



Healing the Healers

Addressing Secondary Trauma in
Healthcare Providers

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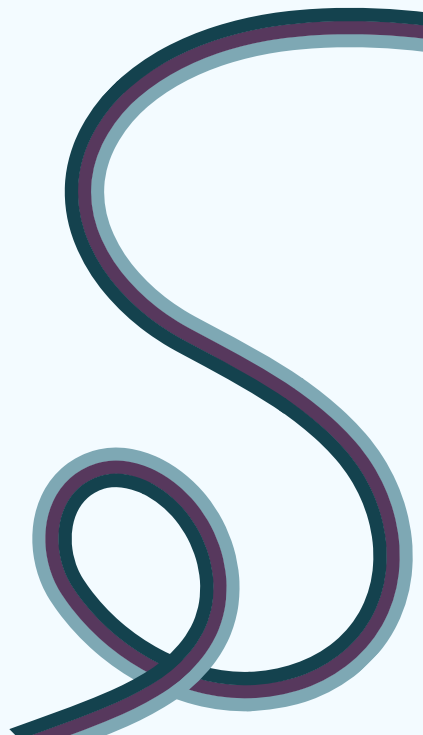
About Me

- Katie Casey, LPC-MHSP, Approved Clinical Supervisor
 - TN #4175
- Founder of Abundant Hope Therapy
 - NBCC ACEP No. 7477
 - www.abundanthopetherapy.com
- Main focus:
 - EMDR/EMDR Intensives
 - Complex Trauma
 - Chronic Pain and Illness
 - Helping Professionals/Burnout
- If you have any questions moving forward, please contact me at katie@abundanthopetherapy.com



Learning Objectives

Participants will be able to:

- Identify the unique challenges of addressing and preventing secondary trauma in healthcare professionals
 - Recognize the signs of secondary trauma in healthcare professionals
 - Summary evidenced-based coping skills and other clinical interventions for this population
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Important Notes

For the purposes of this training, healthcare providers are defined as professionals working in the medical field, including but not limited to doctors, physician assistants, nurse practitioners, nurses, and certified nursing assistants.

All case examples are composites of various clients I have worked with, with all identifying information removed or altered to ensure confidentiality.



Overview

Terminology

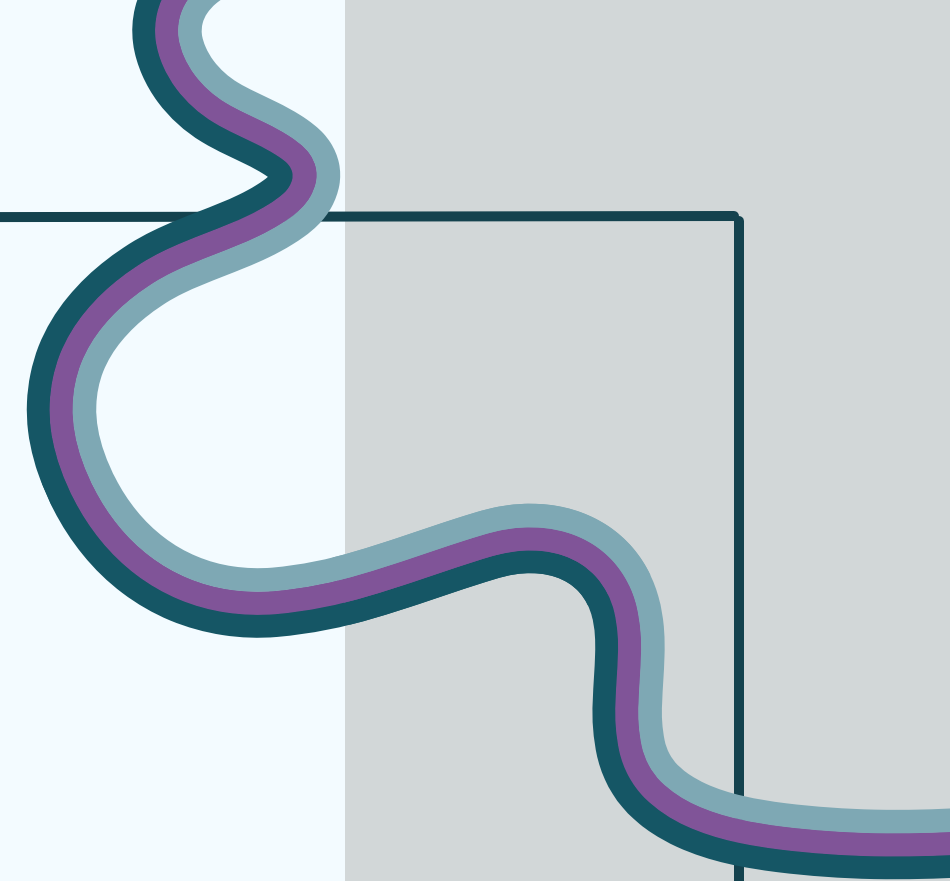
- The terms vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout are often used interchangeably.
 - It is important to differentiate these to effectively address the emotional impact of stress and trauma.

Terminology

- Vicarious Trauma: the emotional and psychological distress experienced by individuals who are indirectly exposed to trauma through their work (Figley 1995)
- Secondary Traumatic Stress (STS): the emotional and psychological disturbance experienced by individuals as a result of exposure to the traumatic experiences of others (Pearlman 1995)
- Compassion Fatigue: the physical, emotional, and spiritual exhaustion experienced by individuals who provide care and support to other (Figley 1995)
- Burnout: work-related syndrome caused by unmanaged chronic stress that involves: exhaustion, detachment or cynicism about work, and reduced effectiveness at work (ICD-11)

Secondary Trauma

- Key Features:
 - Exposure to Traumatic Material
 - Emotional Distress
 - Cognitive Changes
 - Interpersonal Changes
 - Behavioral Changes
 - Physical Symptoms



Diagnosis

- Those with secondary trauma *can* fit clinical criteria for PTSD
- A “PTSD-like” reaction resulting from secondary trauma for a healthcare provider can also meet clinical diagnosis of PTSD overtime
 - Depending on their experience, a client’s symptoms can explained by *both* secondary trauma and PTSD

Differentiating from PTSD

- Post-Traumatic Stress Disorder (PTSD): as a mental health condition that can develop in individuals who have experienced or witnessed a traumatic event
- STS and PTSD are related, but also have distinct concepts:
 - PTSD is direct exposure to traumatic events, STS is an indirect exposure
 - Symptoms of STS are similar to those of PTSD
 - STS occurs with professionals who regularly interact with those who have experienced trauma in the past or present

Screening & Assessments

- Importance:
 - Early Detection
 - Preventive Intervention
 - Ethical Responsibility
 - Patient Safety/Care
- Assessments for burnout, compassion fatigue, PTSD
 - Secondary Traumatic Stress Scale (STSS)
 - Professional Quality of Life Scale (ProQOL)
 - Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)

Examples

- Emergency room staff:
 - witnessing the physical and emotional pain of patients, as well as the chaotic and high-pressure environment of the emergency department
- Surgeons and their teams:
 - witnessing the extent of injuries, performing life-saving interventions, and grappling with the uncertainty of patient outcomes
- ICU providers:
 - witnessing some of the most acute patients in the hospital setting, often with little positive patient outcomes observed, while managing the stress of management, families, and the overall healthcare system



Prevalence Among Nurses

65%

ER Nurses

50.3%

Ped Nurses

38%

Oncol Nurses

35%

Delivery Nurses



Clinical Interventions

Consequences if Untreated

- Personal Well-Being
 - Emotional Distress, physical Health Issues, Reduced Job Satisfaction, Strained Personal Relationships
- Patient Care & Outcomes
 - Decreased Empathy, Compromised Clinical Judgement, Reduced Quality of Care, Increased Risk of Ethical Violations, Higher rate of Absenteeism
- Organizational Implications
 - Increased Turnover Rates, Reduced Staff Morale, Financial Costs, Reputation & Quality of Care, Legal & Liability Risks

Education

- Psycho-education for clients on secondary trauma, stress in the body, symptoms, etc.
 - Aids in reducing shame and increasing client engagement
- Books:
 - Trauma Stewardship (Lipsky, Burk)
 - Reducing Secondary Traumatic Stress (Brian Miller)
 - Reducing Compassion Fatigue, Secondary Traumatic Stress, and Burnout: A Trauma-Sensitive Workbook (William Steele)
 - Help for the Helper (Babette Rothschild)
 - Burnout (Emily & Amelia Nagoski)
- Videos:
 - “Drowning in Empathy” TED talk Amy Cunningham



Case Study

Client began working in a large Emergency Department (ED) in January 2020, straight out of school. They started therapy in 2023 due to reported symptoms of anxiety and depression, with no previous therapy history. During intake, history taking, and assessment, the client exhibited burnout symptoms and met criteria for PTSD. Additionally, they appeared to be experiencing high levels of shame related to their symptoms.

This client greatly benefited from psychoeducation about the impact of their work on their mental health, drawing on the neuroscience of stress. Normalizing their responses and processing the emotions they had around feeling this way also proved to be helpful.

TF-CBT

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a structured, evidence-based treatment approach that integrates cognitive-behavioral techniques with trauma-focused interventions
- Core components: psychoeducation, relaxation skills, trauma narrative processing, cognitive restructuring, and exposure therapy.
- TF-CBT helps individuals manage distress, challenge maladaptive thoughts, and integrate traumatic memories.
- Research supports its effectiveness in reducing PTSD, depression, and anxiety symptoms.
- It can be adapted for healthcare providers experiencing secondary trauma, offering psychoeducation and coping skills to address its effects in mental health therapy.

EMDR

- Eye Movement Desensitization and Reprocessing (EMDR) aims to alleviate distress associated with traumatic memories through bilateral stimulation (BLS)
- Research has demonstrated the effectiveness of EMDR in treating both primary and secondary trauma
 - Meta-analysis by Lee, Gavriel, Drummond, Richards, and Greenwald (2002) reviewed studies investigating the efficacy of EMDR for trauma-related symptoms across various populations and found that EMDR led to significant reductions in symptoms of PTSD, depression, and anxiety compared to waitlist or placebo conditions.

BrainSpotting

- Brainspotting is a therapeutic approach that aims to access and process traumatic memories and emotions by identifying "brainspots," or points of activation in the brain associated with specific experiences.
- Through focused attention and bilateral stimulation, such as eye positions, Brainspotting facilitates the processing and release of trauma-related material stored in the brain.
- Grand et al. (2012) findings suggest that Brainspotting may offer a promising approach for addressing secondary trauma and its associated symptoms in mental health therapy

Biofeedback & Neurofeedback

- Biofeedback helps individuals gain awareness and control over certain physiological processes in their bodies
 - heart rate, blood pressure, muscle tension, and skin temperature
- Neurofeedback focuses on monitoring and providing feedback on brainwave activity to help individuals gain self-regulation over their brain function.
- Both can help individuals learn to regulate their physiological responses to stress, enhance self-awareness, and develop self-regulation skills

Somatic-Based

- Somatic-based therapies, such as Somatic Experiencing (SE) or Sensorimotor Psychotherapy, focus on the connection between the mind and body in processing and healing from trauma.
- These approaches emphasize bodily sensations, movements, and physiological responses as entry points for accessing and processing traumatic material stored in the nervous system.
- These approaches have shown promise in treating trauma-related symptoms, though secondary-trauma specific research is limited
 - Research by Payne, Levine, and Crane-Godreau (2015) demonstrated the effectiveness of SE in reducing symptoms of PTSD

Dialectical Behavior Therapy

- Dialectical Behavior Therapy (DBT) is a comprehensive treatment approach that integrates cognitive-behavioral techniques with mindfulness-based strategies to help individuals regulate emotions, improve interpersonal relationships, and tolerate distress effectively.
- Originally developed for individuals with borderline personality disorder, DBT has been adapted for various populations experiencing emotional dysregulation and distress, including those affected by trauma.
- While research specifically on DBT for secondary trauma is limited, studies have demonstrated its effectiveness in reducing symptoms of PTSD and related conditions (Kliem, Kroger, Kosfelder 2010)



Case Example: DBT Skills

Alex, a healthcare provider in their mid-30s, reports symptoms of secondary trauma, including emotional numbness, irritability, and frequent intrusive thoughts about patients' suffering.

One of Alex's goals for therapy is to develop healthier coping mechanisms for these symptoms. The therapist introduces Alex to Dialectical Behavior Therapy (DBT) skills and provides psychoeducation on their efficacy. They begin with the "What" and "How" mindfulness skills from DBT. As homework, the therapist assigns Alex to practice at least one mindfulness skill daily between sessions, providing a list of examples for reference. During the remainder of the session, Alex and the therapist brainstorm additional ways to incorporate these skills into daily life.

In the next session, Alex is prompted to discuss their experience with the assigned homework, reflecting on the effectiveness and challenges of practicing mindfulness skills.

Mindfulness-Based Stress reduction

- Mindfulness-Based Stress Reduction (MBSR) is a structured program that combines various skills to help individuals develop mindfulness skills and reduce stress.
- The neuroscience behind why MBSR is effective involves several key mechanisms:
 - Reducing the activation of the SNS (lower stress hormones)
 - Structural and functional changes in the areas of the brain associated with emotional regulation and processing, attention, and self-awareness
- Research has shown MBSR interventions were associated with decreased symptoms of burnout and compassion fatigue among healthcare providers (Irving, Dobkin, and Park 2009)



Coping & Therapeutic Skills

Completing the Stress Cycle

- Elimination of the stressor doesn't mean you have completed the stress cycle
- With the elimination of the stressor, there still needs to be a cue that the body is safe
- Examples of how to "complete the cycle"
 - Physical Activity: shaking, dancing, PMR, exercise, yoga
 - Breathing Exercises: longer out than in, square breathing
 - Positive Social Interaction
 - Crying
 - Affection: from friends, partner, pets, higher power



Case Study

30-year-old female nurse who worked with COVID patients in the ICU during the pandemic and continues to work in an ICU. She has a history of pre-pandemic anxiety, anxious attachment, and relationship issues.

In a recent session, she recounted "one of my worst shifts ever," which occurred the previous day. She reported being assigned two acutely ill patients with multiple issues, both with "needy" families present in the rooms. Although she received some support from staff, she felt angry about the assignment. The shift ended with her yelling at a staff member who attempted to lighten the mood with a joke.

During the session, she was visibly agitated. After some time verbally processing, she focused on "completing the cycle" by shaking out her arms and legs, followed by a breath meditation. The client agreed to go to the gym later that day.

Rest

- Physical Rest
 - Sleep, lying down, yoga, massage, slow body movement
- Mental Rest
 - Mindfulness, meditation, breaks, quiet
- Emotional Rest
 - Expressing emotions, therapy, journaling, practicing self-compassion
- Sensory Rest
 - Avoiding stimuli, limit/break from screens, bath
- Creative Rest
 - Engage with art, music, nature to be inspired
- Social Rest
 - Spending time alone, limiting frequency of interactions
- Spiritual Rest
 - Finding purpose, rituals, prayer

Self-Care

- Physical
 - easy foods/hydration when working, adequate sleep, exercise
- Emotional
 - therapy, support groups, self-compassion
- Social
 - safe relationships, focused on healthy things, positive connections
- Intellectual
 - hobbies, learning new things, stimulating conversation
- Spiritual
 - meditation, prayer, nature, positive religious practices
- Environmental
 - calm/organized space, time in nature

Boundaries

- Help the client establish and maintain healthy boundaries to protect their personal time and energy.
- Discuss the importance of taking regular breaks and using vacation time to recharge.
- Examples:
 - Work Hours
 - Self-Care Routines
 - Emotional Boundaries
 - Technology
 - Personal Development
 - Social Boundaries

Engage in Meaningful Activities

- Helping clients explore hobbies or other positive activities outside of work
 - DBT Pleasant Activity List
 - Hiking
 - Meet Up Groups
 - Gardening
 - Drawing
 - Writing
 - Learn a new language
 - Cooking/Baking
 - Board Games
 - Reading
 - Volunteering
 - Calligraphy
 - Dance
 - Knitting/Crocheting
 - Photography
 - Origami
 - Dive deep into a topic
 - Camping
 - Community events
 - Yoga
 - Exercise Class

Self-Compassion

- Assisting clients learn about self-compassion and how it can be helpful for them
 - Treating yourself with kindness, care, & understanding
 - Emphasize its importance in mitigating the effects of secondary trauma
- Teach exercises: self-compassionate letter writing, mindfulness meditation focusing on self-kindness, or guided imagery to help inner dialogue
- Encourage clients to take self-compassion breaks throughout their day if possible
- Dr. Kristin Neff: <https://self-compassion.org/>

Communication Skills

- Teach assertive communication techniques to help the client express their needs and concerns clearly and confidently.
- Role-play scenarios where the client might need to discuss their experience with supervisors or colleagues.

Workplace Skills

- Guide the client in identifying supportive colleagues, supervisors, or mentors within their workplace.
- Support the client in formally reporting their concerns, request accommodations, and asking changes to their workload or environment as needed
 - Assist the client in preparing a persuasive argument or proposal for changes in their work environment, backed by evidence and personal experience.

Thank You!

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