Recognizing and Preventing Vicarious Trauma: A Holistic Perspective

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Penn Symposium: June, 2013
Vicarious Trauma (VT)

Traumatization and negative transformation of inner experience resulting from *empathic engagement with the suffering and traumatic experience of others*. VT can result from discreet events or from cumulative exposure.
The term Vicarious Trauma

...is often used synonymously with ‘Secondary Traumatic Stress’ (STS) or ‘Compassion Fatigue’ (CF) (Figley & Adams, 2004)

The scope is huge: 80-86% of nurses surveyed in several specialty areas... SWs, physicians, therapists of all kinds, UAPs, chaplains, first responders are all at risk.

Yet we are not routinely taught to identify and prevent it, nor are systems in place to prevent and treat it as an occupational hazard in most work environments. $af$ety!
Vicarious trauma experienced by healthcare professionals

- We absorb the suffering & trauma of our patients/clients and their loved ones
- We are witness to distressing stories (sometimes for 12+ hours at a time)
- We sometimes participate in seemingly futile and/or traumatic interventions/care
- We interact with stressed colleagues, often watch them perform to Herculean levels, and absorb the suffering and toxicity of our co-workers and work environment
Burnout vs Vicarious Trauma

Burnout- a response to prolonged exposure to psychologically and emotionally stressful interpersonal situations…characterized by difficulty with empathy (emotional exhaustion), depersonalization, and reduced job satisfaction (reduced personal accomplishment)  

Maslach, Schaufeli, & Leiter, 2001

With VT, we may still experience empathy, may still love our work, and try to push through…at great personal cost
Descriptive terms linked with those who’ve experienced trauma:

- Catastrophizing
- Awfulizing
- Reactive
- Shut down
- Hypervigilant
- Over-sensitive
- Hyperaroused
- Tightly wrapped
- Easily triggered
- Dysregulated
- Easily overwhelmed
- Combative
- Spacey
- Ramps up easily
- Cognitive flooding
- Moody
- Pent-up
- Brain ‘races’
- Pent-up
- Vividly re-experiences
- Armored
- Intrusive dreams/images
Figley's 1995 Compassion Fatigue Scale

1. Flashbacks connected to clients
2. Troubling dreams similar to client's
3. Intrusive thoughts after working with difficult clients
4. Suddenly recalled frightening experience while working with client
5. Losing sleep over client's traumatic experience
6. I have felt trapped by my work
7. Sense of hopelessness working with clients
8. Felt tired due to work as caregiver
9. Felt depressed as a result of work
10. Unsuccessful at separating work from personal life
11. Sense of worthlessness associated with work
12. Feel like a “failure” in work
13. Thoughts about not achieving goals
Similar to the *patient* who is suffering,

the *caregiver’s* sense of self can be altered...effects include significant disruption in sense of meaning, connection, identity and worldview... tolerance, psychological needs, beliefs about self and others, interpersonal relationships and sensory memory including imagination.

Psychobiology of Traumatic Stress

- Adrenergic hyperactivity- Epi, NE, acetylcholine keep the stress response in play. Baseline often ramped up, and return to normal baseline levels is disrupted.

- Chronic cortisol dysregulation is unhealthy for many systems in the body (e.g. CV, GI, immune, adrenals).

- “Continuous activation of the SNS results in sustained autonomic arousal, and with repeated stressors, hyper-reactivity to subsequent stimuli” Briere & Scott, 2013

- Trauma changes brain structures + neural function. Limbic system (hippocampus and amygdala) and neurotransmitters e.g. serotonergic pathway function, lowered GABA levels [an inhibitory neurotransmitter that can reduce activation and excitability], thyroid hormone disruption.
Where does our ‘trauma journey’ begin?

- Temperament / Resilience
- Trauma burden from life events- dose, degree, burden (Adverse Childhood Events score)
  [http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf](http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf)
- Perceptions / Coping
- Unique physiology
- Support network
- Level of Self-Care
The Science of Empathy

Mirror Neurons
Mirror Neurons

Our mirror neurons fire both as we experience and as we encounter other’s experiences (Iacoboni)

• Postural mirroring
• Emotional mirroring
• Behavioral mirroring
• Spiritual mirroring

Impaired mirror neuronal fx may be implicated in autism
Mirroring can be helpful, but can also become burdensome

“People with a high tendency for empathy will mimic others’ mannerisms, facial expressions, posture (and thus take on emotional responses as well) more than those who test low for empathy.” (Lakin, 2003)

Therefore, we “professional empaths” are at risk and must learn how to be self-aware, ‘un-mirror’ regularly, and build resilience.
Somatic techniques to un-mirror

Shifting our body, changing our breathing, sitting or standing taller, tensing and relaxing muscles, exercising and moving, washing our hands with intention, sipping water, using essential oils, a conscious cup of tea, stretching, lighting a candle…
Imagery techniques also help us un-mirror and shift

- A gentle wind that blows through to cleanse distress…
- Swimming in refreshing water to wash away emotional residue…
- Snowflakes fall and cool emotions…
- Walking or running in nature and viewing scenes that refresh…
- Soothing warm shower to rinse off all traces of the patients, families, and work environment…
End of the day rituals to un-mirror

What do you do at the end of a work shift to transition yourself physically, emotionally and spiritually?

Body-mind-spirit shifting: essential oils, breathing, music, positive self-talk, prayer…
Resilience

Positive adaptation despite adversity
Able to spring back and thrive after being threatened or injured
What is the research telling us?

Robust data supports social engagement with peers, family, professionals as fostering resilience across populations.

The most important determinant of well-being is the number and quality of positive relationships. Ozbay, Johnson, Dimoulas, Morgan, Charney, and Southwick. *Social Support and Resilience to Stress: From Neurobiology to Clinical Practice*. Psychiatry. 2007 May; 4(5): 35–40.

Evidence also suggests that the ability to use personal resources (personal mastery) is protective...strengthening inner resources is essential to build resilience.
Self-care is foundational to building resilience

“Fill your own cup first; give away only what’s left over”

“To thine own self be nice”

~ Robin Shapiro, trauma therapist
How to design effective self-care

Self-care should be tailored to your own areas of vulnerability (body-mind-spirit)
Self-assessments available online at www.csh.umn.edu (Taking Charge of Your Health)

Self-care aimed at preventing and healing Vicarious Trauma

- Know the signs of burnout and secondary trauma
- ‘Get into’ your body- run, dance, garden, do yoga
- Increase self-awareness, go for therapy
- Get support from peers and others...e.g. supervision, peer support groups, positive mentoring relationships, routine de-briefing
- Novel CE and personal growth- increase your repertoire of therapeutic techniques. You will feel more effective and less helpless or frustrated.
- Feed your creativity
- Pursue your spiritual/religious practice
- Pursue interests that have nothing to do with work or even helping others!
Moments of social engagement—give and take

Sharing our stories: “me too, you are not alone”

Human touch (grounding in the ‘here and now’) “I am here for you”

Proactivity (without intrusion): “Here is some food I brought for you”…“I’m doing your laundry now”

Reaching out: “I need some support around this…”
Mindfulness and positive emotional shift- we are wired to look for the --

Many strategies take only moments….used together they can powerfully bolster resilience- and heal the caregiver

Hand washing, bed making, entering sacred space

HeartMath Quick Coherence Technique © for improving resiliency
Mindful Movement: Yoga (union)

- Pranayama (breath control)
- Physical postures and movement
- Mini-cycles of stress with resolution build physiologic elasticity, shift emotion and alter perspective
- Mindful awareness and intention
- Stillness, spiritual connection, transcendence
Exercises for physical armoring, strength and empowerment

Lacking backbone
Weak in the knees
Feeling ‘weighed down’
Standing on your own 2 feet
Saying “No” or “STOP”
Time out (using hands)
Super hero stance
Cognitive Restructuring, Reframing, Setting Intention

Monitor self-talk (be aware of ANTs)
Keep it positive to shift toward well-being
Intention increases sense of control
State affirmations as if they are already happening

“I take care of myself with love”
“I am here for the greater good of all”
“I have resources both visible and invisible that offer me support at all times”
Mentoring and supervision can enhance resilience

Internal ‘supervision’ exercise (Rothschild)

Write down the most disabling feedback you’ve received from others
Write down the most empowering feedback you’ve received from others
Which types of messages do you tell yourself?
Identify and address sources of trauma in work environments

- Name processes and practices that are not constructive, create ones that are
- Identify and deal with interpersonal concerns and sources of trauma that contribute to ongoing problems
- Monitor the effects (on you) of interacting with energy-draining, negative, or sarcastic people, and find a way to attenuate

“Vulnerability is strength” Brene Brown
Communication processes to reduce toxicity in work settings

State expectations clearly, don’t make assumptions, seek clarification, follow up
Check in with others to see “where they’re at” to reinforce the social support network
Use signals like “calming the air” to defuse tensions (Chinn)
Use Circle Process
Formalize these!
According to Erie Chapman, author of *Radical Loving Care*:

“I love, and therefore I am”
Chapman has a blog to support caregivers:

http://journalofSacredwork.typepad.com
Engage multisensory input **daily** to enhance attitudinal shifts…

**Smell** enchanting and evocative smells

**Look** at aesthetically pleasing things

**Listen** to sounds that stimulate, calm and inspire you

**Feel** textures, touch the world around you

**Taste** the new and exotic, as well as the comforting and familiar

**Enhance Intuition** with practice
Create small body-mind-spirit shifts daily to weave a web of resiliency:

- Breathing (inspiration) 4-2-8
- Movement
- Meditation (seated or moving)
- Mantra (loving kindness, affirmation)
- Prayer
- Gratitude journal (+ neural shifts)
- Music
- Progressive Muscle Relaxation
The Catch-22 of burnout/fatigue

Motivation for self-care can be lowest when we need it most, so nurturing a variety of SS networks facilitates receiving the care we need:

- Through a faith community
- On the job
- In a neighborhood
- Through intentional small groups
We are wounded healers

“Wounding and healing are not opposites. They're part of the same thing. It is our wounds that enable us to be compassionate with the wounds of others. It is our limitations that make us kind to the limitations of other people. It is our loneliness that helps us to find other people or to even know they're alone with an illness. I think I have served people perfectly with parts of myself I used to be ashamed of …” ~ Dr. Rachel Naomi Remen

*My Grandfather's Blessings: Stories of Strength, Refuge, and Belonging*
References

- Briere & Scott (2013) *Principles of Trauma Therapy*
- Chapman, E. (2005) *Radical Loving Care: Building the Healing Hospital*
- Chinn (2013). *Peace and Power: New Directions for Building Community*. Jones and Bartlett
- [www.csh.umn.edu](http://www.csh.umn.edu) click on “Taking Charge of Your Health”
From the ER to a day at Barnes and Noble: My journey with VT