“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.”

Remen
Secondary Trauma and its Impact on Providers

Presented by: Jill Ramsey, MS, CPRP

The Risks and the Reasons

- Every “helping professional” should understand traumatic stress and how to prevent or alleviate traumatic stress reactions.
- Many social services professionals unconsciously assume that their profession ‘magically’ shields them from traumatic experience.” (Kreichman 1984)
The Risk and the Reason

- Providers of behavioral health and SUD services may experience stressors related to ensuring the safety of individuals experiencing crisis, mental or substance use disorders, or withdrawal symptoms.

The Impact of Our Work

- Secondary Trauma
  - Toxic stress
- Causes and Risk factors
- What can you do once you recognize compassion fatigue
- Organizational Perspectives
Secondary Trauma

- is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event.
- The vivid recounting of trauma by the survivor and the clinician's subsequent cognitive or emotional representation of that event may result in a set of symptoms and reactions that parallel PTSD (e.g., re-experiencing, avoidance and hyperarousal).
- Secondary traumatization is also referred to as compassion fatigue (Figley, 1995) and vicarious traumatization (Pearlman and Saakvitne, 1995).

Secondary Trauma and the Brain

- Prefrontal Cortex: Rational thinking - regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume.
- Hippocampus: Responsible for memory and differentiating between past and present - works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.
- Amygdala: Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.
4 Causes of Compassion Fatigue Among Behavioral Health Workforce

1. Repeat Trauma

- On a daily basis, workers encounter people in life-threatening situations. Many workers operate in high-pressure environments where decisions can impact whether someone lives or dies.
- Additionally, there’s often no time to recharge or process each trauma. As soon as one person is given help, another critical patient may need assistance. Due to repeat trauma, critical care workers have high rates of compassion fatigue, secondary traumatic stress (STS) and turnover.

2. High Death Rates

- Another cause of compassion fatigue is the sheer amount of mortality health care workers have to witness. While it may be a part of the job, it can affect workers and make them feel like their work has no impact.
Causes of Compassion Fatigue Among Behavioral Health Workforce

3. Overwork

- Being overworked for long periods leads to high risk of compassion fatigue. When a health care worker has too much on their plate, the typical reaction is to go on autopilot to get through it all.

Causes of Compassion Fatigue Among Behavioral Health Workforce

4. Stress at Home

- When you work in a high-stress environment such as health care, you need to go home to relax and recharge. However, if your home is another place of stress, then it becomes impossible to “fill your cup” back up.
Levels of Stress and Secondary Trauma
How much exposure constitutes secondary trauma?

1. Identity
2. Externalizing
3. Gratitude
4. World View
5. Internalized Oppression
6. Saturation
7. Overprotectiveness
8. Depleted Creativity and Adaptability

How do we know we are affected?

[Image with paper saying "OUT OF ORDER!"]
Identity

The extent to which our *identity* is embedded in our work increases our secondary trauma.

*Who are you* away from your job?
*What would you be doing if you were not doing THIS?*

Key Traits

- Empathy-A heart for the job
- Grace Under Fire
- Team Player
- Psychological Strength
- Assessment Skills
- Adaptable
- Emotional Intelligence and Resilience
How do we know we are affected?

Externalizing

- **Externalizing** self-care: "I would like my job if this or that changes…or if so-and-so weren’t here…".

This is a dangerous pitfall. What if nothing outside of yourself changes? We often cannot change other people, systems, or circumstances.
Gratitude

**Gratitude** is the enlightened response to witnessed trauma.

**Self Check:** What are you grateful for?
World View

- Is it over-protective, cynical, dark, and suspicious of others?
- Are you unable to do life outside of work without imposing traumatic content?

Examples:
- Are you diagnosing people in the grocery store?
- Diagnosing TBIs when you watch football?
- Wondering how many people have died by suicide jumping off that beautiful cliff in Hawaii?
- Identifying perpetrators at Walmart?
- **Your examples?**

- Not everyone thinks this way!

Saturation

**Saturation**

Is the result of "un-metabolized witnessing".

The most salient factor associated with the symptoms of compassion fatigue include problems that are perceived to be beyond the capacity of the service provider.
Signs of Saturation

- Feeling helpless and hopeless
- Addictions
- Can’t do enough
- Minimizing self
- Numbing/decreased empathy
- Over protective
- Exhaustion/physical ailments
- Self importance
- Sense of persecution/guilt/fear
- Unable to listen
- Decreased Creativity

Internalized Oppression

Norms of emoting contribute to how we compact our unexpressed adrenalin. It needs to have release from the nervous system.

The two major ways we deal with saturation:
1. Consume
2. Distract

This we do in response to disturbing information and never release. We eat too much, drink too much, or consume in other ways, or we distract with devices, TV other activities that may help, but do not release adrenalin.
Secondary Trauma and its Impact on Providers

Depleted Creativity & Adaptability

- **Depleted Creativity and adaptability** at work and home are hallmark signs of secondary trauma.
- **Test:** Are you repeating the same conversations with people rather than having unique conversations with each person you encounter? You may be stuck in a holding pattern due to saturation and there is no room for creativity or adaptability. Same thing, different day, day after day after day.
Secondary Trauma and its Impact on Providers

Toxic STRESS

- **Stress** – any demand or change that the human system is required to meet and respond to and then return to baseline
- **Traumatic Stress** – the demand or challenge exceeds our normal coping resources
- **Examples** – Abuse, Neglect, Exposure to Violence

Post Traumatic Stress

A. Recurring Intrusive Recollections of the Trauma
B. Avoidance of Trauma-Associated Stimuli or “Numbing”
C. Persistent Physiological Hyper-arousal

_The result of direct exposure to extreme & traumatic stressors_
Secondary Traumatic Stress

A. Recurring Intrusive Recollections of the Trauma
B. Avoidance of Trauma-Associated Stimuli or “Numbing”
C. Persistent Physiological Hyperarousal with no return to baseline

*The result of indirect exposure to extreme & traumatic stressors, typically through working with an affected person.*

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### Secondary Traumatic Stress vs. Compassion Fatigue/Burnout

<table>
<thead>
<tr>
<th>Secondary Traumatic Stress</th>
<th>Compassion Fatigue/Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Symptoms similar to PTSD</td>
<td>➢ Emotional exhaustion &amp; reduced feeling of personal accomplishment</td>
</tr>
<tr>
<td>➢ Can follow exposure to a single traumatic event</td>
<td>➢ Begins gradually &amp; becomes progressively worse</td>
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PROTECTIVE FACTORS INCLUDE:

- Social Support
- Optimism & Healthy self-esteem
- Spirituality
- Adaptability/Flexibility
- Tendency to find meaning
- Curiosity & openness to experience
- Aptitude/Staying Relevant
- Gratitude

Headington Institute 2007

Workplace Culture & Norms

What's yours????
Secondary Trauma and its Impact on Providers

Signs of a Healthy Workplace

1. PEOPLE ARE WAITING IN LINE TO JOIN YOUR TEAM
2. TURNOVER IS LOW
3. TOP LEADERS ARE NOT INSECURE ABOUT OTHER LEADERS SUCCEEDING
4. GOSSIP ISN’T TOLERATED
5. LATERAL LEADERSHIP IS OUTSTANDING
6. TEAM MEMBERS ARE ENERGIZED BY THE MISSION

(Forbes, 2010, Mental Health America, 2002)

Individual Indicators of Distress

Personal Indicators
- Self-isolation
- Cynicism
- Mood swings
- Irritability with family
- Risk taking
- Spiritual difficulties

Workplace Indicators
- Avoidance of certain clients
- Missed appointments
- Tardiness
- Lack of Motivation
What Can Leaders Do?

- Be proactive (vs. reactive)
- Increase Awareness - get training on Secondary Traumatic Stress for senior level staff & management
- Be responsive to the unique skills, needs, stresses and values of the professionals working for them
- Supervisors as role models

Are you modeling positive or negative coping? Are you part of the distress at your workplace?
Secondary Trauma and its Impact on Providers

The Three Dimensions of Burnout

- **Sustained Feelings of Exhaustion**
  - Loss of energy
  - Depletion
  - Overextension
  - Fatigue

- **Professional Inefficacy**
  - Reduced feelings of accomplishment or productivity

- **Depersonalization**
  - Withdrawal
  - Increased mental distance from one's job
  - Feelings of negativity/cynicism related to one's job

TOP 5 FACTORS

Employees in a 2018 poll identified five organizational factors of burnout:

- Unfair treatment at work
- Unmanageable workload
- Lack of role clarity
- Lack of communication and support from their manager
- Unreasonable time pressure

Presented by: Jill Ramsey, MS, CPRP
Your Plan for Self Care and the Management of Compassion Fatigue

“What is to give light must endure burning.”
Viktor Frankl

Self Care

Objectives

- Recognize the possible effects of stressors experienced by behavioral health providers.

- Describe three approaches or practices to enhance self-care across organizations and staff.

- Identify resources and supports that can serve as protective factors against harmful responses to stress.
Characteristics of Resilience

The single most powerful element of resilience and reducing the impact of adverse experiences/trauma, is connection.

This may be a daily challenge

Major Aspects of Resilience

- Adversity happens and is part of life. Connect over it, rather than decide you are in it alone. YOU ARE NOT

- Choose carefully where to focus energy. Hunt for the good and tune in to what you control.

- Self check in. Is what I am doing helping or harming me? Noticing this puts you back in control. Is this self soothing or self care?
Secondary Trauma and its Impact on Providers

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Self-Care Strategies

Workplace

- Take breaks
- Set limits
- Peer support
- Get supervision
- Use your vacations

Managing Our Secondary Trauma: Events, Experience & Effect

Self Care about finding meaning in what is happening and developing skills that support our growth.

Protect Your Brain

Something that brings you joy: What gives you meaning and purpose?

Something that brings order to your life: Quite often, our environments mirror our frazzled mind. Organize.

Something that gives you a sense of mastery: This could be something you already know and could improve, or a skill you've always wanted learn.

Self Compassion
Secondary Trauma and its Impact on Providers

Presented by: Jill Ramsey, MS, CPRP

The Five Types Compassion

1. I Feel Bad
   - A fellow human is hurting. Wish that wasn’t happening.

2. What Happened?
   - I want to understand what happened because I care.

3. Recognition
   - I don’t see myself as different from you. We are all a step away from the same life.

4. Truth
   - I won’t protect you -because the truth is liberating. Sugar coating is neither helpful or compassionate.

5. Possibility
   - I see you as your best potentiomed self and I know that can be manifested at any moment.

Gabor Mate

The Five Types SELF Compassion

1. I Feel Bad
   - I’m hurting/stressed. Wish it wasn’t happening.

2. What Happened?
   - I want to understand what happened and why. What can I change? *What am I telling myself about it?

3. Recognition
   - This could happen to anyone, not just me. I am not alone. I don’t have to decide I am a victim to it, alone it is, or that I caused it. I can connect over it. It isn’t just me!

4. Truth
   - Seeing the truth is okay. It’s how we move on. Name it. Own it. Get on with it.*

5. Possibility
   - What do I look like, feel like and act like when fully actualized. What is the distance between here and there? Am I there? Seeing you at your best as a baseline.

Jill Ramsey inspired by Gabor Mate
Secondary Trauma and its Impact on Providers

Materials
- What I control
- Overwhelm
- Survival Guide
- Standards of Self-Care
- [www.traumastewardship.com](http://www.traumastewardship.com)

Thank You
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