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

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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)

- **Vicarious Traumatization**: 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)

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

- **Compassion Fatigue**: 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
  - Number of individuals we work with who have experienced trauma
  - 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*
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
Saakvitne, Pearlman, et. al., 1996 (P.76)

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


http://www.familyhomelessness.org/resources

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
- Spiritual

Sanctuary Institute Training, 2011
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

Adapted from The Sanctuary Institute, April 2011
Andrus Children’s Center, Drexel University School of Public Health
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
  - With No Judgments Offered by Others

- Participants can ask for support
  - Have others had similar issues that they have gotten through?

- Participants can ask help with Problem Solving
  - 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
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<thead>
<tr>
<th>Peer Consultation</th>
<th>Clinical Group Supervision</th>
<th>Case Conference/ Staffing</th>
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<tbody>
<tr>
<td>Focus on impact of client trauma on individual workers</td>
<td>Clinical feedback is given on case/client issue</td>
<td>2 + staff discuss cases-gather input &amp; share information</td>
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<tr>
<td>Participants ask for what they want from the group</td>
<td>Participant assisted in learning from experience to develop more expertise</td>
<td>Strategies offered to worker presenting case</td>
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<tr>
<td>If requested by group member, may problem solve</td>
<td>Suggestions/support offered to worker to explore strategies</td>
<td>Solutions/resolution of problems/concerns brainstormed with/by team members working with same individual/family</td>
</tr>
<tr>
<td>Mutuality and Support</td>
<td>Led by clinical supervisor</td>
<td>Led by either supervisor or worker calling the meeting</td>
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<tr>
<td>Facilitated rather than led</td>
<td>May or may not be pre-set agenda</td>
<td>May or may not be preset agenda</td>
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<td>Agenda does not include who will be speaking</td>
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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!