




Recruiting, Hiring, Supervising, and Retaining Remote Therapists for Rural Children’s Advocacy Centers

 For many children who have experienced the trauma of child abuse, high-quality and effective mental health services may be the key to recovery. The good news is that science has opened the door to healing through what we now know as “evidence-based treatments,” such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and a handful of other proven interventions for children and trauma (see the [California Evidence-Based Clearinghouse](#)). The challenge for all children’s advocacy centers (CACs), however, is finding and retaining the right professional(s) who have the skills and training to deliver evidence-based trauma treatment over their career. Trauma-trained therapists are those individuals who have been trained on evidence-based trauma-focused treatment modalities and received supervision on how to integrate those modalities into their work. This Issue Brief explores strategies to recruit qualified professionals from afar (who will work remotely), tips for interviewing and selecting a candidate you may never have met in person, remote onboarding, issues in supervision, and strategies for retaining the remote clinician including helping them manage secondary traumatic stress.

CONTENTS

- Laying the Groundwork
- Recruiting and Hiring Remote Candidates
- Onboarding, Supervising, and Retaining a Remote Clinician
- Other Avenues to Remote Specialized Therapists
- Appendix I: Sample Job Description
- Appendix II: Sample Job Flyer
- Appendix III: Sample Job Advertisement
- Appendix IV: Sample Interview Questions

Identifying local trauma-trained professionals, even in large urban areas with a rich pool of licensed therapists, can prove difficult. The challenge is more daunting in rural and frontier communities where far fewer licensed mental health professionals live (Ellis, 2009). This shortage of highly qualified trauma-focused treatment providers often means relying on generalist mental health professionals who do not specialize in evidence-based trauma treatment. Where a limited number of specialists exist in rural areas, they are often found in insufficient numbers, and CACs may experience long waits before therapy can be initiated. This shortage extends beyond CACs or trauma treatment of children, with the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) identifying almost 6,400 designated [Mental Health Shortage Areas](#) across the country (HRSA, 2022).

Traditionally, organizations in rural areas have been limited to the local mental health labor pool or have used innovative ways to attract potential job candidates to move to their communities (Jensen, 2020). Agencies that have pursued this latter path have met with mixed results, yet several key strategies appear to support recruitment efforts. Certain providers in regions designated by HRSA as Mental Health Shortage Areas are eligible for federal (and sometimes state) resources to recruit, retain, and train health care providers, including mental health therapists. Creative ways to recruit mental health professionals for work in remote communities include federally supported enhancements, such as loan repayment programs, scholarships, and visa waiver programs. CACs that are part of a larger organization providing a wider range of behavioral health services, such as a Federally Qualified Health Center, have been able to take advantage of these resources to support recruitment, but smaller, independent non-profit CACs could be hard-pressed to meet the federal requirements involved (NHSC, 2021). At the state level, the rules of incentive programs vary with some states providing greater flexibility (WICHE, 2007). While some agencies report success in attracting candidates with these incentives, others report that employees often leave the position once their commitment period ends, contributing to high turnover in rural areas.

More recently, the Western Regional Children's Advocacy Center (WRCAC) partnered with Children's Advocacy Centers of Washington (CACWA) and the Children's Alliance of Montana (CAM) to establish statewide, telemental health networks to connect trained CAC-affiliated trauma therapists in one part of the state with children in more rural regions far away, using video conferencing. While initially these efforts were met with hesitancy among clinicians and CAC directors who were uncertain about the efficacy of telemental health, the COVID-19 pandemic precipitated rapid changes in service delivery models and clinician understanding of the research supporting telemental health. As a result, the number of therapists experienced with telemental health delivery jumped from a handful to thousands almost overnight. This wide experience using telemental health opens a new door to quality mental health for CACs in rural and frontier communities – the employment of one or more therapists to work directly for the rural CAC while they continue to live remotely, (potentially far from the center), and deliver therapy via telemental health.

Example

The mythical Delkin City Children’s Advocacy Center (DCCAC) is located in a rural region of a western state. DCCAC has never been able to find a qualified therapist to employ directly and has relied on the local mental health center to provide mental health therapy through a linkage agreement. Given the limited resources of the mental health center, it is not able to specialize in child trauma treatment and experiences a high turnover rate among its employees. Engaging a new strategy, DCCAC sought to identify qualified candidates to hire as remote staff, who can live anywhere in the state, (even in the state capital 400 miles away), to deliver therapy to the center’s children via tele-mental health. After updating their social media posts, placing ads in select markets, networking with professional associations, and coordinating with the CACs in the metro areas of the state, DCCAC employed Amanda Lopez, a licensed clinical social worker, who has been using tele-mental health since the outset of the pandemic and likes working from home. Amanda is now an employee of the center, just as if she lived in Delkin City but she lives 350 miles away. She was interviewed via Zoom, hired remotely, provides therapy to Delkin City children remotely, is supervised remotely, and coordinates her work with the DCCAC Victim Advocate and the multi-disciplinary team via Zoom and email. The center now has a highly qualified employed trauma therapist without having to attract someone to move, and Amanda is more likely to remain employed as she was able to keep her existing home, her spouse retained employment, her kids didn’t have to change schools, and she likes where she lives without needing to uproot the family and build new social connections in Delkin City.

Laying the Groundwork

As the use and acceptance of telemental health grows, it opens up the possibility for CACs to launch a mental health program where they previously could not because of a dearth of local clinicians. This section guides CAC directors through a series of steps to establish policies, procedures, and processes for newly created mental health services and make key decisions before moving forward. Utilizing a remote employee to provide services does not relieve the CAC of the burden of a well-designed system of care and, in fact, adds to the complexity. With that said, even a small, independent CAC can design and manage a quality mental health program with proper planning and foresight considering the issues discussed below.

First, assess your agency readiness to employ and support a therapist (remote or otherwise).

The first order of business for a CAC contemplating direct mental health service is to review relevant standards and requirements and become familiar with resources related to the provision of mental health services within a CAC environment such as the following:

- [National Children’s Alliance, 2023 Standards for Accredited Centers](#) - Standard 6: Mental Health
- [CAC Directors Guide for Mental Health Services](#)

- State licensing requirements for social workers, marriage and family therapists, and other mental health professionals
- [National Child Traumatic Stress Network website](#)
- [California Evidence-Based Clearinghouse for Child Welfare, section on trauma treatment of children](#)
- [WRCAC Telemental Health Resource Center](#)

Determine what salary you can afford for a highly qualified candidate, what resources you have to support the cost of a therapist (including salary, fringe benefits, travel, and professional development), and the stability of your financial resources (e.g., donations, grants, contracts, or fees for service). Review your budget to determine both the market rate for therapists that may be recruited and how that compares to the funds you have available. Since families are not billed for services, a combination of grant funding, philanthropy, and third-party reimbursement may be the best option. Some questions for consideration are as follows:

- Does your CAC have access to grant funds (such as Victims of Crime Act funding or a National Children’s Alliance subaward through the Victims of Child Abuse Act)? If so, who will manage the grant project and ensure that all grant requirements are met?
- Alternatively, can your CAC bill third-party sources for your agency mental health services such as Medicaid, insurance, or victims of crime compensation program? If so, who will manage that billing process and are you prepared to handle the cash flow between service provision (and payment for salary) and receipt of third-party payment?

Additionally, before starting the process of recruiting a remote therapist, discuss your insurance policy and needs with an insurance broker. Does the insurance policy of your CAC cover staff liability including mental health staff and delivery of tele-services? Most insurance companies have added options for telehealth policies. By adding a mental health staff member to your team, you may now have different liability issues so it is important to check on the need for additional coverage.

Finally, you will want to consider to what extent your CAC clients will have the capacity to access telemental health services. States vary significantly in terms of broadband availability. You will want to assess coverage in the areas where your clients live and consider how to mitigate the challenge of serving children who live in so-called “data deserts,” or areas with limited or no high-speed internet. Some CACs have addressed those barriers by offering private space at the CAC, or in coordination with a school, where a child will have computer access to connect with the therapist virtually. There are many advantages to this option, including the opportunity to connect with the client on a regular basis, address any safety concerns as other staff are in the building, and facilitate regular interactions between the caregiver and a victim advocate.

Consider what your program will look like.

The CAC will need to develop basic policies for the new treatment program and remote delivery of services. It may help to enlist the support of other CACs with longstanding clinical programs and experience with tele-delivery of mental health services to articulate formal and informal policies. Policies should include, for example:

- How will the CAC determine which children will be referred for trauma-focused telemental health services?
- How will the therapist conduct an assessment while delivering services remotely?
- Will therapists be expected to use specific standardized assessment measures?
 - Are the measures licensed and appropriate for use with telemental health?
 - Will the measures need to be repeated at periodic intervals?
 - How will the measures be scored?
 - How will the cost of the measures be covered?
 - How will the results from the assessment be integrated into therapy with the child and family?
- What are expectations around caseload sizes?
- How will productivity be measured?
- Will the CAC need the therapist to participate in case review? If so, how will they be compensated for participation?
- How will the CAC handle subpoenas, other requests for records and information, and possible court testimony for therapists? Will the court allow for remote testimony if needed?

In setting productivity expectations, it is advised to seek a balance across volume, quality, time for supervision, professional education, and administrative tasks. In thinking about volume specifically, consider to what extent that will be measured by caseload size, number of client clinical hours expected per week, whether collateral contacts and/or case management will be part of the expectation, or something else. This age-old balancing act holds special relevance when delivering services remotely, as session planning and other technical issues add time to a session. The higher the caseload expectation, the more children get served and potentially the more revenue is earned. On the other hand, the higher the caseload standard, the harder it is to find the time needed to provide high-quality therapy services, complete required documentation, possibly participate in case review, respond to requests from the multi-disciplinary team (MDT), participate in supervision, training, and CAC meetings, counter Zoom fatigue, and manage general job pressures and secondary traumatic stress. Push too hard and you get burnout and compassion fatigue and risk losing your employee (Thomas, 2013; Wilson et al., 2021).

You will also need to determine how the clinician will document their clinical work. Documentation may involve rudimentary paper recordkeeping or the purchase of an Electronic Medical Records (EMR) system. Many CACs already track case data (through NCAtrak, for example) and there may be value in linking to existing data tracking processes and systems. If you are planning to use paper records, the CAC should consult with other trusted mental health providers who do so, (most likely in private practice), to see how they structure their records. Your policies should stipulate how you will ensure records are securely maintained, who will have access to review them, and how and when (and when not) to release records upon request from the family or an external party. You must determine what your state law mandates about access and privacy of psychotherapy records that includes and goes beyond federal Health Insurance Portability and Accountability Act (HIPAA) requirements. CACs who have a medical or mental health provider on their board of directors may find them to be an excellent resource to help guide the process. Rural CACs that are part of a hospital system, county or city government, or some type of health clinic will likely already have policies and an EMR in place that can be adapted to the CAC.



Before you search for a clinician, build a strong employer brand online.

Before starting the search, consider how job candidates will learn about your CAC. Unlike hiring local professionals who may have heard about your agency through word-of-mouth or know your reputation among the clinical community, a potential candidate living hundreds of miles away will most likely turn to your social media profile or website for an introduction. Be sure your online presence is up-to-date and projects an image of your agency in a way that will be attractive to potential candidates. Consider whether and how it shows the CAC as trustworthy, illustrates your culture, and helps candidates visualize themselves as members of your team. Create an informative “careers” page on your website and other social media accounts where job openings are posted. Images of employees actively engaged with each other and even written or video testimonials from your current staff or team members can help a potential candidate decide to apply for your job. Ask your current staff or MDT members to tell their story, what made them choose to work for or with the CAC, and why they stay involved. These stories can serve as an inspiration for people who are considering an application (Pavlou, 2021).

Assess the competition. Who else is hiring?

It can be helpful to gather information about other employers that are hiring therapists in the geographic areas in which you plan to recruit. For example, seeking a therapist who resides in the

state's largest city or other high-cost area may have an impact on the salary you will need to offer to be competitive. The CAC that is located in that community can provide market advice and help you assess what salary expectations might be. The same concern may apply to tele-therapy companies, like [Brightline](#) and [Cerebral](#) that recruit nationally; they often have information about compensation on their websites. Seeking candidates in high-price areas like New York or San Francisco may prove cost prohibitive, but you might find strong applicants that fit the budget of a rural CAC in states like Tennessee, Oklahoma, or New Mexico, where the cost-of-living and corresponding wages are lower (World Population Review, 2022). If you are considering hiring a clinician who resides outside your state, consider licensing issues, and make sure they are able to practice in the state where your clients reside.

Recruiting and Hiring Remote Candidates

During the recruiting phase, you are balancing multiple aims. First, you want to attract a highly qualified pool of applicants. At the same time, you want to keep qualified candidates engaged in your opportunity until you are ready to select the best candidate. You need to do both knowing that the job market for therapists is tight, and offers for strong candidates may be easy to come by. To achieve your goals, you will need to create an exceptional candidate experience and be able to act quickly. You want every qualified candidate to want the job and hope to work with you. How you set up and manage the interviewing process will tell them a lot about your agency. Many CAC clinicians choose their career path as an opportunity to make a meaningful difference in a child's life. Knowing that, it may help to frame your position as an attractive opportunity to do important work and close the gap in quality mental health for children living in an under-resourced region of the state. The opportunity to work from home without needing to relocate are also attractive features of the position. Additionally, working for a CAC offers several benefits and opportunities including, for example, being part of an MDT focused on justice and healing for children, providing much-needed support to a child through the legal process, the ability to share mental health concerns (with consent) directly with investigators and prosecutors, access to current research through the National Children's Advocacy Center's Child Abuse Library Online (CALiO), and access to free or low-cost trainings and resources through the National Children's Alliance (NCA), state chapters, and regional CACs.

For more information on essential human resources practices and helpful audit checklists, see the upcoming (October, 2022) *Human Resources Toolkit for Nonprofit Children's Advocacy Centers*, published by the Southern Regional Children's Advocacy Center.

Develop your job description to recruit the right candidate.

Once you decide to hire a remote therapist, establish a clear picture of who and what you need for this position. Research suggests that individuals with a strong sense of self and who value autonomy may be best suited for rural practice (Hastings & Cohn, 2013), and these qualities may be even more important for tele-therapy from afar. If you are unfamiliar with what skills or traits are needed to provide remote trauma treatment via telemental health, it might be wise to consult with CACs in your state who have well-respected trauma treatment programs, your regional CAC, or sites in the state funded through the [National Child Traumatic Stress Network](#) to better understand what your ideal candidate might look like.

If you choose to adopt a job description from an allied community agency or another CAC, be sure it meets the added needs of a *remote* therapist delivering *telemental health*. Start with a clear



description of the core functions of the job, such as offered in the sample job description in [Appendix I](#). At a minimum, the description should outline the expectations of therapists as set out in the *NCA 2023 Standards for Accredited Centers*. Other key attributes include ability to work independently and with remote supervision. Include reference in the job description to expectations around teamwork with the local CAC staff and MDT and documentation in the CAC's record management system, including an EMR if used

by the CAC. The job description should also emphasize the attractive aspects of delivering teletherapy such as working from home, flexibility in scheduling, and backing that the CAC will offer to support the clinical process, such as the close "task sharing" support of the victim advocate (WRCAC, 2021).

The job description should list preferred or required education and licensing credentials that meet or exceed those listed in the *NCA 2023 Standards for Accredited Centers*, plus experience delivering therapy via telemental health. Whereas two years ago, the latter requirement would have been impractical, with the experience of the pandemic it is a reasonable addition now. The minimum requirements should include an appropriate license for their degree in the state where the CAC and child clients are located. You may want to consider the option of hiring a therapist who is still accruing their post-graduate hours and is under supervision. However, you would need to make sure they are receiving supervision from someone who has the same training in the EBT you are having the therapist provide to your clients (NCA accreditation standards require this). If you are recruiting across state lines to maximize the pool of potential candidates, you can stipulate applicants must have, or be willing to secure, the appropriate license in your state. This requirement may be especially common for and beneficial to rural CACs that are located near a state line with a significant metropolitan region in the adjoining state.

With your ideal candidate in mind, you can add a section on “preferred qualifications” such as fluency in a language beyond English that is commonly spoken in the rural region. It is also appropriate to list training and experience in evidence-based trauma treatment as preferred qualifications, including for example, completion of [TF-CBT Web 2.0 training](#), live training conducted by an approved TF-CBT trainer, and completion of the TF-CBT consultation calls required to be [certified in TF-CBT](#).

Identify remote job candidates.

Recruiting applicants who reside outside the geographic service area of your CAC can prove challenging, as you may not be familiar with local networks that could yield promising candidates. You can advertise on major jobs websites such as LinkedIn, Indeed, Glassdoor, professional job boards for behavioral health or university job boards. Posting the position on NCA’s Engage will also reach many already working within a CAC context. Consider other specialized sites to recruit clinicians who reflect the demographics of the community being served (such as [workplacediversity.com](#) or [blackjobs.com](#)). Outreach can also be done through prominent and frequent placement via the agency’s social media platforms and shared through all informal networks available including sending to your state chapter and other CACs and asking their staff to share with friends and colleagues in the community. State professional meetings or conferences can be useful to getting information out as announcements and QR codes can be placed in state professional newsletters that link to your CAC website. A sample outreach communication is provided in [Appendix II](#).

Conduct a thorough screening of candidates.

Depending on the success of your efforts to attract candidates, you may want to narrow the pool based on a careful review of the submitted applications. Your job posting should instruct candidates to submit a cover letter, copy of their resume and a list of trainings they have received and provided in relevant clinical interventions. In larger agencies, such as a hospital or county government agency, you may require all applicants to complete a standard application. If needed, an initial screening interview may also be completed via phone or videoconferencing to focus the pool of candidates you want to consider more closely. The screening interview can be relatively unstructured, but all candidates should be asked the same basic questions. While you are assessing the candidates, they are also evaluating you and your agency. Even more so than local job applicants, an experienced therapist working remotely may know multiple organizations nationally seeking qualified tele-therapy candidates and may be weighing their options. Again, try to create an exceptional candidate experience.

Conduct a thoughtful, remote job interview.

Once you have condensed the candidate pool to a manageable number (i.e., your top 5-6 or fewer), it is recommended you conduct a structured interview either in person, if the distance between the candidates and the CAC is reasonable, or by videoconference such as Zoom. Start the interview with introductions and rapport-building and then use this opportunity to sell the job and the importance of the work of the CAC. Remember an interview is a two-way street. You need to engage the candidates in the mission of the CAC and the importance of what they will be doing. For some candidates, who are unfamiliar with the CAC concept, it is vital to explain how a CAC operates, the role of the MDT, how the CAC staff and MDT will support the work of the remote therapist, the nature of supervision and support, and how all this helps a therapist navigate trauma treatment and associated secondary traumatic stress. You will also want to provide a brief overview of the geographic area they will be serving and unique attributes and challenges of the children and families living in the region served by your CAC. You may choose to send information about the CAC and community to the candidate prior to the interview and encourage them to come with questions. You can stress that after a child experiences trauma there is a window of opportunity to have immense influence on the rest of the child's life – the CAC is seeking a professional who has or will develop the expertise required to shift the course of a child's life for the better. Show pride in the work the candidate will be doing. You want to entice a clinician who shares your sense of mission and is not simply looking for a convenient job and a paycheck.



After building rapport and explaining the position, the mission and operation of the CAC, and the role of the MDT, it is time to ask your preselected questions. You may find it useful to first explain, as a transition, you have a series of general and behavioral interview questions that all candidates will be asked. General questions include, for example, "Tell us what interests you about this job" or "Tell us about the ages of children you have worked with." Behavioral interview questions are defined as questions that "estimate the future performance of a candidate by looking at their past behavior" (Indeed, 2022). An example of a behavioral question is "Tell me about a time you dealt with a workplace ethical dilemma and how you handled it" (Dietz, 2021). See [Appendix IV](#) for a list of sample interview questions.

Be sure to include questions specific to telemental health delivery such as the following general interview questions:

- Tell us about your experience delivering tele-therapy.

- Use follow-up questions if the candidate doesn't volunteer all the information you are seeking, such as "With what type clients?" or "What video platforms do you have experience using?"
- Tell us about how you adapted a clinical activity specifically for use in teletherapy.
- Tell us about apps you have found helpful in tele-therapy.
- What have you found challenging about teletherapy?
- What have you found to be exciting about teletherapy?

Consider adding behavioral questions around telemental health such as the following:

- Tell us about a time you encountered a clinical crisis or concerning event while delivering tele-therapy. Briefly describe the situation and how you handled it in the moment.

You may wish to narrow the candidate pool further to two to three finalists and conduct a second interview with a new set of questions that digs deeper into key areas like clinical skills, attitudes toward evidence-based treatments, understanding of specific models (particularly where competence was claimed in the previous interview), or broader issues such as ability to meet deadlines and manage time in a remote environment. Finally, just like with a local hire, once you've identified your top candidate, be sure to check references provided. Because of potential liability, some employers merely confirm job titles and dates of employment, without details, but others may provide important insights.

Remote work of any kind is challenging. If a job provides the only support system for an individual, then working in a remote environment may be problematic. A remote employee needs outside support and people they can interact with on a daily or weekly basis (Swigunski, 2021). This is doubly so for tele-therapists, especially those specializing in trauma. The ideal remote professional will have local support or will follow your advice and build those connections, such through informal networks of fellow therapists, professionals associations, or connections with other therapists at a CAC where they live or via video conferencing.

Onboarding, Supervising, and Retaining a Remote Clinician

Transitioning to a new job can be a difficult adjustment for anyone but it is made more so when the in-person element is removed. It is vital to remember that you are building a relationship with your new employee. Figuring out how to align your new hire's ambitions with the mission of the CAC will help build a sense of connection across the distance. The key to retention of any employee is to engage them in the important work of the CAC, foster a sense of identity with your CAC, and build trust among the new clinician with other staff and stakeholders as well as a true sense of interdependence with CAC and MDT partners (Donnelion, 1996). Everything you can do to make your new hire feel a part of the fabric of the CAC, identify with the mission, trust others with whom they

work remotely, depend on others in the CAC and MDT, and welcome it when others depend on them, will help them engage with the CAC and find satisfaction in the job.

Invest in thoughtful, strategic onboarding.

In traditional in-person settings, coworkers have a tremendous influence in imparting the organizational culture. If possible, bring your remote hire to the center early on to meet the staff and MDT members. The visit is a valuable opportunity to create energy around your mission and synergy with their new colleagues, including learning why the staff and partners of the CAC care about their jobs. For example, the new hire might observe an MDT case review meeting and enjoy informal time with the team, including gatherings over lunch or dinner or driving around the community. The same trip can include a physical tour of the community to allow the clinician to get a feel for the area they will serve and key points of interest that are likely to come up in therapy, such as schools or a particular area of the county or region where CAC clients live. It may also help foster a connection to the community if the visit includes introductions to key residents such as with tribal officials, the local child welfare director, the district attorney, sheriff, or other formal and informal community leaders. If possible, ask an MDT member to serve as guide – showing a new therapist around the region and making introductions only orients the clinician to the area, but at the same time, informally reinforced the CAC concept and values of the MDT while building social connections.

If travel to the CAC is not practical, efforts should be made to replicate the onboarding experience virtually as best you can. This approach could include a video orientation where staff and MDT members tour the center with a camera in hand and explain the CAC mission and their roles. The depth of content featured through this type of orientation will vary based on how familiar the new employee is with the CAC model, but the goal is still to make the new staffer feel part of something important. Virtual meet-and-greets with other team members can also help your clinician get acquainted with individual members and begin build to team cohesiveness.

Embrace clarity.

In addition to creating an emotional connection, there is a practical component to retaining remote staff: “Building a solid foundation starts with clear communication and getting to know your employees, which is essential for success” (Swigunski, 2021). Clear communication means that detailed guidelines exist and expectations are shared for how the work is performed as well as a set schedule for administrative and clinical supervision. Because remote employees have few opportunities to learn the organizational culture informally from their peers, the more explicit you can be about the role and how it fits into the structure of the CAC and MDT, the better.

In writing about remote employees in general, Forbes Magazine suggests, “The expectations need to be extremely clear and written out. This should cover everything from working hours, standard

processes, response times, company culture, and everything in between” (Swigunski, 2021). For a CAC therapist, this level of detail will typically also include your program policies, expectations around communication with the MDT and others at the CAC, and caseload or productivity requirements. In addition, the clinician will need clear guidelines on how clinical records are structured, where they are stored, and under what circumstances they are to be shared, including what can be freely shared with MDT members and what requires a subpoena or permission by family.

Start with a solid foundation of skills and technology.

A key task that should start as soon as you select your new remote hire is to assess their past training and current competency in core areas of telemental health trauma treatment. From this assessment, you can make plans to address shortcomings or areas needing further development. There might even be opportunities, with client consent, for a clinical supervisor to join a session virtually. Specific professional development opportunities may include specialized training in NCA-approved evidence-based treatments (most of which are offered virtually), strategies for adapting those treatments to the telemental health environment, or building specific skills related to telemental health more broadly. This assessment can then lead to an individual professional education plan for the new employee



As the CAC will be the employer, just like having onsite employees, you would need to provide equipment that meets the standards and quality you would provide any staff member. It will be necessary to be sure they are familiar with the technology they will be using and what the child and family may be relying upon. To learn more about setting up a teletherapy office and tele mental health platforms, visit the [WRCAC Telemental Health Resource Center](#).

Establish clinical and administrative supervision.

Your new clinician will require two types of supervision: administrative supervision and clinical supervision. As with a local employee based in-house at the CAC, identify who the remote therapist will report to; this may be the CAC director or someone else designated by the director based on the size of your center. The administrative supervisor should set up at least weekly supervision for the first month, or longer as needed, using Zoom or other video technology to continue to orient and engage the new staff member. After orientation is complete, and the clinician knows what is expected of them, the frequency of administrative supervision meetings can be reduced to every other week but ideally should not drop below monthly.

Administrative supervision should be supplemented by clinical supervision conducted by a senior clinical professional. Clinical supervision addresses clinical dilemmas the remote therapist encounters in therapy and ensures quality delivery of evidence-based assessment and therapy consistent with the *NCA Standards for Accredited Centers*. Assuming the CAC does not employ such a professional, it will be necessary to secure the services of a qualified supervisor. One option may be to engage the clinical supervisor of a CAC in the region where the new employee resides if that center has a well-regarded mental health program. An alternative would be a clinical supervisor affiliated with a mental health agency your CAC already has a linkage agreement with. It is important the selected supervisor understands trauma assessment and the evidence-based trauma treatment models the therapist will be employing and is supportive of the concepts of therapy embodied in the *NCA Standards for Accredited Centers*. Ideally the clinical supervisor brings experience supervising others who are delivering therapy via tele-mental health and is available by phone, text, or otherwise, if needed, between scheduled supervisory sessions (Jordan & Shearer, 2019). The CAC will likely need to compensate an external clinical supervisor for their time; this investment is essential, especially in the early stages of the employment of the new remote therapist, even if fully licensed. Some state chapters offer virtual clinical case consultations that may serve this purpose and meet Essential Component I of the NCA mental health standard related to “clinical supervision and/or consultation.”

While clinical supervision is traditionally delivered in-person, research suggests there is “equivalence between the tele supervision and in-person supervision experiences with regard to rapport with supervisors and focus on clinical goals and tasks” (Jordon & Shearer, 2019). This means that a clinical supervisor does need not be within close proximity to the therapist to be effective, as they can use technology for remote note review and even remotely monitor a session, allowing them to achieve the same goals as in-person supervisor (Martin et al., 2018; Tarlow et al., 2020). In fact, the clinical supervisor for telemental health services need not even be in the same state unless there is a provision in an individual state licensing laws that require it.

Build connections.

Without the in-person connections, it is easy for remote employees to become disconnected from the main office. Find ways to build social as well as professional connections with the rest of your team. It is important to include remote hires in everything from routine staff meetings, case review, birthday celebrations, holiday festivities, agency trainings, and other gatherings they would be part of if they were local. Consider how to create a staff experience for your remote employee that is on par with that of someone working in-house. For example, when providing a celebratory meal to staff or an ice cream break think how you can make your remote employee feel a part of things, such as a proving a gift card for food delivery. Or when holding a staff meeting, ensure technology allows for virtual employees to fully see, hear and engage with the event in the same way as in-person staff.

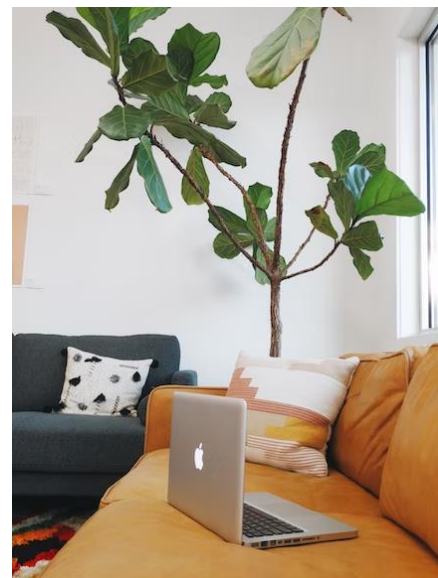
Building and maintaining a connection to the center should include periodic physical visits to the CAC, if at all practical. All visits should mix structured professional meetings and activities with informal network building among the staff and team. It is also important to include the remote therapist when multiple people from the CAC and MDT attend state or national conferences together. This is another important networking strategy that enhances the knowledge and skills of all involved. The team traveling should be encouraged to include the remote therapist as they would with a member of the local team.

Address indirect trauma.

Trauma therapy has inherent risk of indirect exposure to raw, painful material as children describe traumatic events in their lives, often with great sensory detail. Their disclosures can affect anyone exposed to it and require intentional strategies to cope with the impact. A professional working alone, in their home, hundreds of miles from the support of peers at the CAC is particularly susceptible to the deleterious effects of a trauma-exposed workplace. This impact is known by many terms, including vicarious trauma, secondary traumatic stress, and compassion fatigue. For the purposes of this Issue Brief, the term “indirect trauma” will be used to describe the impact of this work on the therapist. As a CAC moves to employ a remote therapist you also take on the responsibility of preparing and supporting that therapist for the hard emotional work ahead.

Counterbalancing indirect trauma is important. Negative stressors in a trauma-exposed workplace, such as a CAC, are frequently weighed against “compassion satisfaction.” Compassion satisfaction is the invigoration that people get from helping others and in believing that what they do makes a difference. Compassion satisfaction helps mitigate secondary trauma (TIPs Center, 2021). It is produced when one experiences a sense of personal mission about the work, believes they possess the ability to help, is energized by witnessing client improvements, and is proud of the work performed. These attributes need to be intentionally woven into the employment experience of a remote therapist. Creative strategies might include acknowledging the important contributions your remote therapist is making and recognizing the impact of their efforts in front of other CAC staff, the MDT, Board of Directors, and/or community stakeholders, placing an article in the local newspaper about their work and sending a copy to the therapist, encouraging local service clubs to recognize the remote therapist’s work, and other efforts that help them understand how important they are to the rural region can all help provide a sense of accomplishment.

Traditionally efforts to address indirect traumatic stress have revolved around acknowledging the problem and encouraging staff to take care of themselves, find ways to relax, and live a healthy lifestyle. That advice is important, but it is certainly not enough (TIPs Center, 2021). Models, such as “Components for Effecting Clinician Experience and Reducing Trauma” (CE-CERT) (Miller, 2021) emphasize that the best way to combat secondary traumatic stress is not to “escape” the work, but, rather, to identify the areas of the work that are the most rewarding to the clinician. Staff also need to be educated by their supervisors in indirect trauma “self-awareness.” Self-awareness means recognizing the impact that traumatic material is having and exploring what has worked to mitigate its impact in the past. Dr. Patricia Fisher, co-founder of [TEND](#), encourages what she calls “active coping.” Active coping is using specific behavioral or psychological responses that are designed to change the nature of the problem itself or how one thinks about it. These coping responses or strategies can include reframing how you view the situation, seeking supervision to define the best course of action, actively developing skills to support emotional regulation during difficult situations, recruiting the aid of support systems (co-workers, colleagues, supervisors, or others) and simply not dealing with difficult situations alone.



Dr. Fisher also suggests that acquiring new and enhanced skills counteracts the negative stresses. Through “skill acquisition” the professional considers how to increase competence in areas where one is challenged. In short, this strategy involves viewing difficult clients or difficult circumstances as skill challenges instead of as threats.

The final strategy embraced by Dr. Fisher, and perhaps the single most important mediating factor for secondary traumatic stress, is having the support of the team and a trusted supervisor or management. It is important for all staff to identify from whom they can get support inside the office as well as outside of the office. No one should have to manage primary and secondary traumatic stress alone. A key role for the clinical supervisor of the tele-therapist will be to help them be aware of these indirect trauma stresses and give them permission to talk about what they are experiencing.

Other Avenues to Remote Specialized Therapists

If it is not practical for a rural CAC to directly employ a remote trauma specialist to serve the region, it may be feasible to enlist and contract with another CAC that has an established mental health program to serve as the employer. The rural CAC could then contract with the host agency who would assign the distant trauma specialist to primarily support the rural CAC. This same arrangement would be made with a local agency that has a linkage agreement with the rural CAC. When the numbers of clients are small it might be desirable for two rural CACs to band together and hire a therapist to support both, with one serving as the official employer. Another avenue may open soon as more and more agencies and companies enter the tele-mental health space (Jennings, 2020). At least one such entity has begun evaluating the feasibility of offering CAC-specific tele-therapy service where they would employ, train, and supervise one or more trauma therapists meeting NCA standards, to support one or more rural CACs in a state.

Western Regional Children's Advocacy Center

Rady Children's Hospital - San Diego
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Western Regional
CHILDREN'S ADVOCACY CENTER

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Appendix I: Sample Job Description

Specialized Trauma Tele-Therapist Delkin City Children's Advocacy Center

The **Specialized Trauma Tele-Therapist** applies principles of social work & other behavioral health practices to provide children & families served by the Delkin City Children's Advocacy Center (DCCAC) with trauma-focused, evidence-supported assessment and mental health treatment, as the primary therapist via telemental health delivery. The Specialized Trauma Tele-Therapist practices as a member of the DCCAC multi-disciplinary team (MDT) in the provision of clinical intervention & support to children & families including coordinating advocacy & case management with the assigned victim advocate and MDT partners. The Specialized Trauma Tele-Therapist assesses, develops treatment plans, & provides therapy consistent with the National Children Alliance *2023 Standards for Accredited Centers*. Utilizes knowledge of culture, age & developmental stages to develop treatment plans & provide approved evidence-based and evidence-informed interventions designed to address the needs identified in the assessment. Participates in ongoing continuing education as required by National Children Alliance *2023 Standards for Accredited Centers*. May, upon request of Director, provide support & debriefing to DCCAC staff and MDT partners following traumatic events. May also participate in administrative duties, as assigned by the Supervisor.

Minimum Education

- Master's Degree (Minimum) in Social Work, Counseling, Therapy or related field

Licensure Requirements

- Holds (or will acquire prior to employment) appropriate clinical license to provide therapy in ____ state such as LCSW, MFT, LPCC or as Psychologist

Clinical Experience

- 2 Years of Clinical Experience (Minimum) serving children and youth
- 4 Years of Clinical Experience (Preferred) serving children and youth with history of chil traumatic stress

Tele-Mental Health Experience

- 6 months experience delivery therapy via tele-mental health (Minimum)
- 2 months delivery of therapy to children and youth via tele-mental health (Preferred)

Assessment Experience

- Experience conducting assessment utilizing a combination of clinical interview and standardized assessment (Minimum)
- Experience utilizing trauma specific assessment measures (Preferred)

Evidence-Supported Treatment Training

- Willingness to be trained in specific NCA approved evidence-based and informed treatment such as TF-CBT, EMDR, PCIT, & CFTSI (Minimum)
- Trained and experienced in specific NCA approved evidence-based and informed treatment such as TF-CBT, EMDR, PCIT, & CFTSI (Preferred)

Technical Requirements

- Reliable Internet Connection

Appendix II: Sample Job Flyer

Exciting work-from-home opportunity, providing tele-therapy from anywhere in the state to traumatized children living in remote regions.

The Delkin City Children's Advocacy Center is seeking an experienced therapist to provide remote trauma-specific therapy to abused and traumatized children, living in a four-county region in the eastern part of [STATE], through video conferencing. The successful candidate can provide tele-therapy from their own home. No need to relocate to Delkin City. The tele-therapist will be an integral part of a robust multi-disciplinary team with team members working in Delkin City available to coordinate case management and advocacy activity and support with the remote therapist.

About Delkin City Children's Advocacy Center (DCCAC): DCCAC is a nonprofit organization, established in 2003, to break the cycle of abuse and support healing of abused children in the four-county region, with the active support of area child protection, law enforcement, mental health professionals, prosecutors, and the regional hospital who serve together on multi-disciplinary teams in each county. The CAC is nationally accredited by the National Children Alliance (www.nationalchildrensalliance.org) and an active member of the State Network of Child Advocacy Centers (www.statecacnetwork.org). The CAC is supported by a combination of state, local, federal, and philanthropic resources.

The Children and Youth: The DCCAC serves children birth to 18 and their families who have experienced abuse and violence. Many children served by the DCCAC have experienced intense unrelenting trauma and are in need of a skilled therapist using evidence-supported treatment models to chart a course to recovery. All children referred for treatment will have experienced traumatic events. Many are exhibiting active trauma symptoms, while some others present other more pressing mental health needs that must be identified and addressed first.

The Intervention: The successful candidate will be trained and skilled in clinical assessment, including trauma assessment, and in matching the clinical intervention to the child's specific needs, using, where appropriate, evidence based or supported treatment models, such as Trauma-Focused Cognitive Behavioral Therapy.

Minimum Requirements for Position

- Master's Degree (Minimum) in Social Work, Counseling, Therapy or related field
- Holds (or will acquire prior to employment) appropriate clinical license to provide therapy in [STATE], such as LCSW, MFT, LPCC or as Psychologist
- 2 Years of Clinical Experience (Minimum) serving children and youth
- Experience delivery therapy via tele-mental health
- Reliable Internet Connection

Compensation

- Competitive compensation package

For more information visit www.delkincitycac.org or contact center director, Susan Marshall at 555-555-1000 or susan@delkincitycac.org

Appendix III: Sample Job Advertisement

Full Job Description: Specialized Trauma Tele-Therapist

The successful candidate can provide tele-therapy from their own home. No need to relocate to Delkin City

The Delkin City Children’s Advocacy Center (DCCAC) is a nonprofit organization, established in 2003, to break the cycle of abuse and support healing of abused children in the four-county region, with the active support of area child protection, law enforcement, mental health center, prosecutors, and the regional hospital who serve together on multi-disciplinary teams in each county. The CAC is nationally accredited by the National Children Alliance (www.nationalchildrensalliance.org) and an active member of the State Network of Child Advocacy Centers (www.statecacnetwork.org). The CAC is supported by a combination of state, local, federal, and philanthropic resources.

We are looking for a passionate, full-time therapist with unrestricted license to join our mission to protect and help traumatized children, living in some of the most remote areas of the state, to recover and thrive through effective evidence-supported therapy by a skilled practitioner. This is an extraordinary opportunity to make a lasting impact on the lives of children who live so far afield to benefit from traditional in office therapy with a trauma specialist.

Benefits of becoming a DCCAC Therapist:

- Ability to work remotely from the comfort of your own home or office
- Ongoing specialized clinical training
- Competitive compensation and full benefits
- Support in management of secondary traumatic stress
- Flexibility with your schedule
- Administrative, billing, and technical support provided by BCCAC
- DCCAC Victim Advocate will screen and engage new clients prior to referral to you
- Support of a local multidisciplinary team including child protection, law enforcement, medical, and prosecutors
- One-on-one clinical supervision
- A fun, supportive, and encouraging environment, even when working from far away, where team successes are celebrated!
- Help one of the most underserved regions of the state, from your own home/office
- High quality training opportunities and the opportunity to gain specialization as a true trauma expert
- Opportunity to be part of a multidisciplinary team serving child victims of abuse and help the children and families on the path to justice and healing.

What you’ll do:

- Help children manage the lingering effects of intensive childhood traumatic events by providing top-notch care through remote diagnoses, assessments, and evidence-based therapy via video platform
- Manage your caseload and schedule
- Build practitioner resilience
- Develop a professional identity as a trauma specialist who is part of a mission-driven team of professionals and a state and national network
- Maintain complete and timely clinical documentation using the agency documentation system
- Participate in regular clinical supervision and consultation, training, and performance reviews, and advance your knowledge and practice of evidence-supported treatments.
- Collaborate with other trauma specialists in state and national network of child advocacy centers
- Collaborate with other multidisciplinary team members to advocate for the needs of your clients (when releases are obtained)
- Other administrative duties

Qualifications:

- Master's degree or higher from an accredited university in the behavioral and mental health field (e.g., social work, counseling, psychology)
- A Licensed Mental Health Professional with a full and unrestricted license in good standing to practice in the state (LICSW, LMFT, LMHC, LP)
- At least 2 years of clinical experience serving children and youth
- Experience delivery assessment and therapy via tele-mental health
- Knowledge and experience with treating traumatic stress related symptoms
- Training and experience delivery of Trauma-Focused Cognitive Behavioral Therapy or other evidence-based child trauma treatment models is preferred
- Organizing abilities, quick and enthusiastic learner, excellent communicator, receptive to feedback, and good with time management
- Conscientious self-starter who embraces and enjoys autonomous work
- Proficiency in Zoom and Microsoft Office with a tech-savvy approach
- Have a confidential, private location to work remotely from with stable internet access (at least 50mbps downloads speeds)

Delkin City CAC is an equal opportunity employer committed to fostering an inclusive, innovative environment with the best employees. We provide employment opportunities without regard to age, race, ethnicity, national origin, religion, disability, sex, gender identity or sexual orientation, or any other protected status in accordance with applicable law.

Job Type: Full-time (40 hours a week)

Pay: From \$--,000.00 per year

Benefits:

- 401(k)
- Flexible schedule
- Health insurance
- Paid time off

Schedule:

- Monday to Friday
- Weekend availability

Work Location:

- Fully Remote Service Delivery
- Periodic mutually planned visits to Delkin City for orientation and select staff/team meetings/gatherings

Appendix IV: Sample Interview Questions

For more examples of interview questions that are recommended, not recommended, or to avoid completely, see the upcoming (October, 2022) *Human Resources Toolkit for Nonprofit Children's Advocacy Centers*, published by the Southern Regional Children's Advocacy Center.

Interview Questions: Specialized Trauma Tele-Therapist

Sample General Questions

Each general question may be followed up with more specific probing questions based on the applicant's response.

1. Tell us about your interest in the position
2. Describe your training and experience in trauma treatment of children and adolescents.
3. What evidence-based treatments and practices are you proficient in? Describe the training you have received to deliver those evidence-based treatments including how, when and by whom you were trained.
4. When working with children, what age range are you most comfortable working with? Which are you least comfortable with? And why?
5. What role do you think caregivers should play in the therapy process?
6. Tell us about your training and experience delivering mental health services remotely via tele delivery.
7. Have you ever had a supervisor who was not physically located in the same office as you?
 - a. IF YES: Tell us about the advantages and challenges of that arrangements you experienced.
 - b. IF NO: What do thing would the advantages and challenges of that arrangement?
8. What type of supervisor style are you most comfortable with?
9. Since the successful candidate will be working from afar, tell us about how your office is set up? How will you ensure privacy and confidentiality of services? Are there equipment and resources you would need to be successful working remotely?

Sample Behavioral Questions

1. Think of a time you were providing therapy remotely and the client experienced a crisis, such as talking about harming themselves in the immediate future. How did you handle it? If you have not had such an experience, how would you handle it if it occurred in the future?
2. Describe a time you received a referral for a client who came to your first appointment skeptical about therapy and seemed unlikely to return for a second appointment. How did you seek to engage them in therapy? How would you handle it if you were providing therapy remotely?
3. This position will require you to work as a member of a team, sharing tasks with staff of the CAC located far away. Describe a positive experience working as a member of a team (of any kind) and what made it successful. Now, describe how you would work to establish a successful team environment with the victim advocate and members of the multidisciplinary team who are physically located far away.
4. Describe a time you had to provide therapy to someone who identified as part of a culture that you were unfamiliar with. How do you seek to educate yourself about that culture so you could be more effective in understanding and meeting the client's needs?
5. This position may require conducting sessions back-to-back with clients who have experienced significant trauma. How do you define self-care and what is your understanding of secondary traumatic stress? What would you need from the CAC in order to effectively address secondary traumatic stress?

Other Items for Discussion

Other practical issues you might want to discuss and explore during the interview include the following and may be appropriate for a second round of interview or as you narrow down your finalists:

1. **Equipment.** Share and discuss with the candidate what they can expect to receive from the CAC in terms of equipment and support (such as a laptop, webcam, and headset) and what they are expected to provide on their own as well as IT support.
2. **Work Hours.** Discuss expected work hours. If the therapist resides in a time zone that is different than the CAC or the clients, discuss how that may impact work hours and need for flexibility.
3. **Insurance.** Share and discuss what type of insurance the CAC carries and how the therapist will be covered during their tenure. Explore what type of individual malpractice insurance the therapist has (separate from any CAC liability insurance). Share if they decide not to pay for their own malpractice insurance, they will not be protected if they leave your CAC for any claims from clients they saw while in your employment.
4. **Criminal and Civil Court.** Share the level of interaction you anticipate the therapist will have with criminal and civil court cases (including for example dependency court, family court and administrative hearings for schools or daycares). Discuss their experience providing court testimony, how they would feel about the possibility of testifying and/or giving their clinical opinion as it pertains to the safety of the child and whether or not they are willing to learn how to do so if they don't have experience.

References

- The Center for Child Welfare Trauma-Informed Policies, Programs, and Practices (TIPs Center) and O'Malley-Laursen, A. (2021). *Secondary traumatic stress in child welfare practice: Trauma-informed guidelines for organizations: Second edition*. Chadwick Center for Children and Families, Rady Children's Hospital – San Diego. <https://www.actsproject.com/public/uploads/ckeditor/6273f7cd725aa1651767245.pdf>
- Dietz, J. (2021, August). *Trauma Therapy Interview Questions*. Chadwick Center for Children and Families, Rady Children's Hospital - San Diego.
- Donnellon, A. (1996). *Team Talk: The Power of Language in Team Dynamics* (First Edition). Harvard Business Review Press.
- Ellis, A. R., Konrad, T. R., Thomas, K. C., & Morrissey, J. P. (2009). County-Level Estimates of Mental Health Professional Supply in the United States. *Psychiatric Services, 60*(10), 1315–1322. <https://doi.org/10.1176/ps.2009.60.10.1315>
- Hastings, S. L., & Cohn, T. J. (2013). Challenges and opportunities associated with rural mental health practice. *Journal of Rural Mental Health, 37*(1), 37–49. <https://doi.org/10.1037/rmh0000002>
- Health Resources & Services Administration (HRSA). (2022). *Health Workforce Shortage Areas*. HRSA Data Warehouse. Retrieved August 30, 2022, from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- Indeed. (2022, July 19). *15 Behavioral Interview Questions to Ask Candidates*. Indeed for Employers. <https://www.indeed.com/hire/c/info/behavioral-interview-questions-to-ask-candidates>
- Jennings, K. (2020, August 19). *Virtual Care Startup Raises \$20 Million To Transform Behavioral Health For Kids*. Forbes. <https://www.forbes.com/sites/katiejennings/2020/08/19/virtual-care-startup-raises-20-million-to-transform-behavioral-health-for-kids/?sh=789fe3c87b22>
- Jensen, E. J., Wieling, E., & Mendenhall, T. (2020). A phenomenological study of clinicians' perspectives on barriers to rural mental health care. *Journal of Rural Mental Health, 44*(1), 51–61. <https://doi.org/10.1037/rmh0000125>
- Jordan, S. E., & Shearer, E. M. (2019). An exploration of supervision delivered via clinical video telehealth (CVT). *Training and Education in Professional Psychology, 13*(4), 323–330. <https://doi.org/10.1037/tep0000245>
- Martin, P., Lizarondo, L., & Kumar, S. (2017). A systematic review of the factors that influence the quality and effectiveness of telesupervision for health professionals. *Journal of Telemedicine and Telecare, 24*(4), 271–281. <https://doi.org/10.1177/1357633x17698868>
- Miller, B. C. (2021). *Reducing Secondary Traumatic Stress* (1st ed.). Routledge.
- National Health Service Corps (NHSC). (2021, November 2). *NHSC Loan Repayment Programs: One Application, Three Programs* | NHSC. <https://nhsc.hrsa.gov/loan-repayment/nhsc-all-loan-repayment-programs-comparison>

Pavlou, C. (2021, November 19). *How to attract, hire and retain remote employees*. Workable Recruiting Resources: How to Recruit and Hire Better. <https://resources.workable.com/tutorial/hiring-remote-employees>

Swigunski, M. (2021, March 23). *7 Tips For Hiring The Best Remote Workers*. Forbes. <https://www.forbes.com/sites/mikeswigunski/2021/03/23/7-tips-for-hiring-the-best-remote-workers/?sh=a0349b66f559>

Tarlow, K. R., McCord, C. E., Nelon, J. L., & Bernhard, P. A. (2020). Comparing in-person supervision and telesupervision: A multiple baseline single-case study. *Journal of Psychotherapy Integration*, 30(2), 383–393. <https://doi.org/10.1037/int0000210>

Thomas, J. (2013). Association of Personal Distress With Burnout, Compassion Fatigue, and Compassion Satisfaction Among Clinical Social Workers. *Journal of Social Service Research*, 39(3), 365–379. <https://doi.org/10.1080/01488376.2013.771596>

Western Interstate Commission for Higher Education (WICHE). (2007, October). *Inventory of Rural Health Practice Incentives in the Western WICHE States*. <https://www.wiche.edu/wp-content/uploads/2020/10/stateInventory.pdf>

Western Regional Children’s Advocacy Center (WRCAC). (2021, December). *Task Sharing in a Children’s Advocacy Center: The Role of Victim Advocates in Meeting the Mental Health Needs of Children & Families*. http://www.westernregionalcac.org/wp-content/uploads/2021/12/Task-Sharing-Issue-Brief-3_FORMATTED-FINAL-2.pdf

Wilson, C., Walsh, C., & Conradi, L. (2021). *Trauma-Informed Child Welfare Administrator’s Guide*. National Center for Child Traumatic Stress.

World Population Review. (2022). *Cost of Living Index by State 2022*. <https://worldpopulationreview.com/state-rankings/cost-of-living-index-by-state>