

# Understanding Indirect Trauma

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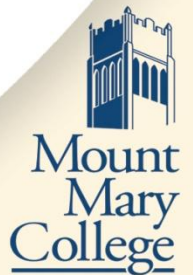
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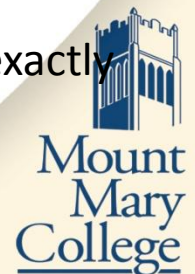


# How self-compassionate are you?

## How do you typically react to yourself?

- What types of things do you typically judge & criticize yourself for (appearance, career, relationships, parenting, etc.)?
- What type of language do you use with yourself when you notice some flaw or make a mistake (do you insult yourself, or do you take a more kind & understanding tone)?
- When you are being highly self-critical, how does this make you feel inside?
- When you notice something about yourself that you don't like, do you tend to feel cut off from others, or do you feel connected with your fellow humans who are also imperfect?
- What are the consequences of being so hard on yourself? Does it make you more motivated & happy or discouraged and depressed?
- How do you think you would feel if you could truly love & accept yourself exactly as you are?

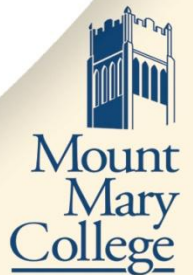
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# Self-Test

- **Take the Professional Quality of Life: Compassion Satisfaction & Fatigue Subscales, R-IV (ProQOL R-IV) Test (Stamm, 2005).**
  - Compassion Satisfaction (items 3,6,12,16,18,20,22,24,27,30)
  - Burnout Scale (items 1,4,8,10,15,17,19,21,26,29)
  - Trauma/Compassion Fatigue (items 2,5,7,9,11,13,14,23,25,28)

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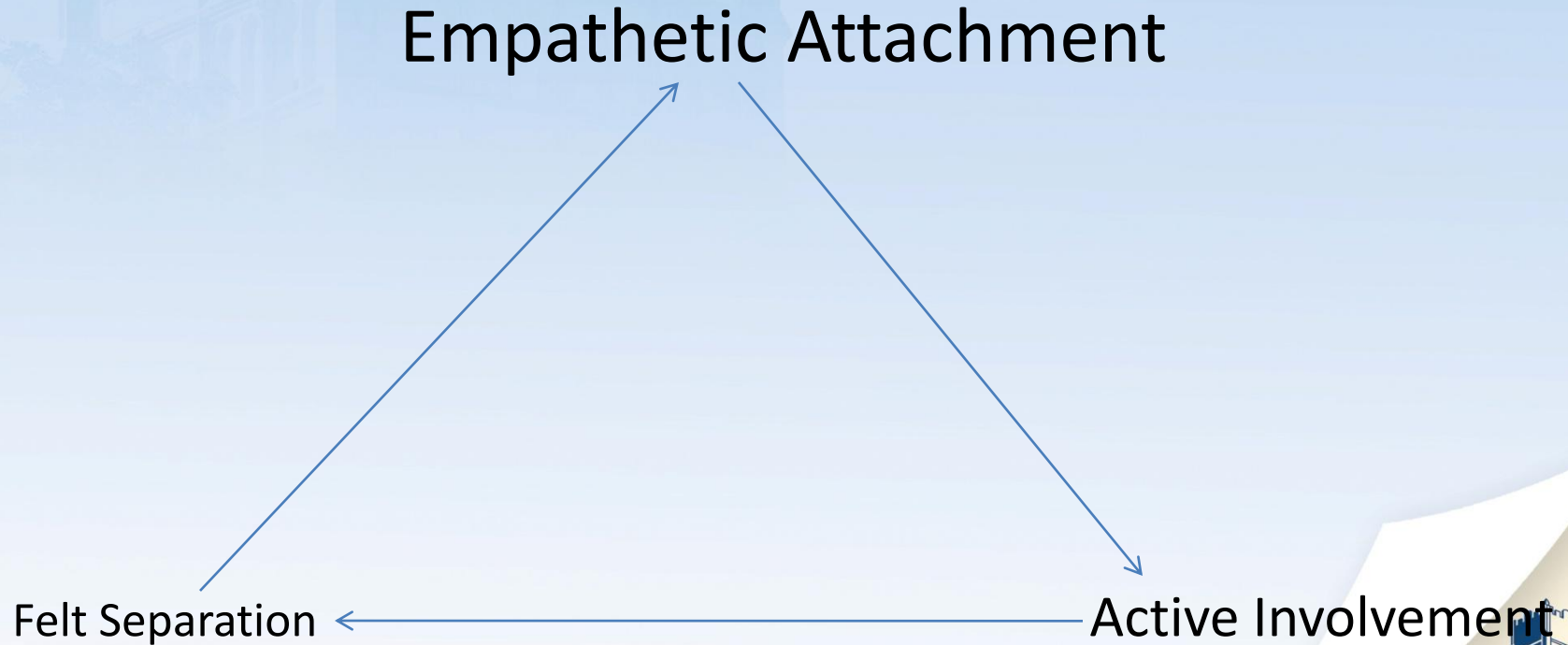


# Now think about some recent cases

- When was the last time that you couldn't get to sleep or woke up early thinking about one of your cases or an aspect of a case (life)?
- Have you ever finished a death review case wanting to do something physically to get rid of the unwanted images or aspects of the case that were shared with you?
- Are there any aspects of recent cases that have similarities to your own life/history?

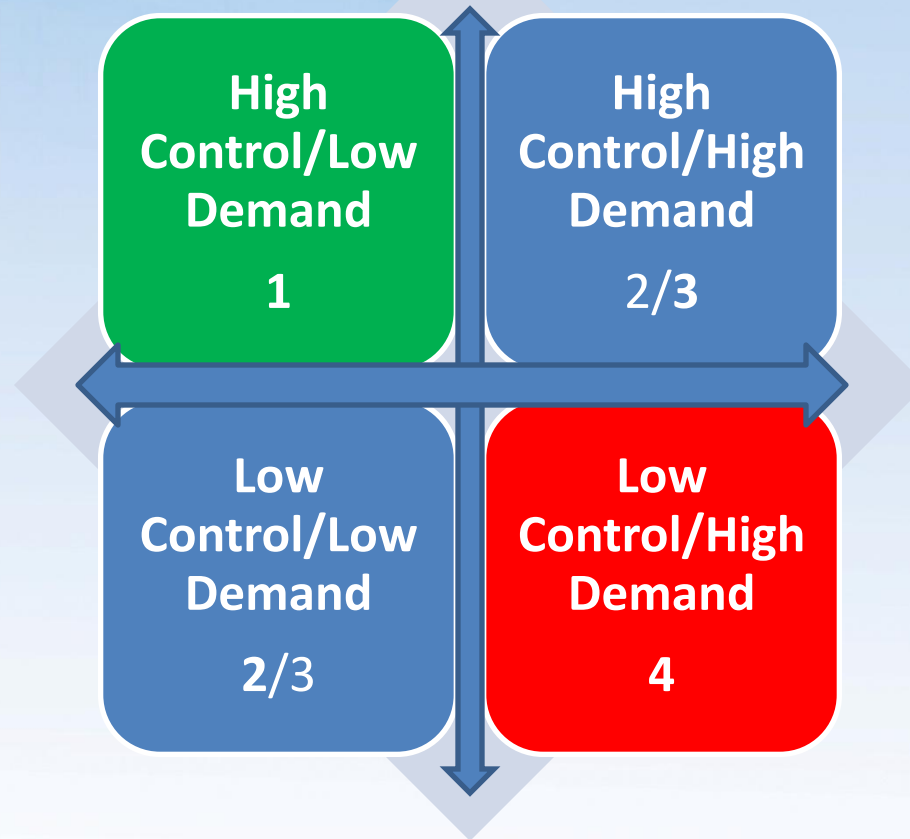
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# The Caring Cycle (Skovholt, 2001)



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# Assessing your stress level



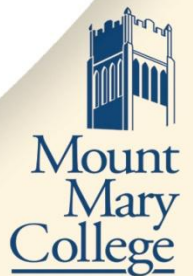
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# Burnout vs. Compassion Fatigue

- **Burnout**: exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress. It gradually builds to a breaking point and comes from all types of work related sources (Maslach, 1981).

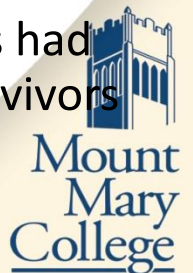
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# Indirect Trauma

- Indirect trauma develops over time and is “...an inevitable, ever-present aspect of working with adult survivors of childhood trauma” (Knight, 2009, p. 72). Indirect trauma shows up in three ways:
  1. **Secondary Traumatic Stress** – intrusive feelings analogous to the PTS experienced by our clients
  2. **Vicarious Trauma** – when any mental health worker’s view of their social world are altered & reflect the same or similar distortions as the traumatized individuals served
  3. **Compassion Fatigue** – this happens when a mental health worker has had to continually create & maintain a working relationship with adult survivors

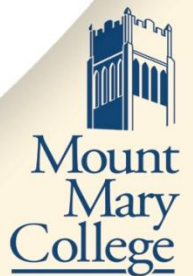
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- **Compassion Fatigue**: a state of exhaustion and dysfunction (biological, psychological, & social) as the result of prolonged exposure to compassion stress. Also known as Secondary Traumatic Stress and is seen as being transferred from the emotions of one's victimized clients. It can be associated with poor social support from one's colleagues (Beisner, 2007).

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# Signs of Compassion Fatigue

(Schupp, 2004)

- **Cognitive**: Lowered concentration, decreased self-esteem, apathy, rigidity, disorientation, perfectionism, minimization, preoccupation w/trauma, thoughts of self-harm or harm to others
- **Emotional**: Powerlessness, anxiety, guilt, anger/rage, survivor guilt, shutdown, numbness, fear, helplessness, sadness, depression, emotional roller coaster, depleted, & overly sensitive
- **Behavioral**: Impatient, irritable, withdrawn, moody, regression, sleep disturbance, nightmares, appetite changes, hypervigilance, elevated startle response, accident proneness, & losing things

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## Signs of Compassion Fatigue, continued...

- **Spiritual**: Questioning the meaning of life, loss of purpose, lack of self-satisfaction, pervasive hopelessness, anger at God, questioning of prior religious beliefs, loss of faith in a higher power, & greater skepticism about religion
- **Somatic**: Shock, sweating, rapid heartbeat, breathing difficulties, aches & pains, dizziness, increases # & intensity of medical complaints, impaired immune system
- **Work Performance**: Low morale, low motivation, avoiding tasks, obsession about details, apathy, negativity, lack of appreciation, detachment, poor work commitments, staff conflicts, absenteeism, exhaustion, irritability, & withdrawal from colleagues

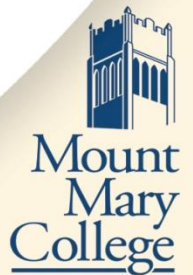
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# How to Differentiate?

- Ask yourself the question: “Do I love my work?” If the answer is “**yes**”, it is more likely **compassion fatigue**. If the answer is “**no**”, then it is **probably burnout**.

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# If it's indirect trauma, why is it bothering me so much?

- Secondary Trauma (vicarious trauma) has the same symptoms as Primary Trauma.
- Secondary refers to the proximity to the traumatic event NOT the degree of impact
- Our own hx of victimization, our ability to set & maintain boundaries, our defense mechanisms of choice, & our capacity for empathy ALL impact our vulnerability to STS

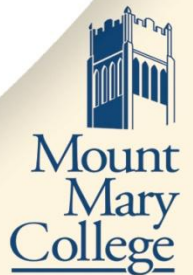
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# Really, why does it bother me?

- One of your most potent counselor “tools” – EMPATHY - may be what puts you at the most risk for Vicarious Trauma
- ATTUNEMENT also plays a role

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# Mirror Neurons

- What do you know about MIRROR NEURONS?

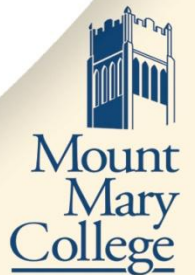


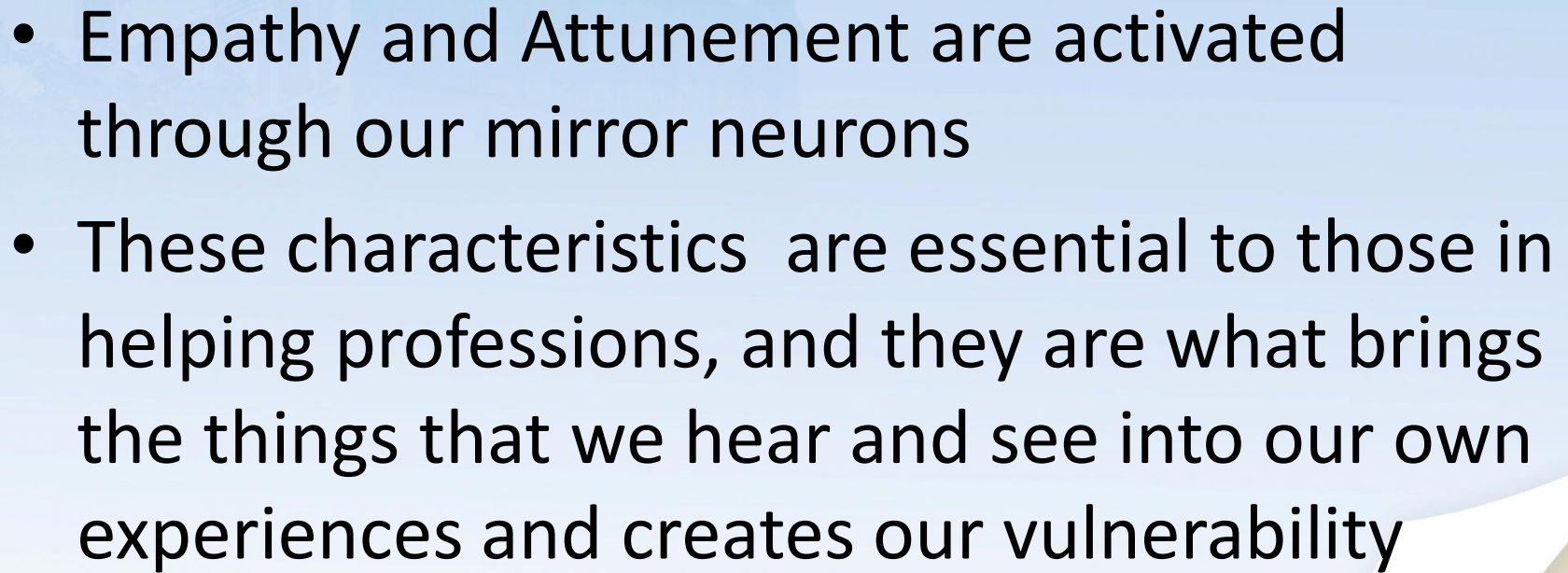
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# Video Clips

- <https://www.youtube.com/watch?v=o1sOuj3UOcs>
- <http://www.youtube.com/watch?v=Xmx1qPyo8Ks>

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- Empathy and Attunement are activated through our mirror neurons
  - These characteristics are essential to those in helping professions, and they are what brings the things that we hear and see into our own experiences and creates our vulnerability

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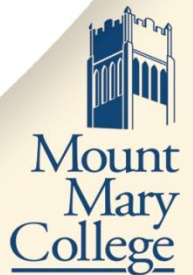
There is some RESEARCH that may help you in the work you do (Really)!

## THREE KEY RESILIENCY & PROTECTIVE FACTORS

(Saakvitne & Pearlman, 1996)

- BALANCE
  - BOUNDARIES
  - CONNECTIONS
- Have a consultation group or debriefing group for professionals who are engaged in similar work
  - Groups can offer on-going trauma training & staff support

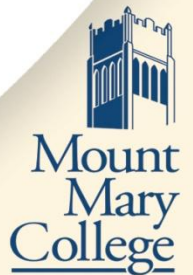
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# BALANCE

- Mindfulness (Siegel, 2007)
- As practitioners, we need to find ways to create non-reactivity
- How?
  - Develop your “brain muscles” (higher modulating areas) so that the lower level, reptilian brain (the affect generating circuits) don’t go off-line in times of stress.
  - Develop the ability to “think” during interactions that have to do with the cases/decisions your team is making
  - Breathe awareness will help you

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# BOUNDARIES/CONNECTIONS

## Strategies to interrupt the process of remembering visual experiences

### Protective measures to buffer you from the vicarious images and messages

- Do something after your interaction with traumatizing material that can disrupt memory formation
- Planned off-task activities implied by research finding

- Playing video games (i.e. Tetris) soon after viewing traumatic material, reduced the # of flashbacks to that material, 1 week later (University of Oxford, 2009).
- Using distracter images (Olson et al., 2008)
- Distorting the image (think: hands over eyes in a scary movie)

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## Strategies, continued...

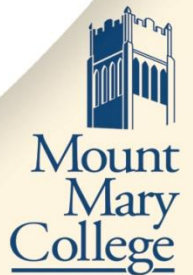
- Use the power of suggestion – just being instructed to forget the message (or material), has a benefit (Fawcett & Taylor, 2008).
- Say, “I have empathy & compassion for the pain of others but *today I am going to just understand & not feel the (client’s) pain*” (Anechiarico, n.d.)

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# Self-Care

- Have good collegial relationships that can both BUFFER and help IDENTIFY compassion fatigue
- Get back to the basics: Good self-care involves getting enough sleep, eating and exercising, participating in non-work related activities with people you enjoy being around. What can you do for yourself that is “self-soothing”?

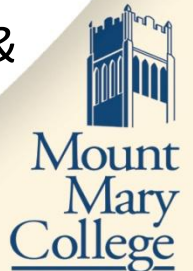
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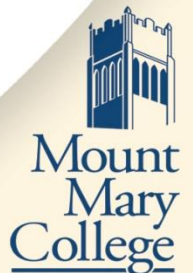
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