

Secondary Trauma: Managing the Effects of Daily Exposure to Trauma

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Empathy: Double-Edged Sword



"Empathetic engagement helps workers meet the needs of traumatized children...however, [it] has also been associated with inducting traumatic material from the primary victim (the client) to the secondary victim (the worker)."

Empathizing...helps the worker to understand the client's experience of being traumatized, but in the process the worker may be traumatized as well. "

Source: Nelson-Gardnell & Harris, 2003, p. 12.

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Roadmap for Secondary Trauma...

1. Definitions and symptoms
2. Size of problem
3. Detection & risk factors
4. Intervention & prevention

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I. Definitions and Symptoms



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Secondary Trauma



- **Vicarious traumatization (VT):** harmful changes in professionals' views of themselves, others, and the world as a result of exposure to traumatic material
- **Secondary traumatic stress (STS):** a syndrome among professional helpers that mimics PTSD and occurs as a result of exposure to the traumatic material

Source: Baird & Kracen, 2007

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Vicarious Traumatization (VT)

- Largely cognitive changes
- Basic notions of safety, trust, esteem, intimacy & control are challenged
- Worker's view of self, others & world are disrupted (schemas)
- Hopelessness & despair
- Cumulative effects that accrue over time
- Normal in short term, but harmful in long term

Source: Baird & Kracen, 2006

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Secondary Traumatic Stress (STS)

- Worker displays symptoms similar to someone with PTSD
- Intrusive thoughts, avoidance, & hyperarousal
- Either accrued over time, or triggered by short term event
- High co-morbidity with other DSM conditions

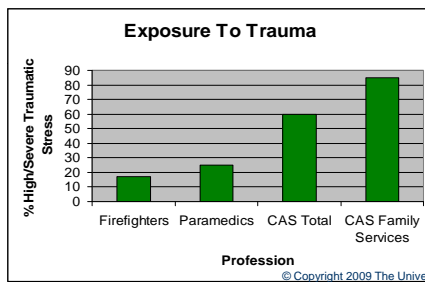
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II. Prevalence: How Big is the Problem?



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A Professional Hazard...



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More Common Than You Think!

- 50% of workers suffered from high or very high levels of trauma from helping others
(Conrad & Kellar-Geunthar, 2006)
- 37% of child protective workers experienced clinical levels of emotional distress associated with S.T.S. (Source: Meyers & Cornille, 2002).

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The Stakes Are High...

If not addressed, [secondary trauma] may adversely affect the caseworkers' work product and interactions with clients. It may also negatively impact caseworkers' emotional well-being and relationships with their own families.

If not recognized and responded to, [secondary trauma] may derail the primary mission of child welfare---to identify and assist abused and neglected children and their families.

Source: Conrad & Kellar-Geunthar, 2006, p. 1079

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Barriers to Detection...



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Reasons Workers May Not Acknowledge Secondary Trauma

- Self-blame (It's just me!)
- Shame (I'm embarrassed to admit it)
- Denial (It'll pass if I ignore it!)
- Self-sacrifice (Don't want to bother co-workers)
- Job Security (I can't expose my weaknesses)
- Pressure (I don't have time to deal with it)
- Cost (I can't afford to take time off & spend money for help)

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III. Detection & Risk Factors



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Personal Risk Factors

- History of personal trauma (e.g., CA/N)
- Personally identify with the victim
- Negative personal circumstances (e.g., grief due to recent loss)
- Low levels of social support
- Low sense of control over life
- Lack of meaningful personal relationships

Sources: Baird & Kracen, 2006; Nelson-Gardnell & Harris, 2003; Regehr et al., 2004
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Work-Related Factors...

- inexperience on the job
- high caseload of trauma survivors (e.g., sexual violence)
- high caseload of traumatized children
- poor or no supervision
- high frequency of exposure to traumatic material
- exposure to critical incidents

Sources: Baird & Kracen, 2006; Nelson-Gardnell & Harris, 2003; Regehr et al., 2004
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Organizational Factors...

- Extraordinary high caseloads
- High administrative burden
- Difficult clients
- Conflicts with co-workers or supervisors
- Climate of pervasive, ongoing change
- Excessive emphasis on efficiency, cost-effectiveness and competition.
- Unforgiving environment.

"If you can't handle it, get out!"

Sources: O'Brien, 2006; Regehr et al., 2002
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Context Matters!

Organizational context remains the most important factor (in predicting post-traumatic distress in child welfare workers)...It thus, appears that critical events are encountered by individuals who are already coping with high levels of challenge and stress. In this context, individuals who consistently face adversity may no longer have the resources to manage and overcome post-traumatic stress reactions...

(Regehr et al., 2004, p. 344)

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IV. Intervention and Prevention



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Activity: Self-Care Interviews

1. Do you monitor yourself for signs or symptoms of secondary trauma? What do those signs & symptoms look like?
2. What do you do to respond?
3. What do you do to prevent this problem in the future?

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Interventions: Individual Level

- increase self-awareness
- identify reactions and symptoms
- understand early warning signs
- accurately name and articulate feelings
- construct a fulfilling personal life outside work—regenerative & relaxing activities, strong relationships, etc.
- develop strong support networks (especially others who understand trauma work)
- acknowledge and process personal history of trauma
- invoke humor
- strive for realistic optimism
- foster opportunities for spiritual growth and connection
- recall importance of one's work (i.e., your work does make a difference)

Source: Sexton, 1999

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Compassion Satisfaction...

...an antidote to secondary trauma?

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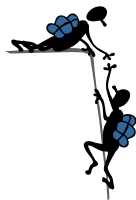
Compassion Satisfaction

- Fulfillment from helping others
- Positive collegial relationships (co-workers)



Source: Conrad & Kellar-Guenther, 2006

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Interventions: Supervisory Level

- educate staff on hazards of secondary trauma
- normalize responses to secondary trauma
- promote ongoing self-assessment
- schedule regular supervision meetings
- utilize a relational, interactive model of supervision (v. authoritarian)
- promote other forms of supervision (e.g., peer, group meetings).
- identify support resources for workers to access if needed
- remind individuals of importance of their work

Source: Adapted from Sexton, 1999

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Interventions: Organizational Climate

- work-related stress is accepted as real and legitimate.
- problem is owned by organization (not merely "problem" workers).
- secondary trauma responses are recognized as normal responses.
- focus is on solutions (not blaming).
- support and tolerance clearly expressed to worker.
- other "climate" issues (caseloads, official policy, EAP)

Source: Sexton, 1999
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Specific Org. Actions...

- in-service training
- policy on secondary trauma
- ongoing program to manage secondary trauma
- regular supervision, consultation and support groups
- professional development opportunities
- rotation in caseload and job responsibility
- health care plan with adequate health care coverage

Source: Nelson-Gardnell & Harris, 2003
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You Make A Difference...

...but that difference is only possible when you are healthy, functional, and engaged. Caring for others is noble; caring for yourself is required.

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