

Vicarious Trauma in Social Workers

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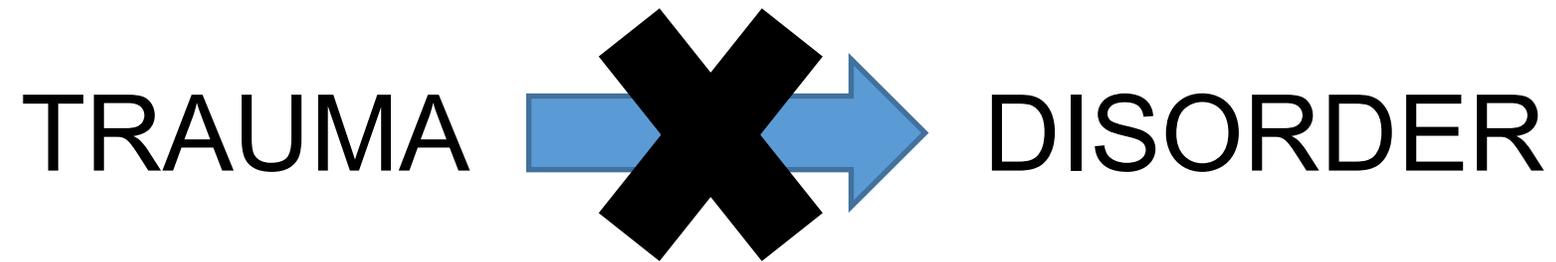
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Definition of Trauma

- Trauma is a response to deeply disturbing or stressful circumstances that:
 - Overwhelms our ability to cope
 - Causes us to feel helpless
 - Diminishes our sense of self
 - Impacts our bodies, emotions, and cognition

Trauma Aftermath

Traumatic stress response is a
normal reaction to an
abnormal event



Trauma Risk Factors

Age

Mental Health
History

Relational vs.
Non-Relational

Relationship
between Victim
and Perpetrator

Severity/
Duration/
Frequency

Physical
Proximity to the
Traumatic Event

Protection

Caregiver
Response

Change in
Status

Responsibility
and Blame

Community or
Societal
Response

Trauma History

Trauma in Older Adults

- Theme of loss
- Cumulative trauma over the lifespan
 - More resilient
 - Easily triggered
- Cognitive symptoms may be difficult to assess
- Chronic illness can complicate the assessment process

Vicarious Trauma

- Vicarious Trauma is the emotional residue of exposure to traumatic stories and experiences of others through work; witnessing fear, pain, and terror that others have experienced; a pre-occupation with horrific stories told to the professional (American Counseling Association, 2016)

Vicarious Trauma (cont.)

- The term “vicarious traumatization” is used broadly to include other related terms such as secondary traumatic stress (STS), compassion fatigue (CF), and critical incident stress (CIS).
- Protracted exposure to the trauma of others can cause compassion fatigue, putting social workers at risk for physiological, psychological, and emotional stress.

Common signs of vicarious trauma

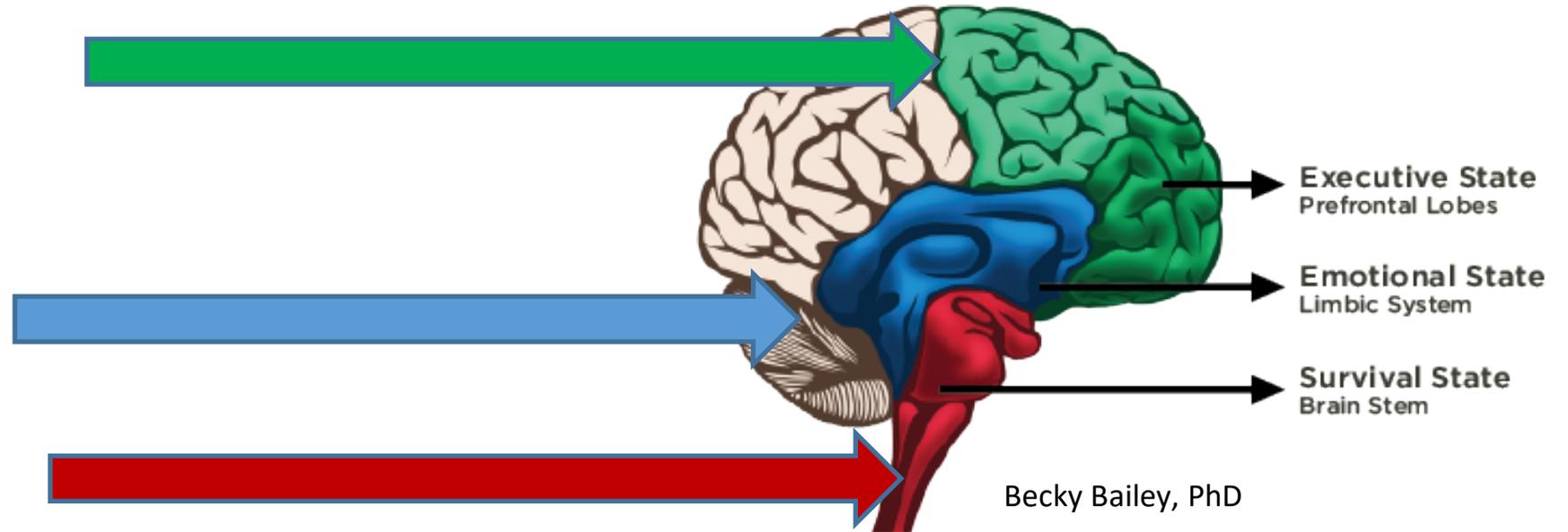
- experiencing lingering feelings of anger, rage and sadness about patient's victimization
- becoming overly involved emotionally with the patient
- experiencing bystander guilt, shame, feelings of self-doubt
- being preoccupied with thoughts of patients outside of the work situation
- over identification with the patient

Common signs of vicarious trauma (cont.)

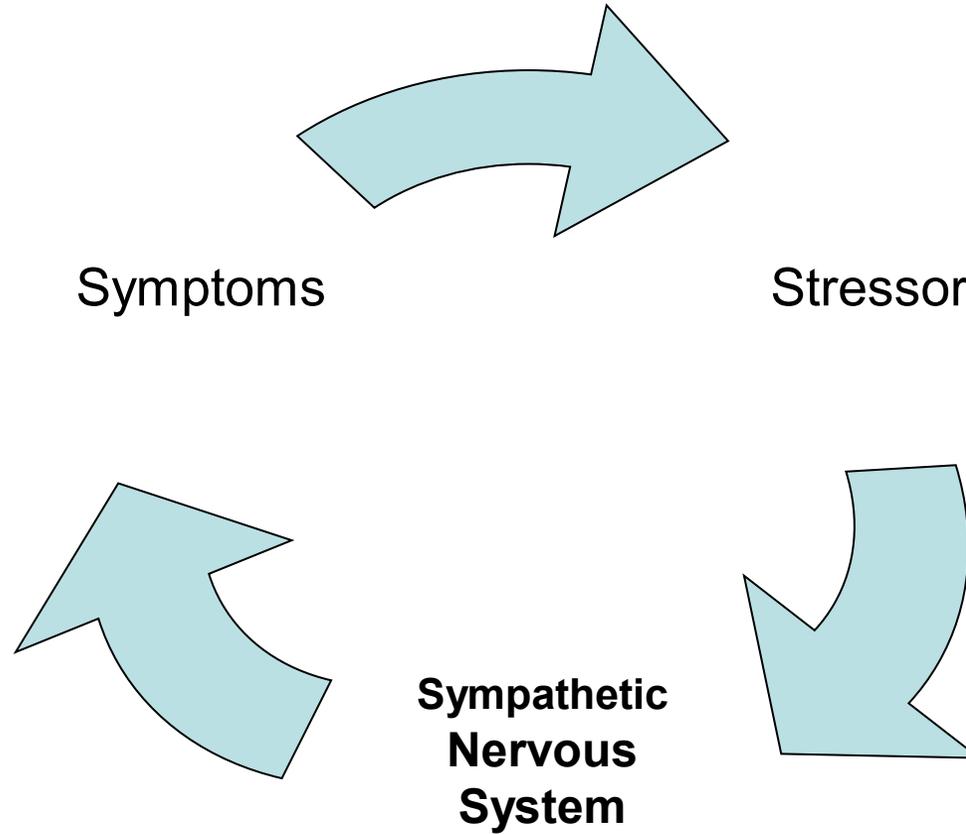
- loss of hope, pessimism, cynicism
- distancing, numbing, detachment, cutting patients off, staying busy
- difficulty in maintaining professional boundaries with the client

Neurophysiology

- Prefrontal Cortex
 - Thoughtful
 - Strategic
- Limbic System
 - Emotion driven
- Reptilian Brain
 - Threat detection
 - Fight, flight, freeze



Biochemistry of Stress



How do you experience stress
in your body?

Physical Symptoms

- Elevated heartbeat
- Trouble breathing
- Digestive issues
- Weakness
- Trouble sleeping
- Pain
- Overall elevated levels of Cortisol

Emotional Symptoms

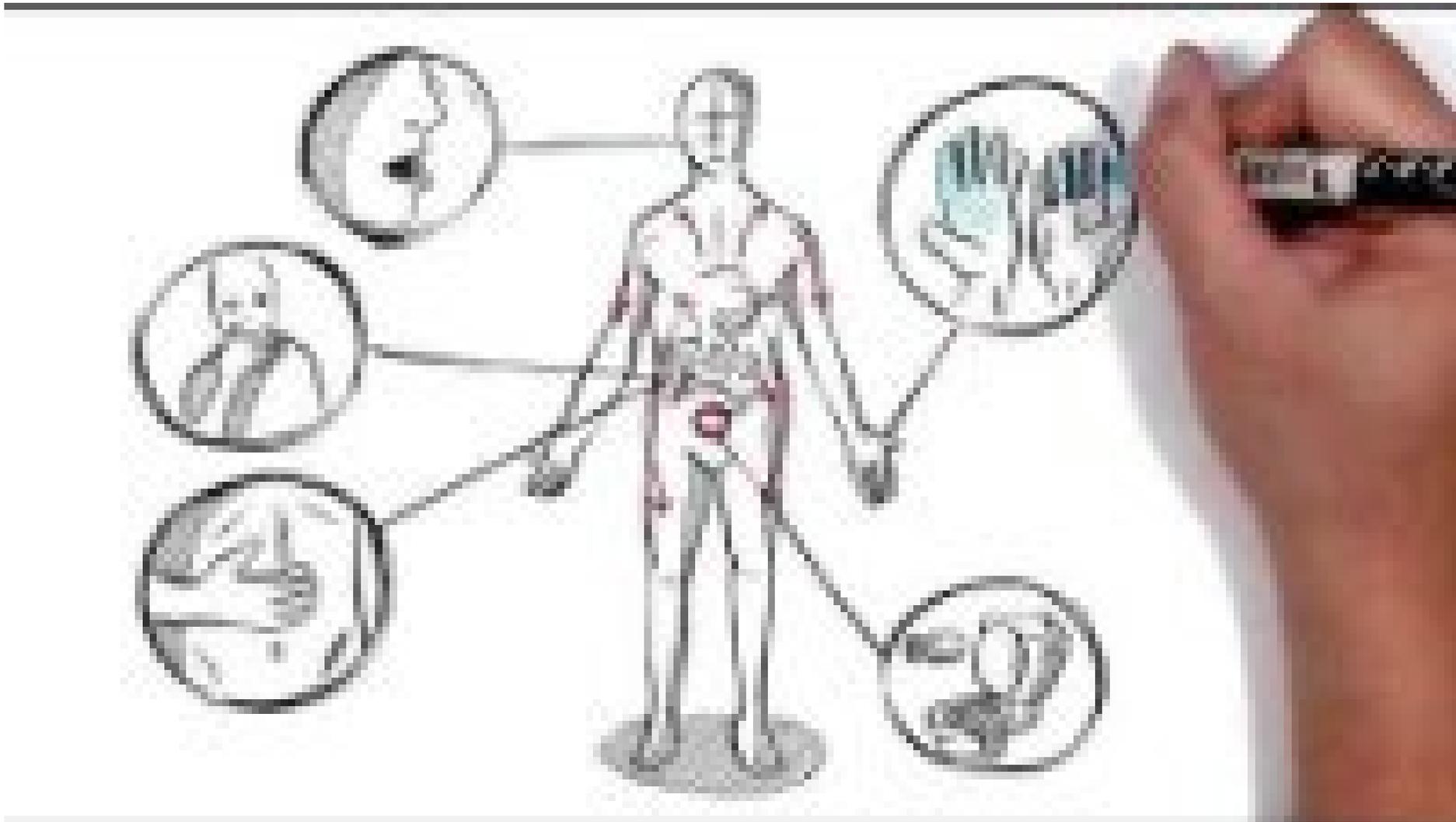
- Constant worry
- Helplessness
- Anger
- Irritability
- Indifference
- Apathy
- Sadness
- Emotional dysregulation
- Overwhelmed
- Guilt

Cognitive Symptoms

- Memory issues
- Confusion
- Inability to concentrate
- Difficulty in decision making
- Organizational issues
- Difficulty processing
- Rigid thoughts

Behavioral Symptoms

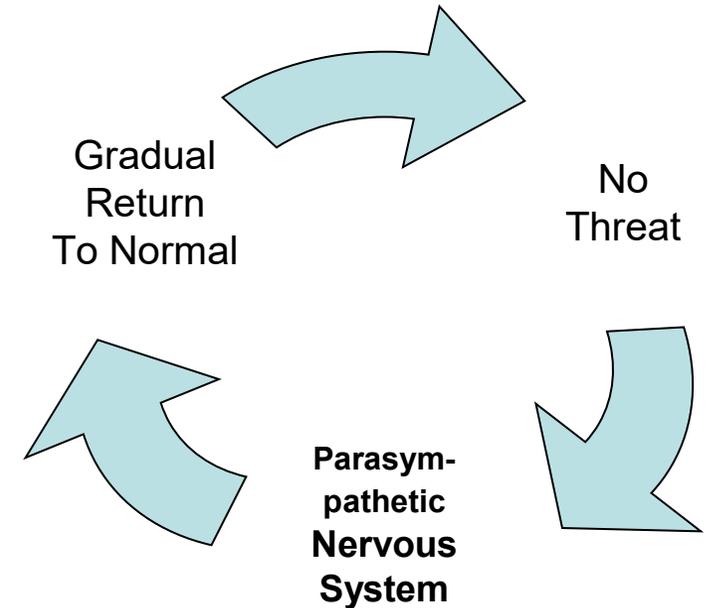
- Impulsive
- Aggressive
- Hostile
- Restless
- Alienation
- Seclusion
- Withdrawal
- Tension
- Stagnation.



https://www.youtube.com/watch?v=jEHwB1PG_-Q

Biochemistry of Relaxation

- Perceived threat has ended
- Parasympathetic system is activated
- Stop production of Cortisol
 - Process works slowly
 - Worsens as we age



Addressing Symptoms

Physical Symptoms

- Breathing
- Movement & Exercise
- Nutrition
- Vagal Tone Exercises

Emotional Symptoms

- Mindfulness
- Self-compassion
- Empathy
- Allowing the emotions to exist

Cognitive Symptoms

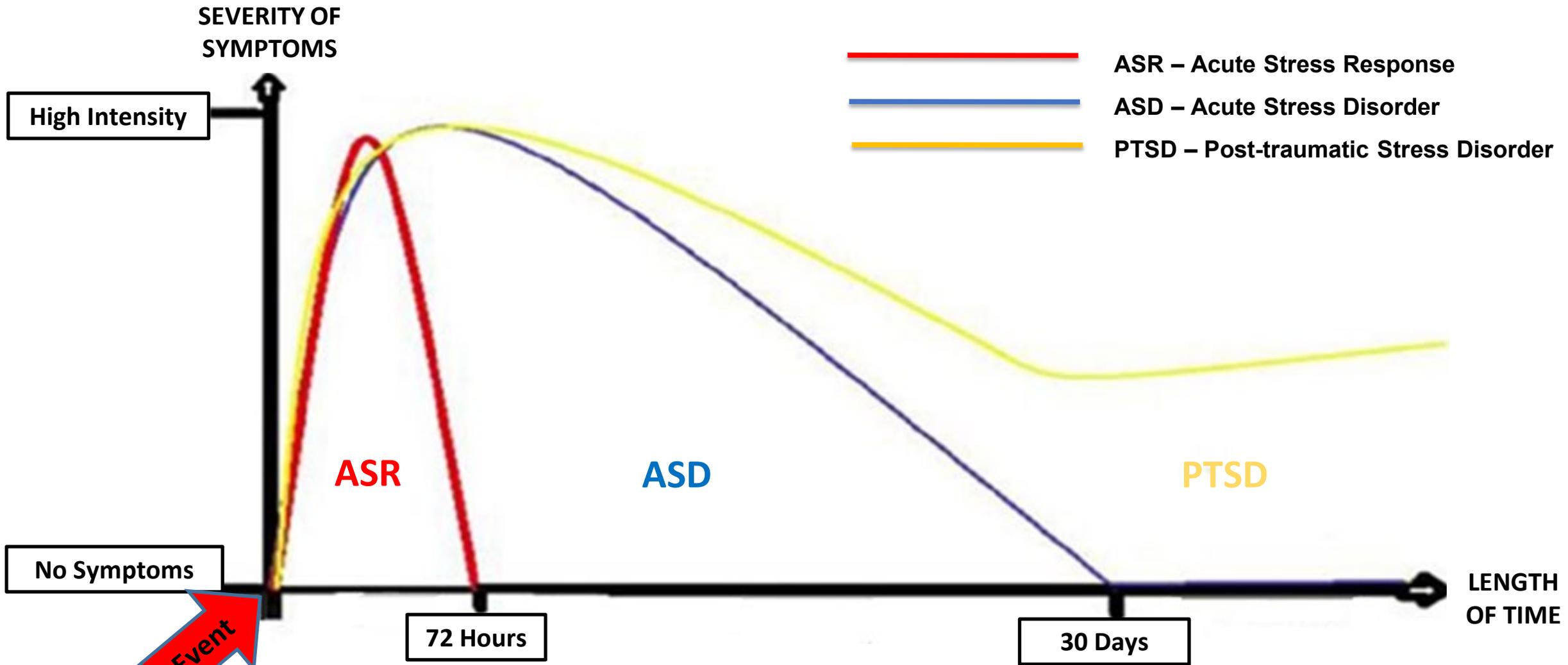
- Focus on the things we can control
- Breakdown to smaller tasks
- Create small successes
- Take back a sense of control

Trauma Aftermath

Humans possess
natural recovery mechanisms

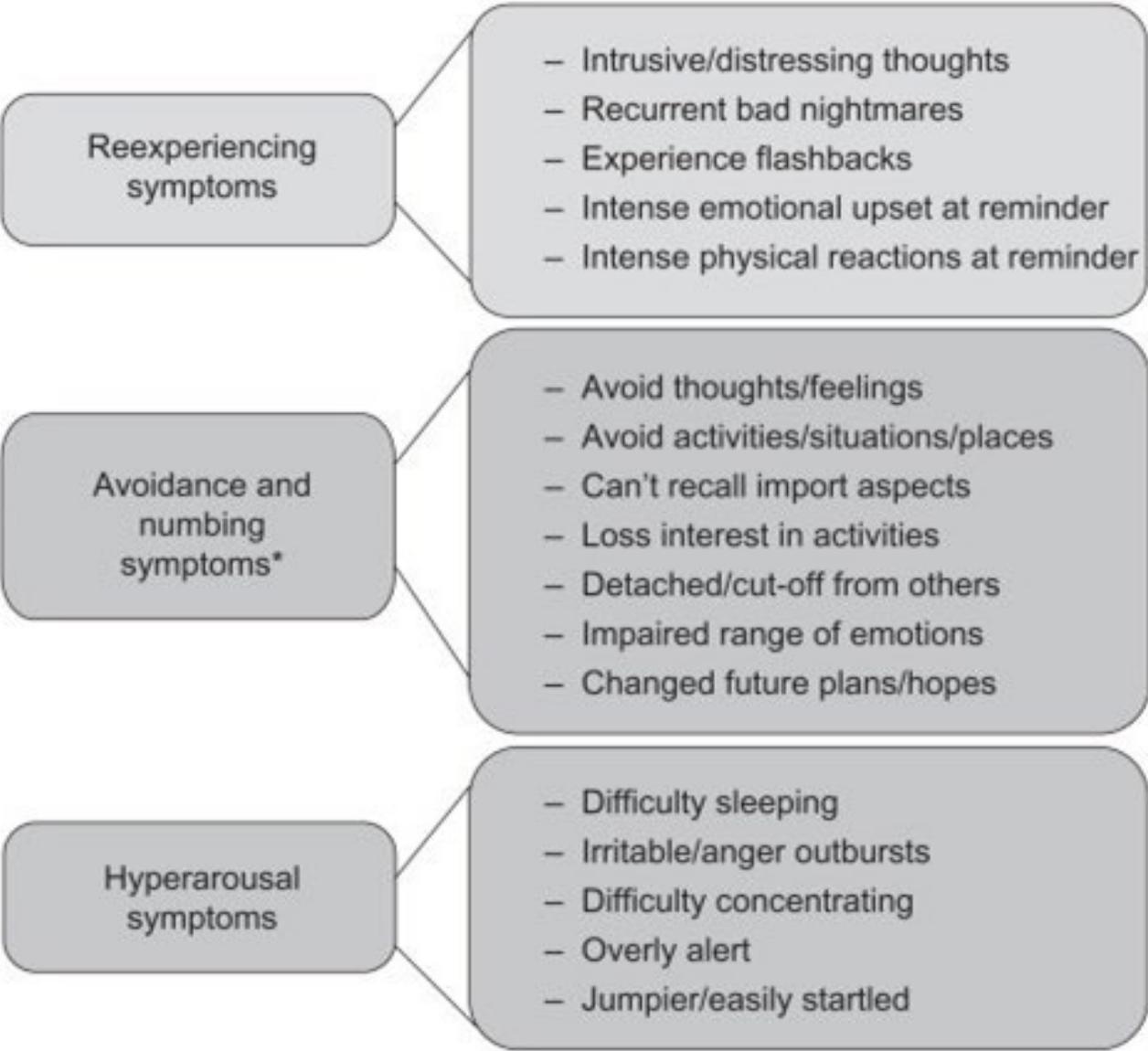
Trauma Aftermath

- Acute Stress Reaction (ASR)
 - First 48 hours
 - Normal and expected
- Acute Stress Disorder (ASD)
 - 2 days - 1 month
- Post-traumatic Stress Disorder (PTSD)
 - Symptoms persisting for 1 month post event
 - PTSD assessment and possible trauma-specific psychotherapy indicated



Traumatic Event

ASD & PTSD Symptom Clusters



Resilience is the Default

- The vast majority of people will recover.
- Humans possess natural recovery mechanisms.
- 10-15% will not recover on their own—those are the individuals this intervention is designed to help, we don't always know who those 10-15% are. Risk factors can help, but are not prescriptive.
- The approach of “help them help themselves” brings back a sense of familiarity, competence, and control, and thereby strengthens the resilience.

Resilience can look like...

- **Outcome 1:**
 - Stressor disrupts a person's normal state of functioning
 - When stressor passes, person resumes his or her normal pre-stressor level of functioning.
- **Outcome 2:**
 - People who exhibit normal functioning before, during, and after a stressor (even long after a stressor)
- **Outcome 3:**
 - Individuals reconfigure their cognitions, beliefs, and behaviors in a manner that allows them to adapt to traumatic experiences.
 - Allows them to possibly withstand future trauma

Techniques to Build Resiliency

- Meditation
- Mindfulness
- Breathing
- Emotional Regulation
- Zoom in / Zoom out

As a Practitioner...

- Make sure you are okay before you do anything else
- Identify what you can and cannot control
- Take a minute to assess yourself

Check-In

- Rate yourself on a scale from 0-10
 - How stressed do you feel?
 - How safe do you feel
- Mantra meditation
- Rate yourself on a scale from 0-10
 - How stressed do you feel?
 - How safe do you feel

Strategies for reducing risk of vicarious trauma

- Increase your self-observation
- Take care of yourself emotionally
- Look after your physical and mental wellbeing.
- Maintain a healthy work/life balance
- Be realistic about what you can accomplish
- Don't take on responsibility for your patients' wellbeing

Strategies for reducing risk of vicarious trauma (cont.)

- Balance your caseload - mix of more and less traumatized clients, victims and non-victims.
- Take regular breaks, take time off when you need to.
- Seek social support from colleagues, family members.
- Use a buddy system - particularly important for less experienced practitioners.
- Use peer support and opportunities to debrief.
- Take up training opportunities.
- If you need it, take up time-limited group or individual therapy.

Techniques for Self-Care

- Emotional Regulation/Coregulation
- Mindfulness
- Breathing

Breathing Exercises

- **Vagal Tone Breathing**
 - In through the nose to smell the flower
 - Out through the mouth to blow out candles on a cake
 - Exhale is longer than inhale
- **Square Breathing**
 - 4 Parts to the breath:
 - Inhale
 - Pause
 - Exhale
 - Pause

Alternate Nostril Breathing

Using thumb and ring finger on the outside of your nostrils:

- Use thumb to press right nostril closed while inhaling
- Use ring finger to press left nostril closed while exhaling
- Keep left nostril closed while inhaling
- Use thumb to press right nostril closed to exhale

**** Switch fingers each time to exhale**

Journaling Activity



Meditation

- Types
 - Progressive relaxation
 - Visualization / Guided Imagery
 - Specific focus
- Improves with practice