Compassion Fatigue/
Secondary Traumatic Stress:
Caring for the Caregivers
2015 Home Visiting Conference
Objectives

- Define Secondary Trauma and Compassion Fatigue, its causes and impacts.
- Identify organizational and supervisory strategies for preventing and mitigating secondary traumatic stress.
Trauma Defined

Trauma is defined as:

**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.

Substance Abuse Mental Health Services Administration (SAMHSA),
Secondary Trauma Defined

Secondary Trauma or vicarious trauma is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

Secondary Trauma Defined

Individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.
Secondary Trauma and Related Conditions

The National Child Trauma Stress Network provides the following framework to distinguish secondary trauma from other related conditions.

Secondary Traumatic Stress & Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms captures elements of this definition but are not all interchangeable with it.

- **Compassion fatigue**, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.
- **Vicarious trauma**, changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. Focuses less on trauma symptoms & more on the covert cognitive changes that occur following cumulative exposure to another person’s traumatic material.
- **Compasion satisfaction** Positive feelings derived from competent performance as a trauma professional. Characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.
- **Burnout**, Emotional exhaustion, depersonalization, & a reduced feeling of personal accomplishment. Develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.
Who Is At Risk?

- Most helping professionals have some element of risk
- Greater for women
- Greater for highly empathic
- Prior traumatic experiences (also have deeper compassion)
- Frequent exposure to traumatized individuals
- Socially or organizationally isolated
- Feel professionally compromised due to inadequate training
Organization’s Role

In a trauma-informed system, the organization ensures that both *preventive and interventional strategies* for secondary traumatic stress should be implemented as part of an organizational risk-management policy or task force that recognizes the scope and consequences of the condition.
Organization’s Role

The following concepts have been identified as essential for creating a trauma-informed system that will adequately address secondary traumatic stress.

Organization’s Role

- Recognize the impact of secondary trauma on the workforce.
- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that a traumatized organization is less likely to effectively identify its clients’ past trauma or mitigate or prevent future trauma.
- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices.
Organization’s Role

These concepts should be integrated into:

- Direct Services
- Programs
- Policies
- Procedures
- Staff Development
- Other activities directed at secondary traumatic stress

Organization’s Prevention Strategies

The key to prevention of secondary traumatization in a trauma-informed organization is to **reduce risk and enhance protective factors**.

The prevention strategies include:
Organization’s Prevention Strategies

- Normalize secondary traumatic stress throughout all levels of the organization
- Implement workload policies and practices
- Increase the availability of opportunities for supportive professional relationships
- Provide regular trauma-informed clinical supervision that is relationally based
- Provide opportunities for professionals to enhance their sense of autonomy and feel empowered in the organization
Preventing Secondary Traumatic Stress

The most important strategy for preventing the development of secondary traumatic stress is the triad of **psycho-education, skills training, and supervision**.

Prevention Strategies

Prevention Strategies include:

- Psycho-education
- Workplace self-care groups (i.e., yoga or meditation)
- Screening
- Informal/formal self-report
- Clinical supervision
- Ongoing skills training
Prevention Strategies--Continued

- Creation of a balanced caseload
- Flextime scheduling
- Self-care accountability buddy system
- Use of evidence-based practices
- Exercise and good nutrition
Assessment of Secondary Traumatization

Professionals with unacknowledged secondary traumatic stress can harm clients, self, and family and friends by becoming unable to focus on and attend to their needs or those of others.

They may feel helpless or cynical and withdraw from support systems.
Assessment of Secondary Traumatization

Supervisors should be familiar with the signs of secondary traumatic stress in their staff and should address the signs immediately.

The **Professional Quality of Life Scale** (ProQOL), that measures indicators of staff compassion fatigue and compassion satisfaction, may be a helpful tool.
Strategies for Intervention

Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices.
Strategies for Intervention

- Evaluate secondary stress
- Cognitive behavioral interventions
- Mindfulness training
- Reflective supervision
- Caseload adjustment
- Formal/informal gatherings following crisis events (to allow for voluntary, spontaneous discussions)
- Change in job assignment or work group
- Referrals to Employee Assistance Programs or outside agencies
Addressing Secondary Traumatic Stress (STS)

If a staff person is experiencing STS, the organization should address it immediately. Clinical supervisors can collaborate with staff to:

Devise an individualized plan that is accessible, acceptable, and appropriate for each staff person and that addresses the secondary stress reactions they are experiencing.

Provide for specific self-care strategies to counteract the stress.
Addressing Secondary Traumatic Stress

In case of a critical incident (e.g. client suicide, violent assault) – crisis intervention should be available for workers who would like to participate. Any interventions should be:

- Voluntary
- Tailored to individual worker needs
- Offered continuously, not just one time
Organizational Response/Readiness

A complete review of the organization's capacity to address secondary trauma should be reviewed.

- What educational activities has the organization implemented to ensure staff are aware of the “signs” of secondary trauma?
- Has the organization implemented strategies to prevent traumatic stress in its staff?
- Has the organization put into place a range of intervention strategies to address traumatic stress or post-traumatic stress disorder (PTSD) of its staff?
Individual’s Role

“Frank just up and exploded. I hope I never get that burned out.”
Why Does This Matter For You?

- In helping professions the self is most important tool

- STS is our occupational hazard

- Attention to STS is = to using Personal Protective Equipment

- Protects us so we can continue to care for others effectively
## Indicators of Secondary Traumatic Stress

### Psychological Indicators
- Disturbing emotions
- Intrusive imagery
- Numbing
- Hypervigilance
- Survival coping
- Hopelessness
- Guilt
- Anger & cynicism
- Fear

### Cognitive Indicators
- Sense of vulnerability
- Inability to embrace complexity
- Loss of creativity
- Minimizing
- Loss of personal control/freedom

### Physical Indicators
- Sleeplessness
- Illness/physical ailments
- Chronic exhaustion
- Diminished self-care

### Relational Indicators
- Decreased intimacy & trust
- Detachment
- Over identification w/ parent/child
- Poor boundaries
- Avoidance
- Insensitivity to violence

### Frame of Reference
- Disconnection from sense of identity
- Change in fundamental beliefs
- Loss of faith in something greater
Protective Factors

- Knowledge about STS, risk factors & self-care strategies
- Longer duration of professional experience
- Use of evidence-based practices
- Supportive work environment
Assessing Compassion Fatigue

- **Self Assessment** is key.....
  - Professional Quality of Life (ProQOL)
  - Compassion Fatigue Self-Test
  - Life Stress Self-test

http://www.compassionfatigue.org/pages/selftest.html
Now What?
Implementing Self Care

Getting to the Heart of the Matter
Prevention/Intervention Strategies for you…

- Learn about secondary traumatic stress & self-care
- Be aware of & follow safety procedures at work
- Utilize supervision to address secondary traumatic stress
- Maintain healthy work-life balance
- Develop & implement plans for self-care and wellness
- Use a buddy system to keep your plan on track
- Be aware of your own stress level and be proactive in addressing your needs, utilize risk assessment tools
- Utilize counseling services as needed
Addressing Secondary Traumatic Stress

You may need to talk about what you are experiencing, feeling, and thinking. These experiences can be processed in teams, in consultations with colleagues, and in debriefing meetings (Myers & Wee, 2002).
Resiliency Process

- **Inquiry:** What is happening to me?
- **Focus:** How do I stay aware in the moment?
- **Compassion:** How do I expand it for myself & others?
- **Balance:** How do I hold the positive & negative together?
- **Centering:** What is important to me?

Jim Henry, PhD, Child Trauma Assessment Center, WMU
Caregiver’s Bill of Rights
(Compassion Fatigue Awareness Project)

- To be respected for the work I choose to do
- To take pride in my work and know that I am making a difference
- To garner appreciation and validation for the care I give others
- To receive adequate pay for my job as a professional caregiver
- To discern my personal boundaries and have others respect my choices
- To seek assistance from others, if and when it is necessary
- To take time off to re-energize myself
- To socialize, maintain my interests, & sustain a balanced lifestyle
- To my own feelings, including negative emotions such as anger, sadness, & frustration
- To express my thoughts & feelings to appropriate people at appropriate times
- To convey hope to those in my care
- To believe those in my care will prosper in mind, body & spirits as a result of my caregiving
The Power is in the Balance
Your Wheel of Life

The eight sections in Your Wheel of Life represent Balance. Treating the center of the wheel as 0 and the outer edges as 10, rank your present level of satisfaction with each slice of your life by drawing a straight or curved line to create a new outer edge. The new perimeter represents the wheel of your life. If this were a real wheel, how bumpy would the ride be?
I will boost my balance by making the following changes in the Family & Friends slice of my life:

I will boost my balance by making the following changes in the Money slice of my life:

I will boost my balance by making the following changes in the Significant Other/Romance slice of my life:

I will boost my balance by making the following changes in the Personal Growth slice of my life:

I will boost my balance by making the following changes in the Fun & Recreation slice of my life:

I will boost my balance by making the following changes in the Physical Environment slice of my life:

I will boost my balance by making the following changes in the Health slice of my life:

I will boost my balance by making the following changes in the Career slice of my life:
Resources

Go to the following sites for information on self-care and the management of secondary traumatic stress:

- ProQOL 5 [http://proqol.org/ProQol_Test.html](http://proqol.org/ProQol_Test.html)
- Compassion Fatigue Self Test [http://www.ptsdsupport.net/compassion_fatigue-selftest.html](http://www.ptsdsupport.net/compassion_fatigue-selftest.html)
Resources

Trauma Informed Care: Perspectives and Resources
A comprehensive web-based, video-enhanced resource tool
http://gucchdtacenter.georgetown.edu/TraumaInformedCare/

The National Technical Assistance Center for Children’s Mental Health at Georgetown University and JBS International created this web-based tool to support leaders and decision makers at all levels (national, state, tribal, territorial, and local) in taking steps on their journey.

This tool comprised of issue briefs, video interviews, and resource lists tells a story of implementation of trauma informed services and offers guidance and resources to help you on your implementation journey. The video interviews are of national, state, tribal, and local leaders in many child-serving systems; developers of evidence-based treatments and practices; physicians; researchers; administrators of provider organizations; clinicians; youth and young adults; families; and advocates who share lessons learned and identify remaining gaps. Youth and their families provide client perspectives on the need for trauma-informed practices and the impact of trauma-informed care on their lives. Stakeholders in selected states share lessons learned over a 1-year period of intensive efforts to become more trauma informed. The issue briefs provide an introduction and overview for each of the tool’s eight modules. The comprehensive resources lists support users in understanding how to build trauma-informed systems and organizations.
Resources


Substance Abuse Mental Health Services Administration (SAMHSA), Trauma and Justice website

Questions
For More Information

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