Objectives

Participants will:

- Define secondary traumatic stress, vicarious trauma, compassion fatigue, and compassion satisfaction
- Recognize signs and symptoms of secondary traumatic stress reactions
- Identify assessment tools for evaluating the impact of trauma exposure on those in helping professions
- Understand the role of the supervisor in identifying and assessing secondary traumatic stress reactions
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

(Remen, 1996)
Top Ten Signs You Are Being Impacted by Trauma Exposure

1. You find yourself hoping to get the flu, just so you have a reason to stay in bed for a day.

2. You find yourself thinking more about your cases than about your upcoming weekend plans.

3. You’ve wondered (more than once) if your cell phone would float when hurled into a river.

4. You start using a pencil instead of a pen in your social calendar.

5. Medical journals or case files have become “light bedtime reading.”

6. Your best friends think you’ve moved away because they haven’t heard from you in so long.

7. You consider Red Bull a part of a balanced diet.

8. You feel envious of the barista in Starbucks and day dream about making lattes for a living.

9. You’re too tired to remember the name of your dog.

10. It takes you six days of vacation to even begin to feel relaxed, and six minutes back in the office to make you forget that you took a vacation at all.

(Volk et al., 2008)
Trauma Exposure Reactions

* Secondary Traumatic Stress
  * Trauma experienced by helpers/professionals as a result of working with trauma survivors
  * Symptoms are similar but usually less severe than post-traumatic stress symptoms experienced by direct trauma victims
  * Can result from repeated exposure or a one-time incident

* Vicarious Trauma
  * The “emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear and terror that trauma survivors have endured.” (American Counseling Association, 2011)
  * Transformation in the self of the trauma worker, which can include the worker’s worldview, identity, self-esteem, sense of safety, and ability to trust
Compassion Fatigue

- The “cost of caring” for others who are suffering
- Exhaustion and lessening of one’s ability to feel empathy for others (professionally and personally)
- Marked by cynicism, decreased enjoyment in work, and depression
Compassion Satisfaction

The pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

(Stamm, 2009-2012)
Secondary Trauma vs. Burnout

**Burnout**
* Associated with stress and hassles involved in your work
* Is cumulative and relatively predictable
* A vacation or change of job can help a lot

**Secondary Trauma**
* Trauma exposure as an occupational hazard – nature of the work vs. amount of work
* Can occur after one incident or as a result of cumulative exposure
* Can change the helper’s worldview
Risk Factors

- Repeated exposure to trauma survivors and their stories
- Empathic engagement with traumatized individuals
- Risk increases when traumatic exposures are unexpected, or among those without adequate preparation
- Personal history of trauma
Secondary Trauma and Trauma-Focused Therapy

- Treating highly distressed children with complex presenting issues in high-stress environments
- Working with parents and caregivers
- Treatment involves eliciting detailed accounts of children’s most traumatic experiences
- Therapists serve as emotional container for children’s and parents’ distress
- Safety concerns and ongoing stressors
- Resilience
Anticipatory Coping for Hazards of Practice

- Resilience through mental preparation
- Overwhelming and seemingly unsolvable client problems
- Readiness gap between worker and clients
- Clients projecting negative feelings onto worker
- The “treadmill effect”
- “Living in an ocean of stress emotions”
- Empathy and one-way caring
- Normative failure
- Contagious nature of negativity and cynicism
- Threat of physical trauma
- Horrific abuse of children
Systems Issues and STS

Not infrequently, actions or inaction by members of one organization may increase the stress or complicate the jobs of members of another. As a case is shared and decisions are made across different disciplines and agencies, individuals may feel a loss of control.

(Osofsky, 2008)
Signs of Secondary Traumatic Stress

* Avoidance (including of certain clients)
* Preoccupation with clients/client stories
* Intrusive thoughts/nightmares/flashbacks
* Arousal symptoms
* Trouble sleeping
* Thoughts of violence/revenge
* Feeling estranged/isolated/no one to talk to
* Feeling numb or detached
* Feeling trapped, “infected” by trauma, hopeless, inadequate, depressed
* Difficulty separating work from personal life
Beware! Common Pitfalls and Risks

- Over-involvement, doing too much
- Confusing friend and counselor roles
- Becoming lax about confidentiality
- Providing services beyond competency
- “I’m the only one who can…” syndrome
- Disengaging from family and own life

(SAMHSA Training Manual)
The Impact of STS

- Increased absenteeism
- Impaired judgment
- Low motivation/less willingness to do extra work
- Lower productivity and poorer quality of work
- Decreased compliance
- More staff conflict
- Higher turnover

(Osofsky, 2012)
Trauma Stewardship
STS and Supervisors

- Supervisors’ empathy and emotional attunement as risk factors
- Supervisors’ responsibility for cases and outcomes
- Supervisors as mediators/advocates
- Less opportunities for peer support
Addressing STS

Strategies to address secondary trauma:

1. **Personal** strategies, such as respecting one's own limits and maintaining time for self-care activities
2. **Professional** strategies, such as balancing caseload, having supervision and support available
3. **Organizational** strategies, such as sufficient time off and safe physical space

(Pearlman & Saakvitne, 1995)
Awareness

• **Know your own “trauma map” and triggers.**
  • Acknowledge your own history of trauma or adverse life experiences and be aware that it can affect how you view and do this work.

• **Be aware of how your work is affecting you.**
  • Assess for signs of STS/VT and know your “red flags.”

• **Inventory your current lifestyle choices and make necessary changes.**
  • Do you get enough sleep? Do you allow yourself downtime? Do you exercise regularly? Try to do these things.

• **Take care of yourself.**
  • Create a self-care list and post it prominently in your home or office.
Assessment Tools

- **Professional Quality of Life Scale:**
  - [http://proqol.org/ProQol_Test.html](http://proqol.org/ProQol_Test.html)

- **Secondary Traumatic Stress Scale:**

- **Self-Care Assessment:**
  - [http://www.socialwork.buffalo.edu/students/self-care/documents/plan/Self-Care_Assessment.pdf](http://www.socialwork.buffalo.edu/students/self-care/documents/plan/Self-Care_Assessment.pdf)
Resources

**Web-Sites/Blogs**
- [http://compassionfatiguesolutions.blogspot.com/](http://compassionfatiguesolutions.blogspot.com/)
- [http://www.compassionfatigue.ca/](http://www.compassionfatigue.ca/)
- [http://www.socialwork.buffalo.edu/students/self-care/measures.asp](http://www.socialwork.buffalo.edu/students/self-care/measures.asp)

**Workbooks**
  - [http://www.familyhomelessness.org/media/94.pdf](http://www.familyhomelessness.org/media/94.pdf)
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