Addressing Vicarious Trauma in Foster Parent Training and Retention

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A little about us….

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Learning Objectives

- Understand secondary trauma as it relates to foster parenting
- Recognize signs of secondary trauma in foster families
- Identify assessment and training methods to address secondary trauma
- Identify methods to address symptoms of secondary trauma during and post placement

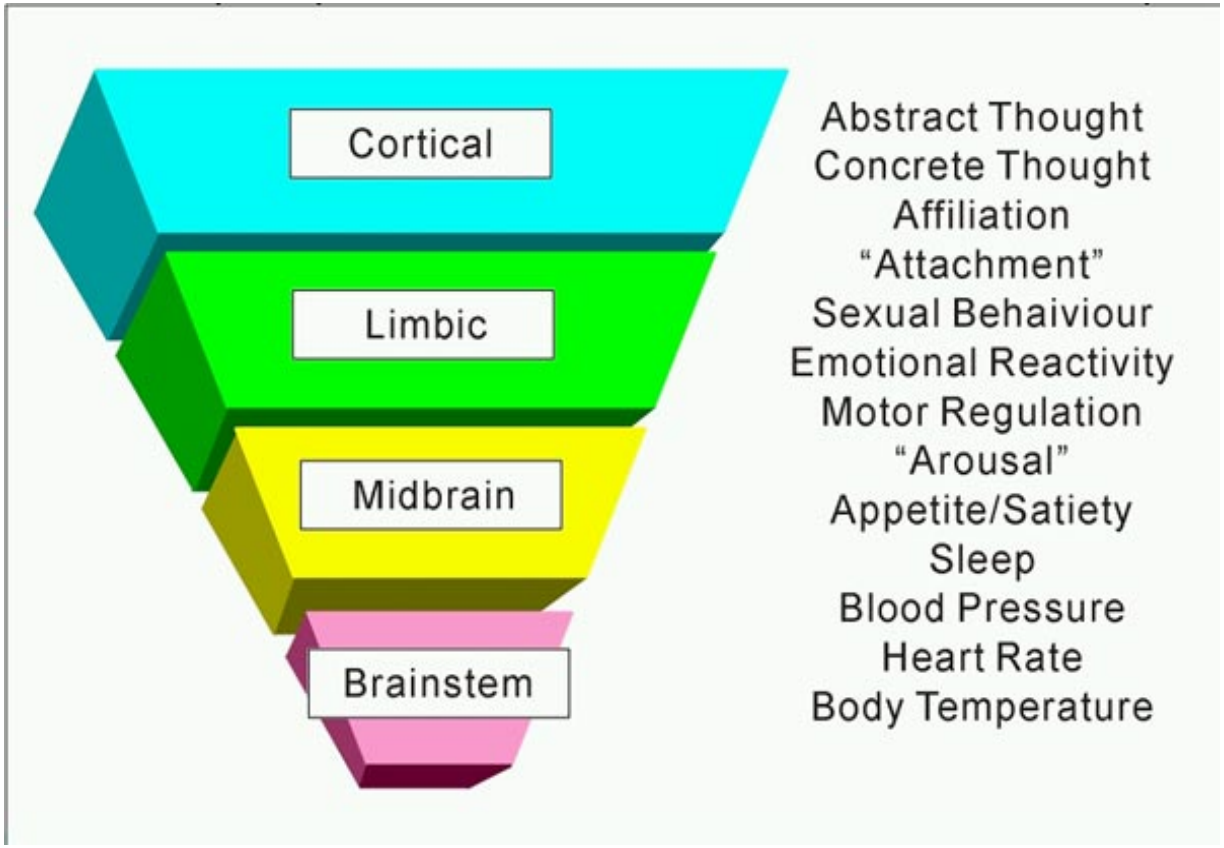
What is trauma?

- Trauma is defined "as emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis" (New Oxford American Dictionary, 2008, 874213).

- "Resources are defined as those objects, personal characteristics, conditions or energies that are valued by the individual or that serve as a means for attainment of these objects, personal characteristics, conditions or energy" (p. 516). In this theory, resources hold not only an objective meaning, but also a subjective one as well. Hobfoll (1989)

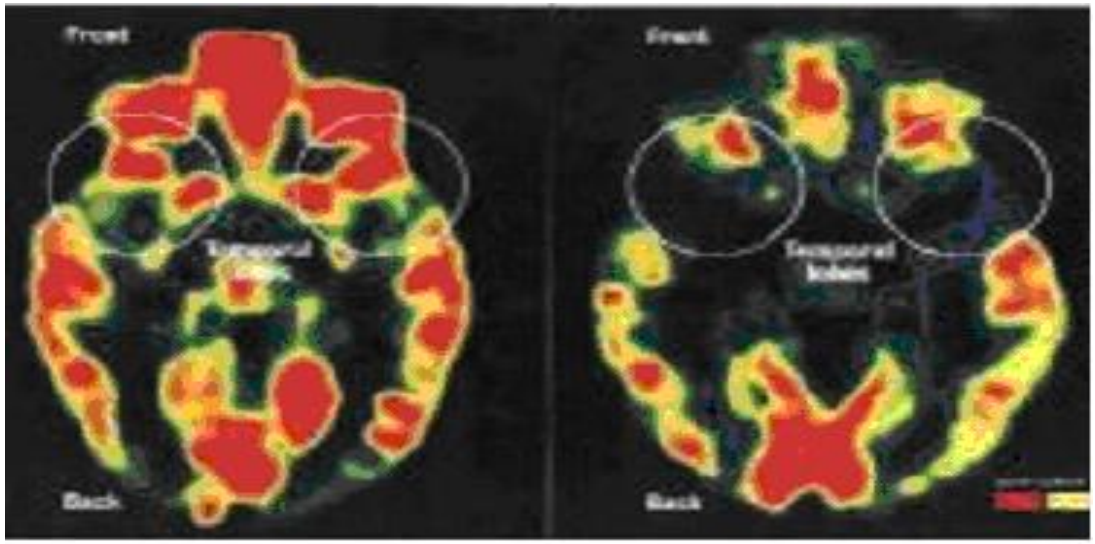
What happens when trauma occurs?

- The brain- limbic system (primal brain, not thinking one)
- Stress hormones (cortisol) are released, neurotransmitters released including norepinephrine and dopamine
- Induction of the sympathetic nervous system
- Fight, flight, freeze, submit, and at times collapse
- Frontal lobe "shuts off"
- In "normal" systems, this action is reversed by the parasympathetic nervous system
- Trauma, more often repeated trauma, the sympathetic nervous system doesn't shut off, so consistent stress hormones and unbalanced neurotransmitters lead to symptoms



State Government of Victoria, Australia, Department of Human Services

Brain Imaging and Trauma



ACE Studies

http://www.cdc.gov/ace/findings.htm

Frequency of Childhood Trauma: Adverse Childhood Events Study- V.J. Felitti, MD & R.F. Anda, MD

- 2/3 of our study participants reported at least one ACE
- more than one of five reported three or more ACE.
- ACE can lead to increase in the following:
  - Alcoholism and alcohol abuse
  - Chronic obstructive pulmonary disease (COPD)
  - Depression
  - Fetal death
  - Health-related quality of life
  - Illicit drug use
  - Ischemic heart disease (IHD)
  - Liver disease
  - Risk for intimate partner violence
  - Multiple sexual partners
  - Sexually transmitted diseases (STDs)
  - Smoking
  - Suicide attempts
  - Unintended pregnancies
  - Early initiation of smoking
  - Early initiation of sexual activity
  - Adolescent pregnancy

Can find all related articles at http://www.cdc.gov/ace/outcomes.htm#Mental

Results of ACE study

http://www.cdc.gov/ace/prevalence.htm

Data collected between 1995-1997
N=17,337

		Men	Women	Total
Abuse				
	Emotional Abuse	13.1	7.6	10.6
	Physical Abuse	27.0	29.9	28.3
	Sexual Abuse	24.7	16.0	20.7
Neglect				
	Emotional Neglect[1]	16.7	12.4	14.8
	Physical Neglect[1]	9.2	10.7	9.9
Household Dysfunction				
	Mother Treated Violently	13.7	11.5	12.7
	Household Substance Abuse	29.5	23.8	26.9
	Household Mental Illness	23.3	14.8	19.4
	Parental Separation or Divorce	24.5	21.8	23.3

Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS.

ACE assessed for 13,494 adults and compared with risky behavior, health, and disease.

RESULTS:

- Respondents who experienced 4 or more Aversive Childhood Events were :
  - 4-12 times more likely to abuse alcohol, drugs, experience depression, have a suicidal attempt
  - 2-4 times more likely to smoke, and have a poor self-health rating
  - Have 50 of more sexual partners, and an increased risk of STD's

- http://www.ncbi.nlm.nih.gov/pubmed/9635069?dopt=Abstract

Post Traumatic Stress Disorder

- According to the DSM-IV-TR (2000)
  - The events identified include military combat, abuse, assault or the diagnosis of a medical condition that is life threatening.
  - first category- experiencing or witnessing a life threatening event and feelings of fear or helplessness in reaction to that event
  - second category- re-experiencing the trauma by intrusive thoughts, dreams, reoccurrences, and exaggerated responses to cues that trigger memories
  - third category- symptoms of avoidance and psychological numbing such as avoiding activities, places and people that remind one of the traumatic event, and feeling detached and exaggerated change in ability to express feelings.
  - fourth category- arousal such as difficulties with concentration and irritability.
  - The DSM-IV-TR also describes several associated features
    - Individuals with Post Traumatic Stress Disorder may describe painful guilt feelings about surviving when others did not survive or about things they had to do to survive. Avoidance patterns may interfere with interpersonal relationships and leads to marital conflict, divorce or loss of job. The following associated constellation of symptoms may occur and are more commonly seen in association with an interpersonal stressor : impaired affect modulation; self-destructive and impulsive behavior; dissociate symptoms; somatic complaints; feelings of ineffectiveness, shame, despair or hopelessness; feeling permanently damaged; a loss of previously sustained beliefs; hostility; social withdrawal; feeling constantly threatened; impaired relationships with others; or a change from the individual's previous personality characteristics. (p. 465).

Post Traumatic Stress Disorder

- According to the DSM-V
  - Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:
    - Directly witnessing
    - Witnessing as it occurred to others
    - **Learning that the traumatic event occurred to a close family member or friend**
    - **Experiencing repeated or extreme exposure to aversive details of the traumatic event**
  - Intrusion symptoms- Recurrent, involuntary, and distressing memories, dreams, flashbacks, intense distress with cues, distress with symbolic cues
  - Avoidance symptoms- avoiding thoughts, memories, feelings, reminders (like people and places)
  - Negative alterations in mood/cognitions- inability to remember aspects of event, negative beliefs or expectations of self, distorted cognitions, negative emotional state, diminished interest in activities, detachment and anhedonia
  - Arousal and reactivity- irritable bx, angry outbursts, reckless and self-destructive bx, hypervigilance, exaggerated startle response, concentration issues, sleep disturbances.

What is secondary trauma?

- "negative effects of caring about and caring for others." Pearlman and Saakvitne (1995, p. 31)
- "the ways in which a treater is negatively affected by his or her empathic engagement with traumatized clients in their journey of healing." Saakvitney, Gamble, Pearlman, and Lev (2000, p. 5)

Signs/Symptoms of Secondary Trauma

- According to Meichenbaum (www.melissainstitute.org):

Emotional Signs:

- Feeling overwhelmed, drained, exhausted
- Feeling angry or upset about foster child's victimization
- Anhedonia, feeling depressed and hopeless about change
- Feeling alone and detached

(Meichenbaum, cont.)

- Overly involved with foster child's emotions
- Feeling guilt or shame about foster child's experiences
- Self-doubt

(Michenbaum, cont.)

Cognitive Signs:

- Preoccupation with foster child
- Over-identification with foster child
- Pessimistic and cynical outlook
- Low self-worth and self-efficacy
- Change in belief systems (challenges with Maslow's Hierarchy of Need)

Behavioral Signs:

- Distancing from supports
- Distracting, staying busy
- Exhibiting symptoms similar to those of the foster child
- Difficulty with intimacy
- Difficulty with boundaries
- Unrealistic expectations of foster child's ability to progress
- Change in ability to deal with stress

(Michenbaum)

Other Observed Symptoms:

- Sudden and/or increased religiosity
- Changes in eating and sleeping habits
- Over-identification with agency staff
- Increased daydreaming and dissociative features
- Irrational fears
- Disruptions in identity
- Difficulties with relationships

Difficulty with Relationships

- Turning away from peer group/familial supports
- Turning toward service providers for support
- Discord in intimate relationships with partners—exacerbation of existing difficulties
- Change in expectations and interactions with biological and adopted children
- Diminishment of sexual desire or development of sexual dysfunction

Factors Which Increase the Impact of Secondary Trauma

- Foster parent's own trauma history
- Foster parent works in the social services realm
- Lack of natural support system
- Idealism

Potential Sources of Trauma

- Abuse
- Neglect
- Disrupted attachment
- Interpersonal trauma
- Exposure to combat
- Fertility issues
  - Out of the 115 participants, 65 (46%) of the participants met criteria both cut off score and pattern criterion for PTSD, which is significantly higher than the prevalence of PTSD in the general population.

TLC stats

- 24 % of current foster families have at least 1 parent who has experienced trauma
- 11% experienced the traumatic event as an adult
- 14% experienced the traumatic event in childhood
  - According to DSM-IV-TR (2000) the prevalence of PTSD at 8%.
  - ACE studies for sample prevalence of trauma
    - Emotional abuse 10%
    - Physical abuse 28%
    - Sexual abuse 20%
- 28% currently licensed foster families have experienced fertility issues
  - According to the CDC, infertility in women is approximately 10%

What do you see?

Signs of secondary trauma in foster parents

- Increase in counter-aggression
- Increase or decrease in communication with agency staff and/or therapist
- Changes in discipline strategies
- Withdrawal from activities—personal life and agency activities
- Increased expressions of anxiety and/or depression
- Requests for help
- Focus shift to the behavior's impact on the foster parent vs. the impact on the child
- The child becomes the problem instead of behaviors being seen as symptoms of problems/trauma history

Now what do you see?

- http://movies.netflix.com/WiPlayer?movieid=17405997&trkid=2722743

Assessment Tools

- Post Traumatic Stress Disorder Checklist for Civilians (PCL)—free!
  - http://www.ptsd.va.gov/professional/pages/assessments/ptsd-checklist.asp
- Trauma History Screening-free!
  - http://www.istss.org/AssessingTrauma.htm
- Trauma Symptom Inventory-2
- Symptom Checklist 90 Revised (SCL 90-R)—proven to be culturally competent
- Self-Assessment Questions

Examples of Self Assessment Questions (Meichenbaum)

- How am I doing? Am I eating healthy? Am I exercising? How am I sleeping? Am I drinking more than usual?
- Have things changed with me?
- What things do I worry about the most?
- How is my marriage/significant relationship?
- Have I used my social supports?
- What are my reactions to their reactions?
- Is there anything about my life experiences that I have kept secret?
- What am I doing to take care of myself?
- Are my interests the same as they were before I started fostering?
- How do I find the balance between caring too much and caring too little?

Addressing secondary trauma in the screening process

- Honesty in initial meetings
- Assessment in application materials
  - -Attachment history
  - -Current relationship
  - -Parenting style
  - -Abuse/Neglect history
  - -Other trauma history

Relevant Pre-Service Training Topics

- Motivations for fostering
- Personal beliefs
- Triggers
- Intro to trauma-informed care
- Secondary Trauma
- Self-care and enjoyable activities
- Communication and relationships
- Valued living Questionnaire

Methods to use with foster parents during placement

- Staff reminders of parent's triggers
- Staff reminders of parent's enjoyable activities/self-care
- Respite
- Monthly support groups
- Annual trainings on self-care and secondary trauma
- Family therapy with foster child
- Connection with foster parent peer or mentor

- Foster Care Coordinator
  - *Clinical supervision of foster parents
  - *Provides what is needed—insight, education, modeling, etc.
  - *Participates in all treatment team meetings; able to intervene quickly with signs of secondary trauma
- Practicum Students
  - *Confidential therapy for foster parents

Potential Interventions to Use- Individual Therapy with Foster Parents

- Distress tolerance techniques
  - Distraction techniques
  - Self-soothing/senses
- Mindfulness-based/Relaxation techniques
  - 3 minute breathing space
  - Progressive muscle relaxation
  - Safe place visualization
- Regulation techniques
  - Emotional Awareness
  - Pleasant activities
- If /When needed, trauma work:
  - Trauma narrative
  - Cognitive Processing

Post-Placement

- Post-discharge supervision
- Assessment of foster family's current functioning
- Determination of whether requested or mandatory rest period will occur
- Connection with foster parent peer or mentor
- Confidential individual or couples therapy

Self-care

- Brainstorming healthy coping mechanisms and identifying 3 to practice
- Understanding partner's communication style; remembering to nurture this relationship
- Guided imageries
- Relaxation techniques

And now you practice

- What signs of secondary trauma are present?
- Which assessment tools might you use with this family?
- What, if any, specialized training would you give this foster parent?
- How would you intervene to retain this foster parent and maintain the placement?

Future suggestions/possibilities

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