

Secondary Trauma –

What is it, why should I be concerned about it and what can I do about?

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Objectives for today

- Define Secondary Traumatic Stress (STS)
- Identify signs and symptoms of STS
- Identify at least 5 strategies that they can use to mitigate the negative impact of STS.
- Describe at least 2 strategies that supervisors can use to support staff from developing STS.
- Develop a personalized plan for self-care

● Warning: We are going to get personal today. If it is too much at any point feel free to step out.

Compassion Fatigue

- Compassion Fatigue – a potential consequence of working with individuals
- Results in "a loss of ability to empathize with clients" (Knight, 2013, p. 228)
- Fear and anxiety dwell within compassion fatigue (Killian, 2008)

Compassion Fatigue

- Clients do not have to be traumatized for a worker to experience Compassion Fatigue
- Often Secondary Traumatic Stress is associated with Compassion Fatigue
- Importance of doing self-care to reduce likelihood of Compassion Fatigue

Compassion Satisfaction

- Opposite of Compassion Fatigue
- "Sense of reward, efficacy, and competence one feels in one's role as a helping professional" (Killian, 2012, p. 33)

Efficacy – to be beneficial; produce change

Reflection

- What resonates as you think about compassion fatigue? Do you think you have experienced that behavior?
- As you reflect upon compassion satisfaction – what resonates for you? What brings you satisfaction in your current employment?

Burnout

- Burnout – 3 dimensions
 - Diminished personal accomplishment
 - Emotional exhaustion
 - Depersonalization (feeling detached from oneself or the situation) or cynicism
- Result of chronic exposure to stress in the workplace
- Impact to person's perception of self and others and impacts the work environment
 - Poor job satisfaction
 - Work performance
 - Lack of commitment to employer
 - Lack of overall well being

Maslach & Jackson (1981); Kim, Ji & Kao (2011); Lizano & Barak (2015)

Burnout

- Gradual process rather than sudden onset
- Clients do not need to have trauma exposure
- Can happen outside of helping profession
- Family conflict combined with continuous work stress can increase likelihood of burnout

Maslach & Jackson (1981); Kim, Ji & Kao (2011); Lizano & Barak (2015)

Reflection

- What stands out for you as you think about burnout?
- What differences do you see between burnout and compassion fatigue?

Secondary Traumatic Stress

- Emotional distress and disruption of functioning caused by associating with someone who has been traumatized (Figley, 1995; Bride 2007)
- "... the stress from helping or wanting to help a stressed person especially a child." (Figley, 1995; Henry, 2012)

Henry, 2015

Secondary Traumatic Stress

- At least one indirect exposure to traumatic material.
 - Verbally
 - Drawings/paintings
 - Sharing life with someone that has been traumatized
- Who can be impacted by STS?
 - Helping profession – nurses, social workers, doctors, teachers, etc.
 - Caring family member or friend
- STS can occur suddenly without warning

Figley (1995); Rzeszutek, Partyka & Golab (2015)

Statistics related to STS

- National Child Traumatic Stress Network (2011) – 6% - 26% of therapists working with traumatized individuals are at high risk of developing STS
- Same study suggest up to 50% of child welfare are at high risk of developing STS

Statistics related to STS

- Bride (2007)
 - 249 social workers in the study
 - 70.2% experienced at least one symptom of STS in previous week
 - 15.2% met criteria for PTSD

Impact of Secondary Traumatic Stress

Cognitive effects	Social impact	Emotional impact	Physical impact
<ul style="list-style-type: none">• Negative bias, pessimism• All-or-nothing thinking• Loss of perspective and critical thinking skills• Threat focus – see clients, peers, supervisor as enemy• Decreased self-monitoring	<ul style="list-style-type: none">• Reduction in collaboration• Withdrawal and loss of social support• Factionalism	<ul style="list-style-type: none">• Helplessness• Hopelessness• Feeling overwhelmed	<ul style="list-style-type: none">• Headaches• Tense muscles• Stomachaches• Fatigue/sleep difficulties

Henry, 2015

Impact of Secondary Traumatic Stress

- PTSD symptoms –
 - Intrusive thoughts
 - Distressing Dreams
 - Dissociative reactions (ie – flashbacks)
 - Avoidance
 - Distorted Thinking
 - Hypervigilance
 - Etc.

DSM V – PTSD (p. 271 – 280)

Impact of Secondary Traumatic Stress

- Workplace implications –
 - Higher rate of absenteeism
 - Greater health care expenses
 - Staff – client relationship hampered
 - What does this do to outcome of services?
 - Staff – client relationship boundaries blurred
 - What can this do to outcome of services?
 - Or worse?

Whitfield & Kanter (2014); Knight (2013); Figley (1995)

Reflection

- What resonates with you as you reflect upon Secondary Traumatic Stress (STS)?
- How much of your case load consists of individuals that have been traumatized?
- What differences do you see between compassion fatigue, burnout and STS?

Check In

- If anyone is feeling anxious or concerned about this topic, you are welcome to step out.
 - I encourage you to check in with someone.

Self-Assessment

- Professional Quality of Life Scale (ProQOL)
- Assesses:
 - Compassion Satisfaction
 - Burnout
 - Secondary Traumatic Stress
- Page 1 – Complete Self-Assessment (last 30 days)
- Page 2 – Tells you how to score it
- Page 3 – Explains your scores

We need to embrace what is happening for each of us ...

- Acknowledge the stress of being in the helping profession
- Feel ok about expressing our feelings to others
- Validating one another
- Understanding that this springs up from our caring and compassion
- Recognize how widely STS is experienced by others

Henry, 2015

Reducing impact of STS

- Self-Awareness
- Balance personal and professional life
- Ask for help
- Self-Care
 - Physical
 - Mental
 - Emotional
 - Spiritual
- Self-Care Assessment Worksheet

Transforming the Pain: A Workbook on Vicarious Trauma... Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

Henry, 2015

Let's Make a Plan

- Personal Plan
- Just for the next 2 weeks ...
- What are you going to do?
 - Be specific
 - Keep it manageable
- Who is going to do it? Who needs to be involved to make this work?
- When will it be done? Set a date

Institute for Healthcare Improvement

Looking Ahead

- Opportunity to do some self-reflection ...
 - What happened as a result of this plan?
What did you learn? What should you do different next time?
- Back side is blank for future copy making
- Do this type of activity weekly or bi-weekly
- Take the ProQOL again in the future to stay self-aware
- Email will be sent to Heather
 - ProQOL
 - Personal Care Plan

Circle of Safety

Henry, 2015

The Bigger Picture

- Role of the supervisor
 - Understand STS
 - Provide regular supervision
 - Inquire of the staff member's feelings about their work.
 - How are you feeling today?
 - What's your goal for our meeting today?
 - Encourage to discuss cases cognitively and affectively
- Caution that supervision does not become a therapy session

Knights, 2013

The Bigger Picture

- Organizational opportunities to address STS ...
 - Trauma Informed Administration
 - Policies and practices that are realistic
 - Mentoring programs for new staff
 - Support supervisors providing supervision
 - Education and training regarding STS for all staff
 - Case assignments being distributed "fairly"
 - Employee Assistance Program

Knights, 2013

Organizational Self-Assessment

- The Secondary Traumatic Stress-Informed Organization Assessment (STSI-OA)
- Sprang, Ross, Blackshear, Miller, Vrabel, Ham, Henry and Carangi (2014)
- Assesses:
 - Promotion of resilience building activities
 - Promotes safety
 - Examination of policies & procedures
 - STS Knowledge
- Accessible through the University of Kentucky, Center on Trauma & Children.
<http://www.uky.edu/CTAC/node/234>

Next Steps

- Share with your table mates ...
 - Identify one thing you are taking away from today?
 - Identify one thing you can do for yourself to mitigate the impact of secondary traumatic stress?
 - Identify one thing you can share with your supervisor about secondary traumatic stress?

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