

Secondary Trauma and the Child Welfare Workforce

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Negative Effects of Serving the Traumatized: What do we call it?

- Indirect trauma
- Emotional contagion
- Savior Syndrome
- Cost of caring
- Secondary victimization
- Secondary traumatic stress
- Compassion fatigue
- Vicarious traumatization
- Burnout

Who is at Risk?

- Family & Friends
- Helping professionals
 - Social workers
 - Substance abuse counselors
 - Physicians and nurses
 - Sexual assault/domestic violence counselors/advocates
 - Chaplains, clergy, pastoral counselors
- **Child welfare workers**

Are you negatively impacted by your work in child welfare?

- A) Yes
- B) No

Go to <http://z.umn.edu/stspoll> on your computer, phone, or tablet to take the anonymous poll.

OR

Text 4960 plus your answer to 612-41CHIME (612-412-4463) to answer via SMS.

Secondary Traumatic Stress: What is it?

- “A syndrome of symptoms nearly identical to PTSD except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person” (Figley, 1999, p.11)

Secondary Traumatic Stress Symptoms

- Exposure
- Intrusion
- Avoidance
- Hyperarousal
- Distress/Impairment

STS: Intrusion Symptoms

- Recurrent and intrusive recollections of the event.
- Recurrent distressing dreams of the event
- Acting or feeling as if the traumatic event were recurring
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

STS: Avoidance Symptoms

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- Efforts to avoid activities, places or people that arouse recollections of the trauma.
- Inability to recall an important aspect of the trauma.
- Markedly diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Restricted range of affect.
- Sense of a foreshortened future.

STS: Arousal Symptoms

- Difficulty falling or staying asleep.
- Irritability, frustration, or anger.
- Difficulty concentrating.
- Hypervigilance
- Exaggerated startle response

STS: Distress and Impairment

- Significant Distress
- Impaired Functioning
 - Family
 - Social
 - Occupational

Compassion Fatigue

- Conceptually identical to Secondary Traumatic Stress.
- Introduced as a potentially less stigmatizing term.
- Sometimes used to refer to the combination of secondary traumatic stress and burnout.

Definition of Vicarious Traumatization

- The transformation in the inner experience of the therapist that comes about as a result of empathic engagement with traumatic material (Pearlman & Saakvitne, 1995, p.31)
- Profound disruptions in the therapist's frame of reference, that is, his basic sense of identity, world view, and spirituality. Multiple aspects of the therapist and his life are affected, including his affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of his body and physical presence in the world. (Pearlman & Saakvitne, 1995, p. 280).

Changes in Frame of Reference

- Identity
- Worldview
- Spirituality

Unmet Psychological Needs

- Safety
- Trust
- Esteem
- Intimacy
- Control

Burnout

- Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, determined by the dimensions of exhaustion, cynicism, and inefficacy. (Maslach, Schaufeli, & Leiter, 2001)

Burnout vs. STS/CF/VT

Burnout

- Related to the work environment
- Extends to work with any difficult population
- Workload and institutional stress are the precipitating factors

Secondary Traumatic Stress

- Related to the work environment
- Specific to work with traumatized populations
- Exposure to traumatic material is the precipitating factor

Other Signs of STS/CF/VT

- Cognitive – difficulty concentrating, pre-occupation with trauma, self esteem, forgetfulness
- Emotional – anxiety, guilt, anger, sadness, fear, numbness
- Behavioral – impatience, irritability, control
- Interpersonal – withdrawal/isolation, mistrust, intimacy
- Physical – sweating, heart palpitations, blood pressure, immunity

Impact of STS on Professional Functioning

- Job Performance
 - Decrease in quality and quantity of work
 - Low motivation
 - Avoidance of job tasks
 - Increase in mistakes
- Job Morale
 - Dissatisfaction
 - Negative attitude
 - Apathy

Impact of STS on Professional Functioning

- Interpersonal
 - Poor communication
 - Staff conflicts
- Behavioral
 - Absenteeism
 - Poor judgment
 - Turnover

What does the Research Say about STS??

Prevalence of STS

- Social Workers (N = 282) (Bride, 2007)
 - 55% met at least one of the core criteria for PTSD
 - 24% scored above the clinical cutoff.
 - 15% met the core criteria for PTSD.
- Social Workers (N = 529) (Bride & Lee, 2012)
 - 48% met at least one of the core criteria for PTSD
 - 15% scored above the clinical cutoff.
 - 11% met the core criteria for PTSD
- Substance Abuse Counselors (N = 225) (Bride, Hatcher, & Humble, 2009)
 - 57% met at least one of the core criteria for PTSD.
 - 26% scored above the clinical cutoff.
 - 19% met the core criteria for PTSD.
- Substance Abuse Counselors (N = 936) (Bride & Roman, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.

Prevalence of STS – cont'd

- Domestic/Sexual Violence Social Workers (N = 154) (Choi, 2011)
 - 66% met at least one of the core criteria for PTSD.
 - 29% scored above the clinical cutoff.
 - 21% met the core criteria for PTSD.
- Child Welfare Workers (N = 187) (Bride, Jones, & MacMaster, 2007)
 - 92% experienced some symptoms of STS.
 - 43% scored above the clinical cutoff.
 - 34% met core criteria for PTSD.

Summary of Prevalence Studies

- Most service providers experience some symptoms of STS.
- Most service providers have low levels of STS.
- A significant amount of service providers have relatively high levels of STS.
- **CHILD WELFARE = the highest STS rates.**

What is your level of STS?

- A) Little or No STS (< 28)
- B) Mild STS (28-37)
- C) Moderate STS (38-43)
- D) High STS (44-48)
- E) Severe (49+)

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Risk and Protective Factors

- Exposure to traumatized populations
 - caseload – size, composition
 - child trauma
 - severity and type of trauma

Risk and Protective Factors

- Demographic variables
 - age
 - experience
 - gender
 - ethnicity
 - educational level & discipline

Did you experience physical abuse, sexual abuse, or severe neglect as a child/adolescent?

- A) Yes
- B) No

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Personal Trauma History

- Experienced trauma ever
- Experienced trauma as a child/adolescent
- Experienced trauma as an adult
- Reaction at time of event
- Current impact of trauma

Are you currently negatively impacted by your own past trauma?

- A) Yes
- B) No

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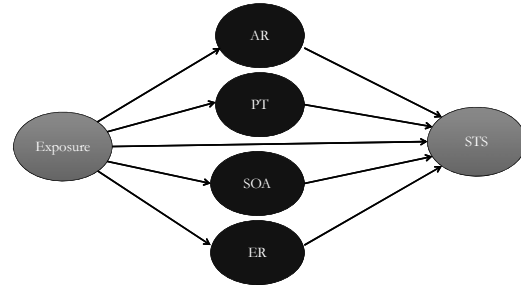
Decety & Jackson's Empathy Model (2004)

- Affective Sharing
 - Capacity for an automatic or unconscious affective response to others, which may include sharing emotional states.
- Perspective Taking
 - A cognitive capacity to take the perspective of another.

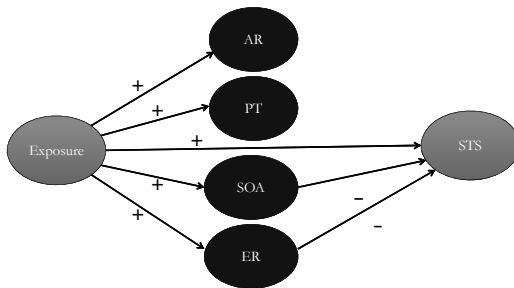
Decety & Jackson's Empathy Model (2004)

- Self-Other Awareness
 - The capacity for temporary identification between self and other that ultimately avoids confusion between self and other.
- Emotional Regulation
 - The ability to change or control one's own emotional experience.

Multiple Mediation Model of Empathy and STS



Multiple Mediation Model of Empathy and STS



Peer Support

- Attachment (ns)
- Reliable Alliance (+)
- Helpfulness (+)
- Discussion (+)
- Satisfaction (+)
- Cohesion (+)

Supervisory Support

- Friendship (ns)
- Relational Quality (-)
- Helpfulness (-)
- Discussion (-)
- Satisfaction (-)

Organizational Factors

- Role Overload (-)
- Autonomy (+)
- Organizational Culture
 - Empowering (+)
 - Procedural justice (+)
 - Distributive Justice (+)
- Organizational Support
 - Appreciation (+)
 - Empowering culture (+)

Compassion Satisfaction & Resilience

- Observing and experiencing client recovery and growth (Arnold et al., 2005)
- Increased empathy, insight, and tolerance (Arnold et al., 2005; Bell, 2003)
- Appreciation of life (Arnold et al., 2005; Bell, 2003; Steed & Downing, 1998)
- Personal growth (Steed & Downing, 1998)
- Appreciation of relationships (Bell, 2003)
- Improved spousal relations (Ben-Porat & Itzhaky, 2009)
- Improved parenting skills (Ben-Porat & Itzhaky, 2009)

Addressing STS

Personal Self-Care

- Awareness
 - Recognize and identify STS symptoms.
 - Monitor changes in symptoms over time.
 - Recognize and monitor changes in functioning.
- Balance
 - Make personal life a priority.
 - Attend to your physical health
- Connection
 - Make relationships with family and friends a priority.
 - Honor your connection to your community.
 - Revitalize your sense of life's purpose and meaning.

Professional Self Care

- Awareness
 - Recognize and identify STS symptoms.
 - Supervision and consultation addressing STS.
 - Know your triggers.
- Balance
 - Balance caseload, time, tasks.
- Connection
 - Develop a professional connection.
 - Develop and utilize a professional support network.
 - Remember why you do what you do.

Do you think you do an adequate job with self-care?

- A) Yes
- B) No

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Organizational Strategies

- Provide opportunities for education and training
- Provide supervision and consultation
- Provide a safe and pleasant physical setting
- Develop a caring and supportive organizational culture.
- Facilitate opportunities for peer support.
- Create a protocol for debriefing when needed.

**Do you think your organization provides
adequate supports to address STS?**

- A) Yes
- B) No

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