Recognizing and Preventing Vicarious Trauma: A Holistic Perspective

> Christina Jackson, PhD, MSN, PNP, AHN-BC 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. **\$afety!**

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 **Reactive** Hypervigilant **Hyperaroused Easily triggered Easily overwhelmed Spacey Cognitive flooding Brain 'races' Vividly re-experiences Intrusive dreams/images** Awfulizing Shut down **Over-sensitive Tightly wrapped Dysregulated Combative Ramps up easily** Moody **Pent-up** Armored

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.

~Pearlman L, Saakvitne K. Treating therapists with vicarious traumatization and secondary traumatic stress disorders. 1995. In: Figley CR, editor. Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder

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, hyperreactivity 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) <u>http://acestudy.org/yahoo_site_admin/asse_ts/docs/ACE_Calculator-English.127143712.pdf</u>

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 (lacoboni)

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...





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)



Integrative health self-assessments available in Dossey & Keegan's *Holistic Nursing: A Handbook for Practice* (2013)

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!

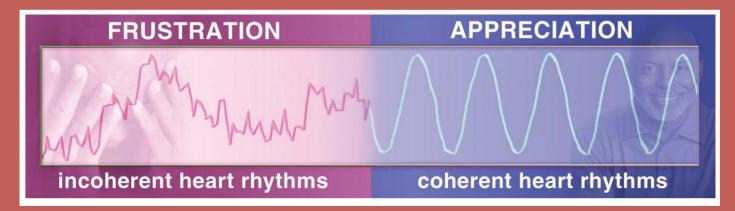
Moments of social engagementgive and take

- 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

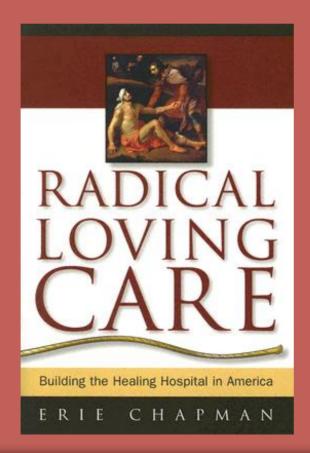
Communication processes to reduce toxicity in work settings

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 (inspir-ation) 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
- Dossey & Keegan (2013). Holistic Nursing: A Handbook for Practice. Jones and Bartlett
- Rothschild, B. (2006) Help for the Helper: Self-Care Strategies for Managing Burnout and Stress
- Shapiro, R. (2010) The Trauma Treatment Handbook: Protocols Across the Spectrum
- 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



