# Self Care in the Helping Professions: Trauma-Informed Care for front-line caregivers.

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# **Traumatic Events**:

*(1) render victims helpless by overwhelming force;*

*(2) involve threats to life or bodily integrity, or close personal encounter with violence and death;*

**(3) disrupt a sense of control, connection and meaning;**

*(4) confront human beings with the extremities of helplessness and terror; and*

*(5) evoke the responses of catastrophe.*

*Judy Herman, Trauma and Recovery, (1992)*

"In the same way that oil splatters on the painter's shirt, or dirt gets under the gardener's nails, trauma work has an impact." –Jon R. Conte

quoted in Laura van Dernoot Lipsky's *Trauma Stewardship*

*2009*

Sinclair S[1], Raffin-Bouchal S[2], Venturato L[2], Mijovic-Kondejewski J[2], Smith-MacDonald L[2].

"90 studies from the nursing literature and healthcare in general were included in the review. Findings emphasized that the physical, emotional, social and spiritual health of healthcare providers is impaired by cumulative stress related to their work, which can impact the delivery of healthcare services."

Work-related stress comes in many forms. So, what are we talking about?

## Figure 1. Symptom Domains of Indirect Traumatic and Job Stress

| Symptoms | VT | STS | CF | BO |
|---|---|---|---|---|
| Exhaustion - Physical, Mental, and Emotional | | | X | X |
| Somatic responses - physical illness and pain | X | X | X | X |
| Reduced sense of accomplishment | | | | X |
| Depersonalization / Cynicism (mental distancing from people/roles) | X | | X | X |
| Reduced capacity to connect with others or to be empathic | X | | X | |
| Countertransference | X | | X | |
| Intrusive thoughts related to traumatic exposure | X | X | | |
| Avoidance of thoughts related to traumatic exposure | X | X | | |
| Hyperarousal due to traumatic exposure | X | X | | |
| Distressing emotions: fear, anxiety, depression | X | X | | X |
| Occurs from empathic engagement with one client or trauma story | | X | | |
| Occurs as an accumulation of empathic engagement | X | | X | |
| Occurs as an accumulation of all types of job stress/pressure | | | | X |
| Alterations in worldview, beliefs, and schema | X | | | |
| VT = vicarious trauma; STS = secondary traumatic stress; CF= compassion fatigue; BO = burnout | | | | |

Sources: Adams et al., 2006; Figley, 1995; Figley Institute, 2013; Graham, 2017; Knight, 2013; Maltzman, 2011; Pearlman & McKay, 2008; van Mol et al., 2015

Rentrope, C.R. (2019). Building organizational resilience to indirect trauma through staff-driven participatory quality improvement. (Unpublished master's thesis). Case Western Reserve University, Cleveland, Ohio.

**Recognizing the Signs of trauma exposure: Staff Trauma**
**From *Trauma Stewardship***

1. Feeling helpless and hopeless
2. Feeling like no one can ever do enough
3. Hypervigilance
4. Diminished creativity
5. Inability to embrace complexity
6. Minimizing
7. Chronic exhaustion/physical ailments
8. Inability to listen/deliberate avoidance
9. Dissociative moments
10. Sense of persecution
11. Guilt
12. Fear
13. Anger and cynicism
14. Inability to empathize/numbing
15. Addictions
16. Grandiosity: inflated sense of importance related to one's work

# Vicarious trauma-informed organizational assessment was 74% (26 out of 35 staff responded)
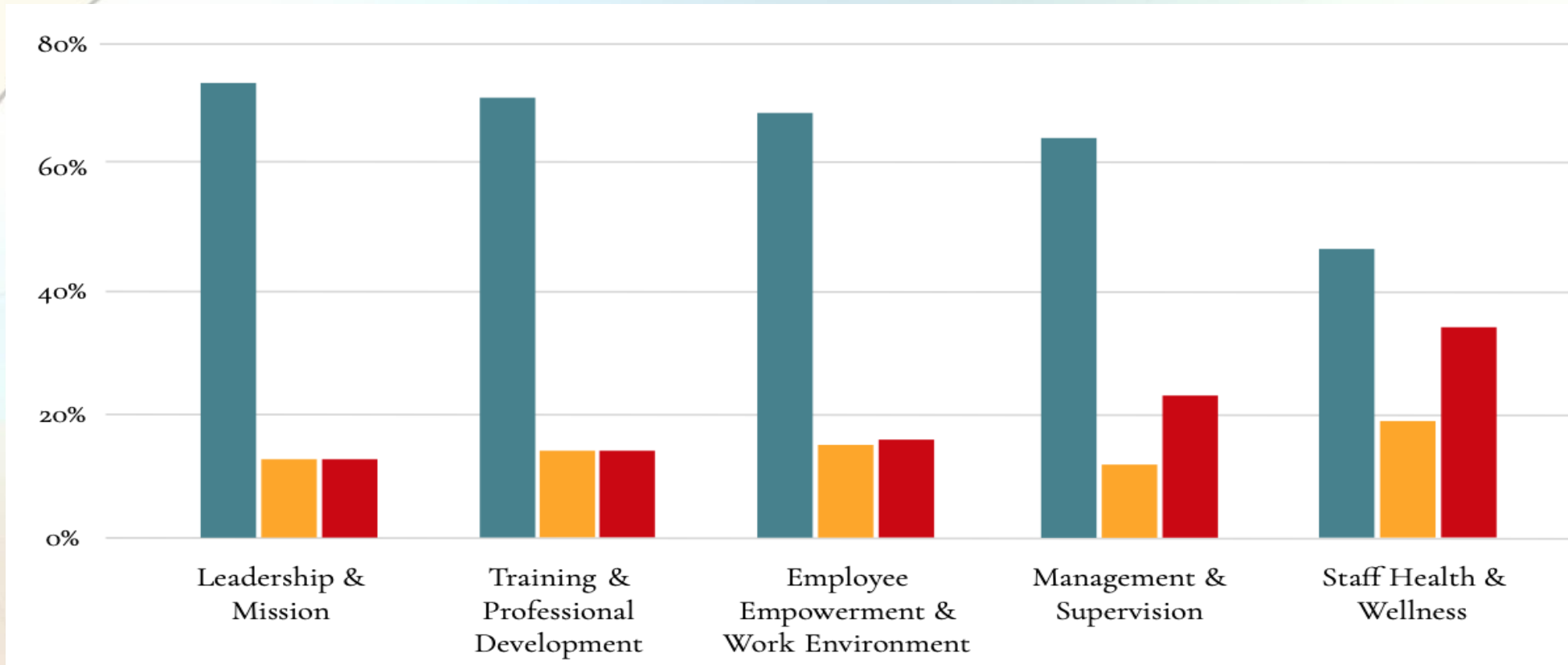


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**Substance Abuse and Mental Health Services Administration (SAMHSA)**

# Six Key Principles of a Trauma-Informed Approach

- Safety

- Trustworthiness and Transparency

- Peer Support

- Collaboration and Mutuality

- Empowerment, Voice, and Choice

- Cultural, Historical, and Gender Issues
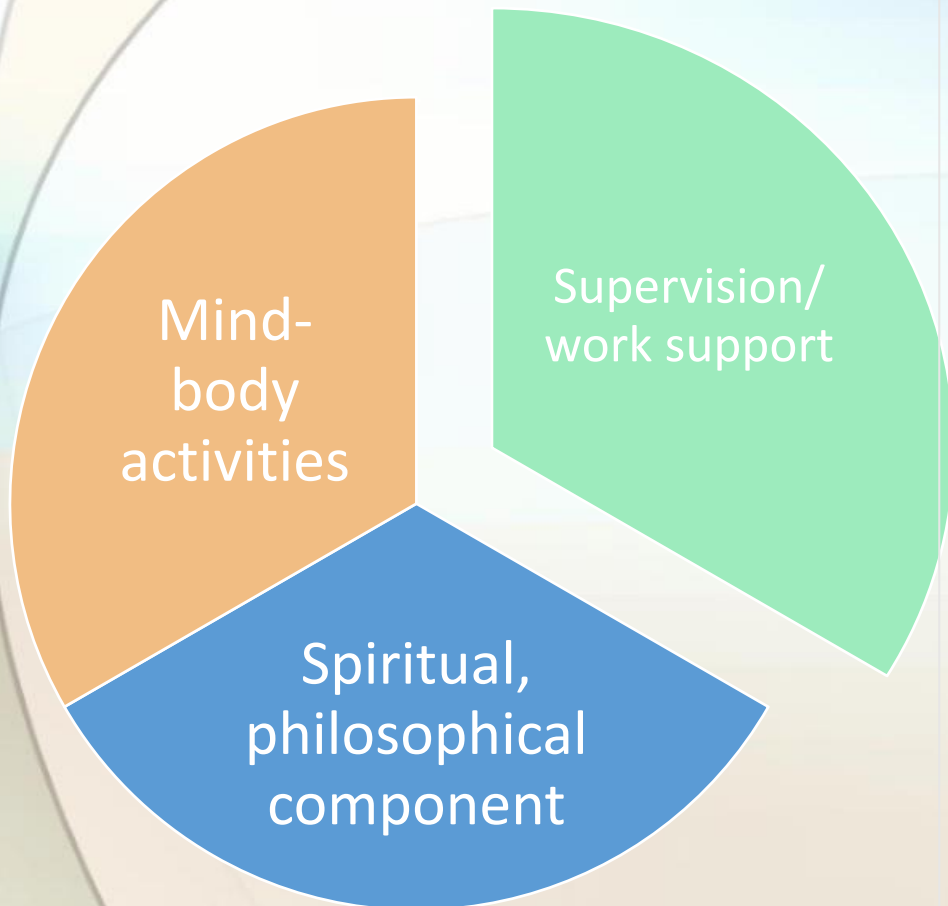
**Supervision/Work Support:**

**Examples of Trauma Informed Practices:**

- **Safety:** Physically and emotionally safe work space.

- **Trustworthiness and Transparency:** HR policies, work performance, job requirements, defined hours of work which recognize the impact of work-related stress.

- **Peer Support:** opportunities for co-workers to support one another in a safe environment.

- **Collaboration and Mutuality:** opportunities for "staffing" difficult decisions.

- **Empowerment, Voice, and Choice:** Formal and informal opportunities for expression, choice in work tasks, and the ability to make meaningful decisions

- **Cultural, Historical, and Gender Issues:** Respect and support employee diversity.

Mind-body activities

Supervision/ work support

Spiritual, philosophical component

**Trauma-Informed Supervision Competencies:**

- Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees;
- Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.
- Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.
- Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.
- Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.
- Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.
- Ability to both model—and coach supervisees in—using a trauma lens to guide case conceptualization and service delivery.
- Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.
- Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.
- Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

Taken from National Child Traumatic Stress Network:

https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision

# Self-Care

Mind-body activities

Supervision/ work support

Spiritual, philosophical component

"The body is an instrument, and unlike the mind is blessed with a permanent limitation. Thoughts can soar and emotions can roar, but the feet are subject to laws that keep them on the ground. The body lives in the present, doing only one thing at a time. It is a faithful companion in the search for presence when it is given more attention and respect, when one tries to listen to its messages, even though they are expressed in a language foreign to the mind."

--Patty de Llosa "Befriending the body in Parabola Magazine 2018

**Boundaries**
- Changing see-smell-hear-touch leaving work
- A place to "dump" work stories before coming home
- Narratives for non-work people
- Investigating roles outside of work that mimic the stress at work

**Body**
- Learning to pay attention to triggers
- Coping mechanisms for triggers
- Healthy practices to provide alternatives to triggers

**Practice**
- Rituals of transition
- Recognizing the rhythms/seasons of work stress
- Work on your own history with love and compassion

**Community**
- Find your helpers
- Work toward transparency and reciprocity
- Focus on why the relationship is important (to avoid transference)
- Investigate power dynamics

**Developing a Tool-Box of Care**

**Everyday Stress**

Constant throughout the year

Supports good boundaries and healthy activities
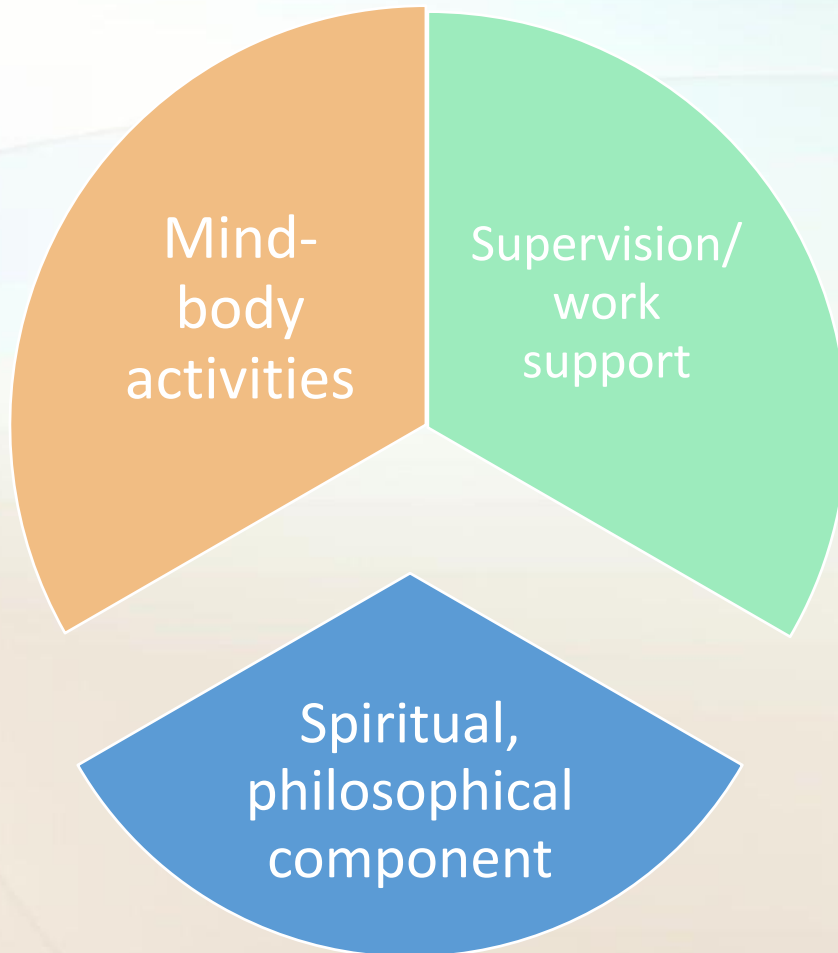
**Seasonal/Episodic stress**

Acknowledges seasons of stress

Find extra supports for particularly difficult experiences

**Acute stress**

Promotes success in the moment

Include a plan to process after the event is over

# Resilience:

**The Spiritual Intelligence Self-Report instrument developed by King (2008):**
1. critical existential thinking
2. personal meaning production
3. transcendental awareness
4. conscious state expansion

**Mackrain and Nefertiti's (2009) Devereaux Adult Resilience scale measured domains of**
1. strength in relationships
2. internal beliefs
3. initiative and
4. self-control

Mind-body activities

Supervision/work support

Spiritual, philosophical component

# A trauma-informed environment:

-Does not re-traumatize

-Promotes engagement, transparency, and better outcomes,

-Promotes staff retention

-Reduces Costs

-Taken from notes of Dr. Mark Hurst's lunchtime comments
 at the inaugural Trauma Informed Care Summit, 2014.

# Thank you

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