Vicarious Trauma

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ASHA Disclosure

Financial Disclosures: None

Non-Financial Disclosures: None

Polls & Training Worksheets for Continuing Education

Live Virtual Training Staff Instructions:

1. Answer all the Zoom polls the speaker presents during the training.
   - Answering the Zoom polls during the live training verifies your attendance and active participation.
2. Keep your webcam on so the speaker can see you.
3. Keep your audio muted unless you are asking a question during the Q&A segment.

On-Demand Training Staff Instructions:

1. Access the on-demand training folder in the shared drive.
2. View the entire on-demand training.
3. Complete the On-Demand Lunch and Learn Training Worksheet.
4. Submit the completed worksheet to Lisa Brodjieski at Brodjieski@KennedyKrieger.org.

Objectives

- To increase awareness and gain a greater understanding of the signs and symptoms of Vicarious Trauma.

- To differentiate between trauma, burnout, and Vicarious Trauma.

- To explore the impact of Vicarious Trauma on a personal, professional and organizational level.

TRAUMA

An event outside of the range of usual human experience which has the potential to overcome a person's existing ability to cope

Components of Trauma

- Exposes one to a terrible knowledge about life
- Reshapes one's world view
- Overwhelms existing coping skills
- Elicits natural recall of past traumas – trauma "archives" get linked

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Traumatic Exposure

Without constructive management

With constructive management

- PTSD
- Vicarious Trauma

- New world awareness
- Appreciation for life
- Vicarious Resilience

Which of these things is not like the others….?

Vicarious Trauma	Compassion Fatigue
Secondary Traumatic Stress	Burn-Out
Critical Incident Stress Syndrome	Empathic Strain

Which of these things is not like the others…?

Vicarious Trauma	Compassion Fatigue
Secondary Traumatic Stress	**Burn-Out-** **Not related to Trauma content**
Critical Incident Stress Syndrome	Empathic Strain

Burnout

- Refers to a normal stress reaction to workload (i.e. paperwork, volume of clients, salary limitations, length of time in the profession, etc.)
- Overwhelmed feelings related to volume of work **not** trauma content
- Feeling overworked and underappreciated
- Burn-out occurs in most fields and occupations

Vicarious Trauma

- An intense psychological reaction experienced by helping professionals to an indirect exposure to trauma

- A transformation of the helper's inner experience, resulting from empathic engagement with another's trauma experience (Saakvitne and Pearlman, 1996)

- Emotional impact of trauma and painful material can be contagious and transmitted through the process of empathy (Figley, 1995; Pearlman and Saakvitne, 1995a; Stamm, 1995)

Responses to Traumatic Exposures

Direct Exposure to Trauma

- Negatively impacts a person's world view

- Feeling unsafe

- Could lead to PTSD, Anxiety, Depression

Indirect Exposure To Trauma

- Negatively impacts a person's world view

- Feeling unsafe

- Could lead to Vicarious Trauma

Poll Set #1 – Five Questions

The first poll containing five true or false questions will now be presented using the Zoom polling feature. All staff should answer each polls to get credit.

(Baird and Jenkins, 2003)

Types of Vicarious Trauma

- Occurs following a single incident of exposure to trauma

- Occurs over long term cumulative or repetitive trauma

- When not addressed, the effects can be devastating

Physiological Signs of Vicarious Trauma

• Exacerbates chronic medical conditions

• Triggers stress related medical conditions - hypertension, diabetes

• Causes sleep difficulty-insomnia, nightmares

• Pain- headaches, backaches, chest pains

Physiological Signs, Continued

• Stomach Problems

• Appetite Changes (loss of or increase)

• Substance abuse

• Fatigue

• Decreased sex drive

Affective Signs

• Social Disconnection
– Irritability, Anger and Rage
– Self-Imposed Isolation
– Avoidance
– Emotional Instability
• Anxiety
– Hyper-vigilance
– Fear of Being Alone, Fear of unknown

Affective Signs, Continued

Despair
- Shame and Survivor Guilt
- Sadness, Depression
- Numbness
- Self Doubt, Inadequacy

Cognitive Signs

- Difficulty Communicating Thoughts
  - Confusion
  - Disorientation
  - Bewilderment
  - Forgetfulness
- Recurring and Intrusive Thoughts
  - Paranoia
  - Feelings of Guilt

Signs during Client Contact

- changing the subject
- avoiding the topic
- providing pat answers
- minimizing client distress
- wishing or suggesting that the client should
  "just get over it"
- boredom
- angry or sarcastic with clients
- feeling numb or avoidant prior to seeing client
- using humor to change or minimize the subject

Poll #2: Do you recognize any symptoms in yourself?

Please respond by using the Zoom polling feature

Impact on our Ability to Help

• Emotional withdrawal from clients
• Numbed response to crisis
• Impaired judgment
• Avoidance of traumatic content
• Avoidance of paperwork
• Decreased productivity
• More frequent missed work days
• Loss of hope
• Cynicism and Skepticism

Contributing Factors

• The Situation
  • Nature of the work
  • Closeness of relationship with client
  • Cumulative exposure to trauma
  • General work stress
  • Personal support
  • Organizational support

Contributing Factors

- The Individual
  - Personal history
  - Coping style
  - Current life stressors
  - Training
  - Personal therapy

Helping Professionals with Trauma Histories

- Helping professionals with their own Trauma histories are particularly vulnerable to Vicarious Trauma AND
- Hearing stories and seeing the impact of trauma on others can trigger memories of their own trauma
- Self Care is critical but trauma therapy to address a helper's trauma history is something to seriously consider

Addressing and Managing Vicarious Trauma

Effective management of VT must be done on three levels:

1. Professional
2. Organizational
3. Personal
   - immediate response
   - long term

Professional Management of Vicarious Trauma

- Recognize VT as a normal, expected response to our work
- Diversify professional role
- Utilize supervision as a support
- Attend trainings on a regular basis
- Network with other professionals

Professional Management of Vicarious Trauma

- Set clear boundaries and maintain limits
- Empathically connect with clients
- Engage in meaning making
- Start a Vicarious Trauma Processing Group

(Harrison and Westwood, 2009)

What Vicarious Trauma can do to your Agency

- Increased staff turnover
- Service disruption to students
- Decreased revenue or productivity
- Decreased organizational climate and culture (Low morale)
- Greater susceptibility to lawsuits due to worker error

Organizational Management of Vicarious Trauma

- Diversify and maintain a reasonable workload
- Increase opportunities for education
- Provide opportunities for peer support groups
- Provide supervision

Poll #3: Does your department have anything in place to address VT?

Please respond by using the Zoom polling feature.

Next Time

- Our next session will involve exploring self care strategies

- If you have any questions or concerns, feel free to contact me at roe@kennedykrieger.org or call me at (443) 923-5887.

References

www.americanpsychologicalassociation.com

Chan, M. (2012). All in a Day's Work: An exploratory Study of workers' experiences of therapeutic intervention with suicidal clients and client who went on to commit suicide. *Maquarie Matrix, 2,* 31-46.

Engstrom, D., Hernández, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology, 14,* 13-21.

Foy, D., Unger, W., and Wattenberg, M., (2004). Group interventions for treatment of psychological trauma. *American Group of Psychotherapy Association.*

Harrison, R.L. &Westwood M.J. (2009) Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy. 46* (2) 203-219.

References Continued

www.headington-institute.com

Jenkins, S., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress, 15,* 423-432.

Mills, H., Reiss, N. & Dombeck, M. (2008) Self-Efficacy and the Perception of Control in Stress Reduction. *Types of Stressors.*

Sexton, L. (1999). Vicarious traumatization of counselors and effects on their workplaces. *British Journal of Guidance & Counseling, 27,* 393-403.

Slattery, M. & Goodman, L. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women, 15*(11), 1358-1379.

Stamm, B. H. (2012). *Helping the Helpers: Compassion Satisfaction and Compassion Fatigue in Self-Care, Management, and Policy.* In A.D. Kirkwood and B.H. Stamm, *Resources for Community Suicide Prevention.* [CD]. Meridian and Pocatello, ID: Idaho State University.

White, D. (2006). The hidden costs of caring: What managers need to know. *The Health Care Manager, 25,* 341-347.