

# CHANGING OUR WORKPLACE CLIMATE: Addressing Secondary Traumatic Stress (STS)



# What is Child Traumatic Stress?

- Witnessing or experiencing an event that *poses a real or perceived threat*
- The event overwhelms the child's ability to cope



- Acute Trauma – Event



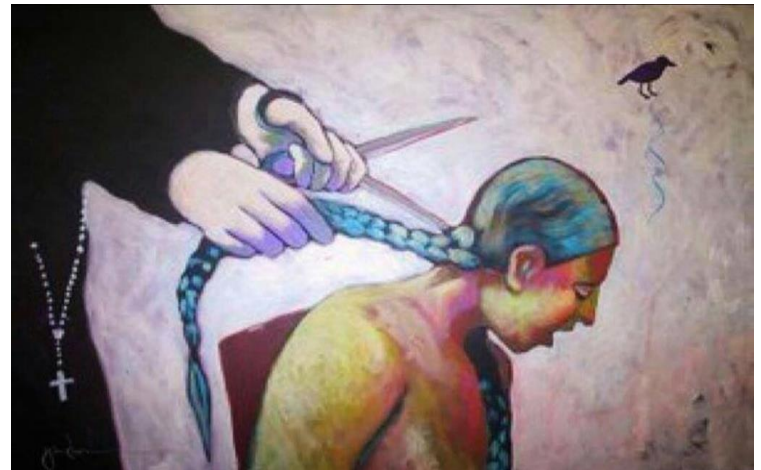
- Complex trauma-Event



- Chronic trauma –  
Event/Experience



- Historical Trauma –  
Event/Experience



# Situations That Can Be Traumatic

## (Events)

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

# What Is Child Traumatic Stress?

- The physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling)
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal
- Trauma is experienced as a series of traumatic moments each penetrating deep in the child's psyche

# Children Vary in Their Response to Traumatic Events

The impact of a potentially traumatic event depends on several factors, including:

- The child's genetic makeup
- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The response to the events of the child's close caregivers
- The presence/availability of adults who can offer help and protection

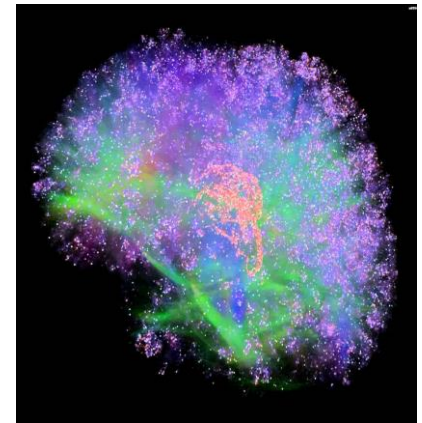
## Common Effects of a Traumatic Event

- Intrusive Symptoms
- Negative Thoughts /Mood
- Avoidance
- Arousal/Reactivity



## Common Effects of Chronic Trauma

- Mood Regulation
- Behavioral Control
- Cognition
- Self-Concept
- Attachment
- Biology
- Dissociation





- Chronic Stress Experiences

- Sustained, intense stress

- Constant Fight or Flight

- Changes to Brain Architecture

- Roads become highways
- No Road Closures

- Behaviors to Cope

- Normal responses to abnormal context
- Effective in short run (substances, sexual, obesity)
- Maladaptive in the long run (heart disease, HIV, STDs, ↑risk)





# Impact of Working with Victims of Trauma



# Compassion Fatigue

A gradual lessening of compassion over time, common in people who work directly with trauma survivors



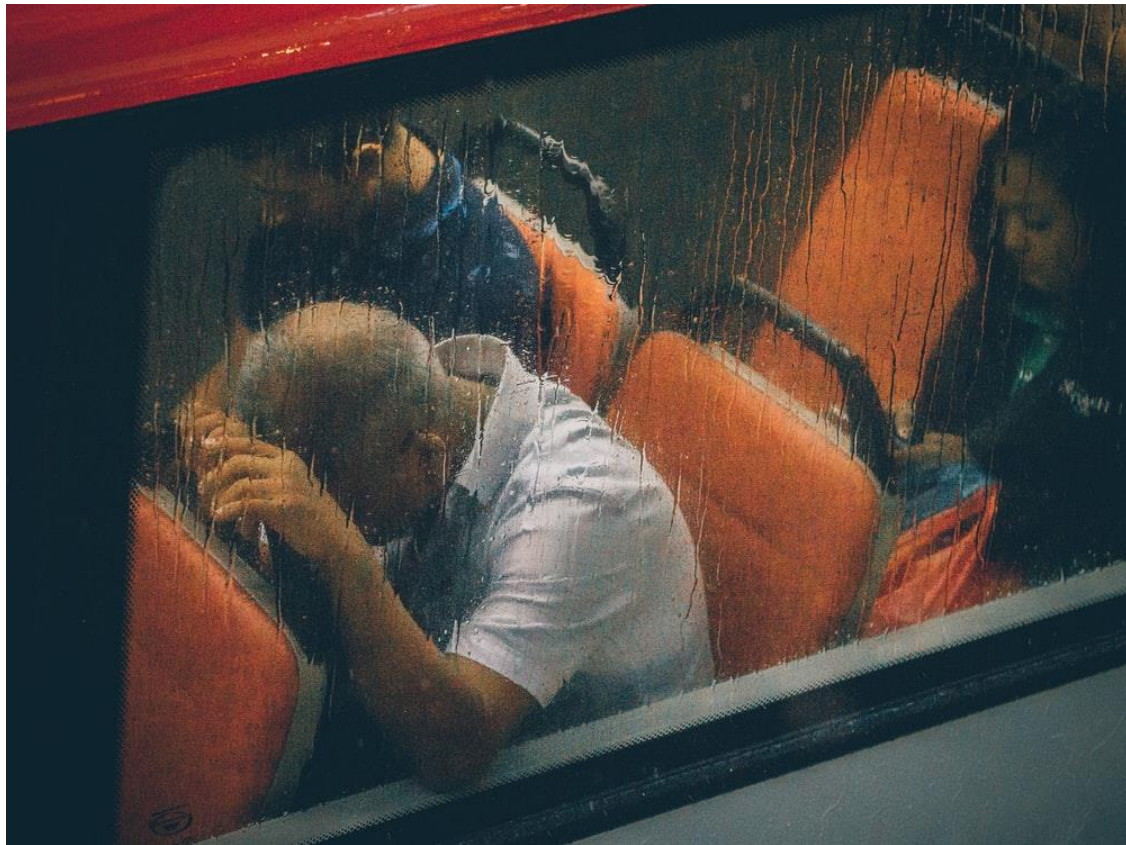
# Vicarious Trauma

An internal transformation that occurs within trauma workers resulting from their empathic engagement with trauma survivors



# Secondary Traumatic Stress

The stress of helping or wanting to help a person who has been traumatized





## “Direct Exposure” to Occupational Stressors

CPS-Related Stressor	% witnessing event (N=49)
Dangerous neighborhood	92
Drug abuse by client	90
Poverty and homelessness	86
Physical abuse of child	84
Educational neglect	84
Poverty and lack of food	80
Sexual abuse of child	78
Criminal activity by client	76
Poverty and lack of healthcare	69
Death of a client due to illness	47
Death of a client due to accident	33
Death of a client due to unknown cause	33
Death of a client due to murder	24

(ACS-NYU Children's Trauma Institute)

# Impact of STS on Staff

## Cognitive effects

- Negative bias, pessimism
- All-or-nothing thinking
- Loss of perspective and critical thinking skills
- Threat focus – see clients, peers, supervisor as enemy
- Decreased self-monitoring
- Intrusive thoughts

## Social impact

- Reduction in collaboration
- Withdrawal and loss of social support
- Factionalism
- Conflicts-easily angered
- Isolation
- Difficulty trusting-worry about getting close
- Avoidance

## Emotional impact

- Helplessness
- Hopelessness
- Feeling overwhelmed
- Depression
- Worry – realistic and unrealistic fears
- Anger/Irritability
- Feeling numb
- Safety concerns
- Hypervigilance

## Physical impact

- Headaches
- Tense muscles
- Fatigue/sleep difficulties
- Nightmares
- Stomach problems/nausea
- Feeling jittery
- Frequent illness

(ACS-NYU Children's Trauma Institute)



# How does working with traumatized families affect your:

beliefs about the world

spiritual beliefs

sense of self, groundedness and emotional stability

sense of personal and family safety

trust of yourself and/or others

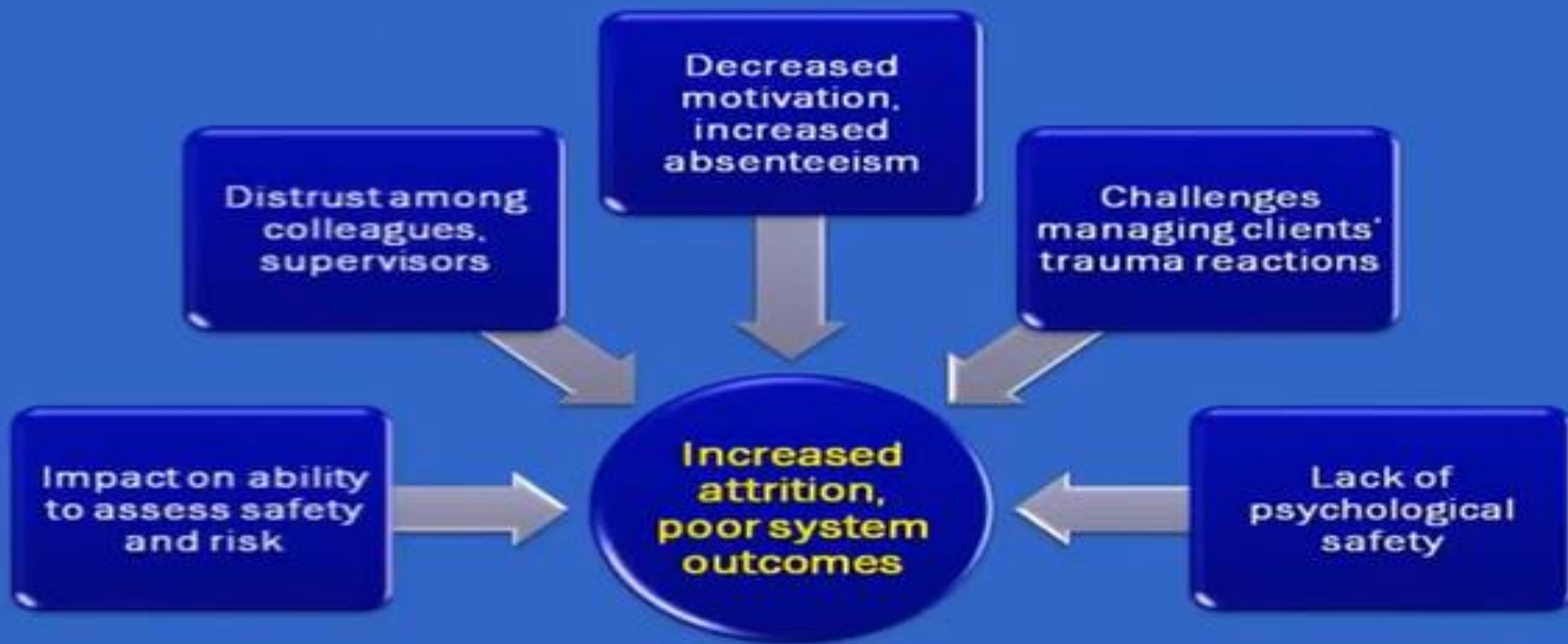
the way you judge people

sense of control

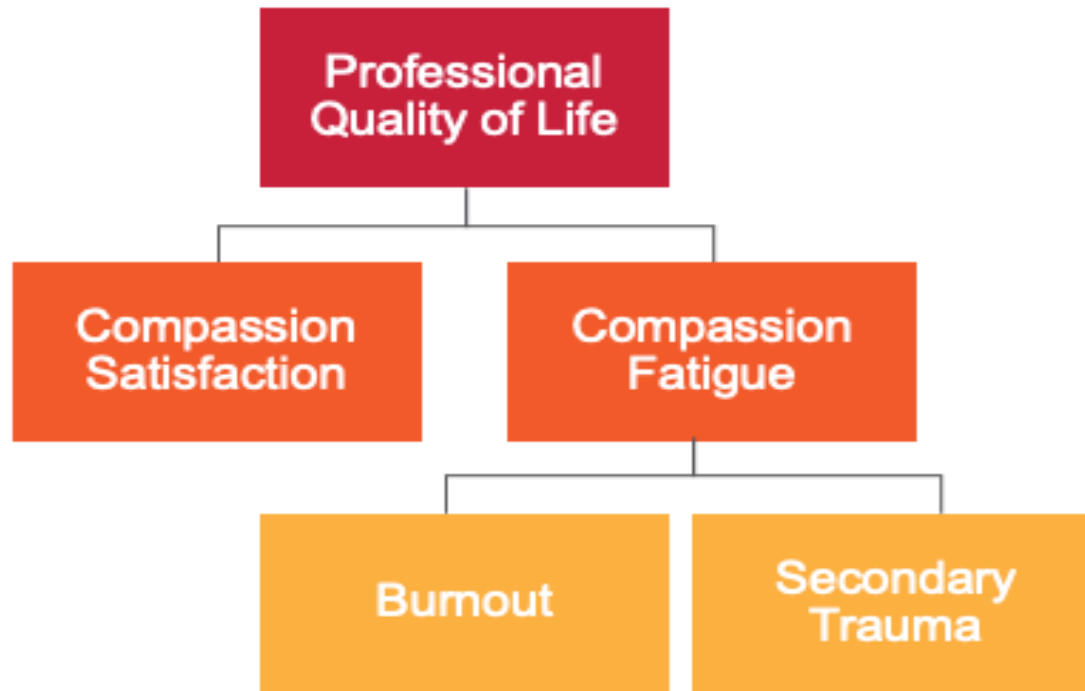
ability to be alone, or to be with others

relationship to your body

# System-Level Impact



# Professional Quality of Life Scale (PROQL)





I've experienced at least one of the signs or symptoms of secondary traumatic stress.

# Engaging with Emotions

- Intentionality of Awareness -  
What am I feeling?
- Attend & Allow – Pay attention to the feeling as it arises, intensifies & fades
- Non-Reactivity – Allow the natural course of an emotion to take place without fighting it.





# Taking Care of Ourselves

- Inquiry: "What is Happening to me?"
- Focus: "How do I stay aware in the moment when so much is happening?"
- Compassion: "How do I expand it for myself and others when I want to shut it down?"
- Balance: "How do I hold the positive and negative together?"
- Centering: "What is important to me?"



# Trauma Informed Supervision





# Trauma-Informed Supervision

What's so special?

- ✓ Sharing of emotions and feelings about the work we do
- ✓ Thinking about one's own process
- ✓ Setting an expectation that this happens every supervision session

# Reflection

Generally, supervisees meet with supervisors on a regular basis, providing material (like notes from visits with families, videos, verbal reports, etc.) that will help stimulate a dialogue about the work. As a team, supervisor and supervisee explore the range of emotions (positive and negative) related to the families and issues the supervisee is managing. As a team, they work to understand and identify appropriate next steps.

# Reflection

Reflection in a supervisory relationship requires a foundation of honesty and trust. The goal is to create an environment in which people do their best thinking—one characterized by safety, calmness, and support.

# Reflection

Reflective supervision is not therapy. It is focused on experiences, thoughts, and feelings directly connected with the work. Reflective supervision is characterized by active listening and thoughtful questioning by both parties. In addition, the supervisor provides an empathetic, nonjudgmental ear to the supervisee. Working through complex emotions in a “safe place” allows the supervisee to manage the stress they experience on the job.



# Posttraumatic Growth

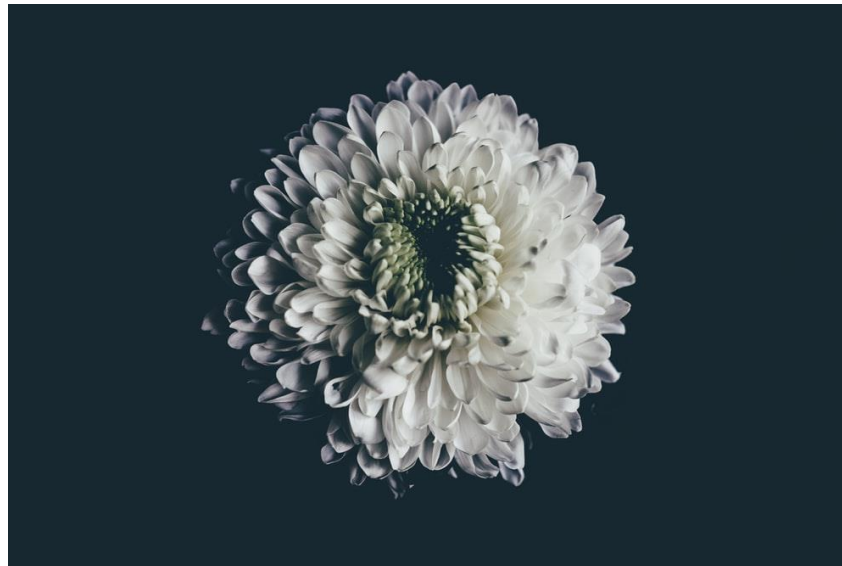
Tedeschi, & Calhoun (2004)

# Vicarious Posttraumatic Growth

Arnold, Calhoun, Tedeschi, & Cann (2005)

# Compassion Satisfaction

Stamm (2002)



# Compassion Satisfaction Prompts

- Tell me about your successes this month?
- In which ways can you give yourself credit for the successes?
- What did you do or say that helped lead to changes?
- What makes you feel proud or successful in your role?

# REFLECTIVE GROUP DEMONSTRATION

- 4-5 VOLUNTEERS
- 20 MINUTE CONVERSATION ABOUT THEIR WORK
- OBSERVED BY OTHERS

# STS Goals in Santa Barbara County

## Supervisors & Leaders:



- Encourage self care
- Refer to trained mental health professionals when needed
- Offer consistent supervision that includes discussion of the effect of the work on the worker
- Offer additional supervision during times of high risk for STS
- Help manage caseloads and assignments with a dose of indirect trauma exposure in mind
- Leadership respond to STS as an occupational hazard not a weakness

# What Can You Do During the Day?

- Cognitive Breathing
- 5 min movement/hour
- Full lunch break
- Hot walk and talk
- Mindful breathing before entering into a room
- Noticing signal to be mindful and present
- Quick check-in with self before beginning documentation
- Two feet/one breath
- 5 minute end-of-workday check-out

# LAST CALL

*Questions?*

*Comments?*

*Concerns?*

*Thoughts?*

*Reflections?*

# [www.chadwickcenter.com/acts](http://www.chadwickcenter.com/acts)

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## *TIC Resources*

The ACTS project has consolidated what we know about TIC from the existing empirical literature, and created a framework to guide trauma-informed change approaches.

The resources listed within these page are not meant to be a comprehensive list of all available resources, but rather, current, evidence-informed, and trauma focused resources geared towards child-welfare and mental-health professionals at all levels. Resources and information about TIC is continuously evolving, and we anticipate this resource page will evolve and expand over time.





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A wooden-framed blackboard with the words "Thank You" written in white, serif font. The blackboard is placed on a rustic wooden surface. To the left, a portion of an orange rotary telephone is visible. In the top right corner, there are green leaves of a plant.

Thank  
You