

Secondary Trauma

Early Ripples: The Effects of ACEs on Children 0-5

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Learning Objectives

- As a result of this training, participants will be able to:
 - o Identify the characteristics of secondary traumatic stress and its causes,
 - o Learn key terms specific to the issue of secondary traumatic stress and related issues
 - o Identify importance of compassionate resilience

Trauma-informed Care

- "Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs to patients who have experienced Adverse Childhood Experiences (ACEs) and toxic stress" (ACEs Aware, 2020).
- Trauma-informed care includes:
 - ✓ **Understanding** the widespread nature of trauma and adversity as well as the effects on health and behavior;
 - ✓ **Recognizing** trauma and adversity's impacts on health and behavior;
 - ✓ **Training** leadership, providers, and staff regarding response to patients using best practices in trauma-informed care;
 - ✓ **Integrating** knowledge of trauma and adversity in developing policies, procedures, practices, and treatment planning; and
 - ✓ **Avoiding** re-traumatization by engaging with patients who have experienced ACEs and/or other adversities with support and without judgment (ACEs Aware, 2020).

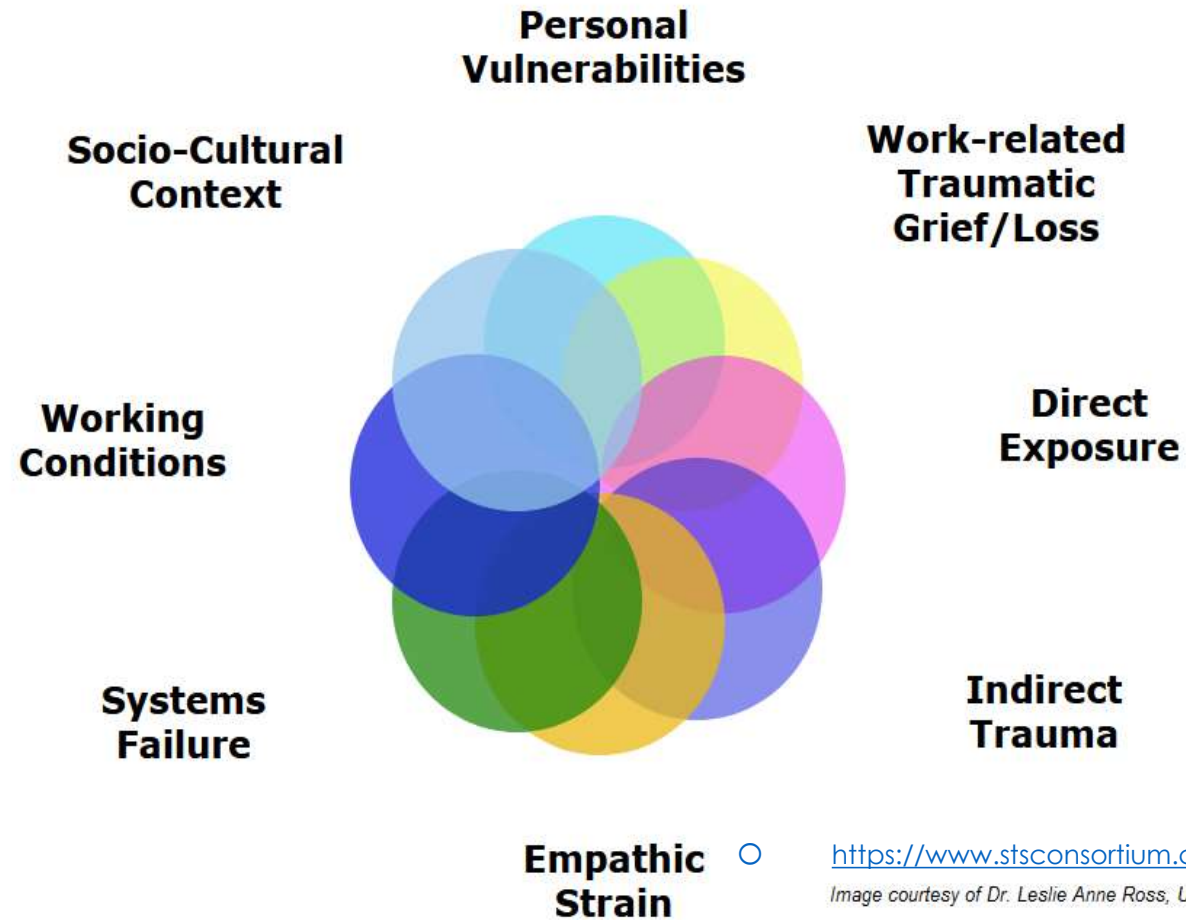
Principles to Guide Trauma-Informed Care

- “Establish the physical and emotional safety of patients and staff
- Build trust between providers and patients
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- Promote patient-centered, evidence-based care
- Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
- Provide care that is sensitive to the patient’s racial, ethnic, and cultural background, and gender identity” (ACEs Aware, 2020).

What is Secondary Traumatic Stress?

- Providing trauma-informed care to children and adults who are experiencing, or have experienced, Adverse Childhood Experiences can take a physical and emotional toll on professionals providing care (National Child Traumatic Stress Network, 2011; Walker, 2019).
- The Principles of Trauma-Informed Care state the necessity of ensuring the physical and emotional safety of patients and staff (ACEs Aware, 2020).
- In providing trauma-informed care, it is important for care providers to understand the potential for impacts on their own well-being (ACEs Aware. Adapted from the Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach, 2014).

Multiple Exposure: Increased Risk



<https://www.stsconsortium.com/what-is-sts>

Image courtesy of Dr. Leslie Anne Ross, UCLA.

Types of Secondary Traumatic Stress

- Newell and MacNeil (2010) suggest considering two forms: trauma-related stress and professional burnout.
- They explain that secondary traumatic stress, vicarious trauma and compassion fatigue are related to working with populations who have been impacted by trauma.
- Professional burnout, on the other hand, is described as a more general phenomenon (Newell & MacNeil, 2010).
 - “The million dollar problem“ (Schelenz, 2020).



Burnout

- “Healthcare professionals are generally considered to be in one of the highest risk groups for the experience of burnout, given the emotional strain and stressful work environment of providing care to sick or dying patients” (Shah, Gandrakota, Cimiotti, Ghose, Moore, & Ali, 2021).
- Burnout is defined as “a state of physical, emotional, psychological, and spiritual exhaustion resulting from chronic exposure to (or practice with) populations that are vulnerable or suffering (Pines & Aronson, 1988).
- In 2018, among nurses who were leaving their current job (9.5% out of sample of more than 50,000) 31.5% reported that burnout was the cause for leaving (Shah, Gandrakota, Cimiotti, Ghose, Moore, & Ali, 2021).
- This same study identified several factors contributing to burnout, including demanding workload, stressful work environments and emotional strain.
- It is important to consider the pandemic’s potential impact on the above factors.

Key Terms

Secondary traumatic stress refers to the development of PTSD-like symptoms as a byproduct of working with people who have been traumatized (Secondary Traumatic Stress Consortium. Factors contributing to secondary traumatic stress.

<https://www.stsconsortium.com/what-is-sts>)

Compassion fatigue, often used interchangeably with secondary traumatic stress, can also involve additional symptoms, including feelings of isolation, anxiety, dissociation, physical symptoms and sleep disturbances as well as a sense of confusion, helplessness, and stepping back from support. Compassion fatigue may be hard to identify in oneself or in others (Secondary Traumatic Stress Consortium. Factors contributing to secondary traumatic stress.

<https://www.stsconsortium.com/what-is-sts>)

Key Terms (cont'd.)

Common Compassion Fatigue Symptoms

Cognitive	Emotional	Behavioral	Physical
Lowered concentration	Guilt	Withdrawal	Increased heart rate
Apathy	Anger	Sleep disturbance	Difficulty Breathing
Rigid thinking	Numbness	Appetite change	Muscle and joint pain
Perfectionism	Sadness	Hyper-vigilance	Impaired immune system
Preoccupation with trauma	Helplessness	Elevated startle response	Increased severity of medical concerns

(Secondary Traumatic Stress Consortium.
Factors contributing to secondary traumatic
stress. <https://www.stsconsortium.com/>)

Key Terms (cont'd)

- **Vicarious trauma** is often used as a synonym for compassion fatigue and secondary traumatic stress since there are some characteristics in common. This is the subject of ongoing debate.
- It has been proposed, due to the negative changes in beliefs and feelings about self and others, if a professional is experiencing vicarious trauma, their effectiveness as a professional is compromised, resulting in a perceived potential threat to client safety (Steele, 2020).



Secondary Traumatic Stress and Resilience

- Resilience is defined as “the ability to withstand or recover from stressors, resulting from a combination of intrinsic factors (such as self-regulation or telomere length), extrinsic factors)like safe, sable and nurturing relationships with family members and others), and predisposing biological susceptibility” (Bhushan et al, 2020).
- Providers of trauma-informed care are encouraged to work to practice “Compassionate resilience to maintain provider well-being while caring patients to be able to combat compassion fatigue, burnout, secondary traumatic stress, vicarious trauma and related concerns” (ACEs Aware, 2020).

Responding to Secondary Traumatic Stress

- Steele (2020) states that stress and toxic stress are experienced individually, so that mitigating stress must be an individual process.
- In other words, what is experienced as harmful stress by one person may not be the same for another person. Similarly, what can help to mitigate stress for one person may not do so for someone else (Steele, 2020).

Reflective Practice

- o One useful practice that has been in use for some time by mental health professionals, nurses, social workers and early childhood professionals is reflective practice (Knight, 2015; Sicora, 2017; Harrison, 2021).
- o This intentional examination and consideration of one's work in a supported and confidential way-- either with a mentor or in a consistent reflective circle-- can promote professional and possibly personal growth as well as professional resilience (Dewey, 1933; Schon, 1983; West, et al 2014; West, Dyrbye, Shanafelt, 2018; Wietmarschen et al, 2018).



Reflective Practice (cont'd.)

- o Reflective practice is another way of focusing attention on our experiences, processing them and ultimately making use of them to learn and hopefully grow in our practice and as humans.

“The real voyage of discovery consists not in seeking new landscapes but in having new eyes.”
-Marcel Proust



Summary

- Over time, working with children and adults who have experienced Adverse Childhood Experiences and other adversities can be a source of strain for professionals, but an awareness and understanding of secondary traumatic stress and related issues can make a difference.
- The impacts of burnout, secondary traumatic stress, compassion fatigue, and/or vicarious trauma may be physical, cognitive, behavioral, and/or emotional. Stress is individually experienced.
- Practicing compassionate resilience for sustained provider well-being is an important aspect of trauma-informed care.

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