Vicarious Trauma Management Training

WSCAP
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she/hers
Agenda

01 Introduction
02 Definition of Terms
03 Risk Factors & Impact
04 Organizational Strategies
Introductions

A little background about me...

- Clinical Psychologist in Private Practice in Bellingham, WA
  - Specialty: Trauma (Interpersonal Violence)

- NTT faculty in WWU’s Psychology Department

- Member of Whatcom County’s Sexual and Domestic Violence Commission
Introductions

Type in the chat box...

Where are you from and what is your role?
Some Data

Victim Advocates
- Prevalence rate of secondary traumatic stress is about 50% (Benuto et al., 2013)

Social Workers in DV/SA field
- 65% exhibited at least one symptom of secondary traumatic stress (Bride, 2007)

Therapist working with SA
- 70% experienced vicarious trauma (Lobel, 1997)

Take-Away
- These secondary effects of the work are *expected* – not exceptions.
Reflection

What are some of the first signs of “burnout” that you notice in your staff?
Change in Worldview
(Office for Victims of Crime)

Spectrum of Responses

Positive
- Vicarious Resilience Transformation
- Compassion Satisfaction
- Appreciative

Neutral
- Impact managed through individual’s resilience and coping strategies and organizational practices

Negative
- Fearful/Cynical
- Compassion Fatigue
- STS
- Vicarious Traumatization
Experiences of stress in reaction to knowing about/hearing about another's trauma can look similar to PTSD symptoms.

**Definitions** (Nacev, 2013)

- **Burnout**
  - Cumulative stress
  - Mental, physical, and emotional exhaustion
  - Defensive coping strategies
  - Reduced commitment to profession

- **Compassion Fatigue**
  - Feeling emotionally depleted and/or preoccupied with the suffering of clients

- **Secondary Traumatic Stress**
  - Experiences of stress in reaction to knowing about/hearing about another’s trauma
  - Can look similar to PTSD symptoms
Vicarious Traumatization

The *emotional residue* of exposure that providers have from working with people as they are hearing their trauma stories and becoming witnesses to the pain, fear, and terror that trauma survivors have endured. (Perlman & Saakvitne, 1995)

Results from *empathic engagement* combined with a commitment or *responsibility to help* survivors (Pearlman and Caringi, 2009, 202-203)

The only construct that specifically describes a cumulative, long-lasting impact on clinicians’ personal beliefs and world view.
Risk Factors

*anyone who works with trauma is at risk for negative impact*

Prior traumatic experiences

Social isolation (both on and off the job)

Tendency to avoid feelings, withdraw, or assign blame to others

Difficulty expressing feelings

Being newer employees and less experienced

Lack of preparation, orientation, training, and supervision in their jobs

Constant and intense exposure to trauma with little or no variation in work tasks

Lack of an effective and supportive process for discussing traumatic content of the work

How does your organization seek to address or prevent one of these risk factors?
Another Risk Factor?

Remote Working

- Work environment might be contributing to vicarious trauma
- What are the most satisfying parts of the job?
  - Direct service and connection to clients
  - Comradery and connection to colleagues
  - Ability to focus on job/tasks uninterrupted
Impact on Work-Life (Nacev, 2013)

- Low morale/motivation
- Errors in judgment
- Increased countertransference
- Conflict with peers/staff
- Absenteeism, lateness
- Decreased ability to work independently
- General distrust of coworkers
- Increasingly likely to be looking for another job
- Decreased team cohesion and communication (Knight, 2013)
Becoming “Vicarious Trauma-Informed”

Individual

Community

Organizational
Organizational Strategies

(From OVC - The Vicarious Trauma Toolkit)

Leadership & Mission

Employee Empowerment & Work Environment

Management & Supervision

Training & Professional Development

Staff Health & Wellness
### Organizational Strategies

#### Many Benefits of Organizational Support

- Advocates who received more support experienced lower levels of secondary traumatic stress (Slattery and Goodman 2009).

- Of those who did experience vicarious trauma, a supportive work environment reduced the negative impact (Bell, Kulkarni, and Dalton 2003; Slattery and Goodman 2009).

- Quality supervision—when staff feel safe and respected—enables staff to overcome high workloads and stay on the job (Slattery and Goodman 2009; Bednar 2003).

- Being trained in vicarious traumatization benefits both participants and the populations they serve (Gentry, Baggerly, and Baranowsky 2003).

(From OVC - The Vicarious Trauma Toolkit)
What does a “vicarious trauma-informed organization” look like?

Healthy Work Environment
- Foster teamwork and encourage collaboration inside and outside the organization
- Create opportunities for staff to connect
- Offer opportunities to diversify job tasks

Quality Supervision
- Have a structured protocol in place for case review (Howlett and Collins 2014; Geller, Madsen, and Ohrenstein 2004)
- Prevent “top-down” leadership, which can invalidate direct service staff’s knowledge and experience (Perlman & Caringi, 2009)
- Show appreciation for staff and respond to their needs/requests
- Foster supportive relationships based on inclusivity, mutual respect, and trust

(From OVC - The Vicarious Trauma Toolkit)
Culturally Responsive Leadership (WSCAP, 2017)

What about advocates and staff of color?

Compounding Effects on Vicarious Trauma
- Racist interactions are likely to occur before, during, and after work hours

With issues, concerns, or suggestions... lead with curiosity and respect
- Do not insert your own beliefs or try to “fix” someone’s experience
- Do not minimize
- Respect their lived experiences

Build awareness
- Power imbalances
- Notice retention issues
- Regularly check in with ESL staff members (Resource Sharing Project, 2008)
What does a “vicarious trauma-informed organization” look like?

Training and Professional Development

- Job-specific training strengthens confidence and competence in performance and builds networks (Saakvitne and Pearlman 1996; Bell, Kulkarni, and Dalton 2003; Howlett and Collins 2014)
- Offer training specific to vicarious trauma to increase staff awareness around warning signs and impact

Self-Care & Staff Wellness

- Devote time and resources to promoting staff well-being
- Incorporate self-care into policies and practices
- Staff support groups

(From OVC - The Vicarious Trauma Toolkit)
Closing Summary

Vicarious Trauma is common and likely to show up among staff

The impact can range from mild burnout to significant impairment in both personal and professional life

Organizational support can mitigate the presence and severity of vicarious trauma
Thank You!

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