



Vicarious Trauma

*Taking Care of Yourself in
Times of Great Stress*



Vicarious Trauma

At the end of today, you will be able to...

- ✓ Describe the difference between vicarious trauma, burnout, and compassion fatigue;
- ✓ Define vicarious trauma and the warning signs; and
- ✓ Explain the ABC's of taking care of yourself.

About the Trainer: Grant Axtell

Joining the Learning and Development Team in 2004, **Grant Axtell** began his career at the Oregon Employment Department (OED) coordinating, developing, and delivering training for the launch of OED's unemployment insurance call centers. Grant holds degrees in public policy and administration and speech communication from Western Oregon University. His areas of expertise include customer service, leadership development, generational diversity, and facilitation. Grant is an active member of two professional organizations: International Association of Workforce Professionals (IAWP) and the American Society for Training and Development (ASTD). He currently serves on the board of the Oregon IAWP Chapter as President and is the Director of Programming for the ASTD-Cascadia Chapter serving Oregon and SW Washington.

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Self-Assessment

ProQOL R-IV: PROFESSIONAL QUALITY OF LIFE SCALE

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you *help* has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a *helper*. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the ***last 30 days***.

0 = Never

1 = Rarely

2 = A Few Times

3 = Somewhat Often

4 = Often

5 = Very Often

	1. I am happy.
	2. I am preoccupied with more than one person I help.
	3. I get satisfaction from being able to help people.
	4. I feel connected to others.
	5. I jump or am startled by unexpected sounds.
	6. I feel invigorated after working with those I help.
	7. I find it difficult to separate my personal life from my life as a helper.
	8. I am losing sleep over traumatic experiences of a person I help.
	9. I think that I might have been “infected” by the traumatic stress of those I help.
	10. I feel trapped by my work as a helper.
	11. Because of my helping, I have felt “on edge” about various things.
	12. I like my work as a helper.
	13. I feel depressed as a result of my work as a helper.
	14. I feel as though I am experiencing the trauma of someone I have helped.

	15. I have beliefs that sustain me.
	16. I am pleased with how I am able to keep up with helping techniques and protocols.
	17. I am the person I always wanted to be.
	18. My work makes me feel satisfied.
	19. Because of my work as a helper, I feel exhausted.
	20. I have happy thoughts and feelings about those I help and how I could help them.
	21. I feel overwhelmed by the amount of work or the size of my workload I have to deal with.
	22. I believe I can make a difference through my work.
	23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
	24. I am proud of what I can do to help.
	25. As a result of my helping, I have intrusive, frightening thoughts.
	26. I feel "bogged down" by the system.
	27. I have thoughts that I am a "success" as a helper.
	28. I can't recall important parts of my work with trauma victims.
	29. I am a very sensitive person.
	30. I am happy that I chose to do this work.

- 0 = Never**
- 1 = Rarely**
- 2 = A Few Times**
- 3 = Somewhat Often**
- 4 = Often**
- 5 = Very Often**

Transfer scores from the previous sheet and add the totals for each section.

Compassion Satisfaction Scale:

3.	
6.	
12.	
16.	
18.	
20.	
22.	
24.	
27.	
30.	
TOTAL	

Burnout Scale:

*1.	
*4.	
8.	
10.	
*15.	
*17.	
19.	
21.	
26.	
*29.	
TOTAL	

* Reverse the scores for those that are starred: 0=0, 1=5, 2=4, 3=3, 4=2, 5=1

Trauma/Compassion Fatigue Scale:

2.	
5.	
7.	
9.	
11.	
13.	
14.	
23.	
25.	
28.	
TOTAL	

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O B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edd-bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold.

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For more information www.isu.edu/~bhstamm

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

Compassion Satisfaction Score: _____

The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout

Burnout: A state of physical, emotional and mental exhaustion resulting from the stress of interpersonal contact without relief. It can be caused by long term involvement in emotionally demanding situations.

Burnout can occur when workers struggle to maintain high levels of empathy and caring in work situations where there is likely to be unrealized, unrealistic expectations.

Symptoms include:

- Increasing anxiety and/or depression, pessimism
- Fatigue, boredom, sleep disturbances
- Mentally and physically tired much of the time
- Lowered emotional control leading to emotional outbursts
- Increased alcohol or other drug use.

Burnout Score: _____

The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Compassion Fatigue

Compassion Fatigue: A loss of compassion and distancing from one's own caring. The worker experiences a reduction or depletion of hope.

Symptoms include:

- Distancing from empathic connections
- Sense of helplessness
- Perception of customers as all the same

Compassion Fatigue Score: _____

The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

Vicarious Trauma

Vicarious Trauma (VT) refers to the cumulative impact of distress that customers' trauma content stories have on the professional. Therapists began noticing patterns in trauma workers (originally most of the research was done on nurses). It is defined as indirect exposure to trauma through a customer's firsthand account or narrative of a traumatic event. This experience may result in a set of symptoms and reactions for the professional that parallel *Post Traumatic Stress Disorder (PTSD)*.

Following exposure to trauma which can produce PTSD, a triumvirate of symptom clusters appears...

- intrusive recollections of the trauma
- avoidant numbing symptoms
- physiological arousal

A similar constellation of symptoms shows up when a person is experiencing vicarious traumatization, a condition that results from prolonged empathic contact with trauma survivors. Sometimes it is confused with burnout or compassion fatigue.

Additional terms often used to describe vicarious trauma: secondary traumatic stress, secondary traumatic stress disorder, compassion stress.

Research demonstrates that Vicarious Trauma has the potential to exact a huge emotional toll on the professional. The symptoms of burnout may also be present, though it is possible to experience VT without burnout.

Symptoms may also include:

- invasive thoughts about traumatic customer incidents
- cynicism
- disruptions in the cognitive schema of one's identity, memory, and belief system
- dissociation, isolating from self and others, social withdrawal
- misplaced fears in personal life; changes in levels of trust, safety
- loss of a sense of meaning in life
- increased sensitivity to violence
- increased compulsive behavior (A&D use, gambling, shopping, eating)
- decrease in personal self-care
- diminished ability to engage in intimate relationships
- an increased level of physiological arousal
- intrusive thoughts and images including nightmares and flashbacks, which may include customer material

VT is a process, not an event. If we engage with people empathically and we feel responsible to help, then VT will result. The very sensitivities that allow us to be useful in this work put us at risk. We need to acknowledge that we are seriously affected by the pain of others. This will motivate us to seek solutions.

VT matters because there are huge personal costs for the workers impacted by it. Our customers may get less effective help, and our agencies/employers may lose valuable employees. We can lose our hope and optimism, so necessary to continue working with these difficult customers.

It is important to be mindful of the positive impact one can have, to maintain a sense of hope, to be aware of human resiliency, and to know that one relationship can make a difference in healing.

“You can deny your reality but you can’t deny your memories”

-Anonymous

Overview of Contributing Factors

The Situation

- Nature of the Work
- Nature of the Customers
- Cumulative exposure to trauma material
- Organizational Context
- Social and Cultural Context

The Individual (Helper)

- Personal history
- Personality and defense style
- Coping style
- Current life events
- Training & professional history
- Personal Therapy

Contextual Factors

The World

- A social context that denies or underrates trauma and its aftereffects.
- A political context that under funds psychological treatment for trauma.
- A cultural context that blames the victim and uses violence and victimization as entertainment.
- An organizational context that may treat customers disrespectfully.
- An organizational context that sometimes fails to provide staff the resources necessary to do the work.

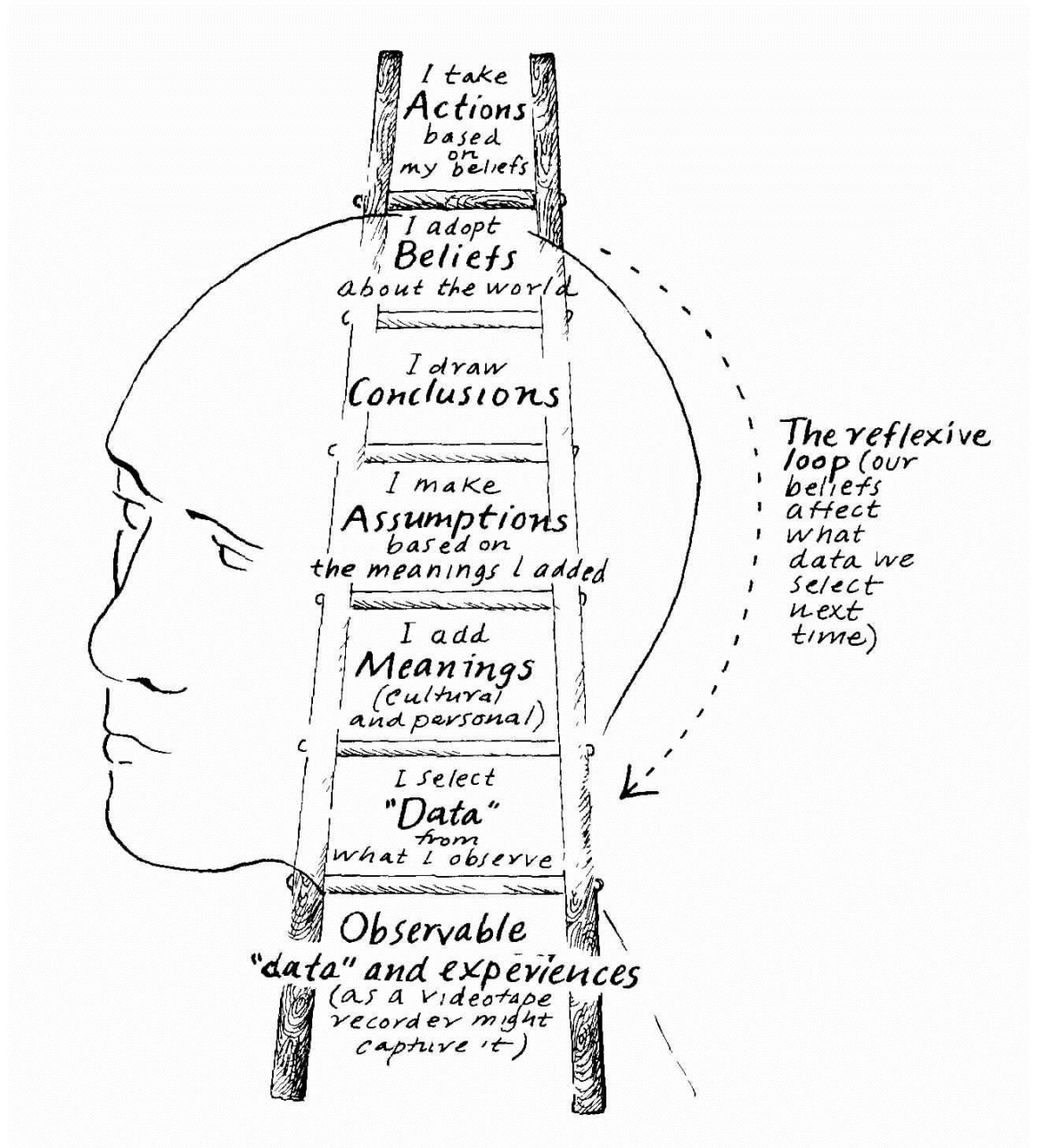
Customer Factors

- Their multiple problems and limited resources
- The disturbing nature of the abusive histories
- The poignancy and intensity of their suffering, current and past
- Dysfunctional interpersonal styles developed as a coping mechanism
- Idealized or negative expectations of the helper
- Current dangers they may be facing (abuse, poverty, neglect)
- Fear and shame that keep them paralyzed
- The helplessness of clients
- Self destructive behaviors; self hatred, despair, suicidal wishes
- Problem (sometimes extreme) with authority resulting from past exploitation by people in authority

Our Own Factors

- Unrealistic expectations for oneself as a professional or a “missionary” orientation to work
- A personal history of trauma that may be reawakened by customer material
- Denial of human response to exposure to trauma. Shame or silence about feelings.
- Personal coping strategies that do not help or carry heavy costs (addictions, numbness, isolation)
- Stressful personal life circumstances
- Working in areas where the helper has had insufficient training or is new to the field
- Reluctance or barriers to using supervision, consultation, or continuing education
- Being vulnerable to customer manipulations
- Not taking vacations or practicing self-care

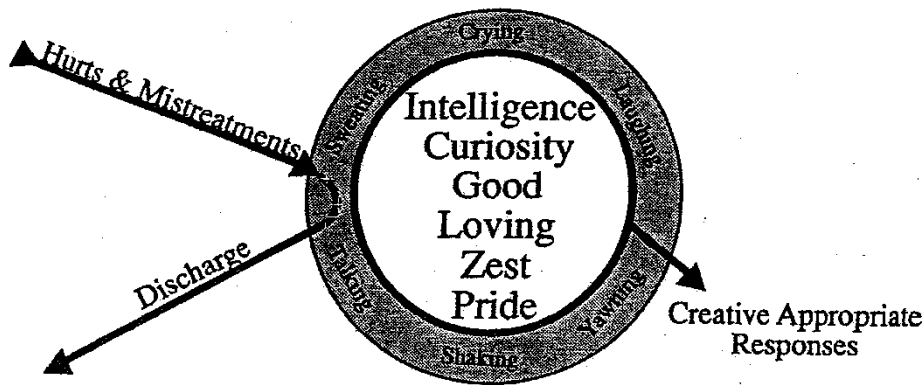
The Ladder of Inference



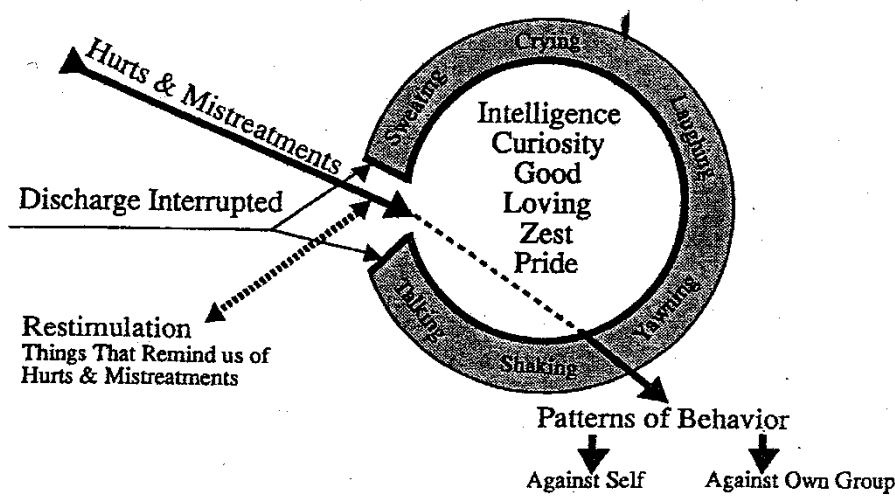
Trauma Exposure Response

The Nature of Human Beings

Fully Functioning Human Being



Dysfunctioning Human Being



Developed by Ellison Bonkat Bass from Bonkat et al., 2000

The ABC's

Awareness
Be attuned to your needs, limits, emotions and resources. Practice mindfulness and acceptance

Balance
Maintain balance among activities, especially work, play and rest.

Connection
Connection to yourself, to others and to something larger. Communication is part of connection and breaks the silence of unacknowledged pain. These connections offset isolation and increase validation and hope.

In Three Realms of Our Lives

1. Professional
2. Transitional
3. Personal

Transforming the Pain: A Workbook on Vicarious Traumatization; Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton 1996)

Awareness

As a result of your work, what changes have you noticed in these areas?

1. Identity and Beliefs about Myself

- a. My view of and beliefs about the world. How do I see it differently?
- b. My spirituality, sense of connectedness and meaning.
- c. My work motivation. Are my reasons for doing this work different from when I started?

2. My Inner Sense of Balance

- a. Have there been changes in my ability to manage strong emotions?
- b. Have there been changes in my thoughts and feelings around my personal relationships (am I more isolated, misunderstood, distant)?
- c. Have there been changes in my self protective judgment (maintaining boundaries, concealing decisions made regarding customers)?

3. Basic Psychological Needs and My Beliefs about Them

- a. *Safety*
 - i. Have there been changes in my belief in my safety or the safety of loved ones?
- b. *Esteem for myself and others*
 - i. Have there been changes in my feelings of worth or competency?
 - ii. Have there been changes in my belief that others are worthy of respect?

c. Trust in myself and other people

- i. Have there been changes in my trust of my own judgment?
- ii. Have there been changes in my ability to trust and depend on others?

d. Control in my life

- i. Have there been changes in my belief over the degree of control I have in my life?
- ii. Have there been changes in my belief that I can positively influence others?

e. Intimacy and closeness with myself and others

- i. Do I find myself more withdrawn from others as a result of my work?
- ii. Do I believe I am good company for myself?

4. Changes in Sensory Experiences

- a. Do I experience more nightmares or sleep difficulties?
- b. Do I experience intrusive images or sensory experiences?
- c. Am I more reactive to triggers connected to my customers' experiences?
- d. Has my contentment with or response to my sexuality changed?
- e. How is my body showing stress or responding differently?
- f. Have there been changes in the amount of alcohol, substances, gambling, food, shopping, or television I use to self-soothe?

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Balance

At Work

- Take your breaks as allowed. Stretch or move around every hour.
- Eat lunch: get away from your desk and, if possible, get outside for some fresh air and a walk
- Display images of loved people and places in your work area
- Between customers or after a difficult session with a participant, do a body scan for tension and utilize your self-relaxation technique of choice
- Build a support network for yourself and debrief during the day if needed
- Breathe. A ringing telephone can be used as a reminder to breathe.
- Before leaving for the day, clear your desk.
- Make a list of any urgent to-do's for the next day and leave it in your desk drawer. That way you won't have to remember them until you come in the morning

Transition between Work and Home

- Create a ritual for yourself and/or your family to mark the transition to home.
- Do a mental check of the day: What remains with you or is unresolved? Using visualization, box it up and put it away until tomorrow
- Listen to music, or read a book if you are on the bus
- Surround yourself with a favorite smell if you are in your own car
- If you experience intrusive thoughts about work, take a deep breath and visualize setting them aside.

At Home

- Wash your hands and face, and change your clothes.
- If your home life allows it, this is a good time to exercise/refresh yourself outside
- Take a few minutes for yourself when you walk in. Allow yourself to adjust to being home
- Make conscious choices about dinner and/or snacks
- Include a healthy self-soothing activity every day: don't wait until the weekend
- Limit your at-home "caseload". Say "no" when you need to
- Build a mindfulness, centering activity into your daily schedule
- Include social activities and see friends as part of your weekly routine
- Develop a pre-bedtime ritual to help ensure a good night's sleep (Sleepytime tea, prayer, counting your blessings, avoiding late night TV or violent movies).
- If you experience intrusive thoughts or dream about work, make a plan and take action. Call the EAP, see your therapist, talk to your support system

What does balance look like for you at...

Work

Transition from work to home

Home

Connections

Generate a list of six people or situations in your life where you think an increase in your compassion and connectivity could significantly alter the dynamic. Make an intention to approach one of these people/situations with increased compassion each month for six months. Pay attention to the difference in your life.

1.

2.

3.

4.

5.

6.

Resilience

RECIPROCITY - The importance of give & take, sharing, and considering other perspectives.

EMPATHY - Identify with the feelings of others, which lead to tolerance & compassion.

SELF-EFFICACY - The ability to work toward & appreciate a sense of mastery & accomplishment.

INSIGHT - Explore patterns, meaningful connections, think critically, question, be resourceful, & put matters into a larger perspective.

LETTING GO - Discard less healthy habits, such as staying stuck or victimized, & develop realistic strategies. Set goals & incentives for staying focused on a proactive approach.

IMAGINATION - Consider creative ways to move forward & put balance in your life. Experiment with new hobbies, educational goals and novel interests such as music, dance, meditation, volunteering, journaling, healthy diet and regular exercise.

EXPECTATION - Expect that sadness & disappointment are part of everyone's life from time to time. Learning from challenges in order to cope better next time is key.

NURTURANCE - Learn to accept, affirm, validate and nurture yourself. The result is less need for external approval & more to share with others.

COMMUNICATION - Express feelings, ask for assistance, delegate, engage in proactive problem solving, get out negative thoughts in constructive ways, find confidantes to share experiences & learn to be a good listener. Such factors contribute to taking responsibility for a healthy life & enhanced self-worth.

EDUCATION - Academic, social, & civic education elicits more choices, richness, & life satisfaction.

