Risk of Trauma-Informed Care

Question 1

First, compassionate fatigue may pose a significant risk for human service providers while working with clients. In many cases, human service professionals handle chronic conditions while working with trauma-affected patients (SAMHSA, 2014). The working relationship may be draining and could also result in detachment from clients and coworkers, thereby impacting the professional practice. Second, lack of assistance and supervision for counselors may negatively impact their overall wellbeing. Human service professionals working in isolation may experience straining workloads, thereby reducing their productivity in situations organizations fail to comprehend the potential for secondary trauma (Milner, King, & Kavanagh, 2019). Third, organizational constraints have a negative implication on health service outcomes. Inadequate resources for human service practitioners impact their confidence in effectively handling specific responsibilities (SAMHSA, 2014). Thus, organizations that fail to provide resource assistance effectively may pose a demanding task for practitioners who would fail to balance managing their caseloads.

Question 2

Vicarious traumatization has a negative implication on the mental health of human service professionals. The professionals may experience negative feelings, including victimization, anger, and sadness relating to the patient's conditions (Milner, King, & Kavanagh, 2019). Practitioners may feel and experience overidentification with the client, impacting their work-life balance as they get preoccupied with the client's thoughts outside work (SAMHSA, 2014). Since the practitioners get immersed in the client's situation, it is difficult to maintain professional boundaries that could negatively impact the therapeutic relationship. Further, secondary stress may result in disconnection from an individual's identity, thereby reducing their overall efficiency in assisting other clients in managing their conditions. The particular case may degenerate a human service practitioner's relationship due to psychological distress hence impaired functioning in undertaking their role. Thus, vicarious or secondary stress has a cumulative effect of resulting in distressing emotions for individuals with the potential for losing personal control (Rauvola, Vega, Lavigne, 2019).

References

Milner, A., King, T. L., & Kavanagh, A. (2019). The mental health impacts of health and human service work: Longitudinal evidence about differential exposure and susceptibility using 16 waves of cohort data. *Preventive Medicine Reports*, *14*, 100826. https://doi.org/10.1016/j.pmedr.2019.100826
Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science*, *3*(3), 297-336. https://doi.org/10.1007/s41542-019-00045-1
Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, (SAMHSA), (2014). US Department of Health and Human Services. A treatment improvement protocol: Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services

Administration.