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 experience
   1.1 Emotional shock following stressful event or physical injury

2. [Medicine] Physical injury

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

**BURNOUT**
Emotional exhaustion, depersonalization, reduced feelings of personal accomplishment

**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

**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?

- **All 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?
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
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
Resources for your patients
HealthCareToolbox.org

Patient education handouts (English & Spanish)

When Your Child has Existing Health Concerns

Parent tipsheet on COVID-19 (English & Spanish)
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