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Trauma-informed Care: Understanding the Past to Move into the Future

One Individual at a Time

Northampton County Conference
June 7, 2017

www.nhsonline.org

Welcome

5 Important Questions

WHO?
WHAT?
WHERE?
HOW?
WHEN?

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Objectives

- Re-define trauma in a way that challenges current understanding and respects its scope and prevalence in our work.

- Identify individual's responses to trauma throughout all domains of life.

- Examine the vicarious impact of trauma on organizations and staff.

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Objectives

- Explore the importance of trauma-informed approaches and examples for practice.

- Experience trauma-informed tools and practices that buffer individuals and organizations from the negative impact of trauma.
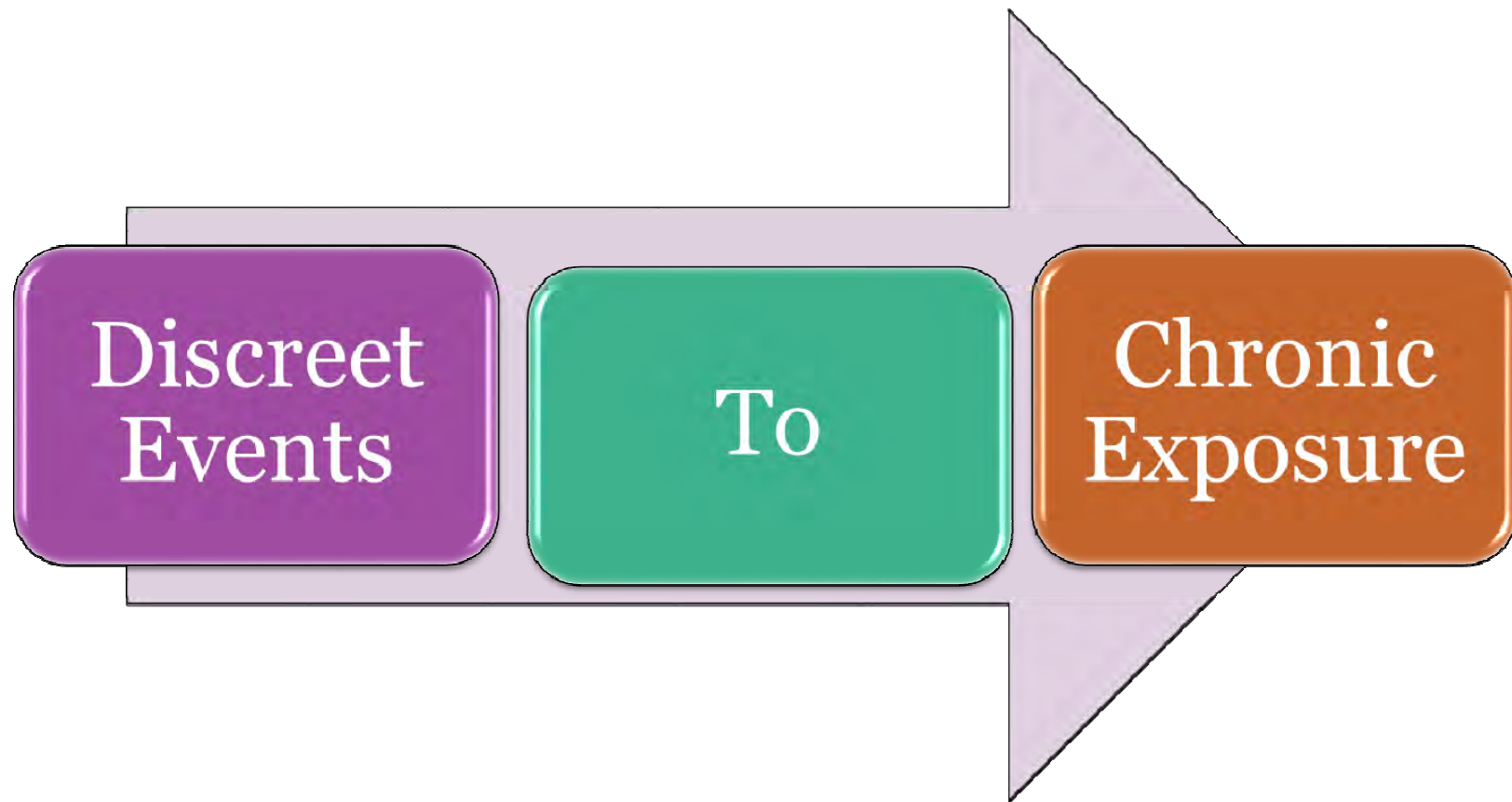
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Community Meeting

- Who are you?

- How long have you been a professional helper?

- How are you feeling?

- What is your goal?

- Who can you ask for help?

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Trauma - Defined

"Traumatization occurs when both internal and external resources are inadequate to cope with external threat."

Van der Kolk, 1989

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Trauma Continuum

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Prevalence – Our Individuals

- Individuals with developmental disabilities are at increased risk for abuse as compared to the general population. (Gil, 1970; Mahoney & Camilo, 1998; Ryan, 1994)

- Individuals with disabilities are over four times as likely to be victims of crime as the nondisabled population. (Sobsey, 1996)

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Prevalence – Our Individuals

- Individuals with disabilities are 2-to-10 times more likely to be sexually abused than those without disabilities. (Westat Ind., 1993)

- Risk of abuse increases by 78 percent due to exposure to the "disabilities service system" alone. (Sobsey & Doe, 1991)
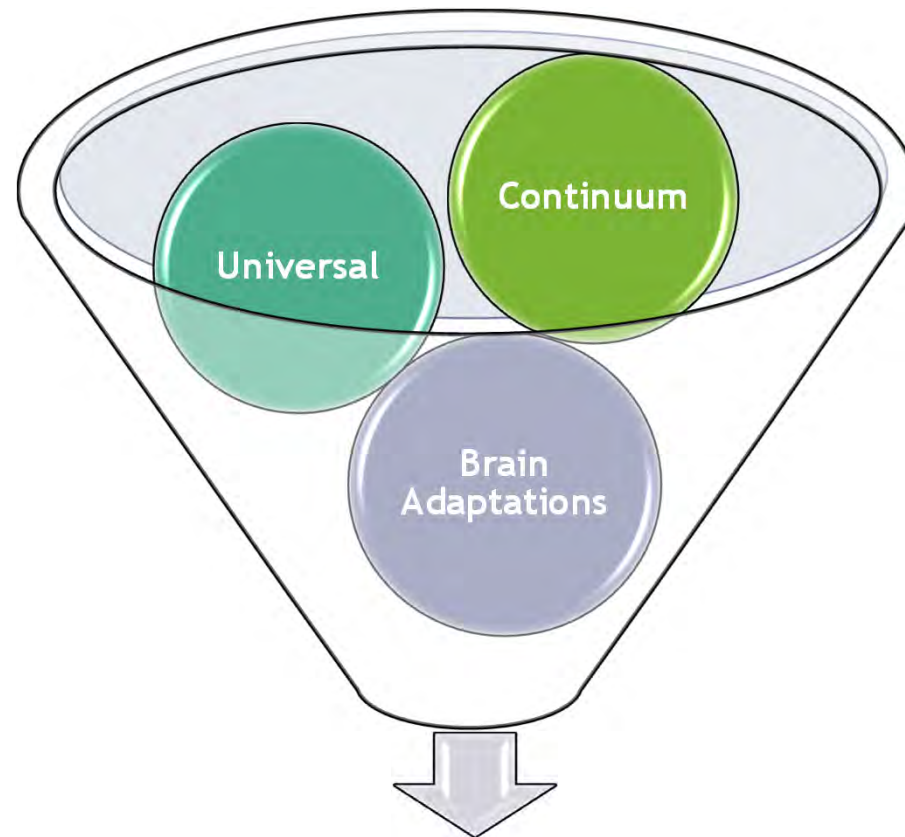
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Prevalence – Professional Helpers

- Psychological abuse (Parents)
  - 37%
- Physical abuse (parents)
  - 29%
- Sexually abused
  - 25%
- Emotional neglect
  - 35%
- Physical neglect
  - 12%

- Substance abuser in household
  - 40%
- Separated from one/both parents
  - 41%
- Witnessed DV
  - 21%
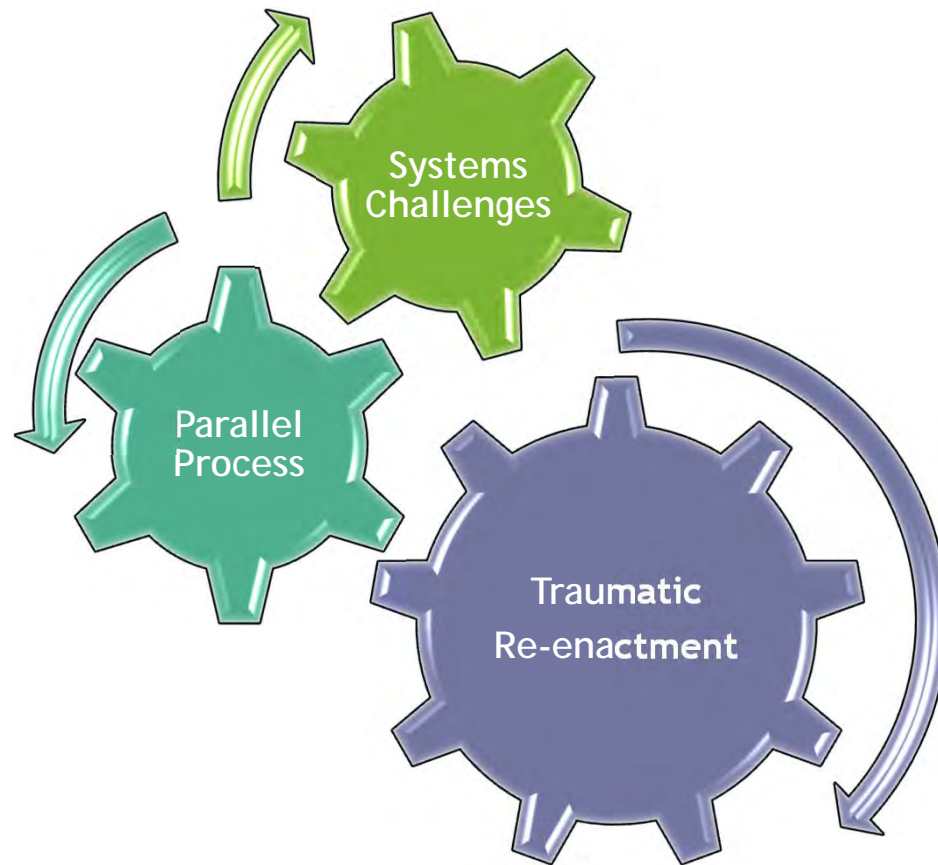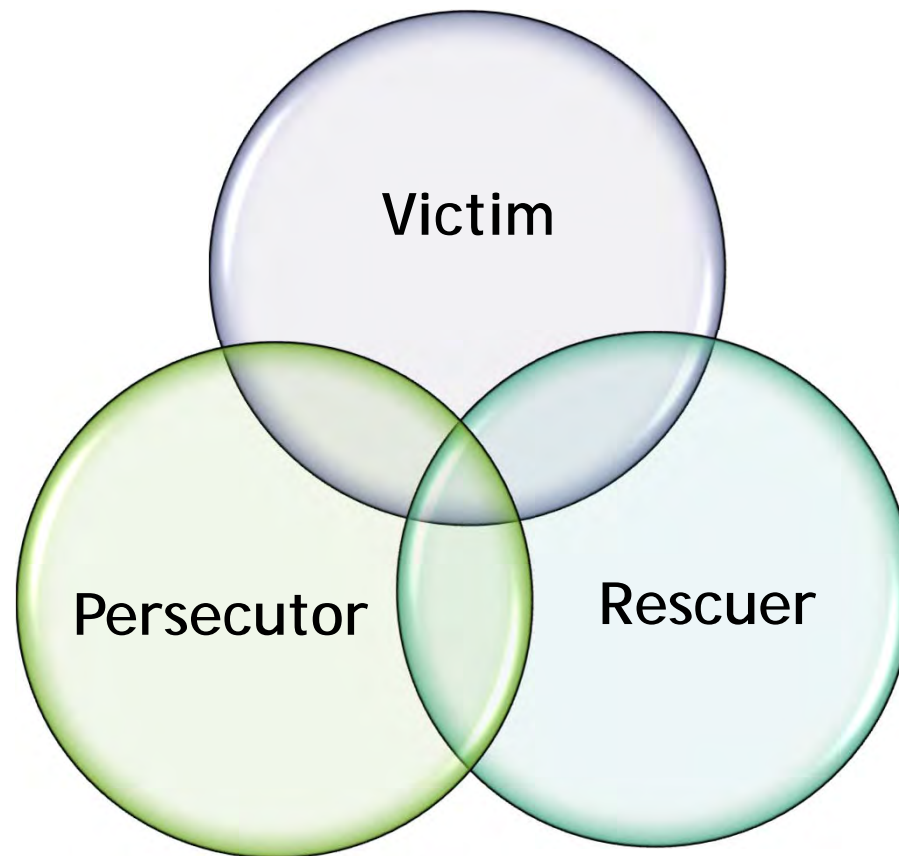- Imprisoned household member
  - 10%

Sanctuary Model reference

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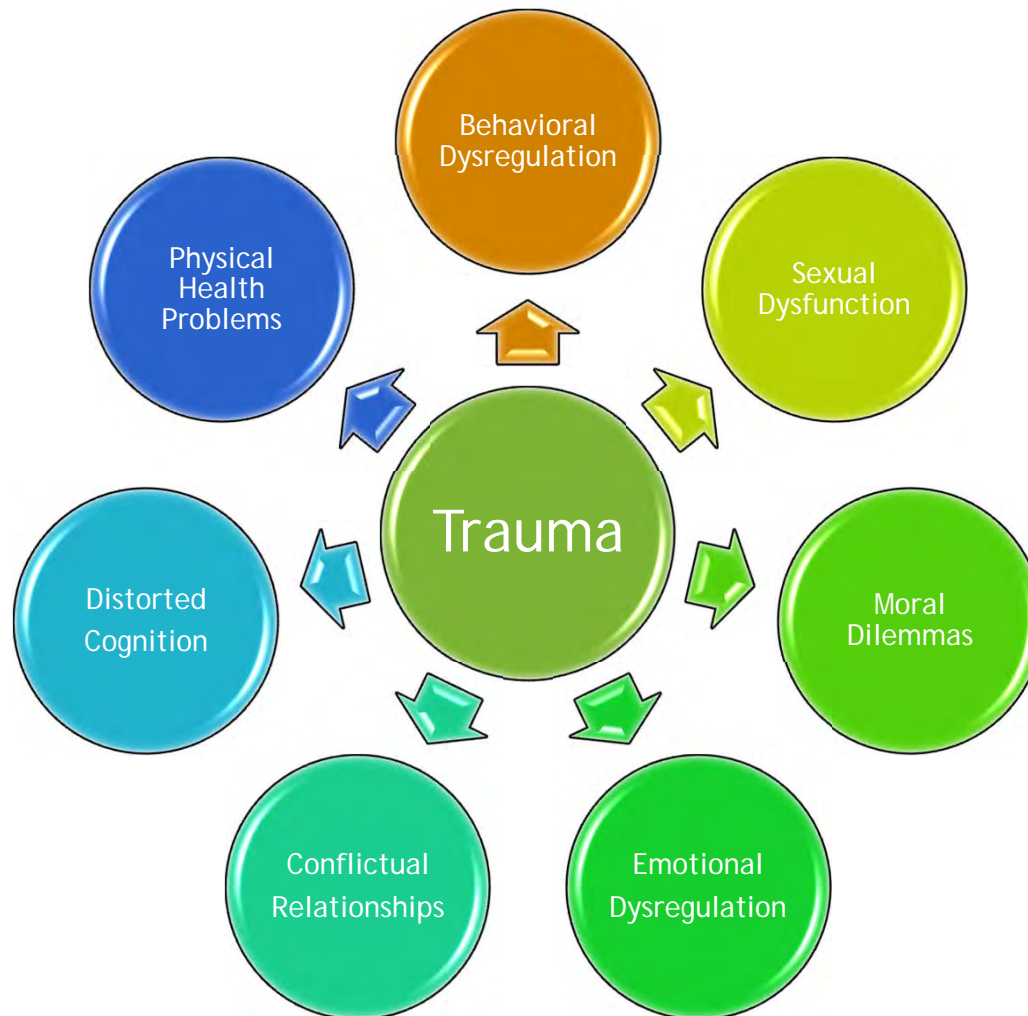
Impact

The Trauma Funnel…

Empties into the Organization...

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Traumatic Re-enactment

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...the Impact

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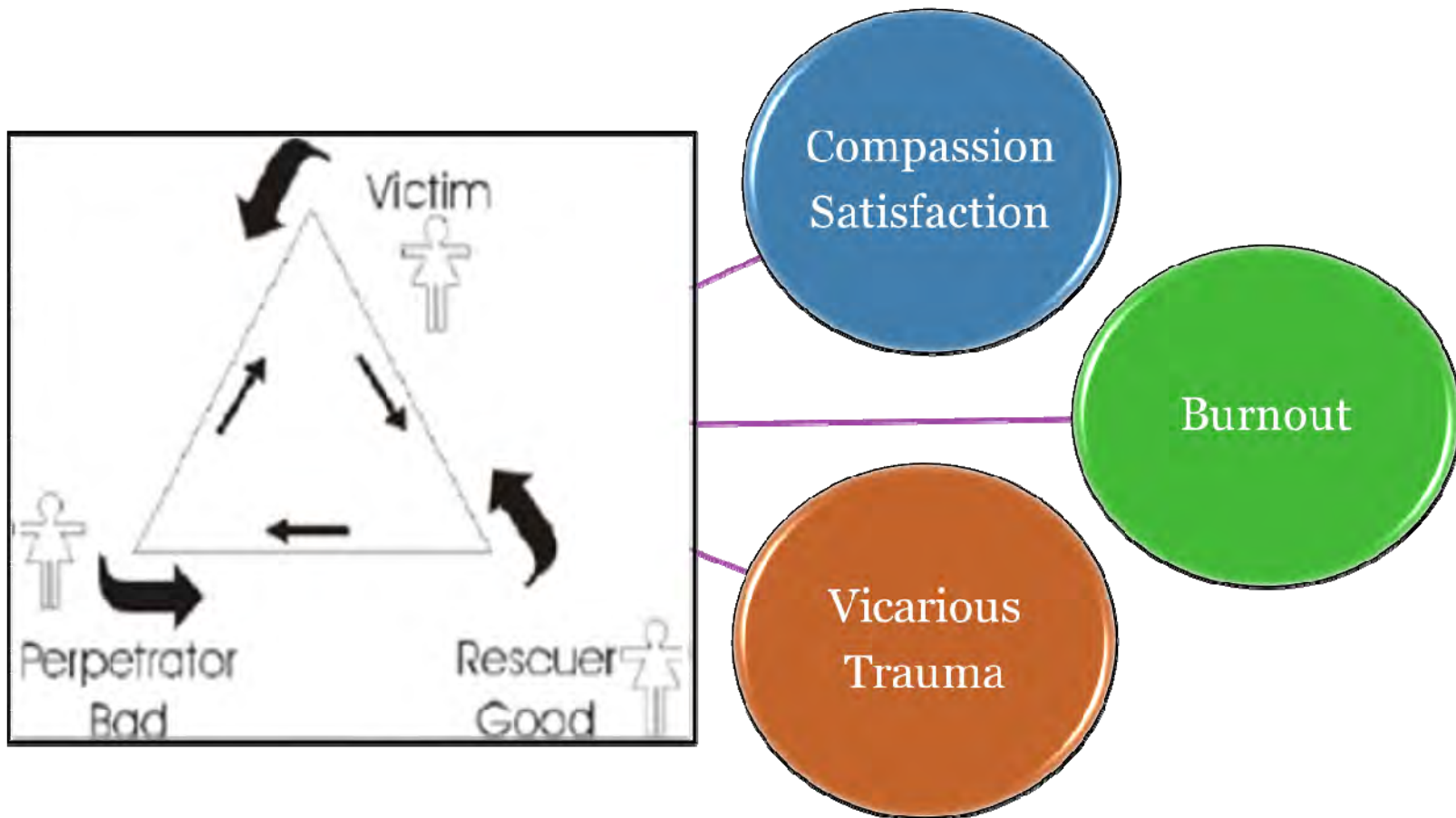
Vicarious Trauma ... A.K.A....

Secondary Trauma

Secondary Stress Disorder

Insidious Trauma

Compassion Fatigue

Empathic Strain

Traumatic Counter-Transference

Indirect Trauma

Co-Victimization

Contact Victimization

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Vicarious Trauma - Defined

What happens to your neurological/cognitive, physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations *while having to control your reaction.* (2012, Vicarious Trauma Institute)

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Vicarious Trauma - Defined

- Can occur over a long period of time or be caused by a single traumatic occurrence...Single instances of vicarious trauma can lead to burnout and can prove to be a tipping point for a professional whose long-term vicarious trauma has not been properly addressed. (Conrad and Kellar-Guenthar, 2006)

- Over time it can be brought about by the volume and range of cases. (Tehrani, 2011)

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Vicarious Trauma - Defined

- Professionals who work with offenders and perpetrators can experience vicarious trauma because they have to suppress their personal views and emotions. (VanDeusen and Way, 2006)

- Assaults on colleagues can affect whole teams because of their exposure to similar situations and the fear that they could be subject to a similar attack. (Littlechild, 2005)

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Vicarious Trauma - Prevalence

- 50% of the social workers in Colorado were showing significant signs of compassion fatigue. (Conrad and Kellar-Guenthar, 2006)

- Between 40% and 85% of "helping professionals" develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms. (Francoise Mathieu, 2012)

- 70% of Master's level social workers exhibited at least one symptom of secondary traumatic stress. (Bride, 2007)

- 42% of Bachelor's level social workers said they suffered from secondary traumatic stress. (Adams et al., 2006)

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Vicarious Trauma
Individual Manifestations

Behavioral symptoms
- Sleep disturbances
- Nightmares
- Appetite changes
- Hyper-vigilance
- Exaggerated startle response, "jumpiness"
- Losing things
- Clumsiness
- Self-harm behaviors
- Negative coping – smoking, drinking, acting out

Emotional symptoms
- Helplessness and powerlessness
- Survivor guilt
- Numbness
- Oversensitivity
- Emotional unpredictability
- Fear
- Anxiety
- Sadness and/or depression

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Vicarious Trauma
Individual Manifestations

Social symptoms

- Withdrawal and isolation
- Loneliness
- Irritability and intolerance
- Distrust
- Projection of blame and rage
- Decreased interest in intimacy
- Change in parenting style (e.g., becoming overprotective)
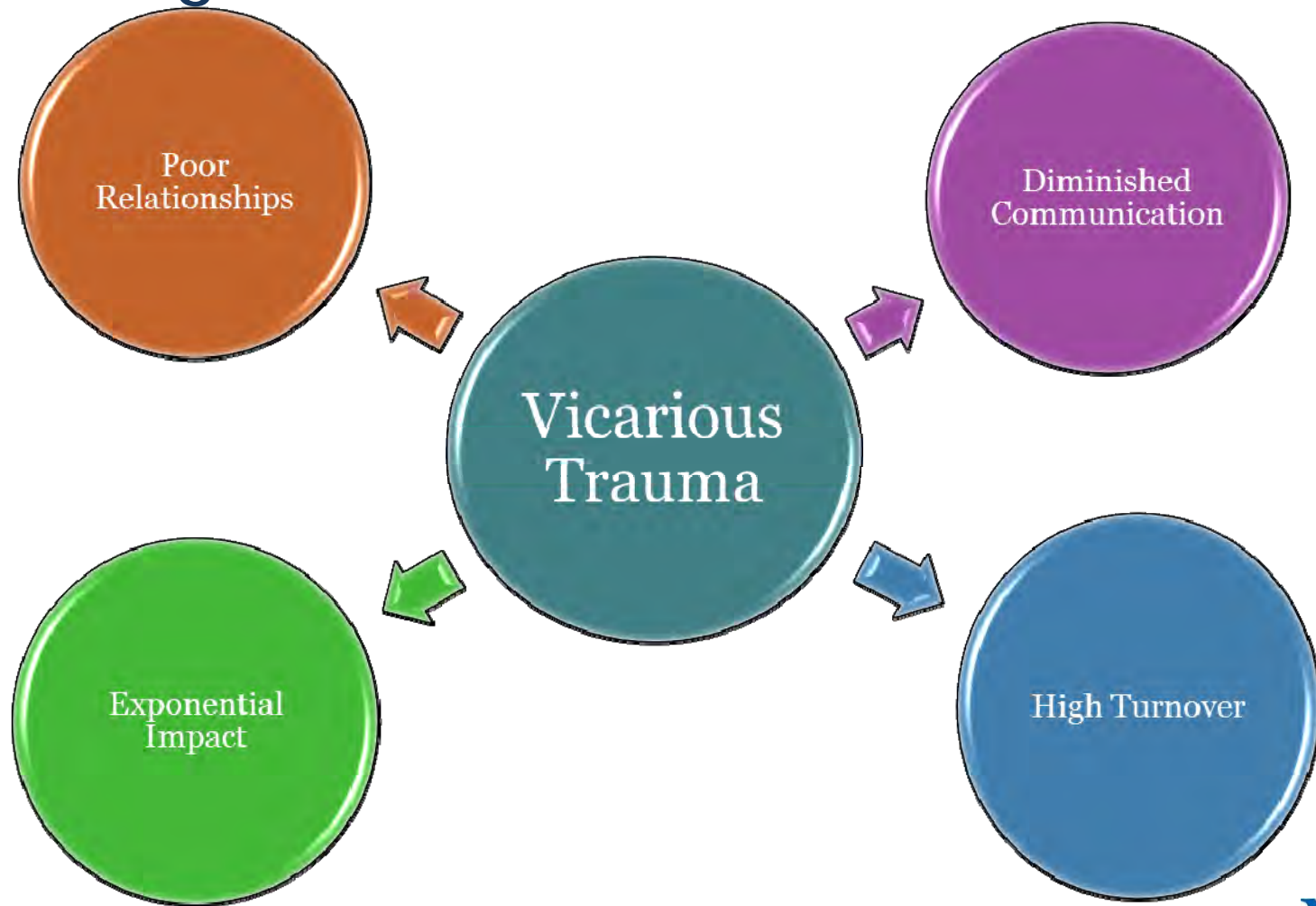
Physical symptoms

- Panic symptoms – sweating, rapid heartbeat, difficulty breathing, dizziness
- Aches and pains
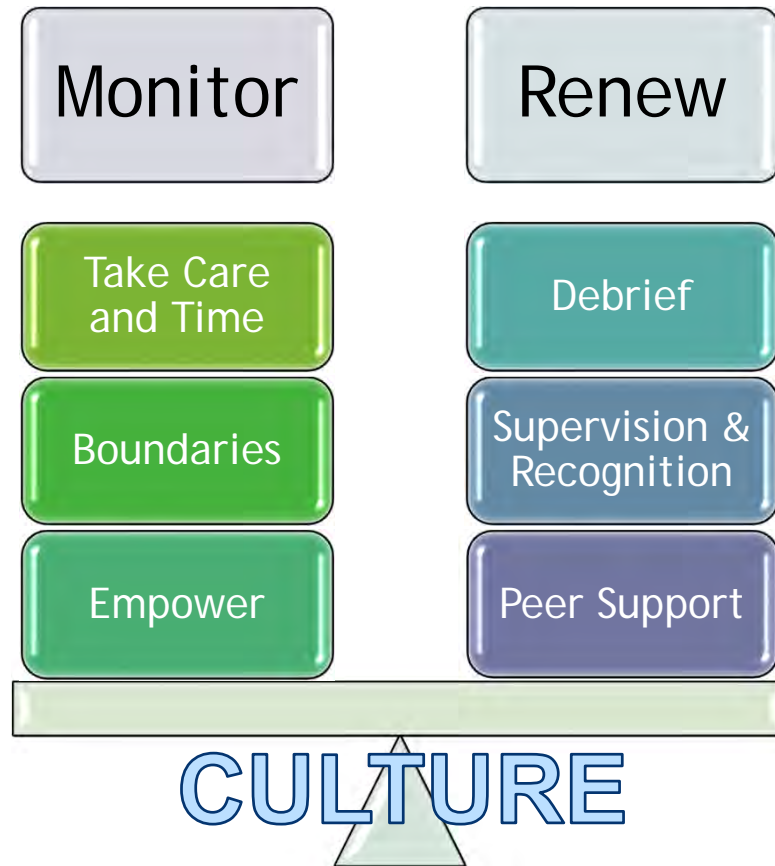- Weakened immune system

Cognitive symptoms

- Minimization of VT
- Lowered self-esteem and increased self-doubt
- Trouble concentrating
- Confusion/disorientation
- Perfectionism
- Racing thoughts
- Loss of interest in previously enjoyed activities
- Repetitive images of the trauma
- Lack of meaning in life
- Thoughts of harming self or others

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Vicarious Trauma
Organizational Manifestations

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Vicarious Trauma - Mitigated

Monitor	Renew
Take Care and Time	Debrief
Boundaries	Supervision & Recognition
Empower	Peer Support

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Addressing Vicarious Trauma

- Vulnerabilities
- Assets

Assessment

- Supervision
- Self Care Planning

Proactive & Maintenance Planning

- Red Flag Meetings
- Safety Planning

Reactive

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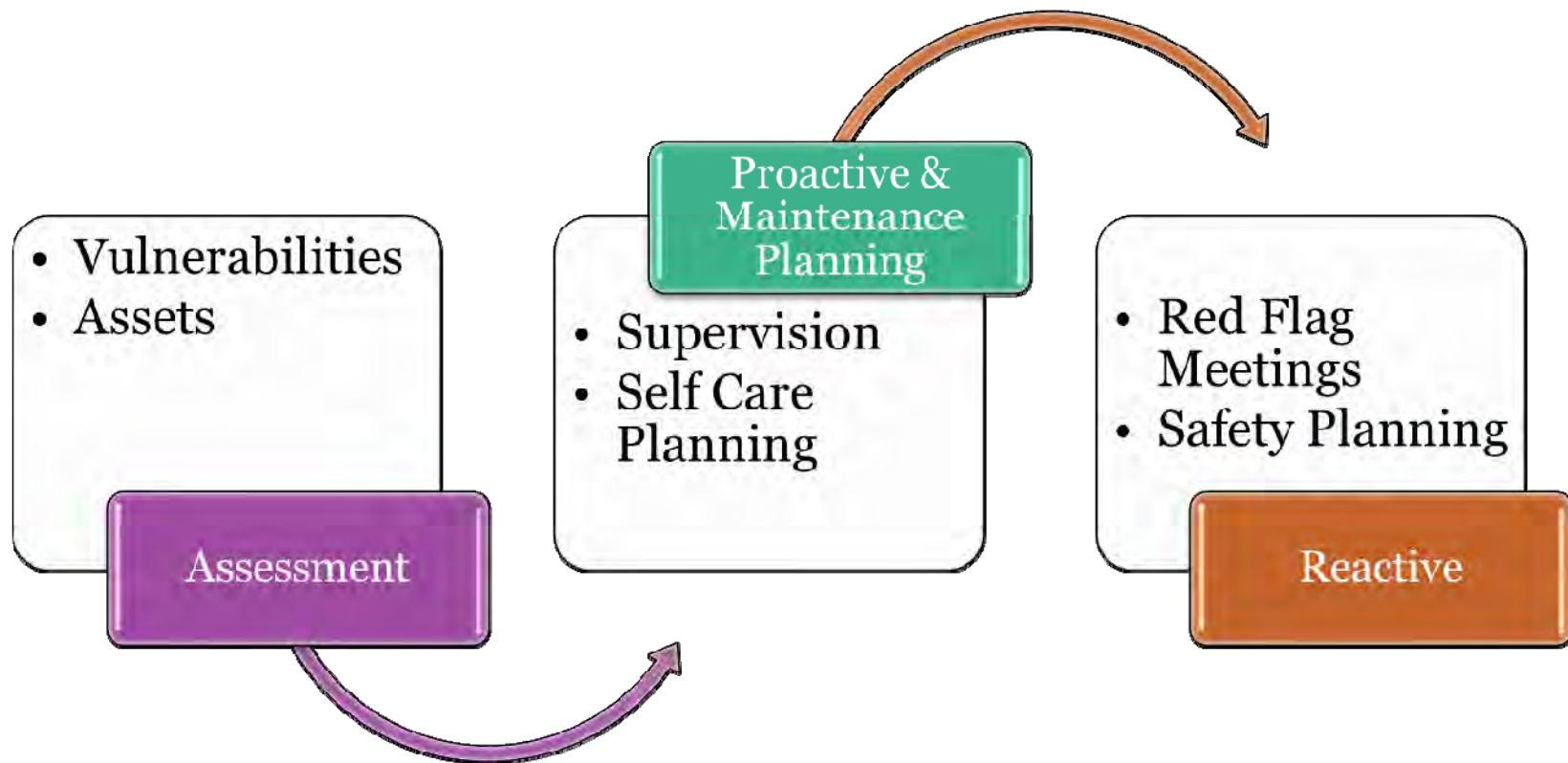
Assessing Vicarious Trauma

- ProQol Scale (Professional Quality of Life Scale)

- Measures Compassion Satisfaction, Burnout, and Vicarious Trauma

- Score in each area gives the participant a way to measure and monitor their work experience

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Proactive and Maintenance Measures for Vicarious Trauma

Self Care or Wellness Plans

Choose what works for you!

Set yourself up for success

Examples:
- Not all categories are applicable
- Not all suggestions are feasible
- Be creative – even the little things help

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Why Self Care?

"When I am constantly running there is no time for being. When there is no time for being there is no time for listening."

Madeleine L'Engle, *Walking on Water: Reflections on Faith and Art*

*"In the heart of every caregiver is a knowing that we are all connected. As I do for you, I do for me."*

Tia Walker, *The Inspired Caregiver: Finding Joy While Caring for Those You Love*

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Self-care is not selfish or self-indulgent. We cannot nurture others from a dry well. We need to take care of our own needs first, then we can give from our surplus, our abundance.

Jennifer Louden

thepeopleproject.com

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Why Self Care?…
for the Organization
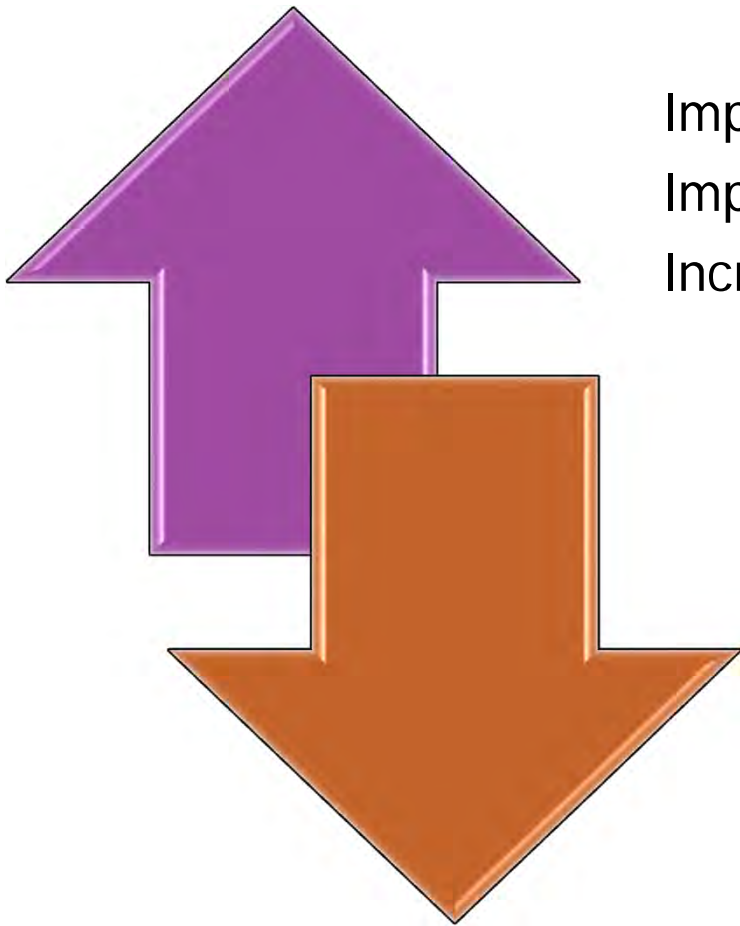
Improved employee retention

Improved outcomes with individuals served

Increased employee engagement

Reduced sick leave

Reduced health care costs

Reduced violence in all forms

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Reactions to Vicarious Trauma…

Laughter…the Best Medicine

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