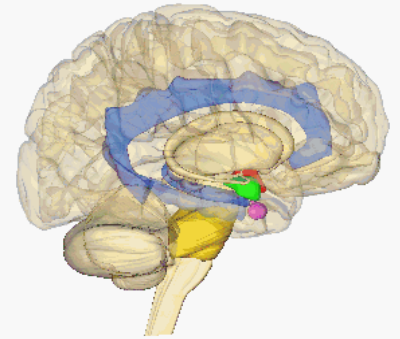


NORTHERN  
CALIFORNIA  
TRAINING  
ACADEMY

**UC DAVIS**  
**EXTENSION**  
CENTER FOR HUMAN SERVICES



# SYSTEMS RESPONSE TO SECONDARY TRAUMA:

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## STRATEGIES FOR DEVELOPING A COMPREHENSIVE APPROACH TO SUPPORT CHILD WELFARE

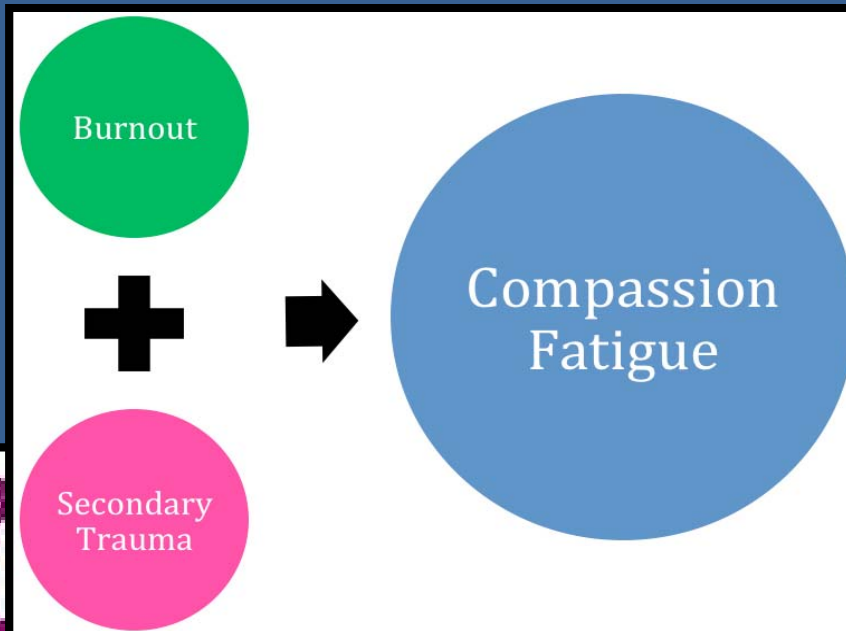
Beth A. Cohen, Ph.D.  
Center for Human Services  
Occupational Health Services  
University of California, Davis

# AGENDA



- ❑ Challenges in Child Welfare
- ❑ Expanding SOP to Include Secondary Trauma
- ❑ Individual & Organizational Impacts
- ❑ Neuroscience of Trauma
- ❑ Risks, Signs, Symptoms
- ❑ Strategies For Recovery and Well-Being
- ❑ Organizational Best Practices

# ORGANIZATIONAL CHALLENGES?



**Child Welfare**  
*Impacting the future of a child*

**Safety Organized Practice**

Solution focused methods,  
organized around child safety

# PRIMARY TRAUMA

- ❑ Event(s) that cause significant psychological and/or physiological distress
- ❑ Can lead to significant decrease in functioning/disorders
- ❑ Emerges suddenly, either soon or long after event(s)
- ❑ Characterized by unpleasant, intrusive memories, feelings of helplessness, confusion, and social isolation

**TRAUMA**

# SECONDARY TRAUMA & BURNOUT

## Secondary Trauma (STS)

Stress resulting from helping or wanting to help traumatized or suffering individuals or witnessing or hearing about firsthand trauma experiences

## Burnout

Emerges gradually, mental/emotional exhaustion, worsens as time passes, is associated with high stress and low personal reward, is situational and common in high stress work environments

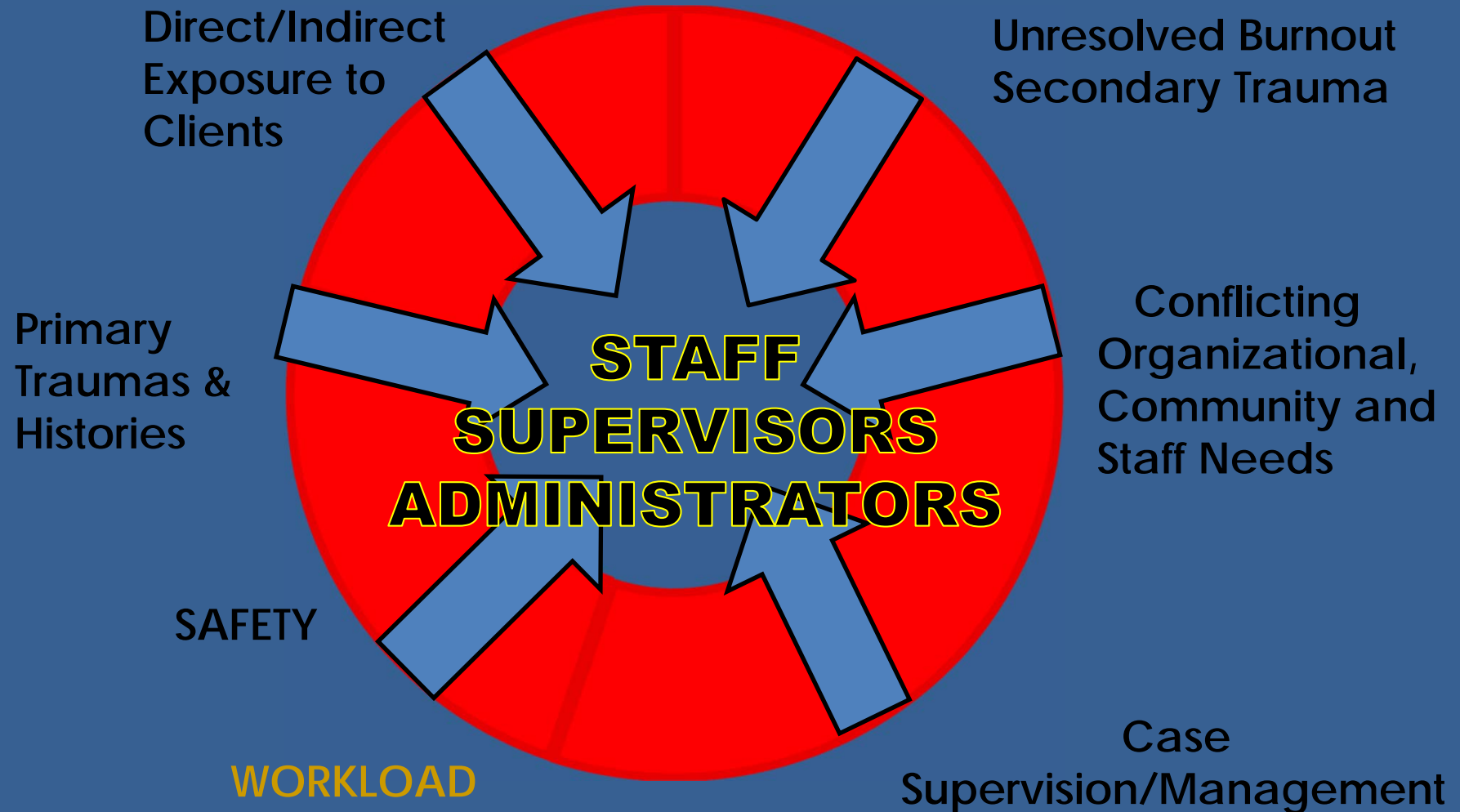
# SECONDARY TRAUMA ALSO KNOWN AS...

Compassion Fatigue

Vicarious Traumatization  
Emotional Contagion

Post Traumatic Stress  
Burnout

# POTENTIAL TRAUMA EXPOSURES

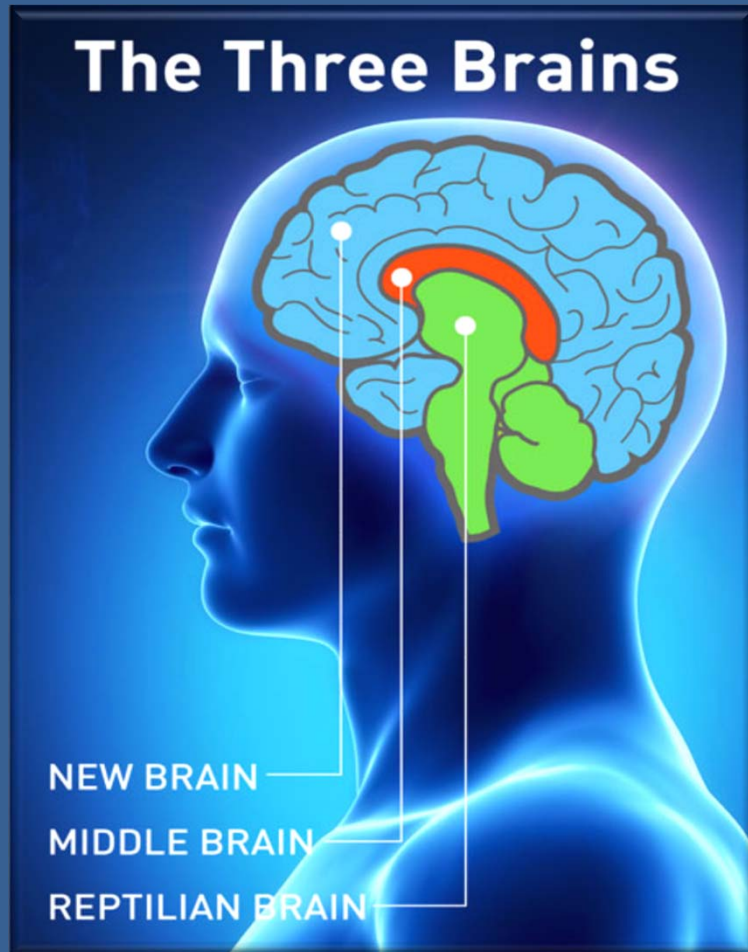


# NEUROSCIENCE OF TRAUMA

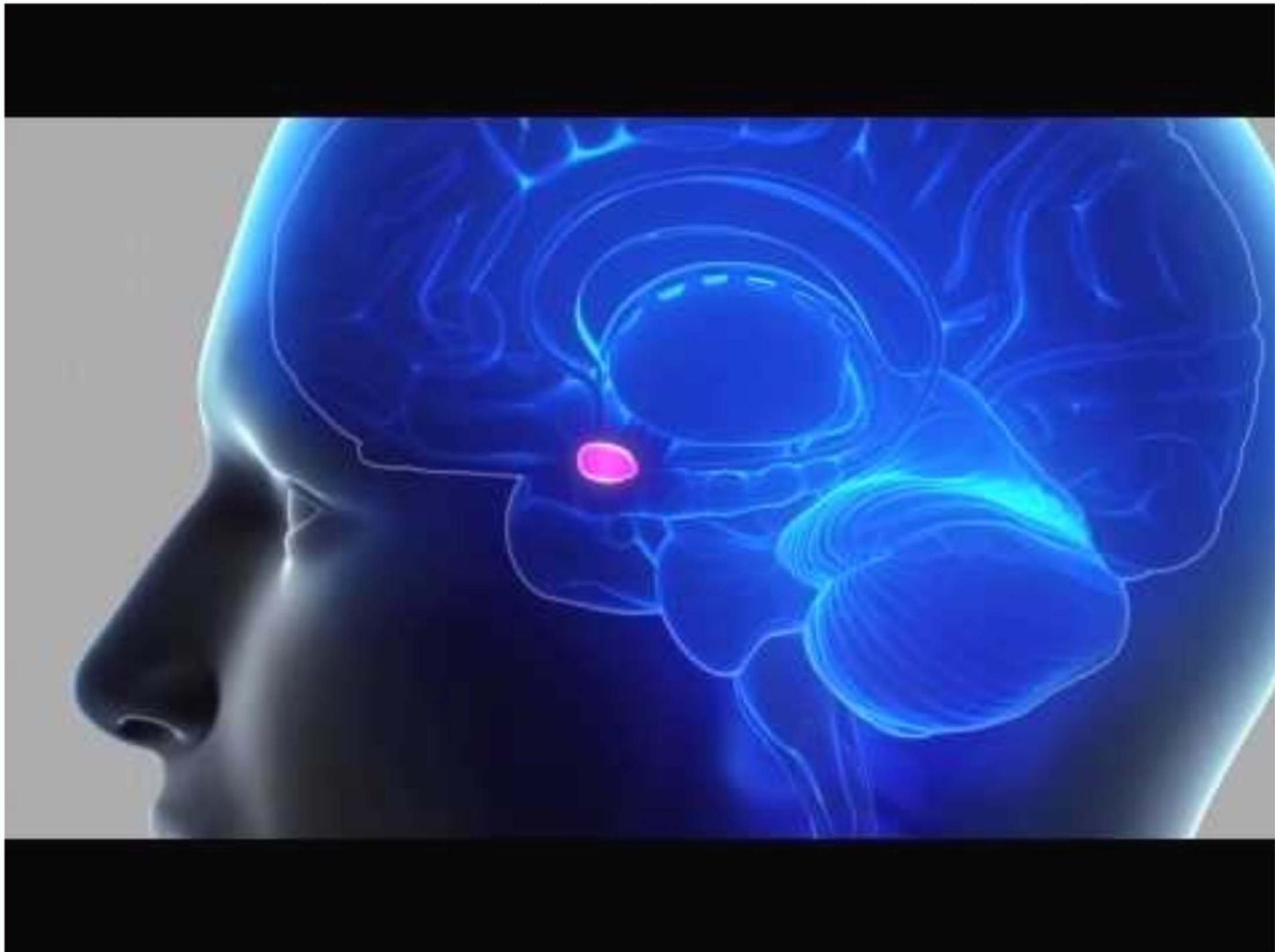


What Happens in the Brain  
During Trauma?

# TRIUNE BRAIN

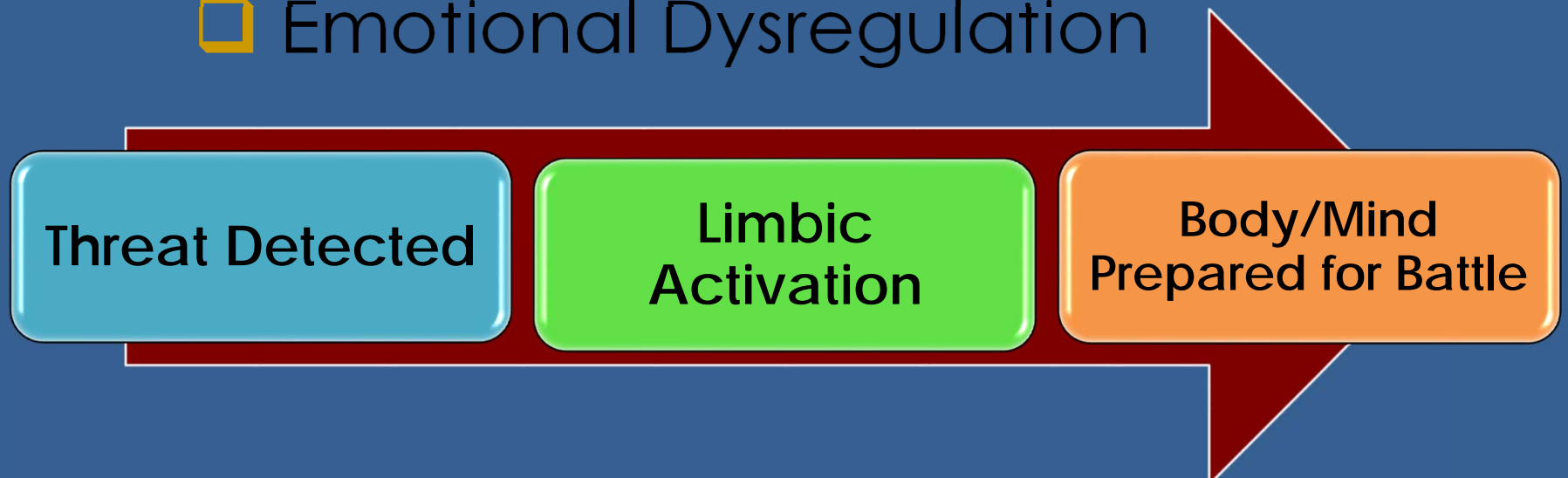


- **Blue: Neocortex**  
Logic, Rational,  
Reasoning, Time
- **Red: Limbic System**  
Fear, Threat,  
Emotions, Trauma  
Storage
- **Green: Reptilian**  
Fight, Flight, Freeze



# BRAIN'S RESPONSE TO THREAT

- ❑ Cost:
  - ❑ Cognitive
  - ❑ Biochemical
  - ❑ Physiological
  - ❑ Emotional Dysregulation

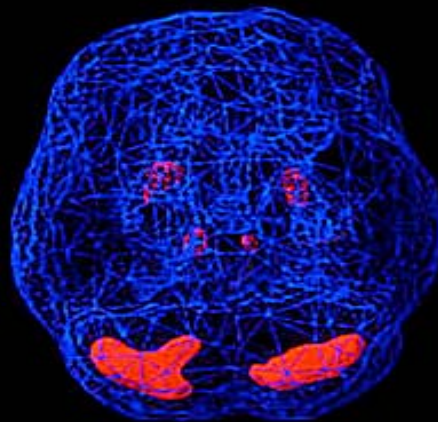


# PHYSIOLOGY OF TRAUMA

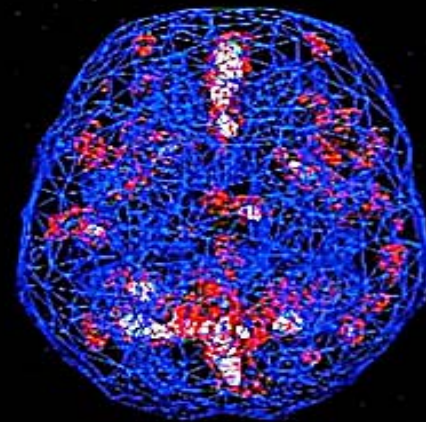
**Traumatic  
Event**

**Prolonged  
Alarm  
Reaction**

**Altered  
Neural  
Systems**

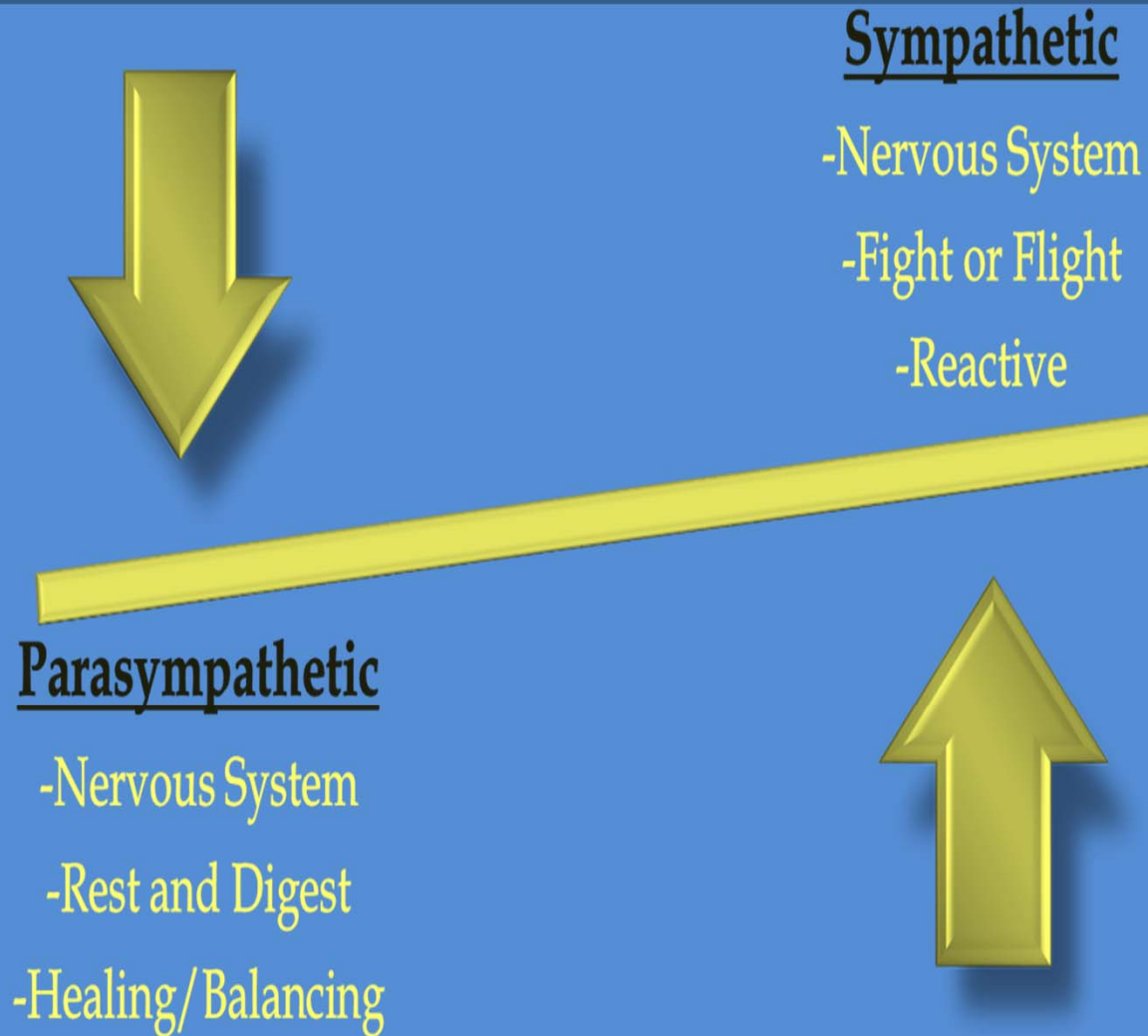


**Healthy Brain**



**PTSD**

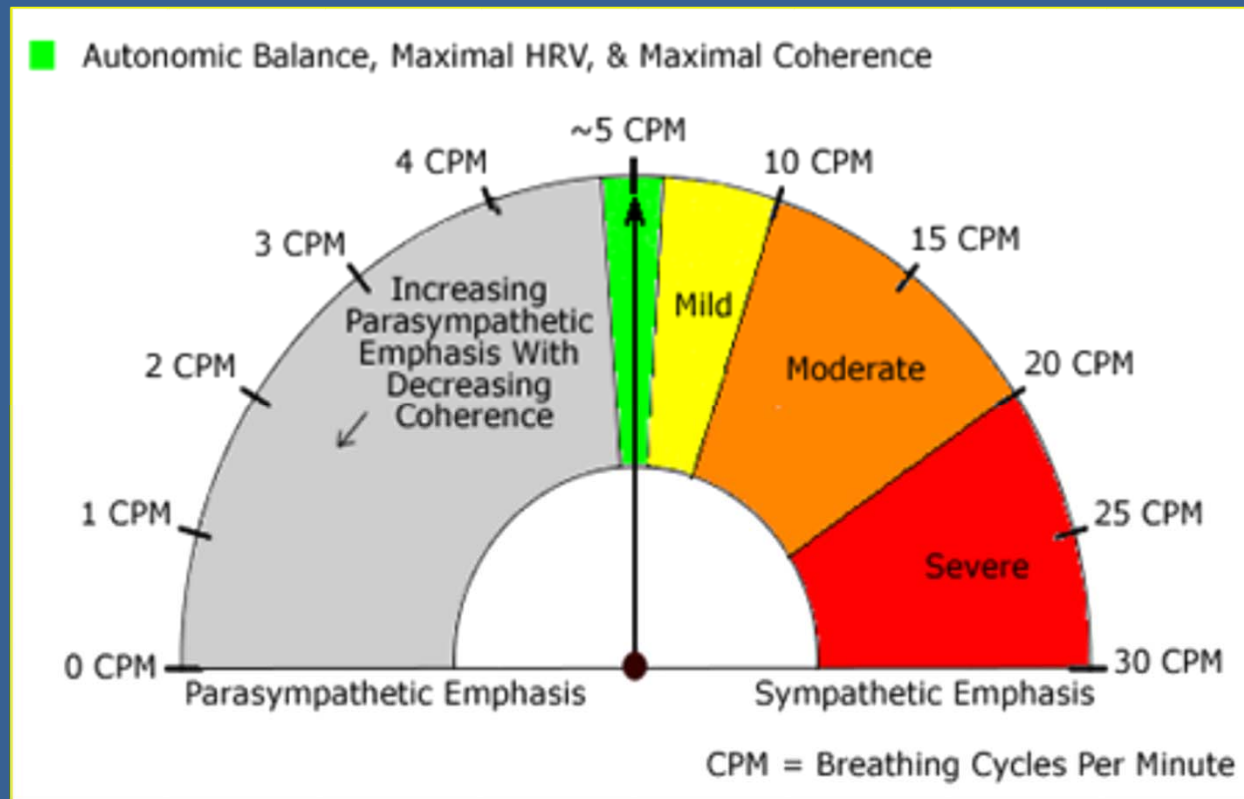
# AUTONOMIC NERVOUS SYSTEM



# YOUR NERVOUS SYSTEM



# SYMPATHETIC vs PARASYMPATHETIC



## Results

10 or below = PNS (Resting)

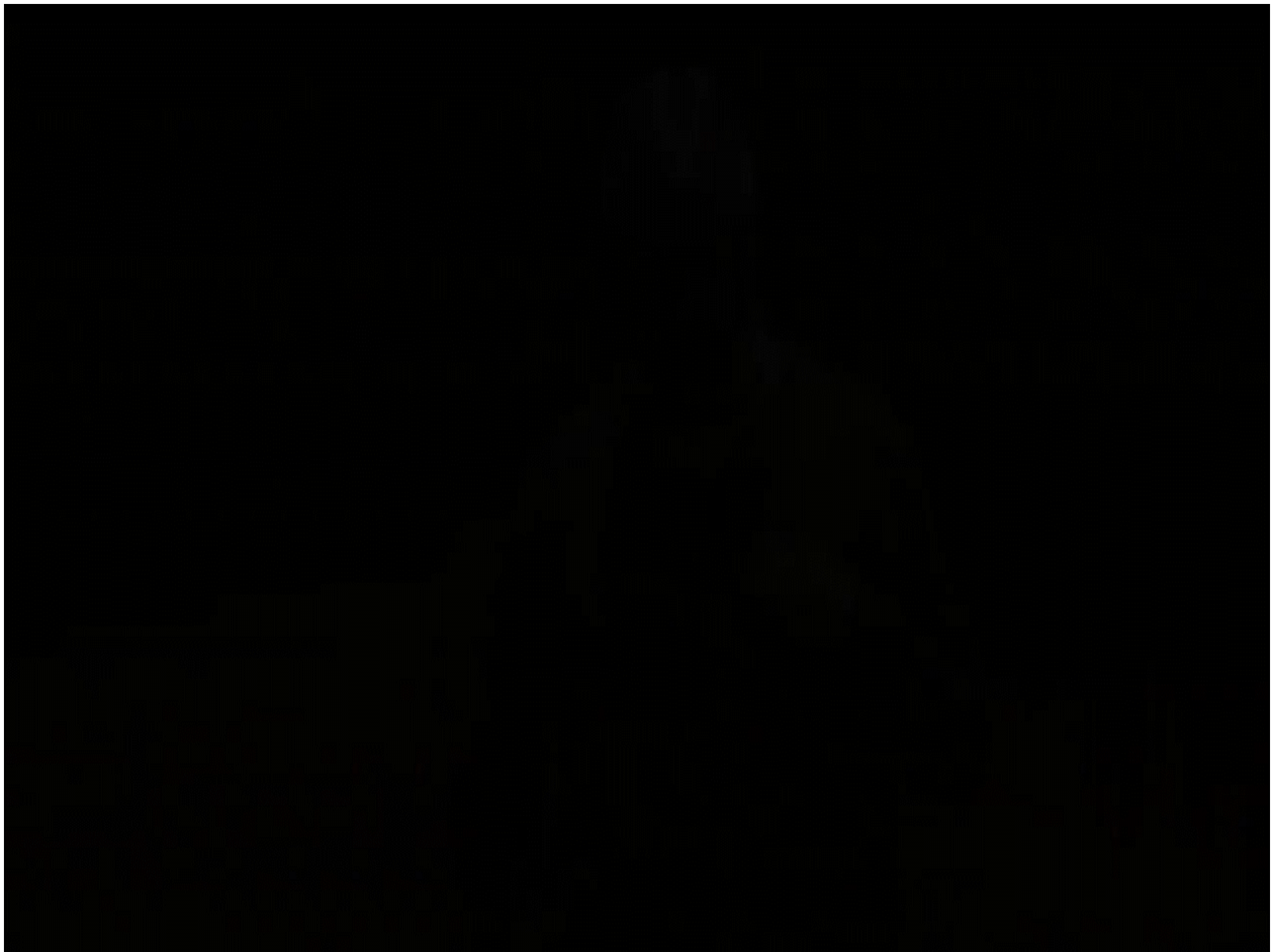
11 or above = SNS (Vigilance)



# WIRED FOR SURVIVAL

- ❑ Inherent Need to Survive
- ❑ Caveman Threats: Physical Survival
- ❑ Today's Threats:
  - Loss of Life or Physical Injury
  - Psychological/Social
  - Humiliation/Shame
  - Unfairness





# WHO WORKS IN CHILD WELFARE

- ☐ Personality/Temperament
- ☐ Givers/Drive to Be in Service
- ☐ Increased Empathy
- ☐ Put Others First
- ☐ **Mirror Neurons:**
  - Allows Us to Feel Other's Feelings
  - Understand Actions/Intentions of Others



**It's No Coincidence We Do What We Do!**

# COMMON SYMPTOMS

Depression / Anxiety

Guilt

Fear / Hypervigilance

Social Withdrawal

Intrusive Thoughts

Sleep Disturbance

Numbing / Avoidance

Insensitivity to  
Violence

Anger / Cynicism

Decreased Self-Care

Boundary Issues

Loss of Creativity

# PROFESSIONAL IMPACTS

- ❑ Decrease in Productivity
- ❑ Focus and Concentration Difficulty
- ❑ Fear of Incompetency and Self-Doubt
- ❑ Job Dissatisfaction
- ❑ Turnover/Loss of Talent
- ❑ Absenteeism/Presenteeism
- ❑ Disability/Workers Compensation Claims

**I'm Allergic  
to Work**

# RETHINKING CHILD WELFARE



Is The Way We Are Working,  
Working?

# THE GOOD NEWS

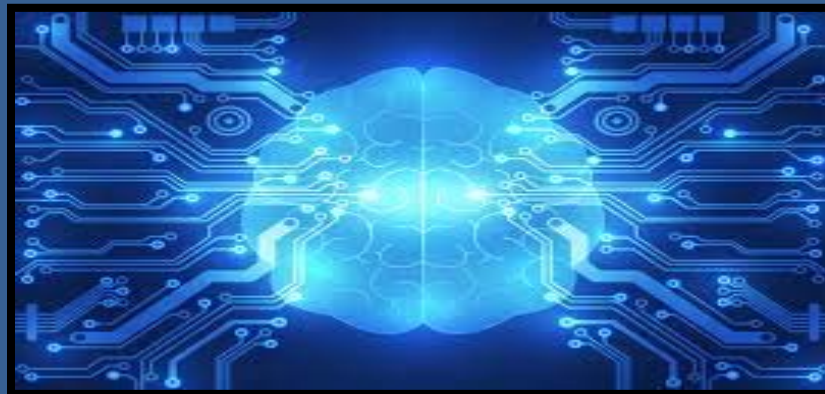
Although secondary trauma can be disruptive and distressing:

- ❑ Full-blown Trauma is Rare
- ❑ Protective Factors Can Reduce Risk
- ❑ Brain's Capacity to Rewire & Recover
- ❑ Threat vs. Reward = Survive vs. Thrive
- ❑ Virtual Reality and Trauma Recovery



# NEUROPLASTICITY

- ❑ Brain ability to build new pathways in response to experience and learning
- ❑ Create new neural connections throughout life
- ❑ Ability to form new habits/break old ones





# TRAUMA INFORMED AGENCIES

- ❑ Assessing Trauma Informed Status
- ❑ Supervisor and Manager Education
- ❑ Onboarding/Ongoing Training and Support
- ❑ Primary & Secondary Trauma Training
- ❑ Well-Being & Resilience Strategies
- ❑ Post Incidence Analysis/Debriefing



# AGENCY WIDE TRAUMA AWARENESS

- ☐ Commitment to Train All Staff, Management & Community Partners
- ☐ Policy/Protocols
- ☐ STS: Neuroscience & Physiology
- ☐ Focus, Support & Offer Self-Care
- ☐ Recovery and Resilience Strategies
- ☐ Post Trauma Analysis/Debriefings

# IMPORTANCE OF ORGANIZATIONAL CULTURE

- ❑ Research: Culture vs. Compensation
- ❑ Leader/Manager/Supervisor Awareness and Practices
- ❑ Modeling Trauma Informed Self-Care!
- ❑ Supervisor Intervention



# ONBOARDING AND TRAINING

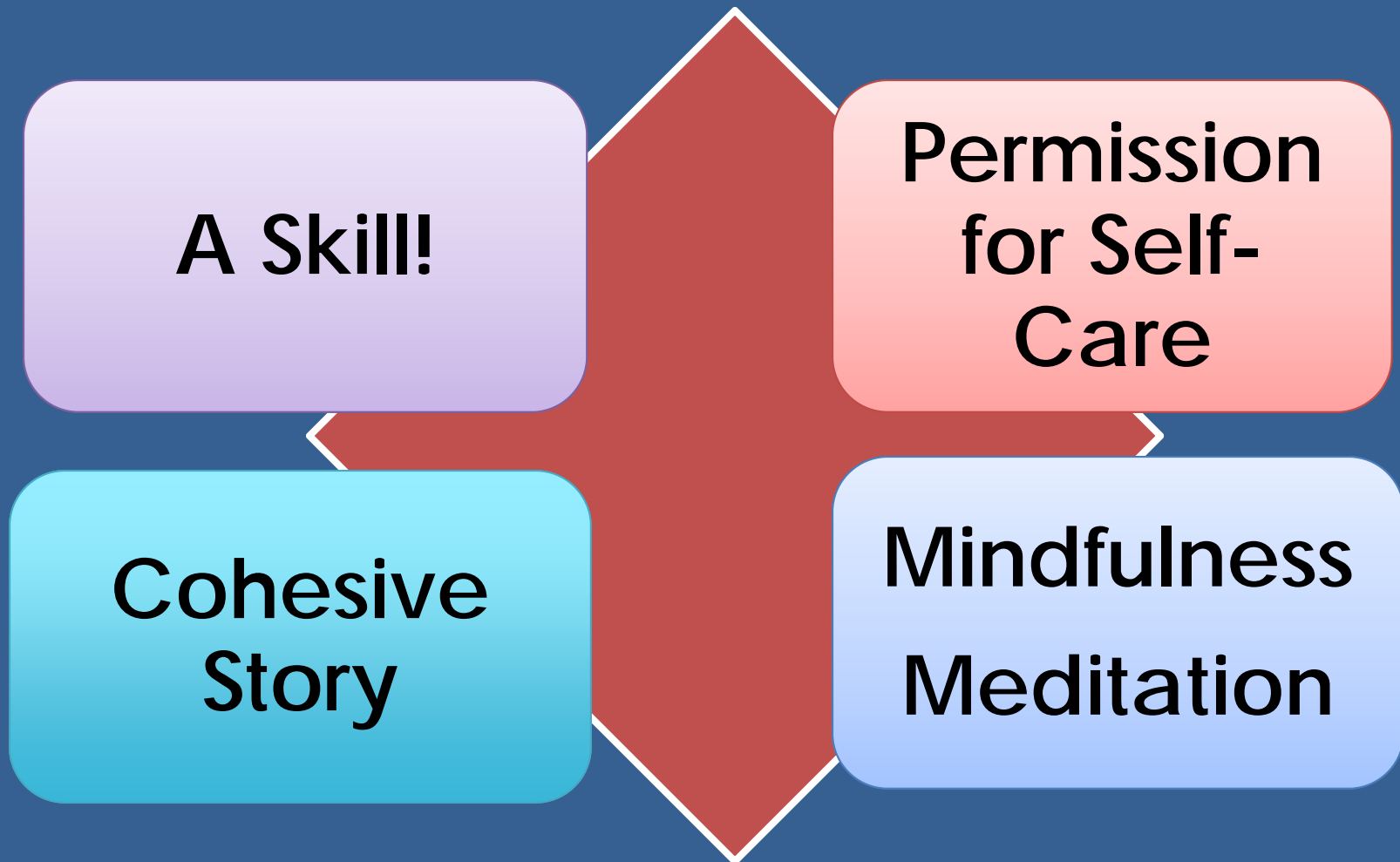


Staff Development

Mentoring

Skills Assessment

# WELL-BEING: PROTECTIVE FACTORS



# The Healthy Mind Platter



*The Healthy Mind Platter for Optimal Brain Matter*

# NOURISHING THE BRAIN



## **Focus Time**

When we closely focus on tasks in a goal-oriented way, taking on challenges that make deep connections in the brain.



## **Play Time**

When we allow ourselves to be spontaneous or creative, playfully enjoying novel experiences, which helps make new connections in the brain.



## **Connecting Time**

When we connect with other people, ideally in person, or take time to appreciate our connection to the natural world around us, richly activating the brain's relational circuitry.



## **Physical Time**

When we move our bodies, aerobically if possible, which strengthens the brain in many ways.



## **Time In**

When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, helping to better integrate the brain.



## **Down Time**

When we are non-focused, without any specific goal, and let our mind wander or simply relax, which helps our brain recharge.



## **Sleep Time**

When we give the brain the rest it needs to consolidate learning and recover from the experiences of the day.

# POST INCIDENT ANALYSIS: DEBRIEFING

Group Meeting that Allows First and Second Responders to Discuss, Emote, **Create Cohesive Story** After a Trauma Event

## Purpose:

- ☐ Facts Increase Sense of Control
- ☐ Must Become Standard Practice
- ☐ Predicting Future Responses and Reactions
- ☐ Normalizes the Trauma Process
- ☐ Flags Those That Need Additional Assistance

# POST INCIDENT ANALYSIS



**Value of Group Process**



**Voluntary vs. Mandatory**



**Importance of Timing**



**Facilitative Conversation**



**Multiple Facilitations  
Maximize Integration**

# TRAUMA: A NATURAL RESPONSE

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Remen, *Kitchen Table Wisdom*

# RESOURCES

## APPS FOR SELF-CARE

- ❑ Honest Guys (YouTube)
- ❑ Insight Timer (Meditation)
- ❑ Re-mindful (Mindfulness)
- ❑ GPS for the Soul (Wellness)
- ❑ Fitness Builder (Physical Activity))
- ❑ Self Help Classics (General Inspirational)
- ❑ Breathe2Relax (Diaphragmatic Breathing)
- ❑ Breathing Zone (Breathing/Relaxation)
- ❑ CBT-I Coach (Sleep)



# REFERENCES

- Adams, R.E., Figley, C.R., & Boscarino, J.A. (2008). The Compassion Fatigue Scale" Its use with social workers following urban disaster. *Research on Social Work Practice*, 18, 238-250.
- Advanced Trauma Solutions, Inc. (2012). *Trauma affect regulation: Guide for education & therapy*. Farmington, CT: Advanced Trauma Solutions, Inc
- Almedom, A. (2005). Resilience, hardiness, sense of coherence, and posttraumatic growth: All paths leading to "light at the end of the tunnel"? *Journal of Loss and Trauma*.
- Barnett, J.E., Baker, E.K., Elman, N.S., & Schoener, G.R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 36, 603-612.
- American Psychiatric Association. (2013), *Diagnostic and statistical manual of mental disorders*. (5<sup>th</sup> ed.), Arlington, VA: American Psychiatric Association.
- Brook, RD, Appel RJ, Rubenfire, M, et al. (2013) Beyond medications and diet: alternative approaches to lowering blood pressure; a scientific statement from the American Heart Association. *Hypertension*. 61 (6): 1360-1383.
- Barnett, J.E., Baker, E.K., Elman, N.S., & Schoener, G.R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 36, 603-612.

# REFERENCES

- Cozolino, Louis J. The Neuroscience of Psychotherapy: Healing the Social Brain. (2010) New York: W.W. Norton. Print.
- Davidson, Richard (2015)  
[http://greatergood.Berkeley.edu/gg\\_live/mindfulness\\_well\\_being\\_at\\_work/speaker/richard.davidson/four\\_constituents\\_of\\_well-being/](http://greatergood.Berkeley.edu/gg_live/mindfulness_well_being_at_work/speaker/richard.davidson/four_constituents_of_well-being/)
- DeSilva, P.V., Hewage, C.G., Foneska, P. (2009). Burnout: an emerging occupational health problem. Galle Medical Journal, 14 (1), 52-55
- Doidge, Norman. The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science. New York: Viking, 2007. Print.
- Dyregrov, A. (1997). The process of psychological debriefing. Journal of Traumatic Stress, 10, 589-604.
- Dakwar E and Levin FR, (2009). The emerging role of meditation in addressing psychiatric illness, with a focus on substance use disorders, Harvard Review of Psychiatry. 17(4)" 254of-267.
- Deshmukh, Vinod D. "Neuroscience of Meditation." The Scientific World Journal 6 (2006): 2239-253. Web.
- Dik, Bryan J., Zinta S. Byrne, and Michael F. Steger. (2013) Purpose and Meaning in the Workplace. Print
- El-Gabalawy, R. (2012). Association between traumatic experiences and physical health conditions in a nationally representative sample.  
<http://www.ada.org/sites/default/files/El-Gabalawy%20331.pdf>
- Falender, C.A. & Shafranske, E.P. (2004). Clinical supervision: A competency-based approach. Washington, DC: American Psychological Association

# REFERENCES

- Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-informed organizational toolkit. Rockville, MD: Center for Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.
- Lieberman, Matthew D. "Education and the Social Brain." Trends in Neuroscience and Education 1.1 (2012): 3-9. Web.
- Lieberman, Matthew D. "A Geographical History of Social Cognitive Neuroscience." Neurolmage 61.2 (2012): 432-36. Web.
- Montgomery, Arlene. "Toward The Integration of Neuroscience and Clinical Social Work." Journal of Social Work Practice 27.3 (2013): 333-39. Web.
- Nummenmaa L, et al. (2012) Emotions promote social interaction by synchronizing brain activity across individuals. Proc Natl. Acad Sci USA 109(24):9599–9604.
- Nummenmaa L, Hirvonen J, Parkkola R, Hietanen JK (2008) Is emotional contagion special? An fMRI study on neural systems for affective and cognitive empathy. Neuroimage 43(3):571–580.
- Kabat-Zinn, J. (2005). Full catastrophic living: Using the wisdom of your body and mind to face stress, pain, and illness: Fifteenth anniversary edition. New York: Bantam Dell.

# REFERENCES

- Rothschild, B. (2006). Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma. New York: W.W. Norton.
- Rubia K. The neurobiology of meditation and its effectiveness in psychiatric disorders. Biological Psychology, 2009;82(1):1-11
- San Diego Trauma Informed Guide Team. (2012). Are you asking the right questions? A client centered approach.  
[http://www.elcajoncollaborative.org/uploads/1/4/1/5/1415935/sd\\_tigt\\_brochure2\\_f.pdf](http://www.elcajoncollaborative.org/uploads/1/4/1/5/1415935/sd_tigt_brochure2_f.pdf)
- Sapolsky, R. M. (1996). Why Stress is Bad for Your Brain. Science. Stanford University News Service.
- Seligman, M. E. P. 2002 Authentic Happiness: Using the new positive psychology to realize your potential for lasting fulfillment. New York: Free Press.
- Senior, Carl, and Michael J. R. Butler. The Social Cognitive Neuroscience of Organizations. Boston: Published by Blackwell Pub. on Behalf of the New York Academy of Sciences, 2007. Print.

# REFERENCES

- Stamm, B.H. (2012). Professional Quality of Life: Compassion satisfaction and fatigue version 5 (ProQol).  
[http://proqol.org/uploads/ProQOL\\_5\\_English.pdf](http://proqol.org/uploads/ProQOL_5_English.pdf)
- Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Valent, P. (2002). Diagnosis and treatment of helper stresses, trauma, and illnesses. In Figley (Ed.), Treating compassion fatigue (pp. 17-38). New York: Brunner-Routledge.
- Wessely, S. Bryant, R., Greenberg, N., Earnshaw, M., Sharpley, J., & Hughes, J.H. (2008). Does psychoeducation help prevent posttraumatic psychological distress? *Psychiatry: Interpersonal and Biological Processes*, 71, 287-302.