



Support Guide

For staff working with potentially disturbing material and records

Support Guide Three

The following guide is designed to provide guidance to managers about appropriate strategies and support measures that may be put in place to help their staff embark on a project using emotionally difficult content and any issues they may suffer arising from such work.

This guide will:

1. Give understanding of key warning signs and symptoms of secondary trauma and compassion fatigue which may manifest in staff and how to spot these.
2. Give guidance on how to help and assist staff who may find themselves in the various stages of compassion fatigue and secondary trauma.
3. Help to develop a greater understanding of what works to support staff and techniques to help move them forward in times of difficulty.

Introduction

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet” (Remen, 1996).

Anyone who deals with disturbing material cannot help but be touched by what they see and read as suggested by the quote above.

Looking after staff

A good manager should be open and receptive to issues presented by staff especially in relation to their mental health and well being. This is important but cannot be done if the manager does not know what to look for or understand the issues being presented.

Predictive aspects of Secondary Trauma

- Insufficient training
- Identification with the victim
- Insufficient support in the workplace

Giving staff the necessary support is difficult but greater understanding of what compassion fatigue and secondary trauma are and how it develops can equip managers with key tools to help support their staff and reduce the risk of sickness and burnout.

Defining the terms compassion fatigue and secondary trauma

Both terms are often interchangeable but some common definitions of these terms can include:

Secondary traumatic stress - Defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event. The vivid recounting of trauma by the survivor and other's subsequent cognitive or emotional representation of that event may result in a set of symptoms and reactions that parallel PTSD.

Compassion fatigue - A state of tension and preoccupation with individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing and persistent agitation.

Burnout - A state associated with chronic stress and pressures in your vocation.

What can help support staff suffering from these conditions?

There are four suggested domains that are important to the prevention of secondary traumatisation and compassion fatigue in staff:

- **Professional strategies**, such as balancing caseloads and accessible supervision.
- **Organisational strategies**, such as sufficient release time and safe physical space.
- **Personal strategies**, such as respecting one's own limits and maintaining time for self-care activities.
- **General coping strategies**, such as self-nurturing and seeking connection.

Pearlman and Saakvitne (1995)

Stages of Compassion Fatigue

Identifying key warning signs in staff is vital to enable managers to then develop the strategies highlighted above. It is also important to be able to understand and recognise the various stages we can go through. The following are possible stages an individual may go through as compassion fatigue develops, recognising the early stages and intervening at those stages can significantly aid management and recovery.

Things to do when talking to staff over

- Be specific about issues and negatives, normalise reactions to issues, it is OK to feel as they do and react as they do.
- Talk about what is OK more than what is not OK.
- Get the person to develop a positive / friendly internal dialogue.
(How they would talk and support their best friend)
- Get them to consider and contemplate what will change in the future to make things better.
- Awareness that problems are the result of many different things coming together and not "just them".
- Encourage comment on things in an objective - matter of fact way where possible.



The following is an amended version, adding an additional early stage which for many may be the first indicator of an issue. This has been termed "The Upset/Disturbed stage"

The various stages are:

The Engaged stage - keen and interested in our job

The Upset / Disturbed stage - something is wrong but we try to shrug it off as just being a bit out of sorts. However, it is when this stage persists, and possibly moves on to the next few stages, that we should look towards possibly taking action.

The Irritability stage - a little more irritable than is usual for us.

The Withdrawal stage - not just from work but interactions with friends and family.

The Quitting stage - a real sense of “why bother?” and “I just cannot be bothered.”

The Pathology vs Renewal / Maturation stage - if not properly checked we can move to severe mental and physical health issues. Alternatively we may also move through and manage our feelings and issues more effectively and hence mature and develop effective resilience.

We want to manage issues at an early stage but whatever point a person is at in this process, it is important that it is never too late to start and take control.

Noticing the signs and taking action

There are many signs that a member of staff is going through the various stages of compassion fatigue we have just highlighted and a useful document outlining many of these signs can be downloaded here for your information.

PDF - Fact Sheet Number 9 Vicarious Trauma - American Counselling Associations

When a staff member shows signs of compassion fatigue or secondary trauma how you engage with them is vital. It is important to know what can help reduce or alleviate some of the conditions. Often, this is taking some simple but positive steps.

What helps at an organisation / strategic level

It is important to note things that research has highlighted as strategies that can significantly help and reduce compassion fatigue and secondary trauma. A group of trauma therapists were asked what activities they found that were most helpful in balancing out secondary trauma exposure. These included:

85% Discussed cases with colleagues

70% Time spent with family and friends

70% Travel, holidays, hobbies, leisure activities

69% Talk with colleagues between sessions

64% Active social life / exercise

56% Limiting caseload

44% Regular supervision

Although time, money and resources may not always be there to implement these points, it is important to note things that do help and which, as managers, you may be able to accommodate. By doing so, you can reduce lost working days and the damage these conditions can have on your team.

Ones that can be encouraged in the workplace of particular note are:

- Discussing difficult and disturbing cases with colleagues.
- Taking time out to talk with colleagues about work and life in general.
- The support of family, friends and colleagues - It is a fact that this type of support is more important and has more of an impact than formal therapy or mental health interventions. There are many reasons for this but one significant factor is when we feel supported or have people we can lean on at times it makes a difference.

Some final thoughts

It is vital to note that if you feel that a person is suffering, that the issue is too much for you to handle, and that the ideas and techniques outlined in this guide will not help to move things along, you should refer the individual on to more professional help. It is important still to support the person through this process.

There are a number of routes to consider, some of which include:

- **The use of a coaching / mentoring programme if your organisation has one.**
- **Contact with any Occupational Health support you have in your organisation.**
- **Directing staff to an EAP group (Employment assisted programme) if available in your organisation. This is a confidential service that can be accessed directly without the need for a referral.**
- **Their own GP can always advise and help point people in the direction of professional health care.**
- **You can contact a counsellor/psychotherapist (The BACP has a very good online register of therapists which can be accessed through <http://www.itsgoodtotalk.org.uk/therapists>)**