

## *Session 2: Vicarious Trauma*

Presented by:

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# Seminar 108: Thursday, Oct 15, 2020

## ■ Objectives:

- To define Vicarious Trauma, Burnout, Compassion Fatigue and Secondary Traumatic Stress
- To provide signs and symptoms of Vicarious Trauma, Burnout, Compassion Fatigue (CF) and Secondary Traumatic Stress (STS)
- To provide tools to reduce Vicarious Trauma, Burnout, Compassion Fatigue and Secondary Traumatic Stress
- Self-Care

## Outcomes:

Participants will learn what these occupational hazards have in common are they describe therapist' adverse reactions to clients' traumatic material, and burnout, a stress response experienced in many emotionally demanding "people work" jobs/careers.

## Presenters:

- Bridget Vinson-O'Neal, MS, LBSW-IPR, Founder/Executive Director
- First Choice Social Services –Dallas, Texas
- Patricia Ann Davenport, LWS, *Executive Director of Our House, Inc.*

*(2-General CEUs)*

Northeastern University

## Vicarious Trauma in Victim Services



# What is Vicarious Trauma?

Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.



## How do you know if you have experienced vicarious trauma?

- ❖ Are you regularly exposed to indirect trauma at work?
- ❖ Hearing/viewing difficult case files, traumatic images and stories?
- ❖ Are you a first responder?
- ❖ Do you work for a domestic violence organization, shelter, sexual assault, rape or human trafficking populations?

# Burn Out

► A state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.



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# Compassion Fatigue

A condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring. It is sometimes referred to as secondary traumatic stress.



For more information and resources go to [www.tenadademy.ca](http://www.tenadademy.ca)



What is the difference between compassion fatigue and burnout?

**Compassion fatigue** has similar symptoms to **burnout**. **Compassion fatigue** is a preoccupation with absorbing trauma and emotional stresses of others, and this creates a secondary traumatic stress **in the** helper. ... **Burnout** is about being 'worn out' and can affect any profession.



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## Secondary Traumatic Stress (STS)

The emotional duress that results when an individual hears about the firsthand trauma experiences of another.

Secondary  
Traumatic  
Stress

# Signs and symptoms of VT, STS, BO & CF

Researchers have discovered that helpers, when they are overtaxed by the nature of their work, begin to show symptoms that are very similar to their traumatized clients. These symptoms can negatively affect the workplace and create a toxic work environment.

- Difficulty concentrating
- Intrusive imagery
- Feeling discouraged about the world
- Hopelessness
- Exhaustion and irritability
- High attrition (helpers leaving the field)
- Negative outcomes (dispirited, cynical workers remaining in the field, boundary violations)

## VICARIOUS TRAUMATIZATION

- How does it affect us personally and professionally?

- How does it affect our organizations?

# Identifying Risk Factors

## Where to start?

- For starters, it is important to identify the main challenges that you are facing: Is it related to too much exposure to difficult stories or a lack of referral resources? Is it work overload or an unsupportive supervisor/toxic team? Are you struggling with difficult personal circumstance that are affecting your ability to manage your stress?
- Recent research in the field of STS and Compassion fatigue suggests that there are particular vulnerability factors that can increase your likelihood of being negatively impacted by the work.



# True or False



WHICH OF THESE FACTORS ARE TRUE FOR YOU?

## **Personal vulnerability factors**

Do you have your own history of trauma? Are you currently struggling with a difficult family/personal circumstance? Do you work with a population that shares some of your own personal experiences of oppression and/or discrimination? Do you have a history of mental illness or addiction that is currently re-emerging? All of these factors can contribute to increased vulnerability when doing high-stress, trauma-exposed work.

## **Traumatic grief/loss in the workplace**

Have you experienced losses at work? The death(s) of clients or patients, someone that you worked with who disappeared and never returned, providing you with no closure? A beloved colleague who died unexpectedly or retired or was laid off? The loss of a well-respected supportive supervisor or mentor? Significant changes to your workplace?

# Risk Factors Cont.

## Personal:

- **Trauma history**
- **Pre-existing psychological disorder**
- **Young age**
- **Isolation, inadequate support system**
- **Loss in last 12 months**

## Professional:

- **Lack of quality supervision**
- **High percentage of trauma survivors in caseload**
- **Little experience**
- **Worker/organization mismatch**
- **Lack of professional support system**
- **Inadequate orientation and training for role**

## Warning Signs: Personal

**Physical:** Rapid pulse/breathing, headaches, impaired immune response, fatigue

**Psychological:** Feelings of powerlessness, numbness, anxiety, fearfulness, disillusionment.

**Behavioral:** Irritability, sleep/appetite changes, isolate from friends/family, substance abuse

**Spiritual:** Loss of purpose, questioning meaning of life, questioning good vs. evil

**Cognitive:** Cynicism, pessimism, hopelessness, preoccupation with clients, traumatic image

**Relational:** Withdraws or becomes “clingy,” mistrustful, lack of interest in sex, lack of close friends





**Performance**

Decrease in quality/quantity of workload, low motivation, task avoidance or obsession with detail, working too hard

**Morale**

Decrease in confidence, decrease in interest, negative attitude, apathy

**Interpersonal**

Detached/withdrawn from co-workers, poor communication, conflict, impatience

**Behavioral**

Absent/tardiness, overwork, exhaustion, irresponsibility, poor follow-through

***EXAMPLES OF VICARIOUS TRAUMATIZATION  
IN YOUR STAFF/CO-WORKERS***

# How these occupational hazards affect the workplace?

RECOGNIZING COMPASSION  
FATIGUE, VICARIOUS TRAUMA,  
AND BURNOUT  
IN THE WORKPLACE

For more information and resources, go to [www.tendacademy.com](http://www.tendacademy.com)

# Impact of Vicarious Traumatization on the Organization

Lost Productivity Decreased morale, cohesion, communication, collaboration, and quality of services

Staff Turnover Time, resources needed to hire train drains remaining staff

Poor Organizational Health Erosion of concentration, focus, decision making, motivation, and performance



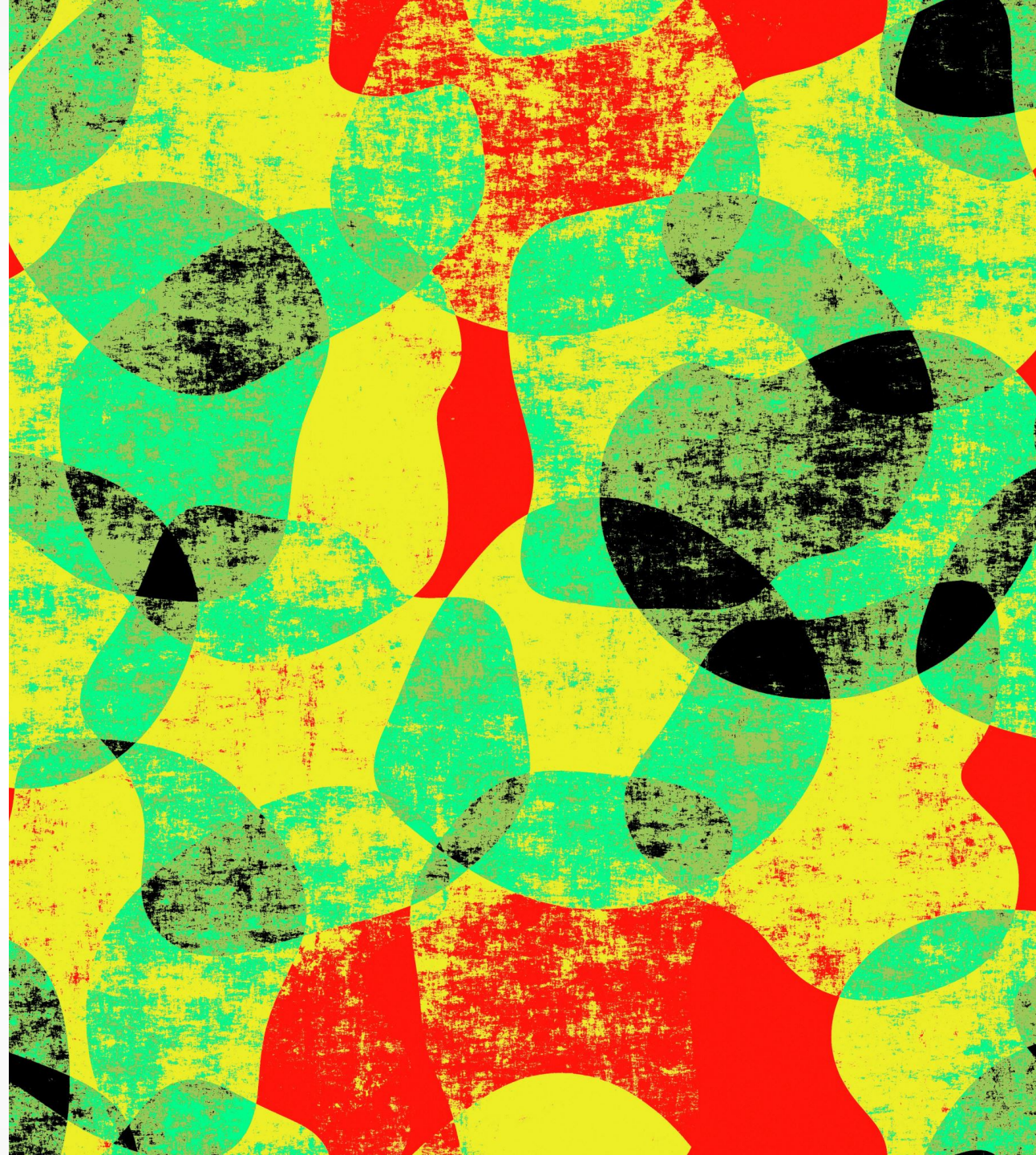
# TOOLS TO REDUCE TRAUMA



# Ways to Reduce VT, BO, CF STS

- In a Healthy Workplace
- Access to a supportive, flexible manager who is open to regular workload assessments in order to reduce trauma exposure
- Leadership from a manager who encourages staff to attend ongoing professional education and who provides timely and good quality supervision as needed.
- Employees who had more control over their schedule reported a higher rate of job satisfaction overall. Reducing hours spent working directly with traumatized individuals was the single most effective way of reducing VT.
- Personal Tools
- Developing and maintaining a strong social support both at home and at work
- Increased self-awareness through mindfulness meditation and narrative work such as journaling
- Regular self care (which is unfortunately often an afterthought for busy helping professionals)

*Tools to  
Reduce  
Trauma*



# Downsize -reduce

## ► What works?

First, take a look at which elements are most salient for you and begin by addressing those that feel most manageable. As the saying goes “Dig where the ground is soft”.

- Seek support, formally with a good mental health practitioner or a coach, informally with colleagues and friends.
- Look at ways to reduce trauma exposure in your personal/leisure time.
- Learn some stress-reduction techniques. Get more training in trauma-informed practices which can be highly protective in retaining compassion when working with difficult cases.
- Be open to the possibility of changing jobs if things are just too challenging where you are now. As Cheryl Richardson says in her book “Take time for your life” (1999) “Do not confuse difficult choices with no choice.” There is too much at stake to ignore compassion fatigue and secondary trauma.



# SELF-CARE

- ▶ Eat balance meals
- ▶ Sleep or take a power nap
- ▶ Exercise
- ▶ Have lots of sex
- ▶ Meditate
- ▶ Listen to music
- ▶ Cry
- ▶ Dance
- ▶ Talk about it- you friends, coworkers, spiritual leader, family or support system





# Why Self Care?

NEW VIDEOS MONDAY & FRIDAYS



## What Is Self-Care & Why Is It Important?

▶ <https://youtu.be/9FuRlgYxWjM?t=228>

# Resources

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text 'Resources' centered in a simple, sans-serif font.

# You Are Not Alone

► Are Suicidal or hopeless thoughts? Get Help Now! Please remember that no matter how stressful/traumatic our work is, it is not a normal consequence of VT/STS to experience suicidal thoughts or prolonged bouts of depression or hopelessness. Please seek help as soon as you notice these symptoms in yourself. If you are worried about confidentiality, or unsure where to turn, please consult online sources of support. There are urgent suicide support hotlines available 24/7 which you can find with a click of the web. Don't suffer alone. Get help. You deserve it and so do the people who love you.

**Suicide Hotline:**



National Center  
for PTSD  
1-844-698-2311

# Organizations

- ▶ Our House, Inc.
- ▶ New Birth To Violence Free Living
- ▶ Combined Federal Campaign (CFC) #37395
- ▶ We Believe in Miracles!
- ▶ Post Office Box 3956 \* Greenville, MS 38704
- ▶ 662-334-6873 (office) \* 662-334-6875 (fax) \* 662-332-LOVE (5683) (hotline)
- ▶ <http://www.ourhousevoices.com> (web page) \* [ourhouse@ourhousenewbirth.com](mailto:ourhouse@ourhousenewbirth.com) (email)
- ▶ First Choice Social Services
- ▶ Where families comes first
- ▶ 8787 N. Stemmons Fwy #220
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- ▶ Bus Cell: 972-268-2538
- ▶ Website: [www.firstchoicesocialservices.org](http://www.firstchoicesocialservices.org)
- ▶ Email: [bridget.oneal@firstchoicesocialservices.org](mailto:bridget.oneal@firstchoicesocialservices.org)

It's OVER!! Go take a NAP!

