School Practitioner Listserv

28 years & counting

A Weekly Community of Practice Network for Sharing and Interchange

Mental Health in Schools
UCLA Center
Program and Policy Analysis*

July 14, 2014

Request

>Need resources for staff development workshops on:
- *Vicarious Trauma*
- *How parents can talk with their children about death and dying*

Follow-up

>*Social determinants, mental health, & addressing barriers to learning*

Featured Center Resource

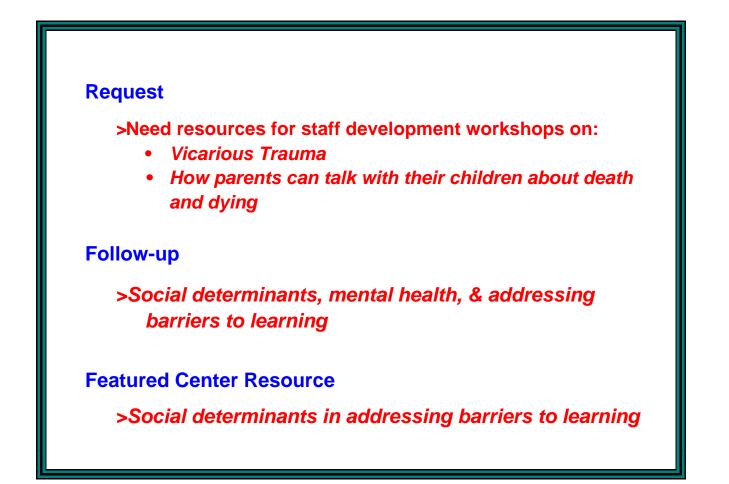>*Social determinants in addressing barriers to learning*

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Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of
the weekly exchange, send an email to Ltaylor@ucla.edu
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Request

"I am scheduled to do two workshops for the up and coming school year. One on *Vicarious Trauma* for staff and the other for parents regarding *How to talk with your children/adolescents about death and dying.* I am looking for any current information regarding these two topics and would appreciate your guidance and resources. Thanks"

Center Response:

While the specific topics asked about are limited in focus, we always suggest that an invitation and time to talk with school staff and with parents are golden opportunities to frame such concerns within the broad context of addressing barriers to learning and developing a unified and comprehensive system of learning supports. Indeed, providing a quick overview of the six learning support arenas allows specific concerns to be understood in context. (Note: the six arenas are: classroom learning supports, crisis response/prevention, transitions, home involvement, community outreach, student/family assistance.)

For example:

> *How to talk with your children/adolescents about death and dying* fits into (a) classroom learning supports, (b) student/family assistance, and (c) crisis response/ prevention.

> For some resources on this specific topic, see our online clearinghouse Quick Find on *>Grief and Loss* – http://smhp.psych.ucla.edu/qf/p3003_01.htm

Vicarious trauma also fits into the above arenas.

In thinking about resources related to this topic, we go to sources on both empathy and identification to help understand the psychological underpinnings of the problem and what to do about it. Here are three resources with excerpts:

(1) From "Too tired to care?" by S. Collins & A. Long (2003).
   Journal of Psychiatric and Mental Health Nursing, 10, 17–27
   http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2850.2003.00526.x/pdf

Excerpt:

"...Compassion fatigue – Compassion fatigue or vicarious traumatization has been identified in individuals who in the course of working with victims of traumatic events, themselves fall victim to secondary traumatic stress (STS) reactions brought on by helping or wanting to help a traumatized person...Compassion fatigue develops as a result of the caregiver's exposure to patients' experiences combined with their empathy for their patients.

Compassion fatigue, like burnout, can challenge a caregiver's ability to render effective services and maintain personal and professional relationships. Compassion fatigue is sudden and acute, while burnout is a gradual wearing down of workers who feel overwhelmed by their work and incapable of effecting positive change ... Basically, secondary traumatic stress is the presence of PTSD symptoms in a caregiver, which are more likely tied to the patient's experience than the caregiver's....

Compassion satisfaction -- ... not all caregivers succumb to secondary traumatic stress and that there must be a protective mechanism that helps maintain the caregivers' well-being. Caregivers' motivation to help is shaped in part by the satisfaction derived from the work of helping others.... STS theory predicts that

personal, professional and organizational support may provide protective factors to mediate against some of the risks relating to the development of STS.... "

(2) From "How to Maintain Emotional Health When Working with Trauma" by Joy D. Osofsky, Frank W. Putnam, & Judge Cindy S. Lederman (2008).
Juvenile and Family Court Journal 59, 91-102.
http://onlinelibrary.wiley.com/doi/10.1111/j.1755-6988.2008.00023.x/pdf

Excerpt

"Vicarious traumatization, compassion fatigue, or secondary traumatization refers to the cumulative effect of working with survivors of traumatic life events as part of everyday work. Although this issue has been acknowledged and addressed among professionals such as police officers and medical professionals....

People who engage empathically with victims or survivors are particularly vulnerable.... Risk factors for VT or CF include measuring your self worth by how much you help others; having unrealistic expectations of yourself and others; being self critical and a perfectionist; fearing others will judge you if you show "weakness" (e.g., seek help or express your feelings); being unable to give or receive emotional support, overextending yourself; and letting work bleed over into your personal time... In some professional environments, for example those involving mental health supervision, care is taken to build in prevention, intervention, and coping strategies in the work environment to support and help those who may be impacted. At times, this support may just be an opportunity to debrief after dealing with a traumatic situation or event. In many work settings, however, VT or CF is neither acknowledged nor dealt with as it may be perceived as a sign of weakness....

General Recommendations for Prevention and Treatment Recommendations for prevention and treatment by experts of secondary traumatic stress can be divided into two types: personal and organizational. Personal recommendations focus on what the individual can do to recognize, reduce, or prevent secondary traumatic stress effects. Organizational recommendations focus on what institutions and agencies can do to minimize secondary traumatization (and burnout) in their workers....

A comprehensive list of these recommendations, including the Child Welfare Trauma Training Toolkit is available at the National Child Traumatic Stress Network Web site (http://www.nctsn.org). The Self-Care Inventory can be found at http://www.nctsn.org/nctsn_assets/pdfs/cwt3_sho_inventory.pdf ...."

(3) From "Exploring School Counselors' Perceptions of Vicarious Trauma: A Qualitative Study" by Mashone Parker Malik S. Henfield (2012).
The Professional Counselor, 2, 134-142.
Http://tpcjournal.nbcc.org/wp-content/uploads/2012/09/exploringschoolcounselors perctrauma_parkermanuscript-p134-142.pdf

Excerpt

"... Whether working in a school or mental health setting, there is a chance that a professional counselor will work with an individual who has experienced trauma. School counselors, however, by virtue of working in schools have even more direct contact with youth who may have been exposed to traumatic events. As a result, they are likely to be the first counseling professionals with whom traumatized students

come into contact. Functioning as the first line of intervention for students in crisis makes the school counseling position one of vital importance to students' positive development. Exposure to students who have experienced trauma puts school counselors at particular risk for internalizing students' emotions associated with traumatic events. This process of internalization is otherwise known as vicarious trauma (VT), which is associated with professionals developing harmful changes in their view of themselves, others and the world. If a counselor begins to over-identify with a client's issues they can experience the client's pain, sadness or distress...some counselors experience symptoms similar to those associated with Post-Traumatic Stress Disorder (PTSD) such as nightmares, anger and sadness related to their clients' traumatic experiences.... Level of peer support and supervision also play a role in buffering symptoms of VT. ...

    Support System Significance – In general, school counselors reported that support systems are significant and needed to help alleviate vicarious trauma symptoms, or prevent it from occurring. Typical reports suggested they viewed peer supervision as quite useful for dealing effectively with VT. ..."

For more resources related to this, see our Center online clearinghouse Quick Finds on:

>*Burnout* – http://smhp.psych.ucla.edu/qf/burnout.htm

>*Post traumatic stress* – http://smhp.psych.ucla.edu/qf/ptsd.htm

Listserv Participants: What resources do you recommend to help with these two presentations? Any relevant experience to share? What are schools in your locale doing? We look forward to sharing what you send to us. Send to ltaylor@ucla.edu

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For Your Information:

>Social determinants, mental health, & addressing barriers to learning

(1) From "The Social Determinants of Mental Health" by Michael T. Compton & Ruth Shim (2014). *Psychiatric Annals, 44*, 17-20.
http://www.healio.com/psychiatry/journals/psycann/%7B6d2ba702-861c-432f-8472-c12888d1a087%7D/this-issuethe-social-determinants-of-mental-health

Excerpt:
"... At the heart of addressing the social determinants of mental health is social justice and equity — equity in terms of economic resources, access to nurturing families or other support networks, educational and employment opportunities, healthy food, secure and stable housing, safe and health-promoting neighborhoods, and access to quality health care. Taking action on the social determinants of mental health can lead to a reduction or even elimination of health inequities and health care disparities, a crucial aspect of social justice....

In public health, it is widely said that one's zip code is more important in determining health than one's genetic code. Place matters. Social status matters. One's grocery list matters. Childhood home environment matters...."

(2) From "The Social Determinants of Mental Health: An Overview and Call to Action" by Ruth Shim, Carol Koplan, Frederick J.P. Langheim, Marc W. Manseau, Rebecca A. Powers, & Michael T. Compton (2014). *Psychiatric Annals, 44,* 22-26
http://www.healio.com/psychiatry/journals/psycann/%7B30463a3d-71ee-4477-9ad7-2181b7167260%7D/the-social-determinants-of-mental-health-an-overview-and-call-to-action

Excerpt:
"Interventions such as counseling, education, and clinical treatments, although effective, require increasing effort and yield less overall population impact. Those interventions that effectively address the social determinants of health have the greatest impact on entire populations. Such interventions focus on prevention rather than treatment by addressing risk factors, which precede and increase the likelihood of an illness or adverse outcome, and protective factors, which precede and buffer against the development of an illness or adverse outcome. The social determinants of mental health can be conceptualized as the root causes, or causes of the causes; that is, those societal factors that underpin and drive individual-level risk and protective factors for disease....

Addressing the social determinants of mental health requires taking an approach distinct from the typical clinical interventions of psychiatrists and other mental health professionals in everyday practice. One-on-one interventions, such as counseling and education, can be employed, but doing so yields less overall population impact. On an individual patient basis, mental health clinicians can begin to address risk factors stemming from the social determinants of mental health by identifying the family/social network, economic, and environmental factors that influence illness and hinder positive patient outcomes....

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Center featured resources:
>Social determinants in addressing barriers to learning

The growing emphasis on social determinants is helping to counter the psychopathological bias in the mental health field. In addition to accounting for psychological factors related to mental health, our Center stresses the type of issues and actions outlined in the social determinants articles cited above and the implications for addressing barriers to learning and teaching and re-engaging disconnected students.

See, for example, our online clearinghouse Quick Finds on:

>*Social determinants of health, mental health, and academic achievement* – http://smhp.psych.ucla.edu/qf/socialdeterminants.htm

>*Barriers to learning* – http://smhp.psych.ucla.edu/qf/barriers.htm

With respect to related calls to action through policy and practice, see

>*Call to Action Campaign* – http://smhp.psych.ucla.edu/whatsnew/call.htm

>*New Directions Initiative* – http://smhp.psych.ucla.edu/summit2002/nind1.htm

Also see such Quick Finds as:

>*Enabling component/addressing barriers to learning* –
http://smhp.psych.ucla.edu/qf/qf_enabling.htm

Please share relevant resources ideas, requests, comments, and experiences!

Send to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm **and to the *Facebook* site (which can be accessed from the Center's website homepage** http://smhp.psych.ucla.edu/