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Evaluating Community Based Trauma Among Behavioral Health Workers

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Abstract

Due to the national lack of service providers, current providers are experiencing high levels of stress/trauma because of workload, expectations, and the emotional toll these essential jobs have. Monterey County Behavioral Health Bureau is a public government agency that provides mental health services to the community. The purpose of this capstone is to allow clinicians to express the factors that contribute to the stressors of their jobs in hopes of creating change that will alleviate the trauma they experience. This project had three focus group interviews and one key informant interview that gave expected results based on the contributing factors of this social problem. As expected, clinicians that participated communicated high levels of stress and expressed the need for administrative support, but most importantly change. This change was identified as creating more administrative clinical assistants, a recruiter, easier documentation, as well as time for clinicians to focus on self-care without harming their productivity.

Keywords: burnout, secondary traumatic stress, vicarious trauma, mental health providers, administrative change

Agency & Communities Served

Monterey County Behavioral Health Bureau is dedicated to providing mental health, substance abuse, and other crisis services to members of the community. Their mission statement is “to excel at providing Quality Services for the benefit of all Monterey County residents while developing, maintaining, and enhancing the resources of the area” (Monterey County, 2023, para. 1). The Monterey County Behavioral Health Mental Health Services Act serves a majority Latino 53% and majority female 54% population (Monterey County Behavioral Health Bureau, 2020). I worked for the Mental Health Services Act to evaluate mental health programs. My capstone project was supporting a project called Trauma Healing and Wellness which aims to increase capacity in Monterey County by training community leaders in effective culturally relevant supports to help community members cope with trauma, and build resilience and protective factors (Monterey County Behavioral Health Bureau, 2021, p.30). This would help support the healing and wellness of Monterey County Behavioral Health (MCBH) clinicians who are dealing with stress and overwhelming emotions with work and/or life. Figure 1 below shows the problem model and identifies its contributing factors along with consequences.

Problem Model Background and Literature Review

Figure 1: Problem Model

Contributing Factors	Problem	Consequences
Mental health professional-to-client ratio	Unaddressed community-based trauma among behavioral health workers.	Burnout
Lack of mental health professionals.		High turnover rates
Mismatched mental health model		Organizational workplace obstacles

Problem Statement

Unaddressed community trauma can cause stress and trauma with all members of the community. This includes the clients who receive mental health services and those who provide them such as behavioral health workers. Those who are of ethnic minority groups have higher probabilities of dealing with large amounts of mass trauma, which was heightened after the COVID pandemic (Lund, 2021). It is recommended for clinicians to consider the stressors experienced by racial minority groups by checking in with clients (Lund, 2021). Those who are working with communities who experience mass trauma should also check in with themselves emotionally. It is important to consider that there may also be clinicians who belong to certain ethnic identities that experience a different level of stress. This is because their job requires them to be emotionally invested in lived personal experiences. When they also identify with the person, they vicariously experience the emotions as well.

This social issue causes major amounts of stress which has been found as vicarious trauma (VT). This form of trauma refers to cognitive changes that happen when someone works with people who have experienced serious trauma which changes how someone sees the world, themselves, and others (Cummings, 2021). VT is not the only result of working with populations who have experienced trauma, secondary traumatic stress has also been common among mental health professionals. Secondary Traumatic Stress (STS) refers to psychological reactions to exposure of clients' traumatic experiences (Cummings, 2021). Victim advocates such as behavioral health workers, should also have social support and self care practices to alleviate the weight of trauma they listen to on a daily basis. Research published in the *Journal of Child and Family Studies* (Guevara et al., 2021), declared that behavioral health settings are crucial in addressing community based trauma. In addition, it was also found that there is a lack of evidence based programs that work towards healing mass trauma (Guevara et al., 2021). A

review of organizational factors and vicarious trauma discovered that 80 percent of participants had not received trainings specific to VT, but instead, had been receiving trainings for providing treatment (Sutton et al., 2022). A combination of various factors makes it difficult for mental health professionals to process the experiences they hear at work.

Contributing Factors

Mental health professional-to-client ratio

Often there is a lack of professionals available to work with populations which leads to uneven professional-to-client ratios. Monterey County has rural communities who have little to no accessible transportation to mental health professionals. Boden's work discussed an efficacy based staffing model which states there is an ideal amount of work to be performed by a professional. Considerations such as timing, staffing, and productivity are factors that directly affect mental health services provided by agencies. If there are nonoptimal professional-to-client ratios, the quality of services offered are at risk to be impacted based on the population-based-staffing and efficiency-based staffing model (Boden et al., 2021). The structural format of an organization is key to maximizing efficiency in a health delivery setting. A study published in *Psychiatric Services* (Boden et al., 2018), demonstrated that outpatient mental health staffing ratios had a positive relationship with mental health treatment quality. It should be an agency's primary concern to achieve optimal professional-to-client ratios in order to be as effective as possible. Another benefit from having a variety of staff is that it may help an agency in providing cost effective care delivery. Having optimal staffing improves individual workload and helps improve the structural foundation of a mental health agency.

The workload and number of cases a mental health professional is incharge of managing varies based on how many clients and how many clinicians are available. Having a heavy

caseload and few clinicians available to manage cases compromises efficiency and efficacy. These professionals who work long hours and are exposed to clients' trauma daily, have reported having little social support which heightens their susceptibility to VT and secondary traumatic stress (Cummings, 2021). If agencies had the ability to employ more mental health professionals, less of them would experience the psychological reaction of all these factors. Having an unproportional clinician-to-patient ratio increases the likelihood of behavioral health workers developing more trauma, which should be addressed by the organization.

Lack of mental health professionals

In order to achieve optimal professional-to-client ratios, it is necessary for there to be enough clinicians available to work. Based on information gathered by Kaiser Family Foundation (2021) there are health professional shortage areas which include primary, medical, dental, and mental care. In comparison to the national average of 27.7%, California has 23.4% of needs met (Kaiser Family Foundation, 2021). This lack of available mental health care professionals makes it hard for communities to provide care. This makes it especially difficult for communities that have a higher mass trauma to collectively heal. In addition, the lack of MHP leaves the responsibility on the few MHP that are employed, to battle the psychological anguish of their jobs. The small percentage of behavioral health workers cannot fix or address this social problem, which is enlarging it. Now more than ever, there is a bigger need for therapists, social workers, psychologists, and psychiatrists in California (Weiner, 2022). Unaddressed trauma along with the emotional exhaustion that is experienced by behavioral health workers affects ways in which they could address their trauma. This is due to the fact that exhausting working conditions make it difficult for clinicians to stay in their positions. Some mental health providers have been going on strike because of the immense pressure. This in turn is causing more lack of

available providers. The agencies that are experiencing the highest level of difficulty in hiring new providers are commercial health plans, non-profits, and health departments (Weiner, 2022). Monterey County Behavioral Health, a health department, falls among these top impacted categories.

Mismatched mental health model

The previous mental health service model has not provided culturally appropriate ways to provide services to the diverse populations they serve. A contributor to this is the lack of diversity among the psychology field. The American Psychological Association (Luona et al., 2018) confirmed that 86% of mental health providers are White. This shows that there is a lack of representation which impacts the way providers communicate with clients who are not People of Color. With a barrier in cultural communication, language may also be a consideration that affects those who do not speak fluent English. For a majority Latino population such as Monterey County, the ability to speak a different language is important to provide care. A research article examining cultural responsiveness to trauma informed services analyzed the complexities among Latino populations. Research published in the Community Mental Health Journal (Melendez et al. 2021) found that using trauma informed care among Latino children who were exposed to trauma at an early age caused better mental health outcomes long term. Incorporating this model of care can improve the outcomes of communities who share exposure to trauma such as violence, substance abuse, neglect, poverty etc. Practitioners interviewed mentioned how they learned about Latino children's trauma through observation and conversation rather than the typical screenings (Melendez et al, 2021). Focusing on the Latino population demonstrates the kind of cultural awareness and competence that is necessary to provide appropriate mental health care. Although the majority of MHP are White, those that are

professionals of color and serving communities of color must assimilate into this mismatched model of care. Therapists of color (TOC) deal with the traumatic effects of microaggression, intergenerational trauma, and pressure to assimilate into White culture which complicate the way they practice cultural humility as it is written in literature (Moon & Sandage, 2019). The lack of representation in this healthcare setting causes an additional stressor to these professionals. Moon and Sandage (2019) continue to assert that TOC suffer from having limited access to colleagues of racially diverse backgrounds, which leads to isolation because this experience exerts more time, effort, and emotional energy. The mental health model that is handed to TOC by White clinicians in the field does not fit the experience of therapists and clients of color. This additional stressor causes more internal and emotional turmoil for clinicians of color.

Consequences

Burnout

Communities with crime, violence, poverty, and those who have undergone a history of systematic racism experience mass trauma and burnout. Behavioral health workers provide support to clients who seek mental health services related to these factors. Overworking and chronic emotional exhaustion is unfortunately common in the health and human services workforce. It is important to recognize that burnout is not caused by having to work with clients with trauma, but instead related to the high demands in the workplace (Sutton et al., 2022). These high demands are identified as caseload, staffing ratios, organizational structure, and emotional exhaustion. The term “burnout” has been defined as mental and physical exhaustion caused by professional life (O’Connor et al., 2018). This term was first used by American psychologists to describe an exclusive experience to frontline human service workers. In addition, it was also found that burnout impacts the wellbeing and job performance at an organizational level

(O'Connor et al., 2018). Mental health professionals (MHP) are expected to have a higher level of emotional exhaustion, but simultaneously also have high levels of personal accomplishments. (O'Connor et al., 2018). This means that MPHs feel competent in their jobs but feel overworked, exhausted, and disconnected at the same time. Other studies found that burnout in the mental health field ranges from 21% to 67% with higher amounts of workload leading to higher levels of burnout (Ostrow et al, 2022). Based on this information it is important to consider how the ratio staffing levels and burnout are correlated. The lack of attention on addressing STS and VT and continuing overworking influences the levels of burnout in the mental health industry. This study also confirmed that community life is a precursor to burnout (Ostrow et al, 2022). As a result, communities that experience mass trauma experience higher levels of burnout.

High turnover rates

Clinician turnover rates in behavioral health settings make it hard for agencies to continue providing care to clients in need of assistance. The turnover rate in behavioral health is influenced by job stressors and existing trauma. A study that analyzed community behavioral health settings found that, out of 328 clients, 24% of them experienced clinician turnover (Kwochka et al, 2019). Out of the clinicians who left the setting 84% of them resigned from their positions. As seen in this study, there is a high percentage of professionals who leave their positions willingly. Vicarious trauma continues to impact many aspects of work life among behavioral health staff. Although there is controversy, and some believe VT and burnout are distinct from one another, many believe that the significance of trauma goes beyond what was previously thought (Quitangon, 2019). Repeated exposure to trauma impacts cognitive emotions, sense of accomplishment, and overall work life behaviors. A revision of the Diagnostic and Statistical Manual of Mental Disorders otherwise known as, DSM-5, included how repeated

indirect exposure to aversive details of a traumatic event can qualify as a stressor to the diagnosis of PTSD (Quitangon, 2019). This article opens the conversation to consider the impacts of trauma, worklife, burnout, and high turnover rates. A study that examined job stressors and turnover rates found that participants that experienced high levels of emotional exhaustion, work conflicts, and low job satisfaction were more likely to leave their jobs (Fukui et al., 2020). Those who work in communities that have high levels of mass trauma and are more emotionally exhausted are susceptible to leave their jobs. Experiencing trauma like VT and stressors like STS falls among “emotional exhaustion”. This relationship highlights the significance of undergoing high psychological stress and turnover rates.

Organizational Workplace Obstacles

Experiencing abnormal levels of emotional exhaustion and stress in the workplace can create another problem. Other factors like discrimination, harassment, and pressure impact one's ability to continue working (McMenamin, 2021). Workplace trauma is a stressor that impacts the environment one exists in. Obstacles in the workplace are heightened by the trauma that exists in the community. Continuing to work while not addressing the relationships and factors that intersect creates organizational obstacles. This is especially applicable for those in the human service industry due to dealing with many individuals who are often mentally ill and having to work with a team of individuals who are also overworked and exhausted. Many psychiatrists believe workplace trauma can show up as anxiety and depression symptoms. Mental health providers also have their own mental health concerns. Healing others while having unresolved personal issues creates a domino effect of problems. One study revealed that workers who had common mental disorders were often “working in dissonance” (Danielsson, 2017). Working in dissonance causes individuals to feel isolated and leads to instability in their

work life. Based on this information, it is important to create a healthy work environment that prevents instability from occurring at work.

Project Description and Implementation Process

Project Proposal

This project evaluated the existing trauma among behavioral health workers. I was responsible for developing a survey and gathering information in response to the level of community trauma they have experienced. Prior to making the survey my mentor and bureau management analyst, Wesley, and I met to discuss ways in which the questionnaire can be distributed and to what population. Having a survey sent out to the county staff required me to consult Dr. Ignacio Navarro for suggestions on the format and survey development. Due to this problem, the Monterey County Behavioral Health Bureau is planning on collaborating with The Center For Mind-Body Medicine. They are learning from organizations specializing in community health and trauma recovery, to develop a trauma Healing and Wellness program in Monterey County. This program will use self empowerment methods, mindfulness, and other coping skills to train behavioral health workers in their model. In order to make progress on healing community trauma living among this community, those trained workers will use skills they learn with those who use their services. My job will allow the agency to listen to those working on the front lines of mental health and listen to their voices. By allowing mental health professionals to comment on services that directly impact them, their concerns will also be addressed.

Project Justification & Benefits

The goal of this project was to help the agency listen to behavioral health workers' mental health and their own trauma. This includes vicarious trauma, secondary trauma, and stress from

having an emotionally exhausting role in society. As research shows, working with vulnerable populations increases the risk of developing emotional exhaustion and developing vicarious trauma (Cummings et al., 2021). This project will allow the agency to see the kind of trauma that exists in the community and perhaps later implement more interventions to address this systematic issue. By doing so, Monterey County Behavioral Health will have a revolutionary culturally responsive approach towards addressing traumas that exist in historically underserved communities of color.

The contributing factor that was addressed in this project is the mental health professional-to-client ratio. This project addressed this factor by gathering information from the behavioral health service providers who work with the community directly. Their perspectives with working with clients gives the agency valuable information that will help the implementation of the Trauma Healing and Wellness program. Reevaluating the current mental health professional and client ratios can allow the agency to properly approach this issue in ways that can benefit their employees and clients.

The proposed project meets the best practice standards because it worked towards addressing a need in the agency that would impact the way behavioral health workers interact with their clients. The focus group interview also makes sure the agency is listening to the mental health needs of those who provide services. Allowing their voices to be heard in this project can influence the agency to incorporate more ways they can care for the needs of their employees.

Assessment Plan & Expected Outcomes

For this project, the assessment was completed after a review of the survey responses. This survey will give the agency a view on what their clinical staff believe their mental health

status is, working as a mental health professional. If the majority of the responses show a concern for levels of stress and lack of coping skills, this raises attention to the problem. The survey will provide the agency with a sense of the extent of their employees' emotional exhaustion. The organization's effectiveness can be hindered by the emotional exhaustion their employees feel. It is expected that the majority of respondents will respond with feelings of high levels of stress. This expected outcome is based on research and data that shows high emotional exhaustion among mental health providers in general.

The project was assessed by evaluating the qualitative information received. It is expected that over 50 percent of the recipients will respond with concerns of fatigue, burnout, trauma. The last open ended questions of the survey gives the agency a look at what the behavioral health workers believe will help them ease stress of their job. In addition to the Trauma Healing and Wellness project, this insight may result in other kinds of self-empowering interventions to be put in place to solve this problem. The accomplishment of this project was measured by collecting solutions directly from the clinical staff about what can be done to alleviate the stressors of their jobs.

Implementation Process

The implementation of this project began in November 2022. This included reading the agency's annual updates and reports which discussed the upcoming plan of having a Trauma Healing and Wellness Project. This project is a collaboration between Monterey County Behavioral Health and the Center for Mind Body Medicine organization. The report focused on training clinical staff on the Center for Mind Body Medicine model. This model will teach staff and their clients how to heal trauma as a community effort. After participating in consultation meetings and drafting up ideas, it was decided that the focus of this capstone project was going

to center on the trauma experienced by clinical staff. Before getting to develop a survey, research regarding community based trauma was conducted. Meetings with Wesely allowed an administrative perspective and further insight into the agency's policy making process. This includes creating the survey and sending out the survey to clinical staff by March 2023. Responses will be gathered until April 2023. Responses provided by the behavioral health workers will allow the agency to recognize where staff are at mentally. Based on the results of this survey, the agency can have a standing point of reference and implement more mental health interventions that benefit the community. See Appendix A for detailed reference.

Project Results

When trying to approve the capstone survey distribution among leadership in the bureau, some supervisors mentioned to Wesley Schweikhard, my internship mentor, that clinical staff would not like to take another survey related to trainings. Wesley Schweikhard is a Management Analyst who has been working for the Mental Health Services Act and has also contributed towards the development of county innovation projects. This caused the project to take a different route in order to still find the qualitative data needed to complete this capstone. Based on this, Wesley and Dana Edgull, the behavioral health services manager, offered an alternative opportunity that would still help gather similar results. Dana Edgull has been working as a behavioral services manager and under administrative roles for several years. Focus group interviews with clinical staff through Zoom was offered as a viable option. During the week of March 20-26th Wesely planned and scheduled meetings with clinical staff.

There were a total of three 60-minute focus group meetings and one one-on-one interview. The first focus group meeting consisted of eleven participants in the Soledad clinic. The first question asked to the focus group participants asked about the pain points of their job

role. The specific question was, “What are the pain points in your clinical job or role, which may be exposing you to trauma, causing you stress, or generally leaving you vulnerable to burnout?” Some responded with documentation of productivity (the bureau has a sustainable productivity goal of 75%), high demands for a rural community with little resources, and high caseloads. The second focus group had three participants from the Salinas Access to Treatment team. These participants responded with high demands, case loads, calls, referrals, walk-ins, and time consuming prep work. The third focus group had three participants from the South County Access to Treatment team. This group responded with similar themes such as no time to debrief, high caseloads, understaffing, long lasting impacts of COVID-19 (grief and mental health crisis), and emotional exhaustion. The one-on-one key informant interviewee was a previous licensed clinical social worker, but now is in an administrative role. They mentioned how stressful it is dealing with electronic health records, documentation requirements, and high workloads.

The focus groups were also asked about whether they use self-care techniques to mitigate the pain points of their demanding roles. In focus group one, participants discussed that taking the time to do self-care would be another task to add on to their schedules. All those who responded said they did not practice self-care due to time constraints. In focus group two, 100% of participants (3) said they did not have time to practice self-care techniques. In focus group three, 100% of participants (3) said they also did not have time for self-care due to other responsibilities on and off work. Lastly, the key informant interviewee mentioned that they did have time for selfcare which included 45 minute meditation or walk. The third question asked was, “What are your experiences when dealing with secondary traumatic stress and vicarious trauma?” In the first focus group, two individuals reported that they felt meeting productivity quotas was more stressful than Secondary Traumatic Stress (STS) and Vicarious Trauma (VT).

Meanwhile three reported that STS and VT caused more stress/trauma. In the second focus group interview, one participant mentioned that productivity was more stressful than dealing with STS and VT. Another participant reported that STS and VT caused them more trauma, as a newer clinician. The third focus group mentioned that STS and VT is compounded due to the fast paced expectations and workload. They also mentioned that they experience feelings of helplessness when unable to change circumstances clients are going through. The last interviewee mentioned that it was difficult witnessing a crisis occurring in broken homes, which resulted in a search for a new job. As reported, there are common themes of emotional distress and workload.

Although the initial plan of this capstone project took a turn, the results gathered from the focus group interviews gave a closer look at what clinical MHP deal with on a daily basis. After each meeting, the clinical staff expressed their gratitude for having a safe space to discuss this social problem that goes unnoticed by the majority of the population. Others mentioned that initiating these conversations can bring much needed change.

Conclusion & Recommendations

This capstone project gave an opportunity for behavioral health staff to express their experience with the current national problem, the lack of mental health providers (MHP). The lack of MHP and the set expectations clinicians are expected to meet create additional stress that contribute to burnout. Results gathered show the current reality for clinicians working in public, nonprofit, and even private mental health organizations. During the focus group meetings, participants expressed gratitude for the space given to vent about the struggles that go unnoticed to the public eye. Participants also mentioned a few solutions that would alleviate the pain points of their jobs. Some mentioned offering a clinical assistant position that would help with documentation and administrative tasks which are time consuming. Others commented that

hiring a recruiter for the county would help bring in more MHP and necessary staff which would reduce the caseload/workload significantly. Another common suggestion found was allowing staff to have self-care time that would not harm their productivity, but instead, help them debrief and unload their mental stress. Initiating more of these conversations within the workplace can bring needed change. The bureau should consider offering more social support and administrative change to improve the compounded trauma and stress employees are experiencing.

References

- Boden, M., Smith, C. A., & Trafton, J. A. (2021). Investigation of population-based mental health staffing and efficiency-based mental health productivity using an information-theoretic approach. *PloS one*, *16*(8), e0256268.
<https://doi.org/10.1371/journal.pone.0256268>
- Boden, T., Smith, C.A., Klocek, J. W., & Trafton, A. J. (2018, November 30). Mental health treatment quality, access, and satisfaction: Optimizing staffing in an era of fiscal accountability. *Psychiatric Services*, *70*(3), 168-175
<https://doi.org/10.1176/appi.ps.201800229>
- Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2021). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*, *36*(9–10), NP5304–NP5319.
<https://doi-org.csUMB.idm.oclc.org/10.1177/0886260518799502>
- Danielsson, L., Bertilsson, M., Holmgren, K., Hensing, G. (2017). Working in dissonance: Experiences of work instability in workers with common mental disorders. *BMC Public Health* *17*, 472. <https://doi.org/10.1186/s12889-017-4388-3>
- Fukui, S., Rollins, A. L., & Salyers, M. P. (2020). Characteristics and job stressors associated with turnover and turnover intention among community mental health providers. *Psychiatric Services*, *71*(3), 289–292. <https://doi.org/10.1176/appi.ps.201900246>
- Guevara, A.M.M., Johnson, S.L., Elam, K., Rivas, T., Berendzen, H., & Gal-Szabo, D.E. (2021). What does it mean to be trauma-informed? A multi-system perspective from practitioners serving the community. *J Child Fam Stud*, *30*, 2860–2876.
<https://doi.org/10.1007/s10826-021-02094-z>

- Kaiser Family Foundation. (2021, September 30). *Mental health care health professional shortage areas (HPSAs)*. Retrieved October 14, 2022 from:
<https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- Kwochka, J. A., Wu, W., Luther, L., Fischer, M. W., Salyers, M. P., & Rolins, A. L. (2019, September). The relationship between clinician turnover and client outcomes in community behavioral health settings. *Psychiatric Services*, 71(1), 28-34.
<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900169>
- Lin, L., Stamm, K., & Christidis, P. (2018, February 1). How diverse is the psychology workforce? *American Psychological Association Monitor on Psychology*, 49(2).
<https://www.apa.org/monitor/2018/02/datapoint>
- Lund, E. M. (2021) Even more to handle: Additional sources of stress and trauma for clients from marginalized racial and ethnic groups in the United States during the COVID-19 pandemic, *Counseling Psychology Quarterly*, 34(3-4), 321-330, DOI:
[10.1080/09515070.2020.1766420](https://doi.org/10.1080/09515070.2020.1766420)
- McMenamin, L. (2021, April 19). *Why long-term workplace trauma is a real phenomenon*. British Broadcasting Corporation.
<https://www.bbc.com/worklife/article/20210415-why-long-term-workplace-trauma-is-a-real-phenomenon>
- Meléndez Guevara, A. M., Lindstrom, J. S., Elam, K., Chanler, H., Cami, M., & Kamryn, M. (2021). Culturally responsive trauma-informed services: A multilevel perspective from

- practitioners serving latinx children and families. *Community Mental Health Journal*, 57(2), 325-339. doi:<https://doi.org/10.1007/s10597-020-00651-2>
- Moon, S., & Sandage, S. J. (2019). Cultural humility for people of color: Critique of current theory and practice. *Journal of Psychology and Theology*. 47(2) 76-86.
<https://doi.org/10.1177/0091647119842407>
- Monterey County. (2023). *About*.
<https://www.co.monterey.ca.us/government/departments-a-h/administrative-office/office-of-emergency-services/about>
- Monterey County Behavioral Health Bureau. (2020). *Data & reports: California Department of Mental Health cultural competency plan requirements*.
<https://www.co.monterey.ca.us/home/showpublisheddocument/101265/637552141866970000>
- Monterey County Behavioral Health Bureau. (2021 July). *Mental Health Services Act FY 2021-2022 annual update*.
<https://www.co.monterey.ca.us/home/showpublisheddocument/104992/63766264421660000>
- Quitangon, G. (2019 July). Vicarious trauma in clinicians: Fostering resilience and preventing burnout. *Psychiatric Times*. 26(7).
<https://www.psychiatrictimes.com/view/vicarious-trauma-clinicians-fostering-resilience-and-preventing-burnout>
- O'Connor, K., Muller Neff, D., & Pitman, S. (2018, June 26). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, 53, 74-99.
<https://www.cambridge.org/core/journals/european-psychiatry/article/burnout-in-mental->

[health-professionals-a-systematic-review-and-metaanalysis-of-prevalence-and-determinants/8DE6B29F7AD65E2442726CA8D1F7F876](https://doi.org/10.1080/08980101.2022.2022278)

Ostrow, L., Cook, J., Salzer, M., Pelot, M., & Burke-Miller, J. (2022). Predictors of work-life burnout among mental health certified peer specialists. *American Journal of Orthopsychiatry*, 92(6), 673–680.

https://psycnet.apa.org/fulltext/2022-87049-001.pdf?auth_token=c2aa3fd36024fcb1bf91d7781c3dcf417185979c

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organizational factors to vicarious trauma in mental health professionals: a systematic review and narrative synthesis. *European Journal of Psychotraumatology*, 13(1), 2022278.

<https://doi.org/10.1080/20008198.2021.2022278>

Weiner, J. (September 2022). *Unanswered cries: Why California faces a shortage of mental health workers*. Cal Matters.

<https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/>

Appendix A

Project Implementation Plan

Tasks	Timeline/Deadline	Supporting Staff	Materials/Services Needed	Deliverables
Meeting with mentor	October 20, 2022	Wesley Schweikhard, mentor	Computer, Zoom, meeting agenda	Drafting capstone ideas
Capstone consultation meeting	November 4, 2022	Wesley Schweikhard & Barbara Silverthorne, instructor	Computer, zoom, meeting agenda, capstone draft	Discuss chosen capstone project
Researched survey methods	February 15, 2023	Professor Ignacio Navarro & Wesley Schweikhard	Computer	Creating a survey draft
Researched academic articles and journals	February 21, 2023	Wesley Schweikhard & Barbara Silverthorne	Library databases, computer	Finding peer reviewed information to start capstone report
Focus Group Interview 1	March 21, 2023	Wesley Schweikhard & Clinical Staff	Meeting agenda questions	Gathering interview findings
Focus Group Interview 2	March 22, 2023	Wesley Schweikhard & Clinical staff	Meeting agenda questions	Gathering interview findings
Focus Group Interview 3	March 27, 2023	Behavioral Health Clinical Staff	Meeting agenda questions	Gathering interview findings
Key Informant Interview 4	March 29, 2023	Behavioral Health Staff & Wesley Schweikhard	Meeting agenda questions	Gather interview findings
Evaluate Interviews	April 6, 2023	Wesley Schweikhard	Computer	Gathering data
Show Findings	May 19 2023	Barbara Silverthorne, CHHS staff, student colleagues, and the public	Computer, data	Presenting material