



CANADIAN CENTRE FOR VICTIMS OF TORTURE

Vicarious Trauma & Self-Care

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What is Empathy? Sympathy?



Empathy

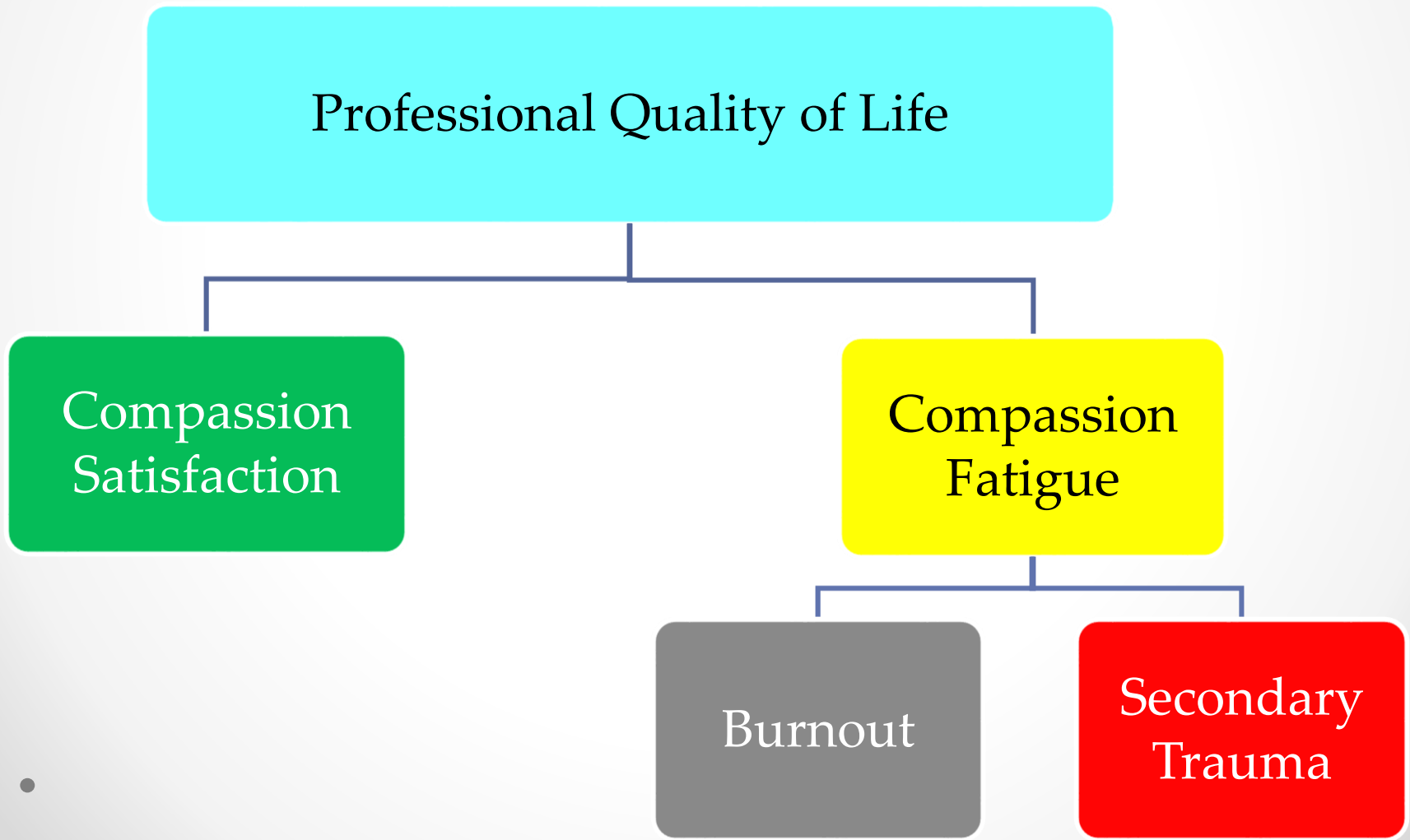
- Being able to enter into the client's relational world "stepping into the shoes of another"

Why is Empathy important in the work we do?

- It helps to assess the problem and solutions within the frame of the client's point of view
- Being able to attend to the subjective (Feeling) experience of the client and validate that our understanding reflects the client's experience



CS-CF Model (www.proqol.org)



Terms & Definitions: Burnout

- Prolonged stress or frustration, a response to chronic emotional and interpersonal stressors on the job
- Job-Demands-Resource Model: Exhaustion due to high demands in the working conditions, and disengagement, due to the lack of resources to deal with the demands
- *“the extinction of motivation or incentive, especially where one’s devotion to a cause or relationship fails to produce the desired result”-
Freudenburger*

Terms & Definitions: Burnout

- Three dimensions:
 - 1) Exhaustion of physical/emotional strength and/or motivation
 - 2) Cynicism
 - 3) Sense of inefficacy at work due to work-related stress

Signs & Symptoms: Burnout

- Apathy
- Tiredness/Exhaustion
- Irritability
- Helplessness/Hopelessness
- Sadness
- Forgetfulness/Mental lapses
- Absence from work/Lateness
- Feeling burdened
- Cynicism
- Feelings of failure/self-blame
- Difficulty problem solving

Terms & Definitions: Compassion Fatigue

- A state of negativity arising from working in a helping profession
- Compassion: “a feeling of great sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove the cause”
- Compassion satisfaction: a state of feeling positively rewarded from working in a helping profession

Terms & Definitions: Compassion Fatigue

- The “psychological cost of caring”
- Burnout for caregivers who work with clients with high needs
- Characterized by either increasing efforts and over-involvement, or blaming and withdrawing from clients

Signs & Symptoms: Compassion Fatigue

- Physical/mental health: sleep problems, headaches, stomach aches, anxiety, depression, exhaustion, irritability, using alcohol or other substances
- Inability to balance empathy and objectivity
- Feeling less capable & accomplished
- Hopelessness/Helplessness

Terms & Definitions: Secondary Trauma

- Service provider relates to someone who has undergone a traumatic event or a series of traumatic events, to the extent that they experience symptoms related to post-traumatic stress disorder
- Traumatizing event becomes traumatizing for service provider
- Secondary trauma can occur suddenly, in one session
- Symptoms are nearly identical to those of vicarious trauma

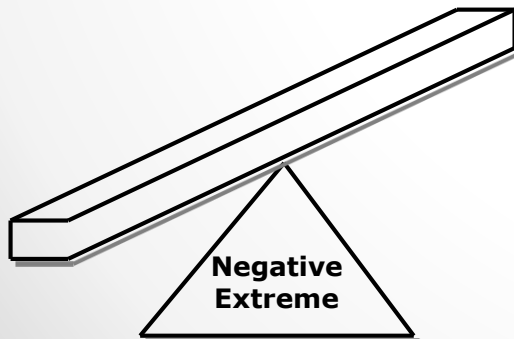
Terms & Definitions: Vicarious Trauma

- “Refers to the **cumulative transformative** effect on the helper working with the survivors of traumatic life events”
- **Process of change** that occurs when a provider cares about others who have been hurt, and feels responsible/committed to help.
- Results from **psychological** and **spiritual disruptions** that affect the way we see ourselves, the world, and what matters most to us. **This leads to physical, psychological, spiritual, relational and behavioural symptoms of VT.**

VICARIOUS TRAUMATIZATION

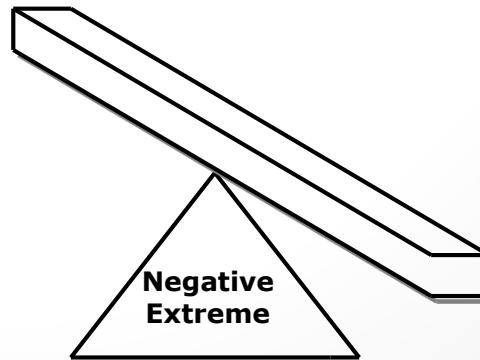
Over identification

- Over empathizes with survivor
- Becomes paternalistic
- Unrealistic expectations
- Cannot stop thinking about trauma
- Believes self to be the only person who can help
- Unable to assist



Avoidance

- Loss of empathy
- Closed to survivor
- Cynical expectations
- Does not want to think about trauma
- Believes no one can help
- Unable to assist



Signs & Symptoms: Secondary Trauma/Vicarious Trauma

Worker's worldview/beliefs may change in various ways:

- Spirituality

- Frame of reference

<https://www.youtube.com/watch?v=82eBROLIJyM>

- Safety

- Trust

- Power

- Intimacy

Signs & Symptoms: Secondary Trauma/Vicarious Trauma

- Changing the subject
- Providing pat answers
- Being angry or sarcastic with clients
- Using humour to change or minimize the subject
- Blaming clients for their experiences
- Faking listening
- Not being able to pay attention
- Being afraid of what is going to be said
- Suggesting the client, “get over it”.

(Baranowsky, 2002).



Personal Impact of Vicarious Trauma

Cognitive	Emotional	Behavioural	Spiritual	Interpersonal	Physical
<ul style="list-style-type: none"> • Diminished concentration • Confusion • 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 	<ul style="list-style-type: none"> • Anxiety ▪ Guilt ▪ Survivor guilt ▪ Shutdown ▪ Numbness ▪ Fear ▪ Helplessness ▪ Sadness ▪ Depression ▪ Hypersensitivity ▪ Emotional roller coaster ▪ Overwhelmed ▪ Depleted ▪ Powerlessness 	<ul style="list-style-type: none"> • Impatient • Irritable • Withdrawn • Moody • Regression • Sleep disturbances • Appetite changes • Nightmares • Hypervigilance • Elevated startle response • Use of negative coping (smoking, alcohol, other substance misuse) • Accident 	<ul style="list-style-type: none"> • Questioning the meaning of life • Loss of purpose • Lack of self-satisfaction • Pervasive hopelessness • Anger at God • Questioning of prior religious beliefs 	<ul style="list-style-type: none"> • Decreased interest in intimacy or sex • Mistrust • Isolation from friends • Impact on parenting (protectiveness, concern about aggression) • Projection of anger or blame • Intolerance • Loneliness 	<ul style="list-style-type: none"> • Sweating • Rapid heartbeat • Breathing difficulties • Somatic reactions • Aches and pains • Dizziness • Impaired immune system

(Yassen, 1995)

Impact of Vicarious Trauma on Professional Functioning

Performance of Job Tasks	Morale	Interpersonal	Behavioral
<ul style="list-style-type: none"> ▪ Decrease in quality ▪ Decrease in quantity ▪ Low motivation ▪ Avoidance of job tasks ▪ Increase in mistakes ▪ Setting perfectionist standards ▪ Obsession about details 	<ul style="list-style-type: none"> ▪ Decrease in confidence ▪ Loss of interest ▪ Dissatisfaction ▪ Negative attitude ▪ Apathy ▪ Demoralization ▪ Lack of appreciation ▪ Detachment ▪ Feelings of incompleteness 	<ul style="list-style-type: none"> ▪ Withdrawal from colleagues ▪ Impatience ▪ Decrease in quality of relationship ▪ Poor communication ▪ Subsume own needs ▪ Staff conflicts 	<ul style="list-style-type: none"> ▪ Absenteeism ▪ Exhaustion ▪ Faulty judgment ▪ Irritability ▪ Tardiness ▪ Irresponsibility ▪ Overwork ▪ Frequent job changes <p style="text-align: right;">(Yassen, 1995)</p>

Impact of Vicarious Trauma on Organizations

- Increased illness
- Increased absenteeism
- Ethical/boundary violations
- Reductions in productivity
- High staff turnover
- Decrease in staff morale

Risk Factors-Individual

- Everyone is different, so what contributes to your experience of vicarious trauma may not affect someone else in the same way;
- Vicarious trauma is a dynamic process – the factors that are most problematic for you today may be different from what will affect you most tomorrow.

Risk Factors-Individual

- Personality
- Coping style, Lack of self-care
- Personal History
- Life Circumstances (always changing)
- Work Style
- Lack of training or experience

Risk Factor-Individual

Social Supports

- Even if friends and family are nearby, it's easy to feel (and it may be true) that they simply won't understand
- It can be tempting not to reach out to them, however some elements of the work may be confidential, so it can be challenging to discuss it even with close friends and family.

Risk Factor-Individual

Spiritual Resources

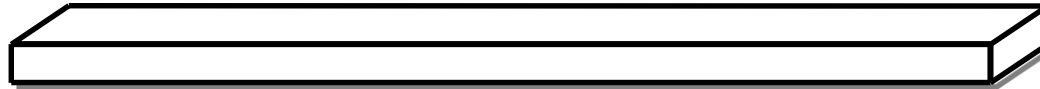
- You are more likely to find vicarious trauma problematic if you don't have a connection with a source of meaning, purpose, and hope. Without this, front line workers do not have a context for comprehending the terrible events they encounter in their work.
- Even with such a context, many face an ongoing struggle to make sense of the violence, disasters, and cruelty they witness.

Protective Factors- Individual

- Compassion Satisfaction
- Self Awareness
- Able to seek support; Able to express feelings
- Home/Life Balance; Able to set boundaries
- Self-Care Strategies
- Open to learning
- Personality (optimism)

VICARIOUS TRAUMATIZATION

Self Knowledge (Become aware of yourself)
Clearly defined boundaries and roles
Strong personal and institutional support system
Stressors recognized and acknowledged((Triggers, coping mechanisms)



Risk Factors-Work Environment

- Work overload
- Lack of autonomy over work
- Lack of rewards or acknowledgement for work
- Role in the workplace
- Lack of communication or relationship with coworkers
- Exposure to trauma
- Homogeneous caseloads
- Lack of organization's resources (professional development, etc)
- Lack of peer support, ability to debrief
- Poor leadership style, or lack of supervisory support
- Lack of consistency/predictability
- Conflict between personal values and job requirements
- Worker safety and belonging
- Lack of fairness at workplace
- No support for reflective practice

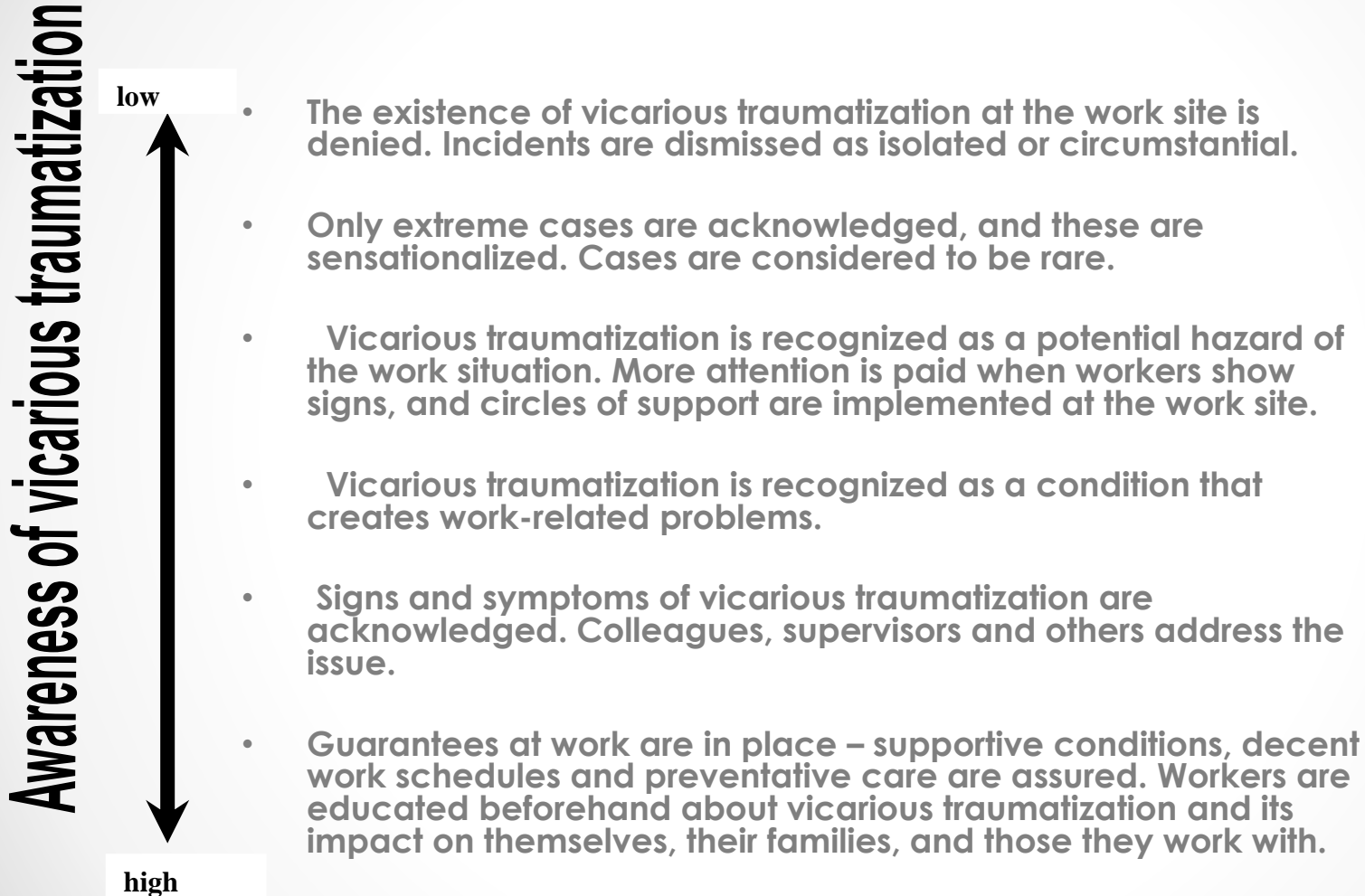
Protective Factors-Work Environment

- Workers are recognized, acknowledged, respected, valued
- Workers feel safe and a sense of belonging
- Peer support is integral to work environment
- Reflective practice is encouraged, expected
- Open communication between peers, and workers and leaders
- Leaders identify VT and burnout and take action
- Adequate supervision, positive leadership style (open to feedback, good decision-making)
- Consistent policies and procedures
- Agency has resources to meet demands of work, and provide support to workers
- Workers have opportunity to continually learn



Levels of Awareness about Vicarious

Traumatization in the Workplace*



Risk Factors-Systemic

- Culture of intolerance: society's attitudes about traumatic events, about groups within the society, and about workers
- Community Resources
- Systemic oppressions facing clients and workers

Protective Factors- Systemic

- Social Policy Action
 - Public Education
 - Advocacy
 - Community Organizing
 - Coalition Building
-
-

Individual Prevention & Intervention Strategies

ABC Approach

- **Awareness** of one's needs, emotions, limitations
- **Balance** work, play and rest
- **Connection** with oneself, to others, and to a sense of purpose/meaning

(Health Canada, 2001)



Individual Prevention/Intervention Strategies-

Self Care

- Be aware of warning signs, take stock of your situation
- Assess your exposure to trauma
- Exercise, maintain good nutrition
- Hobbies/personal interests, time for leisure and fun, completely separate from work
- Sleep, rest
- Let go of idealism/perfectionism
- Use humour, laugh
- Take time off
- Maintain social connections
- Spend time alone
- Have buffers between work and home
- Maintain spiritual life, meditative practices, creative expressions
- Access counselling if needed
- Become involved in socio-political activities

Individual Prevention/Intervention Strategies-Self Care in the Workplace

- Set limits, say no when necessary, avoid workaholic behaviour
- Prioritize goals/aims at work
- Balance empathy with professional distance
- Engage in available learning opportunities, trainings, professional development
- Ask for assistance, and delegate tasks if appropriate
- Take breaks at work
- Reflective practice



Organizational Prevention/Intervention Strategies

- Proactive in reducing VT
- Regular supervision for staff members
- Debriefing, Structured peer support
- Professional Development on VT, & Self-Care
- Promote heterogeneous caseloads
- Make self care resources available and well known
- Regular recognition of staff work
- Limit caseloads, and increase worker autonomy
- Have policies that recognize and address VT

Individual Prevention/Intervention Strategies-Reflective Practice

- Thinking about your experiences **in a critical way in order to learn from things that happen and develop knowledge, attitudes or behaviour which provide more effective ways of working in the future.**

There are four main stages in reflective practice:

- 1) You have an experience, this may be a difficult or uncomfortable experience or a very positive one.
- 2) You reflect on the experience by thinking about what happened, how you felt, what you thought, how you behaved, and the outcomes.
- 3) You understand the experience differently and come up with some ideas for how you might do things differently.
- 4) The next time you are in a similar situation you experiment with acting or reacting differently.

(adapted from Kolb and Fry, 1975)

Individual Prevention/Intervention Strategies-Reflective Practice

Reflective practice works best if you focus your reflections on a particular experience:

- 1) Description: what happened?
- 2) Feelings: what were you thinking and feeling?
- 3) Evaluation: what was good and bad about the experience?
- 4) Analysis: what sense can you make of the experience?
- 5) Conclusion: what else could you have done?
- 6) Action Plan: if a similar situation arose again what would you do?

Examples of questions:

Feelings: What were you feeling during session? What stimulated that feeling? Was the feeling beneficial or a hindrance? How transparent was the client in showing feelings?

Thoughts: Do you trust what the client is saying? Does the client seem to trust you? What beliefs might be preventing the client from moving forward?

Actions: What did you do that increased the client's engagement? What could be another way to help the client understand what you are saying?

(Adapted from Gibbs, 1988)

Assessment Tools

- Personal Assessment of Vicarious Trauma (Saakvitne & Pearlman)
- Professional quality of life screening (Hudnall-Stamm)
- SELF CARE PLAN

Further Reading/Resources

- Canadian Centre for victims of torture. *First Light Journal. On Trauma.* Winter 2017 www.ccvvt.org
- La reduction du stress par la pleine conscience: un outil important pour alleger l'usure de compassion chez les aidants. Par Francoise Mathieu 2009. www.compassionfatigue.ca
- Personal Assessment of Vicarious. Transforming the pain: A workbook on Vicarious Traumatization. Saakvitne, pearlman & Staff of TSI/CAAP
- Professional Quality of Life Screening http://www.proqol.org/CS_and_CF.html English/French(Hudnall-Stamm)
- Risques professionnels: Usure de compassion, traumatisme par personne interpose et Infirmiere-Canadienne.com (Norton, 1996)
- TEND L'Usure de compassion et le traumatisme vicariant. Par Francois Mathieu, M.Ed. Specialiste en usure de compassion. Co-directice de la compagnie d'experts-conseil "TEND" et directice de la conference annuelle CARE4You

Thank You

Questions????

