Secondary Trauma, Vicarious Trauma, Compassion Fatigue.

You are at risk. What to DO about it.
Speakers

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Overview and Introduction

Secondary Trauma
Vicarious Trauma
Compassion Fatigue
Overview

- Secondary Trauma
- Vicarious Trauma
- Compassion Fatigue

All represent symptoms that fall on a continuum resulting from our work of helping those who have complex needs or who have experienced trauma.
Secondary Trauma (Secondary Traumatic Stress)

- Secondary trauma refers to experiencing signs and symptoms mirroring those of persons who have directly experienced trauma.
- It is a result of our work helping or wanting to help those who are in need.
- It may come on suddenly.
Vicarious Trauma

Pervasive changes in all life areas experienced by persons doing helping work with trauma survivors, including changes in:

- Relationship with meaning and hope
- Willpower
- Sense of humor
- Memory / Imagery
- Sense of connection to others / withdrawal

Develops over a longer period of exposure
Compassion Fatigue

A normal reaction to working with those with many and complex needs or with trauma (historic or current)

A more severe example of the cumulative stress Includes exhaustion and dysfunction, physically and emotionally

It is a series of symptoms, not a disease
Burnout

• The cumulative psychological strain of working with many different stressors, including persons with many needs.
• May also reflect the nature, management, culture, or demands of the organization
• Symptoms include:
  – Depression
  – Cynicism
  – Boredom
  – Loss of compassion
  – Discouragement
Bottom Line

Burnout may be more related to the nature of the workplace in addition to the trauma and complex needs of the participants.

Secondary Trauma, Vicarious Trauma and Compassion Fatigue all have roots in the trauma histories, circumstances, and needs of the participants served and our empathy as helpers.

*These are distinctions without much difference*
Traumatic Stress Lives Here

- **Hippocampus**: Regulates memory and emotions.
- **Amygdala**: Turns on fight or flight, and stores memories of the event.
- **Prefrontal Cortex**: Thinking/logic/what to do/evaluation. Everything is ok.

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Have you ever had a plumbing problem?

• One day it was undeniable
• It probably was building up for some time
• It was not anything you were doing or not doing – *consciously*
• Maybe you sensed something not quite *right*
• Then, it happened
• You had to deal with it!
Invisible effects of secondary trauma

The cumulative impacts and symptoms are involuntary and unconscious and, initially, not noticed. They represent a change – are seen as “not how you used to be” by others who know you.
Common Symptoms

- Hyperarousal (startle response, elevated heart rate/ pulse, high blood pressure)
- Intrusive thoughts
- Physical symptoms (headaches, backaches, digestive problems, respiratory problems)
- Sleep disturbance
- Avoidance or numbing
- Anxiety and / or depression
- Increasingly harmful substance use
Possible Behavior Changes

• Becoming more critical or judgmental of others
• Tuning out
• Disconnecting from colleagues and loved ones
• Becoming cynical or angry or hopeless
• Feeling isolated or alienated
• Developing overly rigid, strict boundaries
• Developing rescue fantasies or over-involvement
• Feeling helpless or hopeless
Basic worldviews can change

- Changes in spirituality (doubts about meaning of life, purpose, hope, and faith)
- Changes in identity (how you practice as a professional, friend or family member)
- Changes in psychological beliefs (senses of safety, control, trust, esteem and intimacy)
How you work with participants can be impacted: The “silencing response”

- Change the subject
- Providing quick advice or pat answers
- Being angry or sarcastic with participants
- Using humor to minimize or change subject
- Faking listening or inability to pay attention
- Suggesting the person “get over it” or needs to “move on”
- Denying their reality
There are multiple risk factors

• Individual risk factors
• Work / organizational risk factors
• Community risk factors
Individual Risk Factors

• Personality and coping styles
• Current life circumstances
• Social supports
• Spiritual connection and resources
• Work style
• Personal History
Work / Organizational Risk Factors

• Role at work
• Work setting and exposure
• Work conditions
• Organizational awareness and support
• Co-workers experiencing secondary trauma
• Client responses, reactions or demands
Community Risk Factors

• Cultural factors (Beltway culture, Tech culture, military culture)
• Available resources (rural communities)
• Community environment (poverty, high volume traffic or long commute, recent community natural or human caused trauma)
There is a plus-side: Compassion Satisfaction

- We can find purpose, meaning and satisfaction in helping others
- We may gain a sense of strength and confidence in being an effective helper
- We gain respect for human resilience
- We may experience a heightened spiritual connection (engagement in something bigger than our self)
How can we minimize the risks and maximize the positives?

Let’s talk about that now!
Resources

• https://www.beststart.org/resources/howto/pdf/Compassion_14MY01_Final.pdf

  A 45 page pdf on secondary trauma including causes, effects and strategies. While it focuses on a different setting, the information is great.

• https://www.netce.com/studypoints.php?courseid=1513&printable=yes&page=printquestions

  A correspondence course designed for Social Workers but relevant beyond that discipline.
Resources

• [http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)

  The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue. This version is self-scored.

• [http://www.proqol.org](http://www.proqol.org)

  A website with extensive information on compassion fatigue including assessment tools.
Resources

- https://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0

  This is the National Center for Trauma Informed Care with many resources for operating in a trauma responsive manner.
Secondary Trauma, Vicarious Trauma and Self-Help

HON. MARCIA P. HIRSCH
Introduction

• Secondary Trauma
• Vicarious Trauma
• Compassion fatigue

• Why we care: consequences of ignoring trauma can include burnout, health problems and strained social relationships
What is secondary Trauma?

- Occurs when one experiences signs and symptoms similar to those of a person who experienced the trauma
- Considered the “emotional residue” of working with individuals who have experienced trauma
- Can occur from a myriad of events, including neglect, physical abuse, combat, loss in the family, or natural disasters
Symptoms

• Common symptoms can include:
  – Insomnia
  – Anxiety
  – Flashbacks or intrusive memories
  – Impatience
  – Feeling unsafe or unlikeable
  – Distrust of others
  – Rage
Secondary Trauma can be Difficult to Detect

- Secondary trauma is not a choice
- Symptoms are involuntary
- Individuals experiencing secondary trauma may not even know it
- May be discovered by others who observe a change in one’s behavior
Screening for Trauma
Compassion Fatigue

- Occurs as a result of working with individuals who have experienced trauma
- Develops over time (cumulative)
- Symptoms can include: mental and physical fatigue, boredom, discouragement, loss of compassion
- Can be influenced by the features of one's workplace

- The Inverse CAN Happen: Compassion Satisfaction
  - Helping others who have experienced trauma may bring feelings of satisfaction, gratification and confidence
Treatment with Self-Help

• Can be empowering by taking control of one’s recovery
• Create routines, lists, and journals
• Live in the moment
• Relaxation and meditation techniques
• Engage in healthy and rewarding behaviors such as exercise
• Spiritual resources
Help from Others

- Healthcare providers
- Talk and connect with others who are similarly situated
- Develop new and meaningful relationships
- Counselors
Impediments to Healing

- Alcohol dependence
- Drug dependence
- Poor relationships with others
- Not having a support network
- Poor physical health
Further Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
Website: www.samhsa.gov

SAMHSA’s National Mental Health Information Center
P.O. Box 42557
Washington, D.C. 20015
1 (800) 789-2648
Website: www.mentalhealth.samhsa.gov
Questions and Answers
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