

**SECONDARY TRAUMATIC STRESS  
IN  
WORK WITH DRUG ENDANGERED CHILDREN**



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**GOALS**

- Education in the concepts of Secondary Traumatic Stress, Compassion Fatigue, Burnout and Self Care
- Training in Self Assessment, Stress Management Activities and Mitigating Secondary Traumatic Stress

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**OBJECTIVES**

- Identification and differentiation of Secondary Traumatic Stress, Compassion Fatigue and Burnout
- Introduction to various forms of stress management and self care activities
- Application of Self Assessment (ProQOL-IV)

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### SECONDARY TRAUMATIC STRESS

- Secondary traumatic stress is the relationship between a worker's exposure to their client's trauma stories and their own symptoms of stress, distress or Posttraumatic Stress Disorder (Stamm, 1995,1999; Kassam-Adams, 1999; Figley, 1995)
- STS is the experience of trauma symptoms in the workers as a result of caring for and/or listening to the trauma material of clients/students
- Not burnout, but can lead there (Figley, 2002)

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### THE CONCEPT OF STRESS VARIES

- Stress is a cognitive reaction that affects humans physiologically
- Individuals from different backgrounds, cultures and geographic areas perceive stress differently
- Stress can affect an entire community

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### THE PHYSIOLOGY OF STRESS

#### Good Stress

- The good stress allows us to perform at a higher level (fight or flight)
- The production of cortisol improves memory and enhances immune function
- Spikes in blood pressure flood our muscles and brain with oxygen

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### THE PHYSIOLOGY OF STRESS (cont'd)

#### Bad Stress-Overload

- The allostatic system becomes charged too frequently with NO CHANCE TO VENT the build up of energy
- Too much cortisol will damage memory, hurt or weaken your immune system and enlarge your stomach

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### WORK STRESS

Stress is generally twice as high during the work day where people have little control over activities and the rate at which they have to address them (Pickering, 2005).



*This is inherent in work with at risk children.*

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### ADDITIONAL FACTORS

- Depression-5-10% of the population (NIMH, 2005)
- Race-genetics, family illnesses
- Diet -high salt, high fat
- Social Constructs-professional women, single parents with children

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### ENVIRONMENTAL EFFECTS



- Exposure to uncontrollable conditions such as:
- Weather (heat/cold/wet)
  - Lack of a sense of safety
  - Lack of food, water and shelter
  - Fear, pain and grief
  - Gruesome scenes, screams, physical abuse, death

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### RISK CATEGORIES

- Highly exposed direct care staffs-those at a scene; those who witness an event
- Staffs with clients who experience profound suffering
- Inhibited individuals in these groups more likely to have dissociative responses-predictive of poor outcomes

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### STS RESPONSES IN HIGH RISK GROUPS

*Child care workers, counselors, emergency technicians, Law Enforcement and Fire/Rescue Squad Members, Attorneys, Court Representatives, Judges and Residential Attendants*



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### PROFESSIONALS CARING FOR CHILDREN

Highly responsible professionals and caregivers are under stress in routine work every day



Add to this the stress of specific event like sexual abuse or neglect

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### EVENTS WITH MENTAL HEALTH IMPLICATIONS

- Exposure to Cases of Child Abuse and Neglect
- Exposure to Cases of Child Sexual Abuse
- Exposure to Repetition of Abuse/Helplessness
- Conducting Child Removal/Family Separation
- Experience of Death of a Child in Caseload
- Death Notification/Funeral Attendance
- Presentation of Difficult Case Material in Court

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### THE POPULATION OF CARE

- Children react to caregiver's responses- this puts added burden on these adults to withhold/contain their own responses
- Parents/Child care workers/other responsible adults put needs of children ahead of their own
- Increased responsibility of caring for children increases the stress response

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### AUTOMATIC RESPONSES

- Caregivers children from various disciplines react to stressful situations by training- without the benefit of thought- they go right to their role as protectors
- Concerns for family don't disappear-We put our own emotions on hold
- Cognitive reactions reinforce physical reactions (our thinking controls our actions)

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### SYMPTOMS

- High adrenaline, physical euphoria, numbness-endorphin disguises distress
- Anger (a common defense against recognizing the problem), resentment and conflict
- Coupled with fatigue, cognition can change and create poor judgment
- Acting Out-irritability or argumentative
- Isolation and hopelessness
- Health problems
- Lifestyle changes
- Use of substances such as alcohol or drugs



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### SYMPTOMS IN TRAUMA TREATMENT STAFFS

- Posttraumatic stress disorder symptoms; Symptoms that parallel those of their clients (Monroe, 1999).
- Negative cognitive schemas (Pearlman & Saakvitne, 1995)
- Questioning beliefs; Sense of helplessness
- Isolation; Depression; Increased substance use; Increased rates of physical illness
- Lower staff morale and productivity; Higher turnover and errors (Stamm, 1997)

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### HIGH RISK SYMPTOMS

- Medicating or narcotizing
- Excessive drinking
- Overeating or decreased appetite
- Short tempered/angry
- Poor relationships/Extramarital affairs
- Suicidal gestures



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### CHRONIC SYMPTOMS

- Tiredness/weariness yet have insomnia
- Brooding, wistful, mournful-Depressive
- Increasing demoralization
- Intellectualizing/Religionizing one's work
- Grandiosity\* (I can handle this myself/don't consider asking for help)

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### WHAT CAN YOU DO?

- ↑ Education
- ↑ Awareness
- Self Monitor
- ID Cognitions
- Practice
- Change



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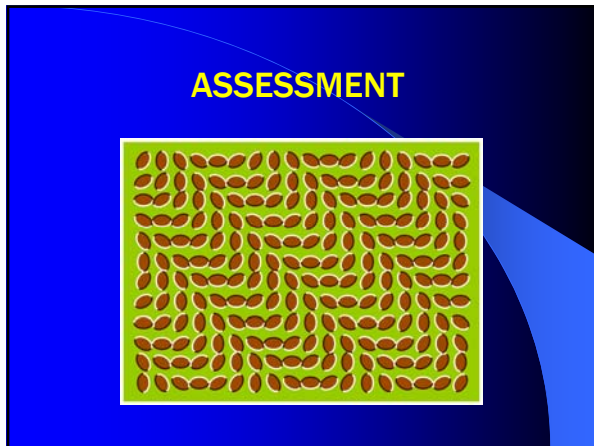
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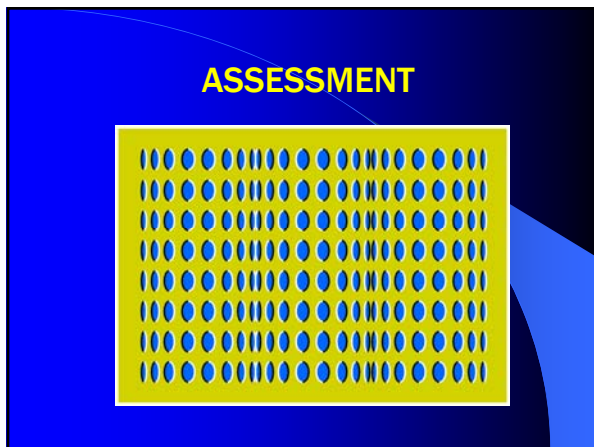
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**STRESS MANAGEMENT ACROSS POPULATIONS**

- Professionals, Parents and children can use stress management techniques
- Learn those personally effective ways of using relaxation:
  - focused breathing;
  - distraction;
  - seek support, comfort from loved ones
  - positive self talk.

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### PERCEPTION IS A SIGNIFICANT FACTOR



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### IT'S ALL ABOUT PERCEPTION



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### PHYSICAL TOOLS



- Breathing
- Stretching
- Walking
- Other exercise (limit heavy workouts/weight lifting when stress is high)
- Healthy Diet (decrease sugar, caffeine)
- Avoid excesses (alcohol, hyperactivity)
- Meditation
- Music

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**THE 333 METHOD OF STRESS REDUCTION**

Take 3 minutes to  
Take 3 breaths  
3x a day (at a minimum)

Graduate to the Relaxation Response

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**COGNITIVE TOOLS**

- Interrupt the stress response-  
333 STOP Method
- Reduce the reaction using cognitive messaging
  - Thought stopping
  - Thought insertion
- Practice turning down (regulating) emotions
- Resume normal activity level

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**Cognitive Behavioral Methods**

- Thought Stopping
- Thought Insertion
- Cognitive Shifting
- Problem Solving
- Pleasant Activity Scheduling
- Practice and Planning

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### EMOTION REGULATION

- Recognize that you are having an emotional response
- Understand what the emotional response is
- Accept your emotional responses (rather than reject them or react to them with fear)
- Access strategies that allow you to reduce the intensity of the emotion when needed
- Engage in goal-directed behavior when upset
- Control impulsive behaviors when upset

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### PREVENTION-PROFESSIONAL

- Don't carry the burden of all the most difficult cases; Utilize buddy system
- Access supervision routinely (Dugall, Herberman, Delahanty, Inslicht & Baum, 2000). Share concerns;
- Identify difficult experiences and strategize
- Supervisors-mandate use of benefit time; integrate self care and peer support into workplace activities(Monroe, 1999)

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### BOUNDARY CONTROL

- Make the rules and stick with them
- Use resources and referrals
- Protect yourself from projective identification
- Know your prodromals, your emotional buttons and your limits

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### PERSONAL PREVENTION TOOLS

- BE AWARE of limitations and needs-Recognize when you are:  
**Hungry Angry Lonely Tired STOP**
- Maintain support systems-personal, community, spiritual and professional
- Use benefit time-take vacations; Schedule personal time, engage in pleasurable activities
- Maintain a balance-practice stress management exercises
- Practice Self Care

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### PERSONAL AND PROFESSIONAL COMMITMENT

- Expect, seek and accept peer support
- Master controlled, limited empathy
- Define structure and boundaries
- Monitor over-identification
- Self assess-PRO QUAL-IV
- Commit to implementing self-care



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### PLEASURABLE ACTIVITY TOOLS

*Try Acupuncture, Art, Awareness, Create, Cook, Dance, Dream, Draw, Exercise, Enjoy, Explore, Go Home, Kick-Box, Laugh, Limit work, Loosen up, Listen to music, Massage, Meditate, Practice Yoga, Paint, Pet the Pet, Sing, Sit Quietly, Sleep, Start a Book, Stretch, Talk to Yourself, Family and Friends, Wade, Walk, Watch a bug, or a movie or the sunset, Whistle, Wish*

*Do Something other than WORK*

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### WORK AS A UNIT: A FAMILY

- Give yourselves permission to celebrate even in the midst of difficult cases-encourage play, laughter and the experience of joy
- Be together-don't isolate
- Communicate, communicate, communicate (e.g. I need you to understand, we will get through this together, let's stay connected)
- Plan for every day

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### Website Resources

National Center for PTSD: [www.ncptsd.org](http://www.ncptsd.org)  
National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)  
National Association of Social Workers: [www.naswdc.org](http://www.naswdc.org)  
American Psychological Association: [www.apa.org](http://www.apa.org)  
National Suicide Prevention Lifeline: 1-800-273-TALK  
Substance Abuse & Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)  
Compassion Satisfaction and Fatigue Test: [www.isu.edu/~bhstamm/tests/satfat.htm](http://www.isu.edu/~bhstamm/tests/satfat.htm)

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