



TRAUMA FACTORS

Primary and Secondary Traumatic Stress – What's the Difference?



Please fill out your surveys in your mailboxes
Letters of Information are with surveys

THE COMPASSION FATIGUE RESILIENCY PROGRAM



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for RNAO Fellowship 2016-2017*

Learning Objectives

You will learn:

- The differences between primary and secondary traumatic stress
- About the *Multiple Exposure : Increased Risk Model* by Francoise Mathieu of www.tendacademy.ca
- About the newest updates of *The Compassion Fatigue model* by Charles R. Figley and Marne Ludick
- About the risk factors and types of traumatic events that can cause primary or secondary trauma
- About the ripple effect and impact that traumatic events can have on the many involved
- About Vicarious Trauma- what is it?
- About the current statistics of Compassion Fatigue and Burnout in nurses and physicians
- About trauma informed care and why it is important to acknowledge
- How our engagement and collaboration with our teams, patients and families can reduce our moral distress



Trauma

Exposure

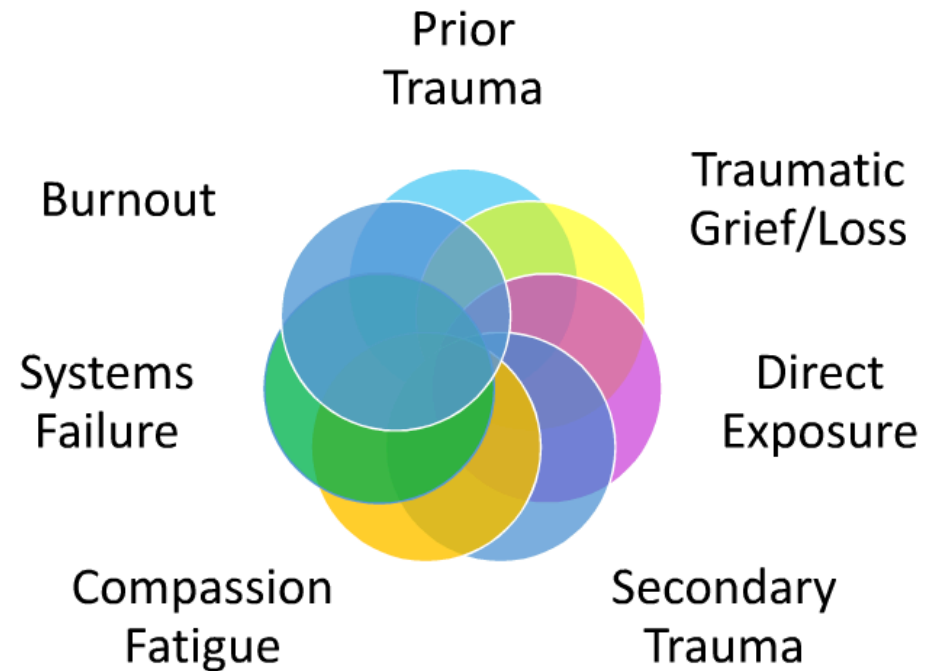
What's yours?

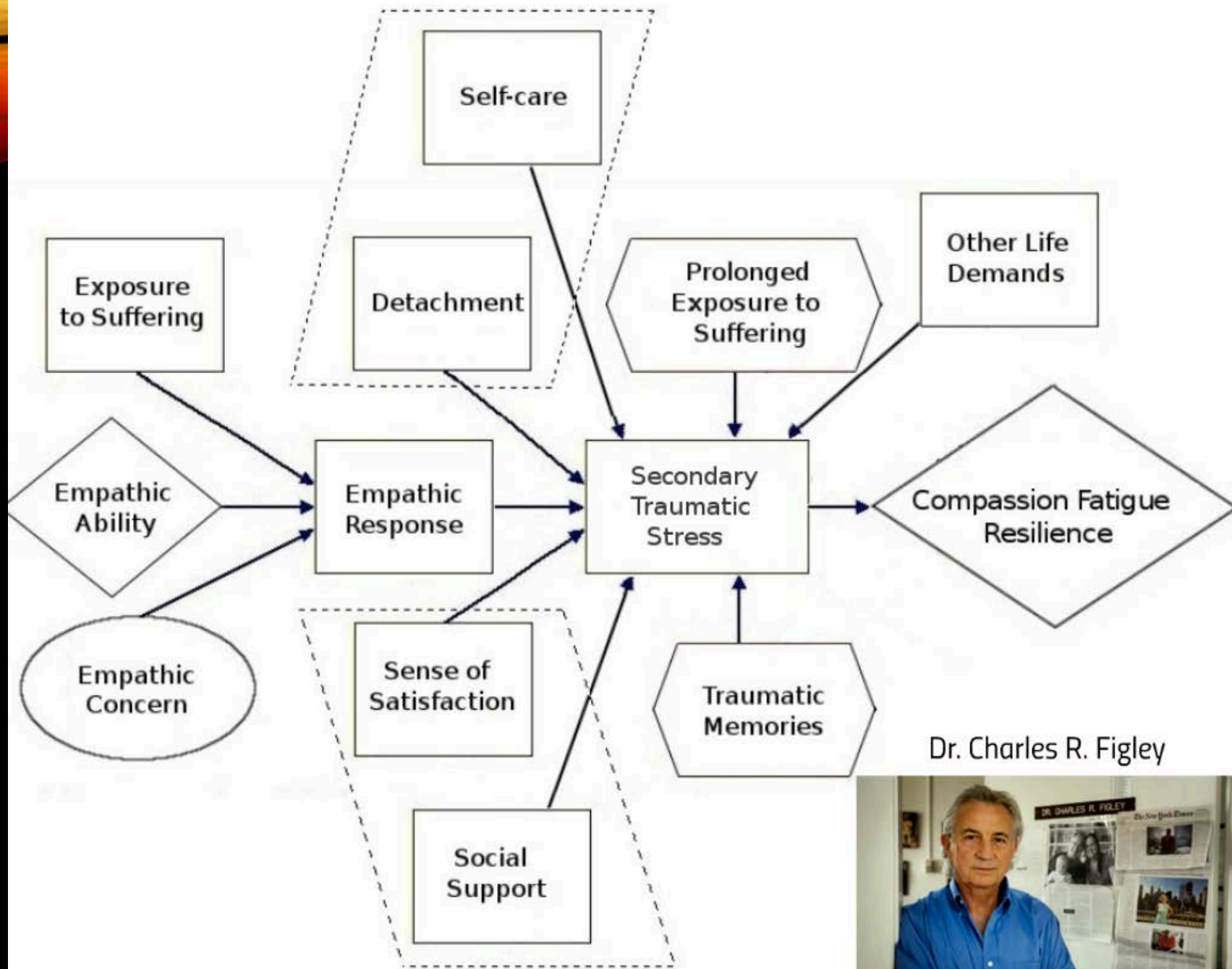


Video Time

https://www.youtube.com/watch?v=Q3hJn_tWzLw

Multiple Exposure: Increased Risk






Dr. Charles R. Figley



PRIMARY TRAUMA

- PTSD (Post Traumatic Stress Disorder/Injury)

A psychiatric injury that can occur to the brain following experiencing a traumatic event or witnessing a life threatening event for yourself or your loved one.



PTSD symptoms are generally grouped into
four types:

1. Intrusive memories
2. Avoidance
3. Negative changes in thinking and mood
4. Changes in emotional reactions.

RISK FACTORS

People of all ages can have post-traumatic stress disorder. However, some factors may make you more likely to develop PTSD after a traumatic event, such as:

- Experiencing intense or long-lasting trauma
- Having experienced other trauma earlier in life, including childhood abuse or neglect
- Having a job that increases your risk of being exposed to traumatic events, such as military personnel and first responders
- Having other mental health problems, such as anxiety or depression (burnout is an indicator)
- Lacking a good support system of family and friends
- Having biological (blood) relatives with mental health problems, including PTSD or depression
- A smaller amygdala

TYPES OF TRAUMATIC EVENTS

Kinds of traumatic events

The most common events leading to the development of PTSD include:

- Combat exposure
- Childhood neglect, physical and/or sexual abuse
- Sexual assault
- Physical attack
- Being threatened with a weapon
- Many other traumatic events also can lead to PTSD, such as fire, natural disaster, mugging, car accident, life-threatening medical diagnosis such as a heart attack, and other extreme or life-threatening events.

PRIMARY VS SECONDARY TRAUMA

- The trauma happened to me or my loved one...I was there...I was in danger...I saw it all happen...I lost a loved one...
- A patient told me their traumatic story of abuse... the paramedic reported to me what he saw at the scene...I read the documented traumatic material as part of my assessment of the patient

The Ripple Effect - Impact

Survivors

Families

First responders

Health Care Professionals

Rehab Professionals

All Helping Professionals

Support services

Media

General public





VICARIOUS TRAUMA

- Repeated exposure to difficult stories changes our views and/or beliefs about the world (loss of innocence)
- Can cause nightmares, difficulties getting rid of certain images, an intense preoccupation with a particular story or event we have been exposed to.
- No longer see things for what they are ie. Motorcycle as a motorcycle

Changed view of the world





Has your view of the world changed by the work you have done?



What gives you goosebumps?

How many helpers get compassion fatigue/vicarious trauma?

Affects the most caring

% of traumatic cases on caseload the more traumatic the work = higher incidence of VT

Full time vs Part time

Availability of social support

Helpers own trauma history

Adequate training

Statistics on Current Canadian data:

- RN's CF -16-39%, Burnout – 8-38%

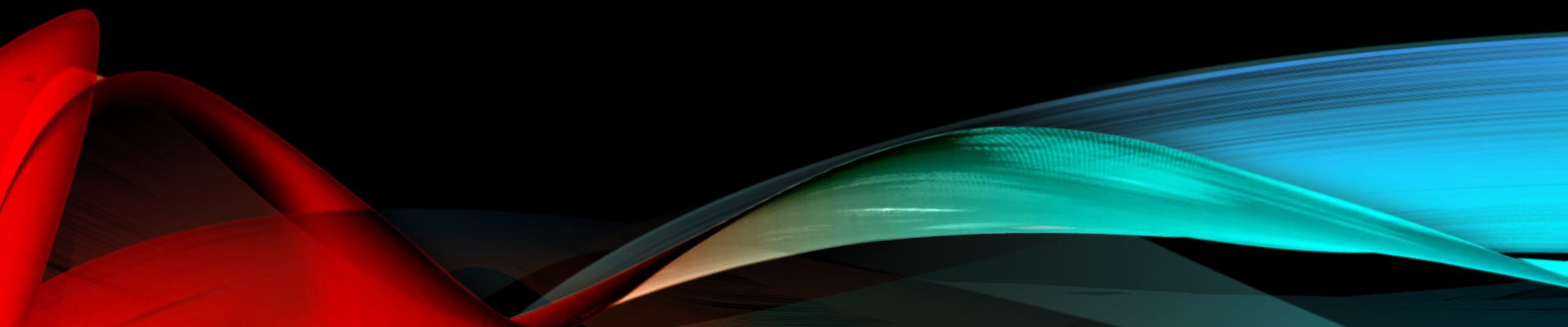
- Physicians CF– lack of data, looking at average of all specialties - Burnout – 45% (Tait et al. US study)

- Psychiatrists burnout level 42%

TRAUMA INFORMED CARE

- Aims to avoid re-victimization
- Appreciates that behaviors are understandable attempts to cope with the trauma
- Maximizes the patient's choices and control of their care when possible
- Respects and understands the life experiences and cultural background of the patient

Taken from Trauma Informed Care Project.org

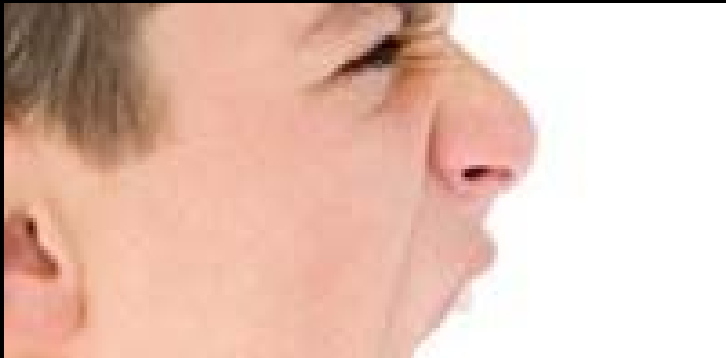




Seventy-five percent (75%) of women and men in treatment for substance abuse report trauma histories.

(SAMSHA/CSAT, 2000)

CRISIS PREVENTION INSTITUTE



Trauma Awareness

Awareness about the patient's trauma history with our assessment and keeping their trauma history in mind when the patient exhibits challenging behaviors



Pt Centered Care Approach Response

Our engagement with the patient strengthens the relationship ie. Giving more choices when possible. Also, research shows that work engagement reduces stress and moral distress.

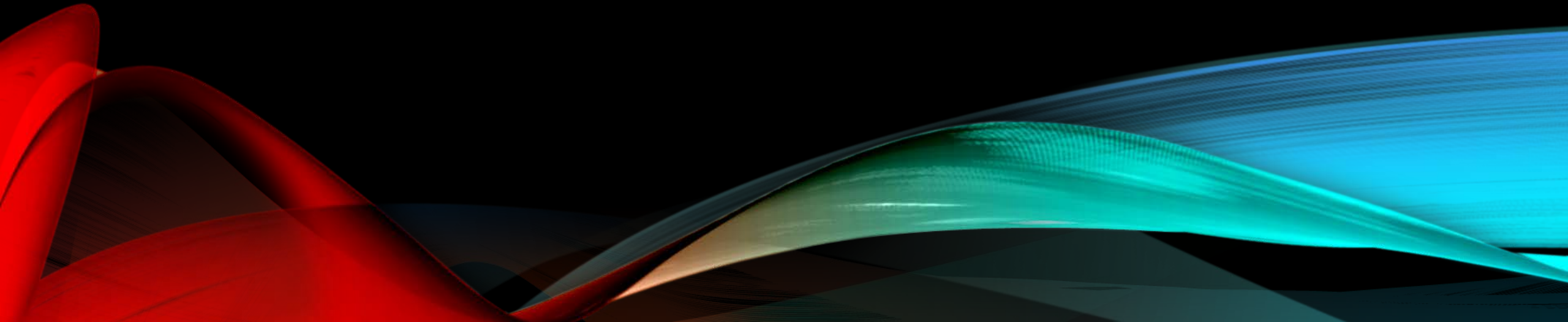


Developed Rapport

Makes the plan of care and interventions more successful. Trust builds between the health care team and patient when all of these steps are taken. **It's about staying connected.**

HOMework CHALLENGE

Over the next 3 weeks pay mindful attention to your connection with the patient.





Questions Comments?

Please remember to fill out the evaluation forms