inSocialWork Podcast Series

Episode 74 - Dr. Brian Bride: Collateral Damage: The Impact of Caring for Persons Who Have Experienced Trauma

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living pro examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed the living proof podcast as evidenced by the more than 150000 downloads to date thanks to all of you. We'd like to know what value you may have heard in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in their classrooms. Just go to our Web site at www.socialwork.buffalo.edu/podcast and click on the contact us tab. Again thanks for listening and we look forward to hearing from you. Hi from Buffalo we're part of life and summer is enjoying free outdoor jazz concerts on the steps of the Allbright Knox art gallery on the shores of Hoyte lake in Delaware Park. I'm Peter Sobota. As the prevalence and impact of traumatic events on many of the clients served by helping professionals gains visibility it's also becoming clear that those helpers themselves are at risk of developing secondary traumatic stress. In this episode Dr. Brian Bride discusses the conceptual issues involved when discussing secondary traumatic stress the relevance direct social practice and the current research in this area.

[00:01:58] Dr. Bride shares his thoughts on the terms compassion fatigue and burnout and what these terms share and don't share with secondary traumatic stress. He discusses the protective and preventative factors for helping professionals and stresses the importance of institutional or organizational support in this area. After giving voice to the seeming reluctance on the part of many social workers to utilize clinical services themselves Dr. Bride concludes his discussion by describing his current research with substance abuse counselors and secondary traumatic stress. Dr. Brian bride is associate professor and interim director of the Ph.D. program at the school of social work at the University of Georgia where he is also a fellow at the Institute of Behavioral Research. He has 20 years of clinical and consulting experience in mental health and substance abuse treatment services. His research and teaching focuses on treatment services for women older adults and persons living with HIV AIDS. Dr. Bride develop the secondary traumatic stress scale a widely used instrument for measuring secondary traumatic stress. Dr. bride was interviewed by Dr. Lisa Butler associate professor here at the UB School of Social Work. Hi my name is Lisa Butler and associate professor in the School of Social Work at the University of Buffalo. And it's my great pleasure today to be speaking with Dr. Brian Bride. Welcome. Thank you. It sounds like your main area of research is in secondary and the care and sensation right. Yes it is. So how did you get interested in this area. Actually I would point to two events in my life. One was when I was an undergraduate and I was a psychology major and you know I wanted to go into a counseling profession but wasn't quite sure what I wanted to do with that.

[00:03:49] And I took a class in history. It was actually a class on American Vietnam in which a former Vietnam Helicopter pilot came to speak about his experiences in Vietnam. His struggle with PTSD especially when he returned to the states in his struggle with substance abuse related to that. He also brought along his wife a woman named patience Mason who then spoke a lot about the impact on her and their family. His experiences with PTSD and so that was of great interest to me. A few years ago I. A few years later I entered my Master's program. Florida State University where Charles Figley was a professor. He's one of the real founders of this area and I worked with him as an assistant research assistant and he tasked me to work on an instrument to measures in traumatic stress. And so that's where I really began to get interested and where my work on developing an instrument measureless really started. Could you give us a sort of a working definition I use

secondary traumatic stress. Although I will sometimes use them interchangeably. For me the definition is the real brief definition of post-traumatic stress that is attained through indirect exposure to trauma. It's the same process but rather than being directly traumatized you the individual hears about the stories of someone else who's been traumatized and that maybe family members or professionals or it really through any sort of mechanism where you typically consistently hear traumas it could occur. Was any of this part of your training any prior to Charles Figley Was any part of the training in psychology here.

[00:05:33] No not at all. Not even touched on. it wasn't touched on and partly that's because it was Charles Figley and Laurie Pearlman both around the same time started talking about this which was really around the mid 1990s which was when I was in graduate school. Prior to that when I was an undergraduate it was really just not even talked about really the first instance of it being discussed in the literature though dates back to the 70s with Sarah Haley who was a V.A. social worker and she published the article titled When the patient records atrocities which was all about her work with Vietnam veterans. But after that it kind of dropped off the face of the world so to speak until 9:00 until the 90s. I mean historically you also have to remember that PTSD just became a diagnostic category in 1980. So for instance when I when I had this class where I was with patients Mason spoke PTSD really was a formal entity only for seven or eight years. How would one know whether one is at risk of developing it or has developed them. There are several instruments available one of which is my instrument the second a traumatic stress scale which is a real very brief 7900 scale which is aligned with the DSM for PTSD criteria. Kind of the classic experience is to experience trauma symptoms perhaps the first that begin to emerge are things like nightmares or bad dreams about someone's work. If it's a professional that work with somebody who's been traumatized about the clients were there many clients histories or having dreams about having similar experiences to them. Second their trauma also happens with family members.

[00:07:15] So there's lots of research there's some research about spouses having dreams of combat. For instance when I remember face combat. So there was also a variety of anxiety type symptoms that may occur and really changes and how one views the world and interacts with the world in terms of things like feeling safe being over protective being hyper vigilant around danger. And those sorts of things I'm interested in your thoughts on how it relates to returning position because also being exposed to an individual's trauma history it can reactivate one's own. Can see absolutely and early on it was theorized that having a history of trauma would put play someone more at risk for secondary trauma for exactly the reason that you're talking about that if you're hearing stories of someone's trauma especially if there are similar traumas the ones that you've experienced that they may reactivate the trauma for you. The research has actually been very mixed in some cases. There seems to be no association in some cases that it does seem to play out that someone with a past experience of trauma. And interestingly it's more about recent traumas in the last few years it seems rather than childhood traumas maybe at more risk for citing their trauma. But there's also some studies that show the opposite that people with a past trauma history may be less susceptible to secondary traumatic stress. I wonder if it's a function of how long they process. Exactly. That's exactly what what I think it is. It's a matter of have they processed it. Have they resolved the the trauma issues have they developed coping mechanisms and those sorts of things.

[00:09:00] And that's something that I'm starting to try to look at with my research to see if that's the case. Well I guess that makes me wonder also about health care workers who are at risk of being exposed to this kind of thing with experience and even perhaps missing early secondary terminations in their in their work perhaps they build up defenses and processing and self care practices that help them is that your dad. Unfortunately yeah absolutely not. That's exactly how I think about it. There's some research that shows a strong correlation between experience years of experience and lower levels of traumatic stress and that's what I think that's that's about well I think it could be to blame. It could be that people are just naturally resilient to that may stay in the field

longer so that there may be people who are very susceptible who have intense secondary trauma experiences really off the field. And we do have anecdotal evidence that people do that. But I think it's also definitely the case that people develop mechanisms to cope in their professional careers in ways to deal with the traumatic images that they experience for this stories they here. Well there has never been a longitudinal study at this point of citing the development of someone's secondary trauma over the year. Yeah that's right. You don't have to answer this but I'm curious if you've ever had this experience because I know that most professionals I actually have had small bits of symptoms. I've never really been very affected by it. I have a number of close colleagues that I work when I was in practice that I worked with that certainly did experience it.

[00:10:39] So it doesn't come from personal experience but I'm very attuned to colleagues who who do experience it. I've had experience of research assistance in reading materials or listening to tapes in research. And so it's really an issue across the board. So why do you think this topic is a particular relevance to some smaller secondary traumatic stress as kind of a normal occupational hazard of doing political work with trauma populations and so with social workers I can't think of a field of practice in which you're not facing clients who've experienced trauma or you may be in a setting where your primary focus isn't around dealing with the trauma. But certainly we're working with traumatized individuals here and in doing any sort of thorough assessment that's likely to come up and may come up in any way any way. So really in any field of direct practice trauma is there and social workers are going to be exposed to it so that places them particularly at risk for expensive secondary traumatic stress. And one of the things that we've this has long been suspected in the field and is now starting to show up in research to confirm it is that there's a relationship between secondary traumatic stress and turnover in the field. So far the research is really around turnover and tension and people's intention to leave because there has been a longitudinal study but it seems to be pretty clear that that's the case which has implications proper for the field.

[00:12:13] You know if if if were investing time and money and resources energy and educating social workers for a very important war and they're spending their own resources and time it's certainly a shame if people leave the field prematurely due to this and then the issue of turnover affects quality of services as well. Absolutely. You're losing the less experienced hands. So I'm interested also in how secondary compensation relates to compassion fatigue. Short term yeah actually if this comes up a lot the issue of how a secondary trauma center to stress internationally different they're actually from my perspective there it's the exact same thing. There's there's some items they refer to the same thing. Charles vaguely introduced the term secondary traumatic stress and he also introduced the term compassion fatigue in reference to secondary traumatic stress. And his rationale for doing so was that at the time he talked about secondary traumatic stress and secondary TRADOC stress disorder being the experience I've had a severe enough second trash so you can be the criteria for PTSD. And he was concerned that that would be to put apologising for clinicians to embrace that clinicians would be reluctant to say hey you know I'm experiencing cycling track stress disorder but felt that perhaps compassion fatigue would be a lot less mythologizing and that they'd be more likely to to recognise him and seek help for. So it's kind of a more friendly term that he introduced but he's very clear in his writings and and and has talked about that this is the sad thing. The difficulty comes in that compassion fatigue as that term has been used in many different ways. Yes I've heard it also associated with that it's a combination of secondary utilization and burnout Absolutely. Yeah yeah. So how do you think Brent relates moods. You really get so burnt out secondary traumatic stress and burnout co-worker to a great degree.

[00:14:25] So there's a high correlation between the two which makes sense. I mean if you're doing work that is putting you at risk for experiencing traumatic stress symptoms then that's really very emotionally draining work and has an impact on one's emotions and kind of a key feature. Burnout is emotional exhaustion. So to me it really makes sense that those might occur together. There are distinct in that second a traumatic stress only occurs with traumatized obsessions so burnout can

occur in people with really any sort of population any sort of difficult population actually in the the reality is burnout is more about the organizational demands and the workload as compared to a lack of resources rather than the actual client population. And so I can imagine that mixture is having trumped his clients writing them. You know if you have the institutional resources where you are completely overloaded with cases and you have supervision and specifically if you have the organizational support you're better able to deal with the side you know track stress and resolve it where those things are there it's going to increase the likelihood of second tier mad track stress as well. BRENNAN What do you do to teach you Somersworth students. As I bring it up in as many classes as I can around healthcare I certainly have found it in discussions with colleagues and was certainly with students across the nation that unfortunately doesn't seem like health care is being talked about a lot in schools. So we're trying to push it in a big way. Wonderful wonderful. And I think that's what's needed is a institutional commitment to making it a priority in the educational process.

[00:16:15] I think what happens right now is it's people like myself and yourself who have an interest and awareness around these things who will bring it up in their classes. Folks who are not immersed in the trauma field may not even be aware of it. Let alone teach about it. So if you were you know when you teach that it went for example preventative measures can students take and social workers. Absolutely. Well I think the first step is just basic stress management. So learning self care activities that would be useful for setting your trauma as well as burnout or any sort of healthy lifestyle exercise and sleep those sorts of things. It's also very important to learn how to have some emotional separation from the world to disengage from being at such a work. I was wondering how to do that. Yeah that you know that's an excellent question. And in this field it it's really a challenge because many people come to social work. You know it's not just a job. Social workers don't come just for a paycheck. They come because they're they're passionate about the work they really are dedicated to helping people and often will go to extreme lengths to do so. So it's a counter intuitive for many social workers to turn it off yet. It's absolutely necessary to remain in the field. From my perspective is if he told you that if you're a social worker 24/7 you are going to get burned out and you're going to expand second to manage stress and you might very well leave the field.

[00:17:46] I think what's really necessary is I don't think in my classroom I can really teach that other than to discuss the importance of it. I think the important pieces have supervisors and administrative support to really make that part of organizational culture that you need to leave work at work and have fun and take days off and do those sorts of things. Certainly there are some settings where you know you are on call but it's pretty rare that someone would be on call for 24/7. Those sorts of things are when those times occur where you are not on call or you're not supposed to be working but you really learn how to do something different. I guess when I've seen other students is very often they're putting their own needs last. Yes and even and we try and remind them that not only did they matter but take care of themselves matters to their clients love her as well. That's her message successfully. Any recommendations to teach them. I think one of the things I will say I haven't actually done this but at the University of Georgia we have a class which in many many schools are so short have something similar where there is a seminar along with field where students will come together with an instructor to talk about what's going on and feel kind of like a grade supervision process. And I think you could use that sort of mechanism to really process and walk people through. And you'd really have to talk to the students about where actually you know engage them in a conversation. OK what do you do when you go and provide some options for things that they could do differently.

[00:19:28] So also hearing your recommendations for what students are professionals and feel to do once they believe they develop secondary. Yeah sure. You know I think it differs based on how extreme or how severe the experience they're having. What we think is for many people if they're

not in the most severe range is that recovery from Sikander trauma can be fairly rapid as opposed to often with burnout it's you know you really could talk peace time away from that from the work. So things like taking vacation can be really helpful. One of the things that I believe is really import is either clinical supervision or peer supervision peer support is really turning out to be a very important factor. So I would suggest to someone who is beginning to experience second traumatic stress that they find the support of their colleagues and be able to talk about it. I think having peer support groups whether they're formal or informal. For instance when I was in practice and a substance abuse treatment agency you know we did kind of impromptu debriefings and discussions while we were charting the sorts of things that wasn't a formal so so tough. But it's really important to be able to process the things that we've heard and seen with clients and how that's making us feel at things that we can do to to begin to deal with it and just put primary trauma where one of the most important factors in recovery is being able to talk about and process that trauma and to really take the power away from it and diminish the negative aspects of it. I think that's the same concept in our trauma.

[00:21:07] It sounds like unless you're severely traumatized you don't need to seek professional help. No I don't. I don't think so but I certainly would say that there are you know there's a range of experiences with second track stress and the ultimate negative outcome is that one would be the criteria for post-traumatic stress disorder in which case I certainly think it props. I don't think we have to fully meet the criteria to seek professional help. But in those cases I think it's probably once you get to that point it probably it's a necessary component of recovery. That's not to say that seeking therapy wouldn't help at lower levels. I do think it would. And that's another means of gaining support in addition to peer support. And we have to recognize you know there are social workers who work in rural settings where they don't have a lot of access to peer support. There are social. You know many such workers and slow private practice. And I think those are the folks that pay be particularly at risk because they don't have the obvious mechanisms to process it. I guess I think it also therapy potentially for some people being part of their self care for Amsalem themselves. Yeah. Yeah and I think it is. So I guess for those who have very severe psychiatric stress today I absolutely should seek therapy. I think it's an important as you've said important parts of care for anyone who's doing this sort of work for any reason and could be very useful measure. I've noticed in social workers there is actually a reluctance and when he can speak to that that's a bet. Yeah.

[00:22:48] And then I come from a psychology background in and where it's much more normative people to get therapy and see it as a healthy thing to seek out for self care and personal growth and whatnot. And so I've been a little surprised by that reaction and I've seen some in some folks and I try to encourage students I think it's their responsibility to make sure they got their issues you know well understood and managed to be better for their clients. Let me speak to that yeah you know I think one of the pieces of that has to do with role identity that social workers see themselves as we are the helpers we are the experts we are the people who are there to help others work through these issues and deal with their problems. And then by extension if we're the experts that we certainly know how to do it for ourselves we perhaps may not need the help that maybe one aspect or that it's a failure on our part that we aren't able to deal with the stresses and the strains of the job. And so by seeking professional help then that's admitting some sort of weakness which I think is unfortunate because I don't see it. I see it as a sign of strength that one might recognize that that would be helpful and useful and we should do it. It is a bit paradoxical that you know some professionals think it's good enough for their clients. Absolutely. Anyway so I mean I tried to place it but I'm very interested to hear. I appreciate you speaking there because I think it's a real and discussed issue. Yeah I agree with you.

[00:24:23] So you've mentioned a couple areas like longitutdinal research that you think are important sort of going for me in this area. Anything else. Very interested to hear what you're doing

these terms. Well you know one of my primary projects right now is looking at secondary traumatic stress and substance abuse counselors in particular. And part of that research is really looking at the relationship between secondary trauma and turnover of substance abuse counselors and looking at different levels factors. So what are the personal factors that experience the secondary trauma and self care activities. What's the organizational variables that are involved. So is there support and resource is there an organizational culture around healthcare and the importance of dealing with trauma and burnout. And are there tangible resources provided for a culture and those sorts of things to see kind of what influences the development segment M.S. or helps prevent the development secondary traumatic stress and how those factors relate to the translation of secondary traumatic stress and to turn over intentions. Are you asking also whether the counselors are trained in yes awareness. Yeah absolutely. Yeah. I'm asking about their training in working with trauma but also in their training around self care how much self care the importance of self care was placed in their educational programs and their continued. Is this a group that Tinson show on the same day they do business or their clients revealing a lot of trauma. Yes. Yeah yeah absolutely. Trauma is very highly prevalent in chemical substance use populations.

[00:26:11] And there's a very high rate of morbidity between PTSD and substance abuse and there's actually a decent amount of evidence suggesting that a large number of people in treatment are there because of trauma that. But the substance abuse is really a self medication process for for that Trump traumatic experience. If if in substance abuse treatment we don't address the trauma and that there's a higher rate of relapse. So it's there. What isn't happening so much in subsidies treatment is explicit trauma work such that you know. Yeah yeah. So there's not a lot of places or practice. I mean there's certainly some out there that put a focus on doing trauma therapy with each treatment for instance. While that may not be happening the story is about trauma come up a great deal. So they may not be focusing on resolving them but they're coming up a lot in terms of how this played into my substance abuse and those sorts of things. This is very interesting to me because my sense this isn't my area but my sense was at least in the past trauma and substance abuse were really not addressed together. And to the disadvantage of this series treatment I think. I think this very saying that this awareness seems to be more much more common now. Yeah and that's actually part of my study as well. So just document what is being done in a national sample subsea treatment centers around the assessment of trauma treatment or trauma referral for trauma services. How do they deal with them. Do they deal with that they deal with the trauma at all. If they do treat that are they using evidence based practices are histories routinely taken do you. We don't know yet.

[00:28:04] You know anecdotally from my own experience in the field histories Artec specialty you have trauma histories. Now for folks like you and me that are really immersed in the trauma field I wouldn't say it their extensive trauma histories but certainly things like sexual abuse as a child of sexual assault and physical abuse are also often addressed or at least at least asked about. Yes. What about past this young. Where do you see yourself going after this stay. My hope is that this this study will lay the groundwork for getting funding to do a longitudinal study. And as I mentioned earlier that's never been done and it's really very much needed because there are a lot of unanswered questions that a longitudinal study might be the answer. One of those being as we mentioned before is we don't know what the trajectory of secondary traumatic stress is. It may be that the majority of people in the field. I mean I certainly suspect the majority of people in that field experience some symptoms but it may be that most of them experience some symptoms learn to solve it and move on and have lengthy careers. It may be that there's a great number of people who very early on leave the field because of this experience. My certainly my own research when I do surveys both in social work in another settings with substance abuse counsellors for instance and child welfare typically get surveys returned and answered with some sort of notes saying I'm no longer doing this work. But this is why. So thank you for studies. So anecdotally we know some people are leaving.

[00:29:45] So there's just the issue of kind of trajectory of secondary trauma how it relates to

burnout and turnover in the field. The second piece is I'm really interested in looking at kind of longitudinal trajectory of the development of symptoms not just related to turnover but for instance do the client like classic PTSD or DSM criteria of symptoms emerge first. Then there are the more the kind of world view changes changes and how someone operates in the world. He does follow through they are merged together as it emerged vice versa. Those sorts of things which I think are really important. And then with a large scale study we really get to look at what measures taken to help resolve the issue or Canel mitigate the process. Is it your sense that it would be the intrusion symptoms that would be more prominent the secondary. Yeah absolutely. This and my research bears that out yeah anecdotally that the Yeah. Those are the ones that are reported most often. OK. Thank you so much for participating. This fantastic. Appreciate it. You're welcome. Thanks for having me. You've been listening to Dr. Brian Bride discuss secondary traumatic stress and living proof Hi I'm Nancy Smyth Professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we're living proof that social work makes a difference in people's lives.