

## Preparing Our Workforce to Work with Victims of Trauma Understanding Secondary Trauma

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### What are your thoughts?

- Are professionals prepared to work with multi-faceted problems of today's maltreating families?
- What is the current turnover rates?
- How soon are new hires leaving?
- What reasons are given for leaving a career of working with maltreating families?

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### Possible Reasons

- "What I would give for an old-fashioned butt-whipping case!"
- Types of Problems
- Lack of Referral and Placement Resources
- Supervisor experience level and support
- Dangerous situations
- Treatment in Court and Communities
- Frustration, Anger, Sad, Not feeling Effective
- Inability to Cope, Failing Self-Care, Failing Health and Poor Mental Health, Triggers

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### Secondary Trauma

- Many of the reasons can be traced back to a situation in which the person experienced secondary trauma.
- The trauma symptoms were often not recognized.
- We can do better.

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### What to Do?

- It is important to consistently be aware and reach out when our colleagues are experiencing difficulties with situations in daily work.
- Requires regular discussion and discussions with supervisors or in peer support sessions.
- Must be a training topic in undergraduate classes, initial training and that is re-visited on an on-going basis.
- Made part of supervisor training – learn how to keep antennas up and effectively discuss without becoming therapy or crossing boundaries!

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### The Basics

- Everyone in agencies in all professions who touch the lives of abused and neglected children, domestic violence victims, violent crime victims and family members need to be aware of Secondary Trauma and its possible effects. Part of this work is learning to develop new coping skills but need help in doing this!

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## BASICS ABOUT TRAUMA

Trauma is part of our world and we are often there to help pick up the pieces – indirect trauma is what happens to the professional when others face traumatic situations and we attempt to help them.

Our work often involves restoration of lives of persons who have been traumatized.

(Bride, in press; Cunningham, 2003, Pryce, J., Shackelford, K., Pryce, D. 2007)

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Information has been found to be the key to mitigating the effects of indirect trauma.

(Bell, Kulkarni, & Dalton, 2003)

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## Preparation is the key

- Preparation as a student
- Preparation as a new professional
- Preparation every day
- Preparation before each new client encounter
- Preparation for change from professional to personal time

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### CLEAR THE MECHANISM

<https://www.youtube.com/watch?v=BDsv138RcU0>

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### WHAT NEEDS TO BE “CLEARED”?

- Be Aware of Own Trauma History and able to separate it from the client’s story
- Misconceptions about victims, caregivers and perpetrators of violence and abuse
- Previous/current events that are on your mind
- Activity, noises and distractions in the environment

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### Training & Preparation for the Task

- Knowledge
- Skills
- Values
- Physical
- Emotional/Psychological
- Social
- Interpersonal – Intimacy
- Cognitive
- Spiritual

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## EXPERIENTIAL EDUCATION AND TRAINING

- SIMULATIONS
- MOCK HOUSES
- MOCK COURTROOMS
- DEVELOPMENT OF CRITICAL THINKING SKILLS
- SUPERVISION IN THE MIDST OF TRAUMA AND CRISIS CASES

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## FOCUS

On the victim's situation and how to accomplish the safety and well-being of this child (these children) and support the family to enable and empower them to create a safe and healthy environment for the victim(s).

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## JUST THROW

- <https://www.youtube.com/watch?v=QYTadlooH7o>

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## TEAMWORK

- NO ONE CAN DO THIS WORK ALONE
- REQUIRES THE TEAM OPERATING A FULL FUNCTION MODE
- WATCHING OUT FOR EACH OTHER
- RELYING ON EACH OTHER
- BACKING EACH OTHER UP

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## POWER OF THE GROUP

<https://www.youtube.com/watch?v=w9j3-ghRiBs>

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## Administrators

- Give staff the tools and training necessary to do the job – experiential, problem-based
- Help develop resources in the community – What would help? Where are the frustrations?
- Inspiring Shared Visions
- Empowering and Listening
- Celebrating Successes!

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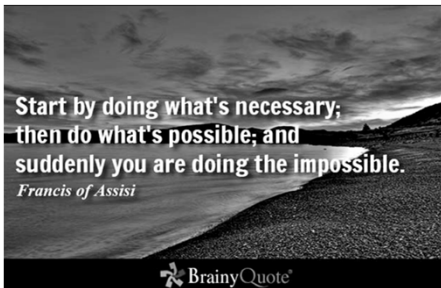
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## BASICS ABOUT TRAUMA



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## EXAMPLE OF TRAUMA

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## POSTTRAUMATIC STRESS (PTS)

AN ARRAY OF NORMAL HUMAN RESPONSES  
FOLLOWING DIRECT EXPOSURE (EXPERIENCING OR  
WITNESSING) TO ONE OR MORE TRAUMATIC  
EVENTS

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**SECONDARY TRAUMATIC STRESS (STS):**

**A FORM OF PTS, BUT THE RESULT OF  
INDIRECT EXPOSURE TO TRAUMA  
THROUGH A RELATIONSHIP WITH A  
TRAUMATIZED CLIENT.**

**(Figley, 1995)**

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**VICARIOUS TRAUMA**

The transformation that occurs within the therapist (or other trauma worker) as a result of empathetic engagement with a traumatized client.

- Focus on cognitive changes – cognitive frame of reference in the areas of trust safety, control, esteem and intimacy.

(NATIONAL CHILD TRAUMATIC STRESS NETWORK, SECONDARY TRAUMATIC STRESS COMMITTEE, 2011)

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**WORLDVIEW**  
Psychological Frame of Reference



Adapted from: McCann, J.L., Saizman, D.K. & Abramowitz, D.J. (1988).  
Trauma and vicarious: A model of psychological adaptation.  
The Counseling Psychologist, 16(1) No. 4, 211-246.

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## Compassion Fatigue

- The profound emotional and physical exhaustion that helping professionals and caregivers develop over the course of their career as helpers. It is the general erosion of all the things that keep us connected to others in our caregiver role: our empathy, our hope, and of course our compassion – not only for others but also for ourselves.

(Francoise Mathieu, 2012. The Compassion Fatigue Workbook)

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## Compassion Satisfaction

- The positive feelings derived from competent performance as a trauma professional.

(Stamm, 2002)

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## Burnout

Characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment.

- Work related
- Result of generalized occupational stress
- Not a result of a trauma experience

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## BURNOUT

- EMOTIONAL EXHAUSTION
- EMERGES GRADUALLY
- WORSENS AS TIME PASSES - STAGES
- ASSOCIATED WITH HIGH STRESS & LOW PERSONAL REWARD
- UNSUPPORTIVE WORK ENVIRONMENT OR WORK CONDITIONS

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## STS IS...

- EMERGES SUDDENLY
- IF IGNORED OR UNATTENDED, STS CAN WORSEN AND BECOME DEBILITATING
- STS IS SOMETIMES REFERRED TO AS "VICARIOUS TRAUMATIZATION", OR "COMPASSION FATIGUE"

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## THE CRUEL TWIST

The more empathetic a worker is, the more the worker is subject to secondary traumatic stress.

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**When working with traumatized individuals, social workers can be affected...**

- emotionally
- physically
- cognitively
- socially
- interpersonally
- spiritually

(Bride, 2004; Bride, in press; McCann & Pearlman, 1990; Morrison, 1990; Pearlman & Saakvitne, 1995; Valent, 1995)

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**Effects of Trauma on the Social Worker**

- changes in frame of reference
- changes in self capacity
- changes in ego resources
- psychological needs & cognitive schemas  
safety, esteem, trust, control, intimacy
- memory and perception change  
(Saakvitne & Pearlman, 1996)

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**THEY GIVE UP**

- TRAGICALLY WE LOSE GOOD STAFF.
- THEY DO NOT HAVE ENOUGH TIME TO HAVE BURNED OUT.

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### Effects on the clients

- A soul weary social worker is not able to be helpful to the client (Stamm, 1999)
- Compassion fatigue results in professionals leaving the field (Figley, 1995; Pryce, Shackelford, & Pryce, in press)
- Impaired professionals should not continue to practice – duty to clients (NASW Code of Ethics, 1999)

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### Saakvitne & Pearlman (1996)

“self-care is an ethical imperative. We have an obligation to our clients – as well as to ourselves, our colleagues, and our loved ones – not to be damaged by the work we do.”

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### SELF CARE IS:

PERSONAL

AND

PROFESSIONAL

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**SELF ASSESSMENT: PERSONAL FACTORS  
INFLUENCING COPING SKILLS**

- **PHYSICAL**  
SLEEP, NUTRITION, EXERCISE
- **SOCIAL**  
SUPPORT, GETTING HELP, ACTIVISM

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- **EMOTIONAL**  
LIFE BALANCE; SPIRITUALITY; RELAXATION;  
HUMAN, CONTACT WITH NATURE; SELF  
EXPRESSION
- **ONE'S OWN PERSONAL TRAUMA HISTORY &  
HEALING**

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**SELF ASSESSMENT: PROFESSIONAL FACTORS  
INFLUENCING COPING SKILLS**

- **WORKLOAD BALANCE**
- **BOUNDARIES OR LIMITS**
- **AVABILITY OF SUPPORT**
- **PROFESSIONAL DEVELOPMENT**
- **JOB COMMITMENT**

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**HALT!**

- TOO HUNGRY
- TOO ANGRY
- TOO LONELY
- TOO TIRED

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**HOW DO WE KNOW WHEN OUR SELF-CARE STRATEGY IS NOT WORKING?**

- STAYING “NUMB” OR “IN DENIAL” FOR LONGER THAN NORMAL AFTER EXPOSURE TO A TRAUMATIC STRESSOR
- FEELINGS OF DETACHMENT FROM OTHERS

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- SEEING OTHERS AS OBJECTS RATHER THAN AN HUMAN BEINGS WITH THOUGHTS AND FEELINGS THAT DESERVE CONSIDERATION
- LOSS OF EMPATHY
- DETERIORATION OF PERSONAL AND PROFESSIONAL RELATIONSHIPS
- LOSS OF PERSONAL & PROFESSIONAL EFFECTIVENESS

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## **COPING BEHAVIORS**

### **POSITIVE:**

- ACTIVELY SEEKING SUPERVISION & SUPPORT
- SUPPORTING COLLEAGUES WITH THEIR OWN COPING ISSUES
- STAYING PHYSICALLY & MENTALLY "FIT"
- MAINTAINING A STRONG SOCIAL SUPPORT SYSTEM

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### **NEGATIVE:**

- NEGLECTING THE POSITIVE COPING BEHAVIORS
- ESCAPING I.E., SUBSTANCE ABUSE; RECKLESSNESS; ILLNESS; AVOIDANCE; BLAMING; UNHEALTHY EATING

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### **The Responsibility of Self-Care**

Saakvitne & Pearlman (1996) assert, "self-care is an ethical imperative. We have an obligation to our clients – as well as to ourselves, our colleagues, and our loved ones – not to be damaged by the work we do."

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You Know How To Take Care OF Yourself



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**KEEP  
CALM  
AND  
PRACTICE  
SELF-CARE**

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**YOU GOT THIS!**

Thank you for a very enjoyable training experience! You have been a wonderful group and it will be exciting to see the awesome difference you make in the lives of children and families!

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