

No One Goes Untouched

~Secondary Trauma~

**Managing Responses to Helping Children
and Families**

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You Make A Difference...

...but that difference is only possible when you are healthy, functional, and engaged.

Caring for others is noble; caring for yourself is required.

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Secondary Trauma[tization]

- Any situation faced by a helper that causes them to experience unusual strong emotional reactions and feelings of countertransference, which have the potential to interfere with their ability to function in their prescribed professional or personal role.

Secondary trauma

- Trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.
- May occur among behavioral health service providers across all behavioral health settings and among all professionals who provide services to those who have experienced trauma (e.g., healthcare providers, family court judges, peer counselors, first responders, clergy, and intake workers). (SAMHSA News 2014)

Nature of reported trauma experiences of Children and Families

Some experiences are so graphic in detail, helpers may relive the experience/trauma with the client (child or family).

Family Court Judges, Social Workers Attorneys, Probation Officers, Behavioral Health Professionals

These helpers are all vulnerable to developing their own emotional or behavioral problems in response to repeated exposure to vivid stories of trauma experienced by children and families.

Secondary Trauma

The umbrella



Secondary Trauma
Burnout
Compassion Fatigue

PTSD and STS

Vicarious Trauma
Secondary Traumatic Stress

Burnout vs. Secondary Trauma

- **Burnout** is a condition that begins gradually and becomes progressively worse: a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations. (Aronson and Kafry , 1981)
- **Secondary Trauma**, conversely, can occur following the exposure to a single traumatic event. (CTA, 2002)

Vicarious Trauma

The power and intensity of the actual event can be powerful enough to impact others even though they were not themselves witness to or threatened by the actual experience.

(PTSD – vets, 911, ill parent)

Vicarious Traumatization (VT)

- Vicarious traumatization (VT): harmful changes in professionals' views of themselves, others, and the world as a result of exposure to traumatic material.

Vicarious Traumatization (VT)

- Largely cognitive changes
- Basic notions of safety, trust, esteem, intimacy & control are challenged
- Worker's view of self, others & world are disrupted (schemas)
- Hopelessness & despair
- Cumulative effects that accrue over time
- Normal in short term, but harmful in long term

Secondary Trauma

Secondary traumatic stress is a risk we incur when we engage empathically with an adult or child who has been traumatized.

Charles Figley (1995) defines **secondary traumatic stress** as "the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person."

Secondary Traumatic Stress (STS)

Helper displays symptoms similar to someone with PTSD:

Intrusive thoughts, avoidance, & hyperarousal

Either accrued over time, or triggered by short term event

High co-morbidity with other DSM conditions

There are several reasons why professionals working with maltreated or traumatized children are at increased risk of developing secondary trauma~

Empathy

- Often consumers get better not because we talk to them or at them, but because we are emotionally there for them.
- By **empathizing** with or "feeling their pain", helpers may become vulnerable to internalize some of the consumer's trauma-related pain.

Empathy: Double-Edged Sword

- **Empathetic engagement**
 - Helps us meet the needs of traumatized children and families
 - Associated with inducting traumatic material from the primary victim (the child/family) to the secondary “victim” (the helper).
- **Empathizing**...helps in understanding the consumer’s experience of being traumatized, but in the process the helper may be traumatized as well.

Children are the most vulnerable members of our society

- Young children are completely dependent on adults for their emotional and physical needs.
- When adults maltreat these vulnerable persons, it evokes a strong reaction in any person with a sense of decency and morality.
- At times, the senseless and almost evil nature of some of the trauma inflicted on children shakes to the core one's sense of humanity.

Insufficient Recovery Time

- Helpers/providers are often required to **listen to children and families describe very horrific situations** they have experienced.
- These same helpers are secondarily traumatized by having to listen to the **same or similar stories over and over again without sufficient recovery time.**

Unresolved Personal Trauma

- Many providers have had personal losses or even traumatic experiences in their own lives (e.g., loss of a family member, death of a close friend). **To some extent, the pain of experiences can be "re-activated"**.
- When providers work with children or adults who have suffered a similar trauma, the experience often triggers painful reminders of their own trauma.

Isolation and Systemic Fragmentation

- When individuals feel valued and are in the presence of others who respect and care for them, they are more capable of tolerating extreme stressors.
- Current practices of individualized service delivery rather than team-oriented practices within a fragmented system, with high-turnover, are a set up for increased stress for helpers in a host of settings, including child welfare, juvenile justice and behavioral health.

Lack of Systemic Resources

A lack of economic and personnel investment in front-line services for high-risk consumers may exacerbate helper stress responses.

- Current socio-political climate, few public systems have been likely to address adequately the issues related to development of secondary trauma in front-line personnel.

The task of addressing these problems then falls to the mid-level leader, supervisors, program directors and others who are working to create a positive work-climate for their co-workers.

Secondary Trauma: Individual Indicators of Distress

- *Emotional Indicators*

Anger

Sadness

Prolonged grief

Anxiety

Depression

Secondary Trauma: Individual Indicators of Distress

- *Physical Indicators*

Headaches

Stomach aches

Lethargy

Constipation

Impact of Expressed Trauma

- Listening to children and adults talk about trauma
 - Pain and helplessness is passed on to those around them
- Working with a complicated, frustrating and often seemingly “insensitive” social service system.
- Resource-limited situations
- Personal stress history - a host of problems that can confuse or overwhelm the treater (personal stress history)

Secondary Trauma: Individual Indicators of Distress

- *Personal Indicators*

Self-isolation

Cynicism

Mood swings

Irritability with spouse/family

Secondary Trauma: Individual Indicators of Distress

- *Workplace Indicators*

Avoidance of certain consumers

Missed appointments

Tardiness

Lack of motivation

Intervention and Prevention

Self-Care Awareness

1. Do you monitor yourself for signs or symptoms of secondary trauma?
2. What do those signs & symptoms look like for you?
3. What do you do to respond?
4. What can you do to prevent this in the future?

Understanding How We Approach Our Work

- Our experience of secondary trauma is also impacted by our motivations for choosing the work we do (Health Bridge Alliance, West, 2007)
- Our motivations contribute to:
 - What triggers us – or puts us at risk – for secondary trauma in our work
 - Our resiliencies – or strengths – for coping with secondary trauma in our work

More Common Than You Think!

- 50% of workers suffered from high or very high levels of trauma from helping others
(Conrad & Kellar-Geunthar, 2006)
- 37% of child protective workers experienced clinical levels of emotional distress associated with S.T.S. (Source: Meyers & Cornille, 2002).

The Stakes Are High...

If not addressed, [secondary trauma] may adversely affect the workers' work product and interactions with children and families.

It may also negatively impact emotional well-being and relationships with their own families.”

“If not recognized and responded to, [secondary trauma] may derail the primary mission of child welfare---to identify and assist abused and neglected children and their families.”

Barriers to Detection...

Acknowledge Secondary Trauma

- Self-blame (It's just me!)
- Shame (I'm embarrassed to admit it)
- Denial (It'll pass if I ignore it!)
- Self-sacrifice (Don't want to bother co-workers)
- Job Security (I can't expose my weaknesses)
- Pressure (I don't have time to deal with it)
- Cost (I can't afford to take time off & spend money for help)

Detection & Risk Factors

Personal Risk Factors

- History of personal trauma
- Personally identify with the victim
- Negative personal circumstances (e.g., grief due to recent loss)
- Low levels of social support
- Low sense of control over life
- Lack of meaningful personal relationships

Work-Related Factors...

- Inexperience on the job
- High caseload of trauma survivors (e.g., sexual violence)
- High caseload of traumatized children
- Poor or no supervision
- High frequency of exposure to traumatic material
- Exposure to critical incidents

Sources: Baird & Kracen, 2006; Nelson-Gardnell & Harris, 2003; Regehr et. al., 2004

Organizational Factors...

- ❑ Extraordinary high caseloads
- ❑ High administrative burden
- ❑ Difficult consumers
- ❑ Conflicts with co-workers or supervisors
- ❑ Climate of pervasive, ongoing change
- ❑ Excessive emphasis on efficiency, cost effectiveness and competition.
- ❑ Unforgiving environment. “If you can’t handle it, get out!”

Context Matters!

“Organizational context remains the most important factor (in predicting post-traumatic distress in human service/ child welfare workers)...It thus, appears that critical events are encountered by individuals who are already coping with high levels of challenge and stress.

In this context, individuals who consistently face adversity may no longer have the resources to manage and overcome post-traumatic stress reactions...”

Interventions: Individual Level

- Increase self-awareness
- Identify reactions and symptoms
- Understand early warning signs
- Accurately name and articulate feelings
- Construct a fulfilling personal life outside work—
regenerative &
relaxing activities, strong relationships, etc.
- Develop strong support networks (especially others
who understand trauma work)

Interventions: Individual Level

- Acknowledge and process personal history of trauma
- Invoke humor
- Strive for realistic optimism
- Foster opportunities for spiritual growth and connection
- Recall importance of one's work (i.e., your work does make a difference)

Compassion Satisfaction...

...an antidote to secondary trauma?

Compassion Satisfaction

- Fulfillment from helping others
- Positive collegial relationships
(co-workers)

Interventions: Supervisory Level

- Educate staff on hazards of secondary trauma
- Normalize responses to secondary trauma
- Promote ongoing self-assessment
- Schedule regular supervision meetings
- Utilize a relational, interactive model of supervision (v. authoritarian)
- Promote other forms of supervision (e.g., peer, group meetings).
- Identify support resources for workers to access if needed
- Remind individuals of importance of their work

Interventions: Organizational Climate

- Work-related stress is accepted as real and legitimate.
- Problem is owned by organization (not merely “problem” workers).
- Secondary trauma responses are recognized as normal responses.
- Focus is on solutions (not blaming).
- Support and tolerance clearly expressed to worker.
- Other “climate” issues (caseloads, official policy, EAP)

Specific Organizational Actions...

- In-service training
- Policy on secondary trauma
- Ongoing program to manage secondary trauma
- Regular supervision, consultation and support groups
- Professional development opportunities
- Rotation in caseload and job responsibility
- Health care plan with adequate health care coverage

Remember

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...but that difference is only possible when you are healthy, functional, and engaged.

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Self-Care Strategies to Avoid & Manage Secondary Trauma

- Team: share ideas, functions, responsibilities and challenges.
- Use supervision and consultation
- Take good care of your physical and mental health
- Engage in fun activities
- Decrease caffeine – eat healthy meals
- Prayer, Worship, Faith, Valuing
- Set and maintain priorities
- Assertiveness ~ Learn to say “no”

Self-Care Strategies to Avoid & Manage Secondary Trauma

- Surround yourself with persons [friends and family] who do not require the same type of support as those with whom you work
- Engage in a hobby
- Rest – 8 hours of, uninterrupted, sleep
- Seek professional help to address personal issue
- Reduce alcohol consumption
- Take a break during the workday
- Understand limitations [self, work environment, clients]

Self-Care Strategies to Avoid & Manage Secondary Trauma

- Positive Affirmations
- Mindful Meditation
- Relaxation
- Debriefing
- Time Management
- Network
- Resolve conflicts with friends or family

Self Care Plan Ideas

- Identifying and Planning for Triggers
- Managing Responses to Stress
- Personal “Crisis” Plan
- Workplace Support
- Physical Health
- Mental Health
- Emotional Health
- Home to Work and Work to Home Transitions
- Home
- Hobbies/Enjoyment
- Connection to Others
- Spiritual Renewal/Meaning Making

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