

Who's Helping the Helpers?: Taking trauma informed care to the next level to support staff through their experiences of vicarious and first-hand trauma

Capital Region ACE's Symposium

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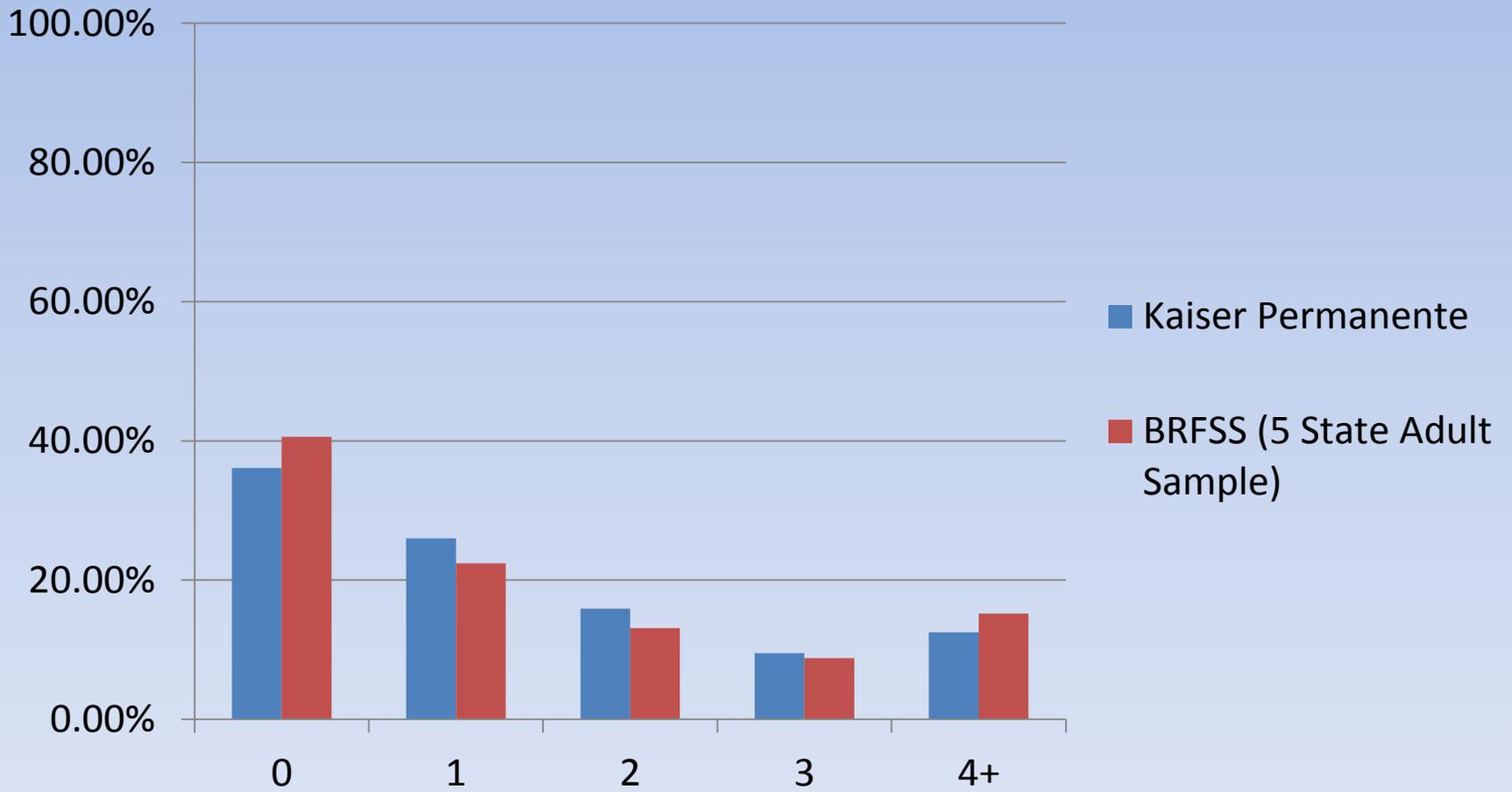


Learning Objectives

- Participants will gain an understanding of the impact of Adverse Childhood Experiences (ACEs) for staff.
- Participants will also gain an increased understanding of how first-hand and vicarious trauma affects staff and the impacts this could have on clients.
- Participants will improve their ability to identify and address compassion fatigue and burnout in themselves and those working for them.
- Participants will leave with tools that can help to integrate self-care and support into their workplace and personal life.

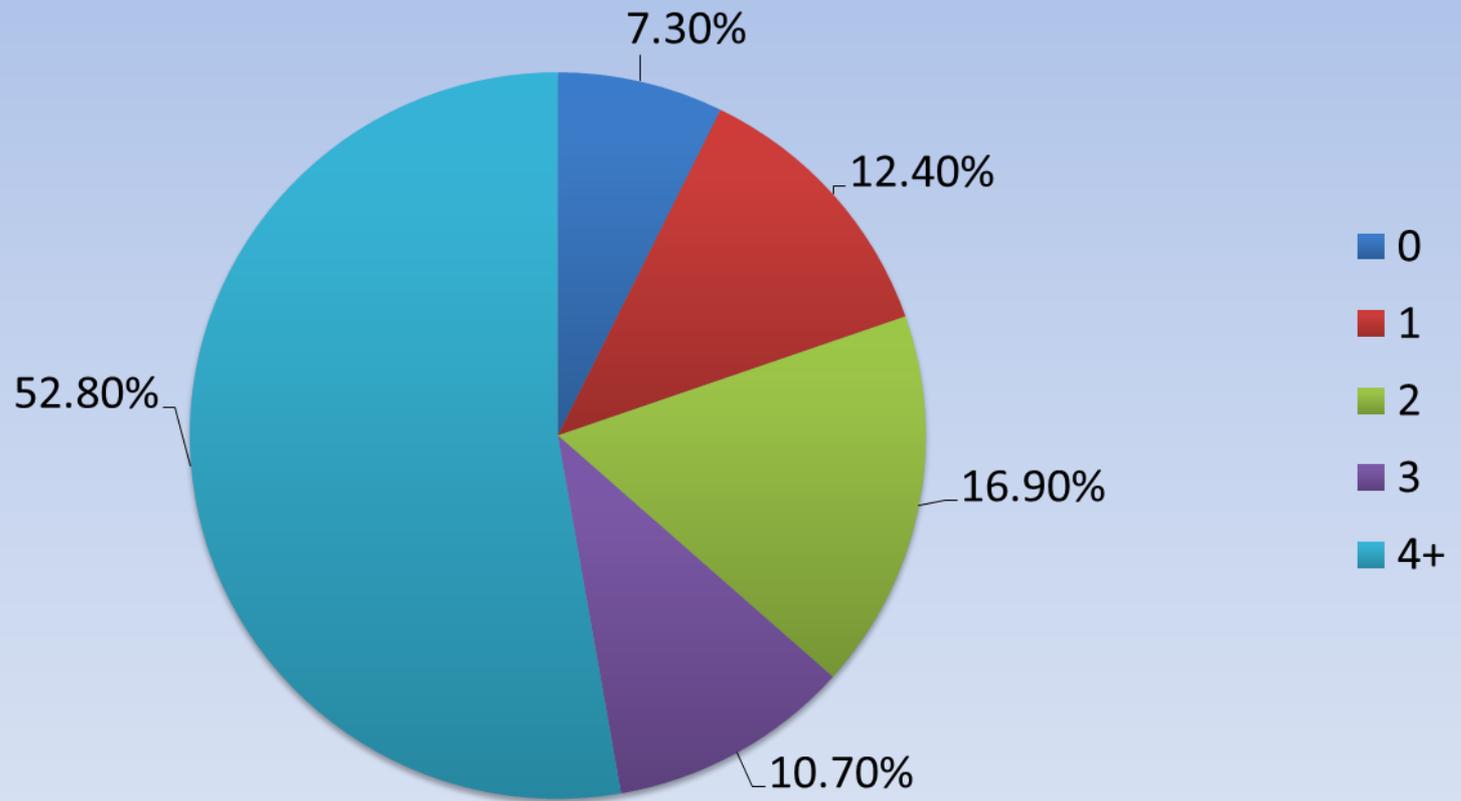
How did we get here?

- ACEs research
- Client ACEs
- Staff ACEs
- Other staff surveys



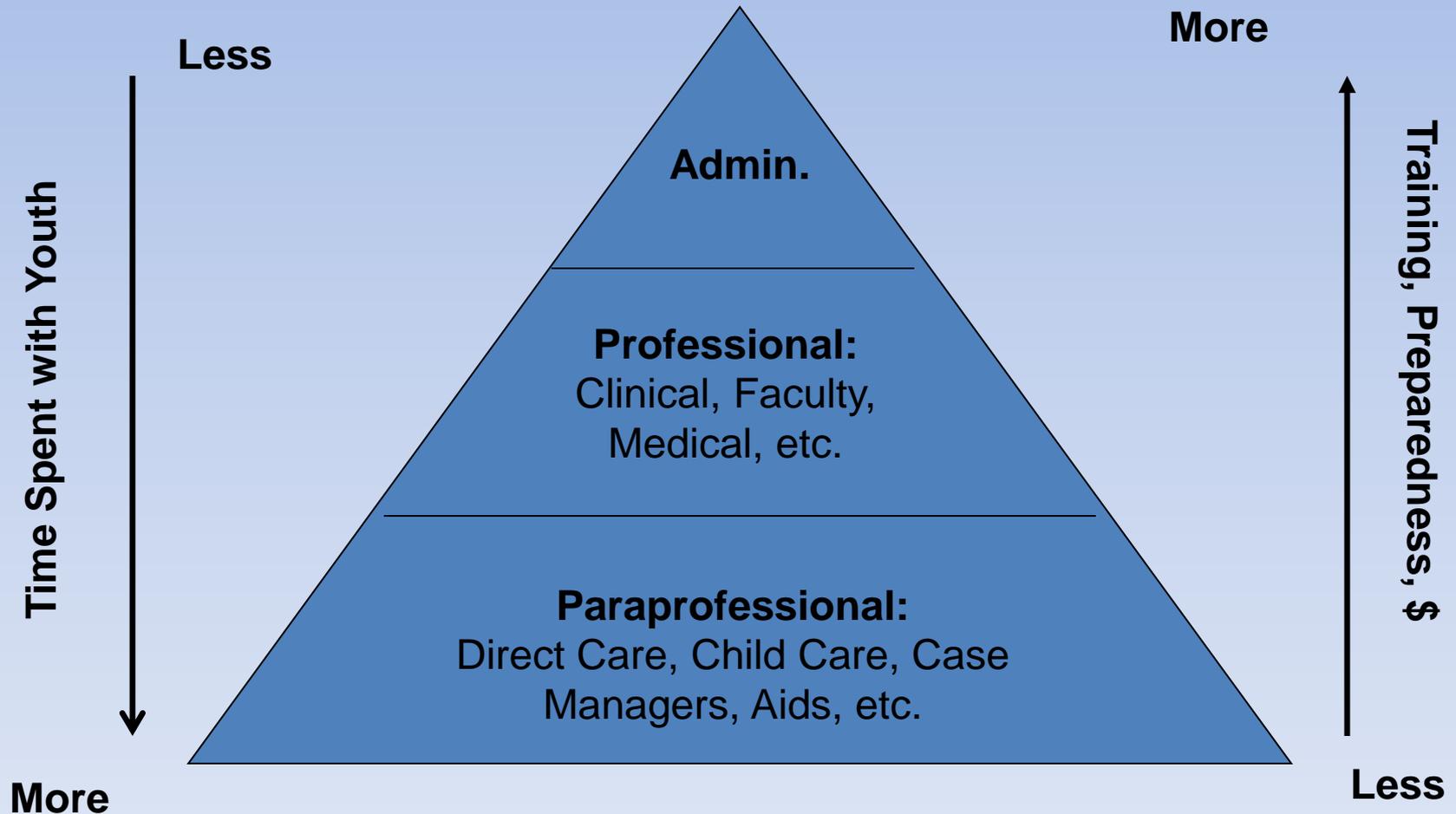


LSS Youth ACE Scores



n= 178 youth, 2013-present

Child Welfare Agency Structure

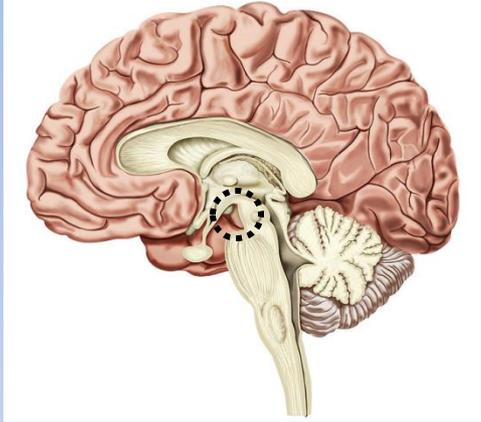


Training and Supervision

- We begin with the recognition that a program cannot help children without effectively trained and guided staff.
- For a trauma informed agency, all employees across departments must have an understanding of ACEs
- Collaboration between departments and/or collateral agencies (all speaking the same language) is necessary

Amygdala

Almond



“Smoke Detector”

- Dominant organ of childhood
 - Only region fully developed at birth
 - Ensures survival to adulthood
- Scans environment, watches for threats
 - 1st stop for **ALL** sensory input
 - Mediate environmental triggers
- Perceived threat triggers immediate action
 - Impulsive behavior (i.e., fight, flight, freeze)
 - Peer pressure and Amygdala
 - Role in Hyper-vigilance
- Role in memory
 - Determines what Hippocampus remembers - survival
 - Stores visceral memory vs “video” memory

Impact on Culture

- Moves us away from “what did you do?” and toward, “what happened to you?”
 - Overheard:
 - “Darren is an 8!, he’s gonna need a ton of support”
 - “his amygdala has been hijacked”
- Puts diagnostic labels in perspective
- Calls attention to agency/ system strengths & weaknesses
- Provides concrete platform for comprehensive cross training
 - Relevant and meaningful to all disciplines
- Provides common language and universal goal:
 - Our jobs are to prevent youth in our care from experiencing more ACEs!
 - Mitigate the ones collected to date
 - Promote neurogenesis

What's My ACE Score?

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often**...

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often or very often**...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

4. Did you **often or very often** feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you **often or very often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason ?

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

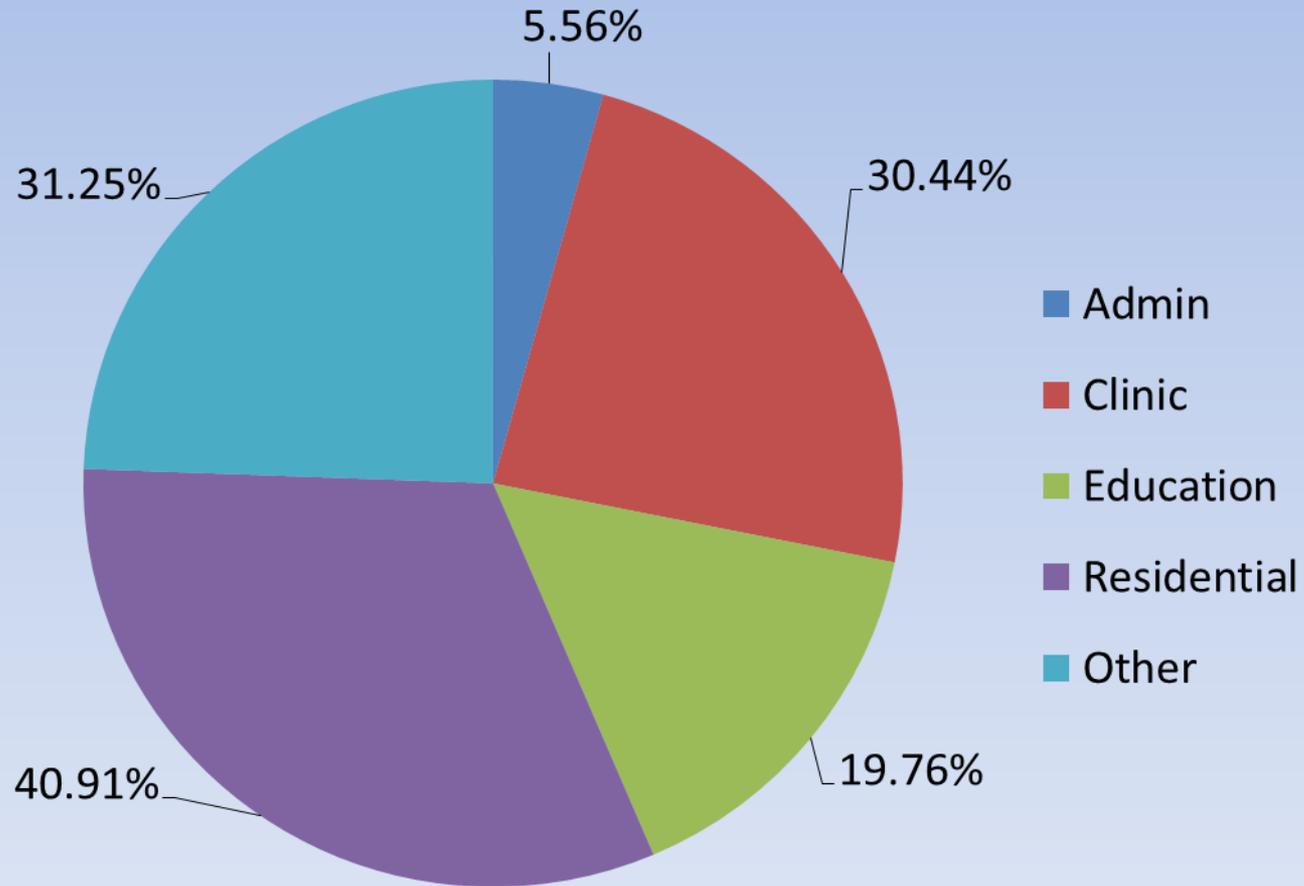
10. Did a household member go to prison?

Now add up your "Yes" answers: _____ This is your ACE Score



Staff and ACEs

LSS Staff ACE Scores, 4+



This Work is HARD!!

(so why do we do it?)

- Clinician come out of grad school with a basic understanding of this
- What about everyone else?
 - Child care workers (front line staff)
 - Teachers /teacher aides
 - Case managers
 - Support staff (clerical, maintenance, food services...)
- We all do this work for a variety of reasons...
 - Some need a job
 - Others for altruistic motivation
 - And then there are those who are drawn for reasons of adversities in their own history

We bring ourselves to work with us every day...

- If we are to help others first we must know ourselves.
- No matter how hard we may try not to, we can't help but bring ourselves to work with us everyday.
- Our culture, background, status and biases are apart of all we do.
- So what about our ACEs? How do staff's ACEs impact work with clients?

Taking Trauma Informed Care to the Next Level

- Agencies need to take care of staff in order to
 - Improve outcome with clients
 - Improve staff well-being
 - Increase staff retention
 - Reduce cost related to turnover

- Staff need to take care of themselves in order to
 - Maintain positive work/life balance
 - Avoid burnout and compassion fatigue
 - Understand themselves and their trauma reactions

What happens to the helpers...

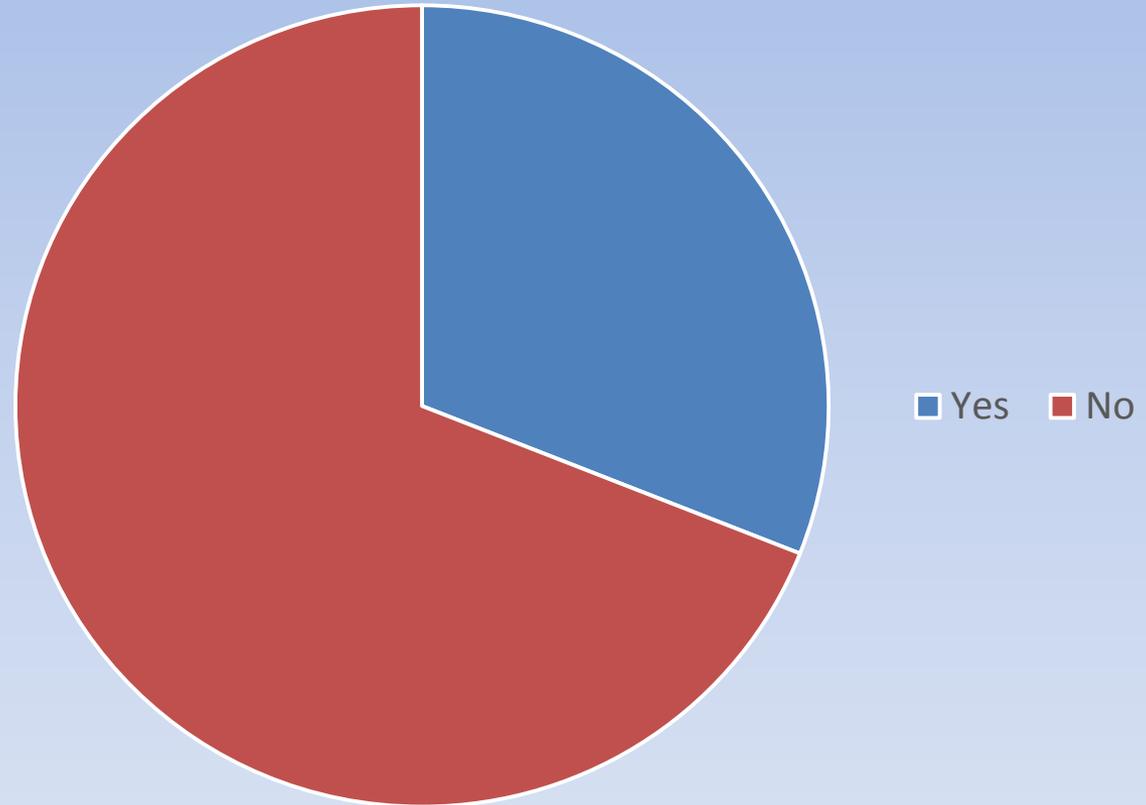
- **Transference:** a reproduction of emotions by a client relating to repressed experiences, and the substitution of a service provider for the object of the repressed impulses.
- **Counter Transference:** a reproduction of emotions by a service provider relating to repressed experiences, and the substitution of a client for the object of the repressed impulse.
- **Vicarious Traumatization:** lasting psychic effects producing suffering related to handling a painful emotional experience through participation in another's trauma
- **Parallel Process:** the simultaneous appearance of similar feelings, emotional difficulties, defense mechanisms, attitudes and patterns of behavior in two or more settings (Etgar, 1996; Kadushin, 1992; Kahn, 1979).

What else happens to the helpers...

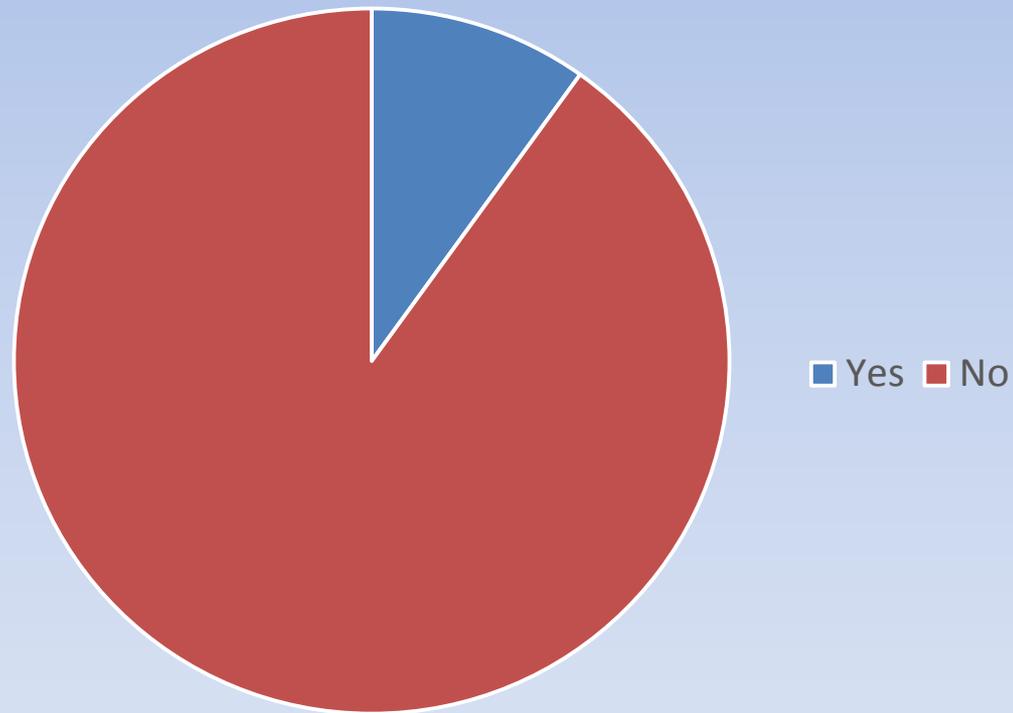
- **Primary (On the Job) Trauma:** results from an event, series of events or set of circumstances that is experienced as physically or emotionally harmful or threatening and that has a lasting adverse effect.

“If we don’t feed the staff, they’ll eat the children” (an advocate for trauma informed care of professionals)

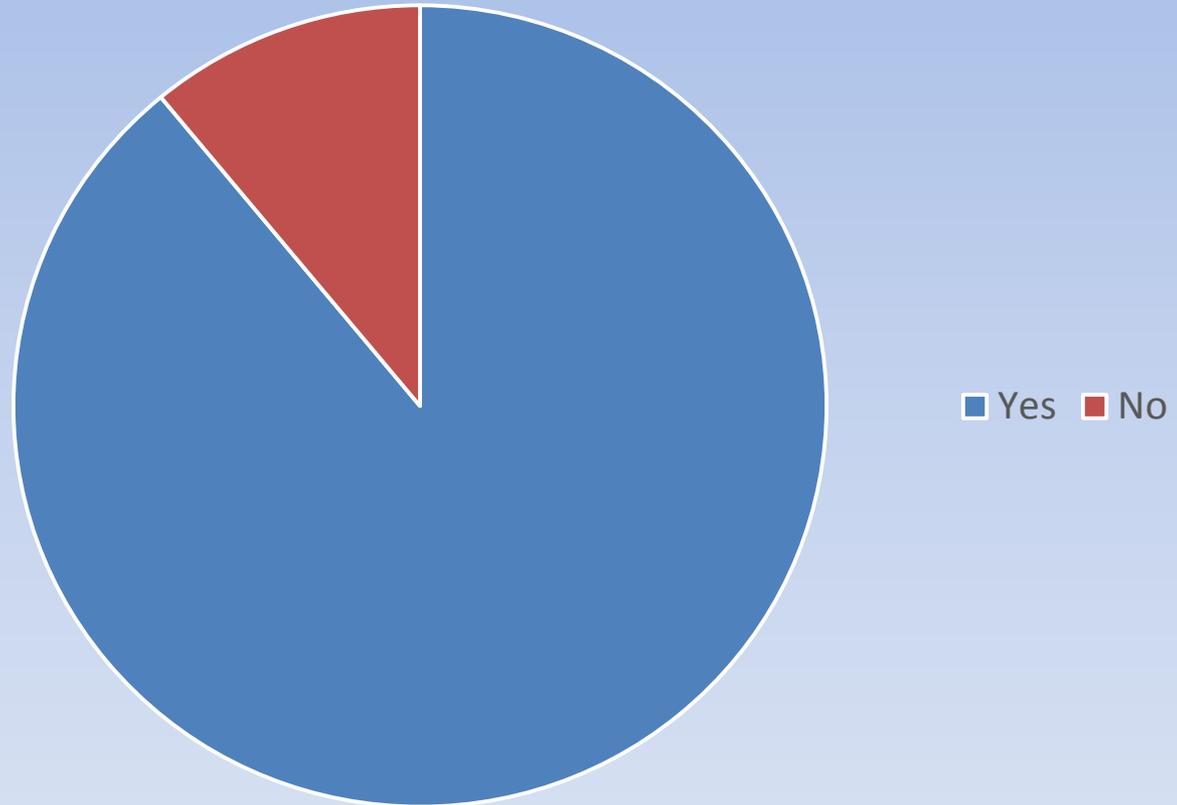
Have you ever been threatened by a client?



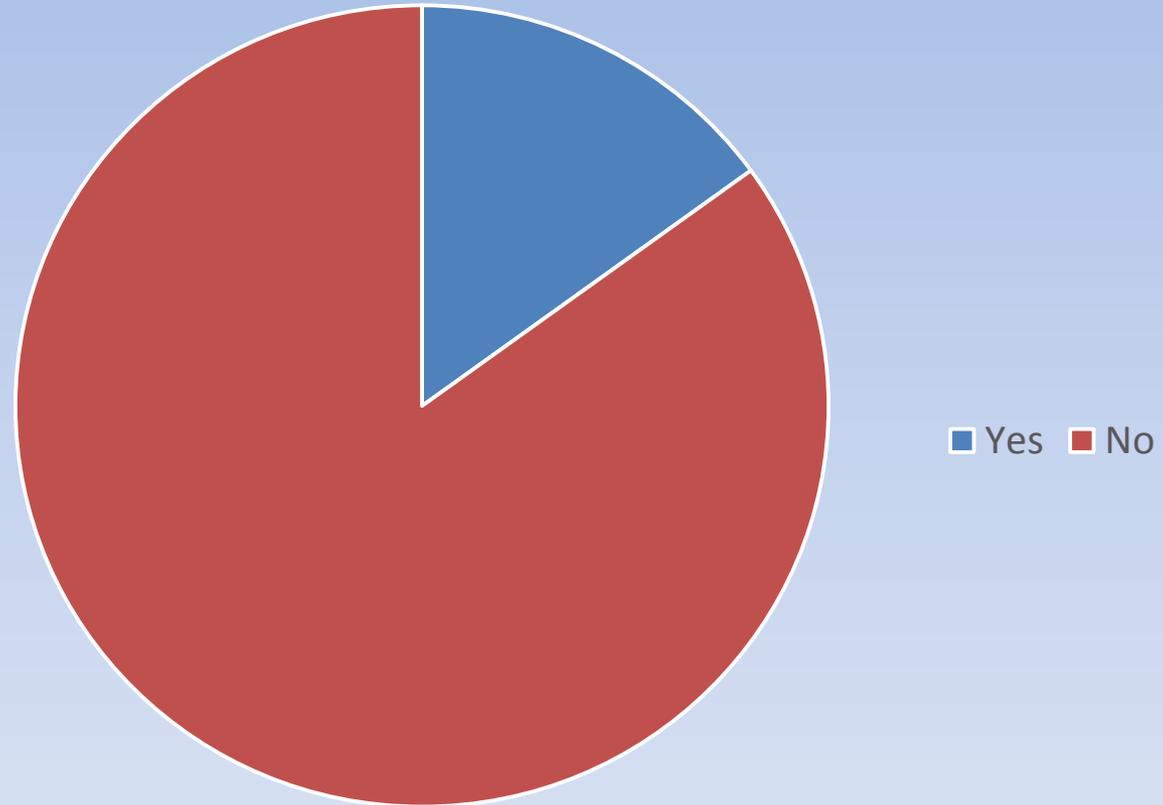
Have you ever intervened/walked in on a client engaging in self-harm/suicidal behavior?



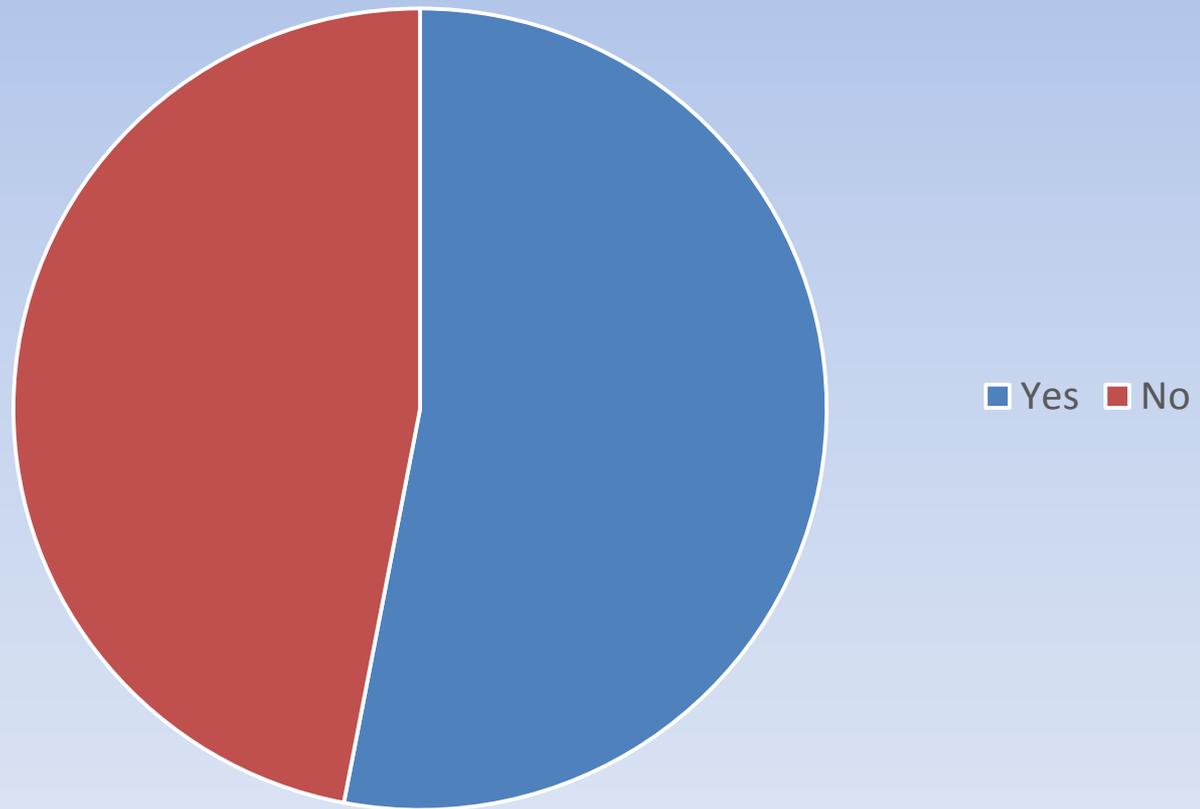
Have you ever witnessed clients fighting?



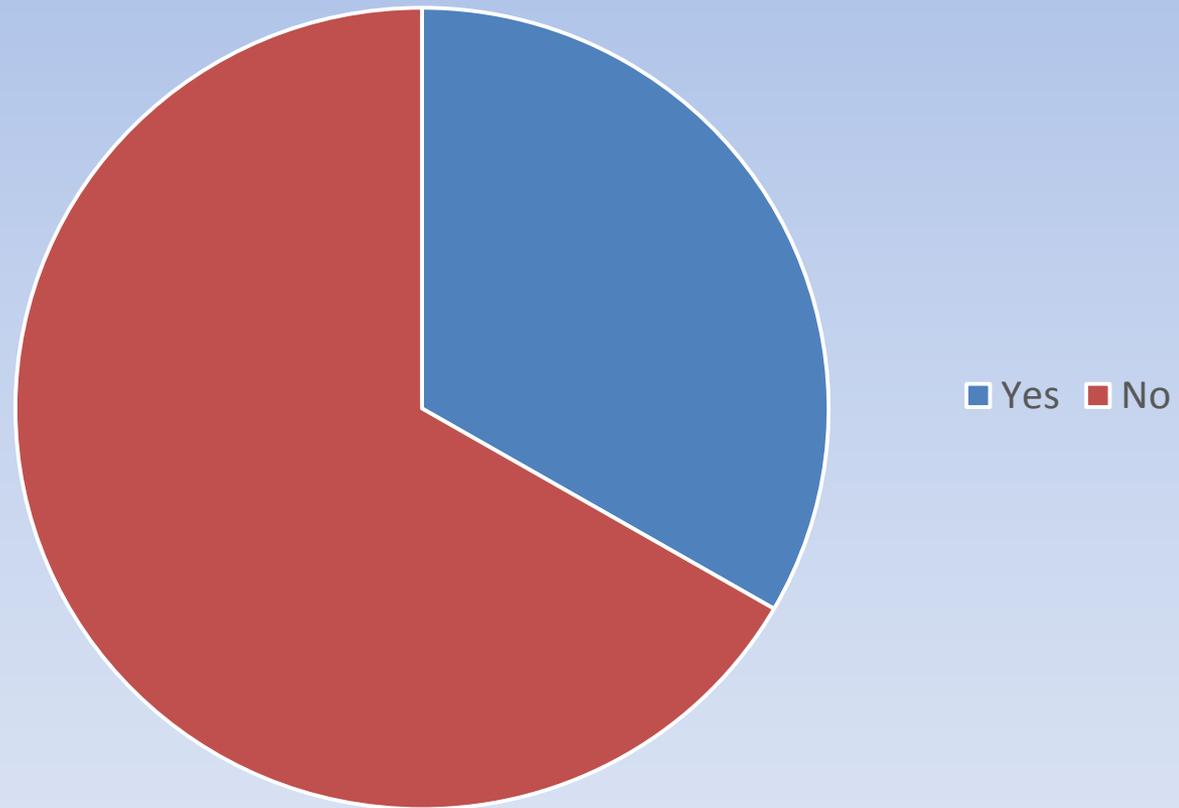
Have you ever witnessed a client's direct aggression toward a coworker?



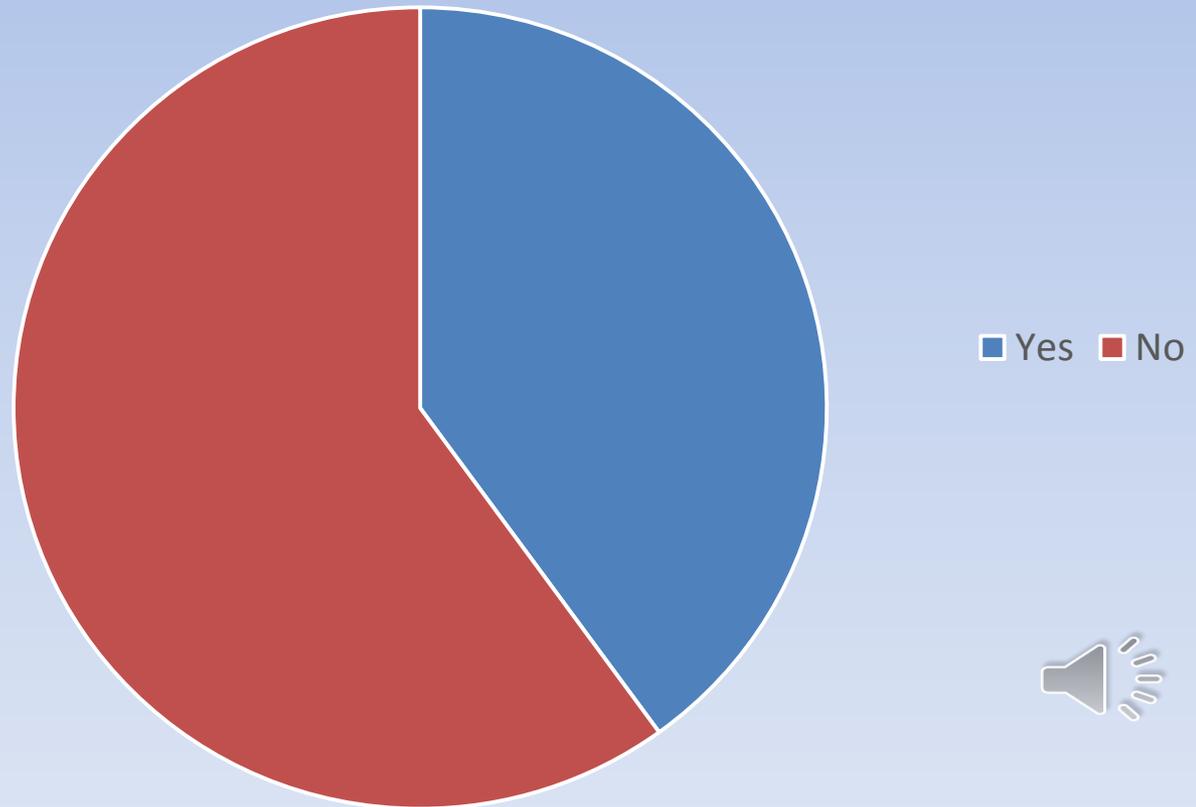
Have you ever felt helpless when dealing with a situation involving a client?



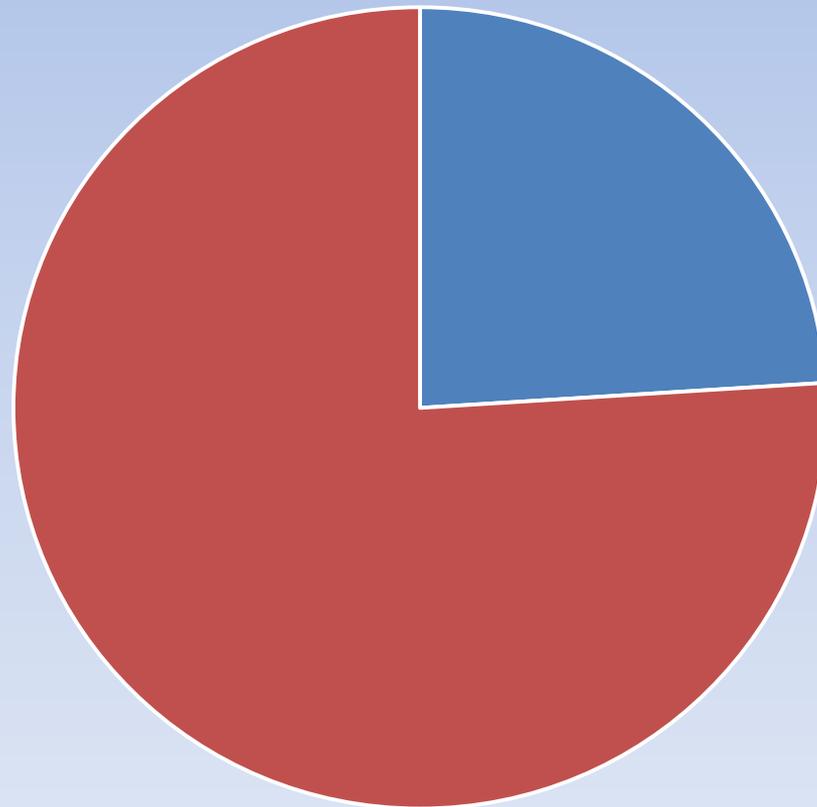
Have you ever felt upset
reading/hearing about a client's past?



Have you ever felt preoccupied with clients in your care?



Have you ever felt overwhelmed because your case/work load seems endless?



■ Yes ■ No



Have you ever...

(burnout/compassion fatigue)

- Felt worn out because of my work
- Felt as though I was living/experiencing the trauma of someone I have worked with
- Felt on edge because of my work
- Felt bogged down by “the system”

What happens when we experience...?

- Professional isolation
- View clients as *“resistant”*
- Stress in treatment
- Over identify with clients
- Work related anxiety and vicarious traumatization
- Displacement of feelings about personal trauma
- Frustrations with limitations
- Struggle to identify success or blame ourselves for lack of

Symptoms of Compassion Fatigue/Burnout

- Irritability and feelings of hopelessness
- Physical manifestations (stress related illness, difficulty sleeping, weight loss/gain...)
- Denial/minimization of the challenges that this work presents
- Difficulty participating in social settings
- Poor job performance
- Short tempered/ “quick fuse”

Risk related to lack of awareness of our own reactions

- Misuse of positional power and control
- Isolation from co-workers and clients
- Lack of understanding of how our behavior plays out
- Assumption of deviant purpose attributed to client
- Inadvertently creating barriers to success
- Speaking negatively about clients
- Treating clients and co-workers badly

What does that mean for an Agency?

- Client – Staff relationships are vital to the success of any Trauma Informed Agency.
 - Approximately 80% of treatment is a product of relationship.
- Burnout and Compassion Fatigue equal:
 - High staff turnover
 - Poor outcomes for clients
 - Negative work environment
 - Lack of staff “buy-in”

So What Can Be Done?

- Educate Staff
- Assess for Trauma
 - Past and job related
- Provide opportunities for support and self-care
- Foster a positive staff culture
- Promote an environment where staff feel able to discuss their experiences with peers, supervisors and administrators

Changes to Training

- Embedded Mental Health, Trauma, ACEs, and Juvenile Justice System curriculum in existing training material for all staff, all departments
- Conscious effort to cross train and re-train
 - ...together

Potential Survey Questions:

- I feel that experiencing primary and vicarious trauma was discussed when I was hired
- I fully understood the potential for primary and vicarious trauma associate with my position
- I feel supported by my immediate supervisor/supervisors in general/ agency
- I worry what my coworkers/supervisors/administration will think if I discuss impact of upsetting experiences at work
- I know what options are available to me when I feel overwhelmed by an experience at work

How do I take care of myself?

(questionnaire)

- I maintain good communication with my co-workers/supervisors
- I exercise regularly
- I have fun outside of work
- I eat healthy foods
- I focus adequate time on things I am passionate about
- I use all of my annual vacation time (to have fun)
- I take care of my health (routinely see physician)
- Assess my mental health regularly
- I have hobbies I enjoy
- I do things I enjoy on a regular basis
- I enjoy time with family/friends outside of work

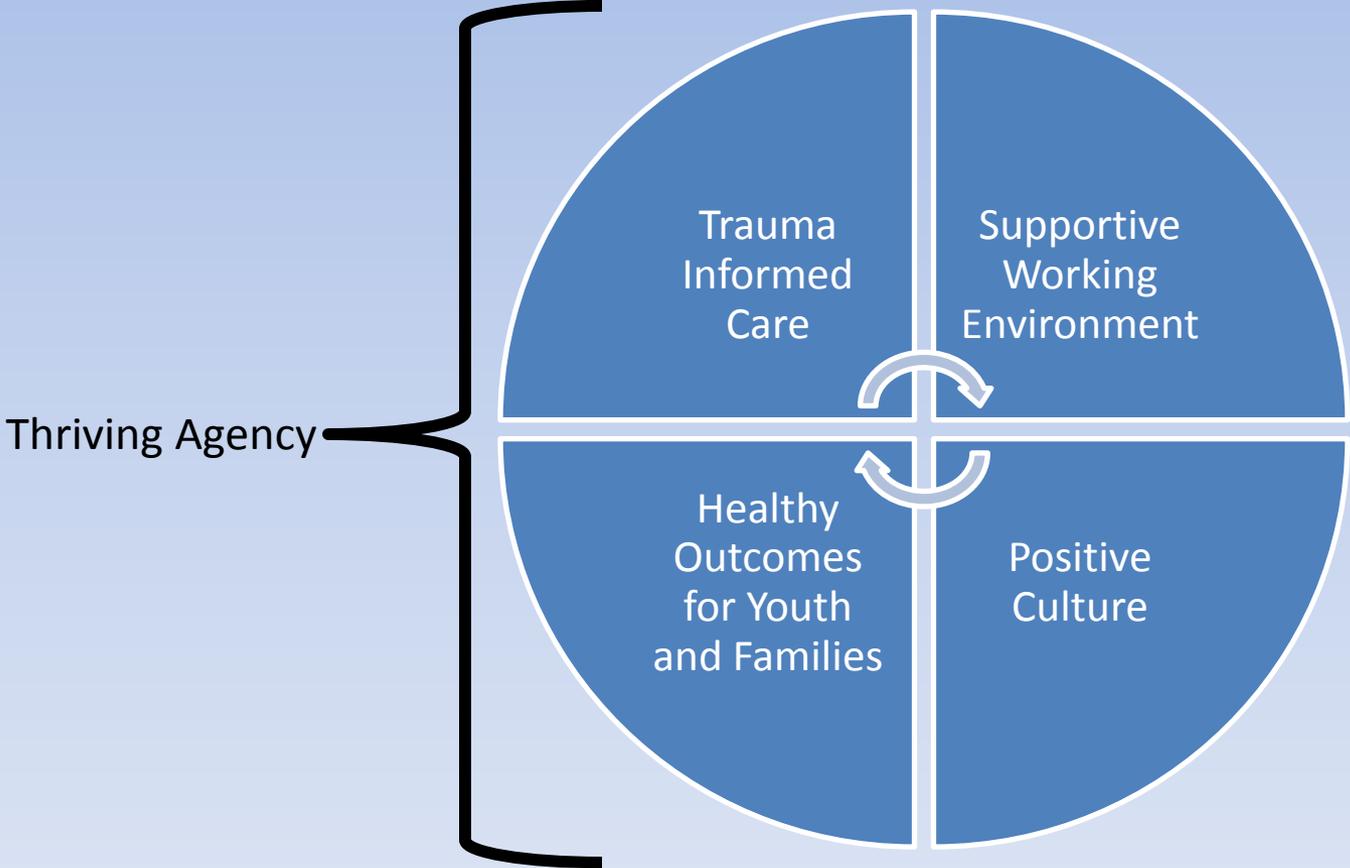
Promoting Self-Care

- Create a culture that **expects** staff **will** take care of themselves
- Opportunities for self assessment/evaluation
- Ask questions as part of regular supervision
 - *Clinical style* supervision for all staff
- Be sure staff knows what they can do **if/when...**

Fostering Culture

- Allow staff to be active participants in identifying what is working and what needs more attention
 - Some are out of our control (not enough pay/ vacation time etc.)
 - It can benefit staff to talk about it even if we can't change it
 - Some are not (formal opportunities for training / support)
 - Even small victories can be galvanizing to the staff

Bringing it all together



Recommended Reading

J Schladale & T Lagan (2012). Stop It! A Practical Guide for Youth Violence Prevention. Resources for Resolving Violence. Freeport, ME.

Stambaugh, et.al., (2013). *Adverse childhood experiences in NSCAW*. OPRE Report #2013-26, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Sederer, L. (October, 2012) *Trauma and Adversity in Childhood : History Need Not Be Destiny*. Huffington Post. (online).

ACEs Information and Resources

- www.cdc.gov/ace/index.htm
- www.aceresponse.org
 - HEARTS Initiative
- ACEStoohigh.com
- Center on the Developing Child, Harvard University
 - developingchild.harvard.edu

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H.,
- Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience*, 256(3), 174-186.
- Schladale, J. The TOP* Workbook. from <http://resourcesforresolvingviolence.com/>

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