

Vicarious Trauma Following a Tragedy

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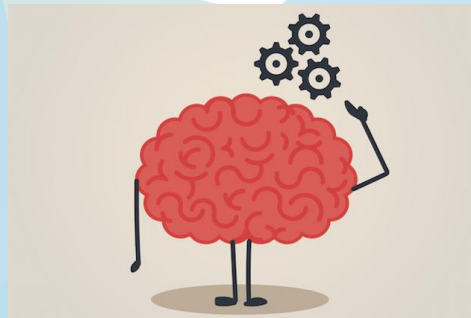
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Objectives of today:

- Introduction to Trauma
- Understanding the difference between PTSD, 'Vicarious Trauma', 'Burnout' and 'Compassion Fatigue'
- Understanding how Vicarious Trauma can affect us; what are the signs?
- Consideration of the needs of professionals and supports available



What is trauma?

► Discuss:

- What is 'trauma'?
- Are there different types?



Trauma and Mental Health

- Specific/ single trauma
- Complex trauma
- Causes of complex trauma: Attachment disorders, witnessing repeated DV, physical/emotional/sexual abuse, neglect, war etc.
- Predominantly, complex traumas are interpersonal in nature
 - Multiple or chronic exposure to one/more forms of trauma/abuse

Definition of Trauma

- ▶ Exposure to actual or threatened death, serious injury or sexual violation.
 - Direct exposure
 - Witnessed in person
 - Learnt about event in relation to close family/friend
 - Experienced repeated/ extreme exposure to aversive details of event
 - = There are hidden victims of trauma



Continuum of trauma-related disorders

- Acute Stress Disorder (type 1 trauma)
- Post traumatic Stress Disorder (type 1 trauma)
- Complex PTSD (type 2 trauma)
- Somatoform disorders/conversion disorders/dissociative disorders of movement and sensation (type 1 or 2 trauma)
- Complex Dissociative Disorders, including Dissociation Identity Disorder (type 2 trauma)

Trauma and the Brain

- ▶ The three most impacted places are the amygdala, the hippocampus, and the ventromedial prefrontal cortex (vmPFC).
- ▶ The most impacted region is the hippocampus, responsible for memory, past and present experiences.
- ▶ Nervous system stuck in high gear = stress hormones high
- ▶ Damages glucocorticoid cells in the hippocampus, making it difficult to sustain or recall memories – can't tell the difference between past and present experiences. So triggers/reminders cause panic, fear, and aggression = hypervigilance.

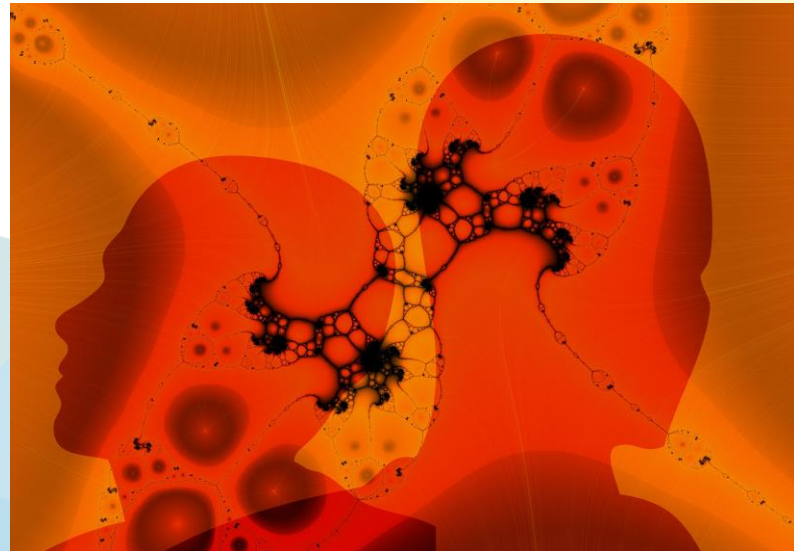
Trauma and the Brain (2):

- ▶ Loss of volume also in the vmPFC. It controls our response to emotions = harder to contain oneself and control behaviour.
- ▶ Plus, the emotional centre (amygdala) increases in size. An overactive amygdala is responsible for symptoms like intrusive memories, negative mood, extreme startle response, and avoidance of anything that triggers the trauma. We can experience rage and tears at the smallest things. Heart palpitations, memory loss, shaking, insomnia, nightmares, difficulty concentrating.
- ▶ Also, hypervigilance causes elevated stress hormones, making it even more difficult for the body to regulate itself.
- ▶ **Good news: It is reversible!**

What is Vicarious Trauma?

► Discuss:

- How does it happen? – through e.g. hearing about trauma including domestic abuse, child abuse, torture, or any other distressing/traumatic incident.
- Why does it happen?



Vicarious Trauma:

- ▶ VT is the process of change that happens because we care about other people who have been harmed, and feel committed or responsible to help them.
- ▶ **Empathy:** When we identify with the pain of people who have endured trauma. Bringing their fear, anger, grief, etc into our own awareness and experience.
- ▶ Our commitment and sense of responsibility can lead to high expectations and eventually contribute to our feeling burdened, overwhelmed, and hopeless/helpless.
- ▶ (Saakvine & Pearlman, 1996)

Vicarious Trauma (2):

- Over time this process can lead to changes in our psychological, physical and spiritual wellbeing.
- There can be a profound shift in world views and beliefs
- It is **Cumulative**: It happens over time.
- The process of change is ongoing.



Signs of VT:

- ▶ Symptoms of VT parallel those of direct trauma. When we connect with our clients/victims emotionally, the symptoms of VT can create emotional disturbance e.g. sadness, grief, irritability and mood swings.
- ▶ Workers who have personal trauma histories may be more vulnerable to VT
- ▶ Common signs: social withdrawal; mood swings; greater sensitivity to aggression/violence; somatic symptoms; sleep difficulties; intrusive imagery; sexual difficulties; difficulty managing boundaries; relationship difficulties e.g. security, trust, esteem, intimacy, and control.

Signs of VT (2):

- Emotional
- Physical
- Personal
- Workplace-related



- When does VT become a 'problem'?

Symptoms of VT – consider symptoms of PTSD:

- ▶ **Criterion A: Stressor – The traumatic material of the Patient (indirect exposure)**
- ▶ **B: Intrusion/ Re-experiencing traumatic event (1 required)**
 - ▶ Intrusive recollections of traumatized patient (TP)
 - ▶ Thoughts, images, dreams about TP patient
 - ▶ Reminders of TP's traumatic event

Symptoms of VT (2):

➤ **C: Avoidance (1 required)**

- Efforts to avoid thoughts/feelings or patient
- Efforts to avoid activities/situations
- Detachment, estrangement from others, diminished affect

➤ **D: Negative Cognitions and Mood (2 required)**

- Negative alterations in thought and mood
- Persistent negative emotional state
- Inability to experience positive emotions

Symptoms of VT (3):

- **E: Arousal/Reactivity (2 required)**
- Irritability/outbursts of anger
- Reckless or self-destructive behaviour
- Sleep disturbance
- Problems concentrating
- Exaggerated startle response

VT is Different to Burnout:

Burnout:

- Can occur in any professional setting
- Related to feeling of being overloaded, work stress
- Joy of work is lost
- Progresses gradually as a result of emotional exhaustion, cynicism, and feelings of inefficacy.
- Does NOT lead to changes in trust, feelings of control, issues of intimacy, safety concerns, and intrusive traumatic imagery that we see in VT



VT is Different to Compassion Fatigue:



Compassion Fatigue:

- Lessening of compassion over time.
- Symptoms including hopelessness, a decrease in experiences of pleasure, stress and anxiety, sleeplessness, and a pervasive negative attitude.
- Also decrease in productivity, inability to focus, and the development of new feelings of incompetency and self-doubt.
- Common in caring professions working with people who have experienced trauma.

What do we/you as Professionals need?

- ▶ Regardless of whether actual trauma or VT has been experienced...



Understanding Risk and Protective factors

- Personality and coping style
- Personal trauma history
- Current life circumstances
- Social support/Agency Support/Spiritual Support
- Work style – work/life boundaries

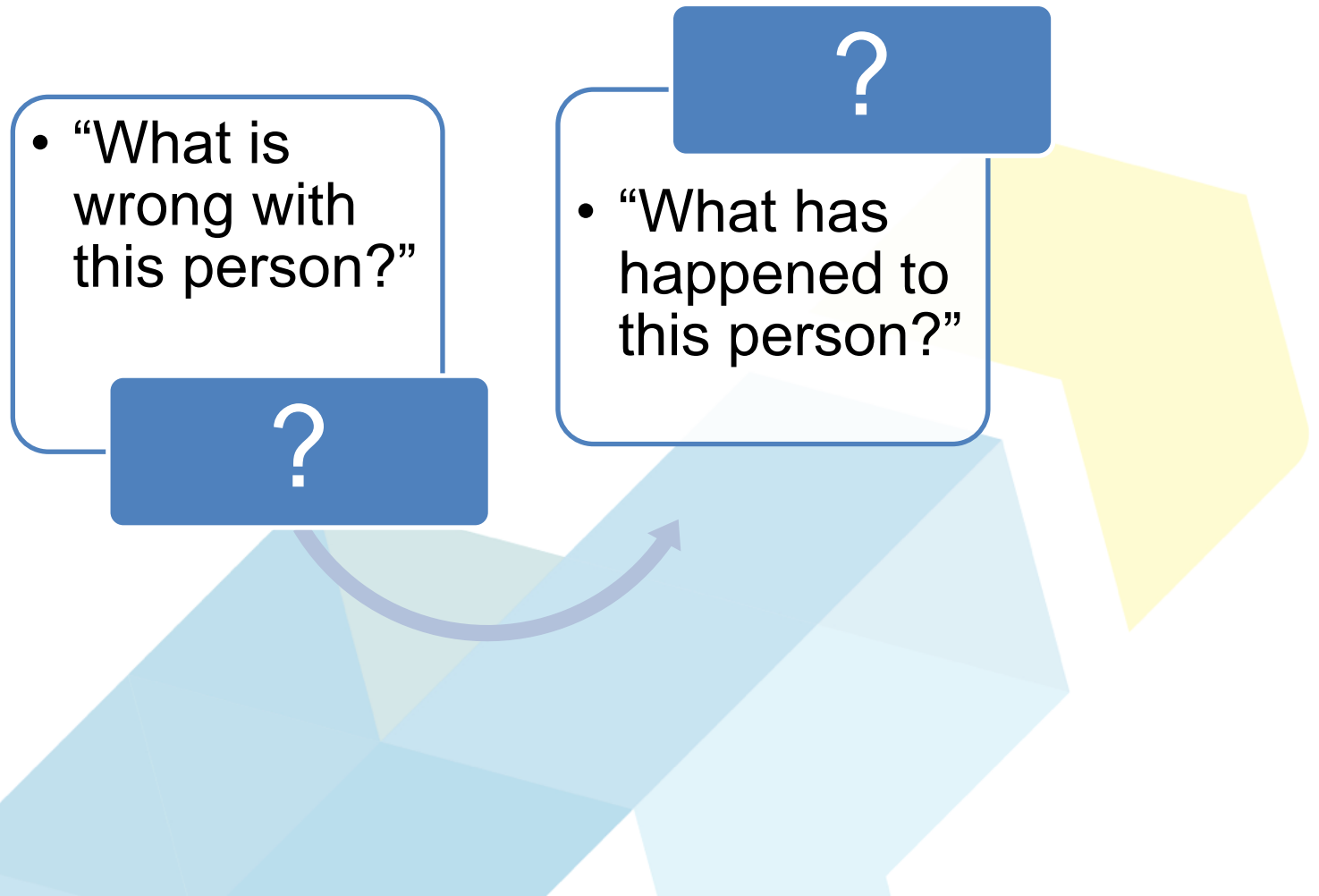
(Headington Institute, 2008)



Trauma-Informed Care in Organisations...

- ▶ Trauma Informed Care (TiC) is an organisational/ service structure and culture that involves understanding, recognising, and responding to the effects of all types of trauma.
- ▶ This includes the effects of trauma on staff. We are all seen as affected by trauma.
- ▶ TiC helps survivors of all types of trauma rebuild a sense of control and empowerment.

It is a Shift from:



We need to Recognise that Professionals might...

- Have their own traumatic histories, including historical, cultural or generational trauma that can be triggered by witnessing/ treating others' trauma
- Seek to avoid re-experiencing their own emotions
- Respond personally to others' emotional states
- Perceive behaviour as personal threat or provocation rather than as re-enactment
- Often experience vicarious trauma as a result of their work

How can our services/ organisation re-traumatise?



What is re-traumatisation?

- Traumatized again
- Person experiences something in the present that is reminiscent of a past traumatic event
 - Current events or triggers can evoke similar emotional & physiological responses associated to past trauma events
- MH system can re-traumatise just by working in the MH environment – e.g.s of triggers

Staff support

- ▶ What do you need in order to feel okay?



Surviving trauma and VT:

- Awareness: Being attuned to own needs, limits, emotions, reactions, strengths and resources.
- Mindfulness and acceptance skills: keeping mind and body in same place – rationale for this.
- Balance: Professional and personal – rest/work/play. The role of laughter and being with people vs. alone.
- Connection: To oneself, others, something larger. Decreases isolation, increases validation and hope. Finding a sense of meaning.
- (Headington Institute, 2008)

'Vicarious Resilience' ...





What is available?

- ▶ Leaflet – Confidential Care 0800 919 709 – 24 hours support
- ▶ www.cic-eap.co.uk
- ▶ www.well-online.co.uk (when registered – online service)
- ▶ Support within your organisation? – specific trauma support vs. general support
- ▶ GP referral
- ▶ Reach out to someone for support. This could be your manager, a trusted friend or colleague, a counsellor or another support person.
- ▶ Keeping an eye on each other
- ▶ Skills: imagery; mindfulness and the ‘safe present’; grounding techniques; using positive memories or experiences; increase the opportunity for joy



A Note on Self-Compassion:

- ▶ If you are working to help people and end up being witness to stories of abuse and violence, it's good to remember that an emotional response is also a human one.
- ▶ Emotional responses related to abuse and violence are natural and even appropriate.
- ▶ Having self-compassion will help you to be resilient and sustain your work.



Prevention of VT:

- Utilise your team and managers for regular debriefing and other support
- Honour your scheduled breaks and annual leave
- Evaluate your work space to ensure it is conducive to wellbeing – space for breaks, lots of plants/flowers/colour/light
- Be kind and supportive to your co-workers and make sure to celebrate achievements and birthdays
- Break the silence and share with others. Humans are wired for co-regulation. Negative impact of avoidance.

Additional Resources:

- Mindful exercises for everyday life (Solent NHS Trust) FREE
- <https://www.youtube.com/playlist?list=PLFbeQITqQPGTLAmNgKs0srX9Vau7mctFf>
- A series of mindfulness, ACT and compassion based exercises found on you tube.
- Mindfulness: Finding Peace in a Frantic World (Danny Penman) FREE
- <http://franticworld.com/resources/>
- The Compassionate Mind Foundation (FREE): Recordings of addressing self-criticism, building the compassionate mind, posture, faces and tones, soothing rhythm practices.
- **Apps:**
- Headspace – free trial and then subscription required after that
- Calm -free trial and options to pay for additional functions if you want to)
- Aware – free (you can pay for additional functions if you want to)
- **Books :**
- Kolts, R., Bell, T., & Bennett-Levy, J. Experiencing Compassion from the inside out. New York, London, Guildford Press.
- Rothschild, B., & Rand, M. (2006). Help for the helper. New York: Norton.

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- ▶ Saakvine K., and Pearlman, L. (1996). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (W.W.Norton).



Thank you