Understanding Vicarious Trauma
Welcome

Understanding Vicarious Trauma

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1:00 p.m.–2:00 p.m.

Facilitator: Cindy Moore, MSN, RN, CPNP, SANE, National TeleNursing Education and Outreach Coordinator
Presenters: Lisa Tieszen, MA, LICSW and Vanessa Seibald, MSW, LICSW

As with all technology, we may experience a momentary lapse in the webinar session. In the event of a problem, please be patient and remain on the line. If the problem persists, please contact: Jason.Adams@icfi.com for technical assistance.
The session will be recorded. The session will begin shortly.
At the end of this training, you should be able to do the following:

1. Discuss the Telemedicine program and how it works.
2. Understand vicarious trauma, compassion fatigue, and secondary traumatic stress.
3. Identify how vicarious trauma is currently exhibited and addressed.
4. Identify tools that may help to address vicarious trauma.
What is the Telemedicine program?

Nationally funded program to allow SANE nurses from Massachusetts to provide real-time assistance to clinicians who need support in conducting an evidence collection exam.
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.

- Naomi Rachel Remen
What is compassion fatigue (CF), secondary traumatic stress (STS), and vicarious trauma (VT)?

How many of you have heard these terms before:
A. maybe once don’t remember
B. never
C. we discuss this all the time
Terms to know

Compassion Fatigue (CF):
“The negative aspect of helping those who are traumatized and suffering, the lessening of compassion that can occur over time.”

—Stamm, BH. www.proQOL.org
Terms to know

Secondary Traumatic Stress (STS):
“The natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another…the stress resulting from helping or wanting to help a traumatized or suffering person.”

- Intrusive thoughts or images
- Feeling “wound up”
- Negative changes in beliefs and feelings
- Avoiding reminders

—Figley, 1995
Terms to know

Vicarious Trauma (VT):
“The transformation or change in a helper’s inner experience as a result of responsibility for and empathic engagement with traumatized clients.”

- Change in worldview:
  - Sense of safety in the world
  - Lack of trust in humanity

—Saakvitne, et al 2000
Stressed Eric

Burnt out Eric

(Eric was too tired to pose for this cartoon, apologies)
“In the role of witness to acts of violence, the therapist feels, at times, overwhelmed and experiences, to a lesser degree, the same terror, rage and despair as the client.”

—Adapted from Herman, 2001
Case examples

Sandy had started graduate school in Boston and was out with some new friends. She was feeling hopeful about her decision to relocate, ready for the challenge of the work, and she thought that celebrating with dinner and a few drinks was a great idea. But, that second drink tasted different; that was the last thing she remembered that night.
This was only Gwen’s second call that night for SANE, but she was already feeling discouraged. She kept feeling like no female student was safe and had begun to question why they even went out at all. “What were they thinking?” She hated feeling this way, but found she couldn’t help it and was feeling especially protective of her daughter, a college sophomore.

Alex was feeling upbeat to be a medical advocate. She had attended a workshop on college life and working with students; she felt particularly strong going into this call. She felt a sense of purpose: to support, educate, and advocate in the face of such injustice. “Everyone should be able to go out and have a good time,” she kept thinking.
Examples of effects: professional

**Performance**
Decrease in quality/quantity of workload, low motivation, task avoidance or obsession with detail, working too hard or feeling as if no one can do as good a job as you can

**Morale**
Decrease in confidence, decrease in interest, negative attitude, apathy

**Interpersonal**
Detached/withdrawn from co-workers, poor communication, conflict, impatience, fearful of taking time off and burdening other co-workers

**Behavioral**
Absent/tardiness, overwork, exhaustion, irresponsibility, poor follow-through
Examples of effects: personal

Physical
- Rapid pulse/breathing, headaches, impaired immune response, fatigue, gastrointestinal issues

Psychological
- Feelings of powerlessness, numbness, anxiety, fearfulness, disillusionment, detachment, dissociation,

Behavioral
- Irritability, sleep/appetite changes, isolate from friends/family, substance abuse

Spiritual
- Loss of purpose, questioning meaning of life, questioning goodness vs. evil

Cognitive
- Cynicism, pessimism, hopelessness, preoccupation with clients, traumatic image

Relational
- Withdraw or become “clingy”, mistrustful, lack of interest in sex, lack of close friends
Secondary traumatic stress can play out in wide-ranging ways, from body reactions to those that are cognitive. Consider the ways that you are affected.

*Let us know in our live chat.*
Why are caregivers impacted?

1. Changes in worldview
2. Change your assumptions about yourself and how you see yourself
3. Work can trigger your own history or the sexual trauma histories of loved ones
4. Because what was initially personal also becomes political
5. Because of your own upbringing and cultural understanding about sexual trauma
The “up” side

- Compassion satisfaction
- Post-traumatic growth
- Vicarious resilience
Compassion satisfaction

The positive aspect of helping; the pleasure and satisfaction derived from working in helping, care-giving systems

May be related to the following:

- Providing care
- The system itself
- Work with colleagues
- Beliefs about self
- Altruism
Post-traumatic growth

It is positive change experienced as a result of the struggle with a major life crisis or a traumatic event.


Think about your healing from your own life struggles and if that strength affected your choice to go into this field.
Vicarious resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

—Hernandez, Gangsei, Engstrom, 2007
Responding to VT is the responsibility of the individual, supervisor, organization, and community.
Individual strategies

- Addressing your needs after a call/exam
- Sustaining practices
  - Physical/Behavioral
  - Emotional/Relational
  - Spiritual
  - Cognitive

Join us by listing your own strategies in these areas!
Physical/behavioral

- Exercise
- Addressing sleep issues
- Healthy eating
- Laughter
- Play
- Paying attention to your body’s needs and limitations
Emotional/relational

Find ways to connect with others at work
Share coping strategies
Find others that you can be yourself with
Make use of supervision either formal or informal
Connect to a greater cause or community
Management and supervisor tips

- Create systems for pre- and post-response check-ins and debriefings
- Share successes in team meetings
- Provide support to those trying to provide support!
Spiritual

- Prayer or meditation
- Connection to spiritual community
- Connecting to nature, art, or poetry
Cognitive

- Supervision
- Trainings
- Skill building
- Developing an area of expertise
Training and Professional Development

Organizations have an ethical mandate to train workers about the potential negative effects of the work and how they can cope.

—Munroe, J.K., in Compassion Fatigue, 1995
Self-Assessment/Self-Care Plan

- See www.proqol.org to assess compassion fatigue, compassion satisfaction, and burnout
That which makes us good at the work is also that which makes it challenging.

—Dr. Judith Pierson
Q&A
Contact info

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