Webinar - Understanding the impact of trauma: considerations for those working to safeguard children and adults

Vicarious Trauma

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Vicarious Trauma (VT)

Introduction

Definitions: what is VT

What might we do about VT?

How trauma informed thinking could help

Any shared reflections?

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Vicarious Trauma (VT)

Introduction

- Exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others.

- Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences

- VT is linked to 3 primary concerns: productivity; staff turnover and organisational health

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Vicarious Trauma (VT)
Introduction

- Working with traumatised clients results in very real consequences for professional caregivers.

- Vicarious trauma, compassion fatigue and burnout are three well noted categories of the psychological consequences of *empathetic labour* (Adams et al., 2006).

- Vicarious traumatisation describes the range of cumulative and harmful effects on an individual who has been exposed to and has empathetically engaged with other people's trauma (Baird & Kracen, 2006; McCann & Pearlman, 1990; Pearlman & Maclan, 1995).

- Moreover, it can manifest emotionally and physically in a manner that an individual's perception of themselves, others and the world is altered (Trippany et al, 2004).

Vicarious Trauma (VT)

Vicarious Traumatisation (VT) can occur as a result of empathetic engagement with the client's traumatic material.

Empathy is the helper's greatest asset and also possibly his/her *greatest liability*; VT can actually change core beliefs and inner experiences; it can be pervasive

Vicarious Trauma (VT)

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Emotional	Behavioural	Cognitive	Physical/ physiological	Spiritual impacts
• Prolonged grief • Prolonged anxiety • Prolonged sadness • Irritability • Mood swings • Depression • Agitation/anger • Changed sense of humour • Tuning out • Feeling less safe in the world	• Isolation • Avoidance • Numbing • Staying at work longer • Not being able to separate work from personal life • Increased alcohol consumption • Undertaking risky behaviours • Avoiding people or duties • Difficulty sleeping • Changed eating habits	• Cynicism • Becoming judgmental of others • Negativity • Thinking about clients' traumas when at home/ not at work • Difficulty thinking clearly, concentrating, and remembering things • Difficulty making day-to-day decisions	• Headaches • Hives or rashes • Heartburn • Migraines • Stomach ulcers • Tics • Anxiety • Hot Sweats	• Changed relationship with meaning and hope • Lack of sense of purpose • Decreased sense of agency • Reduced sense of connection to others • Challenged to maintain a sense of self as viable, worth loving, deserving

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Compassion (Fatigue)
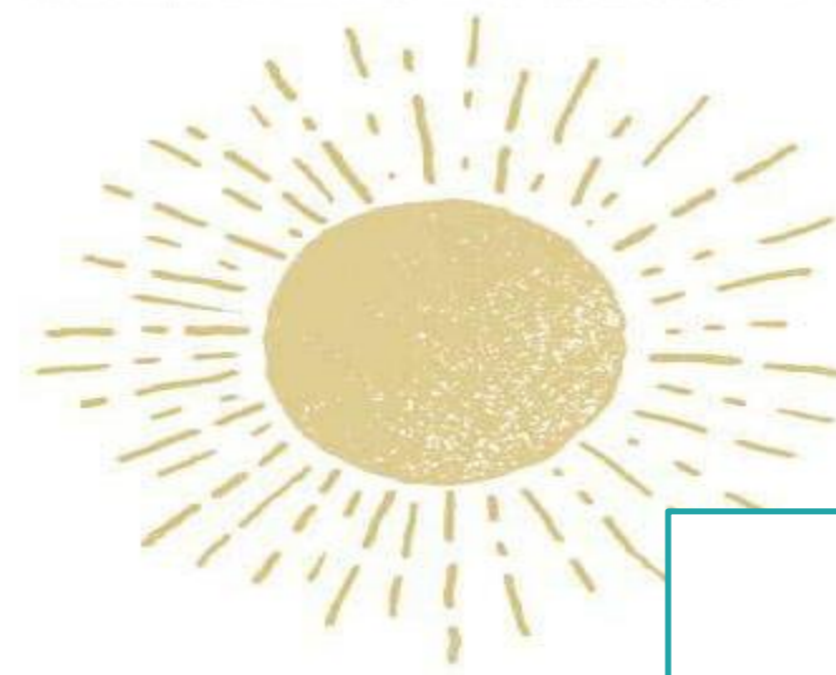
Firstly: what is compassion?

A sensitivity to our own, and other people's distress, *plus* a motivation to prevent/alleviate this distress

QUALITIES OF COMPASSION

WARMTH

WISDOM

STRENGTH

COMMITMENT

Compassion Fatigue

Like VT is *cumulative*: It is an empathetic exhaustion that stems from dealing with distressing and emotional circumstances and material that define the daily work of professional caregivers (Newell, et al., 2016).

Compassion Fatigue

There is a substantive point of difference where vicarious trauma represents an empathetic bonding, while compassion fatigue is more commonly associated with empathetic *erosion*.

However, symptomatically, they are similar in the manifestation of 'feelings of emotional depletion, helplessness and isolation'
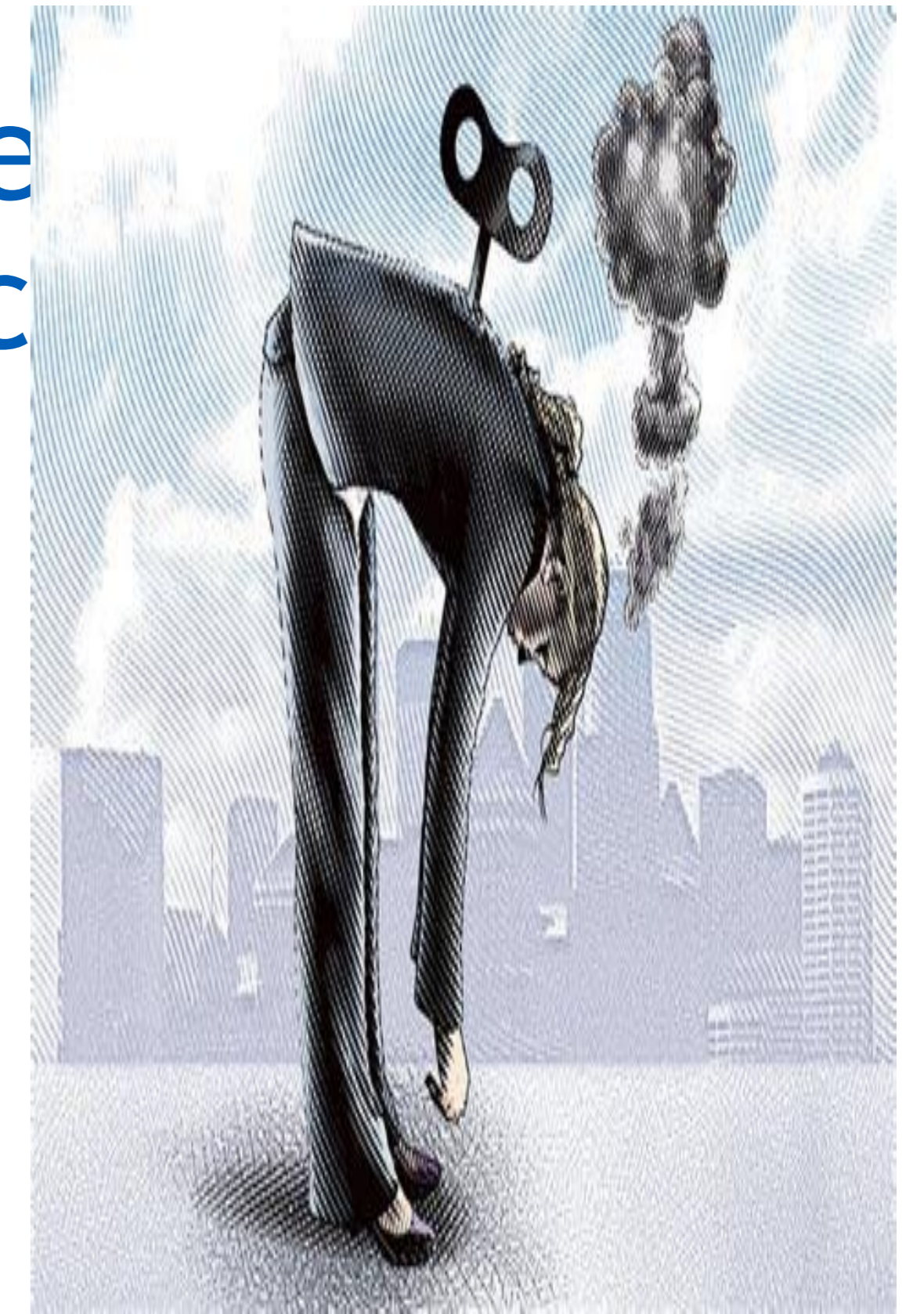
Burnout

Burnout is a concept that is often interwoven with VT, secondary traumatic stress and compassion fatigue. However, burnout can be experienced more broadly and relates to exhaustion or stress from difficult clients or roles rather than exposure to a client's traumatic experience.

Burnout results in detachment, depersonalisation and a reduced sense of accomplishment and/or commitment to a job

How might trauma-informed thinking help?

➤ **Realising the prevalence of trauma**
➤ **Recognising how it affects all individuals involved, (inc. organisation or system, workforce)**
➤ **Responding by putting knowledge into practice**
➤ **Resisting re-traumatization (reflection and thoughtful response)**

	Key principles
Safety	Ensuring a physically and emotionally safe environment for the service user
Trustworthiness	Establishing trust and trustworthiness, making service user responsibilities and tasks clear and maintaining appropriate professional boundaries
Choice	Emphasising and encouraging service user choice and control
Collaboration	Focusing on a collaborative approach and sharing power with the service user
Empowerment	Stressing the development of service user empowerment and skill building

Workplace distress (burnout) is a SHARED PROBLEM

We need effective strategies for amelioration of burnout and ideally prevention

- Individual measures (take breaks, rest, meditate, etc) can help of course...

- But, the sources **of burnout including chronic stressors in the workplace, such as overload, incivility, staff shortages and austerity** measures which are *beyond any individual's control*

We need to understand this at a systems level

The workplace wellbeing iceberg

Free fruit
Mindfulness training
Fitness challenges
Autonomy
Purpose
Resourcing
Respect
Job clarity
Management support
Healthy workload

rowwellbeing.com

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As a workforce, acknowledge Moral Injury

Moral injury refers to the psychological distress that results from actions (or the lack of them) which violate our moral or ethical code

"Arises in the perpetuation of, or 'failure' to prevent, having to bear witness to, or learn about acts that transgress deeply held moral beliefs and expectations" (Litz 2009)

Prevalence in y/our work (?): Moral distress arises where institutional and resource constraints create a sense of unease amongst the workforce from being conflicted about the quality of care they can give

	Moral Transgressions by Self	Moral Transgressions by Others
Emotions	Guilt and shame	Anger and disgust
Beliefs and Attitudes	Low self worth, demoralization and moral violation, unforgivable	Mistrust, alienation, fatalism, and externalized shame
Behaviours	Self handicapping, self contempt, and self criticism	Avoidance, social withdrawal, and aggression

Albright, Currier, and Hamner, "Post-Service Identity: The Role of Moral Injury on the Military to Civilian Transition," CIMVHR Annual Forum, 2016.

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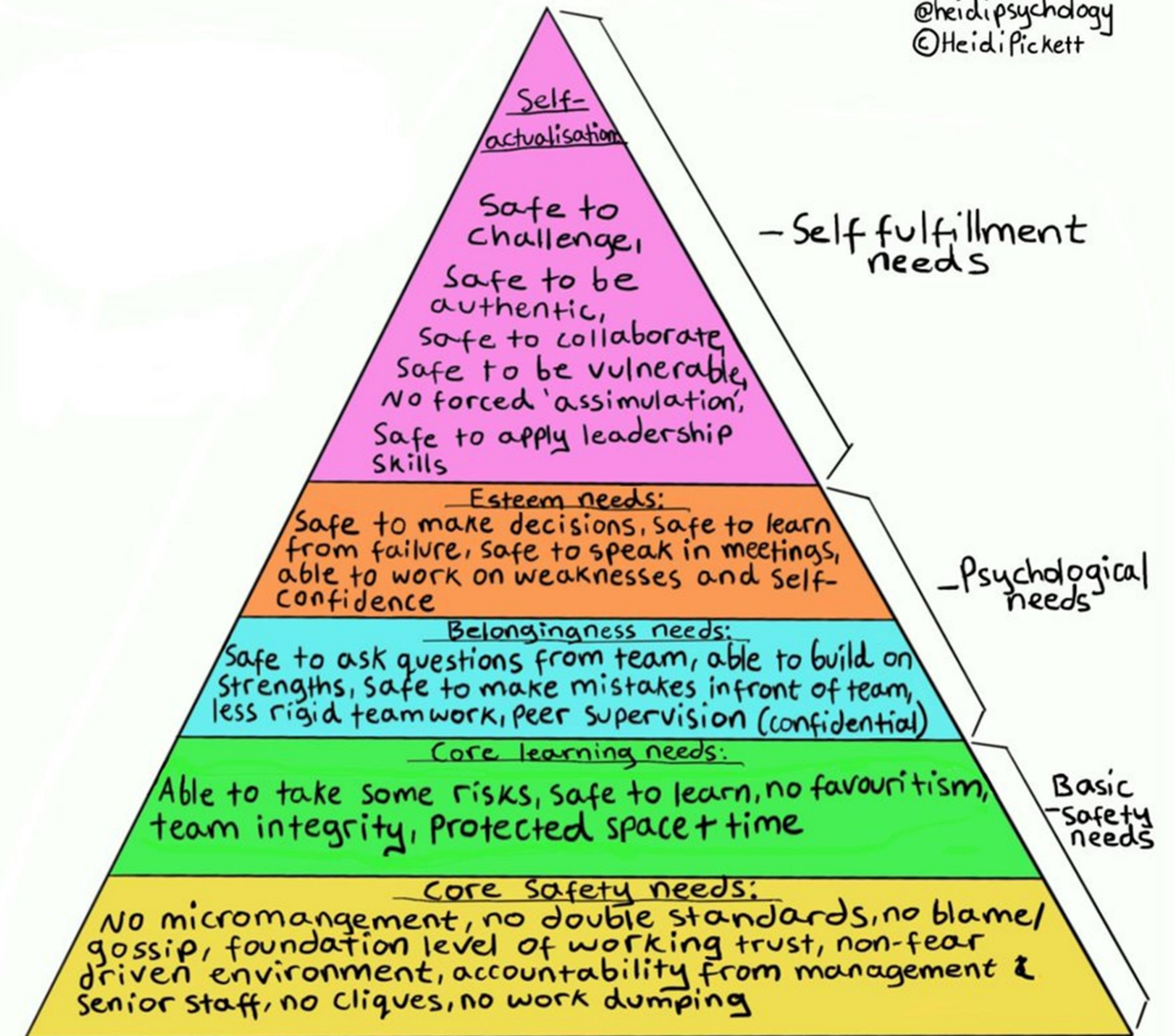Promoting hope & wellbeing **together**

How can we embolden RESILIENCE?

- Reflecting on our expectations of ourselves
- Supportive forums which enable us to see with a sense of perspective and hear about different lenses
- Support forums which help us focus on what we know and what we don't know
- Attuning to our own values and beliefs: why did we choose this work, what values do we hold, what gets in the way of aligning with these
- Shared frameworks, shared purpose across different agencies

Psychological Safety Hierarchy of Needs
@heidipsychology
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Self-actualisation:
Safe to challenge, Safe to be authentic, Safe to collaborate, Safe to be vulnerable, No forced 'assimulation', Safe to apply leadership skills

Esteem needs:
Safe to make decisions, safe to learn from failure, safe to speak in meetings, able to work on weaknesses and self-confidence

Belongingness needs:
Safe to ask questions from team, able to build on strengths, safe to make mistakes in front of team, less rigid teamwork, peer supervision (confidential)

Core learning needs:
Able to take some risks, safe to learn, no favouritism, team integrity, protected space + time

Core Safety needs:
No micromanagement, no double standards, no blame/gossip, foundation level of working trust, non-fear driven environment, accountability from management & senior staff, no cliques, no work dumping

- Self fulfillment needs
- Psychological needs
- Basic safety needs

What can organisastions do?

- Provide a psychologically healthy workplace
- Be proactive in reducing VT
- Schedule team meetings – 'emotional check-ups'
- Balance caseloads
- Provide ongoing supervision
- Address boundary issues, 'manage boundaries'
- Promote education and training
- Maintain professional connections and establish professional networks
- Support 'altruistic' activities
- Provide relevant training, for example Resilience Training, Stress Management, Acceptance/ Mindfulness Skills Training
- Provide individual and group psychotherapy whenever necessary
- Support staff members to take care of themselves
- Help to foster 'spiritual renewal' among staff members
-

Anything else?

Protective factors: Workplace study

Family Services (CCFS) in Adelaide, researchers from The Australian Alliance for Social Enterprise at the University of South Australia undertook an 18-month organisational-wide study into the cumulative effects of vicarious trauma.

While clear areas of improvement were identified, the overall rate of traumatisation among CCFS staff was low. Further, the study also identified the empathetic abilities of staff.

Identified five key themes. They were:
1. Vicarious trauma (absorption)
2. Workload (exhaustion)
3. Support (care)
4. Job satisfaction (meaningfulness)
5. Structural factors (indifference)

Work satisfaction strongly correlates with compassion fatigue.

Informal support networks were shown to be vital to the overall health of the organisation and that the 'space between' matters for workers everyday practice.

The need for effective boundary setting was clear as was the elevation of small wins

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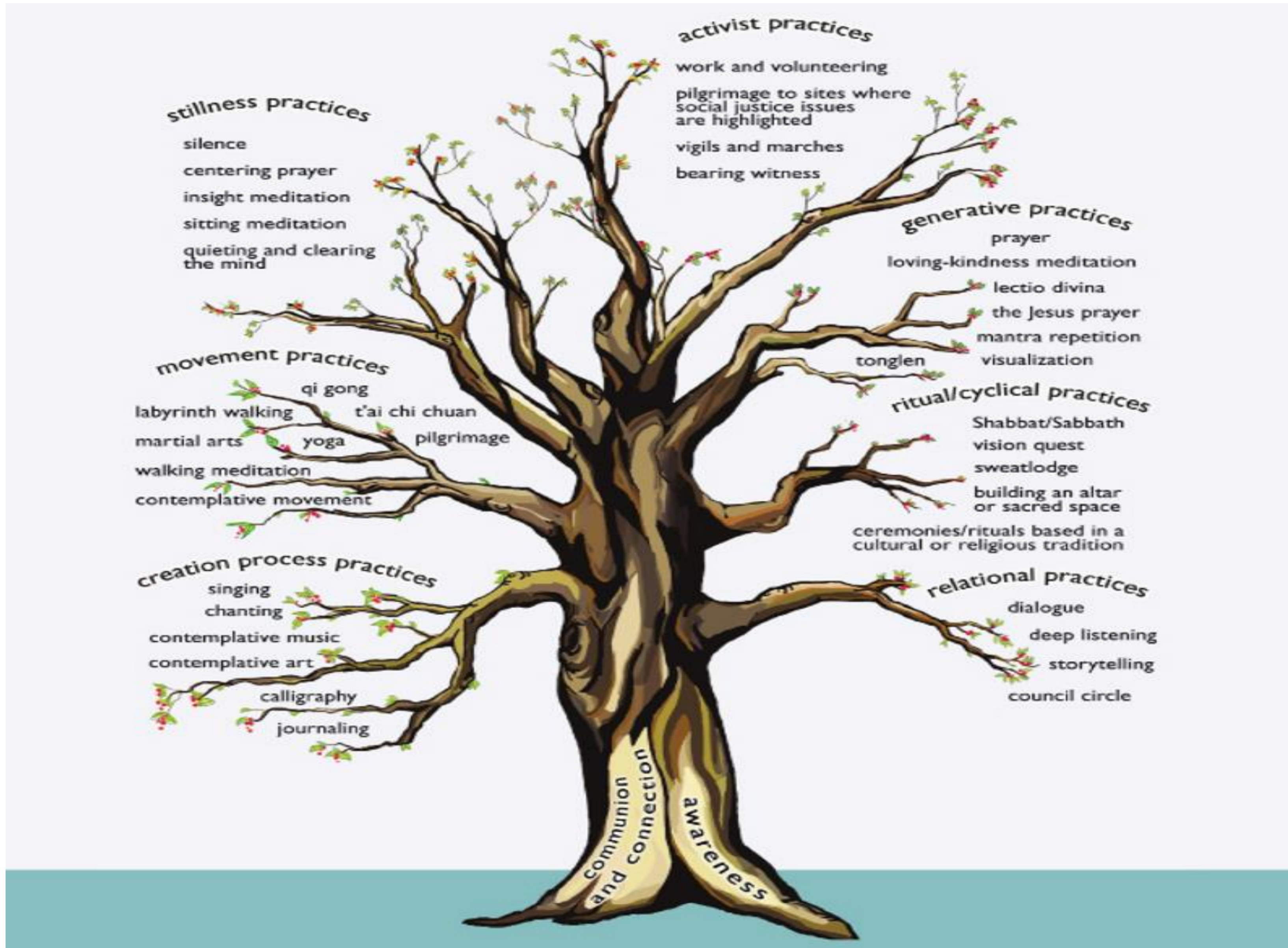# BECOME AWARE, seek BALANCE, CONNECT with others

Re-fuel?

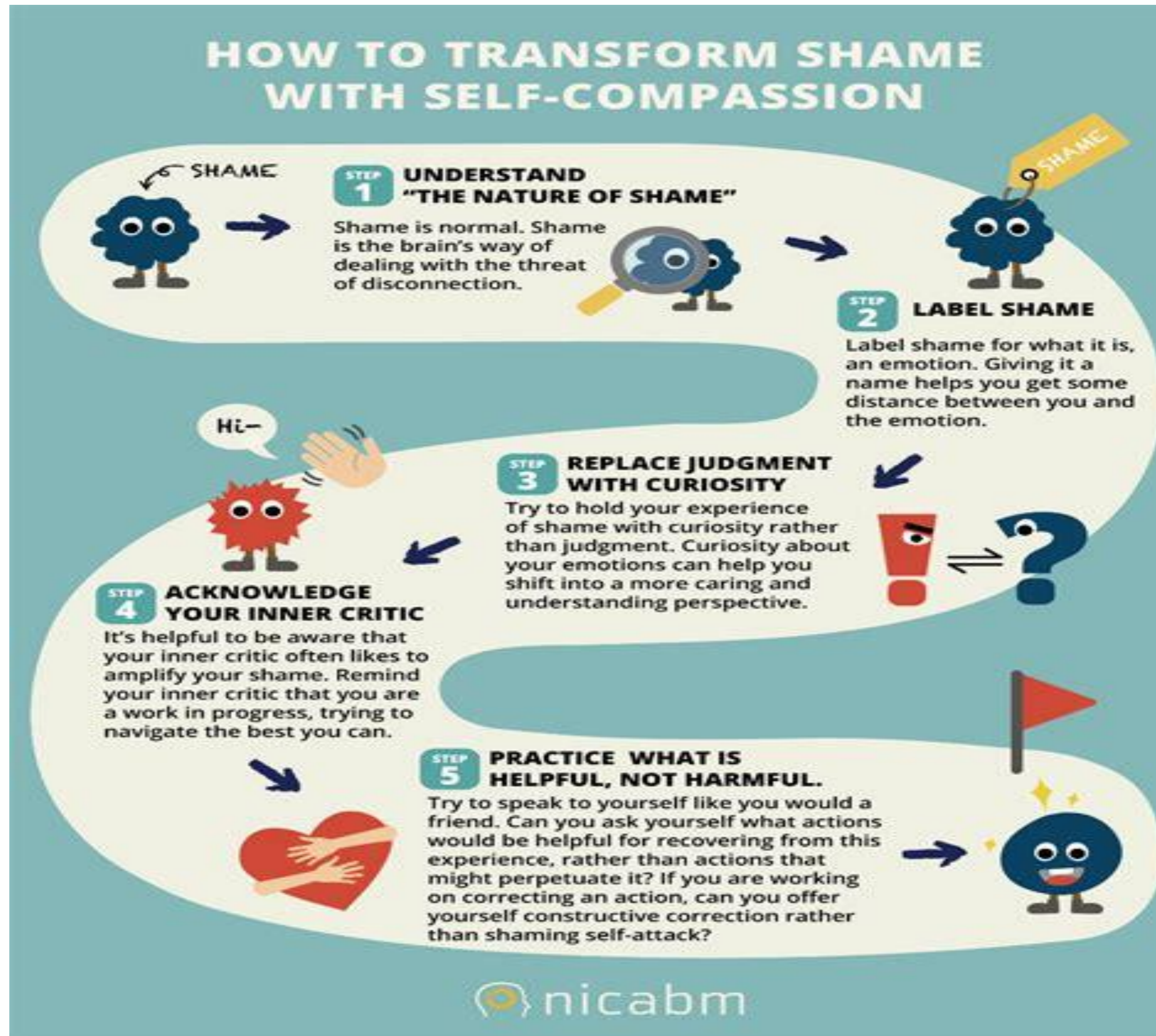Massage; comforting touch; simple pleasures – walking, gardening

Ask a friend to 'just listen' for 15 minutes

Positive affirmations (e.g. "My feelings and needs count too")

Create a self-care plan: what would you add to it?

Growing Self Compassion

When I pause before taking action, I am aware of the situation.

When I am aware, I have a choice.

When I choose, I learn from wise and foolish decisions.

When I learn from all experiences, I gain perspective.

When I have perspective, I am patient.

When I am patient, my self compassion grows.

When my compassion grows, there is no judgment.

When there is no judgment, I am not afraid to pause.

Thank you for listening: please ask any questions

'If your compassion does not include yourself, it is incomplete'

Source materials

Self-care for Trauma Psychotherapists and Caregivers: Individual, Social and Organizational Interventions, Donald Meichenbaum, Ph.D www.melissainstitute.org/documents/Meichenbaum_ SelfCare_11thconf.pdf

Running on Empty: Compassion Fatigue in Health Professionals, Françoise Mathieu, M.Ed., CCC. Compassion Fatigue Specialist www.compassionfatigue.org/pages/RunningOnEmpty.pdf Contents of table adapted from Catanese, 2010.

Vicarious Trauma and Working with Trauma Survivors. www.livingwell.org.au/professionals/confronting vicarious-trauma/ Self-Care and Vicarious Trauma:

What Helpers Need to Know www.plu.edu/gender-equity/wp-content/uploads/ sites/219/2014/11/vicarious-trauma1.pdf

McCann, Lisa, and Laurie Ann Pearlman. 1990. "Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working With Victims." *Journal of Traumatic Stress* (3): 131–149. Middleton, Jennifer S., Catherine C. Pott

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Workplace stress and how to avoid it – Community Care website
http://www.communitycare.co.uk/2007/01/03/workplace-stress-and-how-to-avoid-it/

Confronting vicarious trauma - Living Well website
https://www.livingwell.org.au/professionals/confronting-vicarious-trauma/

Signs and Symptoms of Compassion Fatigue and Vicarious Trauma – Tend website –
https://www.tendacademy.ca/signs-and-symptoms-of-compassion-fatigue-and-vicarious-trauma/

JACKIE Tabick: The balancing act of compassion (Ted's talks)
https://www.ted.com/talks/jackie_tabick

 * Joan Halifax: Compassion and the true meaning of empathy (Ted's talks)
https://www.ted.com/talks/joan_halifax 34 Resource