

# HONORING INNOVATIONS

*Notes from the Field for System of Care Communities in Indian Country*

Issue Number 16 • April 2015

## Secondary Trauma Stress in Indian Country

Working in a system of care that serves children, youth, and young adults in Indian Country can sometimes increase a service provider's risk of experiencing secondary traumatic stress (STS). This gradually occurs over time and affects workers' physical, mental, emotional, and spiritual health. Other terms related to the impact of working with traumatized individuals and being exposed to traumatic stories regularly include **vicarious trauma**, **compassion fatigue**, **trauma exposure response**, and **burnout**. While these terms are related and share certain elements, they are slightly different from each other in their specific meanings.

According to the National Child Traumatic Stress Network:

*Secondary traumatic stress* is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence.<sup>1</sup>

*Vicarious trauma* (VT) refers to an internal process experienced by providers who continually work with individuals who have experienced trauma. The American Counseling Association describes VT as "the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured".<sup>2</sup>

*Compassion fatigue* may be used interchangeably with secondary traumatic stress or as an alternative way to describe STS, to reduce stigma around both trauma and stress. Laura van Dernoot Lipsky, author of *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, explains that a trauma exposure response is "the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. It can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work...We are talking about the ways in which the world looks and feels like a different place to you as a result of you doing your work"<sup>3</sup>.

*Burnout*, "which refers to work-related feelings of hopelessness, emotional exhaustion, and being overwhelmed, may result from work environments that involve excessive workloads and little support," according to Dr. Lisa Butler, associate professor at the University of Buffalo School of Social Work. Burnout affects not only

***continued on page 3***

1. National Child Traumatic Stress Network. (2014). *Secondary traumatic stress*. Retrieved from [www.nctsn.org/resources/topics/secondary-traumatic-stress](http://www.nctsn.org/resources/topics/secondary-traumatic-stress)

2. American Counseling Association. (2011). *Vicarious trauma fact sheet 9*. Retrieved from [www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf](http://www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf)

3. van Dernoot Lipsky, L. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publishers.

### ***Inside This Issue***

***What Can I Do to Minimize Vicarious Trauma?***

***The Power of Positive Affirmations***

***How the Relational Worldview Addresses Trauma***

***And More***

# Tips for Minimizing Vicarious Trauma

**T**he American Counseling Association recommends these tips to address minimizing vicarious trauma:

## Separate yourself

As mental health professionals, it's important to separate a client's experience from your own and to tell yourself, "You are only holding the individual's experience for a little while."

## Limit exposure

Maintain boundaries, not only with clients, but within the workplace. Consider limiting the number of trauma clients you see in one day or try to vary the work (i.e., individuals vs. group, direct vs. indirect, clinical vs. administrative).

## Be honest with yourself

Check in with yourself frequently to make sure you are satisfied with your job. Ask yourself:

- What do I enjoy about the work?
- Do I enjoy group or individual therapy?
- What population do I enjoy working with? (e.g., adult vs. youth)
- What schedule is best for me and my family? Days? Weekends?

## Empower yourself

Attend professional trainings to expand your skills and knowledge. Develop a specialty and learn the signs of burnout within that specialty.

(Source: American Counseling Association (2011). *Vicarious trauma fact sheet 9*. Retrieved from [www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf](http://www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf).)

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These notes from the field describe best practices in American Indian/Alaska Native (AI/AN) systems of care for current and graduated system of care communities.

A "best practice" in the field of AI/AN children's mental health is a process, method, training, or event that is believed to have a direct link to providing the desired outcome.

NICWA believes that such a practice requires that seven specific criteria are met. The program must: demonstrate potential for longevity; be replicable; exist harmoniously with Indigenous values and teachings; be sustainable; secure community acceptance; include the input of stakeholders across generations; and demonstrate culturally competent staffing.

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The content of this publication does not necessarily reflect the views, opinions, or policies of CAFB, CMHS, SAMHSA, or the Department of Health and Human Services.



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National Indian Child Welfare Association  
Protecting Our Children • Preserving Our Culture



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Contributors This Issue:

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# Secondary Trauma Stress, *continued from p. 1*

**P**roviding services to traumatized children, youth, and young adults in Indian County comes with unique challenges. Such service providers are at a higher risk of experiencing Secondary Trauma Stress.

individual social workers but their clients and agencies as well.<sup>4</sup> Over time, extended periods of unchecked STS can lead to burnout among social workers. Burnout in social work refers to the physical and emotional exhaustion resulting from a highly demanding work environment combined with barriers or obstacles to self-care.

A comprehensive and individualized self-care plan can help mitigate burnout, compassion fatigue and vicarious trauma. “There’s no one-size-fits-all self-care plan...Each of us has to develop our own plan because each of us has our own unique life history; we each face our own distinct demands, stressors, and challenges; and we have individual goals and aspirations. These factors influence the kinds of challenges we confront day to day as well as how ably we manage them,” says Butler.

Providing services to traumatized children, youth, and young adults in Indian County comes with unique challenges. Such service providers are at a higher risk of experiencing STS. Symptoms may look different among American Indian and Alaska Native (AI/AN) communities, particularly in the context of tribal communities.

According to Eamon Anderson, MSW, child welfare specialist at the National Native Children’s Trauma Center at the University of Montana, “Secondary Traumatic Stress is a normal reaction to abnormal circumstances. What we mean [is] that it is not ‘normal’ to be exposed on a daily basis in the course of one’s work to many other people’s trauma and corresponding traumatic stress reactions...Workers are more vulnerable to STS when it is not acknowledged or addressed individually and organizationally, when they do not consistently practice self-care, and when they do not have well developed social support systems.”

Identifying the signs and symptoms of STS is an important step in healing from and coping with it. Symptoms mirror those of PTSD, such as hypervigilance or hyperarousal, avoidance, and intrusive thoughts or images. These symptoms affect people physically, mentally, emotionally, socially and spiritually.

STS is preventable and can be mitigated with the right tools and skills. Anderson states that “Acknowledging and addressing STS on the personal, professional, and organizational levels is essential to both preventing and mitigating STS. This can involve traditional didactic training, group conversation, team building exercises, implementing strong supervision models, individual self-care plans with accountability, and organizational practices such as flex time, celebrations, encouraging self-care, making space for individual and group self-care activities.”

In tribal and urban Indian systems of care especially, relationship-based prevention is the key to reducing STS. Building trust and safety in the workplace to allow for self-care and accountability around self-care are critical to maintaining a healthy organizational environment with minimal burnout. Tribal communities in rural and remote settings are characterized by community members being closely related and sharing historical and social connections. These environments present unique challenges for service providers for managing STS. For example, a worker whose simultaneous roles include friend, parent, social worker, and tribal member may be affected by trauma in the community on multiple levels.

STS is just one type of trauma on a spectrum affecting AI/AN communities. Other types include acute, chronic, complex, and historical trauma. Several kinds of trauma may coexist or be experienced at the same time. The National Native Children’s Trauma Center (NNCTC) acknowledges that there is no one-size-fits-all approach to trauma intervention in any community. Because Indian Country is particularly diverse, with 566 federally recognized tribes in the U.S., each with unique cultures, histories, and traditions, an adaptable approach is especially important.

As the system of care philosophy promotes individualized, community-based services for consumers, SOC staff

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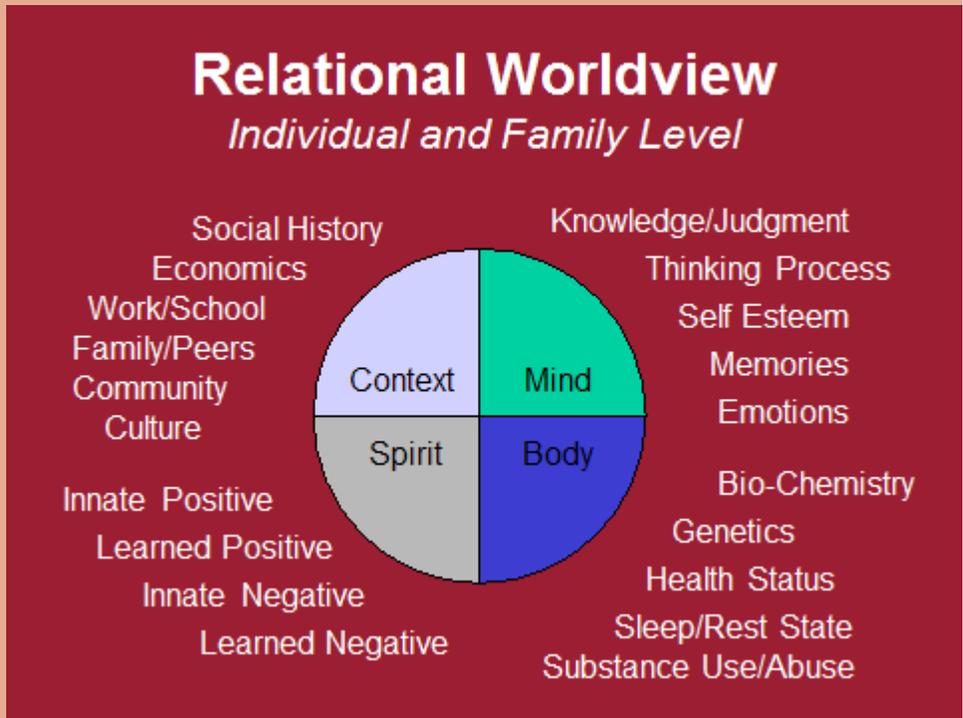
4. Jackson, K. (2014, May/June). “Social worker self-care—The overlooked core competency.” *Social work today*, 14(3). Retrieved from [www.socialworktoday.com/archive/051214p14.shtml](http://www.socialworktoday.com/archive/051214p14.shtml).

# Relational Worldview Model Addresses Trauma

**A**s illustrated by the relational worldview (RWV) model, a reflection of the Native thought process and concept of balance as the basis for health, AI/AN people often view health and balance as holistic and each factor as interdependent rather than the linear or cause-and-effect model often seen in mainstream (Euro-Western) worldviews.

The RWV model is used by National Indian Child Welfare Association as a framework and process for assessing the technical assistance needs of a community; it can also be a framework to address the effects of trauma, whether primary or secondary. The RWV model of balance can also be applied to organizations and communities.

In the four-quadrant circle for individuals and families, which includes context, mind, body and spirit, each element has a parallel in an organization or community: environment, infrastructure, mission, and resources. All of these elements (individually and organizationally) can be used to self-assess the need for healing, how each element has been or is currently being affected by STS and developing a path towards balance.



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# What can I do to minimize vicarious trauma?

**T**he experience of secondary trauma stress, or vicarious trauma, is probably very familiar to those working with Native families and communities through tribal systems of care. For practitioners who experience and exhibit all the signs of internalized trauma and burnout, the question then arises, “What can I do to minimize vicarious trauma so I can continue to best serve the people in my community?”

In January 2015, NICWA hosted a webinar to address this very question<sup>1</sup>. Presented by the Native Wellness Institute Executive Director Jillene Joseph (Gros Ventre), the webinar gave insight into not just how intergenerational trauma heavily impacts providers’ need for self-care, but also provided tips of practical things people can do to begin incorporating self-care into their daily activities.



Jillene Joseph

The history of federal policy and Indian Country—and the wake of violence, cultural discontinuity, trauma, and displacement caused by it—is well-documented. For those working in mental health fields, the reverberations from this history continue to impact the daily lives of Native people in every community. In the 1970s, a healing and wellness movement began taking hold as Indian Country began recognizing the need to address historical trauma through healing.

Joseph states, “Healing is a personal cleansing. When we don’t heal and we continue to carry the anger and shame and the guilt and fear, it eats us up. If we’re holding onto these, then that’s what we’re passing on to the people we work with in our communities. Where there has been trauma, healing is the answer.”

Similarly, self-care is a means toward healing aimed at achieving and maintaining balance in our current lives. Joseph believes self-care is particularly important for providers of trauma-informed care. She states, “I view all of us as healers and helpers. Because we’re always giving, it’s critical that we take care of ourselves. If we’re tired and burnt out and starting to become critical,

*continued on page 6*

1. National Indian Child Welfare Association (2015). *Self-care: Working within tribal and urban communities*. Retrieved from [www.nicwa.org/mental\\_health/SystemsOfCare/](http://www.nicwa.org/mental_health/SystemsOfCare/)

# The Power of Positive Affirmations

**P**ositive affirmations are simply nice things that you tell people. Some examples of positive affirmations include, “Maria, I really appreciate when you bring a positive attitude to the workplace,” “John, I like how you bring leadership skills to team meetings,” or “Mary, it meant a lot to our work group when you contributed extra time to complete the project.”

Despite this deceptively easy definition, positive affirmations may be elusive in many Native families and communities. The reasons are complex, and certainly don’t reflect a lack of love, empathy, and caring within families. Instead, disruptions to cohesive family systems and positive parenting—and the lingering effects of the boarding school experience—have resulted in entire generations of Native people who have been raised to be unaccustomed to positive affirmations.

As Joseph elaborates, “When we grow up in homes where these things like this weren’t shared, sometimes it’s hard for us to hear positive things about ourselves. It’s also hard for us to give them.” As a result, she encourages programs to bring these formally into the workplace to help practitioners and staff begin to model healthy behaviors that will help their clients. “It’s a really powerful exercise to give, receive, and listen as coworkers give each other positive affirmations,” she states.

**“** *When we don’t heal and we continue to carry the anger and shame and the guilt and fear, it eats us up. If we’re holding onto these, then that’s what we’re passing on to the people we work with in our communities. Where there has been trauma, healing is the answer.* **”**

—Jillene Joseph

# What Can I Do, *continued from p. 5*

that's what we're going to be putting out and giving to the people we're serving. Self-care is important so we can remain positive and have good energy. That's what we'll be giving to people. Part of our jobs as healers is to help motivate, inspire, and encourage other people."

Like many Native life ways, self-care can be approached with the traditional belief that teaches one to live in balance with the physical, mental, emotional, and spiritual well-being. At the Native Wellness Institute, this is represented by the Native Wellness Wheel<sup>2</sup>. The wheel provides a framework for people to identify their self-care needs in four quadrants. Joseph explains, "If we are made up of each of these four quadrants, then we need to be doing something in every quadrant to help us find balance."

Making time to use a tool such as the Native Wellness Wheel is a first step in prioritizing your own individual self-care plan. Beyond the wheel, Joseph encourages people to write down their more detailed self-care plans, stating, "When we write things down, it's almost like a contract with ourselves. If we care enough about ourselves, we will make time for self-care."

Joseph also recommends several examples of small things anyone can do to practice self-care in the workplace and at home.

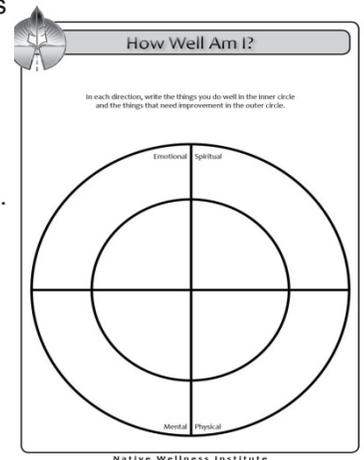
## Self-Care in the Workplace

- Regularly stretch and move throughout the day or in between client visits
- Get outside for a walk or fresh air
- Have healthy snacks on hand
- Have a good friend and confidante
- Bring laughter into the workplace
- Eat together with colleagues
- Make positive affirmations in the workplace
- Breathe and meditate

## Self-Care in the Home

- Exercise
- Eat good food
- Take baths
- Practice ceremony
- Prioritize alone time
- Be grateful
- Get sufficient sleep (Adults needing at least 7 to 8 hours and sleep should not be frequently interrupted or cut short, the quality should be just as important as the quantity.)
- Take time for family, community, culture, hobbies
- Get outdoors

In practicing self-care, Native practitioners will be upholding a tradition they may have previously been unaware of. As Joseph explains, "Our ancestors took care of themselves. We know this because we're still here on this earth. We're an example of their self-care."



**L**ike many Native life ways, self-care can be approached with the traditional belief that teaches one to live in balance with the physical, mental, emotional, and spiritual well-being. trauma.

2. Joseph, J. (2015). *Native wellness self care webinar: We can only give what we have*. [PowerPoint slides]. Retrieved from [www.nativewellness.com/wellness-in-the-workplace.html](http://www.nativewellness.com/wellness-in-the-workplace.html).

# Secondary Trauma Stress, *continued from p. 3*

## Upcoming Events

Portland Training Institutes  
Portland, Oregon  
September 22–25, 2015

- ICWA Basics
- Advanced ICWA
- Positive Indian Parenting

Anchorage Training Institutes  
Anchorage, Alaska  
November 17–20, 2015

- ICWA Basics
- Advanced ICWA
- Positive Indian Parenting

Albuquerque Training Institutes  
Albuquerque, New Mexico  
December 8–11, 2015

- ICWA Basics
- Advanced ICWA
- Positive Indian Parenting

34<sup>th</sup> Annual Protecting Our  
Children Conference  
St. Paul, Minnesota  
April 3–6 2016

St. Paul Training Institutes  
St. Paul, Minnesota  
April 6–9, 2016

- ICWA Basics
- Positive Indian Parenting

Visit [www.nicwa.org](http://www.nicwa.org)  
or email  
[lauren@nicwa.org](mailto:lauren@nicwa.org)  
for more information  
or to  
request a training in  
your community.

also benefit from implementing their own ways of mitigating and coping with STS. In Indian Country, historical trauma is another consideration among community members as well as service providers. Historical trauma is defined as “the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.” According to the NNCTC, populations with historical trauma also tend to have higher levels of contemporary trauma<sup>5</sup>.

Like other forms of trauma, STS is very common. To create a truly *trauma-informed* system of care, leadership and staff must collectively acknowledge that STS exists in order to promote individual and organizational well-being. “[Experiencing STS] doesn’t mean that you aren’t good at your job, or that you need to find a different profession. It means that you care and are trying to affect change. We are often exposed to very high needs and then do not have access to the necessary resources to fill those needs, and this is one of the most difficult aspects of ‘helping’ work. But we are not destined to become cynical and burned out helpers. We can prevent and address STS and we can affect long-term change for individuals and organizations,” says Anderson.

On an organizational level, systems of care can address STS by engaging in supportive, regular, and trauma-informed supervision and acknowledging employees’ risk of developing symptoms. Trauma-informed systems strive toward acceptance and support of issues facing clients and employees alike rather than blaming or shaming them for the symptoms they may be experiencing; trauma-informed supervisors acknowledge the importance of self-care and healing for individuals affected by various types of trauma. This can help reduce burnout, which can lead to high employee turnover rates in helping professions.

Trauma-informed supervision can reduce risk factors and enhance protective factors contributing to secondary traumatic stress. In a trauma-informed work environment, proactive steps are taken to minimize burnout, compassion fatigue and STS. These steps may include conversations normalizing STS and recognizing how common secondary traumatization can be; enforcing reasonable workloads for service providers; creating safe spaces for professional peer support, focusing on self-care; and opportunities for staff to be heard. Having a voice in organizational practices can help employees feel an increased sense of empowerment and efficacy, which is important for reducing burnout and STS. Opening up conversations about trauma, self-care and stress management can help reduce the stigma associated with STS<sup>6</sup>.

Mitigating STS and other forms of trauma exposure response also promotes an organizational culture of healing and wellness. Anderson states that “[t]here is evidence to suggest that workers who engage in STS-reducing practices such as supportive, regular supervision provide better services to their clients... We know that individuals are often traumatized or re-traumatized by the very service systems which intend to help. We believe that addressing STS helps service systems to minimize the traumatic impact of themselves and their agencies on vulnerable clients.”

5. Anderson, Eamon. (n.d.) *Secondary traumatic stress curriculum implementation guide*. Missoula, MT: National Native Children’s Trauma Center, University of Montana.

6. Center for Substance Abuse Treatment. (2014). *Trauma-informed care in behavioral health services (57 ed.)*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Additional Resources

### Websites

National Child Traumatic Stress Network  
[www.nctsn.org/resources/topics/secondary-traumatic-stress](http://www.nctsn.org/resources/topics/secondary-traumatic-stress)

Native Wellness Institute  
[www.nativewellness.com](http://www.nativewellness.com)

### Fact Sheets and Wellness Tools

American Counseling Association. (2011). *Vicarious trauma fact sheet 9*.  
[www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf](http://www.counseling.org/sub/dmh/Fact%20Sheet%209%20-%20Vicarious%20Trauma.pdf)

ProQOL.org. (n.d.). *Professional quality of life scale*.  
[http://proqol.org/ProQol\\_Test.html](http://proqol.org/ProQol_Test.html)

### Webinar

Joseph, Jillene. (2015). *Native wellness self-care webinar: We can only give what we have*.  
[www.nicwa.org/mental\\_health/SystemsOfCare/](http://www.nicwa.org/mental_health/SystemsOfCare/) under “Webinars.”

### Trauma-Informed Resources

BigFoot, D., Willmon-Haque, S., & Braden, J. (2008). *Trauma exposure in American Indian/Alaska Native children fact sheet*.  
[www.theannainstitute.org/American%20Indians%20and%20Alaska%20Natives/Trauma%20Exposure%20in%20AIAN%20Children.pdf](http://www.theannainstitute.org/American%20Indians%20and%20Alaska%20Natives/Trauma%20Exposure%20in%20AIAN%20Children.pdf)

Clervil, R., & DeCandia, C. (2013). *Integrating and sustaining trauma-informed care across diverse service systems*.  
[www.tapartnership.org/docs/TraumainformedSOCBrief\\_092713.pdf](http://www.tapartnership.org/docs/TraumainformedSOCBrief_092713.pdf)

Indian Country Child Trauma Center. (n.d.). *Trauma in Indian Country: A guide for professionals*.  
[www.icctc.org/Trauma%20in%20Indian%20Country%20final.pdf](http://www.icctc.org/Trauma%20in%20Indian%20Country%20final.pdf)

Indian Country Child Trauma Center. (n.d.). *What is trauma? A guide for parents*.  
[www.icctc.org/what%20is%20trauma-final.pdf](http://www.icctc.org/what%20is%20trauma-final.pdf)

National Child Traumatic Stress Network. (2008). *Pathways to partnerships with youth and families in the National Child Traumatic Stress Network*  
[www.nctsn.org/sites/default/files/assets/pdfs/Pathways\\_ver\\_finished.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/Pathways_ver_finished.pdf)

SAMHSA. (n.d.). *Understanding trauma: When bad things happen to good people fact sheet*  
<http://dmh.mo.gov/docs/diroffice/commission/UnderstandingTraumaFactSheet.pdf>

NICWA works to support the safety, health, and spiritual strength of Native children along the broad continuum of their lives. We promote building tribal capacity to prevent child abuse and neglect through positive systems change at the state, federal, and tribal level.

**Our Vision** Every Indian child must have access to community-based, culturally appropriate services that help them grow up safe, healthy, and spiritually strong—free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse.

**Our Mission** NICWA is dedicated to the well-being of American Indian and Alaska Native children and families.

To learn more about NICWA, visit [www.nicwa.org](http://www.nicwa.org).