

ABERDEENSHIRE CLINICAL PSYCHOLOGY

MANAGING VICARIOUS TRAUMA IN THE WORKPLACE



WHAT IS VICARIOUS TRAUMA?

Vicarious trauma (McCann & Perlman, 1990) refers to the psychological effects of working with traumatised people.

- Witnessing an event as it occurs to others.
- Being in the presence of a traumatised person.
- Witnessing after the event (listening to a client, reading statements, CCTV).

PSYCHOLOGICAL TRAUMA

An event or enduring condition where:

- the individual experiences a threat to life, physical or psychological integrity.
- the individual's ability to integrate their emotional experience is overwhelmed.

Type 1: single, major event.

Type 2: multiple, chronic, repeated events.



WHAT CAN LEAD TO TRAUMA?

Acts of violence (e.g., robbery, assault).

Natural disasters (e.g., tsunami, hurricane).

Interpersonal trauma (e.g., emotional, physical, or sexual abuse).

Involvement in an accident (e.g., RTA, accident at work).

Medical events (e.g., near death experiences, serious illness, childbirth).

Witnessing homicide, suicide.

War, terrorism.

ADVERSE CHILDHOOD EXPERIENCES

Domestic violence.

A parent with a mental health condition.

A member of the household being in prison.

Experiencing neglect (physical and emotional).

Experiencing abuse (physical, sexual and/or emotional).

Parental abandonment through separation or divorce.

Growing up in a household with exposure alcohol and drug use problems.

IMPACT OF TRAUMA

- Emotion management difficulties: (anxiety, depression, anger, shame).
- **View of self:** (low self-esteem, lack of coherent narrative of self, self-blame, shame, disgust, lack of agency).
- Relationship difficulties: (others as untrustworthy, dangerous, rescuing).
- PTSD symptoms: (flashbacks, nightmares, hypervigilance, numbing).
- Physical impact: (pain, sleep disturbance, appetite changes).
- Coping: (substance misuse, self-harm, dissociation, eating problems).
- Social/broader consequences: (educational and occupational impact).

PHYSIOLOGICAL RESPONSES

Shaking

Heart Pounding
Bladder Weakness
Palpitations
Minor Illness
Dizziness
Nausea

Flushing

Pins and Needles
Shortness of Breath
Muscle Tension
Chest Pain
Trembling
Excessive Sweating

Jelly Legs
Dry Mouth
Upset stomach
Headaches
Butterflies
Tiredness
Chills



WHY DO WE FEEL TRAUMA THAT IS NOT OURS?

As "social animals" we evolved the ability to feel the pain of others to protect the survival of the group.

Imagination – visualising the pain of another can elicit those feelings of pain.

Personal experience – has a past event been activated?



COMPASSION FATIGUE

The emotional and physical fatigue experienced by professionals due to their chronic use of empathy in helping others in distress (Turgoose & Maddox, 2017)



- Increased levels of empathy.
- Lower levels of mindfulness.
- Caring responsibilities outside of work.
- Personal experience of traumatic life events.
- Higher caseloads / more time spent with traumatised clients.

SECONDARY TRAUMATIC STRESS (STS)

Re-experiencing

- Excessive rumination
- Unable to "switch off".
- Nightmares
- Flashbacks

Avoidance

- Avoiding work reminders
- Avoiding certain cases
- Avoiding socialising
- Less interest in activities
- Loss of motivation
- Emotional numbing
- Forgetfulness

Hyperarousal

- Irritability
- Panic
- Anxiety
- Easily startled
- Sleep issues
- Poor concentration

CREATING SUPPORTIVE CULTURES

- Create a trauma informed workplace.
- Raise awareness of trauma, vicarious trauma and trauma informed approaches.
- Create permission to discuss these issues.
- Create appropriate outlets space to reflect.
- Model good practice to junior members of the profession.
- Make sure learning opportunities promote an open dialogue.
- Never assume we know the experiences of our colleagues.
- Never assume we know what a colleague may need.
- Create organisation policies for employees dealing with traumatic material.
- Include trauma-informed awareness raising in induction policies.
- Create opportunities to celebrate the positive aspects of work.
- Abolish workplace bullying cultures.
- Reduce other aspects of work-related stress.
- Normalise a range of responses.
- Acknowledge workplace stressors.
- Separate sense of self-worth from the case.

ORGANISATIONAL/ TEAM ACTION



- Promote mindfulness-based practices.
- Allow time for group-reflection.
- Supervision.
- Trauma-informed supervision.
- Reflective practice sessions.
- Debriefing sessions.
- Peer support.

INDIVIDUAL ACTION

1. Breathe - Deep Breathing will stimulate the vagus nerve and help you relax, physiologically. It will give you space to process what is happening.

2. Ground - Grounding techniques immediately connect you with the here and now:

Sight: look at a key object, symbol, photo.

Smell: a strong smell that has a soothing effect.

Taste: a strong taste that has a soothing effect Sound: a

song, or repetitive noise (e.g. chimes). **Touch:** hands under cold water, stress ball

3. Check In - Ask yourself how you are doing?

4. Analyse - What is going on for me right now? How do I feel? What thoughts came up? What emotions were present? What do I feel in my body?

5. Action - Take back control: What actions can I take? What practical steps are required? How can I break these down? Who can I access for support? What self-care do I need to implement?





SELF-CARE STRATEGIES

Exercise.

Connect with nature. Invest in relationships. Keep your boundaries.

Set limits on reviewing traumatic material.

Use trigger warnings for distressing material.

Know when to say "no" or "not now".

Limit social media use.

Work to your values

USEFUL LINKS

- For further information and free resources visit:
 http://www.aberdeenshirecp.com
- The Law Society of Scotland (trauma informed training): www.lawscot.org.uk/members/cpd-training/online-cpd/trauma-informed-training/
- LawCare, mental health charity for the legal profession: www.lawcare.org.uk/information-and-support/vicarious-trauma
- Mind, PTSD & Secondary trauma information: www.mind.org.uk/information-support/types-of-mental-healthproblems/post