

Self-Care and Self-Nurturing Related to Secondary Traumatic Stress

**NATIONAL
NATIVE
CHILDREN'S
TRAUMA
CENTER**



UNIVERSITY OF MONTANA

Kimee Wind-Hummingbird, MSW
Training & Technical Assistance Manager
kimee.wind@mso.umt.edu

National Native Children's Trauma Center

- Established in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)
- Represents a national expansion of the previously funded Montana Center for Childhood Trauma (BOR approved, 2004)
- Mission: To co-facilitate trauma-focused healing for native children, families, and communities. This work requires understanding, respect, and honoring of tribal sovereignty, specific community needs, and the use of traditional healing practices.





Opening with Intention

Deep Breathing

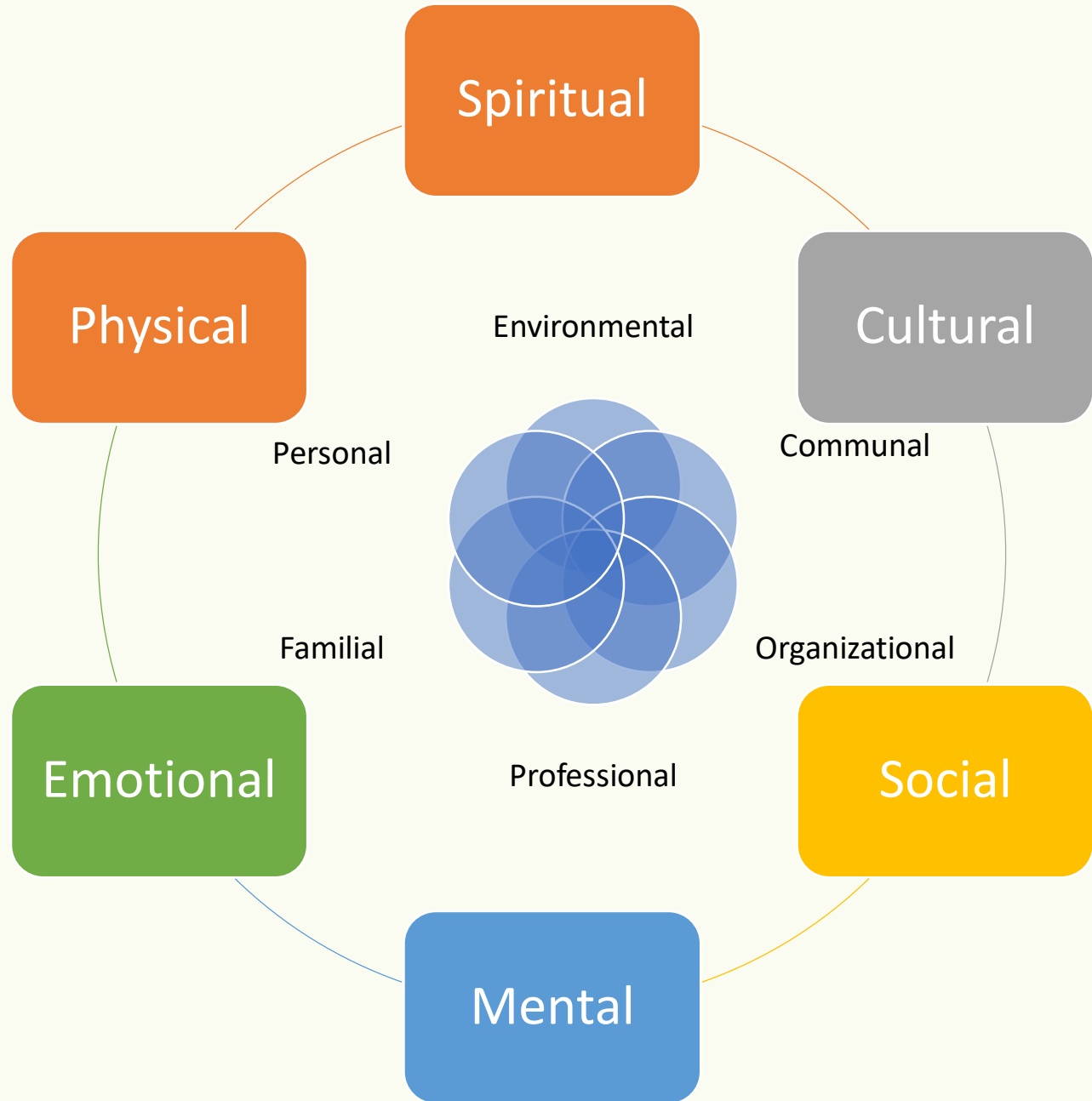


Presentation Roadmap

- Define and understand the significance of secondary traumatic stress (STS)
- Identify and recognize signs and symptoms of secondary traumatic stress on personal, professional and organizational level
- Realize how mitigating symptoms will aid in preventing burnout and vicarious trauma
- Review and practice self-love strategies



Indigenous Well-Being



3 Stages of Coping with Secondary Traumatic Stress (STS)

1. Knowledge: Acquisition of information and skills

Accomplished by participating in this training

2. Recognition: Identifying risk and exposure

Accomplished with peer support, supervision and reflection

3. Responding: Application and maintenance

Accomplished with self-love, supervision, peer support and action





WHY TALK ABOUT STS?

Personally, it affects staff well-being at all levels

Professionally, it contributes to turnover, reduced skill retention and effectiveness

Organizationally, it impacts an agency's ability to provide quality services

Saakvitne and Pearlman, 1996

Stage 1: Knowledge



Definitions and Significance



Secondary Traumatic Stress

“The natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person.”

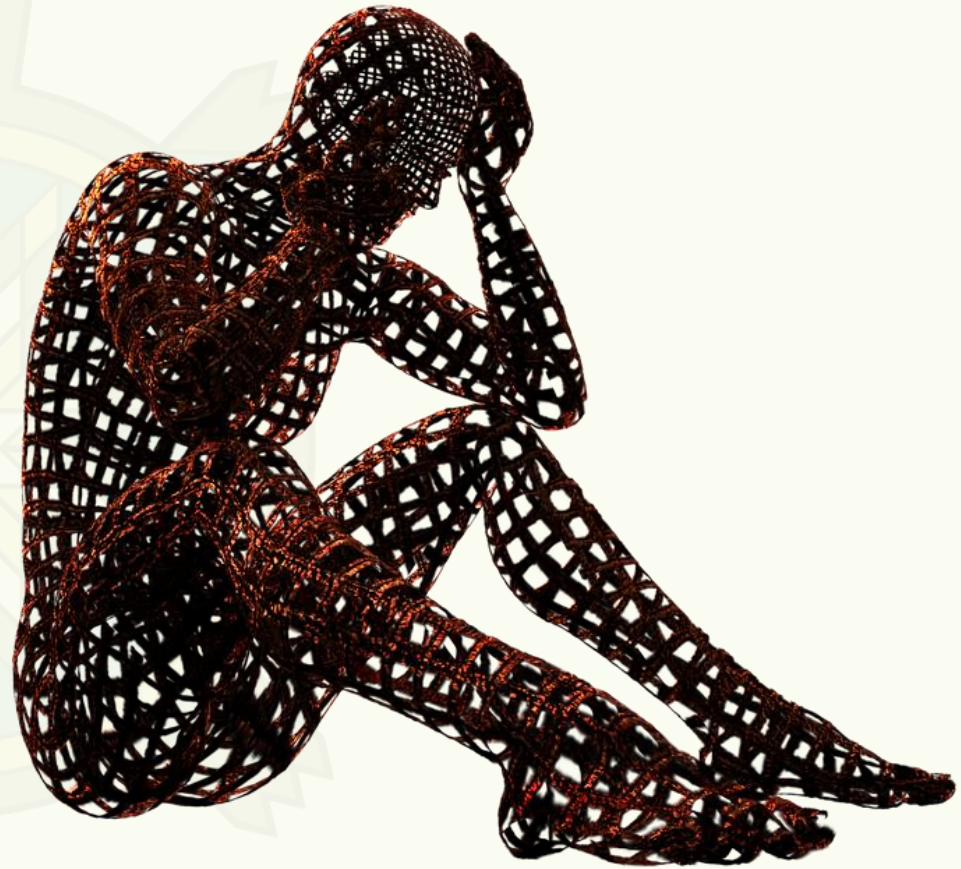
(Figley, 1995)



Burnout

“The index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will—an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral.”

Maslach & Leiter, 2008



Compassion Fatigue (empathic strain)

" The experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering of one's clients."

Boscarino, Figley & Adams, 2004



Vicarious Trauma

“Negative transformation in the helper that results from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them.”

Pearlman and Caringi, 2008



Moral Distress

- " Stress that occurs when one believes they know the right thing to do, but for whatever reasons, whether it is institutional or other constraints, make it difficult to pursue the desired course of action."



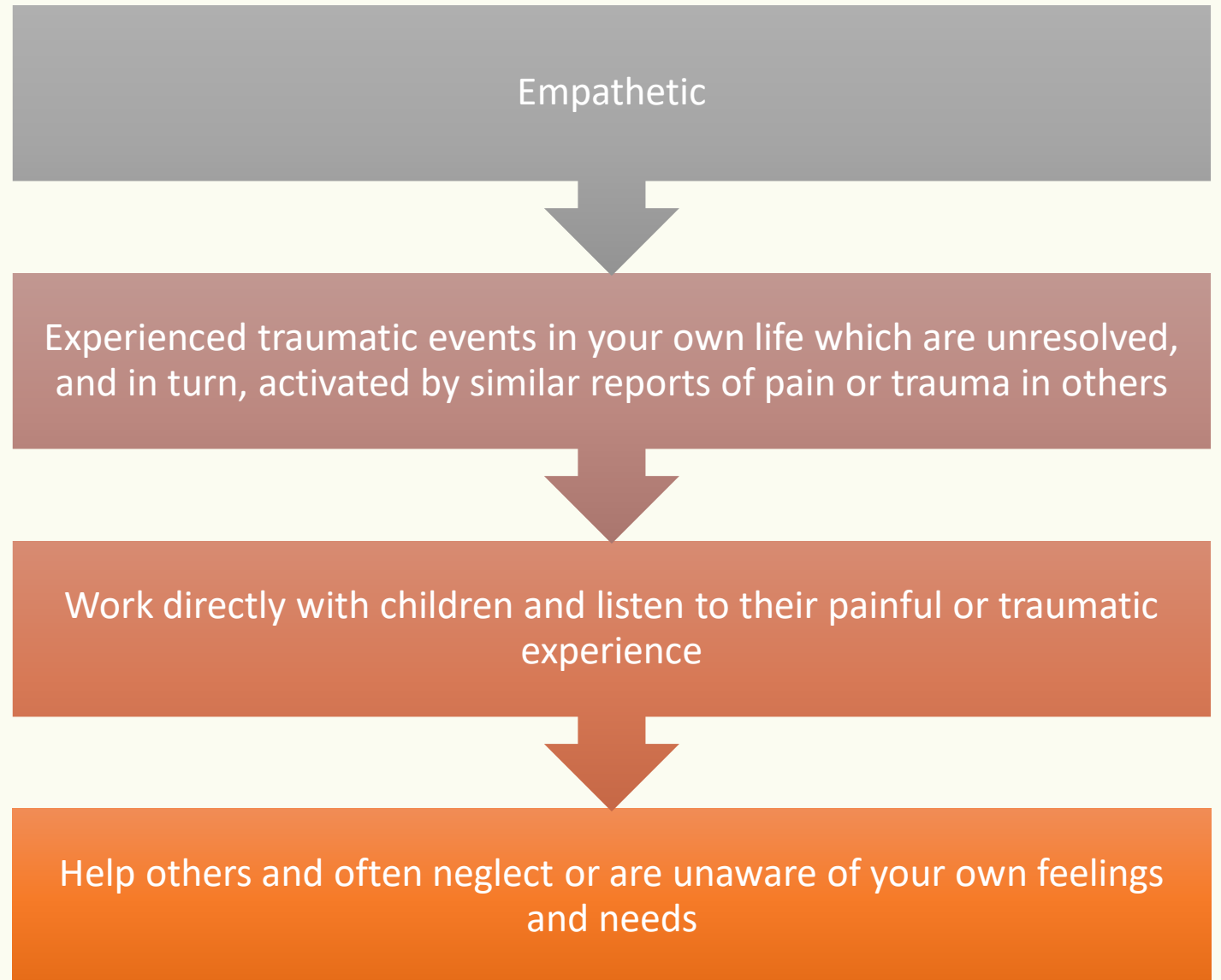
The Reality of STS

"The expectation that we can be immersed in suffering and loss daily, and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet."

Rachel Naomi Remen, M.D. 1996



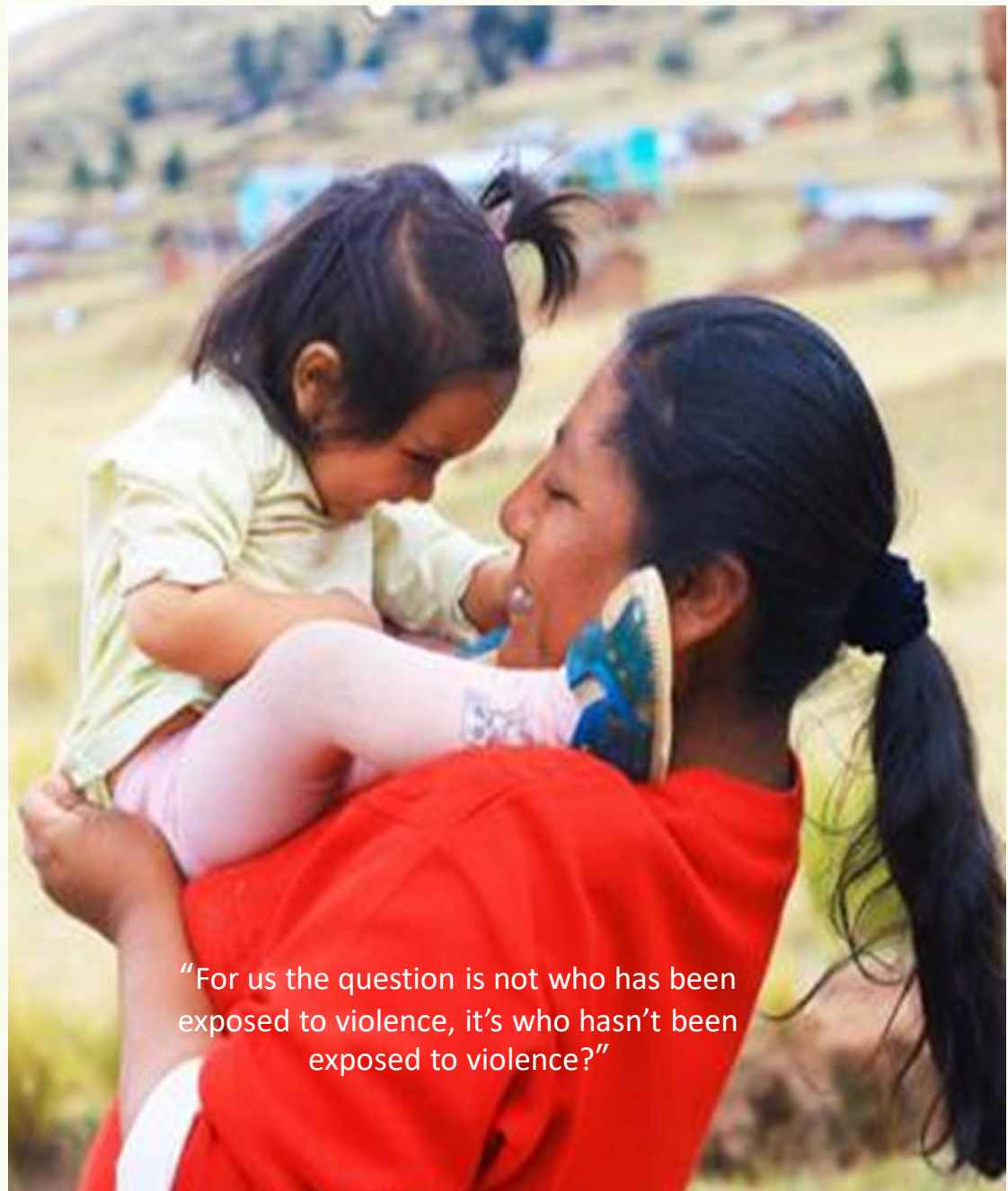
Who is vulnerable to STS?



FORMS OF STS EXPOSURE

- ✓ Disclosures of abuse by a child
- ✓ Reviewing police reports, case files, affidavits
- ✓ Documenting injuries or seeing pictures of injuries
- ✓ Listening to 911 audio recordings
- ✓ Graphic debriefing by colleagues
- ✓ Witnessing graphic testimony in court
- ✓ Fear for a parent returning to a violent partner
- ✓ Questioning the safety of a placement





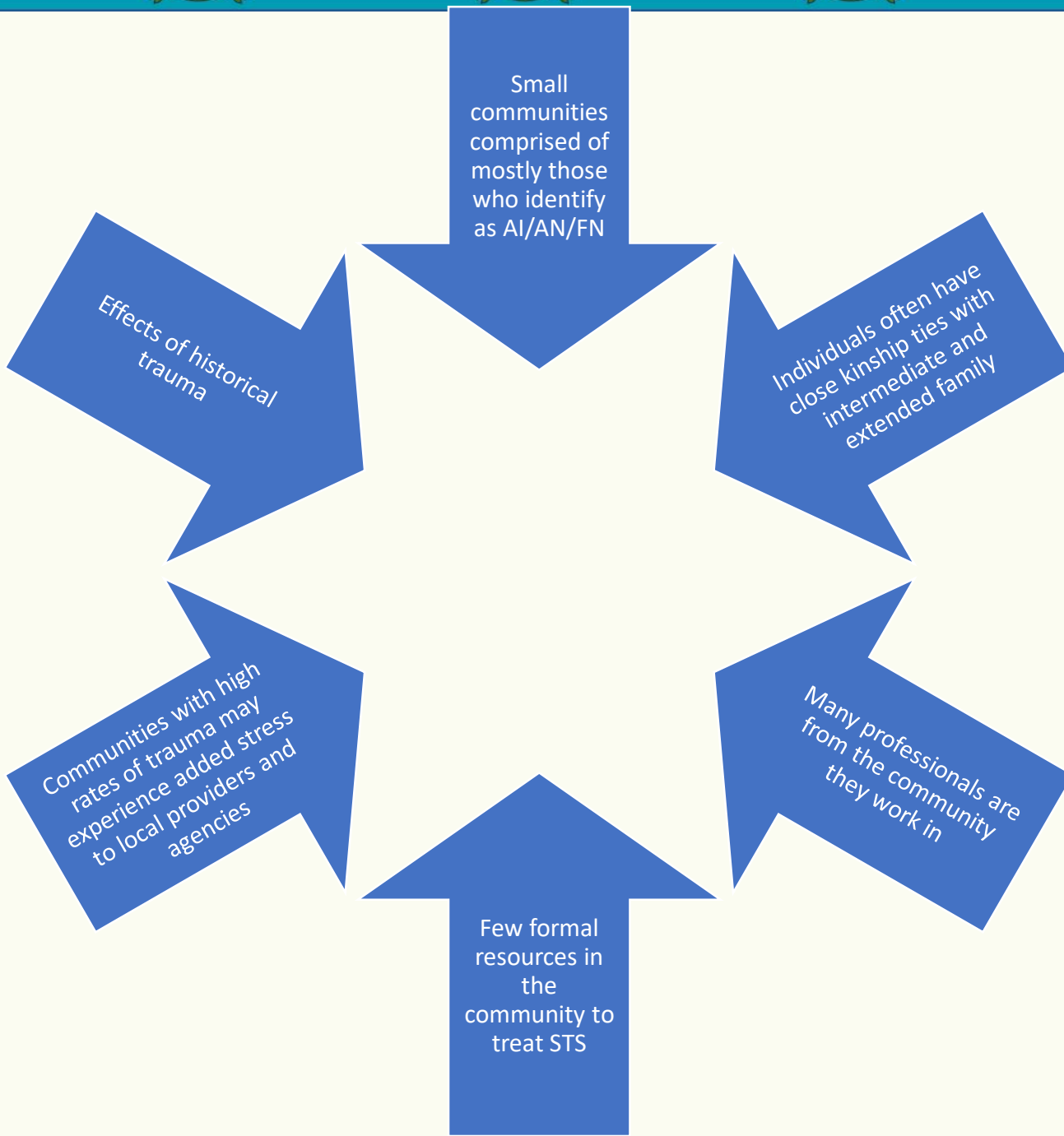
“For us the question is not who has been exposed to violence, it’s who hasn’t been exposed to violence?”

STS IN INDIAN COUNTRY

- Few studies have explored the impact of STS among American Indian/Alaska Native populations
- American Indian/Alaska Native children are more likely than any other race to experience violence
- Due to this likelihood of exposure, it is likely American Indian/Alaska Native helping professionals are at elevated risk of STS

Attorney General’s Advisory Committee on American Indian and Alaska Native Children Exposed to Violence, 2014






Factors for Indigenous Professionals

“We know the community and their background and their family members and everything so we’re probably more impacted than if we were in a large city area.”

Caringi, Stanick, Trautman, Crosby, Devlin & Adams, 2015, p. 249



STS & CULTURE, RACE, AND HISTORICAL TRAUMA

- Racism, oppression, and discrimination can contribute to STS and moral distress, especially among providers of color
- Providers of color and providers who hold target identities may have additional vulnerabilities to STS due to:
 - Exposure to the same oppression and institutional racism as those they work with
 - Lack of cultural safety or support within their agency
 - Colleagues minimizing or avoiding topics of racial, cultural and historical trauma
 - Higher caseloads and being asked to take additional responsibilities such as translation, being asked to speak about race and marginalized identities, and to educate others about bias

THE TRAUMA OF COVID-19



Disease

“More than any other population in the country, the shared experience of surviving a pandemic is in our blood, it’s not historic, it’s current for American Indians, it’s our reality. We took it seriously because we had to.”

Dr. Desi Rodriguez-Lonebear
Northern Cheyenne
Social Demographer
University of California Los Angeles



THE IMPACT OF A PANDEMIC ON STRESS

Stress during an infectious disease outbreak can include:

- Fear and worry about personal health and health of loved ones
- Changes in sleep or eating patterns
- Difficulty concentrating
- Worsening of chronic health conditions
- Worsening of mental health conditions
- Increased use of substances

Symptoms are often exacerbated by isolation, disruption of routine and loss of employment

Centers for Disease Control, 2020

Think and Share

What other stressful factors you can think of that may impact you on a daily basis?



Important Reminder

Secondary Traumatic Stress is a
NORMAL response to **ABNORMAL**
circumstances.



Stage 2: Recognition



Signs and Symptoms





THE BRAIN & BODY'S RESPONSE TO STS

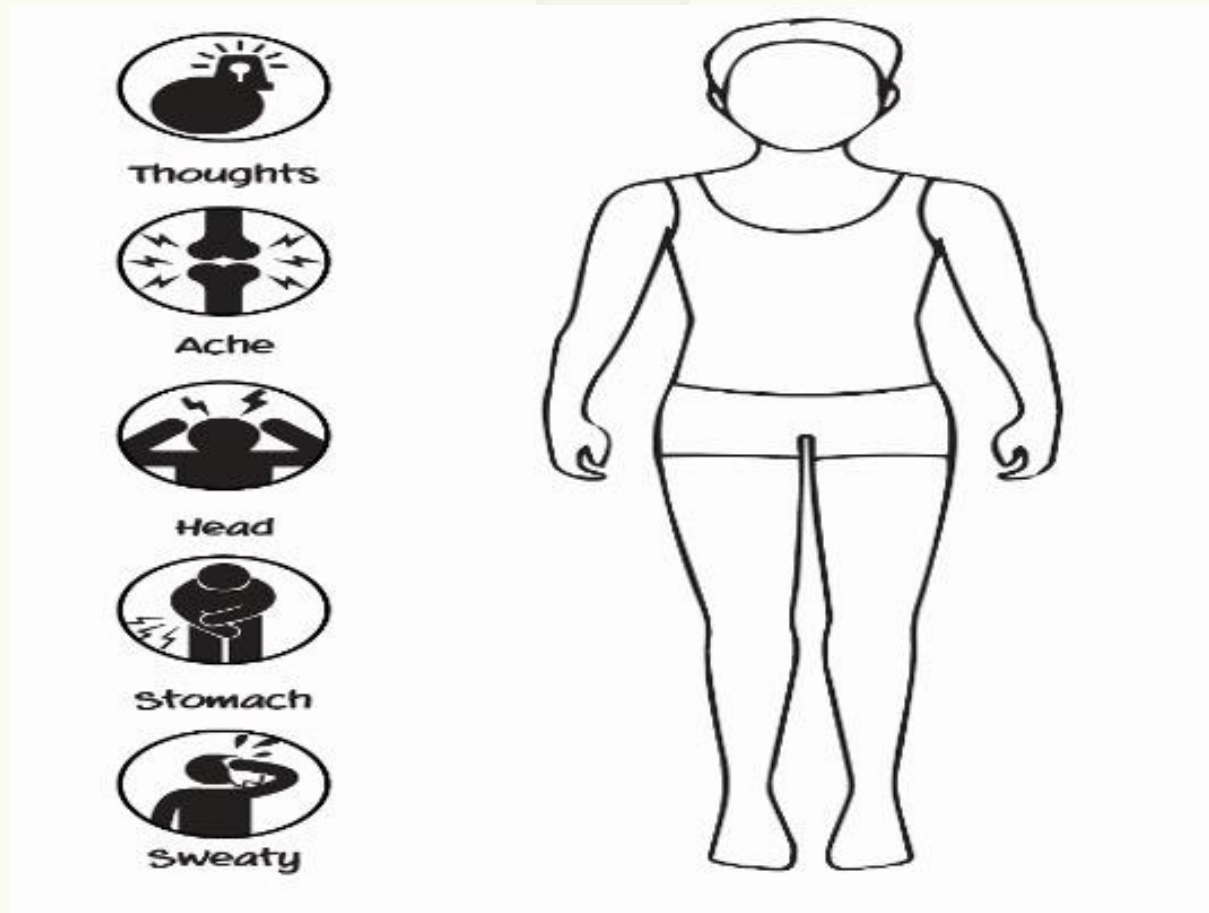
Mimic reactions to primary
trauma exposure:

- ✓ Re-experiencing
- ✓ Hyperarousal
- ✓ Avoidance
- ✓ Intrusive thoughts

Figley, C.R, 1995



Where do you feel stress?

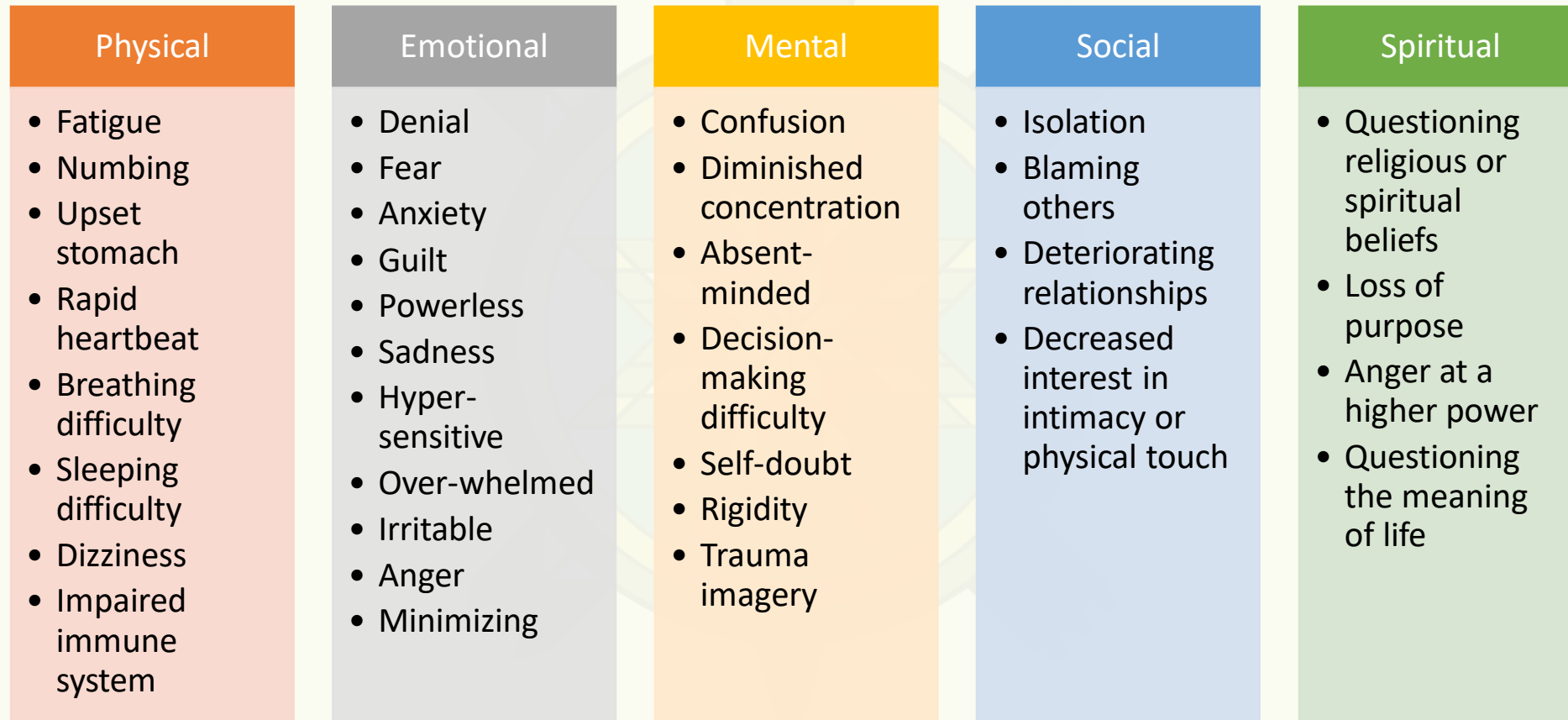


Emotional Indicators of STS

- Anger
- Sadness
- Prolonged grief
- Anxiety
- Depression
- Hopelessness
- Emotional numbing



The Impact of STS on Well-Being



Behavior and Performance Impacts

Personal Behaviors

- Changes in routine
- Withdrawal
- Nightmares
- Self-destructive coping
- Prone to accidents
- Easily startled
- Change in appetite
- Decreased energy

Professional Performance

- Difficulty completing job tasks
- Difficulty meeting deadlines
- Low quality of job performance
- Poor relationship with colleagues
- Poor attitude



Common Sources of Stress in the Workplace

System changes	Tension with community members
Lack of clear communication with supervisors and other positions of authority	Having few or no opportunities for professional development or advancement
Feeling like you have little control over how your job is performed	Feeling unable to make full use of your skills or abilities
Too much work to do and not enough time	Environmental issues (noise, lack of space, too hot, too cold, etc.)
Workload ratio	Lack of resources
Immediate needs of families	Client behaviors



The Organizational Stress Factor

Organizations can create workplaces that increase the likelihood staff are exposed to stress, are directly exposed to trauma, and experience STS

When organizations fail to create psychologically and physically safe spaces that address organizational stress, direct exposure to trauma, and STS, staff suffer



Think and Share

What is already on your plate?





ASSESSMENT OF STS: PERSONAL

Ask yourself about an interaction, circumstance, event:

- How did you feel? What did you notice in yourself?
- Did you have any strong reactions during the interaction?
- How do you think the other person was feeling?
- What did you think would happen, why do you think it did or didn't go as planned?
- What do you think was driving your stress reaction?
- Are you reminded of your own experiences or history?

ASSESSMENT TOOLS FOR STS: PERSONAL

Self-assessment tools to measure levels of STS, burnout, compassion fatigue:

- Professional Quality of Life (PROQOL)
- Secondary Traumatic Stress Scale (STSS)

Neither the STS Scale nor the ProQOL Scale is a valid tool for psychiatric diagnosis. While your scores on these scales may help you determine that there is cause for concern, you should seek an official diagnosis from a licensed clinician rather than basing decisions about your mental health on one of these tools.

ProQOL 5 http://proqol.org/ProQol_Test.htm

Bride, Robinson, Yegidis, & Figley, 2004

Sprang et al., 2014

"Client" is used to indicate persons with whom you have been engaged in a helping relationship. You

1. I felt emotionally numb.....
my work with clients.....
by my client(s).....
4. I had trouble sleeping.....
5. I felt discouraged about the future.....
6. Reminders of my work with clients upset me.....
7. I had little interest in being around others.....
8. I felt jumpy.....
9. I was less active than usual.....
intend to.....
11. I had trouble concentrating.....
of my work with clients.....
13. I had disturbing dreams about my work with clients.....
14. I wanted to avoid working with some clients.....
15. I was easily annoyed.....
thing bad to happen.....
17. I noticed gaps in my memory about client sessions.....

©

STS Scale

(Bride, 1999)



Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

ProQOL Scale

(Hudnall Stamm, 2009)



Stage 3: Responding



Mitigation Strategies



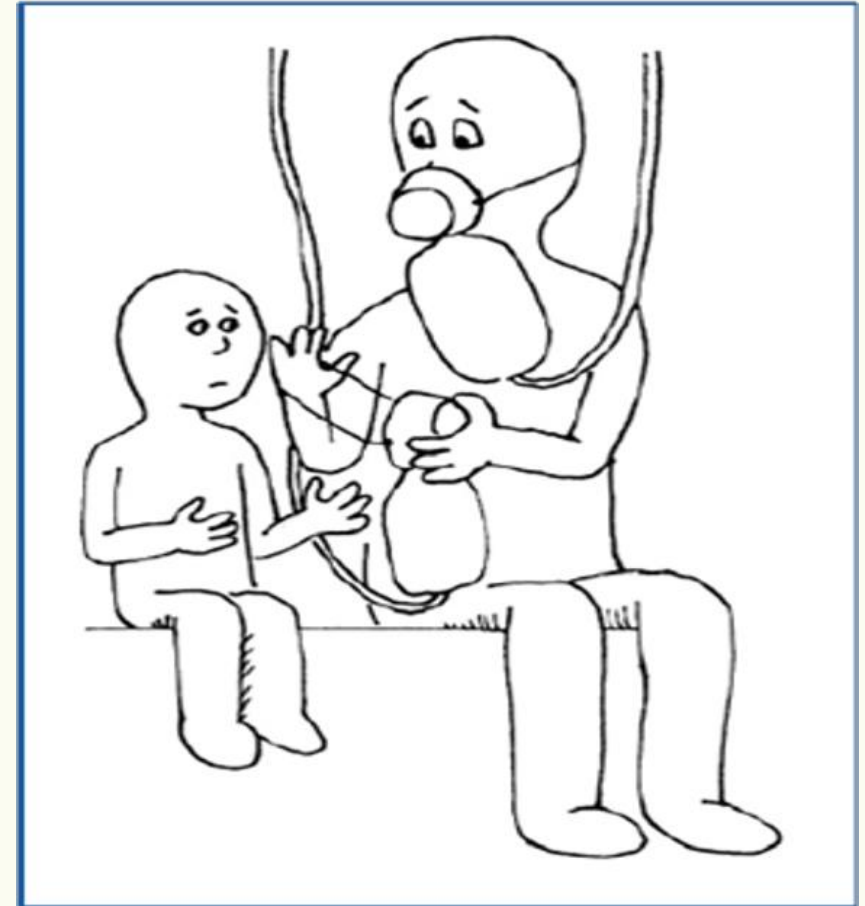


PROTECTIVE FACTORS VS RISK FACTORS

- Connection to culture and traditional practices that support wellness
 - Access to support services (informal and formal)
 - Spiritual resources
 - Relationships
 - Agency recognition and support of STS
-
- Personal trauma history
 - Temperament and coping styles
 - Perception of the event

Take Care of Yourself

“Self-care is an ethical imperative. We have an obligation to our clients – as well as to ourselves, our colleagues, and our loved ones – not to be damaged by the work we do.”



STS Mitigation Strategies

- The A-B-Cs of self care
 - **A**wareness
 - **B**alance
 - **C**onnection



Approaches to A-B-Cs

- Create meaning
- Infuse a current activity with meaning
- Challenge your negative beliefs and assumptions
- Participate in community building activities

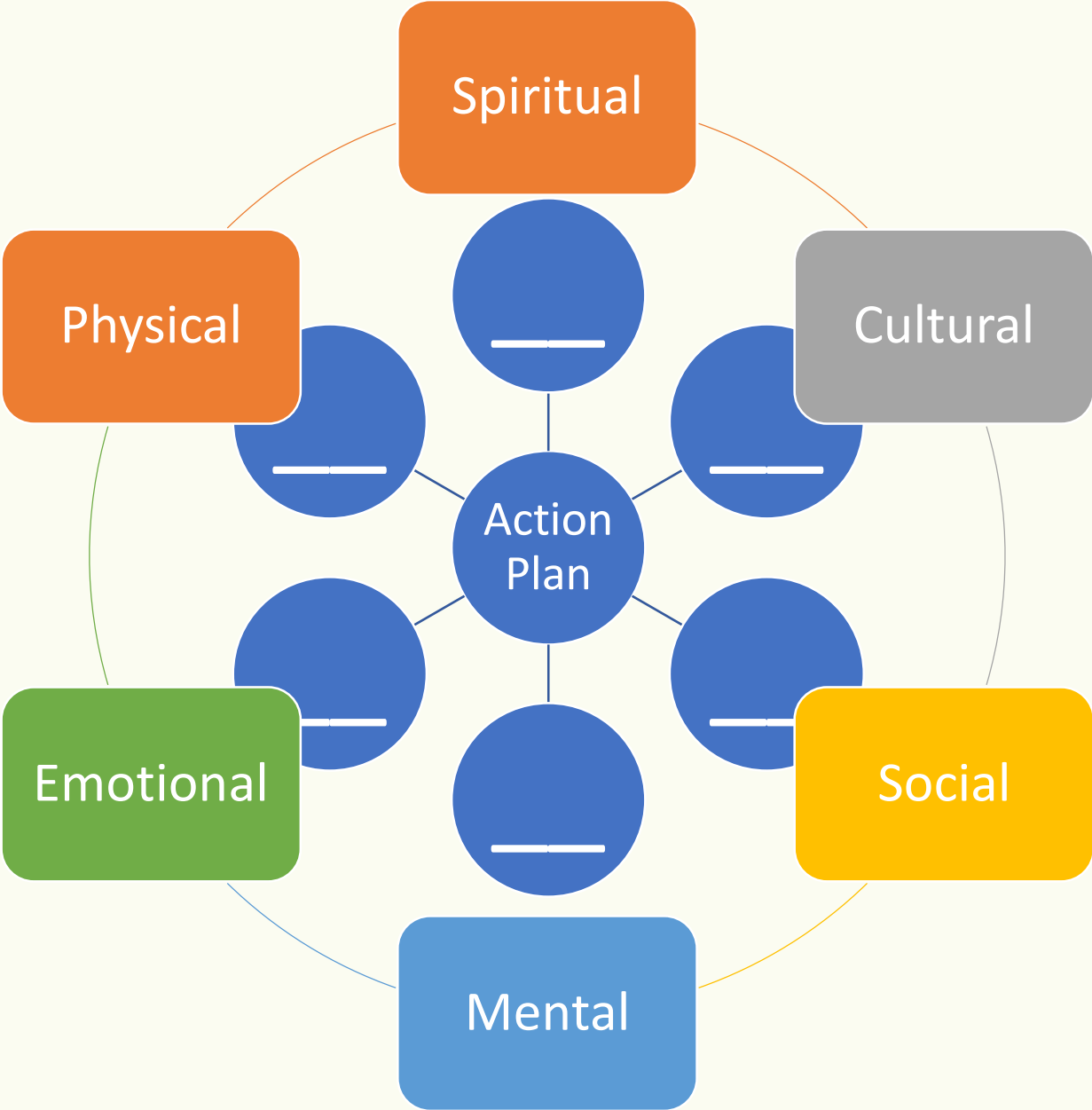


Radical Self-Love

- Intentionally and frequently creating opportunities for respite and replenishment
- Engage in activities that offer distraction AND personal growth
 - E.g. exercise, have fun, rest, relax, connect with ones body
 - Working protectively
 - Spiritual renewal



Make a Holistic Plan



Medicine for Reducing Stress



What is a coping strategy?

- Process of managing stressful situations
- Deliberate and planned approach
- Goal: reduce, tolerate, or minimize stress

Gather a basket of medicine

- Real or imaginary
- What works for you



Spiritual Medicine

- Spirituality, or systems of meaning, are central to trauma resources
- Your faith and faith community promotes resilience and is a protective factor against depression
- What is nourishing for you?
 - Ceremony
 - Church
 - Prayer
 - A sense of purpose
 - Seeking awe, beauty, wonder, joy



Cultural Medicine

Connecting with your culture fosters resilience and improves mental health



What helps you feel connected to your culture and strengthens your cultural identity?

Beading, weaving, etc.

Visiting sacred sites

Learning and speaking your language

Researching your family tree and history

“A set of distinctive spiritual, material, intellectual, emotional features of society or a group that encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions, and beliefs.”

(UNESCO, 2002)





Social Medicine

Increased sense of belonging to tribe, strong connect to community and culture, and intergenerational interactions reduce risks for chronic disease for Indigenous Peoples

“Be a good relative”

Define community for yourself

How do you foster relationship and community?

- Spend time together
- Get to know one another
- Share values
- Show you care

Mental and Emotional Medicine

Thoughts, emotions, and behaviors are all connected.

Mental and emotional grit can be learned.

- Self-efficacy
- Internal locus of control

What helps keep your thoughts and emotions in check?

- Identifying what is going right
- Gratitude
- Limiting exposure
- Tuning into yourself
- Self-regulating



Physical Medicine



Not just about the absence of disease; lifestyle behavior choices that ensure holistic health and avoid preventable diseases and conditions



How do you stay physically fit and healthy?

Traditional foods

Movement

Water

Rest



Plant Relatives



Sage

- Cleansing and heart health



Sweet Grass

- Cleansing and protection of mind and body



Cedar

- Protection of a place and general health



Bear Root

- Heart and lung health



Tobacco

- Offering of thanks for wisdom and help



Corn Pollen

- Blessing and Prayer



Consider the Challenges

Making time when all around others seem to need your help

Feeling guilt and shame for taking care of yourself

Believing those around you are doing fine, so you should be, too

Lack of role models

Lack of support at home, at work, from friends

Real systemic and structural barriers





Make a Commitment

- ✓ Acknowledge the effort you are already making to take care of yourself
- ✓ Make it a part of your daily routine
- ✓ Continue to monitor your stress and its impact on you
- ✓ Find an accountability partner
- ✓ Encourage sharing of effective strategies
- ✓ Advocate for your wellbeing as part of your professional development

STS on a professional level



How STS Impacts Professionals

- Difficulty managing intense emotions of clients and colleagues
- Challenges with maintaining high-level of effectiveness
- Irritable with clients and colleagues
- Shame and guilt about “not doing enough”



A silhouette of a person sitting on a rock, looking out over a sunset. The person is in the foreground, and the background is a bright orange and yellow sky with a low sun. The person's posture is slumped, suggesting a state of stress or exhaustion.

SYMPTOMS OF STS: PROFESSIONAL

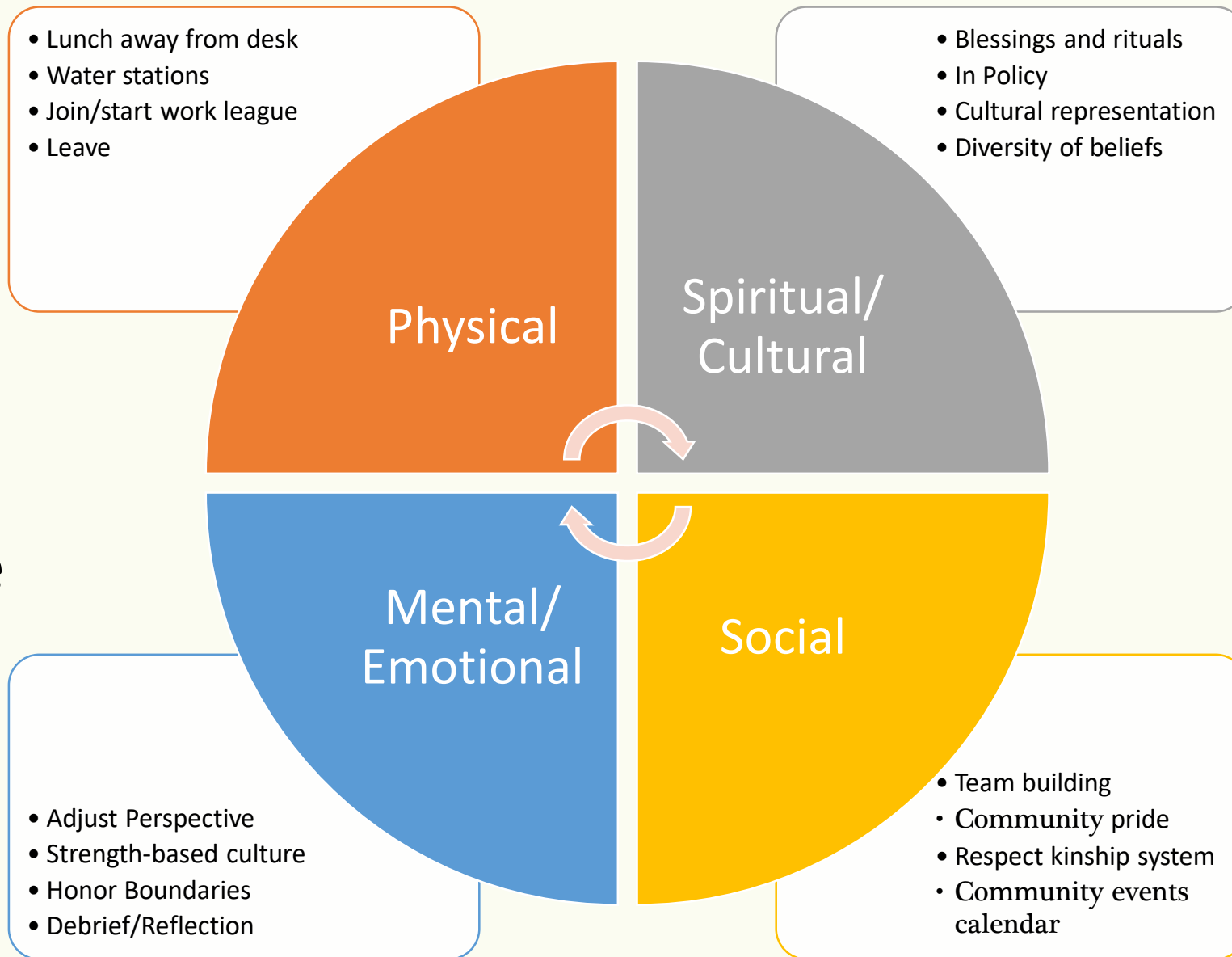
- Avoidance of clients, places, situations
- Challenges learning and applying new information and skills
- Missed appointments
- Lack of motivation
- Quick to argue
- Reduced productivity
- Quick to assumptions regarding case progression

Physical, Emotional, Mental and Spiritual Balance

- How has my work impacted how I see the world?
- How has my work impacted my relationships?
- How has my work impacted how I see myself or how others see me?
- How has my work disrupted or altered my sense of balance?



Self-Care in the Workplace



Connect with Compassion Satisfaction

“The perceived joys derived from experiencing the suffering of others and succeeding in helping relieve it in some way.”

(Figley, 2002)



Think of a time you connected with a client or community member



Identify 3 individuals who made progress because of your interaction



Identify 5 compliments you have received you have received from community members, co-workers, families or administrators



Why did you choose to work in your organization?





ASSESSMENT OF STS: PROFESSIONAL

- Constructive debriefing with colleagues
- Considerations for low-impact processing:
 - Have the conversation in private
 - Self-Awareness
 - Fair Warning and Consent
 - Limited Disclosure

ASSESSMENT OF STS: PROFESSIONAL



Three building blocks of reflective supervision:

- Reflection
- Collaboration
- Regularity

Relationship-based supervision and time devoted to continuing education have lower rates of turnover and greater success in obtaining permanency for children.

National Council on Crime and Delinquency, 2006



REFLECTIVE PRACTICE



What are ways your professional life is affected by stress?

What are ways your program is impacted by stress?



PROFESSIONAL STRATEGIES



- Seek support (peer or supervisory) after recognizing a problem
- Take advantage of available Employee Assistance Programs
- Focus on process over outcomes
- Find and acknowledge the successes (even the small ones)
- Interrupt thinking errors



WORK PROTECTIVELY

To aid in the management of STS practice:

- Engage empathetically with boundaries
- Stay open-minded
- Document each day
- Do something different between meetings with children/families
- Attend to your reactions



Effective Prevention of STS in Professionals

Requires

- Psychoeducation
- Skills training
- Supervision
- Tribal Wisdom

Involves

- Individual
- Supervisor
- Organizational policies
- Tribal Wisdom Keepers



STS on an Organizational Level



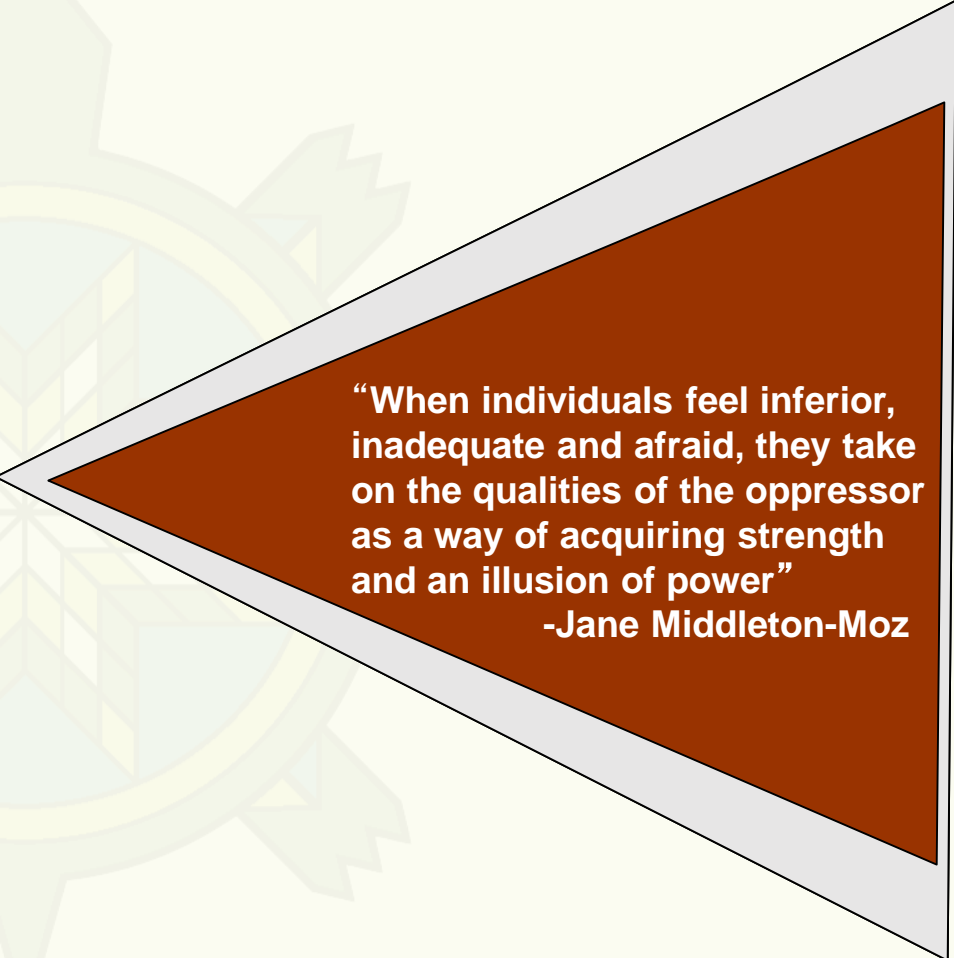
SYMPTOMS OF STS: ORGANIZATIONAL

- High staff turnover
- Lack of institutional knowledge
- Low morale
- Decreased customer service
- Prevention/Intervention services misaligned with needs
- Increased financial costs (staff training, repeat maltreatment, legal action)
- Lateral violence



Lateral Violence

- When people who are both victims of a situation of dominance, turn on each other rather than confront the system that oppresses them both
- Occurs when oppressed groups/individuals internalize feelings such as anger and rage, and manifest their feelings through behaviors such as gossip, jealousy, putdowns and blaming



“When individuals feel inferior, inadequate and afraid, they take on the qualities of the oppressor as a way of acquiring strength and an illusion of power”
-Jane Middleton-Moz



Signs of Lateral Violence

- Nonverbal intimidation (eye rolling, making faces)
- Obvious name calling
- Sarcasm
- Bickering
- Blaming
- Belittling a person's opinions
- Making snide comments and remarks
- Making offensive jokes
- Gossiping
- Ignoring, excluding or freezing out people
- Undermining activities
- Withholding information or giving the wrong information purposely
- Failing to respect privacy



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Impact of Lateral Violence

- Examples:
 - Sleep problems
 - Changes in eating habits – either more or less
 - Weight loss or gain
 - Decreased self-confidence
 - Feelings of worthlessness
 - Forgetfulness
 - Chronic anxiety
 - Depression
 - High rate of absenteeism at work
- A person can experience traumatic stress symptoms as a result of lateral violence depending on the severity and perception of the event



Costs to the Organization

- High staff turnover
- Loss of corporate history
 - Loss of institutional knowledge
- Low morale
- Decrease customer service
- Increased financial costs
- Decreased productivity
- Lack of teamwork



ASSESSMENT OF STS: ORGANIZATIONAL

Secondary Traumatic Stress Informed- Organizational
Assessment (STSI-OA)

Evaluates the degree to which an organization
is STS-informed and able to respond to the
impact of STS in the workplace

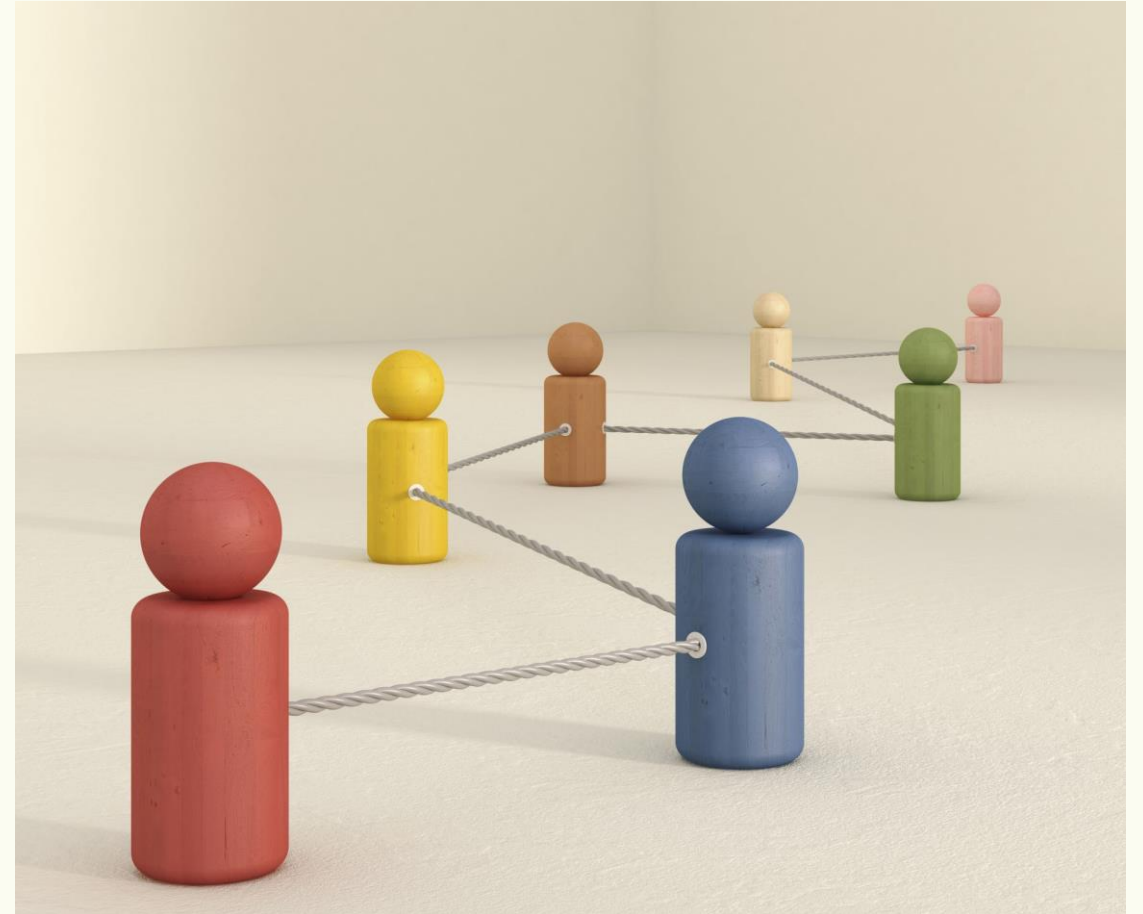
Sprang, G., 2014



ORGANIZATIONAL CONSIDERATIONS

Understand that we can't immediately:

- Lower caseloads
- Change the youth/families we work with
- Paperwork





ORGANIZATIONAL STRATEGIES....

- Collegial support
- Forums to address STS
- Supervision availability
- Resources: mental health, space, time
- Wellness activities
- Opportunities for celebration
- Encourage use of time off
- Provide self-regulation skill building

ORGANIZATIONAL STRATEGIES...

Addressing lateral violence:

- Identify and name it
- Foster an environment of safety
- Create a forum for problem solving
- Incorporate culture and ceremony





A RESILIENT WORKFORCE, A RESILIENT COMMUNITY

Vicarious Resilience

- Involves the process of learning about overcoming adversity from the trauma survivor and the resulting transformation and empowerment through their empathy and interaction

IMPACT OF VICARIOUS RESILIENCE

- Greater perspective and appreciation
- Increased optimism, motivation, energy
- Increased hope, understanding, and belief in what is possible
- Profound sense of commitment and meaning making from the work



A large, empty, brown paper lantern is the central focus, held by two hands at the bottom. The lantern is made of textured, aged paper and is currently unlit. The background is a dark field filled with numerous small, glowing, out-of-focus lanterns, creating a bokeh effect of warm light. The overall scene is set against a dark background, with a decorative blue and gold border at the top.

An empty lantern provides no light. Self-care is the fuel that allows your light to shine brightly.



Commitment to Self-Love

- ✓ Make it part of your daily routine
- ✓ Find a self-care buddy
- ✓ Advocate for self-care as part of your professional development
- ✓ Encourage sharing of self-care ideas
- ✓ Continue to monitor your compassion fatigue
- ✓ Recognize commitment to self-care actions





To Do List for Today:

- Count my blessings
- Practice kindness
- Let go of what I cannot control
- Listen to my heart
- Be productive, yet calm
- Just breathe

Thank you!

Kimee Wind-Hummingbird
Kimee.Wind@mso.umt.edu

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