research to its explanation below:

- Awareness: Compassion can be understood as an “awareness of the suffering of another coupled with the wish to relieve it” (Figley & Ludick, 2017, p. 574)
- Positive Feelings: Compassion satisfaction refers to the overall pleasure derived from helping others (Stamm, 2010).

- **Strength:** Compassion satisfaction can help individuals feel empowered by having been able to help, leading to satisfaction with one's own circumstances and increased personal development (Hansen et al., 2018).
 - **Job Satisfaction:** People in helping professions can experience compassion satisfaction, which may correlate with higher rates of job satisfaction (Sacco & Copel, 2017).
 - **Resilience:** Compassion satisfaction has been found to correlate positively with resilience, or the ability to bounce back after difficult experiences (Burnett & Wahl, 2015). Therefore, it can be considered a protective factor for those in helping professions.
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Knowledge Check

Which is an example of a bottom-up regulation strategy?

- A. Reframing a stressful situation
 - B. Practicing positive self-talk
 - C. Deep breathing from the diaphragm
 - D. Redirecting focus to another activity
-

Revisiting Hazel, Patrice, and Marcus

Now return to the case scenarios of Hazel, Patrice, and Marcus (on pages 14-16). How might you suggest ways for them to build compassion satisfaction and build their own emotional regulation and coping strategies?

Hazel:

Hazel may benefit from intentionally reconnecting with the purpose of her role by recognizing the protective impact she has on Lydia's safety and emotional well-being during visits. Practicing grounding strategies before and after visits, such as brief breathing exercises or transition rituals, may help her regulate anxiety and create separation between work and personal life. Building peer support with the other monitors and seeking reflective supervision could also help Hazel process the emotional weight of repeated high-trauma cases and reduce feelings of isolation.

Patrice:

Patrice may strengthen compassion satisfaction by reframing success as consistency, professionalism, and child-centered documentation rather than case outcomes. Acknowledging that her role supports accountability and child safety, even when parents do not make progress, may help reduce emotional exhaustion. Establishing boundaries around workload, taking intentional breaks, and engaging in reflective practices, such as supervision or peer consultation, may support emotional regulation and help Patrice sustain her long-term commitment to the work.

Marcus:

Marcus may benefit from shifting his focus toward empathy and realistic expectations by recognizing that mental health recovery is often nonlinear. Practicing emotional regulation skills during challenging visits, such as pausing to notice physical stress responses or using neutral self-talk, may reduce frustration. Seeking support through supervision or trauma-informed training may also help Marcus process feelings of hopelessness, reinforce professional boundaries, and rebuild confidence in his ability to make a meaningful impact without carrying responsibility for client outcomes.

Quiz**1. Which statement best describes vicarious trauma?**

- A. Stress caused by managing paperwork
- B. Emotional and cognitive changes after repeated exposure to others' trauma
- C. Fatigue caused by long work hours
- D. A temporary emotional reaction that resolves quickly

2. What is a common sign of compassion fatigue?

- A. Feeling energized after difficult visits
- B. Emotional numbness or irritability
- C. Decreased attention to clients' stories
- D. A strong sense of fulfillment in caregiving

3. Compassion satisfaction refers to:

- A. The relief felt when a workday ends
- B. A sense of fulfillment from helping others
- C. A strategy for preventing burnout
- D. A method of emotional regulation

4. Which workplace strategy can support emotional resilience?

- A. Avoiding conversations with colleagues
- B. Ignoring stress until it resolves
- C. Taking mindfulness breaks during the day
- D. Reading case files during personal time

5. Which example reflects a symptom of vicarious trauma?

- A. Excitement about learning new skills
- B. Difficulty disconnecting from cases after work
- C. Maintaining steady enthusiasm for client progress
- D. Enjoying collaboration with coworkers