SECONDARY TRAUMATIC STRESS FOR HEALTHCARE PROFESSIONALS

Developed by the Center for Pediatric Traumatic Stress

March 2020

Who is this slide set for?

- This resource is designed for healthcare staff, including
    - Clinical staff (nurses, physicians, medical assistant's, social workers, psychologists, etc)
    - Security
    - Front desk
    - Dispatch
    - Environmental service workers
    - Leadership
    - Any others working in healthcare settings

Who developed this slide set?

- This resource is based on materials developed by the Center for Pediatric Traumatic Stress (CPTS), a treatment and services adaptation center in the National Child Traumatic Stress Network (NCTSN).

- We hope that these slides will be helpful in working with healthcare teams. Please use them freely, with attribution to CPTS.

More on this topic at

https://healthcaretoolbox.org/self-care-for-providers.html

and

healthcaretoolbox.org/tools-and-resources/covid19.html

Overview & Objectives

I.   What is secondary traumatic stress?

II. What is its impact for healthcare professionals?

III. Ways to address secondary traumatic stress

IV. Resources

Learning objectives

- Recognize the signs and symptoms of secondary traumatic stress

- Describe ways to decrease secondary traumatic stress in yourself and your peers

- Explain the importance of self-care

- Implement ways to decrease the risk and incidence of secondary traumatic stress within your work and home settings

{ What is
secondary traumatic stress? }

Trauma (Oxford English Dictionary)

1. A deeply distressing or disturbing <u>experience</u>

    1.1 <u>Emotional shock</u> following stressful event or physical injury

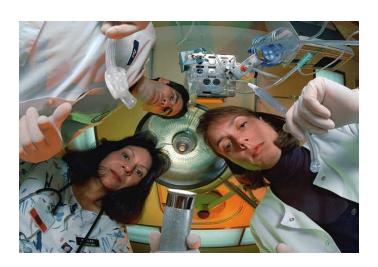**2. *[Medicine]* Physical <u>injury</u>**

For our purposes:

"Trauma" = potentially distressing event / experience

"Traumatic stress" = reactions to that experience

What is Secondary Traumatic Stress?

- According to the National Child Traumatic Stress Network (NCTSN), **"Secondary traumatic stress is emotional duress that results when an individual hears about the firsthand trauma experiences of another".**

Members of the healthcare team may not only *hear about* patients' traumatic experiences, they **may be part of the story** as they deliver care during and after these experiences.

What is Secondary Traumatic Stress?

□ **Pediatric medical traumatic stress (patients / families)** :

For pediatric patients and their families, illness, injury, and medical interventions can be distressing, frightening, painful – and may lead to traumatic stress reactions.

□ **Secondary traumatic stress (healthcare professionals)**

Healthcare team can themselves experience distress from being directly involved in care of potentially traumatized children and their families. This is known as **secondary** traumatic stress.

You may have heard these related terms and concepts

SECONDARY TRAUMATIC STRESS
Responses based on exposure to the trauma of others

COMPASSION SATISFACTION
Positive feelings from competent performance, relationships with colleagues, work that makes a meaningful contribution

BURNOUT
Emotional exhaustion, depersonalization reduced feelings of personal accomplishment

COMPASSION FATIGUE, VICARIOUS TRAUMA
(other terms for secondary traumatic stress)

Secondary traumatic stress:
What might you notice in yourself / your peers?

- Irritability
- Inability to concentrate
- Feeling angry / cynical
- Intrusive or recurrent disturbing thoughts
- Sleep problems
- Feeling emotionally detached
- Overly aware of any signs of danger
- Hopelessness
- Guilt
- Avoiding reminders of difficult experiences

- Social withdrawal
- Chronic exhaustion
- Physical ailments
- Diminished self-care
- Feeling ineffective
- Feeling down or depressed
- Feeling apathetic

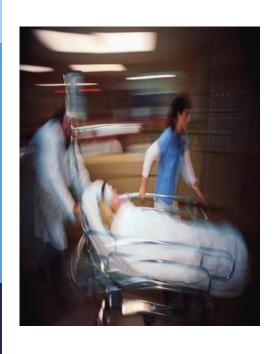# What contributes to the risk for secondary traumatic stress?

Situational factors that contribute to risk of STS

- ☐ Lack of predictability
- ☐ Sense of chaos
- ☐ Loss of control
- ☐ Heavy caseload / patient load

"Secondary Traumatic Stress is a normal response to abnormal events." –Laura Vega, DSW, LCSW

What contributes to the risk for secondary traumatic stress?

Individual factors that contribute to risk of STS

- Highly empathic
- "Dose" of exposure – more patients / type of work
- Socially or professionally isolated
- Feel professionally compromised due to inadequate training
- Fewer years in field
- Younger age
- Gender (women report more often)
- Unresolved personal trauma

{ **What is the impact of secondary traumatic stress?** }

Who is affected?

- **<u>All</u> healthcare staff can experience STS**
  - Clinical staff
  - Security
  - Front desk staff
  - Dispatch
  - Research staff
  - Environmental service workers
  - Administrative staff

- **Remember factors that increase risk for STS**
  - Empathy *
  - Heavy patient load / dose of exposure
  - Feeling isolated
  - Feeling one's training is not adequate for current role / tasks
  - Younger / fewer years in field
  - Personal trauma history that is not resolved

* Human connection is important in our work with patients – yet is also a point of vulnerability to STS

Who is affected?

Hospital-wide survey of patient care staff at large children's hospital

Among healthcare professionals, across disciplines:

39% high risk for secondary traumatic stress

21% moderate to high risk for burnout

Robins et al. (2009)

What is the impact of STS?

"The changes helpers experience in their identities, world views, and spirituality affect both the helpers' professional relationships with clients and colleagues and their personal relationships."
 –ISTSS

STS can affect patient care

May contribute to

- tension or conflicts with patients & families
- stresses within the health care team

{ Ways to address secondary traumatic stress }

Are our healthcare organizations "trauma-informed" ?

Realize — Understand impact of trauma exposure for pediatric patients **and for staff**

(prior trauma + current illness, injury, treatment)

Recognize — Stay attuned to potential trauma reactions in patients, families, **staff**

Respond — Integrate this knowledge into policies & practices to reduce traumatic stress in patients & families

...and promote staff well-being

Adapted from SAMHSA definition of trauma-informed care

Six principles of trauma-informed care / Trauma-informed organizations

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Attention to Cultural, Historical, and Gender Issues

ABCs of Provider Self-care

Individual:

- Awareness
  - Personal triggers
  - Personal boundaries

- Self-care activities

- Work-life balance

Organization:

- Does organizational culture value & support work-life balance?

- Recognize that all staff may be impacted by this work?

- Teams acknowledge / debrief after particularly challenging incidents or difficult cases?

For the Provider: Working with Traumatized Children and Families
···ABCs OF PROVIDER SELF-CARE

AWARENESS	• Be aware of how you react to stress (overworking, overeating, etc.). • Monitor your stressors and set limits with patients and colleagues. • Talk to a professional if your stress affects your life or relationships.
BALANCE	• Diversify tasks and take breaks during the workday. • Eat sensibly, exercise regularly, and get enough sleep. • Engage in activities outside of work; use your vacation days.
CONNECTION	• Connect regularly with family, friends, and community. • Use meditation, prayer, or relaxation to connect with yourself. • When not at work, disconnect from professional role and e-mail.

Adapted from Saakvitne & Pearlman, 1996

Self Care Strategies

**Everyone has a different idea of
what "self-care" looks like to them**

☐ **Strategies that can be done in 2 minutes:**

- Breathe
- Stretch
- Day dream
- Step away from assignment
- Laugh
- Give yourself a compliment
- Look out the window
- Share a joke

☐ **Strategies that can be done in 5 minutes:**

- Listen to music
- Chat with a co-worker
- Step outside for some fresh air
- Have a snack
- Grab a cup of coffee or tea
- Mindfulness activity

What are some strategies that help you?

Strategies for healthcare organizations

- **Organizational support can include**

  - Psychoeducation
  - Skills training
  - Staff retreats
  - Clinical group supervision
  - Case conferencing
  - Self-report screening
  - Workplace self-care groups
  - Work/life balance
  - Flexible scheduling
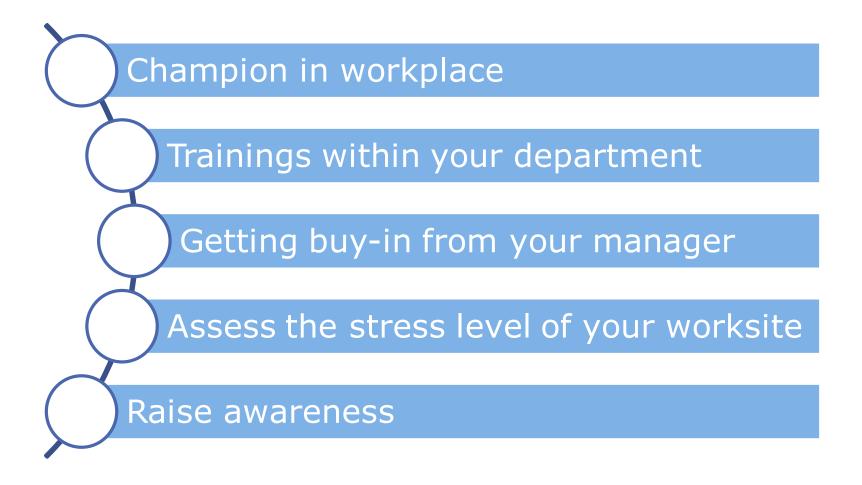 - Employee assistance programs
  - Use of evidence-based practices

What does the Research Say?

- Implementation of stress prevention programs in hospital settings:
  - 50% reduction in medication errors
  - 70% reduction in malpractice claims

NIOSH Pub 99-101, last updated 2014

How might you advocate within your workplace?

- Champion in workplace
- Trainings within your department
- Getting buy-in from your manager
- Assess the stress level of your worksite
- Raise awareness

Wrap-up:
What Healthcare Professionals Should Know

- Stress can happen to all of us
  - Working with traumatized families impacts even seasoned providers
  - Exposure to others' emotions and distress increases our stress

- Unmanaged stress can take a toll on you and your patients
  - Years of work experience will not inoculate you from stress
  - Unmanaged stress can accumulate, erode health and well-being

- Ill and injured children and families depend on your empathic engagement
  - In order to attend to your patients, you need to attend to yourself
  - Follow the same advice that you would give your patients

Wrap-up:
What Healthcare Professionals Should Know

- Secondary traumatic stress can look different for each individual. Reactions can be akin to traumatic stress symptoms.

- Keep in mind the ABCs of provider self-care
  - Awareness
  - Balance
  - Connection

- Support self-care in yourself and your peers

- Help to build trauma-informed healthcare teams / organizations

Resources

Find more on this topic at
healthcaretoolbox.org/tools-and-resources/covid19.html
AND
healthcaretoolbox.org/self-care-for-providers.html

Resources for providers:
Interactive online training

FREE interactive online nursing CE at HealthCareToolbox.org

The "how to" of implementing trauma-informed pediatric care in the hospital and ED

Currently 5 one hour courses

COMING SOON: Secondary Traumatic Stress course – an expanded & interactive version of this slideset

D is for Distress:
Helping pediatric patients with pain, fear, and worries

E is for Emotional Support:
Who and what does your patient need now?

For Healthcare Professionals:
Pediatric Medical Traumatic Stress and Working with the Child Welfare System

F is for Family Remembering the Family

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Resources for your patients
HealthCareToolbox.org

Patient education handouts (English & Spanish)

Parent tipsheet on COVID-19 (English & Spanish)

CENTER FOR PEDIATRIC TRAUMATIC STRESS
at Children's Hospital of Philadelphia & Nemours Children's Health System

ABOUT THE CENTER:

Since 2002, **CPTS** has provided national leadership on medical traumatic stress & trauma-informed pediatric care as part of the **NCTSN**

- Focus on health care providers and systems
  - Tools for practice
  - Training (online & in person)
  - Resources for providers & families
  - Implementation projects

National Child Traumatic Stress Network (NCTSN)

- **Mission:** Raise standard of care and improve access to services for traumatized children, their families and communities.
- 60+ centers across the US
- Address all types of child trauma and many different service systems
- Founded in 2001