A Cost of Caring:
The Impact of Addressing Trauma on Staff *

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* Based on materials found in **Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse** (2000) by Saakvitne, et.al. and **Transforming the Pain: A Workbook on Vicarious Traumatization** (1996) by Saakvitne and Pearlman and the Staff of The Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy, Windsor, Connecticut; **The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families** (2002) by Bruce Perry, MD, PhD on the website <ChildTraumaAcademy.com>, **The Sanctuary Institute Five Day Training**, Bloom et.al., Andrus Children's Center & Drexel University of Public Health (2011)

What Worked this Week?
Opening Activity
SAAKVITNE, et. Al., 2000 (p180)

Individually, for about 5 minutes write down or think about something positive you were part of at work this past week. Small Successes Count

➢ Note what happened.

➢ Note how you felt and what you thought about it.

NB: If no success story for the past week comes to mind. Try to remember the last success at work -- when it happened -- what it was and share that with others in your group. If nothing comes to mind regarding work, think of a personal "success story" (something that went well in your personal life).

Community Meeting/Individual Check-In

❑ Each person, if they choose to participate, responds to the following:

  ➢ **Introduce yourself**

   (name, program/agency)

  ➢ **How are you feeling?**

   (please be specific; avoid just saying "good" or "fine' – SEE FEELINGS LIST)

  ➢ **What is your goal for today?**

  ➢ **What is one success you've had this week or recently?**
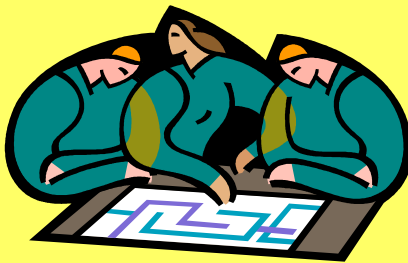
A Cost of Caring: The Impact of Addressing Trauma on Staff

Agenda

❑ Opening Activities

❑ Secondary Trauma/Vicarious Traumatization as a Factor

❑ Identify signs of vicarious traumatization;

❑ Strategies for addressing the impact of secondary trauma on staff

Why This Workshop?

Why this Workshop?

❑ Secondary trauma is an inescapable effect of our work in human services when we try to help individuals who have experienced interpersonal violence and trauma

❑ Secondary trauma can damage the essential gifts of hope and optimism, that we bring to our work

❑ The single most important factor in the success or failure of working to help persons impacted by trauma is the attention paid to the experiences and needs of helpers

❑ Addressing secondary trauma is an ethical and pragmatic imperative

Adapted from Saakvitne, et.al, 2000, pp 157-9

What is Psychological Trauma

❑ Severe psychological trauma results from experiencing, witnessing, learning about a terrifying event or ordeal especially (but not exclusively) one that is life-threatening or causes physical harm.

❑ The experience causes a person to feel intense fear, horror, or a sense of helplessness.

PTSD Alliance at <www.PTSDAlliance.org>

Psychological Trauma

- Trauma is not an event itself; it is a response to a stressful experience in which a person's ability to cope is dramatically undermined.

  Massachusetts Advocates for Children, 2005

- Traumatization occurs when both internal and external resources are inadequate to cope with external threat.

  van der Kolk, 1989

Response to Trauma

- The brain responds to trauma by activating an adaptive stress response system

- When trauma is not addressed and the stress response system is repeatedly activated or remains activated for extended periods
  - it can result in permanent changes in individuals' thoughts, feelings & behaviors,
  - including having impact on the individual's physical and mental health

      Middlebrooks, JS, Audage, NC (2008)

- Much of this can be resolved when individuals' trauma and/or the impact is addressed

What is Resilience?

❑ A Factor in Recovery from Trauma

➢ Resilience is a protective process that enables us to reach positive outcomes even though we have endured significant adversities.

http://www.dbhmrs.org/resilience

Impact of Trauma on Staff

❑ It has now also been acknowledged that persons other than those directly *exposed to* trauma can be *traumatized.*

❑ Those who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons directly affected by a trauma.

➢ Service providers and/or individuals in a person's natural support system who listen to their client or loved one/friend describe his/her trauma are at risk of absorbing a portion of the trauma.

What is Vicarious Traumatization?
(similar to secondary trauma, compassion fatigue)

❑ **<u>Vicarious Traumatization</u>: A transformation of the helper's inner experience, resulting from responsibility for and empathetic engagement with clients' trauma material (**Saakvitne, Pearlman, et. al., 1996, p.40)

❑ **<u>Secondary Trauma</u>: Refers to posttraumatic stress symptoms experienced resulting from hearing about trauma experienced by others.** (Pullen & Pullan, 1999)

❑ **<u>Compassion Fatigue</u>: Refers to the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other** (Figley,1995)

Vicarious Traumatization

❑ Vicarious trauma: an "occupational hazard" risk incurred when we are responsible for empathetically engaging with individuals who have been traumatized

(Saakvitne, et. al., 2000).

❑ Vicarious traumatization results from wanting to help a traumatized or suffering person.

Vicarious Traumatization

Saakvitne, Pearlman, et. al., **1996 (p.40)**

Examples of Contributing Factors

❑ **Nature of the work**

- o **Number of individuals we work with who have experienced   trauma**
- o **Nature of their trauma and how much detail we hear**

❑ **Organization context**

❑ **Social and cultural context**

❑ **Helpers personal histories and personality styles**

Vicarious Traumatization

Saakvitne, Pearlman, et. al., **1996 (p.40)**

Definition: A transformation of the helper's inner experience, resulting from responsibility for and empathetic engagement with clients' trauma material

- **Signs and Symptoms -- General Changes**
  - *No time or energy for oneself*
  - *Disconnection from loved ones*
  - *Social withdrawal*
  - *Increased sensitivity to violence*
  - *Cynicism*
  - *Generalized despair and hopelessness*
  - *Nightmares*
  - *Disrupted frame of reference*
  - *Changes in identity, world view, spirituality*
  - *Diminished self capacities*
  - *Impaired ego resources*

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Do I have it?
Self Assessment of Vicarious Trauma Domains -- SAAKVITNE et. Al., (1999) (P.85)

After completing the Self Assessment survey:

- Note what it was like to complete this tool.
- Were you surprised by any of your answers?
- Be aware of any areas that you felt resistant to being honest with yourself.

Responding to Secondary Trauma

Three levels of response to Secondary Trauma

1. **Protection** (ABC's, Anticipation)
    - Awareness
    - Balance
    - Connection
2. **Addressing** (self-care, etc)
3. **Transformation** (restoring meaning)

Protection

Anticipating Secondary Trauma can empower us to plan for and prevent its effects:
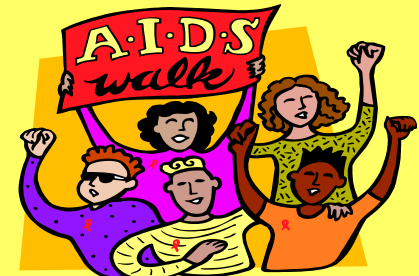
❑ **Following the ABC's**

➤ **"A" Awareness**

➤ **"B" Balance**

➤ **"C" Connection**

Addressing Vicarious Traumatization

I care for myself so that I can care for others

Self Care Self-Nurturing Escape

Transformation
Saakvitne, Pearlman, et. al., 1996

Personal Strategies for Transforming the pain of VT

- ➢ **Create Meaning**

- ➢ **Infuse Meaning in Current Activities**

- ➢ **Challenge Negative Beliefs**

- ➢ **Participate in Community**

Tools You Can Use

- Self-Assessment Tool: Self-Care
- Self-Care and Relationships Checklist

From <u>What About You? A Workbook for Those Who Work With Others,</u> The National Center on Family Homelessness 2008 available at
<u>http://www.familyhomelessness.org/resources</u>
A Free Resource

Safety as a Factor

- Feeling safe is a basic need.

- It is about feeling reasonably secure or protected from harm that can be caused by oneself and others

- It is also about feeling that those one cares about are reasonably secure and protected from harm caused by themselves or others

Safety as a Factor in Dealing with the Effects of Trauma

❑Types of Safety
  ➢Physical
  ➢Psychological
  ➢Social
  ➢Moral

Sanctuary Institute Training, 2011

  ➢Spiritual

Creating a Safety Plan

Step 1: Identify emotions most difficult for you to manage

Step 2: Identify types of situations likely to trigger emotions you identified

Step 3: List signs that you or others around you might notice when your emotions are becoming overwhelming

Step 4: List 5 things you can do to keep yourself safe and transfer these 5 things to your Safety Plan Card
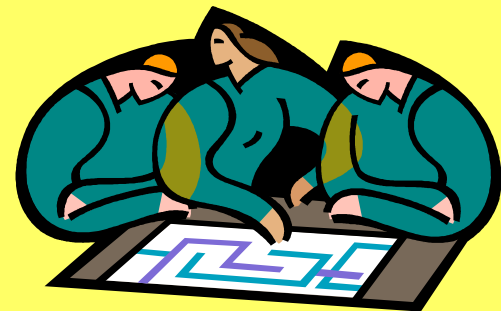
Peer Consultation

A formal or informal method for addressing and managing secondary trauma

Peer Consultation:
What it *is*; What it is *not*

❑ It is *not* Clinical Group Supervision

❑ It is *not* a Case Conference/Staffing

❑ Peer Consultation *is* an approach that focuses on worker well being and emphasizes problem solving, mutuality and support

➢ May occur between 2 or more peers

➢ May be a facilitated group

➢ May include an educational component

Peer Consultation, A Case Conference/Staffing, and Group Clinical Supervision all
share the same goal:

❑ *To Ensure the Provision of High Quality Service*

➢ The ***Focus*** of Each Type of Group Differs in How that Common Goal is Reached

The Focus of Each Type of Group

❖ *Peer Consultation's* goal is to ensure provision of high quality service by specifically focusing on *workers well being*

❖ *Clinical Group Supervision's* goal is to ensure provision of high quality service by examining *personal issues of workers* that can impact on the work

❖ *A Case Conference/Staffing* offers workers *input and professional guidance on specific cases*

Examples of Participation Norms in Peer Consultation

❑Participants can ask for Air Time

   o With No Judgments Offered by Others

❑Participants can ask for support

   o Have others had similar issues that they have gotten through?

❑Participants can ask help with Problem Solving

   o Group brainstorms solutions

Facilitated Peer Consultation Group Agenda

❑ Individual Check-In
  ➢ Each person, if they choose to, responds to the following:
    ➢ How are you feeling? (please be specific; avoid just saying "good" or "fine')
    ➢ What is your goal for today?
    ➢ What is one success you've had this week?
❑ Specific issues emanating from work with consumers

❑ Self-assessment for what is needed

❑ Planning Interventions

Peer Consultation	Clinical Group Supervision	Case Conference/ Staffing
Focus on impact of client trauma on individual workers	Clinical feedback is given on case/client issue	2 + staff discuss cases-gather input & share information
Participants ask for what they want from the group	Participant assisted in learning from experience to develop more expertise	Strategies offered to worker presenting case

Peer Consultation	Clinical Group Supervision	Case Conference/ Staffing
If requested by group member, may problem solve

Mutuality and Support

Facilitated rather than led

Agenda does not include who will be speaking | Suggestions/ support offered to worker to explore strategies

Led by clinical supervisor

May or may not be pre-set agenda | Solutions/resolution of problems/ concerns brain-stormed with/by team members working with same individual/family

Led by either supervisor or worker calling the meeting

May or may not be preset agenda |

Treasuring Your Gifts:
Recover, Renew and Respect

- Identify **2 qualities** you have that help with your work

- This is an ongoing process- keep looking for and protecting your gifts!