Collateral Damage: The Impact of Caring For Persons Who Have Experienced Trauma

Brian E. Bride, Ph.D., L.C.S.W.
The University of Georgia
School of Social Work

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AGENDA

- Introductions
- Conceptual Terms
- Symptoms and Impact of STS
- Research on STS
- Self Assessment of STS
- Prevention of STS
- Amelioration and Treatment of STS
- Further Discussion, Questions, and Conclusion

A Brief History of PTSD

- Homer's Odyssey
- Soldier's Irritable Heart
- Railroad Spine
- Shell Shock
- Combat Fatigue
- War Neurosis
- Concentration Camp Syndrome
- Battered Women's Syndrome
- PTSD first recognized in the DSM-III (1987)

Post-Traumatic Stress Disorder

- Criterion A – Exposure and Response
- Criterion B – Re-experiencing/Intrusion
- Criterion C – Avoidance
- Criterion D – Hyperarousal
- Criterion E – Distress/Impairment
- Criterion F – Duration

PTSD – Exposure and Response

- The person has been exposed to a traumatic event in which both of the following were present:
  - The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
  - The person's response involved intense fear, helplessness, or horror.

Proposed DSM-V Exposure Criterion

- The person was exposed to one or more of the following event(s): death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more of the following ways:
  - Experiencing the event(s) him/herself
  - Witnessing, in person, the event(s) as they occurred to others
  - Learning that the event(s) occurred to a close relative or close friend; in such cases, the actual or threatened death must have been violent or accidental
  - Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

PTSD – Intrusion Symptoms

- Recurrent and intrusive recollections of the event.
- Recurrent distressing dreams of the event
- Acting or feeling as if the traumatic event were recurring
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

PTSD – Avoidance Symptoms

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- Efforts to avoid activities, places or people that arouse recollections of the trauma.
- Inability to recall an important aspect of the trauma.
- Markedly diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Restricted range of affect.
- Sense of a foreshortened future.

PTSD – Arousal Symptoms

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Hypervigilance
- Exaggerated startle response

Negative Effects of Clinical Work with the Traumatized: What do we call it?

- Emotional contagion
- Savior Syndrome
- Cost of caring
- Secondary victimization
- Work-related PTSD
- Co-victimization
- Indirect trauma
- Countertransference
- Burnout
- Compassion fatigue
- Vicarious traumatization
- Secondary traumatic stress

Definition of Secondary Traumatic Stress

- "The natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other-it is the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1995, p.7)

- "A syndrome of symptoms nearly identical to PTSD except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person" (Figley, 1999, p.11)

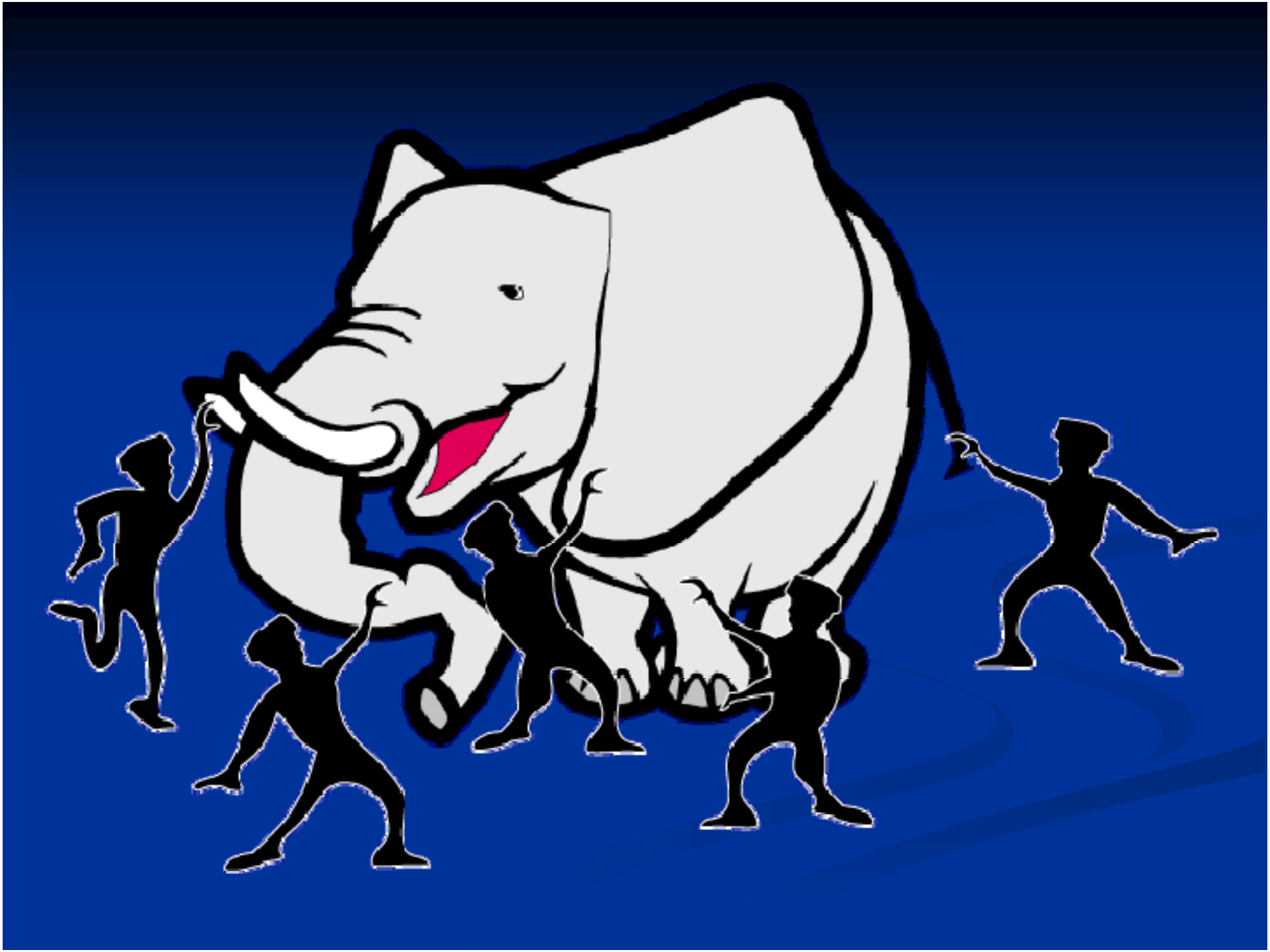
Who is at Risk?

- Helping professionals
  - Social workers, child welfare workers, substance abuse counselors, nurses, sexual assault/domestic violence counselors and advocates,
- Family & Friends

Definition of Vicarious Traumatization

- "The transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients' traumatic material" (Pearlman & Saakvitne, 1995, p.31)

- "Profound disruptions in the therapist's frame of reference, that is, his basic sense of identity, world view, and spirituality. Multiple aspects of the therapist and his life are affected, including his affect tolerance, fundamental psychological needs, deeply help beliefs about self and others, interpersonal relationships, internal imagery, and experience of his body and physical presence in the world" (Pearlman & Saakvitne, 1995, p. 280).



Countertransference

- CT is a distortion on the part of the therapist resulting from the therapist's life experiences and associated with his or her unconscious, neurotic reaction to the client's transference. (Freud, 1959)
- The classic view of CT refers to the activation of the therapist's unresolved or unconscious conflicts (McCann & Pearlman, 1990)
- CT can be viewed as all of the therapist's emotional reactions toward the client regardless of the source. (Johansen, 1993; Miles, 1993)
- CT is "any response the therapist has to his or her client, positive or negative, conscious or unconscious, spoken or unspoken. (Pearlman & Saakvitne, 1995, p. 22)

Countertransference vs. STS

Countertransference

- Does not occur outside of the client-therapist relationship
- Impacts social workers' work with clients
- Occurs without exposure to traumatic material

Secondary Traumatic Stress

- Can occur in non-therapeutic relationships, such as with family members
- Also impacts social workers' lives outside of work
- Only occurs with exposure to traumatic material

Burnout

- "A syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people work' of some kind. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion" (Maslach & Jackson, 1981, p. 99)

- "A state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations" (Pines & Aronson, 1988, p. 9)

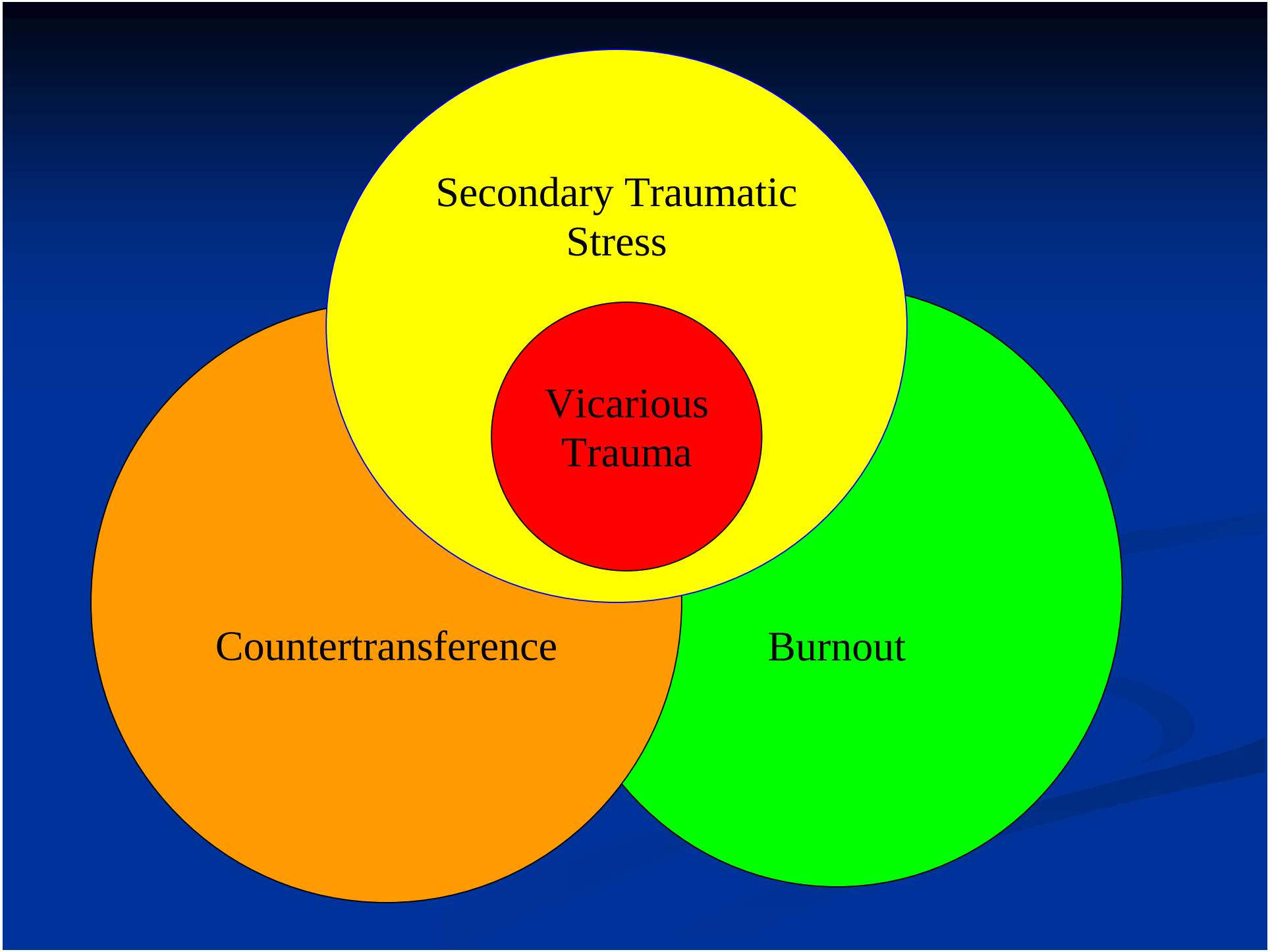
Burnout vs. STS

Burnout

- Related to the work environment
- Extends to work with any difficult population
- Workload and institutional stress are the precipitating factors

Secondary Traumatic Stress

- Related to the work environment
- Specific to work with traumatized populations
- Exposure to traumatic material is the precipitating factor


Secondary Traumatic Stress
Vicarious Trauma
Countertransference
Burnout

STS Symptoms

- Intrusive imagery of the client's traumatic material
- Numbing or avoidance
- Distressing emotions
- Increased arousal
- Somatic complaints
- Impairment of functioning in social, familial, and/or professional roles

Impact of VT

- Frame of Reference
  -Identity
  -Worldview
  -Spirituality
- Psychological Needs
  -Safety
  -Trust
  -Esteem
  -Intimacy
  -Control

Cognitive Impact of STS

- Diminished concentration
- Confusion
- Spaciness
- Loss of meaning
- Decreased self-esteem
- Pre-occupation with trauma
- Trauma imagery
- Apathy
- Rigidity
- Disorientation
- Whirling thoughts
- Thoughts of self harm or harm towards others
- Self-doubt
- Perfectionism
- Minimization

Emotional Impact of STS

- Powerlessness
- Anxiety
- Guilt
- Anger/Rage
- Survivor guilt
- Shutdown
- Numbness
- Fear
- Helplessness
- Sadness
- Depression
- Hypersensitivity
- Emotional roller coaster
- Overwhelmed
- Depleted

Behavioral Impact of STS

- Clingy
- Impatient
- Irritable
- Withdrawn
- Moody
- Regression
- Sleep Disturbance
- Appetite changes
- Nightmares/Dreams
- Hypervigilance
- Elevated startle response
- Negative coping
- Accident proneness
- Losing things
- Self harm behaviors

Interpersonal Impact of STS

- Withdrawn
- Decreased interest in sex
- Mistrust
- Isolation from friends
- Impact on parenting
- Projection of anger or blame
- Intolerance
- Loneliness

Physical Impact of STS

- Shock
- Sweating
- Rapid heartbeat
- Increased blood pressure
- Breathing difficulties
- Aches and pains
- Dizziness
- Impaired Immune system
- Headaches
- Gastrointestinal distress

Impact of STS on Professional Functioning

- Performance of Job Tasks
  - Decrease in quality
  - Decrease in quantity
  - Low motivation
  - Avoidance of job tasks
  - Increase in mistakes
  - Setting perfectionist standards
  - Obsession about details
- Morale
  - Decrease in confidence
  - Loss of interest
  - Dissatisfaction
  - Negative attitude
  - Apathy
  - Demoralization
  - Lack of appreciation
  - Detachment
  - Feelings of incompleteness
- Interpersonal
  - Withdrawal from colleagues
  - Impatience
  - Decrease in quality of relationship
  - Poor communication
  - Subsume own needs
  - Staff conflicts
- Behavioral
  - Absenteeism
  - Exhaustion
  - Faulty judgment
  - Irritability
  - Tardiness
  - Irresponsibility
  - Overwork
  - Frequent job changes

STS among Social Workers

- Survey of MSWs in Georgia
- 98% reported that they work with a traumatized population.
- 89% reported that their work addresses client's trauma issues.
- 55% met at least one of the core criteria for PTSD
- 15.3% met the core criteria for PTSD.

STS in Child Welfare Workers

- Child Welfare Workers in Tennessee
  - 92% experienced some symptoms of STS.
  - 34% met core criteria for PTSD
  - 43% scored above the clinical cutoff
- STS Symptoms not correlated with:
  - Recent trauma history
  - Administrative support
  - Professional experience
- STS Symptoms correlated with:
  - Lifetime history of trauma (+)
  - Peer support (-)
  - Caseload (+)
  - Intent to remain employed in CPS (-)

STS and Supervision

- STS Symptoms are lower when supervisors:
  - Are willing to help when problems arise.
  - Provide visible ongoing support for innovation and ideas.
  - Provide assistance to enhance quality of services.
- STS symptoms are not affected when supervisors:
  - Encourage workers to be the best they can be.
  - Show a genuine concern for workers.
  - Are empathetic with work-related problems.

STS in Substance Abuse Counselors

- Survey of NAADAC members
- Secondary Traumatic Stress
  - 57% met at least one of the core criteria for PTSD
  - 15.3% met the core criteria for PTSD
  - 26% scored above the clinical cut off

Contributing Factors to STS

- Exposure to traumatized populations
- Demographic variables
- Personal history of trauma
- Experience and training
- Clients who were traumatized in childhood

Prevention: Organizational Strategies

- Safe and pleasant physical setting
- Provide supervision
- Arrange adequate resources
- Create an atmosphere of respect
- Education and training

Prevention: Professional Strategies

- Supervision and consultation
- Develop a balanced work life
- Remain aware of your professional goals
- Develop a professional connection

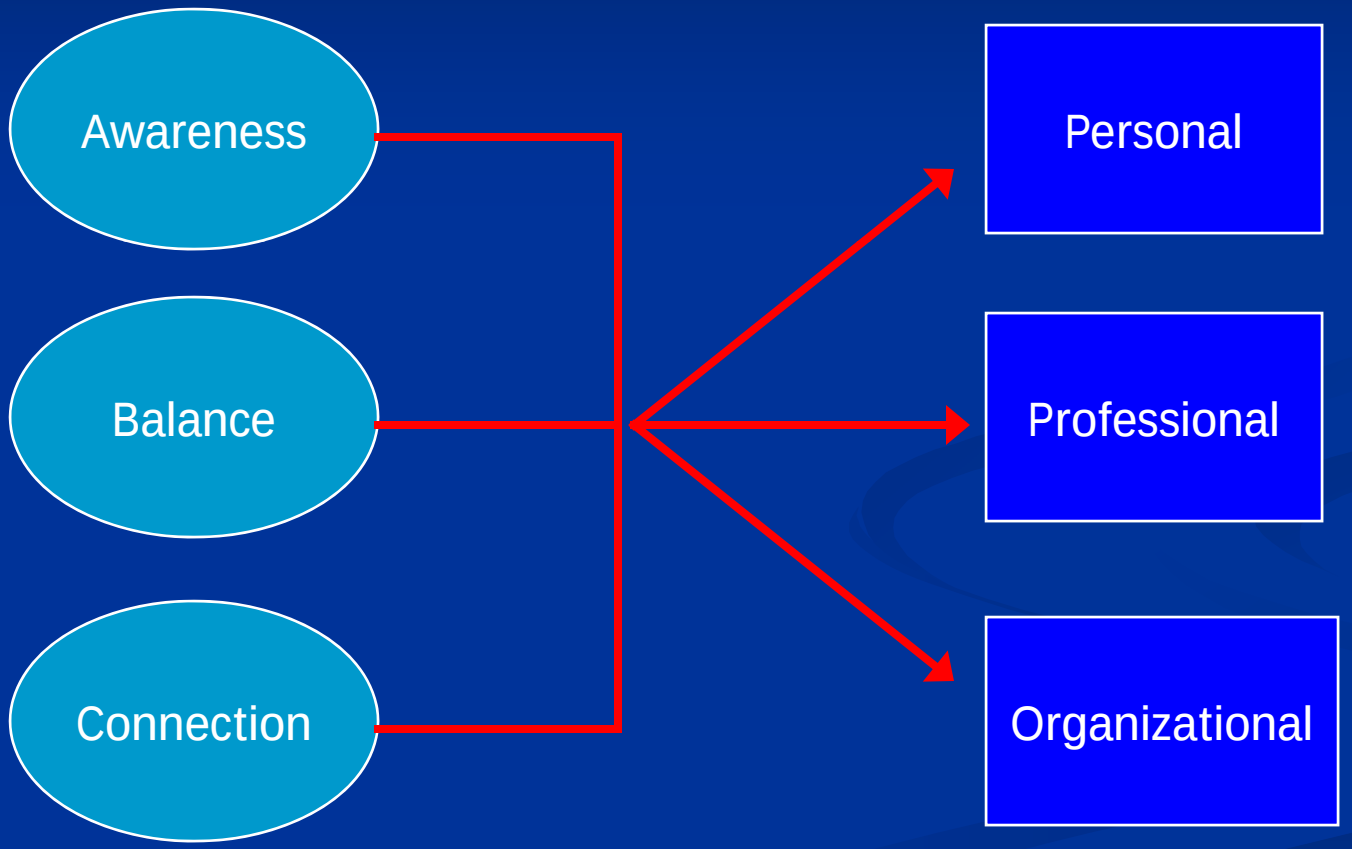
Prevention: Personal Strategies

- Recognize and identify STS
- Make personal life a priority
- Personal psychotherapy
- Leisure activities
- Self-nurturance
- Attend to health needs

When STS Happens

- Self-Care
- Nurturing Activities
- Escape
- Create meaning
- Infuse a current activity with meaning
- Challenge negative beliefs and assumptions
- Participate in community – building activities

The ABCs of STS



STS Exercises

Making a Commitment to Yourself

- Write down three things you could do to address STS for each arena: professional, organizational, personal.
- Place an asterisk beside every strategy you could implement in the next month
- Circle one in each category that you will try to do in the next week.

Evaluate Your STS Plan

- Review your list of strategies that you might use to address your own STS with the following in mind:
- Does the activity primarily allow me to escape my feelings about work?
- Can I create new meaning from or about this activity?
- Could this activity be an opportunity for connection with something larger than myself? For awareness of other aspects of my life?
- How would it be to do this activity with full awareness of what I am doing while I am doing it? Of my body and all my sensations?

Personal Vulnerabilities

- Each of us works within our own historical and current circumstances, professional and personal situations, and our own temperament and emotional style. For example, some of us have children, some have personal trauma histories, some are new to the work or new to trauma work specifically, some work in unsupportive environments, some have to little control over some aspect of our work or no safe place to talk about the work and its effect on us, some have personal crises that demand our attention and deplete our energy. Take some time to jot down what in your present or past, personal or professional life might contribute to your vulnerability.

- **This is for personal use only – I will not ask you to share.**

Organizational Wish List

- If your organization recognized STS and had a commitment to address it, what would be different?
- What policies, structures, and resources would you need?
- What values would need to change?

Personal Resources

- Make a list of your current resources. Include internal and external resources, people, places, or things that are hope-giving, spirit-renewing, creative, playful, loving, affirming.
- Choose some things that include your body, health, voice, tears, laughter, connection, silence, and spontaneity.
- This is an opportunity to identify what you have and may be underutilizing.

Rewards of Your Work

- Make a list of the rewards of your work. How have you grown and changed in positive ways?
- What have you learned?
- What has moved you?
- How have you made a difference to others?
- What successes have you and your clients shared?
- What has made you laugh?
- Reread this list and add to it regularly.

When PTSD Happens

- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)

CONTACT INFORMATION

Brian E. Bride, Ph.D., L.C.S.W.
Associate Professor
Interim Director, Ph.D. Program
University of Georgia
School of Social Work
Tucker Hall
Athens, Georgia 30602
(706) 542-5471
bbride@uga.edu

SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE:"*Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.*

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb…….…..	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients…….….	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)……....	1	2	3	4	5
4. I had trouble sleeping……....	1	2	3	4	5
5. I felt discouraged about the future…….…..	1	2	3	4	5
6. Reminders of my work with clients upset me……..	1	2	3	4	5
7. I had little interest in being around others…….…..	1	2	3	4	5
8. I felt jumpy…….….	1	2	3	4	5
9. I was less active than usual…….….	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to…….	1	2	3	4	5
11. I had trouble concentrating……..	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients…….	1	2	3	4	5
13. I had disturbing dreams about my work with clients……...	1	2	3	4	5
14. I wanted to avoid working with some clients……..	1	2	3	4	5
15. I was easily annoyed…….....	1	2	3	4	5
16. I expected something bad to happen…….....	1	2	3	4	5
17. I noticed gaps in my memory about client sessions……..…	1	2	3	4	5

Intrusion Subscale (add items 2, 3, 6, 10, 13)	Intrusion Score	_____
Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17)	Avoidance Score	_____
Arousal Subscale (add items 4, 8, 11, 15, 16)	Arousal Score	_____
TOTAL (add Intrusion, Arousal, and Avoidance Scores)	Total Score	_____

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