VIOLENCE REDUCTION PROGRAMME LONDON

VICARIOUS TRAUMA

PRESENTATION FOR 'YOUR CHOICE' - NOVEMBER 2022

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London Violence Reduction Programme

THE IMPACT OF THE WORK

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unreaslistic as expecting to be able to walk through water without getting wet"

Dr Rachel Ramen

Credit: Northeastern University's Institute on Urban Health Research and Practice, USA

WHAT MAKES SOMETHING TRAUMATIC?

"Traumatic events are extraordinary, not because they occur rarely, but because they **overwhelm the ordinary human adaptations to life.** Unlike commonplace misfortunes, **traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence or death**". (Herman, J., 1992)

Consider **social and contextual factors** which are either directly traumatising or maintain the impact of trauma for example oppression, discrimination, exclusion and the impact of austerity.

Body's **threat response is activated**; fight, flight, freeze

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DEFINITION: VICARIOUS TRAUMA

Form of **indirect trauma exposure** through

- hearing reports of traumatic events

- reading traumatic material related to traumatic event

“refers to the **potentially severe and lasting psychological distress**, which **alters an individual’s belief about themselves, others and their world** and is aligned to symptoms of post traumatic stress disorder”.

(Mistry, Gonza & Cassidy, 2022)

Is the **result of a cumulative process**

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OTHER OVERLAPPING TERMS

Secondary Traumatic Stress- impact can be sudden and in response to single incident. Professionals are psychologically overwhelmed by observations of trauma. Symptoms also similar to PTSD but more acute. Not altered perceptions of self, world and others.

Burnout – across a wider range of occupations. Linked to demands of work role and limited access to supportive resources

Compassion Fatigue – sometimes used interchangeably with Secondary Traumatic Stress. Or to describe cumulative impact of VT, STS and burnout on availability to provide compassionate care

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SYMPTOMS OF VICARIOUS TRAUMA

CREDIT: WOMEN'S AID NATIONAL TRAINING CENTRE

Intrusions (re-experiencing traumatic event)	Avoidance / Numbing	Persistent Arousal
Intrusive memories of particular person	Efforts to avoid thoughts / feelings	Poor sleep
		Problems concentrating
Dreams about someone's story	Efforts to avoid potentially triggering activities or situations	Exaggerated startle response
		Irritability
Reminders of reported traumatic event in daily life	Detachment, flattening of feelings, isolation from others	Reactivity to triggers

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RISK FACTORS

Personal

- Lack of experience /training
- Prolonged exposure
- Trauma history
- Recent loss or adverse life event (12 months)
- Empathy

Organisational

- Inadequate training and support
- Doing more with less
- Lack of acceptance of impact of the work
- Inadequate supervision structure
- High level of trauma exposure in the work

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WARNING SIGNS

- Becoming preoccupied with a client
- Feelings of hopelessness
- Working beyond limits of the role
- Becoming detached and avoiding particular clients
- Loss of professional boundaries
- Seeing our work everywhere
- Cutting ourselves off from others
- Changes in parenting
- Increased use of alcohol or other substances

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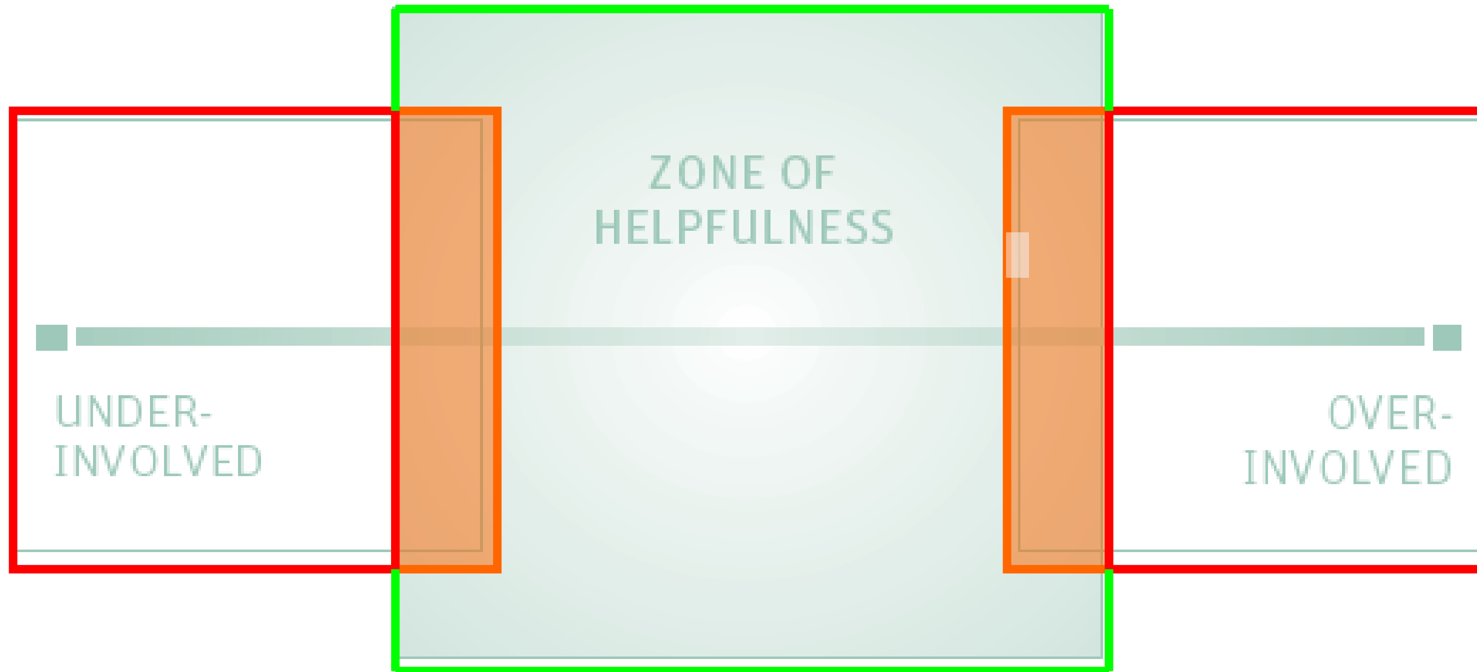
ZONE OF HELPFULNESS



The Boundary See Saw

HAMILTON, 2010

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BOUNDARY SEE SAW

Overinvolved	Underinvolved
Interactions become less professional and more social	Interactions less professional and less frequent
Client is treated as ‘special’	Client is treated as difficult/problematic/attention seeking
Self disclosure about personal life or current personal problems	Avoiding responding to client’s needs/requests
Physical contact	Avoiding speaking to a certain client
Spending more time with a particular client	Interactions are brief and lack warmth
Gift giving	Client may become isolated
Keeping secrets with the client	
Feeling possessive about the client	
Frequently thinking of the patient when away from work	

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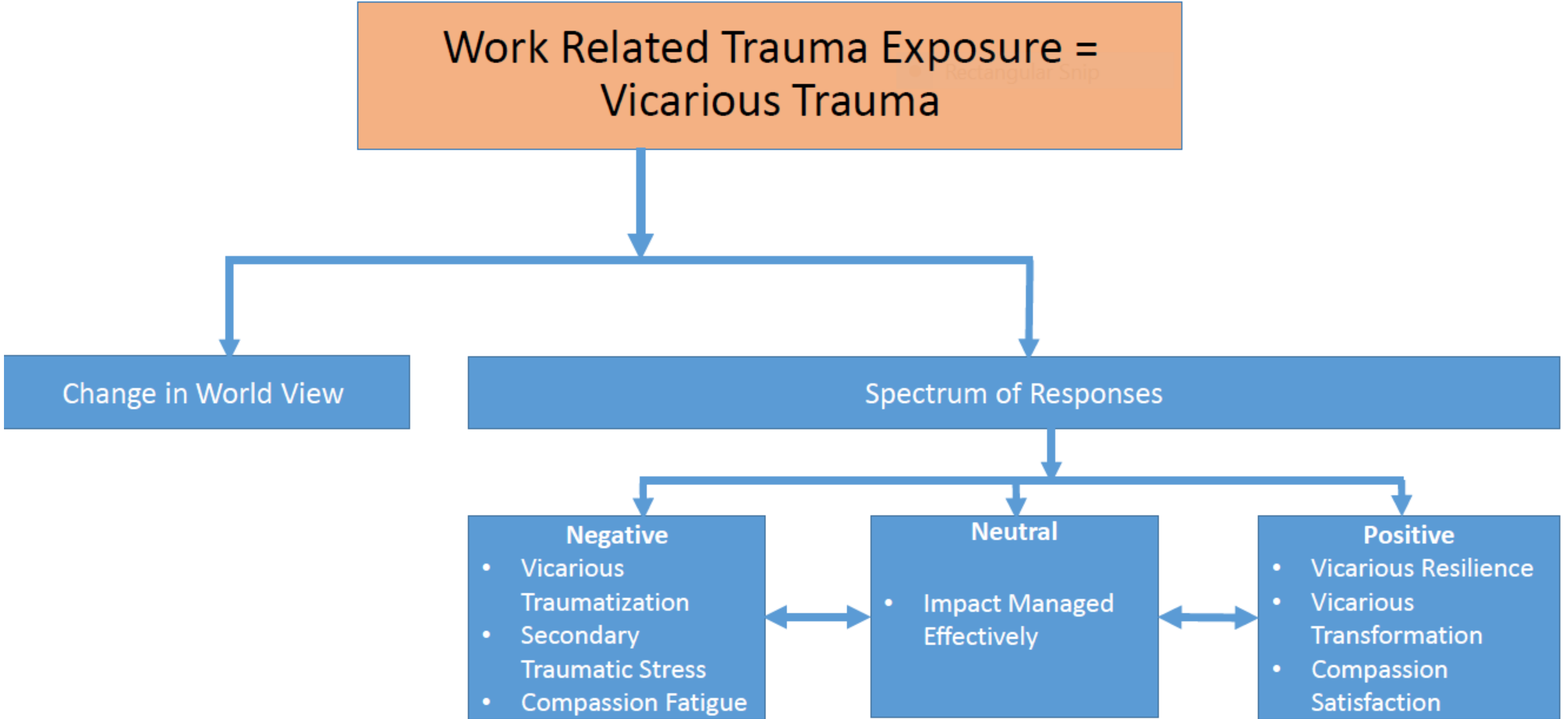
Vicarious Trauma Toolkit Model



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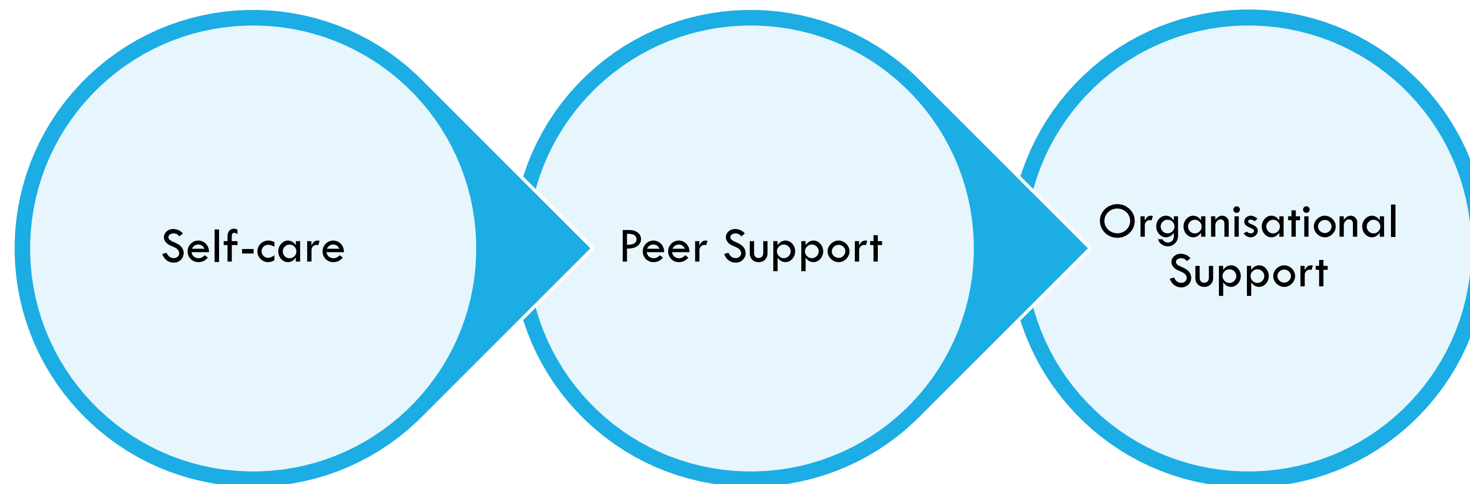
RESILIENCE, GROWTH AND SATISFACTION

Vicarious resilience- impact of seeing clients' positive adaptations when coping with adversity

Compassion satisfaction – pleasure derived from helping and doing work well

Vicarious growth – enhanced appreciation of life, deepened understanding of self and others, enriching of relationships

WHAT CAN WE DO?



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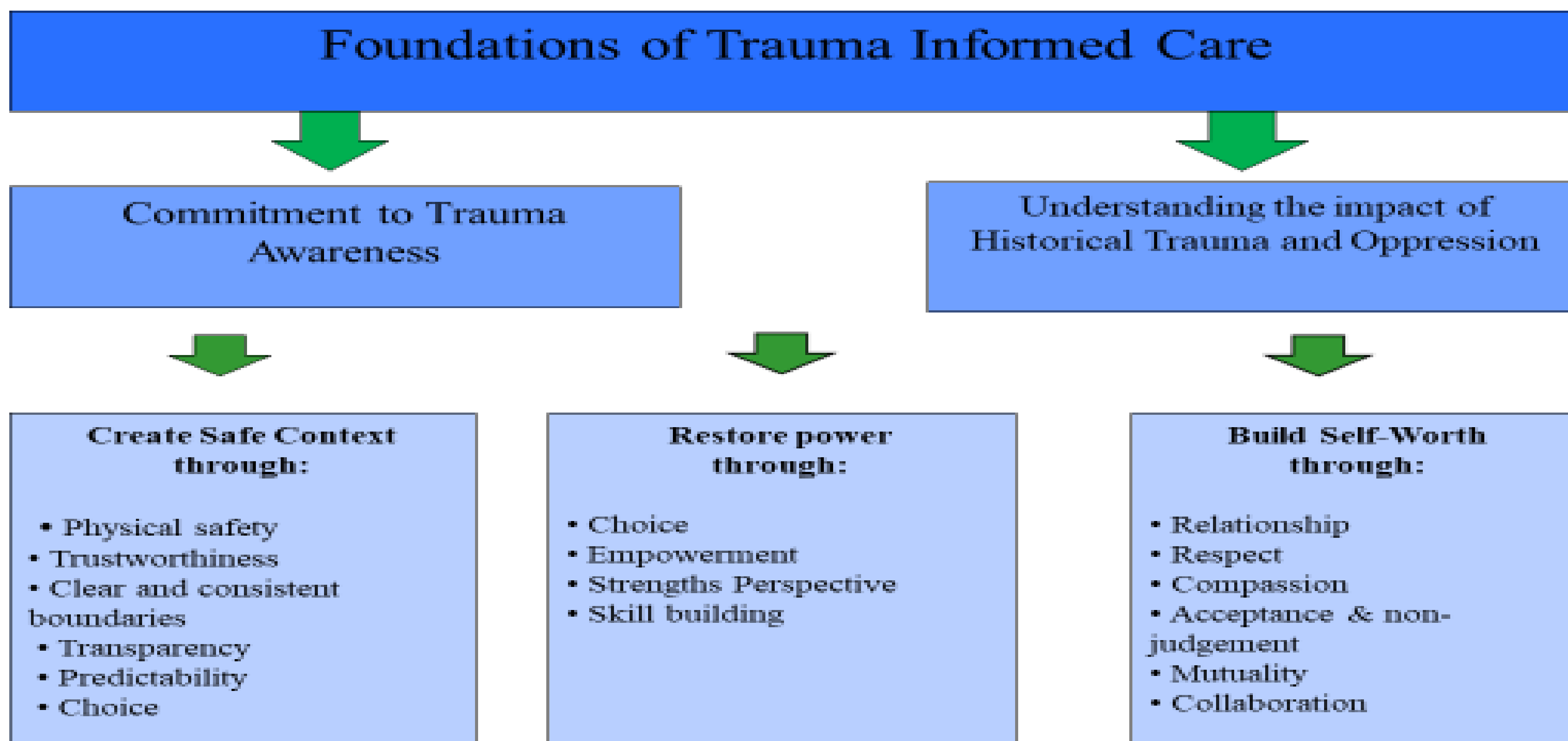
TRAUMA-INFORMED APPROACHES



We care We respect We are inclusive

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ORGANISATIONAL SUPPORT

Trauma informed organisational culture – The 4 R's :

- Realise the impact of trauma
- Recognise the signs and symptoms of vicarious traumatisation
- Responds by meaningfully integrating trauma knowledge into the organisational context. Trauma-informed principles embedded in policies and procedures
- Resists re-traumatisation by practical changes to create safety

Opportunities for reflective spaces and to develop psychological formulation

Regular supportive supervision

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SELF-CARE

Self-care plans should be individualised, collaborative and strengths based.

Areas to consider:

What are my risk factors; personal, work, cultural context?

What are the signs and symptoms of vicarious trauma that I am experiencing; cognitive, emotional, behavioural, spiritual, relationships, physical, work performance?

What are my effective coping strategies; work, home?

What steps can I take to transform trauma into meaning and hope?

What are my barriers to effective coping? How can I overcome them?

Who supports me?

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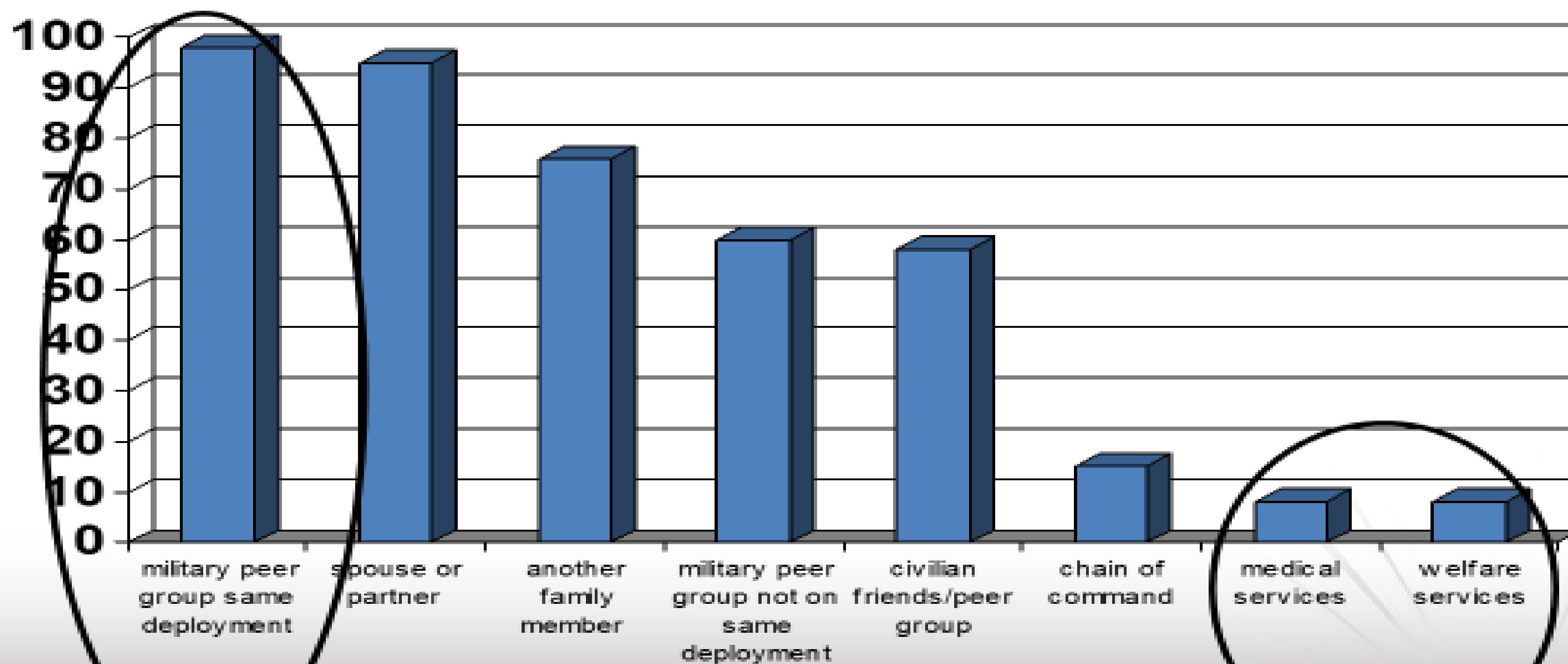
PEER SUPPORT



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PEER SUPPORT -TRAUMA RISK MANAGEMENT (TRIM)

An example of a peer support model with a good evidence base.

Developed in the military, now used widely in emergency services, NHS and other organisations

A way of helping understand what someone's support needs are after a traumatic event at work

It is NOT therapy

It challenges stigma: we are not immune to changes in our wellbeing and mental health and there is nothing wrong with that

BUT need training in the model

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TRIM 'REACT CHATS'

A way of raising the difficult subject of the changes people have noticed in someone due to a build up of stress

Recognise the problem in our colleagues

Engage with them on the subject in a genuine way

Actively Listen

Check Risk – some people might be in a dark place; if you're worried, don't shy away from asking about it

Talk about specific actions – make a plan e.g. involving other people, finding another time to talk, checking back in with them etc

But need training in the model

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VAN DER KOLK – THREE AVENUES TO RECOVERY

1. Mind: talking, connecting with others, making sense and processing trauma memories

2. Brain: medication or other technologies, to shut down unhelpful alarm reactions and change the way the brain organises information

3. Body: allowing the body to have visceral experiences that contradict experience of trauma (helplessness, rage, fear)

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