Learning Objectives:

In this webinar participants will learn the differences between burnout, secondary traumatic stress, compassion fatigue, and vicarious trauma. Participants will learn how those in helping professions such as CASA are impacted by each of these types of traumatic helping. Warning signs of vicarious trauma will be reviewed along with personal and professional ways to address secondary traumatic stress. This webinar is intended to strengthen participants understanding of levels of vicarious stress and how to manage these reactions more effectively.

The Cost of Caring

“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. We burn out not because we don’t care but because we don’t grieve. We burn out because we’ve allowed our hearts to become so filled with loss that we have no room left to care.”

~Naomi Rachel Remen, Kitchen Table Wisdom, p. 52
The Cost of Caring

“A transformation 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...We are talking about ways in which the world looks and feels like a different place to you as a result of your doing your work.” (Laura van Dernoot Lipsky).

Definitions

• The terms burnout, secondary traumatic stress, vicarious traumatization and compassion fatigue are often used interchangeably – but they are not the same.

• An understanding of these concepts can help us to identify what we, or others in our field, are experiencing

Burnout

• Describes physical and emotional exhaustion related to a difficult or demanding work environment.

• Does not relate directly to those in the helping field – anyone can experience burnout.

• Is not specifically related to exposure to trauma. (e.g., unrealistic demands, inadequate supervision, low job satisfaction)
Burnout

- Does not change world views or necessarily sap emotional resources (e.g., compassion)
- Potential to make us more susceptible to compassion fatigue and vicarious trauma.
- Burnout is more easily resolved – good self care, positive professional environments, or taking a break can provide relief.

Primary vs. Secondary Trauma

- Primary trauma refers to direct exposure – the traumatic experience is happening to you. Often the case with responders – firefighters, EMT's, etc. – who regularly encounter traumatic situations where they are directly impacted.
- Primary trauma can also refer to the traumatic experiences we carry with us. Often, people drawn to work in child welfare have experienced adversity themselves. These experiences may both increase one's capacity for empathic response and also can impact one's ability to tolerate exposure to pain and suffering.

Primary vs. Secondary Trauma

- Secondary Trauma is caused by "second-hand" exposure – i.e. through hearing stories and narratives of traumatic events, reading case files, hearing testimony in court, or seeing traumatic news footage.
Secondary Traumatic Stress (STS)

- Secondary Traumatic Stress is the sense of stress that gets internalized after exposure to secondary trauma.
- Previous or simultaneous exposure to primary trauma can make people even more susceptible to STS.
- STS is unavoidable if we are immersed in our work with trauma-impacted children and families – if we are doing our jobs well, STS will be a part of it.
- Secondary Traumatic Stress can accumulate over time and lead to vicarious traumatization and/or compassion fatigue.

Compassion Fatigue

- CF refers to profound physical and emotional exhaustion resulting from repeated exposure to secondary traumatic stress over time.
- A change in one’s ability to feel empathy and compassion for others.
- Desensitization toward traumatic experience.
- CF is a human consequence of caring and the professional use of self.
Vicarious Traumatization

- VT refers to a shift, or “loss of innocence,” that occurs when repeatedly exposed to painful stories and experiences of trauma.
- VT is a cumulative process – it results from exposure to secondary traumatic stress over time, leading to PTSD-like symptoms.
- Affects the way we view the world – a disruption in our perceptions of safety, security, meaning and hope.
- An occupational hazard for helpers who work in the field of trauma.

Warning Signs of VT/CF

Physical Signs:
- Feeling depleted even after a break
- Insomnia or Hypersomnia
- Increased susceptibility to illness
- Headaches/Migraines

Behavioral Signs:
- Anger/Irritability/ “Short Fuse”
- Exaggerated Sense of Responsibility
- Avoidance of Clients
- Difficulty Making Decisions
- Problems in Personal Relationships
- Compromised Care/Reduced Compassion
- Inability to attend to our client’s experiences
- Professional life overtakes personal life
Warning Signs of VT/CF

Psychological Symptoms:
- Intrusive thoughts/imagery
- Hypervigilance/heightened anxiety
- Distancing from friends and family
- Reduced ability to feel sympathy or empathy for others
- Cynicism/Resentment
- Feeling professional helplessness/loss of hope
- Hypersensitivity or Insensitivity to emotional material

Those at Highest Risk for VT/CF:
- Tend to be highly empathic by nature
- Have unresolved primary trauma
- Carry a heavy caseload of traumatized clients
- Are socially or organizationally isolated
- Have inadequate professional training and support

Stress Reduction Kit

Bang Head Here

Directions:
1. Place kit on FIRM surface.
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.
Strategies For Addressing Secondary Traumatic Stress

Early Detection is the KEY!
- Determine your own warning signs
- Set aside a time during each day for self reflection – tune-in to physical, behavioral and psychological signs.
- Mindfulness, Mindfulness, Mindfulness

Compassion Satisfaction
- Positive feelings derived from competent performance as a trauma professional.
- Results in positive relationships with colleagues, feelings of efficacy and agency in one’s work and meaningful contribution to clients’ lives and the larger society.
- Compassion satisfaction is a PROTECTIVE FACTOR – can reduce the impact of secondary traumatic stress.

Strategies For Addressing Secondary Traumatic Stress

Detection through Connection:
- Stay connected with colleagues who understand.
- Find a buddy – share your warning signs and commit to checking in regularly.
- Identify your zones

GREEN – how can you tell you are good to go?
YELLOW – what signs say you are on your way?
RED – Are YOU In the CRASH ZONE?
Professional Strategies

Connection with Others in the Workplace

- When helpers hear and see difficult things in their work, it is natural to turn to others for support, validation and shared experience.
- Connect with others who you feel comfortable being honest and open with.
- Create safe and reliable options for “debriefing” with colleagues – try the buddy system!

Professional Strategies

Limit Trauma Inputs

- The work may never be “done” – set “judgment free” professional limits and be FIRM.
- Separate personal life from your work life – spend time with friends, children and families outside of the field.
- TURN IT OFF! Find ways to turn off your professional brain so you are not thinking about clients on your off time.

Professional Strategies

Seek additional professional training in your field

- Take advantage of training opportunities to increase skill and sense of mastery in your work.
- Develop non-trauma related areas of professional interest

Celebrate professional victories – big and small

- Find joy in the successes
- Share powerful stories of resilience.
Personal Strategies

Commit to Physical Self-Care – Is your container full??
- Exercise – every little bit counts
- Eat healthfully and thoughtfully
- Use your vacation time
- Pay attention to sleep
- Take sick days when you are sick
- Shut down electronics
- Build in a physical transition between work and home

Personal Strategies

Practice Psychological Self-Care
- Personal Psychotherapy
- Journaling
- Reading non-trauma literature
- Seek out comforting relationships
- Allow yourself to laugh and cry
- Seek experiences of awe
- Practice relaxation through yoga, meditation, running, knitting (find what works for you).

So...Does it work??

- What is the role of self-care in addressing the “cost of caring”
- Thus far, research into the efficacy of specific trauma-focused self-care strategies is limited.
- 2015 study looked at 14 evidence-based, trauma-informed self-care strategies endorsed by the NCTSN*

Evidence-based strategies studied:
• Team approach
• Regular supervision and consultation
• Peer support
• Regular professional training
• Balancing caseload
• Creating a safe physical space for staff and clients
• Training on STS/VT/CF
• Continuing education on the effects of trauma
• Utilization of EAP and agency resources
• Normalizing the use of mental health services for professionals
• Therapy for unresolved primary trauma
• Setting realistic goals and expectations
• Physical stress management (meditation, yoga, exercise, etc.)
• Creation of a written plan for work/life balance.

Results:
• The most commonly endorsed practices among professionals were regular supervision, peer support and training.
• Trauma-Informed Self Care (TISC) INCREASES compassion satisfaction.
• TISC as a protective factor DECREASES burnout.
• TISC DID NOT have an effect on existing vicarious trauma.

Implications:
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• “TISC may alleviate symptoms of burnout, while symptoms of secondary (vicarious) trauma are more severe and pervasive, and may require more intensive treatment interventions to assist with recovery.”

• “It may be that workers experiencing secondary trauma [VT/CF] may need interventions for posttraumatic stress and are beyond any ameliorating effect of TISC practices alone”


References


