

Exploring the Impact of Trauma on You & Your Work

Learning Objectives

- Explore concepts of trauma, vicarious trauma, secondary trauma
- Understand how trauma and adversity in the lives of our clients and in our related work experiences can impact our well-being due to
 - compassion fatigue
 - burnout
- Explore strategies for promoting our own self care and well-being



Trauma is a person's emotional response to a distressing experience.

Traumatic events tend to be sudden and unpredictable, involve a serious threat to life—like bodily injury or death—and feel beyond a person's control.

<https://www.psychologytoday.com/us/basics/trauma>

Making Connections....

Go to **www.menti.com**
code **7984 0225**

Isn't Stress Normal?

Stress is normal and can help us learn to cope with difficult or unexpected situations.

However, **cumulative stress** in the absence of supportive relationships can be emotionally, physiologically, and socially devastating

Positive Stress	Tolerable Stress	Toxic Stress
Normal and essential part of healthy development	Body's alert systems activated to a greater degree	Occurs with strong, frequent or prolonged adversity
Brief increases in heart rate and blood pressure	Activation is time-limited and buffered by a caring adult	Disrupts brain architecture and other organ systems
Mild elevation in hormonal levels	Brain and organs recover	Increased risk of stress-related disease and cognitive impairment

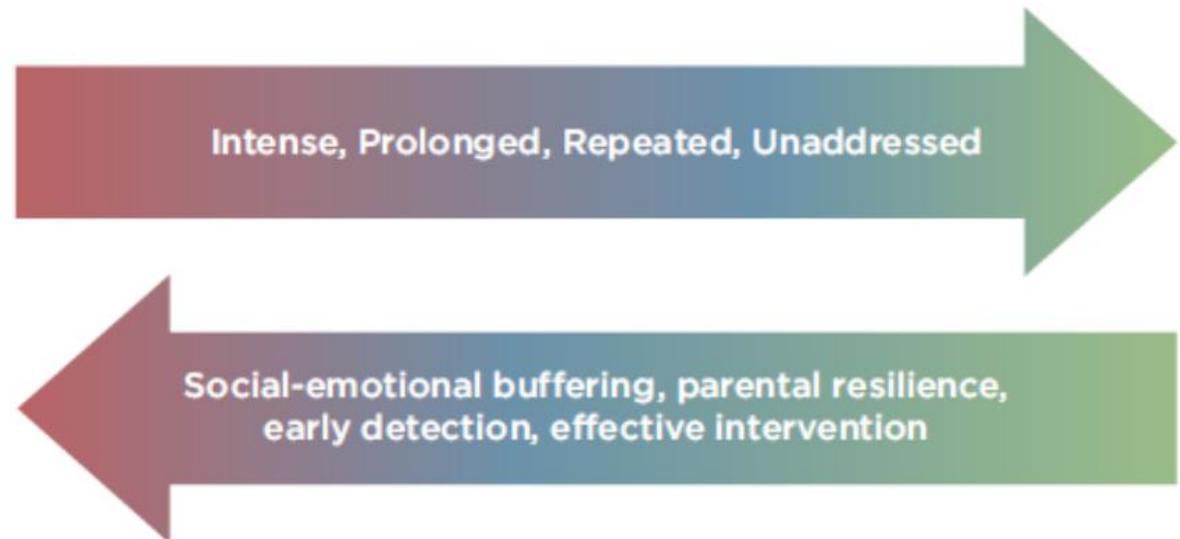


Figure 2: Responses to Stress.¹

Stress Reactions to Trauma/Burnout

BIO

Fatigue, sleep problems

Trouble concentrating

Jumpy, edgy feeling

Trouble breathing

Headache, body aches, stomach distress

Feeling spacy, disconnected

PSYCHO

Sadness, despair, anguish

Anxiety/unease about the future

Changed meanings about the world

Troubling thoughts, images

Dread/sense of foreboding

Self-attack

SOCIAL

Isolation

Irritability/anger

Withdrawing

Feeling misunderstood

Feeling lonely

Anxious about contact with others

According to health risk assessments, stress has one of the highest prevalence rates of all health-related issues and impacts other well-being and productivity issues such as burnout, focus, and adaptability.

Understanding Terms

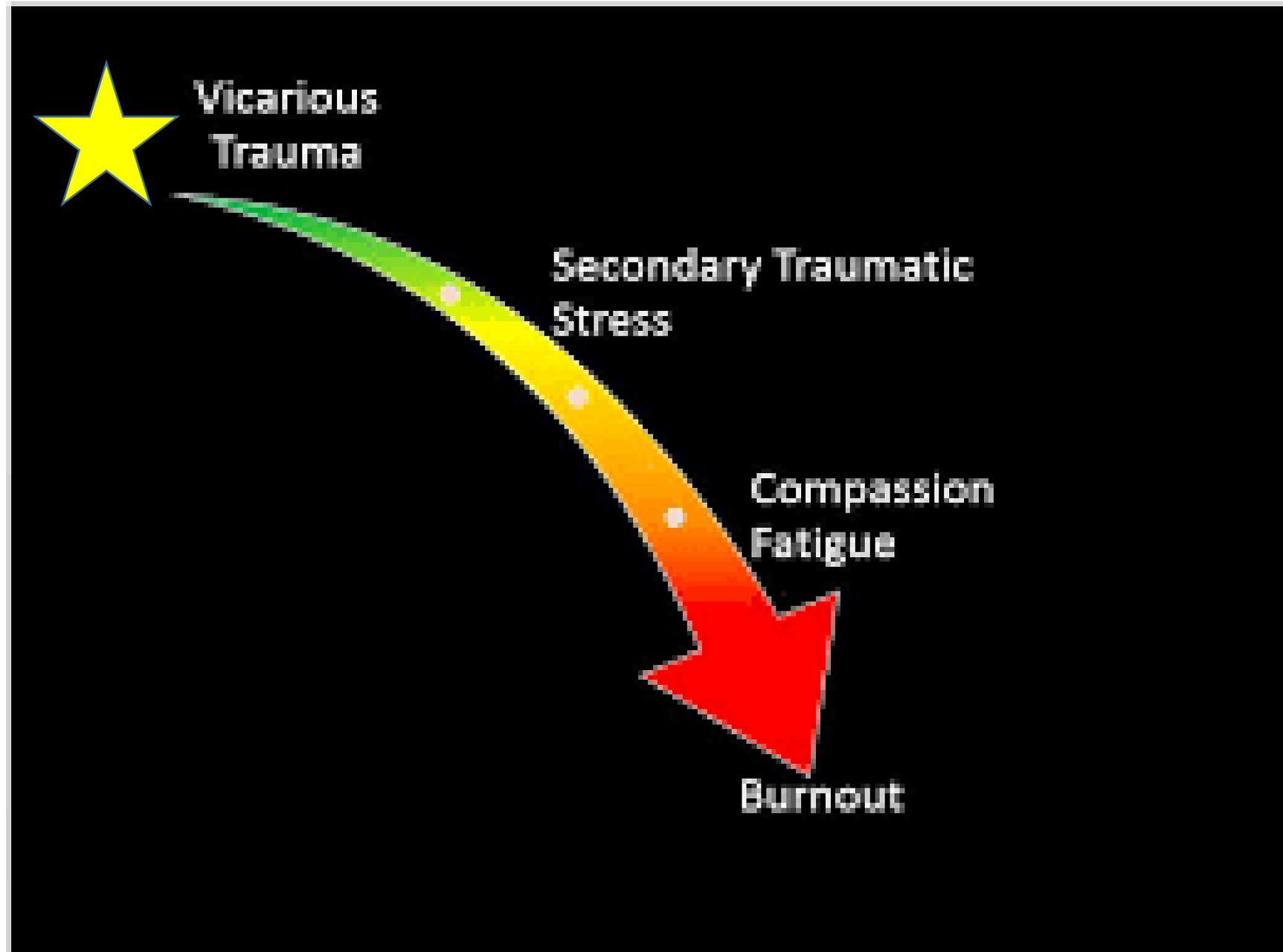
Secondary Trauma

Vicarious Trauma

Compassion Fatigue

Burnout

Stamm (1997) isolated common terms used to describe adverse emotional impacts on *Helpers*:



The Impact of Other People's Trauma on Us...

VICARIOUS TRAUMA (VT)

(Pearlman & Saakvitne, 1995)

...profound shift in world view that occurs in helping professionals when they work with individuals who have experienced trauma:

helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.



SECONDARY TRAUMATIC STRESS

(Stamm, 1997)

Exposure to vicarious trauma which causes distress and could result in impairment in functioning, as would be expected in such conditions as Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD).

Symptoms of Secondary Traumatic Stress

- Being unable to get stories or images out of your mind after the session is over, including possibly nightmares or flashbacks
- Feeling hypervigilant or like your own safety could be endangered
Feeling restless, keyed up, or on edge
- Avoiding certain situations Noticing an impact on mood or functioning

CHW Risk Factors

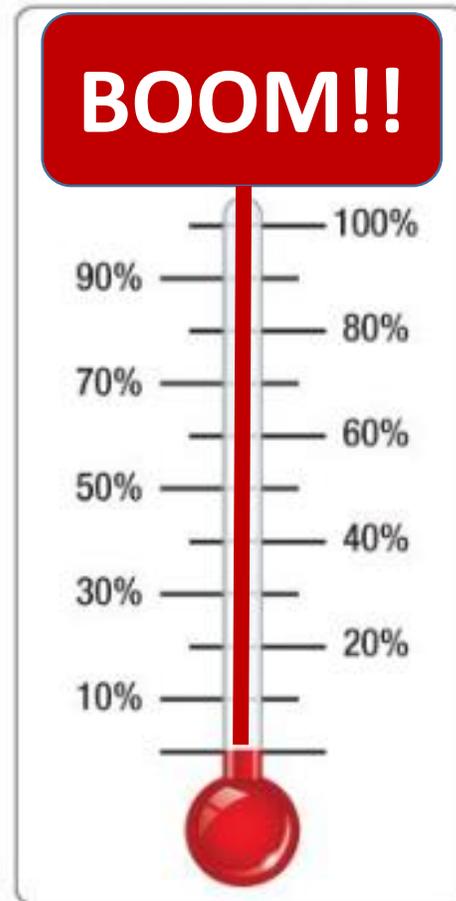
CHTs face unique workplace challenges that may include:

Client Level Impacts

- Potential exposure to traumatic incidents / material
- Witness to, or experience of, threats of harm or homicide
- Helping relationships formed with victims in their work

CHW Role Impacts

- High workload
- Complex client populations with SDoH needs that surpass your ability to resolve them
- Extremely tight deadlines



Organizational Impacts

- Staff shortages
- Workplace conflicts with peers and/or administrations
- Lack of training or ongoing support in the workplace
- Conflicting work demands

Risks of VT & STS

COMPASSION FATIGUE

(Figley, 1995)

CLIENT BASED...

“Exposure to repeated interactions requiring high levels of empathic engagement with distressed clients (not necessarily trauma)”

Physical, emotional, and work-related symptoms

Impairs Functioning (ability to care for self and others)



BURNOUT

(Maslach, Schaufeli, & Leiter, 2001)

WORK BASED...

...a response to prolonged exposure to demanding interpersonal situations and is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.

How VT & STS manifest in work...

COMPASSION FATIGUE

- Having greater difficulty maintaining the same degree of empathy over time
- Feeling numb, detached, or indifferent
- Feeling mentally, physically, and emotionally exhausted
- Ultimately feeling powerless or like a failure

BURNOUT

- A combination of symptoms related to work stress that have not been navigated or managed well
- The W.H.O. describes these symptoms:
 - Feelings of energy depletion or exhaustion;
 - Increased mental distance from one's job, or
 - Feelings of negativism or cynicism related to one's job; and
 - Reduced professional efficacy.

Exploring Challenges to Our Well-Being

Client Trauma & Adversity

Adverse Work Experiences

RI Impacts

The Hassenfeld Institute for Public Leadership at Bryant University, RI's Human Services Workforce is made up of:

- Outpatient MH and Substance Treatment Centers;
- Residential Facilities for people with IDD,
- MH, or
- Substance Use Disorders;
- Individual and Family Services;
- Community Food,
- Housing,
- Emergency, or
- Other Relief Services;
- Vocational Rehab Centers; and
- Child Day Care Centers

Burnout in RI's Human Service Workforce

- White respondents more likely to report moderate/high emotional exhaustion than minority peers
- Respondents in a BH or Medical setting more likely to report moderate/high emotional exhaustion than all other settings
- Latinx respondents more likely to report low emotional exhaustion than non-Latinx
- Respondents with a 4 year degree or more were less likely to report moderate/high DP than those with less than 4 year degree
- Respondents in a BH or Medical setting more likely to report moderate/high PA than all other settings

Understanding Adverse Impacts

- According to Bellolio [35],
 - both in professional and/or personal life, as a result of unsuccessful coping strategies,
 - STS is an acute stress reaction, secondary to the relationship with traumatized patients
 - HCWs may be at higher risk of developing pathological secondary traumatization and this is particularly true now more than usual, considering the present emergency.
 - Protective factors such as resilience, self-efficacy and perceived social support may reduce STS and anxiety symptoms

The best way to prevent compassion fatigue is to train employees to identify and cope with work stress.

Embracing Emotional Health

Self Care & Well-Being

Making Connections....

Go to **www.menti.com**
code **7984 0225**

Preventing Burnout

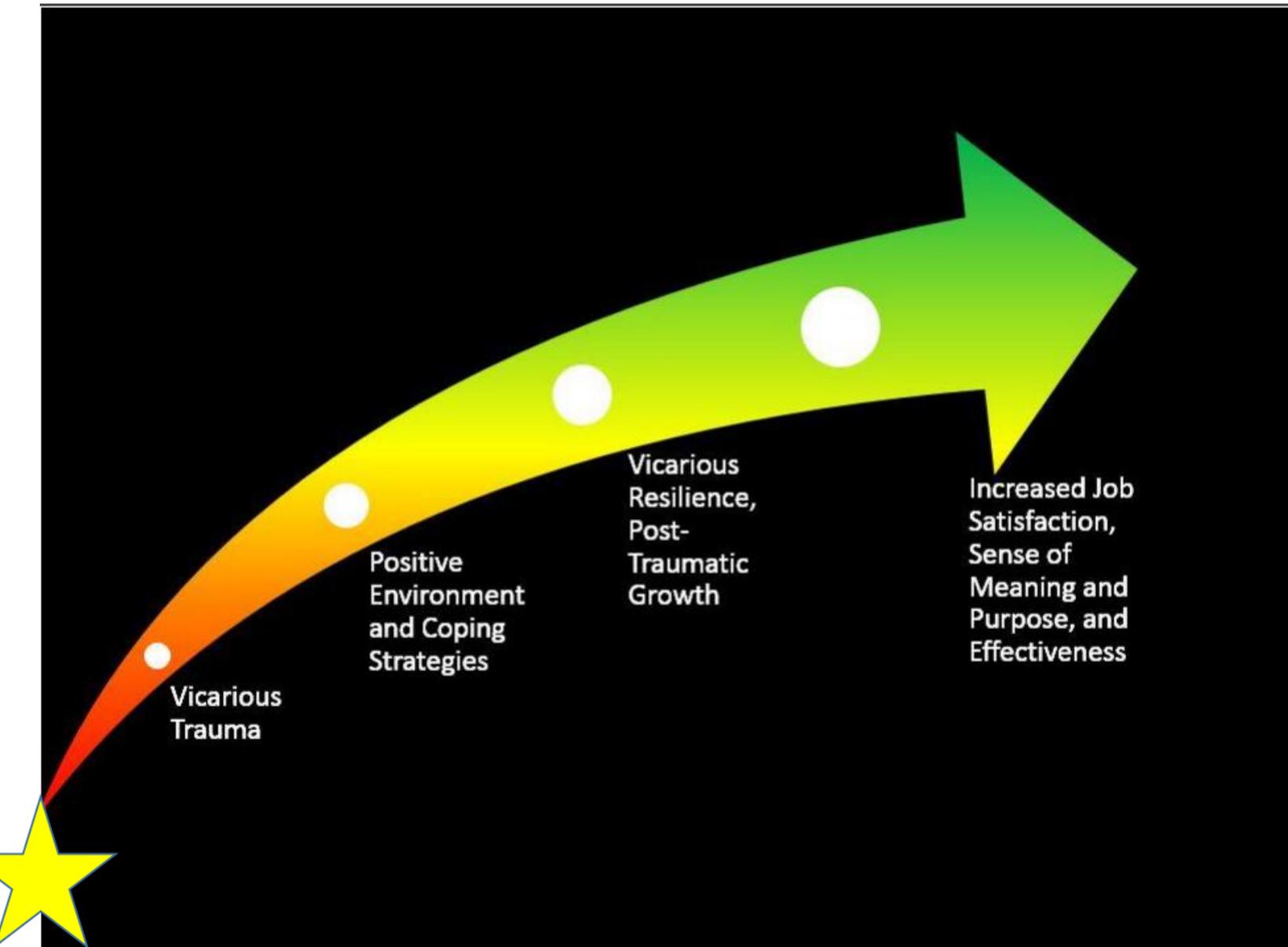


- Maintaining basic self-care including eating a nutritious diet, getting at least 30 minutes of daily exercise, and creating a good sleep routine.
- Practice stress reduction techniques including deep breathing exercises, yoga, and meditation.
- Take time off before burnout sets in. Use days off and vacation time to rest and recharge.
- Connect with friends and colleagues to reduce feelings of isolation.
- Keep your appointments with your regular physicians to maintain good physical and mental health.
- Speak with your supervisor if your workload or schedule is becoming overwhelming.
- Reach out for professional support to help you process your feelings and address concerns.

Preventing Compassion Fatigue

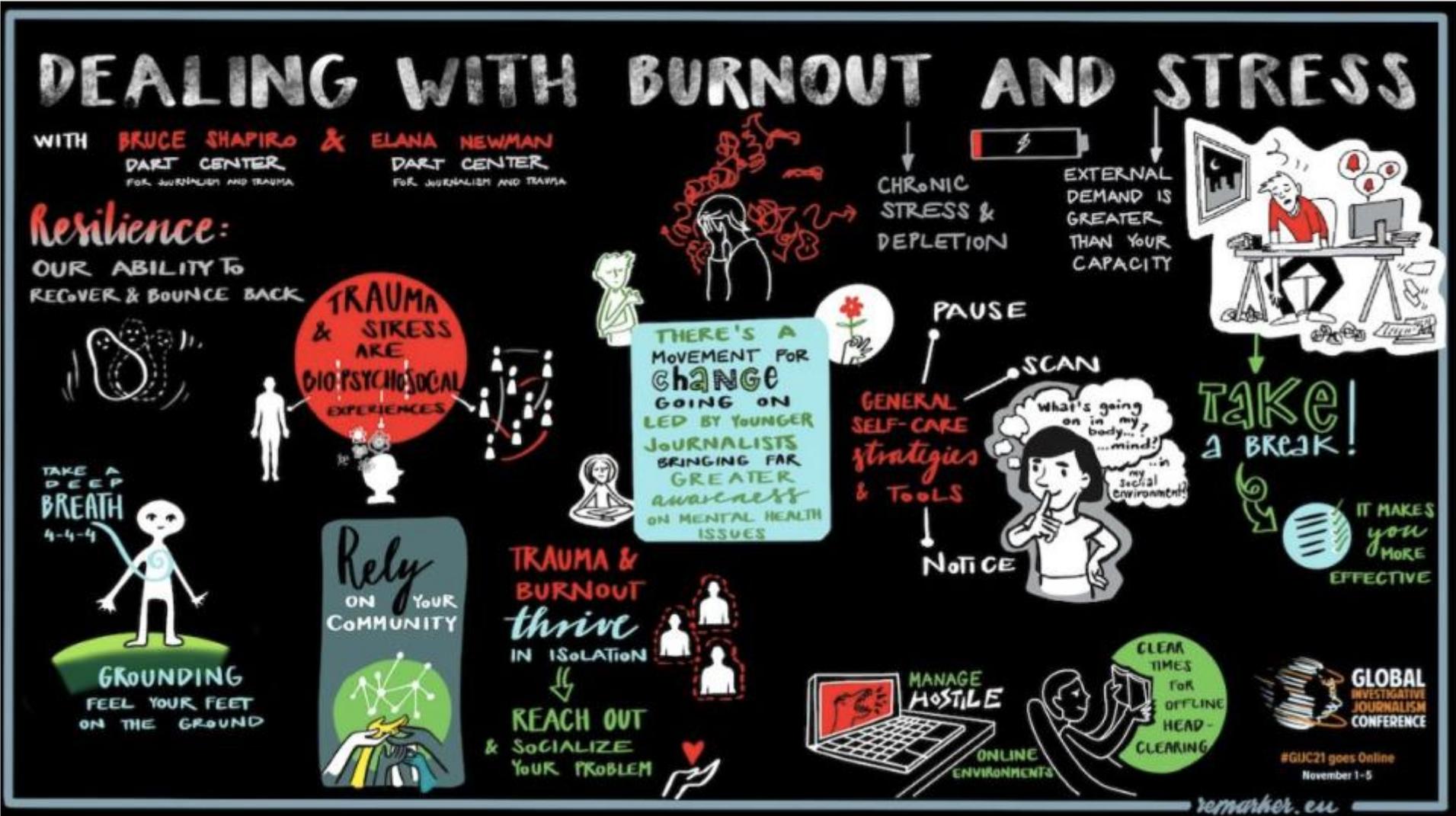
- Get Educated.
- Practice Self-Care.
- Set Emotional Boundaries.
- Engage in Outside Hobbies.
- Cultivate Healthy Friendships Outside of Work.
- Keep a Journal.
- Boost Your Resiliency.
- Use Positive Coping Strategies.





Edelkott, Engstrom,
Hernandez-Wolfe, et al.

“Vicarious Resilience:
Complexities and
Variations.” (?) isolated
common terms used to
describe adverse
emotional impacts on
Helpers:



<https://gijn.org/2021/11/03/resilient-reporting-tips-on-how-to-cope-with-burnout-and-trauma/>

References

Bellolio M.F., Cabrera D., Sadosty A.T., Hess E.P., Campbell R.L., Lohse C.M., Sunga K.L.

Compassion fatigue is similar in emergency medicine residents compared to other medical and surgical specialties. *West. J. Emerg. Med.* 2014;15:629–635.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress

disorder: An overview. In: Figley CR, editor. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. B

runner-Routledge; New York: pp. 1–20.

Pathways. (2022). Compassion Fatigue vs. Burnout: How To Tell The Difference & Spot

The Signs. <https://www.pathways.com/pathways-at-work/blog/compassion-fatigue-vs-burnout#:~:text=Burnout%20is%20a%20Result%20of%20Job%2DRelated%20Stress&text=Compassion%20fatigue%20is%20a%20specific,others'%20stress%20from%20traumatic%20events>.

Sorenson, C., Bolick, B., Wright, K., Hamilton, R. (2016). Understanding Compassion

Fatigue in Healthcare Providers: A Review of Current Literature. *Journal of Nursing Scholarship*. 48(5): pp. 456-65. doi: 10.1111/jnu.12229. Epub 2016 Jun 28. PMID: 27351469.