

Is Trauma Contagious?

Burnout, Vicarious and Secondary Trauma
and Compassion Fatigue

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Expertise

Arianna (she/they)

Licensed Professional Counselor, Substance Abuse Counselor, and Certified Clinical Trauma Professional. 22 years of experience working with survivors of interpersonal trauma, including 16 years at a local domestic violence agency and 6 years in the Sexual Abuse Counseling and Support Program. Attended certification training on compassion fatigue. Identifies as a person in recovery.

Expertise

Michael (he/him)

Licensed Professional Counselor, Clinical Substance Abuse Counselor, Independent Clinical Supervisor, Board Certified Biofeedback and Neurofeedback provider. 13 years of experience working with survivors of interpersonal trauma, including 3 years at a local shelter for unhoused men and 10 years in current role. Published author of a book and several peer reviewed articles. Identifies as a person in recovery.

Objectives

Upon completion of this educational activity, the participant should be able to:

Objective 1: Describe the differences and overlap between the concepts of secondary trauma, vicarious trauma, compassion fatigue, and burnout

Objective 2: Identify risk factors for these conditions and protective factors

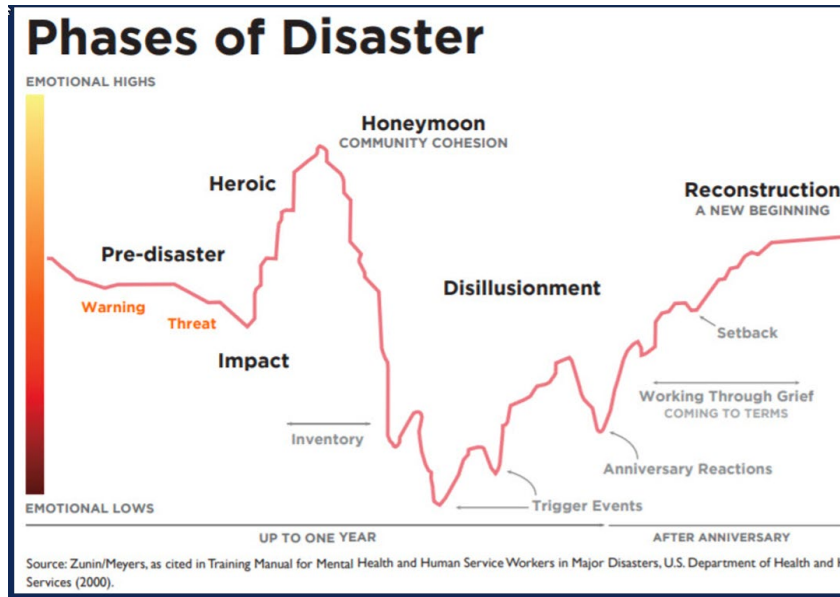
Objective 3: Identify options for prevention, intervention, and recovery

Visualize a consumer you are working with:

- ▶ What are you feeling?
 - ▶ What thoughts come up?
 - ▶ What physical sensations are you aware of?
- ▶ Does this mirror what the consumer is going through?

(adapted from Rothschild, 2023)

Adapted from Susan Maclellan-Tobert, MD



- ▶ We are all continuing to respond to COVID
- ▶ Many of the people we are working with are dealing with regular disasters
- ▶ (We may be dealing with our own disasters as well!)

We will be exploring the relationship aspect of PS

PEER SUPPORT

- Someone who has been there
- Able to listen, give hope & guidance
- Shift from “What’s wrong?” to “What’s happened?”
- Partnership
 - Moving toward what & where we want to be

From MacLellan-Tobert, 2024

Burnout

- ▶ Can happen in any profession
- ▶ Prolonged response to chronic job stress
- ▶ Consists of three domains
 - ▶ Emotional exhaustion
 - ▶ Cynicism
 - ▶ Reduced sense of personal accomplishment

Secondary Traumatic Stress or Secondary PTSD

- ▶ Caused by exposure to another's trauma (e.g. consumer, family member, etc.)
- ▶ Experienced as/resembles PTSD
 - ▶ Intrusive reexperiencing
 - ▶ Avoidance of trauma triggers and emotions
 - ▶ Increased physical arousal

Compassion Fatigue

- ▶ Catch all term
- ▶ Includes Physical, Behavioral, Psychological, and Spiritual symptoms
- ▶ Has been criticized in some literature

Vicarious Trauma

- ▶ Unique to and inevitable in work with survivors' experiences of trauma
- ▶ Cumulative effect of the exposure to survivors' experiences with trauma
- ▶ Secondary trauma and disruption in central beliefs/schemas

Common Trauma Exposure Responses

- ▶ Feeling helpless, hopeless, and overwhelmed
- ▶ Feelings of inadequacy (not enough)
- ▶ Hypervigilance
- ▶ Diminished creativity
- ▶ Resistance to change, craving structure, stagnation
- ▶ Inability to embrace complexity
- ▶ Minimizing
- ▶ Chronic exhaustion/physical ailments
- ▶ Avoidance
- ▶ Dissociative moments
- ▶ Sense of persecution
- ▶ Guilt
- ▶ Fear of intense feelings, vulnerability, of potential victimization
- ▶ Inability to empathize/numbing
- ▶ Addictions
- ▶ Grandiosity

Taken from the book *Trauma Stewardship* by Lipsky, Van D & Burke (2009)

How Does your Work Impact you?

- ▶ Write down on a note card three ways that your work impacts you negatively
- ▶ If comfortable silently hold up your card to show those around you

Compassion Satisfaction

- ▶ Gratification, satisfaction, and sense of personal achievement gained from helping others
- ▶ Measured by the Compassion Fatigue and Satisfaction Test

How Does your Work Impact you?

- ▶ Write down on a note card three ways that your work impacts you positively
- ▶ If comfortable silently hold your card to show those around you

Prevalence

- **Mental Health Workers**

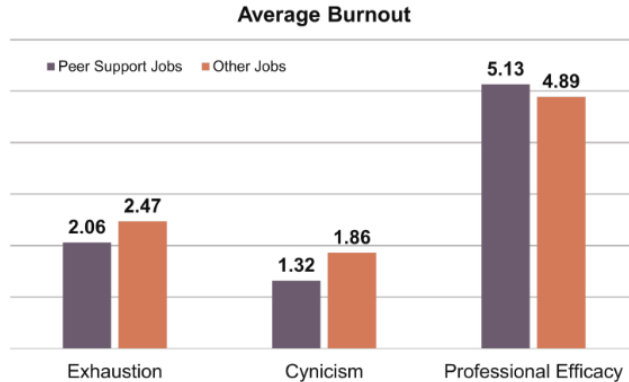
- ▶ Clinical social workers: 80% reported mild STS, 47% moderate STS, and 22% full STS
- ▶ Military mental health workers 33% STS
- ▶ Substance Abuse Counselors 19% STS
- ▶ Therapists 5-15% CF, STS, and VT in the clinical range of severity

- **Nurses:**

- ▶ 74% identified stress and overwork as a top safety and healthy concern
- ▶ Burnout rate 20-40%
- ▶ Compassion Fatigue 21.6-60% up to 70% during COVID
- ▶ Compassion satisfaction 39.56%-48%

Prevalence

- ▶ CPS surveyed in MI rated 75% workplace support BUT less than 50% thought they could get a promotion (Lapidos et al., 2018)



Visual source: <https://www.peerspecialist.net/>, Ostrow et al., 2022

[CPS_Compensation_Report.pdf](#) [\(papersupportcoalition.org\)](#)

Table 7. Average Wage by Hours Worked per Week

Avg. Hours Worked/ Week	Total
< 10 Hours/Week	\$13.62
11-20 Hours/Week	\$12.49
21-30 Hours/Week	\$12.67
31-40+ Hours/Week	\$16.36
No Response	\$16.73
Total	\$15.42

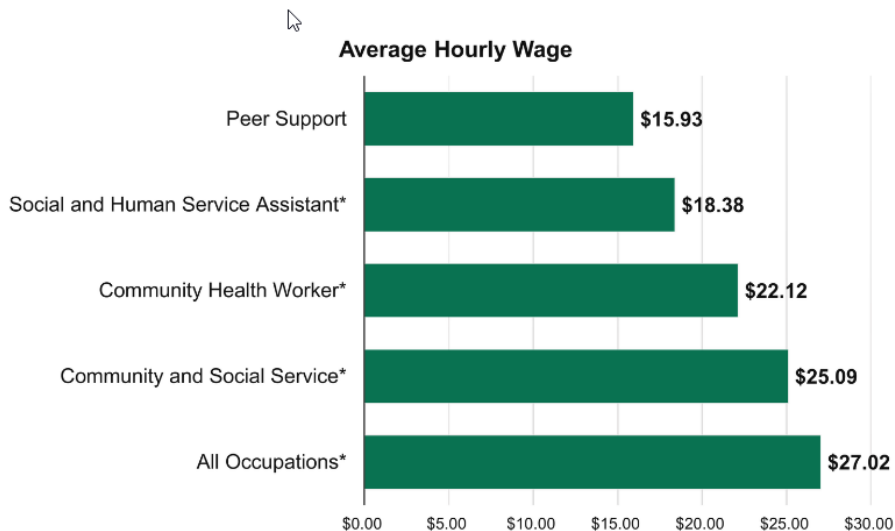
[CPS_Compensation_Report.pdf](#) [\(papeersupportcoalition.org\)](#)



Table 9. Average Hourly Wages by Gender and Hours Worked

Hours Worked per Week	Female	Male	No Response	Total
< 10 hours/week	\$13.45	\$14.03	--	\$13.62
11-20 hours/week	\$12.26	\$13.21	\$13.16	\$12.49
21-30 hours/week	\$12.91	\$12.12	\$13.00	\$12.67
31-40+ hours/week	\$15.57	\$17.69	\$15.95	\$16.36
No Response	\$12.15	\$20.00	--	\$16.73
Grand Total	\$14.70	\$16.76	\$15.24	\$15.42

Wages in CPS vs other roles (from [CPS_Compensation_Report](#), [papeersupportcoalition.org](#))



*Wage data from U.S. Bureau of Labor Statistics, which does not yet have a category for Peer Support specifically.

Risk Factors

- ▶ Organizational Factors
 - ▶ Lack of voice and power
 - ▶ High case load
 - ▶ Lower Income
 - ▶ Lack of support
- ▶ Personal Factors
 - ▶ Empathy
 - ▶ Own trauma history?
 - ▶ Demographic factors?

Protective Factors

- ▶ Organizational Factors
 - ▶ Time spent on non trauma and higher consumer/provider ratio
 - ▶ Income
 - ▶ Professional support
 - ▶ Meaningful recognition
 - ▶ Education, training, using evidence-based practices

Protective Factors Cont.

- ▶ Personal Factors
 - ▶ Professional self-efficacy
 - ▶ Spirituality
 - ▶ Basic self-care
 - ▶ Coping skills

Prevention, Intervention & Recovery

- ▶ Suggestions in the literature include;
 - ▶ Minimize risk factors & increase protective factors
 - ▶ Self-care
 - ▶ Employee wellness programs
 - ▶ Education interventions
 - ▶ Therapy
 - ▶ Cultivation of personal qualities
- ▶ Research is slow on effectiveness of interventions

Vicarious Trauma Intervention Strategies

- ▶ Professional and Organizational
 - ▶ Supervision, consultation, collegial support
 - ▶ Scheduling consumer load and a variety of tasks
 - ▶ Education: giving and receiving
 - ▶ Workspace, mental health benefits, time off
- ▶ Personal
 - ▶ Making personal life a priority and leisure activities
 - ▶ Personal therapy
 - ▶ Nurturing all aspects of self including emotional, physical, spiritual, interpersonal, creative
 - ▶ Mindfulness and self-awareness

Taken from the book Transforming the Pain

Professional Quality of Life Scales

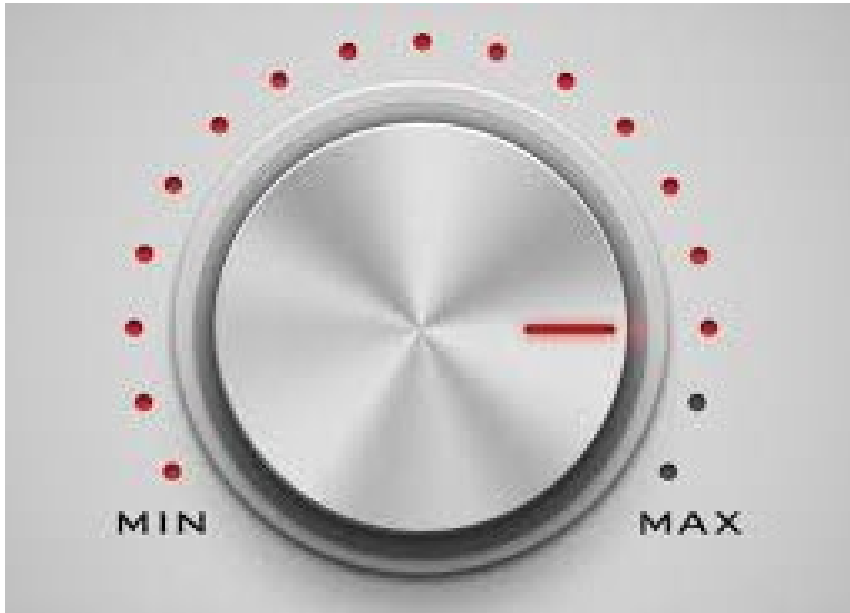
- ▶ PROQOL Measures compassion satisfaction, burnout, and secondary traumatic stress
 - ▶ Scores each measure and results compared to others
- ▶ PROQOL Health adds measures for perceived support and moral distress
 - ▶ Scores each measure out of the total and resources
- ▶ Free online for anyone at: <https://proqol.org/>

Strategies for Helping Professionals

- ▶ Balance empathetic engagement
- ▶ Regulate ANS arousal
- ▶ Maintain ability to think clearly

Taken from Help for the Helper by Rothschild

Empathy Dial:



- ▶ We can turn it up or down at will
- ▶ Especially helpful when we are over-identifying with a consumer (turn down)
- ▶ If having A LOT of countertransference, can we turn it up?

Important Distinction

- ▶ Empathy: to feel with someone
- ▶ Compassion: caring about someone
- ▶ Professionally we are to aspire for constant compassion (and we will fail sometimes)
- ▶ Professionally, empathy can help AND harm us

Demonstration of Mirroring



Postural Mimicry

- ▶ Consciously or not, we mirror those around us
- ▶ We can intentionally mimic/mirror to BUILD empathy (literally lean in)
- ▶ We can un-mirror when we need to dial down empathy

(Rothschild, 2023)

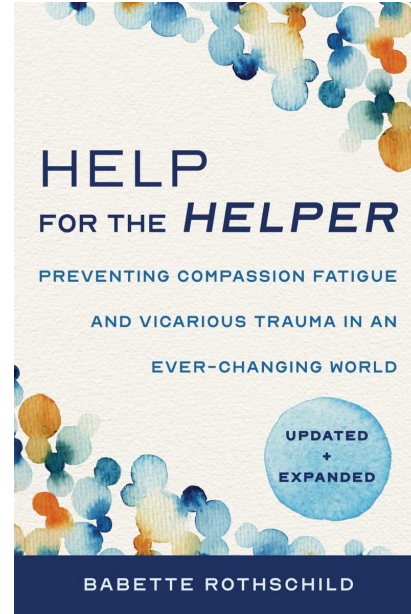
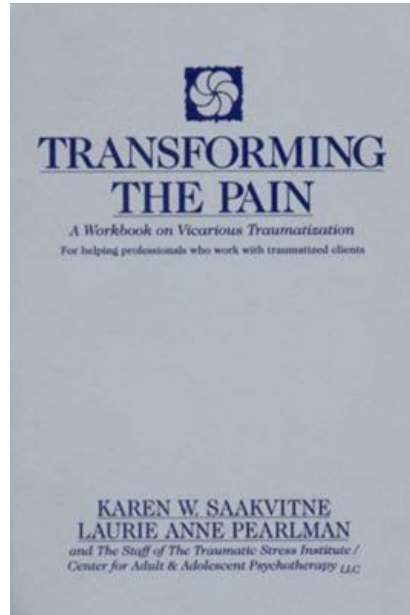
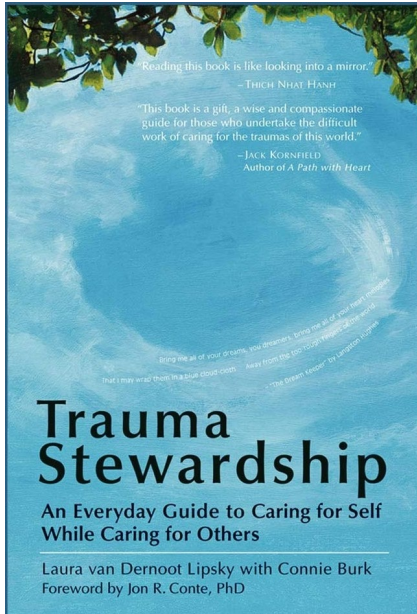
Un-mirroring techniques

- ▶ Change posture
- ▶ Cross/uncross legs
- ▶ Blink
- ▶ Drink water/coffee/tea
- ▶ Change your breathing
- ▶ Change rate of speech
- ▶ Take a note
- ▶ Go to bathroom
- ▶ Tense a muscle

Work techniques

- ▶ Your badge is your shield
- ▶ Can you add other clothing (Michael's bowtie, a scarf)
- ▶ Add a physical barrier (note pad, water bottle, coffee cup)

Resources



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