



Vicarious (Secondary) Trauma and Self-Care Resource

Introduction

Research tells us again and again that it is in and through **Relationship** that we heal and recover.

Vicarious Traumatization (VT) is 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.

Client / patient / service user stories become part of us – part of our daily lives and our nightly dreams. Not all stories are negative – indeed, a good many are inspiring. **The point is that they change us.**

- 50% of professionals who work with trauma patients report feeling **distressed**
- 30% of trauma psychotherapists report experiencing **“extreme distress”**

There should be no sense of shame or guilt in being affected by helping others. VT is a sign of being **a committed and sensitive worker.**

We can't avoid VT in health and social care work, but we **can** mitigate the risk and minimise the impacts. This handout has the following sections to facilitate self-help:

- What is vicarious trauma (page 2)
- Signs of vicarious trauma (page 2)
- Self-assessment of VT (page 3)
- Ways to cope with VT: practice at self-care (page 6)
- Developing a Vicarious Trauma Prevention and Management Toolkit for yourself (page 7)
- Reflective practice questions (page 9)
- What you might do at work (page 10)
- What organisations might do (page 10)

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

What is Vicarious Trauma?

Vicarious trauma (VT) characterises the cumulative effects of working with survivors of traumatic life events, such as child abuse, rape or domestic violence.

VT is a way of framing the emotional, physical and spiritual transformations experienced by those who work with – or learn about – traumatised populations.

Three important things to know about VT are:

- VT manifests differently in each individual.
- VT is cumulative. The effect intensifies over time and with multiple clients.
- VT is pervasive. It affects all areas of helpers' lives, including emotions, relationships, and their views of the world.

Signs of vicarious trauma

We can split the possible effects and symptoms of vicarious trauma into five categories:

- Emotional
- Behavioural
- Cognitive
- Physical / physiological
- 'Spiritual impacts' is what we call the final category.

The ways an individual experiences and responds to vicarious trauma can vary. The list below isn't exhaustive, but it indicates the wide-ranging nature of how trauma might impact on the lives of workers.

Emotional	Behavioural	Cognitive	Physical/physiological	Spiritual impacts
<ul style="list-style-type: none"> • Prolonged grief • Prolonged anxiety • Prolonged sadness • Irritability • Mood swings • Depression • Agitation/anger • Changed sense of humour • Tuning out • Feeling less safe in the world 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Headaches • Hives or rashes • Heartburn • Migraines • Stomach ulcers • Tics • Anxiety • Hot Sweats 	<ul style="list-style-type: none"> • 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

Self-assessment of Vicarious Trauma

The following self-assessment questions are designed to help workers become more aware of where they are emotionally, behaviourally and cognitively. These are general questions that you can ask yourself and write about, although it's recommended that you review these questions with a trusted and supportive colleague.

How am I doing?

What do I need?

What would I like to change?

What is hardest about this work?

What worries me most about my work?

How have I changed since I began this work?
Positively and negatively?

What changes, if any, do I see in myself that I don't like?

Am I experiencing any signs of VT?
(See table of common reactions on page 2)

What am I doing, and what have I done, to address my VT?

As I think of my work with my clients, what are my specific goals? How successful am I in achieving these goals?

What is my sense of personal accomplishment in my work?

How can I keep going as a person while working with traumatised clients?

How can I use social supports more effectively? Draw a picture (web diagram) of your social supports on the job (colleagues) and in areas not related to your job (family, friends).

For instance, have I talked to other people about my concerns, feelings and rewards of my job?

Who did I talk to (both in the past and now)? What were their reactions? What did s/he say or do that I found helpful (or unhelpful)? What were my reactions to their reactions?

Is there anything about my work experience (or other stressful events in my life) that I haven't told anyone - that is 'unspeakable', or that I've kept to myself (a secret)? Try putting this into words, such as, *I haven't shared it because ...* or *I'm very hesitant to share it because ...* What is the possible ongoing impact, toll or emotional price of not sharing and working through these thoughts or feelings?

Is there anything about my experience that I keep from myself? Is there an area or an event that I've pushed away or kept at arm's length from myself, or about which I say to myself, *I can't handle that*? What aspect of my life have I not put into words yet, and which is still in that corner of my mind that I haven't looked into?

How will sharing these feelings help? Remember, what can't be talked about also can't be put to rest!

What work barriers get in the way of me having more satisfaction, and how can these barriers be addressed?

What are the most difficult and the most rewarding aspects of my job?

What are my own issues and how do they play out in my therapeutic work?

How do I find the balance between caring too much and caring too little?

How do I handle the situation when the best interests of the client clashes with my own best interests?

How can I keep growing as professional or volunteer, and as a person, while I'm working with my clients?

What else might I do to take care of myself?

Ways to reduce the impact of Vicarious Trauma: practice self-care

Awareness

- Recognise and chart any signs of VT.
 - Conduct self-assessment; develop and maintain self-awareness.
 - Helpers need to take time to self-reflect. Journal writing, talking in supervision or to a friend are examples of good habits that build self-awareness.
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Balance

- Engage in self-care behaviours and activities. Ensure physical and mental well-being.
 - Engage in relaxing and self-soothing activities that work for you (perhaps mindfulness, meditation). Nurture self-care.
 - Maintain a healthy balance in your life. Have outside outlets.
 - Engage in healing activities. Express feelings through writing or art.
 - Maintaining healthy boundaries between work and home life is important. Developing non-trauma related interest and hobbies are critical. Learning to relax through meditation, quiet activities, or exercise can be emotionally restorative.
 - When necessary, take a break (daily, weekly, monthly).
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Connect

- Recognise that you aren't alone, and try to share things with peers. Having supportive colleagues or peers can help reduce isolation and give opportunities to share feelings or experiences. It's also an important way to develop and nurture trusting relationships.
 - Develop realistic expectations to enhance feelings of accomplishment. Avoid wishful thinking. Set specific achievable goals for each contact with your client / patient / service user.
 - Don't take on responsibility for 'healing' your clients: use the 'midwife' metaphor.
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Developing a Vicarious Trauma Prevention and Management Toolkit

Could you design a prevention and management toolkit that will reflect your own reality and integrate your life circumstances and work challenges?

Developing VT can be a gradual and cumulative process: so is minimising its effects. Most of us need to make changes to put our own health and wellness at the top of the priority list.

A toolkit is very individual: your self-care strategies might not work for your neighbour, and vice versa. Here are some key questions to ask yourself in order to start the process:

What would go in that toolkit?

What are my warning signs – on a scale of 1 to 10, what is a 4 for me, what is a 9?

Schedule a regular check in, every week – how am I doing?

What things do I have control over? What things don't I have control over?

What self-care strategies do I enjoy?

How do I manage excessive demands from myself, others, or at work?

Reducing personal risk factors

Is there anything in my history that is unresolved? Any issues of shame, guilt, anger?

What are my stress reduction strategies? Things I develop and practice regularly, such as meditation, yoga or breathing exercises?

How can I build my awareness of VT and of countertransference?

Have I been in my current job too long?

What resiliency building strategies do I use? For my self-esteem, for my resourcefulness? What activities are meaningful to me? How often do I need to make sure I'm engaged in them? Can I develop my abilities to help others?

Reducing work risk factors

What strategies can I use in discussions with my employer to ensure that I...

- have the right support when I'm engaged in new activities or tasks?

- have a balanced and realistic case load?

- don't have back-to-back contact with trauma survivors?

- have contact with – and support from – my peers, for example in reflective practice?

What do I do to have social contact / personal support at work?

What if I think that someone close to me is suffering from VT?

Have compassion. Be kind, supportive and start small, because it can be hard to hear that something you've been trying to hide is obvious to others. Talking about the effects of the work can be generally helpful, as well as a good starting point.

Reflective practice questions

In her article *How can you do this work?* Sue Mann has developed some useful questions to prompt reflection and build collaborative practice.

Distress as an opportunity to acknowledge values, wishes and hopes

Why was this conversation or series of conversations particularly significant to me?

Is it possible that some belief, something I value or give importance to, has been transgressed or challenged? Can I name what this is?

Why are these values significant to me?

How can I find connection with others around these values in my work and the rest of my life?

What further action might I be able to take in relation to my work that would fit with these values?

Distress as an opportunity to consider workplace practices

What opportunities are available to talk about the many experiences of my work?

Of the many different stories of work that could be shared, what stories and whose stories are being privileged?

How are the connections people have to what is important and of value to them shared in the workplace?

What opportunities are there for celebration in relation to the achievements of the work?

How could we come together to take some form of action as an outcome of this distress?

What opportunities are there to share moments of sadness, moments of beauty, moments of joy?

How can the ideas and understandings gained in conversations inform organisational responses, policy, legislative systems, the education of other workers?

Distress as an opportunity to connect with others around the politics of the work

Who else would most likely to share this sense of distress/outrage?

How can topics that are talked about in one-to-one conversations connect people with each other around their common experience of life, in ways that enable broader social action?

How are the politics of gender, class, race, age, ability, and heterosexual dominance being named and responded to within the conversations I have, and also within the organisation more broadly?



What might you do at work?

- Assess your social support network at work
- Seek social support from your supervisor, colleagues, and family members
- Provide support, but don't overdo it!
- Use a buddy system, especially for novices
- Arrange peer supervision, for example using Consultation Teams
- Engage in 'debriefing' and develop informal opportunities to connect
- Take part in training opportunities
- Take part in agency building or community-building activities
- Continue to learn more professionally
- If necessary, take part in time-limited group therapy or individual psychotherapy
- Anything else? Add your own ideas here...

What might organisations consider doing?

- 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? Why not add your own suggestions to discuss at work...
