Who’s Helping the Helpers?:
Taking trauma informed care to the next level to support staff through their experiences of vicarious and first-hand trauma

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Learning Objectives

- Participants will gain an understanding of the impact of Adverse Childhood Experiences (ACEs) for both clients and staff.
- Participants will also gain an increased understanding of how first-hand and vicarious trauma affects staff and the impacts this could have on clients.
- Participants will improve their ability to identify and address compassion fatigue and burnout in themselves and those working for them.
- Participants will leave with tools that can help to integrate self-care and support into their workplace and personal life.
How did we get here?

- ACEs research
- Client ACEs
- Staff ACEs
- Other staff surveys
Adverse Childhood Experiences (ACEs)

- Kaiser Permanente Study
  - Started from 1995-1997 with more than 17,000 patients who were members of the HMO
  - Asked a set of questions about events during childhood
  - Efforts to replicate the findings are underway in six countries

www.cdc.gov/ace/about.htm
ACE's Major Findings

Exposure to adverse childhood experiences are common.
• 2/3 of study participants reported at least one ACE
• over 1/5 reported three or more ACE.

The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems:

- Chronic obstructive pulmonary disease (COPD), Depression, Fetal death, Health-related quality of life, Illicit drug use, Ischemic heart disease (IHD), Liver disease, Risk for intimate partner violence, Multiple sexual partners, Sexually transmitted diseases (STDs), Smoking, Suicide attempts, Unintended pregnancies, Early initiation of smoking, Early initiation of sexual activity, Adolescent pregnancy Alcoholism and alcohol abuse

• Evidence is building and has demonstrated that as the number of ACE's increase, the risk for the above health problems increases in a strong and graded fashion.

http://www.cdc.gov/ace/index.htm
What’s My ACE Score?

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often...
   - Swear at you, insult you, put you down, or humiliate you?
   - or
   - Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often or very often...
   - Push, grab, slap, or throw something at you?
   - or
   - Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever...
   - Touch or fondle you or have you touch their body in a sexual way?
   - or
   - Attempt or actually have oral, anal, or vaginal intercourse with you?

4. Did you often or very often feel that ...
   - No one in your family loved you or thought you were important or special?
   - or
   - Your family didn’t look out for each other, feel close to each other, or support each other?

5. Did you often or very often feel that ... 
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   - or
   - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?

7. Was your mother or stepmother: 
   - Often or very often pushed, grabbed, slapped, or had something thrown at her?
   - or
   - Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   - or
   - Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Now add up your “Yes” answers: _______ This is your ACE Score
Effects of violence on children

- Impulsive behavior
- Apathy and desensitization
- Less able to sequence events in time
- Increased fragmentation of memory
- Anxious anticipation of future violence
- Higher levels of generalized anxiety
- Pervasive pessimism
- Distorted self appraisal
- Sense of foreshortened future
ACEs and Neurobiology

- ACEs have an enduring effect on the brain
- Research has shown that trauma
  - Disrupts neurodevelopment
  - Results in structural differences in the brain
    - Changes to the limbic system, hippocampus, and left hemisphere
  - Creates abnormal patterns of neural activity
- Can result in decreased self-regulation, language difficulties, hyper-vigilance, inappropriate coping mechanisms, and addiction

Anda et al. (2006), Creeden (2009), McEwen (2007), and Perry (2009)
Things To Consider...

- Not a diagnostic tool
- Not a screening tool
- Not all-inclusive
- Content limitations
  - Age gap on sexual abuse question
  - Domestic violence question
Training and Supervision

- We begin with the recognition that a program cannot help children without effectively trained and guided staff.
- For a trauma informed agency, all employees across departments must have understanding of ACEs.
- Collaboration between departments and/or collateral agencies (all speaking the same language) is necessary.
Impact on Culture

- Moves us away from “what did you do?” and toward, “what happened to you?”
  - Overheard:
    - “Darren is an 8!, he’s gonna need a ton of support”
    - “his amygdala has been hijacked”
- Puts diagnostic labels in perspective
- Calls attention to agency/ system strengths & weaknesses
- Provides concrete platform for comprehensive cross training
  - Relevant and meaningful to all disciplines
- Provides common language and universal goal:
  - Our jobs are to prevent youth in our care from experiencing more ACEs!
  - Mitigate the ones collected to date
  - Promote neurogenesis
This Work is HARD!!
(so why do we do it?)

- Clinician come out of grad school with a basic understanding of this
- What about everyone else?
  - Child care workers (front line staff)
  - Teachers /teacher aides
  - Case managers
  - Support staff (clerical, maintenance, food services...)
- We all do this work for a variety of reasons...
  - Some need a job
  - Others for altruistic motivation
  - And then there are those who are drawn for reasons of adversities in their own history
We bring ourselves to work with us every day...

- If we are to help others first we must know ourselves.
- No matter how hard we may try not to, we can’t help but bring ourselves to work with us everyday.
- Our culture, background, status and biases are apart of all we do.
- So what about our ACEs? How do staff’s ACEs impact work with clients?
Taking Trauma Informed Care to the Next Level

- Agencies need to take care of staff in order to
  - Improve outcome with clients
  - Improve staff well-being
  - Increase staff retention
  - Reduce cost related to turnover

- Staff need to take care of themselves in order to
  - Maintain positive work/life balance
  - Avoid burnout and compassion fatigue
  - Understand themselves and their trauma reactions
What happens to the helpers...

- **Transference**: a reproduction of emotions by a client relating to repressed experiences, and the substitution of a service provider for the object of the repressed impulses.

- **Counter Transference**: a reproduction of emotions by a service provider relating to repressed experiences, and the substitution of a client for the object of the repressed impulse.

- **Vicarious Traumatization**: lasting psychic effects producing suffering related to handling a painful emotional experience through participation in another’s trauma.

- **Parallel Process**: the simultaneous appearance of similar feelings, emotional difficulties, defense mechanisms, attitudes and patterns of behavior in two or more settings (Etgar, 1996; Kadushin, 1992; Kahn, 1979).
What else happens to the helpers...

- **Primary (On the Job) Trauma:** results from an event, series of events or set of circumstances that is experiences as physically or emotionally harmful or threatening and that has a lasting adverse effect.

  “If we don’t feed the staff, they’ll eat the children”  (an advocate for trauma informed care of professionals)
Have you ever... 

been threatened by a client

30.80%

69.20%

Yes

No
Have you ever...

felt upset when hearing about a client's past

- Yes: 70%
- No: 30%
Have you ever been verbally assaulted by a client?

- Yes: 75%
- No: 25%
Have you ever... 

felt helpless when dealing with a situation

- Yes: 53%
- No: 47%
Have you ever... 

walked in on/witnessed client(s) engaged in sexual behavior (including masturbation)

Yes 76%
No 24%
Have you ever...

heard client discussing cutting/suicidal behavior

- Yes
- No

50% Yes, 50% No
Have you ever...

learned about a client's attempted suicide

Yes 30%
No 70%
Have you ever...
(burnout/compassion fatigue)

- Been preoccupied with the youth in my care
- Felt worn out because of my work
- Felt as though I was living/experiencing the trauma of someone I have worked with
- Felt on edge because of my work
- Felt bogged down by “the system”
What happens when we experience...?

- Professional isolation
- View clients as “resistant”
- Stress in treatment
- Over identify with clients
- Work related anxiety and vicarious traumatization
- Displacement of feelings about personal trauma
- Frustrations with limitations
- Struggle to identify success or blame ourselves for lack of
Symptoms of Compassion Fatigue/Burnout

- Irritability and feelings of hopelessness
- Physical manifestations (stress related illness, difficulty sleeping, weight loss/gain...)
- Denial/minimization of the challenges that this work presents
- Difficulty participating in social settings
- Poor job performance
- Short tempered/ “quick fuse”
Risk related to lack of awareness of our own reactions

- Misuse of positional power and control
- Isolation from co-workers and clients
- Lack of understanding of how our behavior plays out
- Assumption of deviant purpose attributed to client
- Inadvertently creating barriers to success
- Speaking negatively about clients
- Treating clients and co-workers badly
What does that mean for an Agency?

- Client – Staff relationships are vital to the success of any Trauma Informed Agency.
  - Approximately 80% of treatment is a product of relationship.
- Burnout and Compassion Fatigue equal:
  - High staff turnover
  - Poor outcomes for clients
  - Negative work environment
  - Lack of staff “buy-in”
So What Can Be Done?

- Educate Staff
- Assess for Trauma
  - Past and job related
- Provide opportunities for support and self-care
- Foster a positive staff culture
- Promote an environment where staff feel able to discuss their experiences with peers, supervisors and administrators
Changes to Training

- Embedded Mental Health, Trauma, ACEs, and Juvenile Justice System curriculum in existing training material for all staff, all departments

- Conscious effort to cross train and re-train
  - ...together
Promoting Self-Care

- Create a culture that *expects* staff *will* take care of themselves
- Opportunities for self assessment/evaluation
- Ask questions as part of regular supervision
  - *Clinical style* supervision for all staff
- Be sure staff knows what they can do *if/when*...
Fostering Culture

-Allow staff to be active participants in identifying what is working and what needs more attention

- Some are out of our control (not enough pay/ vacation time etc.)
  - It can benefit staff to talk about it even if we can’t change it
- Some are not (formal opportunities for training / support)
  - Even small victories can be galvanizing to the staff
Bringing it all together

Thriving Agency

- Trauma Informed Care
- Supportive Working Environment
- Healthy Outcomes for Youth and Families
- Positive Culture
Recommended Reading


ACEs Information and Resources

- [www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)
- [www.aceresponse.org](http://www.aceresponse.org)
  - HEARTS Initiative
- [ACEStoohigh.com](http://ACEStoohigh.com)
- Center on the Developing Child, Harvard University
  - [developingchild.harvard.edu](http://developingchild.harvard.edu)

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