MANAGING SECONDARY TRAUMA AND COMPASSION FATIGUE IN SOCIAL SERVICES

Anna Tekippe, NTSDM 2019

A little about me:

- Currently the Manager of Clinical Services at the Center for Work Education and Employment in Denver, CO

- Social Worker and Psychotherapist

- Background as domestic violence counselor, community educator, and Coordinator of Anti-Violence Center

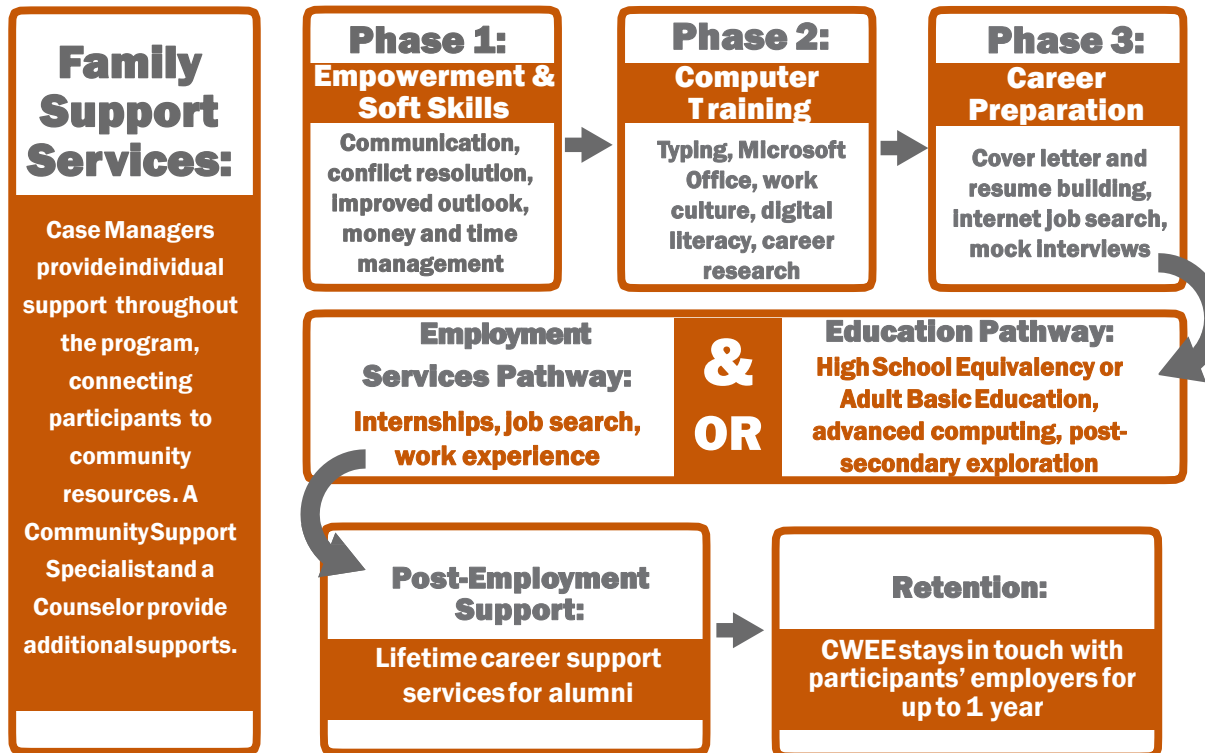- Last 10 years as a therapist working with families receiving TANF

CWEE's Approach

Skills training, career coaching and personal support to help families break the cycle of poverty

CWEE Program Map

Family Support Services:

Case Managers provide individual support throughout the program, connecting participants to community resources. A Community Support Specialist and a Counselor provide additional supports.

Phase 1: Empowerment & Soft Skills

Communication, conflict resolution, improved outlook, money and time management

Phase 2: Computer Training

Typing, Microsoft Office, work culture, digital literacy, career research

Phase 3: Career Preparation

Cover letter and resume building, Internet job search, mock interviews

Employment Services Pathway:

Internships, job search, work experience

& OR

Education Pathway:

High School Equivalency or Adult Basic Education, advanced computing, post-secondary exploration

Post-Employment Support:

Lifetime career support services for alumni

Retention:

CWEE stays in touch with participants' employers for up to 1 year

Introduction activity

Agenda

- Let's start the conversation
  - Gain a greater understanding of trauma, secondary trauma, and compassion fatigue
  - Introduce core principles of trauma informed organizations
- Identify ways to manage the impact of secondary trauma and compassion fatigue at the individual and departmental/organization levels
  - Assessment tools
  - Response (prevention & intervention tools)
- Resources for continued learning

"I'm right there in the room, and no one even acknowledges me."

What is trauma?

- Anything – often an event or series of events – that overwhelms our body and our mind's ability to cope, either all at once or over time

- Experience of trauma differs for everyone

- Different types of trauma

Acute	Micro/Systemic
Historic	Secondary/Vicarious

- Prevalence

The experience of trauma

- What does this look like?
  - In the moment(s)
    - Our "thinking brain" goes off line and we are in reaction/survival mode
    - We speed up or shut down: fight, flight, freeze
  - Longer term
    - Creates the ultimate contradiction: the need to bury and forget and the inability to do so. The memory is stuck and is in our bodies. And it disrupts our sense of the world.

- Herman, 1997; Fisher, 2008

What is the impact on the survivor?

"Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning… The damage to relational life is not a secondary effect of trauma, as originally thought. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community." (Herman, 1997)

How does it impact responders?

Secondary Trauma:

- the cumulative effect of working with survivors of trauma; includes cognitive changes and changes to worldview; can include subclinical mirroring of signs and symptoms of PTSD

Compassion Fatigue:

- Stress or suffering as a result of serving in a helping capacity; a natural outcome of knowing about trauma, rather than a pathological process

Signs of Compassion Fatigue/Secondary Trauma

Physical
- Muscle pain
- Impaired immune system
- Increased severity and length of medical concerns
- Chronic exhaustion

Emotional
- Guilt; a feeling that one can never do enough
- Anger & cynicism
- Numbness; can't empathize
- Sadness
- Helplessness
- Sense of persecution

Signs of Compassion Fatigue/Secondary Trauma

Cognitive

- Lowered concentration
- Apathy
- Rigid thinking
- Perfectionism
- Preoccupation with trauma
- Diminished creativity
- Grandiosity

Behavioral

- Withdrawal
- Sleep disturbances
- Appetite change
- Hypervigilance
- Inability to listen/deliberate avoidance
- Addiction

# Signs of Compassion Fatigue/Secondary Trauma

Risk factors

- Personal trauma history
- Type of exposure
- Length of employment
- Always be empathetic
  - Professional or personal roles
- Isolation

Why do want/need to attend to this?

What is the impact on the organization?

- Fractured relationships; coordination versus collaboration
- Struggle to produce high quality and/or consistent work
- Inability to stay connected to mission, value, purpose of the organization/department
- High turnover and increased costs
- Focus on compliance rather than innovation
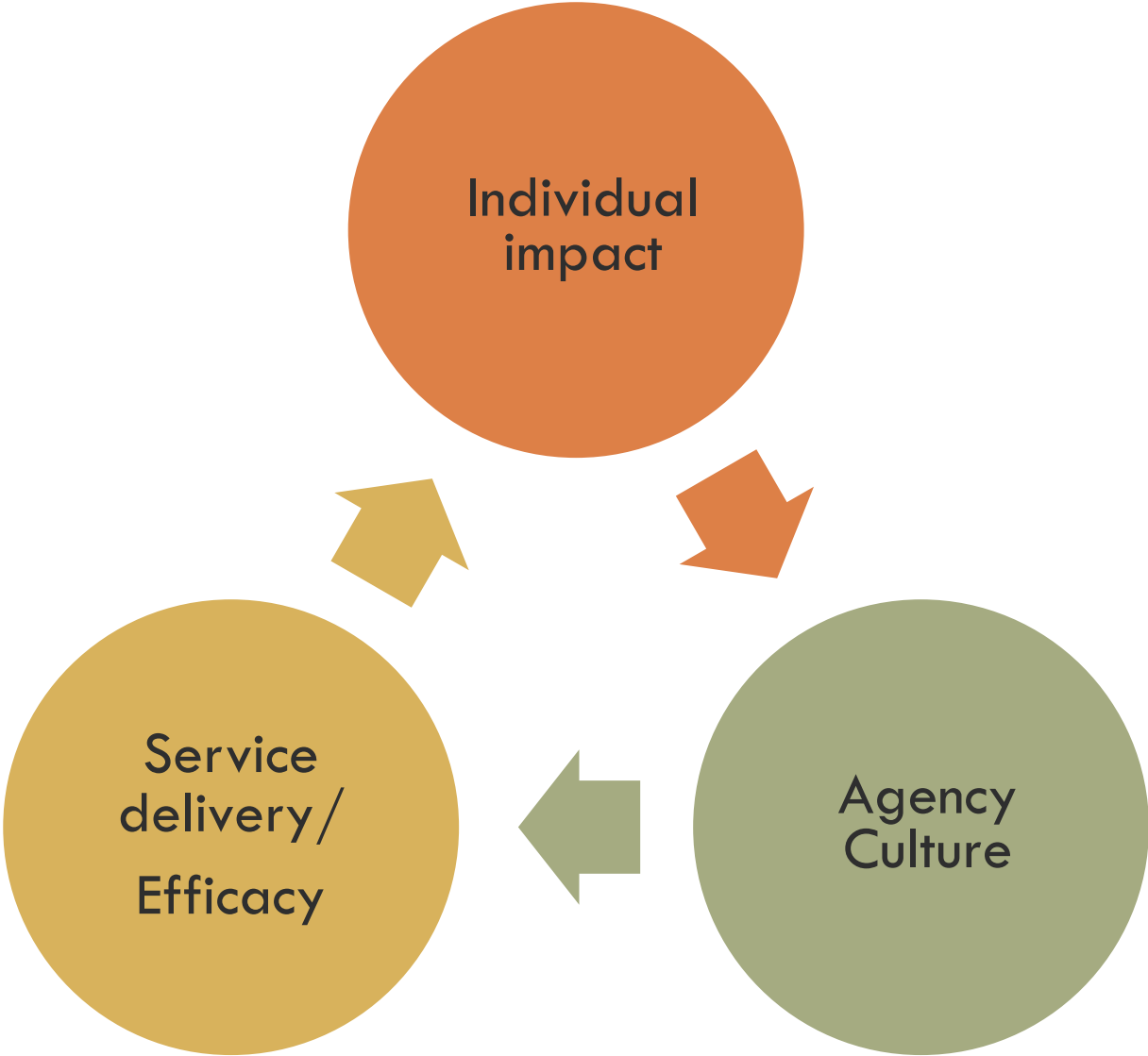
"It's always 'Sit,' 'Stay,' 'Heel'—never 'Think,' 'Innovate,' 'Be yourself.'"

How do we attend to this?

- Integrate Trauma Informed strategies
- Assess current functioning
  - Ongoing process
  - Assess at individual, departmental/organizational, and systemic levels
- Identify Response Strategies
  - Prevention
  - Intervention

What does it mean to be trauma informed?

An awareness that we live in the world, trauma is in the world, and so it impacts us and the people with whom we work.

An organization that is trauma informed is rooted in the knowledge that healing is possible, and self care is essential. It provides a framework for supporting those we serve, as well as ourselves.

Being trauma informed

- 4 principles of trauma informed care
  - Commonality: we all have a story
  - Mutuality: healing happens in relationships
  - Intentionality: healing requires us to be informed and to take action
  - Potentiality: healing is possible for all

- Moving from vicarious trauma to vicarious resilience

Being trauma informed

A trauma informed organization:

- Creates safe space for all participants and workers; staff at all levels are aware of impact of trauma

- Meets people where their needs are

- Aims to prevent re-traumatization

- Strives for healing, recovery, and resilience

- Assumes trauma

Being trauma informed

Managing the impact of trauma requires a shift in perspective:

From **what's wrong** to **what happened**

From **what's wrong** to **what's strong**

From **compliance** to **impact**

Managing Compassion Fatigue: Individual

Assessment

- Self-appraisal bias
- Professional Quality of Life Scale (ProQOL-R IV)

Managing Compassion Fatigue: Individual

Intervention

- Prevention ⬄ Response
- Support Professional Development
- Support connections with coworkers
- Integrate trauma awareness and strategies into supervision

Managing Compassion Fatigue: Individual

- Making use of supervision
    - Include questions related to trauma in regular supervision
    - Encourage joint problem solving
    - Monitor time off usage, encourage breaks
    - Integrate trauma awareness and self-care into performance reviews

Managing Compassion Fatigue: Organizational

Assessment

- 5 domains to consider
  - Safety
  - Trustworthiness
  - Choice
  - Collaboration
  - Empowerment

- Trauma-informed Organizational Assessment tool(s)

Managing Compassion Fatigue: Organizational

Intervention

- Prevention ⟺ Response
- Strive for a culture that normalizes the effects of working with trauma
- Structural support of work life balance
- Support resiliency

Resources

Books

Help for the Helper, Babette Rothschild

Trauma & Recovery, Judith Herman

Trauma Stewardship, Laura van Dernoot Lipsky

Websites

ACF's Resource Guide to Trauma Informed Human Services

https://www.acf.hhs.gov/trauma-toolkit#chapter-1

What Does Becoming Trauma Informed Mean for Non-Clinical Staff (archived webinar)

https://www.relias.com/resource/becoming-trauma-informed-non-clinical-staff

the beauty of my people

is

so

thick and intricate.

I spend my days

trying

to undo my eyes

to

I can sleep.

- lace, by Nayyirah Waheed

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