

# Understanding self-care in incident response with children and youth: a comparati...



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In order to understand self-care as a child and youth practitioner, one first needs to understand the effects of trauma have on the children and youth. Eavan Brady advises of three types of traumatic events: experiencing or witnessing a serious injury, imminent threat of injury or death to self or others, and/or lastly a violation of self (pp3). In Perry's work: *Effects of Traumatic Events on Children, An Introduction*, it highlights the internal responses that a child experiences when experiencing the effects of a traumatic experience. The child can experience a dissociative state or a hyperarousal state, both created to cope through the traumatic event (Perry, 2003 pp4), which explains that the post traumatic experience the children will relive the traumatic experience over and over again, which then weaves a complex web of memories of the trauma (Perry, 2003 pp 5). The child then relives the experience over and over with all the senses of their body and often stay in an aroused state long after the trauma (Perry, 2003 pp7). These children experience impulsiveness, hyperactivity, or can be withdrawn to depressed (Perry, 2003 pp9). So, looking at the children that come across a child and youth practitioner's path most, if not all, have experienced some form of trauma, whether prolonged or incidental and it is noted in the thesis *Secondary Traumatic Stress: The Hidden Trauma in Child and Youth Counsellors* that 98% of Child and Youth Practitioners who were surveyed had worked with a child or youth that had experienced trauma (Bloom, 2004 pp38) These children's life events then become ours, as we empathize and treat the symptoms, which are often labelled as behaviours.

The following is a summary of six articles that discuss the trauma effects of care professionals:

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*The Cost of Caring. Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families* , By Bruce D. Perry

Perry discusses how trauma situations can cause the organization as a whole to crumble under the ongoing pressures as staff are not able to continue to cope and manage the pressures that are brought onto them (Perry, 2014 pp 4). The article further discusses the profound benefits of debriefing after a traumatic event, and how this helps with coping and supporting one another (Perry, 2014 pp6). A theme throughout Perry's work is the feeling of a worker's hopelessness when faced with the challenges of caring for children, but the outside demands supersede their best efforts. Perry describes Post-Traumatic Stress Disorder as prolonged symptoms following a traumatic event, with can be permanent changes to one's entire functioning (Perry, 2014 pp 9-10). With secondary trauma, this is the trauma of one person being experienced by a second person, which is not burnout as it can occur after expose to one situation (Perry 2014, pp10). Burnout is long-term fatigue, with physical symptoms. It is further noted that Perry speaks to the need for supervisors as being the main role in prevention of their employees developing secondary trauma; with their abilities to cope and an awareness of their employees needs (Perry, 2014 pp 13). Perry notes that as professionals it is important to focus on one's own needs and normalized activities, with self-care activities, which include physical activity, writing, a spectator event or laughter.

*Caring for Yourself is a Radical Act: Self-Care Guide for Youth Working in Community,*

By Farrah Khan

Khan indicates that ensuring self-care translates to maintaining energy and spirit to be a better person outside of work life (pp4). Khan acknowledges that as youth practitioners the level of stress and trauma have a major impact on ourselves (pp5) and how the priority needs to be on the worker to energize. The way to self-care is to make time (pp16) and to treat at ourselves the way that we would harm reduce for a person we are providing service to (pp18). Often times we work in places that do not value us (pp25). Khan defines trauma on a larger community scale, describing large scale events (community shoots, war) (pp31) and then breaks down the smaller scale factors of trauma. The article notes that trauma effects are stored in a persons emotional, psychological, and physical which can allow for learned responses (pp33). Khan notes that vicarious trauma is the result of listening to and supporting those affected by traumatic events, and recognizing this aspect of our work is the best way to understand the need for self-care (pp42). Khan holds to the importance of boundaries as an important aspect of ensuring work/life balance (pp51).

*Indirect Trauma: Implications for Self-Care, Supervision, the Organization, and the Academic Institution* , By Carolyn Knight

Knight notes that as other may use secondary traumatic stress, compassion fatigue and vicarious trauma as a singular term, she instead uses indirect trauma is an umbrella term to describe the difference in their experiences by practitioner (2013, pp225). The symptoms of a practitioner are noted to be a parallel to the symptoms of those who experienced the trauma (Knight, 2013

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pp225). It is illustrated clearly how secondary traumatic stress can have two very different affects on the practitioner, but how they cause just as much distress. It is interesting to note that the examples that caused the stress were in relation to sexual abuse, which is likely the most traumatic experience one could imagine (Knight, 2013 pp 226). The idea of vicarious trauma and how it affects the practitioner is created that because they have listen to so much victimization, that everyone is able to victimize those around them (Knight, 2013 pp 227). Knight notes that indirect trauma is a result of ongoing experiences with hearing and witnessing distress (2013 pp229). The idea that being proactive is the best way to handle indirect trauma, ensures that practitioners are able to learn and work through their experiences and learning how to leave work at work (Knight, 2013 pp231). Supervisors also play a role in assisting practitioners through indirect trauma effects, but often because of the clinical aspect of the employment the sharing of indirect trauma is not done from practitioner to supervisor (Knight, 2013 pp232).

*Honouring the Wounded: Inviting in our Successes and Mistakes, By*  
Wolfgang Vachon

Vachon's article depicts the notion that when a professional works with broken individuals, but is broken themselves or has unresolved issues, those issues will impact the professionals option and how they will handle the situation, as they will be protecting them self (pp55). Vachon brings to light that studies have indicated that those in helping roles have experienced some form of physical or emotional abuse in their early years, at a rate of more than 50 percent and choose the field to do better then what they had <https://assignbuster.com/understanding-self-care-in-incident-response-with-children-and-youth-a-comparative-analysis/>

(pp56). Wounded healers indicate that they show resiliency in working through their own challenges, showing empathy, compassion and greater sensitivity, being able to work with difficult people and forgiveness (Vachon pp58). This article focuses on the aspects that make a relationship positive between a worker and a client, as having empathy, building a relationship, being personable, being sensitive and believing in change (Vachon pp59).

*Compassion Fatigue: What Is It? Why Does It Matter? Recognizing the Symptoms, Acknowledging the Impact, Developing the Tools to Prevent Compassion Fatigue, & Strengthen the Professional Already Suffering from the Effects* , By Sherry E. Showalter

Showalter describes compassion fatigue as taking the pain from the people that helping professionals work with, which then affects the professional psyche. This occurs more because professionals are expected to do more with less (Snowalter, 2010). The article notes that there is a cost to caring on one's physical, mental and emotional health (Showalter, 2010), which as described often have the same affect as the trauma experience. The affect is a neglect of self care, which highlights exercise as a major factor in balance. Snowalter brought in the suggestion of learning to say no ensure balance. The article also took an interesting turn in the do not list, which emphasized not making rash decisions in one's personal life during a time of compassion fatigue, also noting how to teach family and friends how they can offer support (Snowalter, 2010).

*Understanding Burnout in Child and Youth Care Workers* ,

By Sean Barford & William Whelton

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Whelton describes how a child and youth practitioner works with the children and youth who have experience problems related to behaviours to psychological issues, who have little connection to their family system and may be resistant to assistance or treatment (pp271-272). The article notes that burnout is explained as an emotional overload, with three parts: emotional exhaustion, depersonalization and low personal accomplishment (Whelton, 2010 pp272). It is further noted that there are some predictors to burnout: age, marital status and perceived social support; while personality also plays a role (Whelton, 2010 pp272). Further noted is that it is believed that the largest contributor to burnout is the organization; how workload and manage/employee interactions are managed (Whelton, 2010 pp273). The study had interesting outcomes, which highlighted that Child and Youth Practitioners continued to maintain pride in their work, even with being exhausted while still feeling accomplished (Whelton, 2010 pp281-282).

### Comparative Analysis

The articles all touched on the aspect that makes a Child and Youth Practitioners work both valuable and challenging. How trauma and overcoming those experiences with our children, youth and even families can create trauma for us. The cost of walking through the trauma as indicated in the articles can have a varying degree of affects of Child and Youth Practitioners. It is interesting to note that the affects of direct trauma are very similar to those of those who experienced the trauma:

Trauma	Compassion
	fatigue/burn

out

Knight Sleeplessne

highlights ss,

that those nightmares,

who have physical

experienc tension,

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can have issues,

problems mood shifts,

with patient with

thinking, youth and

distortions not with

, mistrust, family,

hostility, feeling

being tired, hyper

powerless alert,

or disassociati

vulnerable on (Khan

(2013, pp34).

225).

Knight

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ed trauma  
and  
have  
flashbacks  
ongoing  
occur in the  
thoughts  
practitioner  
and  
from  
flashbacks  
listening to  
of the  
another's  
incident  
traumatic  
(2013,  
event.  
pp226)

In order to understand how of working through a traumatic experience as a Child and Youth Practitioner can have a number of effects on a person's body and mind, and how those effects are manifested throughout a persons personal and professional life the terms need to be understood, first. See Appendix A for a description of the terms.

Khan had a definition of trauma quoted from Bonnie Burstow: " Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded" (Khan pp31). Khan goes on to indicate " trauma is when individuals and/or communities experience, witness, or learn or profound events that involve actual or threatened death, or serious injury to the integrity of self or others such as murder, community shooting, rape, racism, and war" (pp31).

It is interesting to note that Vachon's paper focusses primarily on how those who have experienced trauma can be the best to assist others through their traumatic experiences. What Vachon did not focus on was the indirect trauma effects that could be experienced by the professionals and how to handle those effects. Vachon analysis then completely differs with the finding in Knight's work that indicates that survivors who enter the field are more likely to develop indirect trauma (Knight, 2013 pp230). Showalter also notes, like Knight, that those with unresolved trauma can result in compassion fatigue (pp239). Knight suggests that there is research that shows that practitioners can grow in self-confidence and see the needs of others (2013, pp230-231).

Perry lists several reasons why professionals are at increased risk for developing secondary trauma: Empathy; Insufficient Recovery Time; Unresolved Personal Trauma; Children are the most vulnerable members of our Society; Isolation and Systemic Fragmentation; Lack of System Resources (Perry, 2014 11-12). Whereas Showalter indicates that the move from human services to business models can increase compassion fatigue (pp239). Perry provides individual indicators of secondary trauma, which notes four domains: Emotional, Physical, Personal and Workplace (Perry, 2014 pp14). It is difficult to pin point one definition for secondary trauma, as all the authors vary in their characteristics, symptoms and even causes.

An interesting observation throughout Whelton's paper is the complexity of behaviours described by the children and youth that a Child and Youth Practitioner works with, but that the children's behaviours were not

described in relation to trauma. Whelton describes the children has having <https://assignbuster.com/understanding-self-care-in-incident-response-with-children-and-youth-a-comparative-analysis/>

behavioural or psychological disorders, or unsafe youth (to self or others), but there is no distinction of as to why these youth have been labelled (2010 pp273). This description does not highlight the focus of being trauma informed. Vachon highlighted very well how a youth demonstrating defiance or resistance, can in fact be protective factors and resilience, but others would have noted these as problem behaviours (pp55). Vachon further highlights studies that indicate that individuals in the field with lived experience have a better understanding and ability to demonstrate understanding, with better outcomes for the youth (pp57).

As Vachon depicts how wounded healers are able to take their experiences and use them as a positive in their work (Vachon, pp58), this is important for those Child and Youth Practitioners who may not have direct experiences of trauma but can to use the times when they were emotionally drained, burnt out or experiencing secondary trauma and bring those experiences to the forefront of their work. Being able to identify times of misery, self-doubt, hopefulness to our children and youth shows them that we are human, we make mistakes, our lives are not perfect, we struggle but it is how we show determination and perseverance to overcome those struggles is how we can better serve the children and youth we work with. This also can be used as teachable moments for things that worked for us and things that did not. It is interesting to not that unlike Vachon, Perry is concrete in the idea that burn-out and secondary traumatic stress are not the same thing describing burnout of being a result of a number of accumulated work-related aspects, whereas secondary trauma stress is in relation to a traumatic event of another person. In the article The Importance of Self Care, it notes that as

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Child and Youth Practitioners we focus on the techniques needed to support and help those who have experienced trauma, but neglect the effects the trauma is having (Kostouros & McLean, 2006).

### Application to Practice & Conclusion

Fortunately, I do not have experience with having a history of a traumatic experience, but I am pulling on my experience with my cancer diagnosis when it comes to working through unknown situations. I am open with my clients that I had a medical emergency and the feelings that come with not knowing what is coming next. I am able to sympathize with them when they are worried about the next challenge that they are facing and understand the fears and anxiety that comes with the unknown.

As a mother of two young boys (aged 6 and 9) and working in the field of Child Protection, a quote from Knight's wrote stood out so profoundly to me: " as a result of hearing the stories of exploitation and victimization of others, particularly children, clinicians are at risk of viewing the world as an unsafe, unpredictable place" (Knight, 2013 pp227). I am so guilty of this and I have created barriers for my children as a result, such as they are not allowed to bike or walk in the streets without an adult. My children are not allowed to wonder out of arms reach while we are out shopping, and I am constantly talking to them about how to be safe in situations. I have found myself coming home from a course on human trafficking and talking with my children about how to kick, screaming and run should anyone try to grab them. I refuse to allow them to video game online. I am also hypersensitive with my husband and I about how we talk with our boys - are we being to

hard on them and then will they turn to drugs or run away when they are an adolescent. I can rationalize that we are doing right for our boys, and that my thoughts and reactions are a protect of overstimulation of negative affects from my profession, but I cannot stop the vigilance to ensure their safety, as I know what kind of world is out there. Growing up I was not aware that there was such services as child protective services, I was naïve to the drug culture, and human trafficking was not at the explosive nature it is now, so I feel that I am the first defense in the protection of my own children.

Working in the field of child protection, now going on 14 years, I have witnessed, listened to, and experienced some of the most challenging life events within a family system. Before I was trauma informed and trained on the affects that trauma have on one's character, coping, and life as a whole, I would question behaviours expressed, most often by a parent; for instance how a parent would follow the same abusive path that they were a victim of as a child, or why would a parent abuse substances as their parent did. It was not until I was trauma informed that I was able to understand that these are not mistakes, but learned coping tools that they have adapted to through their trauma growing up. Most of the parents that I would with now, who people without knowledge of trauma effects would believe these people to be the worst in society, are really just people who have been broken through repeated trauma. It takes a different lens to understand and focus on past experiences in order to work through the current challenges.

The ways that I will incorporate a trauma-informed approach to my practice, based on the comparative analysis will be to not focus on the behaviours, <https://assignbuster.com/understanding-self-care-in-incident-response-with-children-and-youth-a-comparative-analysis/>

but the triggers and causes of the behaviours. Children and youth are not always able to express themselves with words, so they react, which is over described as acting out. Also, based on the information I will be more aware of my thoughts and reactions towards my clients, especially during active crisis times.

Lastly, I will implement a trauma-informed approach to my self-care as a Child and Youth Practitioner by ensuring that my need to be healthy is foremost in my daily life. It is sometimes a struggle, as I work full time, have a family, in school and have social commitments. I am aware of my body's signals when I am starting to feel tired or anxious, and I know when I have not had a minute of fresh air or exercise. I also very much liked aspects of the self-care practices from the Caring for Yourself is a Radical Act booklet. Once I am complete some assignments I am going to work through the weeks. Understanding trauma and the affects trauma has on a person's entire being, brings to light the reason I chose the profession of Child and Youth Work, as we look past what everyone sees to reduce the stress and anxiety that is hidden within layers of trauma.

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## Appendix A

indirect    Khan  
trauma    describes  
              vicarious  
              trauma as a  
              reaction of  
              stress, as  
              one listens to  
              the traumas  
              of others  
              (pp42),  
              which results  
              in guilt for

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one's own  
survival;  
feeling no  
energy,  
disconnected  
; not  
listening or  
angered  
(pp43). It is  
also  
described as  
an  
accumulation  
of working  
with a  
number of  
individuals  
who have  
experienced  
a traumatic  
event  
(Knight,  
2013 pp228).

\*feeling the  
psychologica

I and  
emotional  
feelings of a  
traumatic  
experience  
of someone  
else\*

secondar Khan:

y Trauma  
traumatic effects are  
stress stored in our  
bodies and  
can result in  
learned  
responses to  
future  
situations  
that  
resemble the  
initial trauma  
(pp33).  
Knight notes  
that  
symptoms  
can be a

preoccupatio  
n with  
thinking of  
the client,  
thinking of  
the event,  
dreams,  
hypervigilanc  
e (2013  
pp226).  
Perry  
describes the  
symptoms in  
three parts:  
re-  
experiencing  
, avoidance  
of reminders  
and  
hyperactivity  
(pp9) and  
occurs when  
one has  
empathy for  
someone

else who has  
been  
traumatized  
(pp10).

\*because of  
another's  
trauma, one  
is over  
caution and  
protective\*

Knight  
describes  
this as the  
inability to  
empathize

compassi with clients  
on (2013  
fatigue pp228).

\*the inability  
to feel for  
those you  
are working  
with\*

Burnout Whleton

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describes  
three  
dimensions  
of burnout:  
emotional  
exhaustion,  
depersonaliz  
ation and  
reduced  
sense of  
personal  
accomplishm  
ent (pp2)  
resulting  
from a  
number of  
stressors  
within the  
employment  
(Knight,  
2013 pp229).  
  
\*the effects  
of work-  
related  
stress

(caseload,  
time  
management  
, lack of self-  
care)\*

self-care Is the need  
to address  
the care of  
the  
practitioner  
in order to  
support  
those  
through  
trauma.  
Khan was the  
first to  
provide  
supplements  
(vitamins) as  
a support to  
self-care  
(pp45).  
Knight  
describes the

need to be  
proactive  
(pp231) in  
one's ability  
to ensure  
balance.

\*things we  
do to make  
us who we  
are and to  
recharge\*

(\*author's definitions based on the readings)