



Vicarious Trauma

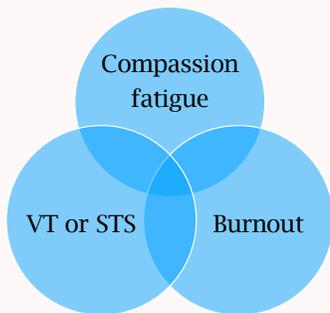
Practical Strategies for Self Care

Lara Palay, LISW-S

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What is Trauma?

Trauma is any experience or series of experiences that make the individual feel that he or she is in danger of dying, or of being emotionally "wiped out" or annihilated.

"An experience becomes traumatic when the human organism becomes overwhelmed and reacts with helplessness and paralysis"

Bessel van der Kolk



Compassion Fatigue and Burnout

Burnout is one of the elements of *compassion fatigue*. Burnout makes us feel hopeless, Burnout makes stress more stressful, and can make it hard to accomplish things at work.

Burnout comes on over time. Jobs that seem to show little result, overly-high workloads or negative work environments put us at risk for burnout.



Compassion Fatigue and Vicarious Trauma (also "secondary traumatic stress")

compassion fatigue can also contain *vicarious trauma (VT)* or *secondary traumatic stress (STS)*.

Vicarious trauma occurs when we are exposed to the extremely traumatic events others have suffered. This may be actually witnessing the event or its immediate aftermath, such as with first responders or ER staff, or processing the event later with a client.



Compassion Fatigue and Vicarious Trauma

Compassion fatigue differs from vicarious trauma in that CF:

Does not usually have trauma-related symptoms

May not involve a change in your world view.



Vicarious Trauma

Vicarious trauma (VT) is "the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them"

-Pearlman and Caringi, 2009



Vicarious Trauma

"Secondary traumatic stress [also "vicarious trauma"] is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. For therapists, welfare workers, case managers, and other helping professionals involved in the care of traumatized people, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life."

-National Child Traumatic Stress Network



Vicarious Trauma Symptoms

- o difficulty managing emotions
- o feeling emotionally numb or shut down
- o fatigue, sleepiness, or difficulty falling asleep
- o physical problems or complaints, such as aches, pains, and decreased resistance to illness
- o being easily distracted, which can increase one's risk of accidents

From Office for Victims of Crime
OFV.org.



Vicarious Trauma Symptoms

- o loss of a sense of meaning in life and/or feeling hopeless about the future
- o relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy)
- o feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety

From Office for Victims of Crime
OFV.org.



Vicarious Trauma Symptoms

- o increased irritability; aggressive, explosive, or violent outbursts and behavior
- o destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving)
- o lack of or decreased participation in activities that used to be enjoyable
- o avoiding work and interactions with clients or constituents
- o a combination of symptoms that comprise a diagnosis of Posttraumatic Stress Disorder (PTSD)

From Office for Victims of Crime
OFV.org.



Symptoms of Compassion Fatigue

(adapted from The Compassion Fatigue Workbook)

Physical changes:

- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Somatization and hypochondria



Symptoms of Compassion Fatigue

Psychological changes:

- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Reduced ability to feel sympathy and empathy (can include "jumping ahead" rather than hearing story and unfairly comparing their suffering to others' that seems worse)
- Cynicism



Symptoms of Compassion Fatigue

- Resentment
- Dread of working with certain clients/patients
- Feeling professional helplessness
- Diminished sense of enjoyment/career (i.e., low compassion satisfaction)
- Depersonalization
- Disruption of world view/heightened anxiety or irrational fears
- Problems with intimacy
- Intrusive imagery



Symptoms of Compassion Fatigue

Relationship changes:

- o No separation of personal and professional time
- o Viewing other people who don't work within your field as less important
- o Difficulty relating to others' day-to-day experiences without comparing them to those you serve or yourself
- o Lacking a personal life outside of work
- o Hypervigilant and concerned about the safety of those you care about
- o Isolating yourself completely from others or only interacting with people who are in your same field or can relate to your experiences



Symptoms of Compassion Fatigue

- o Hypersensitivity to emotionally charged stimuli
- o Insensitivity to emotional material
- o Loss of hope
- o Difficulty separating personal and professional lives (includes poor work boundaries or boundaries with clients)
- o Failure to nurture and develop non-work related aspects of life



Empathetic Distress

Studies suggest that we are less likely to act to help others when we are in empathetic distress. Chronic empathetic distress can lead to vicarious trauma and, eventually, burnout.

Some researchers suggest "compassion fatigue" should be renamed "empathetic distress fatigue".

-Klimecky and Singer, 2012.



What is Empathy?

"[The] capacity to share the feelings of others is called empathy. Empathy makes it possible to resonate with others' positive and negative feelings alike — we can thus feel happy when we vicariously share the joy of others and we can share the experience of suffering when we empathize with someone in pain."

(Singer and Klimecki, 2014)



Two Kinds of Empathy

When someone is feeling happy, empathy can be pleasurable. When someone is unhappy or upset, the empathetic experience can cause us agitation. This is "empathetic distress".



Empathy vs. Compassion

While related, compassion is different. Compassion *recognizes* emotions in others but does not *share* them. Compassion is a stance of caring and desire to help without experiencing the feelings and distress of the other.



Empathetic Distress and Trauma

Any client has the potential to evoke empathetic distress in us, but trauma narratives are particularly difficult to hear. If the clinician or staff person has his or her own trauma, empathetic distress can quickly knock us out of our window of tolerance. While the onset may be sudden after a particularly disturbing event, repeated triggering can create it's own "little t" trauma for the listener.



Compassion Is More Effective

Being in a compassionate stance is likely to make us more able to be effective with the client.

-Singer and Klimecky, 2014.



Activated vs. Centered

In the language of trauma, we could say that empathy with an activated, hyper- or hypo- aroused or triggered person can result in activation and hyper (high) or hypo (low) arousal and triggering within ourselves as we resonate with the client.

When we are in a compassionate stance with clients, we remain centered; aware of their experience but grounded in our own, and within our own window of tolerance.

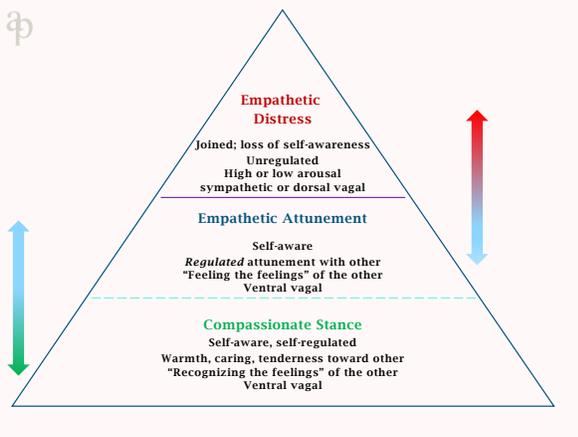


What does compassion feel like?

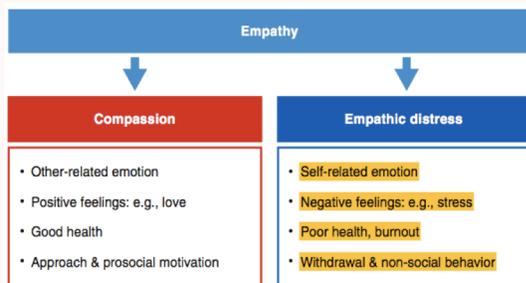
This is individual, but some examples of what a compassionate stance "feels" like:

- Warmth
- Caring
- Hopefulness
- Centeredness
- Calm
- Expansiveness
- Curiosity
- "Flow"-timeless focus
- Patience
- Confidence





Empathy, Distress and Compassion



From Singer, T. and Klimecki, O. "Empathy and Compassion". *Current Biology* 2014.



Self-Awareness and Self-Regulation

In order to stay within a compassionate stance,, we have to be able to to work *with* emotions that arise instead of becoming agitated (high arousal) or shutting down (low arousal) in empathetic distress, we first have to:

recognize and identify what we are experiencing and where we are in our range (self-awareness)

deal with our feelings in the moment using strategies to move back into a compassionate stance (self-regulation).



Neuroception + Perception = Sensing, Feeling and Thinking

I always ask clients what they are *sensing, feeling and thinking*, in that order.



Two Experiences of “Safe”

So, there are 2 levels of experiencing safety:

Neuroception

feeling we're safe, feeling “at home”

Our responses at this level are involuntary.

Perception

knowing we're safe; absence of actual threat

We can consciously act on this.



Two Experiences of "Safe"

Newer/more evolved circuits will regulate older/less evolved ones when they are "online" again.

If we feel safe, we turn on the regulating circuits that help the high and low arousal circuits.



Hierarchical States in the Body and Brain

Engagement Zone (also ventral vagal)
High Arousal (sympathetic)
Low Arousal (dorsal vagal)

(Lam, 2018)



Hierarchical States in the Body and Brain

Engagement Zone:
Like living in a safe house, warm and open, you can invite friends over (e.g., open to new experiences, flexible and fluid with environment)

Evolutionary stage of brain: 200 million years
"What is that rustling in the bushes?"



Hierarchical States in the Body and Brain

High Arousal:

House no longer safe, alarms blaring all the time
Anxiety symptoms and disorders.

Attention everywhere (hypervigilance), because
you'd "rather mistake every stick for a snake than
miss one snake".

Desire for movement to protect self.

Evolutionary stage of brain: 400 million years

'A tiger is chasing me!'



Hierarchical States in the Body and Brain

Low Arousal:

House is cold and dark, no utilities work, no
engagement with outside world.

Safe, but at a high price.

Depression and dissociative symptoms and
disorders.

Desire for stillness to protect self.

Evolutionary stage of brain: 500 million years

'The tiger lives at my house.'



Neural Integration and Self-Awareness

We say that we have good *neural integration* when we
can recognize and deal with internal states in a timely
way. The brain is moving up-down, left-right and back-
front efficiently; no region is more or less activated
than it should be.

Neural integration is critical for all of these but
especially interoceptive. If your body and brain are
communicating too slowly, or your internal feedback
system has been hijacked, you don't get the messages
about what you are feeling in a timely way.

See Appendix A for more information about the effects
of neural integration.



Self-Regulation

Once we know what we are *sensing, feeling and thinking*, (neuroception and perception) we can use strategies to re-regulate ourselves so we can stay in the room.

Attunement with clients is critical, and we can use attunement to inform us and to help them feel safe enough to work with us. We have to use self-awareness and self-regulation to return to a therapeutic stance of compassion when we move from empathy to empathetic distress.



Strategies for Self-Regulation

Regulation in the moment

- Breath strategies
- Thought strategies
- Tapping strategies

Regulation and renewal over time

- Mindful awareness practice
- loving-kindness practice
- Cleansing rituals



Regulation in the moment



Breathwork

Human beings have used breath to work with and control interior experiences since the beginning of our history.

Some simple examples include:

- o The Relaxation Response
- o 4-5-6 breathing
- o Alternate Nostril (Nodi Sodhan) Pranayama



Tapping (Emotional Freedom Technique)

Start with a self-statement that includes "Even though I feel -----, I deeply and completely accept myself".

Tap the following areas firmly (but not painfully) 4 or 5 times with your fingertips while repeating a cue ("my -----" [feeling]) and then move to the next:

1. Side of hand onto other palm, "karate chop"
2. Top of the head on either side of the "seam"
3. Inner edges of eyebrows at the bridge of the nose
4. Temples
5. Eye socket on the ridge under the eye, centered below the iris

(see next slide)

Instructional videos and advanced technique at <https://eft.mercola.com>



Tapping (Emotional Freedom Technique)

Tap the following areas firmly (but not painfully) 4 or 5 times with your fingertips, repeating your cue phrase and then move to the next:

6. Philtrum (depression under the nose, on upper lip)
7. Crease between lower lip and chin
8. Under the collarbone, about two inches from the center notch
9. Mid-ribs (middle of bra strap); like a monkey!
10. Wrists together

Check in with your initial feeling. If it remains strong, repeat the sequence.

Instructional videos and advanced technique at <https://eft.mercola.com>



Regulation and renewal over time



“Broaden and Build”

First, the *broaden hypothesis* holds that positive emotions broaden people’s attention and thinking.

Induced positive emotions:

- widen the scope of people’s visual attention
- broaden their repertoires of desired actions
- increase their openness to new experiences and critical feedback.

Frederickson, 2008.



“Broaden and Build”

Interpersonally, induced positive emotions increase:

- people’s sense of “oneness” with close others
- their trust in acquaintances
- their ability to accurately recognize individuals of another race.

The empirical evidence is mounting, then, that positive emotions broaden people’s attention and thinking in both personal and interpersonal domains.

Frederickson, 2008.



“Broaden and Build”

The second part of the theory, the *build hypothesis*, holds that positive emotions set people on trajectories of growth that, over time, build consequential personal resources. To date, the empirical evidence for the build hypothesis has been largely indirect.

-Frederickson, 2008



“Broaden and Build”

Prospective correlational studies have shown that people who, for whatever reasons, experience or express positive emotions more than others show increases over time in

- optimism and tranquility
- ego-resilience
- mental health
- quality of their close relationships

-Frederickson, 2008



Mindful Awareness and Brain Change

We know that regular mindful awareness practice changes the brain in important ways, including:

- *reduces* the volume of the **amygdala**
- *preserves* the thickness of the **prefrontal cortex**
- *increases* the volume of:
 - the **hippocampus** (explicit memory, emotion regulation)
 - **tempo-parietal junction** (empathy and compassion)
- *Lowers* cortisol
- *Assists* in the transmission of GABA



Loving Kindness Meditation

Research indicates that loving kindness meditation is an effective method of "broadening and building" compassion and positive emotion.

It may also be a good practice when we need to move out of empathetic distress and into a compassionate stance.



Loving Kindness Meditation

"LKM was beneficial precisely because it helped people experience positive emotions...Positive emotions emerged as the mechanism through which people build the resources that make their lives more fulfilling and help keep their depressive symptoms at bay..."

We found positive emotions, and not life satisfaction, to predict change in resources, [suggesting that] people judge their lives to be more satisfying and fulfilling, not because they feel more positive emotions per se, but because their greater positive emotions help them build resources for living successfully."

-Frederickson et al, 2008



Loving Kindness Meditation and Compassion

"...there is encouraging preliminary evidence that LKM, or courses including LKM and related practices, can increase self-compassion and other-focused concern".

-Boellinghaus et al, 2012

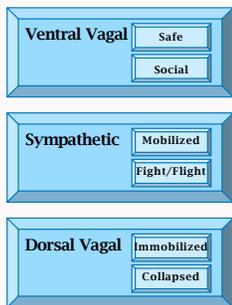


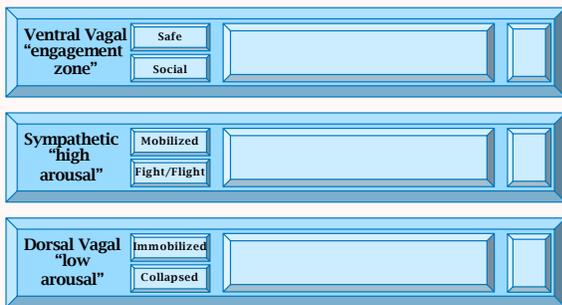
Personal Mapping and Plan

We can identify when we are in:
relaxed “engagement” zone (ventral vagal)
high arousal (sympathetic)
low arousal (dorsal vagal).

This is *self-awareness*. Then we add techniques like breathwork, loving-kindness imagery or other tools to *self-regulate*.







How do you signal to yourself that you are done with work?

Liminal (transition) rituals

Use routines to signal that you are leaving from one sphere to another.

Cleansing rituals

Water (shower, swimming, washing clothes, washing hands) can symbolize leaving behind the emotions, images or concerns of the day.

Spiritual Practice

Religious prayers, practices or meditations can focus these intentions meaningfully for you.



Seven horizontal lines for writing notes.

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Appendix A
Nine Elements of Neural Integration:
Regulation of the Body

Bradenoch, 2008

1. Regulation of the body

The sympathetic branch is the accelerator of the nervous system, and the parasympathetic is the brakes

Integration of the PFC with the rest of the brain allows for time to evaluate either over or under responses of both areas and use familiar techniques to regain calm



Attuned Communication

2. Attuned Communication

This allows us to accurately sense and non-verbally communicate understanding of others' emotional state. We need to modulate our amygdala to see others somewhat objectively. This attunement occurs in microseconds, below conscious awareness.



Regulation of Emotion

3. Regulation of emotion

The HPA axis creates a self-reinforcing loop with internal and external triggers. Again, as integration increases pathways lengthen and the process slows enough to let us make conscious decisions about what to do with it, which itself becomes a feedback loop to increase integration, etc.



Response Flexibility and Empathy

4. Response Flexibility

This is pausing before taking action, due to longer pathways

5. Empathy

Resonance circuits with mirror neurons create an internal representation of the intention and feelings of the other. Empathy involves

- interoception,
- inner awareness of body states
- interpretation
- understanding of what we are feeling
- attribution-the awareness that it may also be happening in the other.



Insight

6. Insight
(self-knowing awareness, autobiographical narrative)

This is the ability to shape and tell one's own story in way that is coherent and retains emotional contact with its meaning. Neither overwhelming or disconnected, and gaining sense of our pathway through life. We need integration of the limbic system with the PFC to create this.



Fear Extinction

7. Fear Extinction
The PFC linking with the amygdala involves axonal fibers that carry soothing GABA from the PFC to the amygdala, where fear-encoding neurons are. Unless physically destroyed, these neurons will carry GABA to help modulate fear even though implicit-based fears remain, significantly changing the subjective experience of the trigger for the fear. This is an example of neuroplasticity through synaptogenesis.



Intuition and Morality

8. Intuition
May come up from the body to the right hemisphere

9. Morality
Moral action arises from empathy for others (as well as time to choose responses)





aldridge • palay

Lara Palay, LISW-S

lara@aldridgepalay.com

www.aldridgepalay.com

614.787.0544
