VICARIOUS TRAUMA:
A REFLECTIVE PRACTICE APPROACH

Training provided through Peakcare Qld
Wednesday 20th July 2011

Jenny Gilmore B.Soc.Wk.(Hons) PhD
Consultant
PO Box 59 Red Hill Qld 4059
07 3311 2329
mail@jennygilmore.com.au
www.jennygilmore.com.au

Outline:

Introduction to the session:
    Our understanding of Vicarious Trauma

Vicarious Trauma (VT):
    Definitions
    Risk factors
    Signs and Symptoms

Reflective Practice - 3 steps:
    Relationship with self
    Consistency and integrity
    Purpose and boundaries

Self Care

Broader Context of VT:
    Organisational
    Social

Reference List and Web Sites

What is Vicarious Trauma?

The term Vicarious Trauma was first used in 1990 by McCann and Pearlman from Traumatic Stress Institute / Centre for Adult and Adolescent Psychotherapy.

It recognised that working with survivors of trauma carries impacts for workers.

VT is the impact on a worker after exposure to trauma work with clients and it reflects the impacts and the changes, or transformations, of the worker over time.

VT Definitions:
> The transformation of the therapist's or helper's inner experience as a result of empathetic engagement with survivor clients and their trauma material. Simply put, when we open our hearts to hear someone's story of devastation or betrayal, our cherished beliefs are challenged and we are changed. (Saakvitne & Pearlman, 1996)

The issue is not whether or not workers experience VT, the issue is how aware we are and how active we are in dealing with and attending to these issues.

If experiences of VT are not dealt with well, or at all, negative impacts can be overwhelming and detrimental to the worker's quality of life.

This is a lovely (but quite long) quote from Jan I. Richardson 2001 Guidebook on Vicarious Trauma:

> Vicarious trauma is the experience of bearing witness to the atrocities committed against another. It is the result of absorbing the sight, smell, sound, touch and feel of the stories told in detail by victims searching for a way to release their own pain. It is the instant physical reaction that occurs when a particularly horrific story is told or an event is uncovered. It is the insidious way that the experiences slip under the door, finding ways to permeate the counsellor's life, accumulating in different ways, creating changes that are both subtle and pronounced.
>
> Vicarious trauma is the energy that comes from being in the presence of trauma and it is how our bodies and psyche react to the profound despair, rage and pain. Personal balance can be lost for a moment or for a long time. The invasive and intrusive horrors infiltrate and make their mark. The waves of agony and pain bombard the spirit and seep in, draining strength, confidence, desire, friendship, calmness, laughter and good health. Confusion, apathy, isolation, anxiety, sadness and illness are often the result.

The transformation or changes that occur in the anti-violence worker are not all negative; it is the negative components of the change that are the focus of vicarious trauma. The transformation also brings about positive changes. Anti-violence workers describe the deep satisfaction of their work and recognize the strength, dedication and courage that women have to begin a new day of renewed hope. Rose-coloured glasses are removed and the world becomes clearer, more vivid. The layers of mirage are stripped away and the world is exposed in both its beauty and horror.

Related Terms:

Burnout – this refers to extreme circumstances where the worker is suffering personally and professionally from their work; it is usually accompanied by a high degree of negativity

Primary traumatisation – this refers to the impact of trauma on the actual victim of the traumatic event. This may be applicable to workers if they have experienced their own trauma

Secondary traumatisation – this is usually about family members or close friends who witness a loved one's traumatic event. It can also refer to workers who actually witness a client's trauma. This is not a vicarious experience, it is when the worker directly witnesses the incident.

Compassion fatigue – came from Figley who used it to refer to people who suffer from being in a helping capacity for a long time

Countertransference - refers to the unconscious feelings that arise in the worker while in therapy. Some refer to it as the total of the worker's response and reaction to the client. Mostly though, countertransference refers to our baggage that we take into the counseling process.

Empathy:
Empathy is both central to our work in a positive way but also one of the critical issues in workers who develop VT. Again the most crucial factors in preventing the negative effects of this are self awareness and self care. Rothschild talks about a form of conscious empathy. Empathy in this form leads to compassion. However, when we are not conscious it can have quite detrimental effects on us. Rothschild talks about unconscious empathy as being a form of emotional infection where we 'catch' the client's feelings. We need to learn to choose when this is necessary for us effectively doing our jobs and when it is detrimental for us.

General Points:
- It happens over time; it is a process not an event;
- It can affect any workers not just those doing long term intensive therapeutic work;

- It can happen for workers doing both short term and long term work;
- It is specifically a result of work with survivors of trauma, regardless of the nature of this work;
- It affects most of us at some time although workers who have been doing this work for a long time have usually developed sufficient coping strategies that they are only minimally affected;
- Our own personal experiences, especially of trauma will impact on our susceptibility to VT;
- The organizations we work in can have a massive impact on either enhancing or inhibiting our ability to cope with the work we do;
- VT is not just an individual worker issue or even an organizational or sector issue, I believe it is also a social issue and a feature of the way in which we live in our society;
- We are all greatly and profoundly changed through doing this work.

The following information is taken, virtually word for word from Yassen, J. "Preventing secondary traumatic stress disorder." In *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. C. R. Figley (ed.). New York: Brunner/Mazel, 1995.

Risk Factors – Personal:
- Our personal make-up
- How we deal with things (avoid or not, especially our emotions)
- Own experiences of trauma but also if they are not resolved
- Our own therapy
- Current life circumstances
- Supports
- Spirituality
- Work style, boundaries, etc
- Training and professional history
- Supervision
- Balance in our lives generally

Risk Factors - Situational:
- The nature of our work (work with survivors, level of intensity of our work, cumulative exposure)
- Support in workplace
- Overall organizational culture

Risk Factors – Cultural Context:
- If as workers we have a sense of powerlessness about social responses to the issues we are working with.

Signs and Symptoms
The Personal Impact of Secondary Traumatic Stress

Cognitive
• Diminished concentration

- Confusion
- Spaciness
- Loss of meaning
- Decreased self-esteem
- Preoccupation with trauma
- Trauma imagery
- Apathy
- Rigidity
- Disorientation
- Whirling thoughts
- Thoughts of self-harm or harm toward others
- Self-doubt
- Perfectionism
- Minimization

Emotional
- Powerlessness
- Anxiety
- Guilt
- Survivor guilt
- Shutdown
- Numbness
- Fear
- Helplessness
- Sadness
- Depression
- Hypersensitivity
- Emotional roller coaster
- Overwhelmed
- Depleted

Behavioural
- Clingy
- Impatient
- Irritable
- Withdrawn
- Moody
- Regression
- Sleep disturbances
- Appetite changes
- Nightmares
- Hypervigilance
- Elevated startle response
- Use of negative coping (smoking, alcohol or other substance misuse)
- Accident proneness
- Losing things
- Self-harm behaviours

Spiritual
• Questioning the meaning of life
• Loss of purpose
• Lack of self- satisfaction
• Pervasive hopelessness
• Ennui
• Anger at God
• Questioning of prior religious beliefs

Interpersonal
• Withdrawn
• Decreased interest in intimacy or sex
• Mistrust
• Isolation from friends
• Impact on parenting (protectiveness, concern about aggression)
• Projection of anger or blame
• Intolerance
• Loneliness

Physical
• Shock
• Sweating
• Rapid heartbeat
• Breathing difficulties
• Somatic reactions
• Aches and pains
• Dizziness
• Impaired immune system

Impact of Secondary Traumatic Stress on Professional Functioning

Morale
• Decrease in confidence
• Loss of interest
• Dissatisfaction
• Negative attitude
• Apathy
• Demoralization
• Lack of appreciation
• Detachment
• Feelings of incompleteness

Behavioural
• Absenteeism
• Exhaustion
• Faulty judgement
• Irritability
• Tardiness

- Irresponsibility
- Overwork
- Frequent job changes

Performance of Job Tasks
- Decrease in quality
- Decrease in quantity
- Low motivation
- Avoidance of job tasks
- Increase in mistakes
- Setting perfectionist standards
- Obsession about detail

The Gifts – Transforming VT

We need both good quality strategies and self care processes to help us deal with VT.

We can also limit the extent to which we are affected by transforming the meanings that we make.

Whilst difficult and demanding, there are gifts in this work for us all:
- Our sense of hope;
- Our admiration for human resiliency;
- Our recognition of the difference one relationship can have in someone's healing and life.

Reflective Practice

It is widely acknowledged that the most effective tool in the prevention of VT is awareness.

Awareness is the essence of reflective practice.

Research shows that when the possibility of vicarious trauma is not recognised or acknowledged, people may be more detrimentally affected because there are few if any efforts to prevent or reduce this harm. (Morrison)

The essence of reflective practice is being conscious of what we are doing and why. Being conscious is terribly important because it is the only way that we can guarantee growth and change. If we are not conscious of what we are doing and why we are doing it, then the opportunities for change are drastically limited.

The awareness we are looking for is multifaceted – it includes awareness of our behaviours, language, thoughts and feelings, our bodies, others around us and their energy and language.

In very simple terms and in many areas of our lives, if we are more aware we are less vulnerable and we have greater capacity to live our lives as we choose – and in relation to our practice, we are more solid as practitioners.

3 Steps to Developing Reflective Practice:

1. A dynamic and relevant framework for practice which leads to consistency and integrity in our practice;

2. A clear knowledge of our role, purpose and boundaries;

3. A good and reflective relationship with self.

1. Framework for Practice:
In order to reflect on our practice we need a base to work from - a well developed and evolving practice framework.

The purpose of a practice framework is to guide our practice by ensuring that we are conscious of what we do and why. Through a process of conscious reflection we ensure integrity and consistency in our practice.

The emphasis here is on being conscious of what we are doing and why.

Elements of a framework for practice:

• Values and Principles
• Theories and Understandings
• Actions and Strategies
• Reflection

The most important aspect of any framework is to ensure that there is consistency between the different elements.

When there is a consistency between our values and actions, we tend to feel content.

When there is inconsistency between our values and actions, tension usually results and it may become a significant issue in our work and how we feel about ourselves.

2. Purpose and Boundaries:
Workers need to know their role, purpose and boundaries.

There are some things that we as workers are responsible for in this work and some things that we have no control over. It is extremely important that we are able to tell the difference.

Our role is not to do the work for the other person, it is to provide the space for the work to be done and at times to provide some compassionate guidance if obstacles present themselves.

3. Relationship with Self

We need to ensure that we are looking after ourselves and attending to our own issues. Relationship with Self:
So what do we mean by a good relationship with self?

- We come to know ourselves, value ourselves and accept who we are, our strengths and challenges, without judgement or inflating / deflating ourselves;
- We know our tender points and we know how to care for ourselves and keep ourselves safe;
- We prioritise ourselves and are prepared to put the time and energy into us and maintaining our own self.

Therefore a good and conscious relationship with self is characterised by:
- an independent sense of self;
- a capacity for agency; to be free to make choices and carry them out;
- a capacity to advocate for yourself and the values and principles you believe in;
- a capacity to advocate for others;
- a positive and realistic sense of your own power;
- no judgement of yourself and others;
- good boundaries - knowing what is yours and what isn't;
- no defensiveness but an openness to learning new things and to being challenged and challenging;
- kindness and generosity of spirit combined with a compassionate heart.

In order to do this we have to make sure that we achieve a balance between the different parts of our personal lives (Saakvitne & Pearlman, 1996) including:
- Spiritual
- Physical
- Emotional
- Relational
- Psychological
- Creative
- Sensual

Self Care

The Headington Institute suggest 3 categories of self care:

Physical - regular exercise, sleep, healthy eating, water, humour, limited alcohol, yoga, relaxation techniques, massage, repetitive activities;
Emotional and relational - nurturing relationships, contact with friends, talking, humour, reflection in all forms, creative activities, movies, books, music, balanced priorities, realistic expectations, counselling;
Spiritual - knowing your values, participating in a community, regular meditation, meaningful conversations, singing or music, contact with inspiring adults, being in nature, solitude.

Self Care Strategies:
Morrison gives examples of self-care strategies:
- Socio-political involvement
- Interests which are separate from work
- Taking breaks at and from work
- Debriefing opportunities
- Maintaining professional connections
- Maintaining connections with people outside the sector
- Accepting support
- Giving support
- Treating ourselves well
- Physical activity and bodily self care
- Spiritual engagement
- Humour
- Identifying successes

Self care is not just a yearly or monthly occurrence but is an integrated and consistent process of attending to ourselves and keeping ourselves well and happy.

Self care needs to be both proactive and reactive.

Self care happens at work as well as at home.

It is just as important to take the time to do nothing and give ourselves some space to just be. Our aim is to be a human being not a human doing.

On a very practical level:
We need to be checking in with ourselves often throughout the day and you need to establish your own routine.

Time to become conscious of the day at the beginning and end of the day. Look at the day and what it holds and what your hopes are for the day. Then review the day at the end and see how you feel and how intact you are now.

At the end of the day do something that will help you move into a new space that is about you and the other parts of your life.

Explore and express the other parts of you when you're not at work.

In addition to this we need to ask ourselves the question about how we can sustain our commitment to a higher level of self care.

- Making appointments with ourselves and treating them as seriously as appointments with other people;
- Regular professional supervision appointments (internal, external, peer support);
- Regular checking times throughout the day to ensuring we are being mindful of how we are;
- Always something in the diary to look forward to; something for you, not for work.

Self Care Homework!!
So your homework is to make 5 appointments with yourself before you leave here today:

> **Think of 5 things you would like to do. They may be things you used to do or totally new things. Then make a realistic date with yourself to do them and mark them in your diary as appointments. Try to include some activity that involves contact with the earth. These appointments that you make with yourself are as important as ones you make with others.**

The Context of Trauma Work
Basically, everything that a worker might do to try to prevent or deal with VT, can be made harder or easier depending on the organizational context.

There are a few points that I would like to make about the organisation's responsibility to workers in relation to dealing with and preventing VT.

- In the first instance I think that there is a responsibility on all organizations to review the extent to which their core business exposes workers to VT.
- All staff at management level and in the case of NGOs, all Management Committees, need to be actively interested and concerned with staff well being.
- Organizations need to have a well developed understanding of VT and how it impacts on workers who work with survivors of trauma.
- Worker's professional identity and value is tied in renumeration, in wages and conditions. Organizations have a responsibility to ensure that workers are compensated for their work at a level that clearly demonstrates its value.
- Workers should be provided with consistent opportunities for supervision, support, debriefing, ongoing education and training, team building, etc. and a culture of openness and transparency when it comes to processing all client and staff related issues. These opportunities should always be provided in a way to maximize worker safety.

- Workplaces should encourage peer support and supervision processes.
- Workplaces can ensure that the physical space is conducive to the work that occurs there and that staff have spaces to both work effectively and to relax together.
- Diversity of work, including caseloads, is a significant factor in reducing VT.
- High caseloads and long waiting lists make significant contributions to worker stress.
- Part of a worker's satisfaction is in knowing that they have made a difference and have made a significant contribution to their client's life and well being. Restricting the number of sessions that a worker is allowed to have with each client is not only ineffective but also inherently damaging for workers.
- Organisations should prioritise worker health and well being by encouraging workers to do their own work and feel supported in their personal lives

The broader social context is also very important:
- Inability to create large scale social change;
- Devaluing of this work;
- Our sense of powerlessness.

Reference List

Figley, C. R. (ed.) 1995 Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. New York: Brunner/Mazel.

Knott, Christine & Scragg, Terry (eds), 2007, Reflective Practice in Social Work, Exeter: Learning Matters.

Morrison, Zoe 2007 "'Feeling Heavy: Vicarious trauma and other issues facing those who work in the sexual assault field", Australian Centre for the Study of Sexual Assault, no. 4, September, 1-19.

Richardson, Jan I 2001, Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers, National Clearinghouse on Family Violence, Canada www.crvawc.ca/documents/guidebook%20on%20vicarious.pdf

Rothschild, Babette 2006, Help for the Helper: Self-care strategies for managing burnout and stress, New York: WW Norton.

Saakvitne, Karen W. & Pearlman, Laurie Anne 1996, Transforming the Pain: A workbook on vicarious traumatisation, New York: WW Norton.

Schon, Donald A. 1991, The Reflective Practitioner: How professionals think in action, London: Ashgate.

Stedmon, Jacqui & Dallos, Rudei (eds), 2009, Reflective Practice in Psychotherapy and Counselling, New York: Open University Press.

Yassen, Janet 1995 "Preventing secondary traumatic stress disorder." In Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. C. R. Figley (ed.). New York: Brunner/Mazel, 1995.

Web Sites

International society for Traumatic Stress Studies www.istss.org

The Australasian Society for Traumatic Stress Studies - www.astss.org.au/

The Headington Institute - www.headingtoninstitute.org

Traumatic Stress Institute / Centre For Adult and Adolescent Psychotherapy – http://tsicaap.com/

Thanks for being part of this training.

Please feel free to contact me in the future if I can be of any help.

Jenny Gilmore B.Soc.Wk (Hons) PhD
Social Worker

PO Box 59 Red Hill Qld 4059

mail@jennygilmore.com.au
www.jennygilmore.com.au

07 – 3311 2329

© Jenny Gilmore 2015