

# Resiliency to Secondary Trauma for Responders to Adult Abuse

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## Trauma

Occurs when an individual, family, group, or community experiences an event or multiple events that cause overwhelming physical and psychological stress reactions.

### Examples:

- Family violence
- War/terrorism
- Natural disaster
- Auto accident
- Exploitation
- Shootings or other violent acts
- Sudden relocation

### Symptoms:

- Distress/fear
- Flashbacks
- Sleep disturbances
- Increased substance use
- Weight gain/loss
- Social withdrawal
- Depression/anxiety

We each carry  
our own histories  
and coping  
tools.

## Secondary Trauma

Trauma-related stress reactions and symptoms resulting from one's exposure to another person's violent or disturbing experiences, rather than from direct, personal exposure to a traumatic event.

**“Secondary trauma can occur among behavioral health service providers across all behavioral health settings and among all professions providing services to those who have experienced trauma.”**

Symptoms include: Distress/fear, flashbacks, sleep disturbances, increased substance use, weight gain/loss, social withdrawal, prolonged grief, anxiety, or depression.

# Compassion Fatigue

**Burnout** is emotional exhaustion from prolonged exposure to demanding interpersonal situations. May feel overwhelmed, exhausted, “Nothing I can do helps.” **Burnout is a common experience.**

When **burnout** is coupled with

**secondary trauma**, the result is

**Compassion Fatigue.**

**Secondary Trauma and Compassion Fatigue are not common**, but are more likely to occur when someone is repeatedly exposed to either high numbers of trauma survivors, survivors of very severe/disturbing experiences, or have experienced primary trauma themselves (Adams, Boscarino, and Figley, et. al. 2006, Stamm 2014).

# Compassion Satisfaction

The positive outcomes of helping others experiencing life's hardships build one's sense of **Compassion Satisfaction**.

Being helpful

Aiding the system to be helpful

Positive feelings about one's role

Positive regard for agency role

## Indicators:

I am happy to help

I feel capable to help

I contribute to the team

I know my limits

I care for myself

# Building Individual Resilience

## Decrease the Risk of Compassion Fatigue



- ▶ Learn about trauma and signs of trauma symptoms
  - ▶ SAMHSA, APS TARC
- ▶ Learn what helps you process stress/loss
  - ▶ talking, writing, sports, music, etc.
  - ▶ Professional consult
- ▶ Stay socially engaged
  - ▶ Family, friends, faith, interests
- ▶ Understand and treat diagnosed behavioral health issues
- ▶ Good health habits

## Strengthen Compassion Satisfaction



- ▶ Develop new work skills
- ▶ Engage with coworkers over successes and mourn losses
- ▶ Find meaning in your work identity
  - ▶ code of ethics, mission statement, etc.
- ▶ Workplace buddy or mentor
- ▶ Find things to look forward to
- ▶ Set work boundaries

Intentional self-care strategies boost resilience

## Strategy: Self-Assessment

- The ProQOL is a free, online, research-validated tool for helping professionals to use to monitor personal compassion satisfaction. It can be completed online or printed and completed on paper. The ProQOL website also has resources for understanding burnout, secondary trauma, and compassion fatigue, and tools for building personal resilience.

- Several other self-assessment tools are available through the University at Buffalo School of Social Work website:

<https://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises.html>

Professional Quality of Life  
Measure

<https://proqol.org/>



# Strategy: Develop a Self-Care Plan

## Ask: What do I need...

- ▶ for everyday maintenance self-care? (I feel I am at my best when...)
- ▶ for crisis self-care? (When I am overwhelmed, I need...)

## Ask: What do I do...

- ▶ currently for self-care?
- ▶ to address internal and environmental barriers to self-care?
- ▶ to strengthen self-care strategies?

## Ask: Who can help me..

- ▶ in my home environment?
- ▶ In my professional environment?



Self-care plan tools are available through the University at Buffalo School of Social Work website:

<https://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>

# Sample Self-Care Plan

## Social Worker Steve's Working Self-Care Plan

### Emotional Health:

I function better, emotionally, when I sleep at least 7 hours.

Crisis: Contact wife and parents, EAP

### Physical Health:

Taking a run after work helps me transition from work to home.

Crisis: See doctor

### Intellectual Well-being:

Not doing this. I'd like to learn how to speak Spanish.

### Spiritual Well-being:

Explore deep breathing exercises.

### Friendships/Family:

Being home for family dinner is a priority.

### Work:

I have a work buddy - we look out for each other and can talk through frustrations.  
Crisis: Supervisor and team will help and we have access to professional help.

### Barriers

When I stay up late it's harder to cope the next day, physically and emotionally

### Bulldozers (to tackle barriers)

Will start setting a bedtime alarm 45 minutes before lights-out.

## Strategy: Collect Self-Care Ideas



## Building Resilience – Supervisors

### The Four Rs of a Trauma-Informed Approach

Realize

the widespread impact of trauma and understand potential paths for recovery.

Recognize

the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

Respond

by fully integrating knowledge about trauma into policies, procedures, and practices.

Resist

re-traumatization of clients and staff.

*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.*

# Building Resilience – Supervisors and Organizations



*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.*

# Safety

Throughout the workplace, staff and those being served, feel physically and psychologically safe.

## **Suggested APS supervisor considerations:**

- Personal protective equipment is readily available.
- When taking APS reports, worker safety questions are part of the protocol.
- The supervisor creates safe, non-judgmental, confidential context for staff to share concerns around burnout/secondary trauma without fear of reprisal.
- Supervisors know where staff are when responding to APS reports/visiting clients, and how to reach them.
- Workplace verbal threats/harassment are not tolerated.

# Trustworthiness and Transparency

Agency and team decisions and operations are made with transparency and foster trust with and among the staff and those being served.

## **Suggested APS supervisor considerations:**

- ▶ APS staff are included in agency-wide initiatives, communications, and conversations.
- ▶ There is supervisor/management follow-through on staff requests for information, resources, assistance, and advocacy.
- ▶ Information about staff burnout/secondary trauma experiences is kept confidential.
- ▶ APS Team members participate in team decisions where possible.
- ▶ APS supervisor and staff abide by Virginia's APS Ethical Standards.

# Peer Support

Trauma survivors find support from each other in establishing safety, hope, building trust, collaborating, and sharing their stories to promote recovery and healing.

## **Suggested APS supervisor considerations:**

- ▶ APS team have opportunities to share their stories with each other in a safe, confidential, team setting, sharing their joys, sorrows, challenges, and triumphs.
- ▶ Staff buddies/workplace partnerships or mentorships are encouraged to build mutual support toward goals, growth, and self-care.
- ▶ Team building opportunities are encouraged (group projects/activities, honoring special accomplishments, time for team humor/encouragement, fun, growth are balanced with work priorities).
- ▶ To the extent possible, supervisor balances intense case assignments across the APS team, and offers team support as needed.



# Collaboration and Mutuality

The agency recognizes that administrators, supervisors, staff, and those served have a role to play in a trauma-informed approach to community service.

## **Suggested APS Supervisor considerations:**

- The APS team and support staff contribute to the staff self-care plan.
- All staff receive ongoing trauma training – including volunteers and environmental support staff.
- All staff suggestions for trauma-informed care (physical environment, program design, implementation, service delivery, cultural competence, quality assurance, etc.) are valued contributions.

# Empowerment, Voice, and Choice

It is understood that trauma is a common experience of those serving and those served and that there is resilience/strength in surviving trauma. Staff are empowered to do their best work through adequate administrative support.

## **Suggested APS Supervisor considerations:**

- Opportunities for APS staff choice in workplace decisions are maximized.
- Staff are empowered to create and carry out personalized self-care plans.
- Team members are encouraged to seek-out and share positive self-care strategies.
- When professional/outside trauma-informed interventions are needed, the supervisor helps locate options for effective, available services for staff.

## Cultural, Historical, & Gender Issues

The agency has intentionally moved beyond cultural/historical stereotypes and biases, while recognizing the value of culture in the life of staff and those served as contributing to one's resilience.

### **Suggested APS Supervisor considerations:**

- There are staff and community opportunities to learn about one another's cultures (race, ethnicity, differing abilities, sexual orientation, age, etc.).
- Discrimination/harassment/bullying/disrespect are not tolerated in the workplace, and mutual respect is nourished.
- Confidential staff surveys are conducted as an ongoing self-assessment approach to evaluate the APS team/agency cultural environment.

## Case Scenario

Supervisor Susie noticed that there had been lingering effects to her APS team since COVID-19. The team had answered the call admirably, delivering meals, medicines, and other supplies to home-bound seniors and adults with impairments during the pandemic, sometimes contacting EMS or engaging emergency supports as needed. There had been harrowing stories and some adults they assisted had died. Since then, the APS caseload has increased, and hospitals, assisted living facilities, nursing facilities, group homes, and home-based care community partners are not as collaborative as in the past. To add to the stress, the child protective services (CPS) staff is down, and Susie was just asked by management for suggestions on how her team could help support CPS. Everyone seems strained. Susie wants to support her team even as the demand only grows.

**What are some trauma-informed approaches to this situation?**

## Sources

Adams, R.E., Boscarino, J.A., PhD, MPH, and Figley, C.R. PHD, et.al., *Compassion Fatigue and Psychological Distress Among Social Workers: A Validation Study*. American Journal of Orthopsychiatry. 2006. January; 76(1): 103-108.

Antares Foundation, *Managing Stress in Humanitarian Workers: Guidelines for Good Practice*, 3<sup>rd</sup> Ed., 2012, [https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing\\_stress\\_in\\_humanitarian\\_aid\\_workers\\_guidelines\\_for\\_good\\_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9](https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9).

APS Technical Assistance Resource Center, *Trauma-Informed Approach for Adult Protective Services*, 2020, [APS TARC - Briefs \[acl.gov\]](#).

Figley, C. R., *Post-Disaster Retraumatization: Risk and Protective Factors*, (2014), <https://www.youtube.com/watch?v=1O7w6pu4Bdl> (SAMHSA resource)

ProQOL, *Professional Quality of Life Website*, <https://proqol.org/>

Stamm, B. H., *Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders*, (2014), <https://www.youtube.com/watch?v=aSJ0Lk8MslQ> (SAMHSA resource).

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA)13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

University at Buffalo School of Social Work, *Developing Your Self-Care Plan Web Page*, <https://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html>.

# Thank you for all you do for adults-at-risk!

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