

'When the bucket gets full'
Stress and Workplace Trauma

Virtual Mini Manager's Masterclass
February 2021

- *Please put your name and organisation in the chat*
 - *Feel free to use the chat for questions*
- *Please mute your mic and turn off your camera*
- *Make a brew, sit back and soak up the learning!*
 - *We will start at 12pm and finish at 1pm*



Aims of the session ...

Introduction
to Vicarious
Trauma

Case Study

Whether we show it or not...
... the idea that we can daily hear and see
other people's suffering and trauma
without being affected by this,
is as impossible as immersing ourselves in
water and not getting wet.

Heath
Warning

Vicarious Trauma

Brigid Gough
Named Nurse Child Protection



When working with victims of trauma, professionals often develop empathy with their clients.

Empathy is defined as:

“the ability to sense and understand someone else’s feelings as if they were one’s own.” (Collins English Dictionary, 2018)

This can mean that professionals who work with traumatised children and families can ‘adopt’ some of the physiological, psychological and emotional consequences of the abuse to themselves (Tehrani, 2011).

The definition of vicarious is....

Something that is experienced by watching, listening to, or reading about other people doing something rather than by doing it yourself.

(Collins English Dictionary, 2018)

Therefore vicarious traumatising is a transformation that a worker undergoes due to their empathic engagement with traumatised clients and their experiences. It is a form of countertransference that is stimulated by exposing them to the client's traumatic material.

What is the Prevalence of Vicarious Trauma?

The results of a study of social workers in Colorado who worked with clients from a variety of traumatic backgrounds found that **50%** of them showed signs of significant compassion fatigue over time.

(Conrad and Kellar-Guenther's 2006)



Compassion fatigue can result in professionals developing lingering feelings of:

Being overwhelmed, emotionally drained and exhausted, overloaded, burnt out, angry and enraged.

It can also manifest as:

Loss of pleasure, apathy, depression, despair that anything can improve, low job satisfaction and a difficulty in maintaining professional boundaries.

Impact on the Organisation

- High staff turnover
- Low morale
- Absenteeism
- Job dissatisfaction
- Lack of enthusiasm and innovation.....
- And it can ultimately affect the whole team –
the ripple effect

Ways to combat Vicarious Trauma

- Regular and Robust Safeguarding & Clinical Supervision
- Enquiry about staff wellbeing at 1:1s
- Personal Resilience Training
- Debriefs following complex cases
- Self care
- Organisation recognition
- Restorative supervision
- Caseload size
- Emotional Check ups
- Mindfulness
- GP/Occ.Health



Self Reflection

- How am I doing?
- What do I need?
- What is hardest about this work?
- What worries me most about my work?
- How have I changed since I began this work?
(both positives and negatives)
- What changes if any do I see in myself that I do not like?
- What am I doing to take care of myself?
- How will sharing these feelings help?




North Yorkshire

Safeguarding Children Partnership

Remember.....

**Those things that cannot be talked
about cannot be put to rest!**





Milton Erickson was an American Psychiatrist
who used to say to his patients
'my voice will go with you'

What he did not say was that our clients' voices
can also go with us-
part of our daily lives and our nightly dreams.

Case Study

Tim

Please note the following relates to an individual's direct experience

Secondary/Vicarious Trauma

- Working with traumatised people or with highly distressing or shocking materials
 - Visual Images
 - Auditory reports
 - Written accounts
 - Artefacts
- People can be traumatised by their ability to imagine a traumatic event



What causes the difficulties?


- Organisational practices and management style
 - Demands, control, support, relationships, role and culture
- Professional pride can make it hard to ask for help
- Child abuse stories intrigue and repel
- Child abuse is an affront to our humanity and sense of self
- The more empathetic the professional the greater the risk of harm



Case Study - Tim

- High achiever
- Conscientious, passionate, driven
- Ten years experience working with victims of child abuse and their parents
- Commendations for work with Child Sexual Abuse cases
- Many years working in sex offender management – lectured in Universities/presented research in UK and Abroad
- Supportive, close nit team
- Highly specialised in online child sexual abuse
- Image grading
- Reviewing child abuse videos including babies being sadistically abused, young children being abuse in groups/gangs
- Repeated viewing – identify victims/offenders
- Reading narratives of offenders live time abuse/fantasy re-enactment



- 
- Unable to switch off from the work
 - Dreams, flashbacks of child abuse, see illusions of men/children in bedroom
 - Over-reactions to work related issues – *‘hamster on a wheel’*
 - Jumpy, inability to sleep or relax
 - Hyper vigilance, worried about making mistakes
- Colleagues similar reactions
 - ‘Macho/coping’ culture
 - Struggling sign of weakness
 - Inadequate organisational welfare support
 - Importance of first disclosure

The Bubble Burst

- Monday morning – Tim's letter
- Disclosure
- Shock
- Poor organisational management response
- No one had seen the signs
- Getting the right help



First disclosure

- Listen without judgement to what they feel they need
- Don't change the subject or pressure them
- Don't dramatize their experience, maintain professional curiosity
- Explore their current support networks
- Avoid knee-jerk reactions
- Allow them to maintain some control of the support they need/would like
- Embed trauma informed supervision
- Assume vicarious trauma is highly likely in the work we do and make this part of regular discussions/check ins





A normal human reaction to the seeing/hearing or experiencing of abnormal material



What might the barriers be to disclosure?

Please share your thoughts in the chat box

Barriers to recognising the issue

- Cultural differences
- Embarrassment
- Often seen as a weakness
- Macho culture
- Organisational culture of 'I can cope'
- Professional pride
- Fear of repercussions
- Management style
- Lack of supportive relationships
- No one asking 'why'



Influencing Factors

- COVID 19
- Lack of Social Support/access to friends/family
- Anxiety around the future/employment/health
- Bringing abuse into our bedrooms/living rooms/family homes
- Lack of work peer network – informal chats/de-briefs
- Home Schooling – exposing children to traumatic material
- Bereavement
- Reduced creative outlets – hobbies/socialising/group sports etc.



Ways to combat Vicarious Trauma

Personal support bubble

- Regular and Robust Safeguarding & Clinical Supervision
- Enquiry about staff wellbeing at 1:1s
- Personal Resilience Training
- Debriefs following complex cases
- Self care
- Organisation recognition
- Restorative supervision
- Caseload size
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Give yourself permission to take 'time out'

Think about your workspace – 'dedicated work area', 'outside'

Take regular breaks, exercise, mindfulness

Take your Annual leave

Consider use of apps such as Calm app

'Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom' Viktor Frankl



Please look after yourselves and others.....

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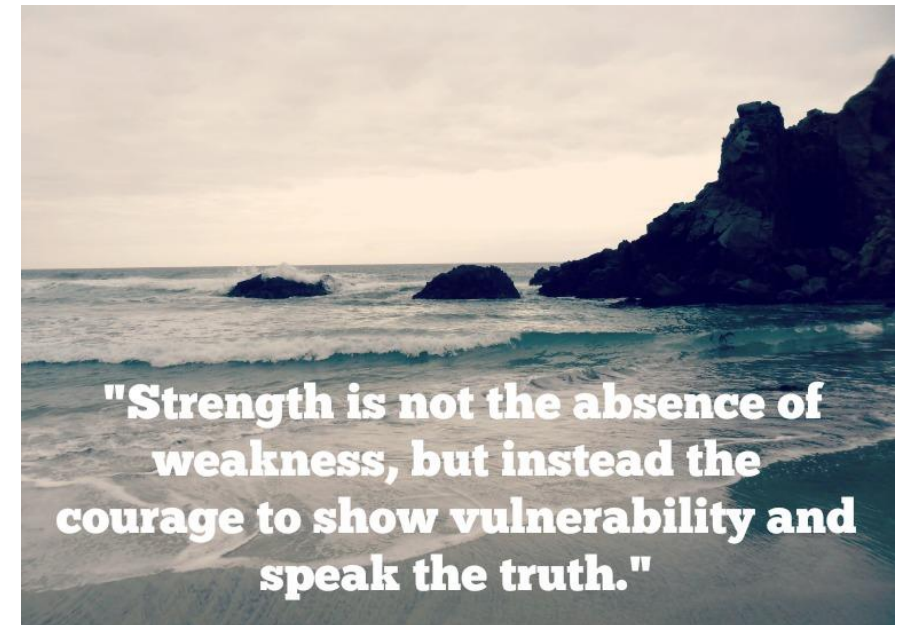
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NYSCP e-Bulletin

North Yorkshire
Safeguarding Children Partnership

NYSCP e-Bulletin

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