Brooklyn Heights Behavioral Associates presents:

Identifying Secondary Traumatic Stress in the Workforce & Benefits of Early Intervention

A workshop by licensed clinicians
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Agenda

- Definition of Secondary Trauma, Burnout, & Compassion Fatigue
- Identifying Factors that Cause Secondary Trauma
- How to Measure Burnout in the Healthcare System
- Consequences of Secondary Trauma on Providers & Healthcare Systems
- Prevention & Early Intervention Benefits
- Q & A

Defining of Terms

Burnout: a psychological syndrome resulting from exposure to chronic stressors at work

Compassion Fatigue: an emotional response culminating in a decrease in feelings toward others

Secondary or Vicarious Trauma: when caregivers experience stress in the course of caring for the trauma or event. While burnout is associated with the stress and frustration of caregiving, secondary trauma can be thought of as an occupational hazard and risk to knowing and caring for individuals.

Kelly, 2020

Secondary Traumatic Stress in Healthcare Systems

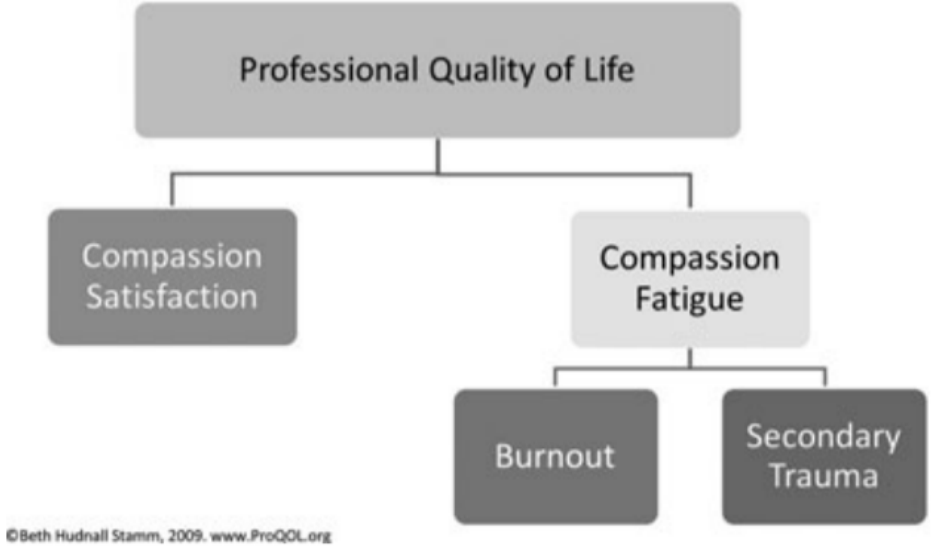

Figure. Professional quality of life.

Kelly, 2020

What causes secondary trauma?

- Work-related factors
  - End-of-life issues
  - Ethical decision making
  - Witnessing the suffering of patients
  - Disproportionate care or medical futility
  - Miscommunication
  - Demanding relatives of patients
- Moral distress
- Injury
- Organizational issues

Kelly, 2020; Van mol et al., 2015

Measures to Assess for Burnout

- **The Maslach Burnout Inventory** measures emotional exhaustion, depersonalization, and personal accomplishment specifically to medical personnel
  - Accessible at $15/individual & $200/group report via www.mindgarden.com.

- **The Copenhagen Burnout Inventory** measures perceptions of burnout related to personal circumstances, work-related burnout and patient-related burnout
  - Available for free

Huggard, 2012

Exercise: Self-Assess Your Own Burnout

1. Is your work emotionally exhausting?

To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree

2. Do you feel burnt out because of your work?

To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

3. Does your work frustrate you?

To a very high degree, To a high degree, Somewhat, To a low degree, To a very low degree.

4. Do you feel worn out at the end of the working day?

Always, Often, Sometimes, Seldom, Never/almost never

5. Are you exhausted in the morning at the thought of another day at work?

Always, Often, Sometimes, Seldom, Never/almost never

6. Do you feel that every working hour is tiring for you?

Always, Often, Sometimes, Seldom, Never/almost never

7. Do you have enough energy for family and friends during leisure time?

Never/almost never, Seldom, Sometimes, Often, Always

What are the consequences of secondary trauma in healthcare providers?

Individual Level: Psychosocial and physical effects including risk for cardiovascular disease, higher body mass index, and higher cholesterol, insomnia, depression, and mental disorders such as depression, PTSD, and suicide

Organizational Level: Impact on the workforce, patient safety outcomes, and costs for healthcare systems at large

Carrieri et al., 2020

Early Intervention and Prevention Strategies

1. Organization-directed initiatives:
    a. Different intensivist work schedules
    b. Improving work environment
    c. Change team composition
    d. Teambuilding and job rotation
    e. Person-directed interventions
2. Practical
    a. Educational programs on emotional distress
    b. Improving communication skills
3. Personal
    a. Strategies regarding personality and coping
    b. Social support and coping
    c. Counseling
    d. Relaxation exercises such as yoga and mindfulness.

Van mol et al., 2015

Benefits of Early Intervention: Increased Communication and Support

The implementation of active, intensive communication strategies regarding end-of-life care in the ICU has been associated with significantly lower rates of burnout (Quenot et al., 2012)

- **Strategies:** unrestricted visiting hours and availability of an on-demand staff psychologist for consultation, daily meetings of the caregiving team with the patient and/or their family and the discussion of palliative care options, ethics, (i.e., a special section in every patient´s medical record or ethical rounds), stress debriefings, and conflict prevention.
- **Outcomes:** approx. 50% and 60% decreases in the relative risk of burnout and depression after some of these interventions.

Van mol et al., 2015

Benefits of Early Intervention: Increased Communication and Support

An additional study found that the support of a facilitator had a positive impact on the prevalence of burnout.. An external psychologist provided support whenever needed in two of the five ICUs included in this study (Lederer et al., 2008).

Van mol et al., 2015

Benefits of Early Interventions: Mindfulness Trainings

A study in which participants attended 19 bi-weekly discussion groups that included elements of mindfulness, reflection, and shared experience showed that the intervention had positive impacts on physician well-being (West et al., 2014)

Van mol et al., 2015

Benefits of Early Intervention: Educational Seminars

In one study, educational seminars on burnout and compassion fatigue helped to increase awareness and access to resources for the prevention of emotional distress in the future.

Participants in that study reported feeling significantly less tense, and more calm and peaceful after the intervention (Meadors & Lamson, 2008).

Van mol et al., 2015

Benefits of Early Interventions: Improving non-clinical aspects of the work environment

A study of resident physicians indicated that personal resilience and emotional competence were associated with significant and negative relationships with compassion fatigue and burnout.

This suggests that addressing non-clinical aspects of the work environment (interventions such as organizational support to access mentoring and supervision processes, and commitment to provide for employee emotional health) may help to increase ability to manage and tolerate emotional distress (Huggard, 2013).

Huggard, 2012

Emerging Research: Brief exposure-based interventions

- Brief exposure-based interventions delivered in the emergency department immediately posttrauma (Rothbaum et al., 2008)
  - Outcome: lower levels of depression and distress among individuals receiving the intervention.
- Modified PE protocol delivered to 137 emergency room patients (Rothbaum et al., 2012)
  - Outcome: participants in the intervention group had lower depression 1 month later and less severe PTSD symptoms 4 and 12 weeks after the initial trauma compared to an assessment-only condition that allowed for natural recovery.

Kearns, Ressler, Zatzick, & Rothbaum, 2012

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