Secondary and Vicarious Trauma

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Confusing Definitions..

- Vicarious Trauma: “Persons who work with victims who experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after working with traumatized persons”: McCann and Pearlman

- Secondary Trauma: Somewhat similar but originally included a sense of culpability in causing some of the trauma

- Secondary Traumatic Stress/Compassion Fatigue/Secondary PTSD: Content Domains
  - Re-experiencing a survivor’s traumatic event
  - Avoidance of reminders or numbness in response to reminders
  - Constant arousal

Some Other Terms

- Compassion Fatigue: Diminished capacity to care as a consequence of repeated exposure to the suffering of patients and from the knowledge of their patients' traumatic experiences

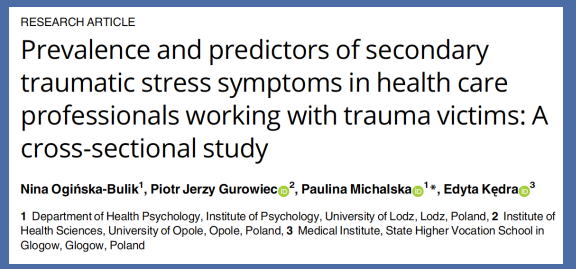
- Burnout: Psychological syndrome from prolonged stressors such as work hours and environment which may also impact a person's ability to care

Secondary and Vicarious Trauma

- Lines are becoming blurred between the two..
  - Both involve exposure to a critical event and subsequent psychological, physical, behavioral and cognitive manifestations of stress
  - All definitions acknowledge that caring for victims can lead to adverse consequences for the caregiver
  - Psychological impact: Anger, fear, sadness, anxiety
  - Physical impact: Sleep disturbances, tachycardia, hypertension, difficulty concentrating
  - Long term impact: Numbing, deterioration of clinical performance, isolation, depression, weakening resilience

Prevalence of Secondary Traumatic Stress
AKA Secondary Traumatic Stress Disorder

- 419 Medical professionals, nurses and paramedics
- Four evaluation tools used:
  - Secondary traumatic stress inventory
  - Job satisfaction scale
  - Social Support scale
  - Cognitive processing of trauma scale
- Main predictors of STS: Job satisfaction, Cognitive strategies of regret and acceptance
- Nurses and paramedics were most susceptible to STS



RESEARCH ARTICLE

Prevalence and predictors of secondary traumatic stress symptoms in health care professionals working with trauma victims: A cross-sectional study

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Solutions
Focus on Job Satisfaction

- Raise awareness
- Perceived ability to deliver good care
- Good relationships
- Respect from superiors
- Supportive leadership
- Good salary
- Growth: Professional training and job promotion
- Competitive pay and bonuses
- Autonomy
- Opportunities for decision-making

Other Measures to Know to Seek Care

- Compassion Fatigue Self-Test: Measures mood, fatigue, disillusionment
- TSI Belief Scale for vicarious trauma: Measures safety, trust, intimacy, esteem, control
- Maslach Burnout Inventory: Measures emotional exhaustion, depersonalization, reduced sense of accomplishment

Other Measures to know to seek care and rediscover our sense of agency

- Symptom Checklist 90: Measure of general psychological distress
- TSI Life Events Checklist: Measures the potential for greater vulnerability based upon our own traumatic experiences
- PTSD Scales

Injury, Int. J. Care Injured 48 (2017) 293–296

Contents lists available at ScienceDirect

Injury

journal homepage: www.elsevier.com/locate/injury

PTSD in those who care for the injured

Kevin Luftman[a], Jayson Aydelotte[a,*], Kevin Rix[b], Sadia Ali[b], Katherine Houck[c], Thomas B. Coopwood[a], Pedro Teixeira[a], Alex Eastman[d], Brian Eastridge[e], Carlos V.R. Brown[a], Matthew Davis[f]

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Asked Four Basic Screening Questions

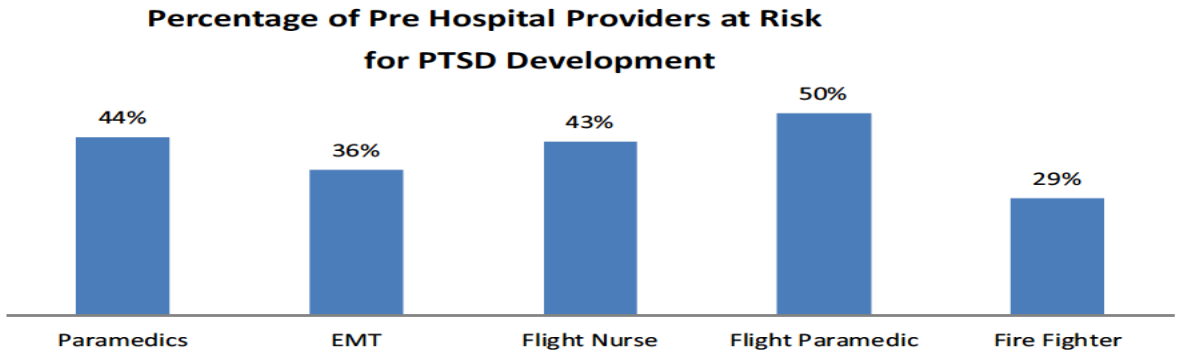


Fig. 3. Percentages of pre-hospital providers screening positive for PTSD risk. Respondents screen positive by answering "yes" to three of four screening questions.

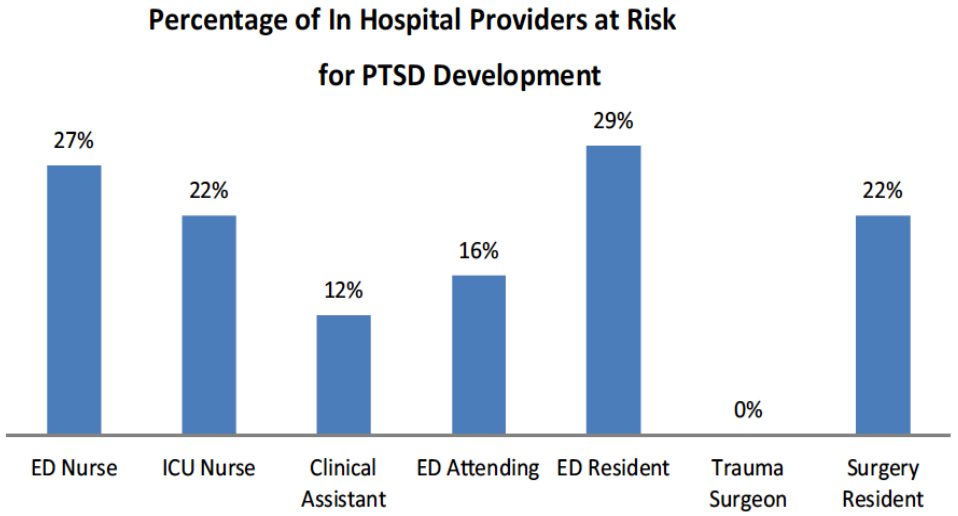


Fig. 4. Percentages of in-hospital providers screening positive for PTSD risk.

Compassion Fatigue, Burnout, and the Professional Quality of Life Scale

- Three elements:
  - Compassion Satisfaction
  - Burnout
  - Secondary Traumatic Stress or Compassion Fatigue
- Meta-analysis
  - High levels of both burnout and compassion fatigue across healthcare disciplines
  - Preexisting depression and anxiety increases risk
  - Ultimately can lead to people leaving the workforce
  - Raising awareness and the system's responsibilities

Nursing Ethics
2020, Vol. 27(3) 639–665

Death in the OR-Vicarious Trauma

The dichotomy of death in a life-sustaining context

- Many resources are available for first responders but not for health care providers

The Focus on Biomedical Values

- Focused on efficiency and only the biologic illness or physical injury
- Practitioners are reduced to their tasks and physiology is the only factor-psychology becomes invisible
- This biomedical framework may lead to a lack of ability to process the multidimensions of death in the OR, for example
- Discounts the human response and leads to denial and distress
- Delayed healing and disenfranchised grief

Remedies

- Change in expectations, culture and morés
- Trauma Informed Care
- Debriefings

Medical News & Perspectives

Trauma-Informed Care May Ease Patient Fear, Clinician Burnout

Bridget M. Kuehn, MSJ

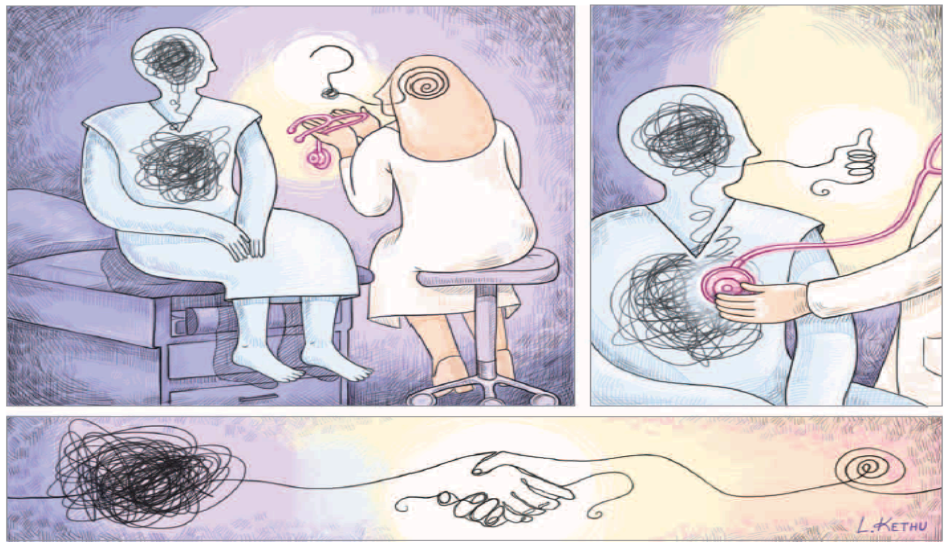
For many sexual assault survivors whom Anita Ravi, MD, MPH, sees as a New York City–based family physician, the prospect of even basic medical care can be frightening. Some have put off Papanicolaou tests and mammograms for years or even decades.

To help them, Ravi has adopted a trauma-informed approach that works to restore patients' trust and give them a greater sense of control over their visit. This may include asking permission before touching and suggesting alternatives to certain procedures that make them uncomfortable. For example, she may offer patients who require a throat or vaginal swab the option of doing it themselves.

"It's essential to give people the opportunity to know all the steps that are going to happen and say, 'If that doesn't work for you, we can try this other way,'" said Ravi.

Trauma-informed care is already widely used in behavioral health, with guidance available from the US Substance Abuse and Mental Health Services Administration (SAMHSA). But it's also increasingly being applied in other settings including primary care, obstetrics and gynecology, and emergency departments.

In addition to addressing patient care, the approach recognizes that some clinical interactions can reevoke physicians' own past traumas or transmit secondary trauma, said Andrea Garroway, PhD, a senior instructor in the departments of psychiatry and medicine at the University of Rochester School of Medicine and Dentistry in New York.



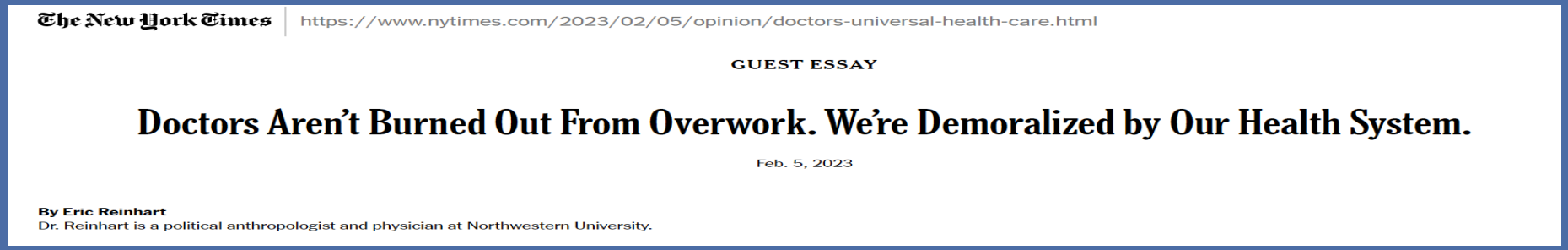
These interactions can hurt physicians and patients alike. "A [clinician's] ability to bring a trauma-informed approach to care is dependent on their own well-being," Garroway said. "They can bring the most empathy, understanding, and compassion to these conversations if they've taken care of themselves emotionally."

Universal Precautions

Any event or series of events—whether experienced or witnessed—that profoundly affects a person's social, physical, psychological, and physiological well-being can traumatize them, according to Linda Henderson-Smith, PhD, who directs trauma-informed services for children at the National Council for Behavioral Health. These events are prevalent: 70% of US adults have had at least 1 traumatic

The Value of Trauma Informed Care to the Clinician

- TIC recognizes that some encounters can reinvoke a Clinician's own trauma or transmit secondary trauma
- Bringing Trauma Informed Care to the bedside requires self-care
- Almost every American has had at least one traumatic event
  - We all bring that to a chaotic scene or trauma bay-think about WHY a person is behaving a certain way
- A recent example..56 yo man with GSW to the leg
- TIC as a "Universal Precaution" because we just don't know



The New York Times | https://www.nytimes.com/2023/02/05/opinion/doctors-universal-health-care.html

GUEST ESSAY

Doctors Aren't Burned Out From Overwork. We're Demoralized by Our Health System.

Feb. 5, 2023

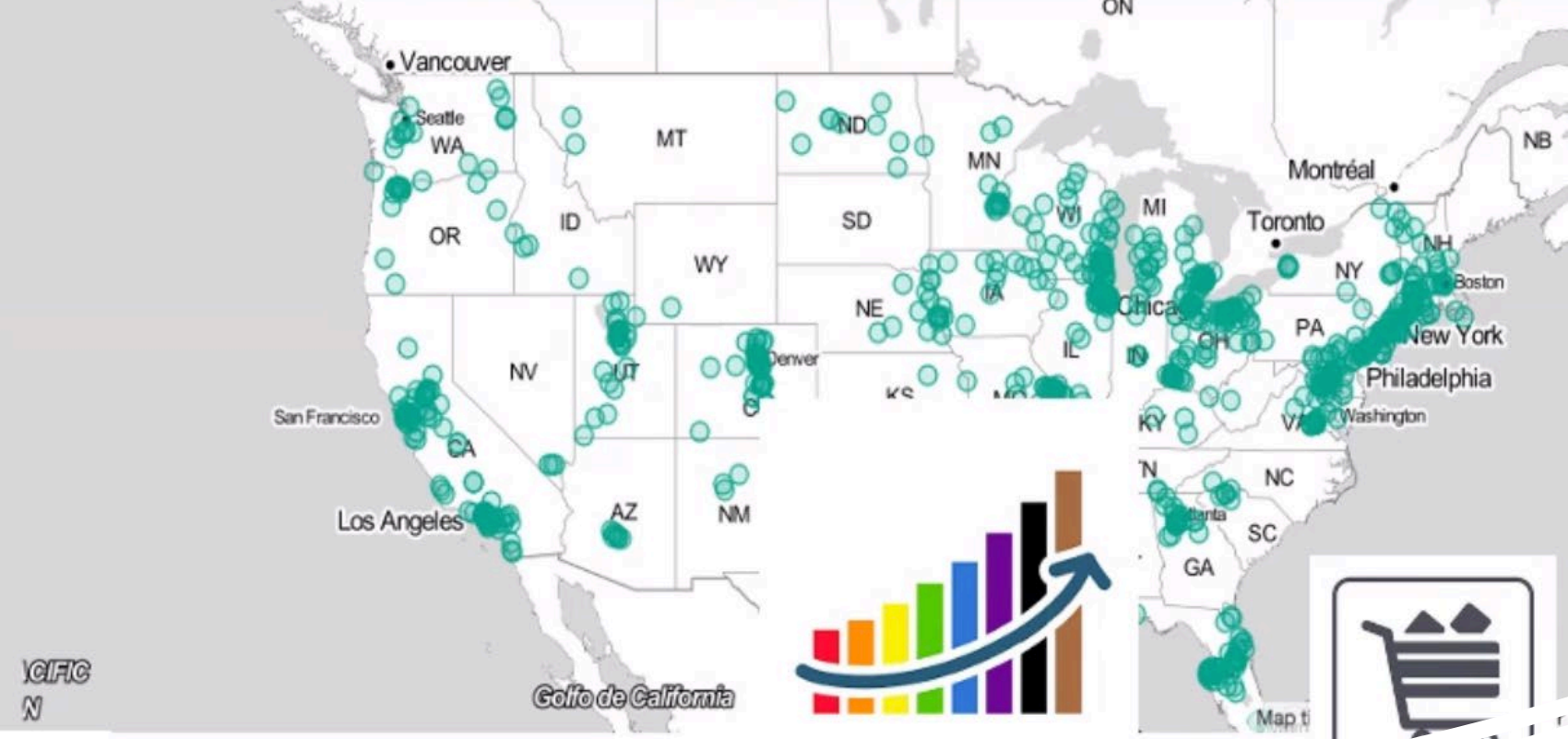
By Eric Reinhart
Dr. Reinhart is a political anthropologist and physician at Northwestern University.

- Demoralization syndrome
- Universal Health Care and the GDP (18%)/Life Expectancy (26/35)
- Possibly 330,000 deaths from COVID may have been averted
- 2021: 117,000 left the workforce; 40,000 joined
- Burnout versus moral injury: The System
- Underinvestment in public health and uneven distribution of infrastructure
- Nonprofit hospitals and not for profit cash reserves
- Personal rather than public morals via profit-driven health care

Moral Injury and Solutions

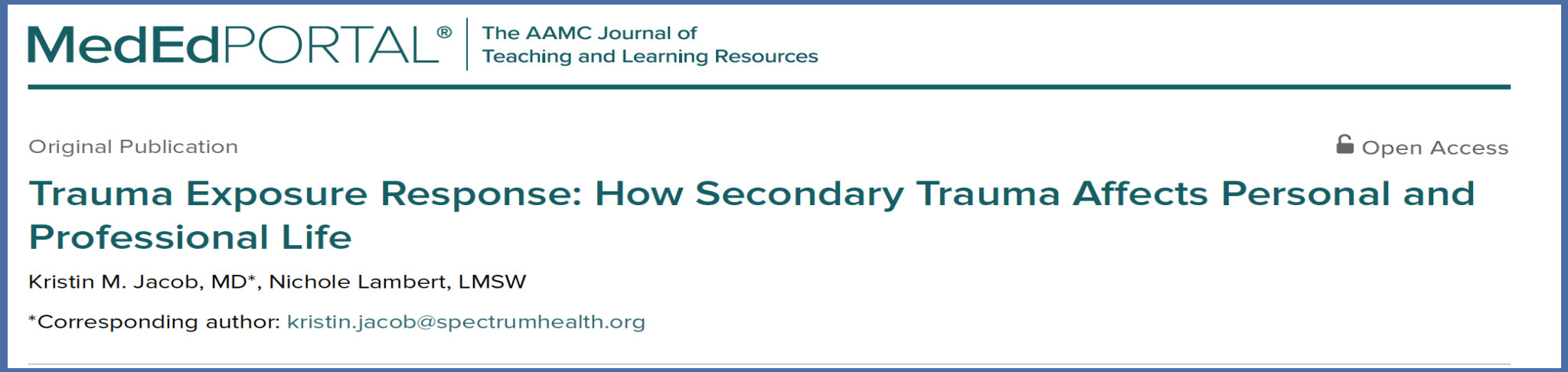
- We are accustomed to counseling individuals with a chronic disease
- Lack of public health infrastructure deemphasizes wellness and prevention
- Development of billing codes that emphasizes for-profit medicine
- We CAN be active in advocating for Universal Health Care and investment in communities
  - Social care
  - Health Care Anchor Network

With 60 health systems (and counting) represented in the etwork, we bring together anchor institutions from across the country that together employ more than 1.5 million people, urchase over $50 billion annually, and have over $100 billion in investment assets.



Health Care Anchor Network

Trauma Exposure Response and the ACGME



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Original Publication

Open Access

Trauma Exposure Response: How Secondary Trauma Affects Personal and Professional Life

Kristin M. Jacob, MD*, Nichole Lambert, LMSW

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- ACGME requires wellness offerings for both learners and faculty
  - Attention to burnout, depression and substance abuse
- Background: 40% of MD screened positive for burnout and over 40% were positive for depression BEFORE the pandemic

Trauma Exposure Response and the ACGME

- 1 hour interactive session for residents and fellows: 300 learners
  - Facilitated by clinician who is open to being vulnerable
- Objectives:
  - Define secondary trauma and trauma exposure response
  - Describe the signs of trauma exposure response
  - Demonstrate techniques to cope with trauma exposure response
- Post-session evaluation
  - Vast majority: Session improved understanding of trauma exposure response
  - Vast majority: Understood signs of trauma exposure response
  - Vast majority: Recognized steps to be taken to cope with this

TRAUMA STEWARDSHIP

Stressing the importance of taking care of ourselves while having the privilege of taking care of others