Secondary Traumatic Stress Webinar

June 30th, 2015

Presenters:
• Rebecca Brown, LCSW, Clinical Implementation Coordinator, The Maine Children’s Initiative / Portland Defending Childhood Maine Behavioral Healthcare
• Allegra Hirsh-Wright, LCSW, RYT, Clinical Implementation Coordinator, Maine Children’s Trauma Response Initiative Maine Behavioral Healthcare (formerly Community Counseling Center)

Moderator:
• Jennifer Rose, Consultant, Futures Without Violence

Welcome to the Webinar

We will begin at 11:00am (PT) / 2:00pm (ET).

A recording will be available after the webinar.
Your line will be muted to cut down on background interference so please use the chat box to share your name, your organization, your location and any questions you have for our featured speakers.

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DEFENDING CHILDHOOD

PROTECT HEAL THRIVE

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Federal Coordination

- US Department of Justice
  - Office of the Attorney General
  - Office of Justice Programs
    - Office of Juvenile Justice and Delinquency Prevention
    - Office for Victims of Crime
    - National Institute of Justice
  - Office on Violence Against Women
  - Office of Community Oriented Policing
  - Executive Office of US Attorneys
- US Department of Health and Human Services
- US Department of Education
Goals of the Defending Childhood Initiative

• Prevent children’s exposure to violence.

• Mitigate the negative effects experienced by children exposed to violence.

• Develop knowledge about and spread awareness of this issue.
Over $30 M Invested From FY2010 – FY2012

• Research and Evaluation
• Direct Action in Communities
  – Comprehensive Demonstration Project
  – Safe Start Program (www.safestartcenter.org)
  – OVW Children Exposed to Violence grants
• Training and Technical Assistance
• Attorney General’s Task Force on Children Exposed to Violence (www.justice.gov/defendingchildhood/cev-rpt-full.pdf)
• Action Partnerships with Professional Organizations
How to use this technology

• You can choose to connect via computer OR via telephone.
  • Should you choose computer, please mute your computer microphone to avoid feedback.
  • Should you choose to dial in, please follow the audio instructions on the screen or in the audio pop up:
    • Dial: 1-888-850-4523
    • Enter the Participant Code: 418086#
    OR
    • Dial: 1-719-234-7800
    • Enter the Participant Code: 418086#
• There will be time for Q & A at the end of the presentation.
• Please enter any questions you have in the Public Text Chat box.
• A recording and PDF slides will be available after the webinar.
So You Didn’t Receive A Hard Hat at Orientation?
A Look at the Occupational Hazards of Trauma Work
Rebecca Brown, LCSW
Allegra Hirsh-Wright, LCSW, RYT
Goals and Objectives

Goal: To increase knowledge and understanding of how working with children and families who have experienced trauma can impact us and how to manage the related challenges.

- Objectives
  - Participants will be able to describe the distinctions between compassion satisfaction, burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress
  - Participants will be able to identify secondary traumatic stress reactions in themselves and others
  - Participants will be able to describe the importance of self-care
  - Participants will acquire strategies to help manage secondary traumatic stress and increase personal resiliency
What is Trauma?

- “An overwhelming demand placed upon the physiological human system that results in a profound sense of vulnerability and/or loss of control.”
  
  - Robert Macy, The Trauma Center- Boston

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being
  
  – (working definition), samhsa.gov, 2013
Grounding
Stress Test
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen, Kitchen Table Wisdom 1996
Working with Others
Compassion Satisfaction

*Compassion Satisfaction* refers to “the pleasure you derive from being able to do your work well”

~ Beth Stamm, 1999

got joy?
Burnout

*Burnout* is “a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations”

Pines, Aronson, & Kafry (1981)
Burnout

Related to “lack of fit” in...

- Workload – workload vs. resources
- Control – influence vs. accountability
- Reward – pay, recognition, satisfaction
- Community – relationships
- Fairness – equal treatment?
- Values – ethical/moral

Maslach & Leiter (2005)
Compassion Fatigue (CF)

*Compassion Fatigue* is “the emotional distress one may experience when having had close contact with a trauma survivor”

Vicarious Trauma (VT)

_Vicarious Trauma_ is “the transformation in the self that results from empathic engagement with traumatized clients”

McCann & Pearlman (1990)
Secondary Traumatic Stress (STS)

Secondary Traumatic Stress is “the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by another. It is the stress resulting from helping or wanting to help a traumatized or suffering person”

Figley (1995)
Trauma Exposure Response

*Trauma Exposure Response* is “the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. This transformation can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work.”

van Dernoot Lipsky (2009)
Prevalence of STS

- **Social Workers (N = 282)** (Bride, 2007)
  - 55% met at least one of the core criteria for PTSD
  - 24% scored above the clinical cutoff.
  - 15% met the core criteria for PTSD.

- **Child Welfare Workers (N = 187)** (Bride, Jones, & MacMaster, 2007)
  - 92% experienced some symptoms of STS.
  - 43% scored above the clinical cutoff.
  - 34% met core criteria for PTSD.

- **Emergency Room Nurses** (Domínguez-Gomez & Rutledge, 2009)
  - 85% met at least one of the core criteria for PTSD.
  - 33% met the core criteria for PTSD.

- **Substance Abuse Counselors (N = 225)** (Bride, Hatcher, & Humble, 2009)
  - 57% met at least one of the core criteria for PTSD.
  - 26% scored above the clinical cutoff.
  - 19% met the core criteria for PTSD.
Prevalence of STS – cont’d

- Juvenile Justice Education Workers (N = 118) (Hatcher et al., 2011)
  - 81% met at least one of the core criteria for PTSD.
  - 50% scored above the clinical cutoff.
  - 39% met core criteria for PTSD.
- Domestic/Sexual Violence Social Workers (N = 154) (Choi, 2011)
  - 66% met at least one of the core criteria for PTSD.
  - 29% scored above the clinical cutoff.
  - 21% met the core criteria for PTSD.
- Substance Abuse Counselors (N = 936) (Bride & Roman, 2011)
  - 54% met at least one of the core criteria for PTSD.
  - 16% scored above the clinical cutoff.
  - 13% met the core criteria for PTSD.
- Social Workers (N = 529) (Bride & Lee, 2012)
  - 48% met at least one of the core criteria for PTSD
  - 15% scored above the clinical cutoff.
  - 11% met the core criteria for PTSD.
More Stats...

- **Hospice Nurses (N = 216)** (Abendroth, 2005)
  - 78% were at moderate to high risk for compassion fatigue
  - 30% hypertension
  - 22% depression/PTSD
  - 28% headaches

- **Animal Care Workers** (Roop & Figley, 2006)
  - 53.1% extremely high risk for CF
  - 12.4% high risk for CF
  - 11.9% moderate risk for CF

- **Chaplains working after 9/11 in NYC** (Roberts, Flannelly, Weaver & Figley, 2003)
  - 54.6% met the criteria for CF of which,
  - 27.5% with extremely high compassion fatigue scores
What does this mean?

.....Occupational Hazard

~ Munroe (1999)
Risk Factors

- Exposure
- Interaction
- Lack of experience
- Personal trauma history
- Empathy – the double edged sword

Perry (2003); ACS-NYU Children’s Trauma Institute (2012)
Personal Impact of STS

- **Physical**
  - Changes in sleep, appetite, low energy, somatic complaints

- **Emotional**
  - Mood changes (including rapid changes), loss of empathy, emotional shutdown

- **Behavioral**
  - Changes in routine, self-harming, accident prone, nightmares, elevated startle response

- **Cognitive**
  - Concentration changes, loss of focus or perspective, hypervigilance, difficulty making decisions

- **Relational**
  - Withdrawal from connections, intolerance, change in interest in intimacy, mistrust, change in parenting behaviors

- **Spiritual**
  - Disconnection from spiritual supports, sense of unfairness and lack of support, loss of purpose
Professional Impact of STS

- **Job Tasks**
  - Decrease in quality/quantity, increased mistakes, perfectionism

- **Morale**
  - Loss of interest, negative attitude, detachment, decrease in confidence

- **Interpersonal**
  - Withdrawal from colleagues, poor communication, staff conflicts, impatience

- **Behavioral**
  - Exhaustion, absenteeism, irritability, frequent threats to resign or quit, overworking

- **Silencing Response**
  - Wishing one would get over it, seeing clear signs of trauma and ignoring it, fearing what a someone will say whenever they come to talk with you, using anger or sarcasm towards someone when they are manifesting trauma related symptoms
Managing STS

- Building awareness
- Avoid “self care” pitfalls
- Build and maintain connections
- Know your “triggers”
- Finding Inspiration: what motivates you?

Adapted from: ACS-NYU Children’s Trauma Institute, September 2011. The resilience alliance. New York University Langone Medical Center: New York City, NY.
What Motivates You...?

“Really, I'm fine. It was just a fleeting sense of purpose—I'm sure it will pass.”
Finding Meaning

Dwelling on the days that make you want to come back....

- Write down the most rewarding moment in your job
- Write down 3 compliments you have received from a co-worker or client
- Think about 3 people whose lives you have touched
Building Resiliency

Counter Isolation

Mindful Awareness

Embracing complexity

Optimism
Building Resiliency

Holistic Health Care
Limits and Boundaries
Empathic Engagement/Discernment
Satisfaction with Job
Making Meaning
Resiliency

Resilience is the antidote to compassion fatigue

- Effective human interaction requires compassion
  - Compassion requires empathy, interest, and contact
- Exposure can also be inspiring
  - Services provided can lead to sense of pride and satisfaction
- Providers can remain resilient
  - Keep focus on goal
  - Supportive work environment
  - Improve empathic engagement/discernment

Life is not about how fast you run or how high you climb but how well you bounce.

~Vivian Komori

Figley, Bride and Radey
What is Reflective Practice?

“Our knowing is in our action.”

Reflective Practitioner- coined by Schon (1983, 1987). Asserts that many situations encountered by professionals are complex and “messy.”

- **Reflection in practice:** creatively applying learning from current and past experiences in the moment.
- **Reflection on practice:** reflection after the experience to devise learning and new understanding from a situation.

These two intertwined processes allow professionals to reshape approaches and develop wisdom and artistry.

Reflective Practice Skills

- Building a sense of safety
- Using observation as a tool
- Focus on the process
- Conscious use of self
- Explore differences
- Regulation of emotion
- Relationship, Rupture, and Repair

The Reflective Practitioner...

- Acknowledge the possible impacts of values, biases and beliefs built into professional training and service systems.
- Encourages honest and open discussion of areas of agreement and disagreement as well as differences in values and priorities.
- Understands the impact his/her own culture, values and life experiences have on his/her relationships and interactions with people using services.
- Acknowledges and explores power differences in the relationship and considers their possible impacts.
- Values strengths and partners around vulnerabilities.

What is Reflection?

“Reflection involves making time and opening up space for emotional and intellectual exploration...for not knowing, for perspective taking, for musing, and for a kind of playfulness that leads to creativity.”

Using Self Reflection and Reflective Practice to Combat Compassion Fatigue

- Maintains a stance of perspective taking over judgment
- Understand how personal experiences and beliefs influence our work
- Provides space for creativity
- Helps with self-regulation
Practicing Self-Reflection to Address Compassion Fatigue

- What helped me get through this event? Why and How did it help?
- What didn’t help me in this situation? Why not?
- What can I learn from this experience?
- Does this case press any “hot buttons” for me? Is there an emotional trigger in this for me?
- Given who I am, what do I bring to this client/family/situation?

Specific Self Care Tools

**At Work**
- Scents (lavender, sage, citrus)
- Stretching, getting fresh air
- Breathing, mindfulness
- Knowing your limits
- Increasing awareness
- Taking a time out
- Music
- Supervision, support from co-workers
- Self-care buddy
- Humor
- Vacations
- Transition to home – leave it at the office

**At Home**
- Exercise, eat healthy
- Develop/increase personal wellness plan
- Support from family and friends
- Professional support
- Vacations
- Music
- Breathing, mindfulness
- Attend to spiritual relationships
- Visualization
- Humor

The Ambit Network
First Steps to Managing STS

- Increase
- Identify
- Decide

Ross (2015)
“Can I call you back, Ed? I’m in the moment here.”
Why does this matter?

“To put the world in order, we must first put the nation in order; to put the nation in order; we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right.” - Confucius
Resources

Professional Quality of Life Screening (ProQOL)
- http://www.proqol.org/ProQol_Test.html

Futures Without Violence
- www.futureswithoutviolence.org

NCTSN STS Webpage

Trauma Stewardship
- Laura van Dernoot Lipsky with Connie Burk

ACS-NYU Children’s Trauma Institute – The Resilience Alliance
- Promoting Resilience and Reducing Secondary Trauma Among Welfare Staff – Training Manual

Defending Childhood
- www.defendingchildhood.org
Contact Us

Rebecca Brown, LCSW
Allegra Hirsh-Wright, LCSW, RYT

Portland Defending Childhood
www.portlanddefendingchildhood.org
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https://www.surveymonkey.com/r/HYCC267