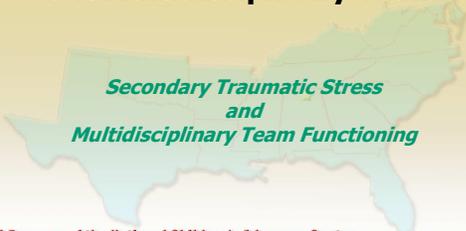


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**Help For the Stressed Out, Burned
Out Multidisciplinary Team**

*Secondary Traumatic Stress
and
Multidisciplinary Team Functioning*



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Protecting Ourselves and Colleagues



Santa is a Pedophile



*And other things I have
learned from working in
the CAC world.*

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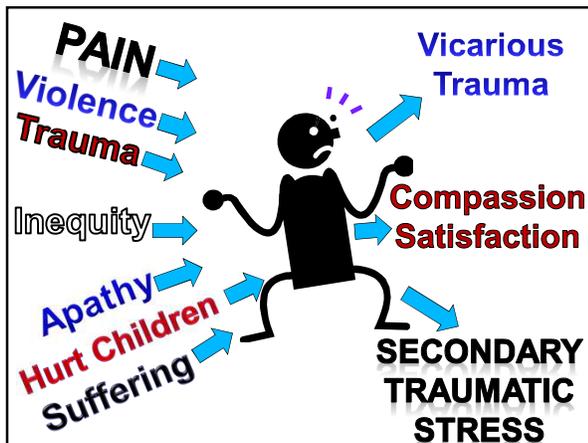
The Terminology

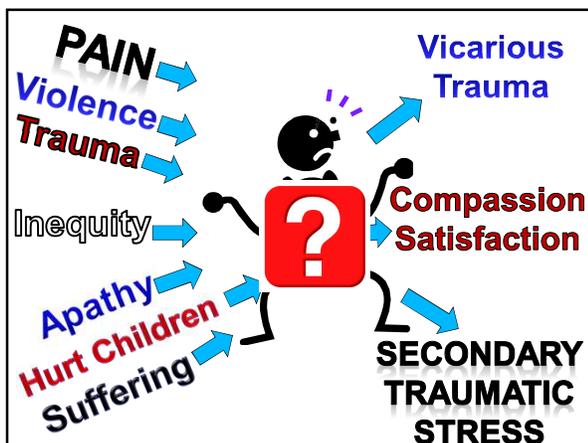
Vicarious Trauma: The transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences and the sequelae.

Pearlman, L.A., & Mac Ian, P. S. (1995).

Primary symptoms: disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem and intimacy.

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- How do we make meaning of what we see and hear doing this work?
- How do we reconcile what we thought we knew before working in this field to the reality of we know now?

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The Terminology

- Primary Trauma From Personal Life
 - *In childhood or adulthood*
- Primary Trauma Caused by Work-Related Exposure
- Secondary Trauma Or Indirect Trauma

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The Terminology

- **Secondary Traumatic Stress:** A traumatizing event experienced by one person becomes a traumatizing event for another person.
- Syndrome of symptoms nearly identical to PTSD.

(Figley, 1995)

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The Terminology

Compassion Fatigue:

“The profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their career as helpers. **It is the gradual erosion of all the things that keep us connected to others in our caregiver role: our empathy, our hope, and of course our compassion – not only for others but also for ourselves.**” p.8

*Francoise Mathieu (2012)
The Compassion Fatigue Workbook*



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Compassion Satisfaction

Compassion Satisfaction refers to the positive feelings derived from competent performance as a trauma professional.

Characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

(Stamm, 2009)



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The Terminology

Trauma Exposure Response:

“A transformation that takes place within us as a result of exposure to the suffering of other living beings of the planet. This transformation can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work. **. We are talking about ways in which the world looks and feels like a different place to you as a result of doing your work.**” p. 41

*Laura van Dermoot Lipsky
Trauma Stewardship*



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The Terminology

Burnout: characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment.

Characteristics:

- Work related
- Result of general occupational stress
- Not a result of trauma exposure.



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Burnout

"Most globally, burnout has been described as an exhaustion of a practitioner's mental and physical resources attributed to his or her prolonged and unsuccessful striving toward unrealistic expectations (internally or externally)."

Azar (2000)



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Moral Distress

"Moral distress occurs when we are told to do things that we fundamentally disagree with or to which we are morally opposed." p. 11

*Francoise Mathieu (2012)
The Compassion Fatigue Workbook*



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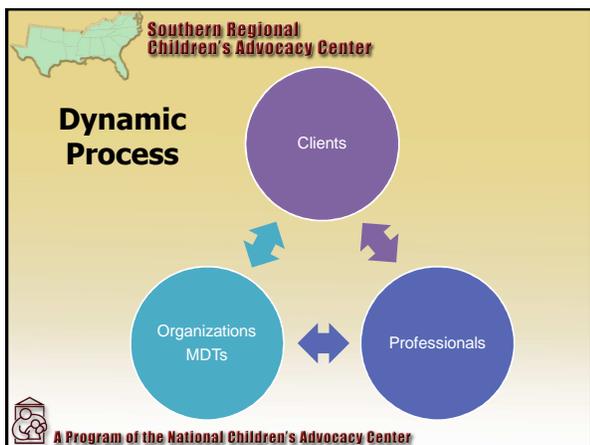
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Emotional Labor

"Enhancing, faking or suppressing emotions to modify the emotional expression." p.95

Grandey, A. A. (2011)

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What the Research Says. . .



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What the Research Says

Social Workers:

- 55% met at least one of the core criteria for PTSD
- 24% scored above clinical cutoff
- 15% met the core criteria for PTSD

(Bride, 2007)

Domestic/Sexual Violence Social Workers:

- 66% met at least one of the criteria for PTSD
- 29% scored above clinical cutoff
- 21 % met the core criteria for PTSD

(Choi, 2011)

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What the Research Says

Child Welfare Workers:

- 92% experienced some symptoms of STS
- 43% scored above the clinical cutoff.
- 34% met core criteria for PTSD

(Bride, Jones & MacMaster, 2007)

Forensic Interviewers:

- Mild STS
- Higher perception of job support, the lower the STS

(Bonach & Heckert, 2012)

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What the Research Says

Attorneys:

- Criminal lawyers who worked with traumatized clients reported significantly higher rates of VT than other attorneys.

(Vrklevski & Franklin, 2008)

- Attorneys demonstrated significantly higher levels of STS when compared with two control groups consisting of Mental health providers and social services workers.

(Levin & Greisberg, 2003)

- Public Defenders experienced PTSD, depression and functional impairment over a 10 month time frame.

(Levin, Besser, Albert, Besser & Smith, 2012)

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What the Research Says

Law Enforcement:
 Law enforcement was significantly more distressed than mental health professionals on all measures of psychological symptoms.
(Follette, Polusny & Milbeck, 1994)

Incidents that create traumatic stress:

1. Shooting of another officer
2. Being involved in a shooting incident
3. Seeing abused children

- Most frequent incident type: seeing abused children (68%)
- Female officers 33X increase chance of PTSD
- Male officers 3X increase chance for PTSD
(Violanti & Gehrke, 2004)

Stress & Rural LE:
 Rural LE is just as stressful as urban LE.
(Oliver & Meier, 2004)



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What the Research Says

SANE Nurses

- 38.1 % met criteria for STTS (6 or more positive responses)
- Additional 21.43% met 5 positive responses to STSS criteria
(Wies & Coy, 2013)



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What the Research Says

Prevalence of Adverse Childhood Experiences Among Child Service Providers
(Esaki & Larkin, 2013)

Child Service Providers	Wave II Results
70% at least one ACE	64% 1 or more ACE
54% 2 or more ACE	38% 2 or more ACE
16% 4 or more ACE	15% 4 or more ACE



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What the Research Suggests

Risk Factors for STS:

- Age
- Less Education
- Working with a traumatized population
- High caseloads
- Personal history of childhood abuse (emotional abuse and neglect)
- Lack of reflective supervision

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Impact of STS on Professionals

<p>Cognitive Effects</p> <p>Thinking</p>	<p>Social Impact</p> <p>Relationships</p>
<p>Emotional Impact</p> <p>Feelings</p>	<p>Physical Impact</p> <p>Bodies</p>

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Cognitive Effects Thinking

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

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Social Impact Relationships

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

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Emotional Impact Feelings

- Helplessness
- Hopelessness
- Feeling overwhelmed
- Depression
- Worry- realistic & unrealistic fears
- Anger/irritability
- Feeling numb
- Safety concerns
- Hypervigilance

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Physical Impact Our Bodies

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

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16 Warning Signs of Trauma Exposure Response

Hyper vigilance	A Sense that One Can Never Do Enough	Feeling Helpless and Hopeless
Diminished Creativity	Inability to Listen/Deliberate Avoidance	Minimizing
Inability to Embrace Complexity	Chronic Exhaustion/Physical Ailments	

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16 Warning Signs of Trauma Exposure Response

Fear	Guilt	Sense of Persecution
Dissociative Moments	Inability to Empathize/Numbing	Anger and Cynicism
Grandiosity: An Inflated Sense of Importance Related to One's Work	Addictions	

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"Often, people begin recognizing the effect of trauma exposure when they realize they are behaving in ways they never would have when they first started working in this field." p. 26

Trauma Stewardship
Laura Van Dermoot Lipsky

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People often leave this field, not because of the nature of the work, but because of the nature of the workplace.

Jon Conte, PhD (2012)



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The nature of the workplace is a direct result of our understanding of how this work affects us as individuals and how we relate to other people.



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Three Levels of Trauma Stewardship

- **Personal Dynamics**
 - Trauma mastery
- **Organizational Tendencies**
 - Entire Caseloads of traumatized families
 - Workloads
 - Not enough support, training
 - Complexity of supervision in the CAC world
 - Do the dynamics of the MDT create primary trauma?
 - Work environment directly affects child outcomes!

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Three Levels of Trauma Stewardship

- **Societal Forces**
 - *Is our work understood?*
 - *Is our work valued?*
 - *Do we feel oppressed?*
 - *Increases our isolation and sometimes we sustain this dynamic*

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Organization Impact of STS

Organizational Culture:

"Arises spontaneously whenever groups of people come together for any length of time and focus on tasks long enough to create common traditions, rites and history. ...it is binding in that it determines how people enter the organization, survive within it and learn to solve problems."

Destroying Sanctuary
Sandra L. Bloom & Brian Garragher

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Organization Impact of STS

- Devaluation of the importance of relationships
- Lack of concern for the well-being of others as the group norm
- High frequency of acceptance or even active encouragement of addictive behavior – including substance abuse

*Destroying Sanctuary, p. 141
Sandra L. Bloom & Brian Garragher*



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What MDTs Say About Organizational Stress



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Concepts for Understanding Traumatic Stress for MDTs

- Traumatic stress responses are inherently complex.
- It may look different for every professional on the MDT.
- Trauma affects the MDT and the broader systems/agencies.
- Culture of the individual disciplines and their agencies/organizations influence responses.

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Concepts for Understanding Traumatic Stress for MDTs

- There is a biological aspect to trauma responses.
- How you as professionals interact with each other can have a profound impact on the ability of the MDT to cope in healthy ways.
- How we make meaning/reconcile the reality of what we see has a tremendous impact on individuals and the MDT.
- You can incorporate positive coping skills into the culture of your MDT.

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Implications for Your MDT

- **Build relationships**
 - *Support from co-workers = lower levels of STS.*

(Choi, 2011)

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Implications for Your MDT

- **Intentionally Create Your MDT's Organizational Culture**
 - Educate your MDT about STS & VT
 - Acknowledge STS & VT as a natural part of the work we do
 - It is OK – even advantageous for the MDT to discuss how this work changes the individuals and the team as a whole
 - Include this information into your formal MDT orientations

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Implications for Your MDT

- **Discuss Values**
 - *What do the individuals on your team value? Why do they do this work? What values will guide the MDT functioning?*
- **Develop a Purpose Statement.**
- **Ruthlessly hold “Why we do this” in front of your team.**

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Implications for Your MDT

Celebrate Anything and Everything

- *Strengths of team members*
- *Define success and celebrate it!*
- *Birthdays*

Holidays This Week	
Today - August 12	Middle Child's Day
Tuesday - August 13	Left Handers' Day
Wednesday - August 14	National Creamsicle Day!
Thursday - August 15	Relaxation Day

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Ask Yourself. . .
Ask Your MDT. . .



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Why have you chosen to make helping children and families such a prominent part of your life?



people change

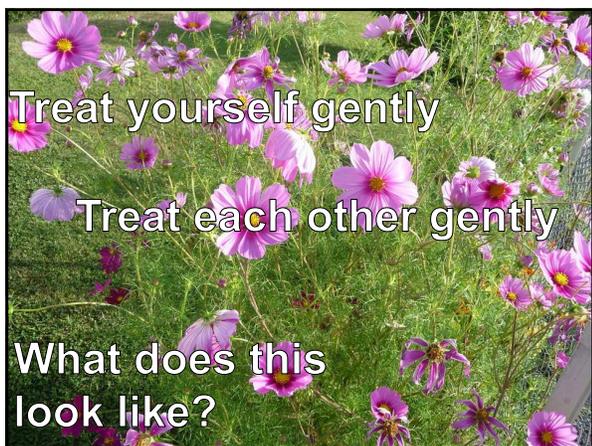
*How have you changed since you began this work?
How would your friends and family answer this question?*

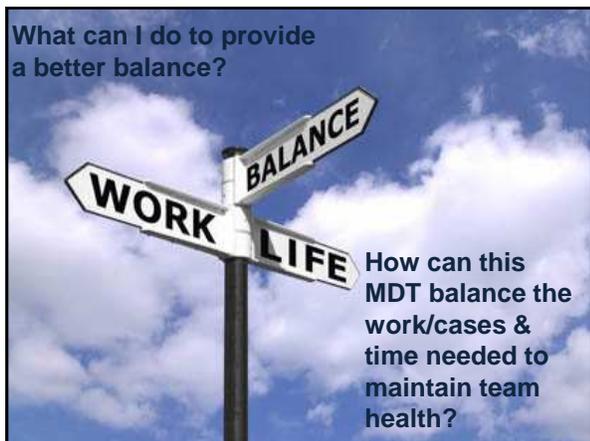


Treat yourself gently

Treat each other gently

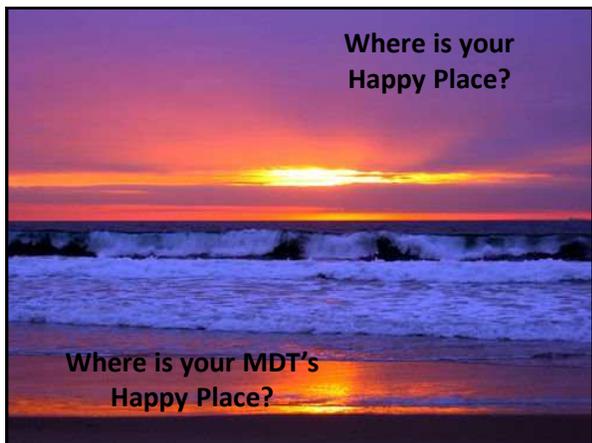
What does this look like?

















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