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Building Peace by Linking
Policy, Practice, Research &
Advocacy to End Violence**




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**All in a Day's Work:
Understanding and Mitigating
the Impact of Vicarious
Trauma**

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Goals for this Training




- Understand risks associated with working with victims of crime and child abuse
- Identify methods to reduce risk for burn-out and vicarious trauma

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What is Vicarious Trauma?

- The “cost of caring”
- Stress resulting from helping traumatized or suffering people
- Related to ...
 - Post Traumatic Stress Disorder
 - Secondary Traumatic Stress
 - Compassion Fatigue
 - Professional Burnout
 - Empathic Strain

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DSM-5: Post-Traumatic Stress Disorder

- Exposure to actual or threatened death, serious injury or sexual violation. The individual is exposed by:
 - direct experience of the traumatic event;
 - witnessing the traumatic event in person;
 - learning about the traumatic event of a close family member or close friend; or
 - first-hand experiences and repeated or extreme exposure to aversive details of the traumatic event.

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PTSD (cont.)

- Behavioral symptoms include:
 - Re-experiencing – spontaneous memories of traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress
 - Avoidance of distressing memories, thoughts, feelings or external reminders of the event
 - Negative cognitions and mood – persistent and distorted sense of blame of self or others; estrangement from others or markedly diminished interest in activities; inability to remember key aspects of the event
 - Arousal – aggressive, reckless or self-destructive behavior; sleep disturbances; hyper-vigilance or related problems
- Lasts more than one month
- Symptoms cause significant distress or impairment in functioning

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Professional Burnout

- Cumulative effect of emotionally demanding situations
- Personal stress exceeds individual's coping resources
- Slow, progressive process resulting in belief that professional is incapable of facilitating positive change

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Professional Burnout

- Multidimensional construct consisting of exhaustion, cynicism and decreased sense of personal accomplishment
 - Exhaustion – principle dimension
 - Physical, emotional and mental/cognitive
 - Cynicism – disengagement from work
 - Reduced efficacy – not making meaningful contribution
- Can occur in any profession

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**Vicarious Trauma /
Secondary Traumatic Stress**

- More intense reaction than burnout
- Professional vulnerable from own empathetic openness
- Transformation of professional's inner experience
- May be a relatively quick process, as a result of one particular case / client
- Effects are cumulative, pervasive and permanent

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Impact of Vicarious Trauma

- Re-experiencing images of trauma reports
- Avoidance of reminders of traumatic incidences (triggers & emotions)
- Increased physical arousal
- Flat affect and withdrawal from others
- Victim-blaming
- Disruption of deeply-held "schema"

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Cognitive Schemas

- Mental framework
 - Beliefs, expectations, assumptions
 - Psychological needs
- Make sense of world
- Central and salient for individuals
- Evolve over time
- Disrupted by trauma


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Dependency / Trust

- People are generally trustworthy and reliable
- Exposure to cruelty, deception, betrayal
- Can you trust people?
- Will justice be served?


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Safety




- My family and I are safe
- Exposure to violence of others increases sense of personal vulnerability; fragility of life
- Is the world safe or unsafe?
- What additional safety precautions do you take?

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Power




- I am powerful and in control
- Victims are helpless and lack control
- Control over unexpected life events is illusory
- Do you see problems as challenges or catastrophes?
 - Respond with helplessness or enthusiasm?
 - Expect the best or assume the worst?

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Autonomy / Independence



- I can go where I want; do what I want
- Victims may be restricted in freedom of movement, feeling trapped and confined following victimization
- Do you feel a loss of personal independence or freedom?


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Esteem

- People are benevolent & worthy of respect
- What else but evil could commit such atrocities?
- Do you feel angry, bitter, cynical, pessimistic?
- Has your perception of human nature changed?


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Intimacy

- We seek comfort and support from colleagues, friends and family
- Alienated and stigmatized due to horrific imagery and cruel realities; privacy and confidentiality requirements
- Do you feel connected to or disconnected from others?


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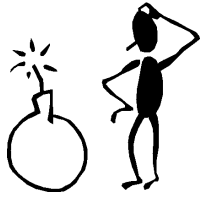


Frame of Reference

- Seek to understand WHY things occur
- Bad things happen to bad people
- Bad things happen to good people
- What forms of 'victim-blaming' have you engaged in?
- Have you questioned religion/spirituality?

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ACKNOWLEDGE THE RISKS & RECOGNIZE THE SYMPTOMS

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Personal Risk Factors for VT

- Prior history of trauma
 - Physical assault on wife; child abuse; child sexual abuse; sexual violence; rape; torture
- Prior treatment of psychological disorders
- Family of origin functioning
- Female gender
- Marital status of professionals
- Lack of personal support

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Professional Risk Factors

- Extent of involvement with victims
- Severity of client trauma symptoms
- Intensity / duration of exposure
- Long work hours
- High caseloads
- Lack of professional experience or supervision
- Lack of success
- Organizational dissatisfaction
- Professional isolation
- Supportiveness of work environment
- Unclear professional boundaries/roles
- Lack of professional access to power

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Symptoms of Burnout

- Appearing depressed and suspicious
- Being easily angered
- Being cynical and resistant to change
- Extended work hours and reduced productivity
- Physical and emotional exhaustion
- Feelings of incompetence
- Reduced capacity for decision-making
- Decreased communication skills

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Recognizing the Signs of VT

- Physiological symptoms
- Sleep disturbances
- Fatigue
- Feeling overwhelmed
- Despair
- Numbing of feelings
- Feeling angry much of the time

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Recognizing the Signs of VT


- Generalized anxiety
- Intrusive thoughts
- Nightmares
- Irrational fears
- Distrusting others
- Feeling isolated
- Incapacity for intimacy
- Addictions

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Recognizing the Signs of VT

- Feeling overly responsible for community safety
- Denying own needs
- Viewing all people as potential abusers or victims
- Maladaptive coping skills
- Talking all the time about your cases/job
- Sense of loss of control


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Research on VT and Child Sexual Abuse Professionals

- Law enforcement investigators / ICAC Workers
- Mental health professionals
- Child protection workers
- Medical providers
- Forensic interviewers
- Therapists/counselors
- Victim advocates
- Attorneys
- Judges

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ARE WE THE VICTIMS OF OUR OWN COMPASSION?

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Factors Promoting Resilience
(Ahmed, 2007)

External Factors

- Safety
- Religious affiliation / spirituality
- Strong role models
- Emotional sustenance:
 - the extent to which others provide the individual with understanding, companionship, sense of belonging and positive regard


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Protective Factors

- Emotional boundaries
- Peer support
- Team spirit and camaraderie
- Spiritual beliefs
- Work as rewarding and satisfying
- Personality style

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Factors Promoting Resilience:
(Ahmed, 2007)

Internal Characteristics


- Self-esteem
- Trust
- Resourcefulness
- Self-efficacy
- Secure attachments
- Self-sufficiency
- Sense of mastery
- Optimism
- Interpersonal abilities such as social skills, problem-solving skills and impulse control

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**Personality Style
as Protective Factor**

- Sense of commitment to self
- Vigorous approach to life
- Sense of meaningfulness
- Internal locus of control
- Sense of humor

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“As I see it, everyday, you do one of two things: build health or produce disease in yourself.”

- Adelle Davis

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**What Gives Meaning to Your
Life?**

- List three items outside of the workplace – people, events or activities – that bring you enjoyment or pride

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Balancing Act


Organizational Setting
Professional Life
Personal Environment



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Strategies for the Organizational Level


Employers have a duty of care to protect the well-being of their personnel as much as possible.



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Organizational Strategies

- Specific training for all – including management!
 - Vicarious Trauma / PTSD
 - CSA, exploitation and dynamics of child abuse
 - Other victim service issues
- Training and orientation for new employees
- Adequate supervision – open-door policy
- Professional mentoring programs
- Early detection of workers at high risk for VT
- Limit caseloads




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Organizational Strategies

- Sufficient release time – vacation and sick
- Clear boundaries and policies
- Adequate resources
- Staff autonomy in performing tasks
- Flexible work schedules
- Organizational recognition of successes
- Equitable caseload and workload structuring
- Co-assignment on difficult cases


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Organizational Strategies

- Team-based decision-making
- EAP programs
- Forums for venting & conflict resolution
- Regular psycho-educational meetings
- Orientation, training & support for families
- Affiliation with multidisciplinary teams
- Debriefing after difficult cases
- Partnerships with local services / schools
- Time off allowance for religious practices


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Coping Strategies for the Professional

- Balance caseloads – set limits when possible
- Limit work hours
- Flex schedules when possible
- Assume as much control over your work as possible (schedule and shared power)
- Access supervision and support networks
- Seek clarity in professional roles and boundaries
- Build a network of professional connections


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Professional Strategies

- Work as part of an MDT
- Access EAP and support networks
- Seek professional mentoring
- Talk about your professional fears & frustrations
- Seek ongoing professional training
- Interact w/ coworkers outside of workplace
- Participate in case debriefing
- Avoid over-involvement/enmeshment with clients


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Professional Strategies

- Celebrate professional successes
- Learn & practice mediation / negotiation skills
- Learn & practice time-management skills
- Take short breaks throughout the work day
- Eat lunch somewhere other than desk or car
- Get outside
- Take mini-vacations w/o work computer/phone
- Acknowledge humor in stressful situations


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Professional Strategies


- Dissociation may occur when viewing or recalling images / videos
- Compartmentalizing without integration is likely to take a physical and psychological toll
- Utilized healthy coping mechanisms such as:
 - Intellectualization: "These images help me do my job"
 - Rationalization: "I have to do this as part of my job"
- Do not deny emotional reactions to materials
 - Avoid minimization: "The images are not that bad"
 - Avoid projection: "I'm not angry that people mistreat children this way"

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Professional Strategies

- Remain grounded to your current location during viewing
 - Feet flat on floor, whether standing or sitting
 - Practice calm breathing
 - Relax your muscles
 - Focus on objects around you – name and describe them out loud
 - Focus on 5 senses for things around you to bring you back to the present
 - Name as many items in a category as you can

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Professional Strategies

- Acknowledge that arousal is human nature
 - All sexual material is potentially arousing
- Accept that intrusive thoughts may occur
 - “Let them rise like bubbles, burst and go away”
 - Allow shame and guilt to pass by
- Distinguish your interactions with loved ones from images viewed

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Coping Strategies for the Individual


- **Breathe!**
 - Square breathing
 - In for 4, hold for 4
 - Out for 4, hold for 4
 - Slow breathing

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In the past week, how many of you ...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal / family plans because of work?
- Drank too much coffee?
- Slept less than 5 hours in a night?
 - Over 40% of Americans regularly sleep less than 5 hours a night
 - 2x as likely to die of heart disease
 - 1.7x as likely to die of all causes (Cappoccino, 2007)

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Why Do We Sleep?

- Recharge our batteries
 - Repair and rejuvenate
 - Improved immune system functioning
- Memory consolidation
- Emotional regulation


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Individual Strategies

- Address personal risk factors
- Seek counseling for prior trauma experiences
- Identify individual strengths and use them
- Reduce work conducted on personal time
- Know your limits and stick to them
- Identify central schemas



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Individual Coping Strategies

- Take care of yourself daily: eat properly, rest, exercise, relax
- Avoid alcohol and drugs as means of coping
- Limit your exposure to traumatic material (i.e., movies, TV, books)
- Avoid volunteer work that is too similar to your professional work
- Make time for things you value
- Devote time to relationships and enjoyable activities


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Individual Strategies

- Utilize support systems
- Learn – and practice – anger management techniques
- Socialize – isolation makes matters worse
- Pamper yourself occasionally
- Find joy in the world around you
- Play with a pet
- Engage in spiritual self-care (reflection, meditation, prayer)

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Spiritual Self-Care

- Spiritual collaboration / supervision
- Maintain individual spiritual practices
 - Prayer, reading sacred texts, spend time in nature
- Cultivate mindfulness – interrelatedness of mind, body & spirit
 - Rest-taking (vacation, sleep, stretching during day)
- Spiritual cleansing
 - Transition from work to personal life (burning sage, meditation)
- Enhances belief that people are resilient; more to life than suffering; efforts are meaningful; not solely responsible for healing

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Individual Strategies



- Maintain your sense of humor
- Get sweaty – increase your heart rate
- Do something you enjoy every day
- Accept your reactions as normal responses to specialized work
- Burnout is not a problem of the individual, but of the social environment

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Closing Exercise



- List one event or action that you accomplished in your job that brings you a sense of accomplishment, satisfaction or pride
- List one specific thing you'll do for yourself today that will reduce stress


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“Life is not what it’s supposed to be. It’s what it is. The way you cope with it is what makes the difference.”


~ Virginia Satir

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**Questions or
Comments?**

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PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test and then you can compare your score to the interpretation below.

To find your score on **each section**, total the questions listed on the left in each section and then find your score in the table on the right of the section.

Compassion Satisfaction Scale:

3. _____
 6. _____
 12. _____
 16. _____
 18. _____
 20. _____
 22. _____
 24. _____
 27. _____
 30. _____

The sum of my Compassion Satisfaction questions	So My Score Equals	My Level of Compassion
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Total: _____

Burnout Scale:

- *1. _____ = _____
 *4. _____ = _____
 8. _____
 10. _____
 *15. _____ = _____
 *17. _____ = _____
 19. _____
 21. _____
 26. _____
 *29. _____ = _____

The sum of my Burnout Questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Reverse the scores for those that are starred.

0=0, 1=5, 2=4, 3=3, 4=2, 5=1

Total: _____

Secondary Trauma Scale:

2. _____
 5. _____
 7. _____
 9. _____
 11. _____
 13. _____
 14. _____
 23. _____
 25. _____
 28. _____

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Total: _____