Secondary Trauma and Resilience
Maintaining Balance and Well-Being for Parents, Caregivers and Professionals
Presenters

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Learning Objectives

- Learn practical information on secondary trauma, burn out and resilience for people who live and work with children birth through adolescence
- Identify ways to recognize and reduce risk factors as well as to build resilience in a variety of environments
- Review tools that promote emotional regulation and co-regulation based on the latest research
- Describe how organizations can promote a healthy work environment through promoting self-care and a reflective approach
RESILIENCE

• Ability to recover quickly and to bounce back from change, misfortune, difficulty or setbacks.

• Developing resilience is a process, not a trait which some have and others do not.

• Individuals develop coping strategies within an environment which promotes well-being and safety.
TOP QUALITIES THAT PROMOTE RESILIENCY

• Having a sense of humor

• Ability to accept circumstances that cannot be changed

• Ability to develop realistic goals and to move toward them

• Having meaningful connections with others
It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptive to change. 

Charles Darwin
A Healthy Nervous System

arousal-activation

sympathetic

settle

parasympathetic

Normal Range
Symptoms of Un-Discharged Traumatic Stress

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage

Traumatic Event

Stuck on “On”

Depression, Flat affect
Lethargy, Deadness
Exhaustion, Chronic Fatigue
Disorientation
Disconnection, Dissociation
Complex syndromes, Pain
Low Blood Pressure

Stuck on “Off”

Normal Range
Be cool, monitor your heat level
Complex Trauma

The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature often occurring within the child’s caregiving system and early-life onset.

Bessel Van Der Kolk
Developmental Trauma Disorder

1. Multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma

2. Triggered pattern of repeated dysregulation in response to trauma cues

3. Persistently altered attributions and expectancies

4. Functional impairment
SECONDARY TRAUMATIC STRESS

The experience of people who are exposed to the trauma of others and who as a result develop their own traumatic symptoms and reactions.
Symptoms of Trauma

Dysregulation of emotions
High level of anxiety or panic
Dissociation or disconnection with the self
Impact on Parents, Foster Parents and Service Providers

Primary Trauma – direct experience of trauma

Secondary Trauma - also referred to as Compassion Fatigue – the stress from helping or wanting to help a traumatized or suffering person.

Vicarious Trauma - the transformation of the inner experience of the helping person that comes about as a result of empathic engagement with the traumatic experience of the person being helped.
FIVE C’S OF COPING

• CALM – down regulate the nervous system, remain level headed, become centered and peaceful
• CLARITY – reflect and make sense of the experience, gain a sense of understanding, evaluate and decide on a response
• CONNECT WITH RESOURCES – internal which expand our options for coping
• COMPETENT – through past experience we have learned skills and are able to draw on these competencies
• COURAGE – to persevere in coping with life experiences

(Linda Graham, MFT)
The Healthy Mind Platter

The Healthy Mind Platter, for Optimal Brain Matter
THE BRAIN
Brain Structure Changes in Response to Experience

Brain Stem – Instinctive responses

Limbic System – Body sensations, feelings, implicit memories, amygdala

Cortex – Thinking, concentrating, explicit memory
The capacity of the brain to rewire itself, to grow new neurons and new connections among those neurons, thus new neural pathways and circuits, even repair brain structure, lifelong.

Linda Graham, MFT – “Bouncing Back”
IMPACT OF TRAUMA ON BRAIN AND NERVOUS SYSTEM FUNCTION

Biology
Affect Regulation
Interpersonal Relationships
Behavior
Cognition
Self Concept
SYMPTOMS OF COMPASSION FATIGUE AND VICARIOUS TRAUMA

**Emotional** – anger, sadness, grief, anxiety, depression, hopelessness, numbing, overwhelmed

**Physical** – headaches, stomach aches, lethargy, hyper-arousal, increased fatigue or illness, sleep problems

**Personal** – isolation, cynicism, irritability, moody, withdrawn, increased risk for alcohol or substance use, negativity, pessimism

**Workplace** – avoidance, lack of motivation, reduced productivity, job dissatisfaction
Who Is Most Vulnerable

People who have a personal history of trauma may be triggered by traumatic stories or reactions.

People who are new to working with or parenting children and youth who have experienced trauma.

Those who have limited personal resources or external support, guidance or supervision.
Impact On Families

Couple’s conflicts
Conflicts between family members
Isolation from extended family members and friends
Feeling the situation is overwhelming or hopeless
Feeling a lack of support
“Reflective supervision is a relationship for learning where strengths are supported and vulnerabilities are partnered.”

Gilkerson and Shamoon-Shanok, 2000
REFLECTION

Looking...
  Backward
  Inward
  Outward
  Forward

Steve Seidel (Harvard, Reflection in Education)
Experience in the first years of life shapes future relationships

Early experience in relationships form the foundation for all subsequent development, and influence lifelong learning, behavior, and both physical and mental health.
In the company of another

Attunement develops neurons
Emotion in one arouses the same in another
Regulation of emotional states is required for cognition – and new learning – to occur
Resonance “feeling felt” induces calm

Bruce Perry, 1999
Relationships are the catalyst and the context for all early learning.
Reflective Functioning

“...capacity to understand one’s own and others’ behavior in terms of underlying mental states and intentions...”

“...a crucial human capacity that is intrinsic to affect regulation and productive social relationships.”

Arietta Slade, 2005
“... the ability to regulate one’s own internal state while tolerating and mirroring the distressed state of another is an emotionally demanding task.”

“...it is helpful developmentally for the infant to sense that the mother is struggling to tolerate her... distress while at the same time witnessing that it is not causing a major disruption of her maternal functioning.”

Carpy, 1989
This work is inherently arousing
Reflective Process

Contain and regulate emotional content
Through shared attention and conscious self-regulation
Think together about themes, patterns
Remembering, describing, anticipating, imagining
Explore meaning, hypothesize, link with theory
Consider possible next steps, implications, what to look for
What is Reflective Supervision?

“A safe and compassionate kind of mirroring”
Weigand, 2008

“An act of shared mindfulness”
Foley, 2010
Use of self

Intentional decisions whether and how to use one’s personal experiences, thoughts, beliefs, and emotional responses as way to promote growth in a given relational moment

Requires conscious awareness of these personal reactions

Watson, Gatti, Harrison, Hennes, & Harris 2014
Use feelings to inform rather than interfere with the work

(Weatherston, Wegner & Wegner, 2016)
Working Alliance

The process of creating and nurturing a supportive professional relationship
Based on mutual understanding of the purpose, focus, and goals of the work
The quality of the working alliance can directly impact the provider’s sense of efficacy (Watson, Storm, Bailey, Hennes, & Harris 2014)

Watson, Gatti, Harrison, Hennes, & Harris 2014
Indicators of a Reflective Stance

Describing
Responding
Exploring
Linking
Integrating

Watson, Gatti, Harrison, Hennes, & Harris 2014
Cultural Considerations

All cultures have developed mechanisms to contain and modulate the expression of emotions that, left unchecked, can become destructive to the social fabric.

Alicia Leiberman, 2005
Diversity Informed Practice

Self-awareness leads to better services for families
One’s own culture, personal values, beliefs
Impact of racism, classism, sexism, and other systems of oppression

Chandra Ghosh-Ippen, 2009
Diversity Informed Practice

Acknowledge privilege and combat discrimination
Recognize and respect non-dominant bodies of knowledge
Honor diverse family structures
Understand that language can be used to hurt or heal
Support families in their preferred language
Trauma-informed practice

Adverse childhood experiences (ACEs)
Trauma history revealed in chaotic or confusing relationships
Historical
Personal loss, experience of violence
Mindfulness
Self-care
TENSIONS

Narrow focus required by evidence-based models, documentation does not reflect the complexity of the work
Integration of emotion and reason
Tolerating the intolerable
CHALLENGES

Becoming conscious of the unconscious
  Underlying assumptions, biases
  Confront personal ways of knowing (Johns, 2001)

Dysregulation leads our brains to...
  Narrow our attention, perceptions
  Limits creativity, problem-solving capacity
  “Pulls” us to fix, run, DO
We can make our minds so like still water that beings gather about us to see their own images and so live for a moment with a clearer, perhaps even a fiercer life because of our silence.

WB Yeats, "Still Water"
What You Can Do

Know that you are not alone. This is a normal reaction
Recognize your personal signs of stress, increase self-awareness and mindfulness
Engage in self-soothing and relaxing activities
Have enjoyable outside activities and outlets
Have realistic expectations for yourself
Challenge negativity
What You Can Do

Learn about vicarious and secondary trauma and the ways in which different people are impacted differently
Validate and support one another
Listen without judging or blaming
Give family members permission to have time alone
Replenish by getting away for a weekend or vacation
What You Can Do

Be proactive in talking about vicarious and secondary trauma
Educate staff and provide training on coping strategies and self-care
Schedule meetings in which people are safe to talk
Create buddy systems and mentoring for new workers
Find a co-regulatory partner

- A trusted “other”:
  Dependable, reliable, interested in YOUR perspective
  Regain/maintain a calm, nonreactive state
- Create a regular “reflective space”:
  Notice and articulate emotional responses to the work
  Explore various perspectives and meanings
- Re-ground in theory
- Revitalize passion for the work
- Renew curiosity: what might come next?
FIRST AID KIT: 4-1-5 Breath

*How:* Deep inhale, hold it for a moment and then a longer exhale

*Why:* Research shows that purposeful, regulated breathing helps to calm the amygdala (smoke detector for the brain) and decreases the amount of adrenalin, stress hormones, cortisol being released into our body

*Make an “O” shape with your mouth and breathe out slowly and completely*

*Why:* The tongue is connected to the heart by a tendon. This breathing technique causes the heart to send a message to the brain to release oxytocin – the calming biochemical.
FIRST AID KIT: *Tapping*

*How*: Alternate tapping our index fingers on various strategic points on our bodies (temples, beneath the eyes, upper chest, legs)

*Why*: This is not completely understood at this time but it appears that alternate tapping may cause rapid communication between the left and right hemispheres of the brain. This is related to EMDR.
FIRST AID KIT: “Taking in the Good”

How:
• Actively notice positive experiences
• Hold it in awareness for a while (5, 10, 20 seconds)
• Focus on the emotions and body sensations that are part of this awareness
PERSONAL RESILIENCY PLAN

Physical
Emotional
Professional
Spiritual
Social
Psychological