

Disaster Recovery and Resilience

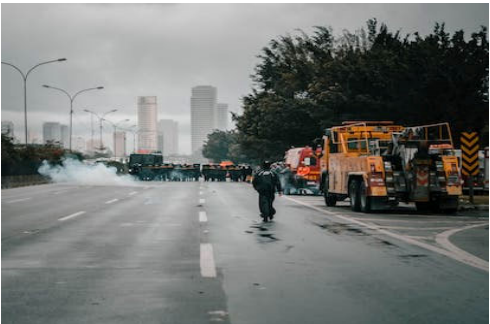
Vicarious Trauma: Causes impacts and strategies for coping

Tuesday 15 October 2024




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Vicarious Trauma: Causes, Impacts and Strategies for Coping



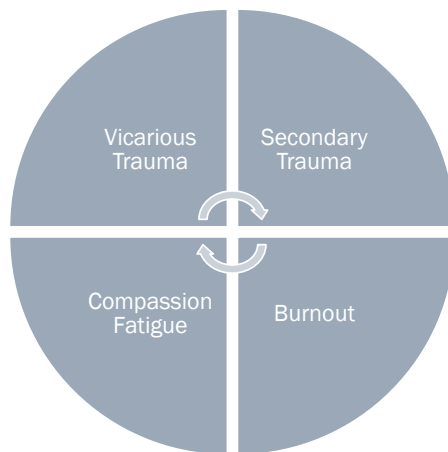
Associate Professor Jacqueline Drew



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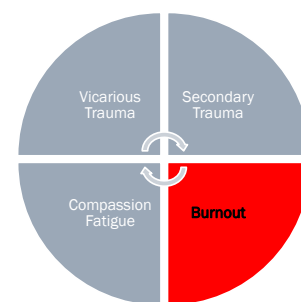
Defining the Terms



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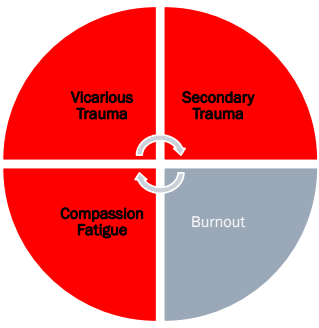
Burnout

- Term that has been used since the early 1980s
- Physical, cognitive and emotional exhaustion
- Does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others



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What is Trauma?



Direct Trauma
A 'direct trauma' is experienced first-hand or by witnessing a trauma occurring to another person

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

Indirect Trauma
An 'indirect trauma' comes from hearing or learning about another person's trauma second-hand

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

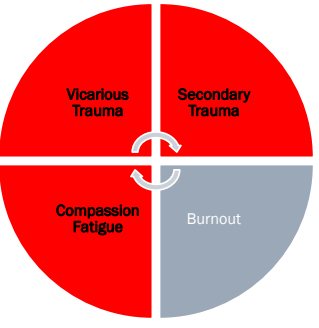
Examples of indirect exposure

- Witnessing the impact of violence or accidents on members of the public
- Exposure to the anguish and grief of family members
- Radio operators' exposure to details of critical events
- Peer support workers' exposure to stories when debriefing colleagues

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What is Trauma?



Acute Trauma
Results from a single, specific incident; often threats of death or violence

Chronic Trauma
Repeated and prolonged, such as DFV or abuse

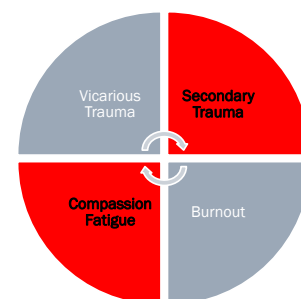
Complex Trauma
Exposure to varied and multiple traumatic events

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Secondary Trauma & Compassion Fatigue

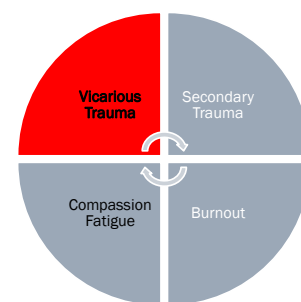
- Secondary trauma & compassion fatigue occurs when someone is significantly impacted by someone else's trauma
- Compassion fatigue is an overwhelming mental and physical exhaustion brought on by feeling the pain, stress, and other emotions of the people you are helping (emotional residue of working with those who have experienced trauma); you are unable to refuel and regenerate
- Compassion fatigue – 2 components
 - Secondary trauma is a stress response in reaction to hearing about or being witness to the firsthand traumatic experience of another
 - Burnout



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Vicarious Trauma

- Vicarious trauma (VT), a term coined in 1995; when secondary trauma stress/burnout (elements of compassion fatigue) go on for a long time = vicarious trauma



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Risk of Vicarious Trauma

#1 My job involved exposure to distressing materials and experiences

#2 My job requires exposure to traumatised or distressed clients

#3 I find myself distressed by listening to my clients' stories and situations

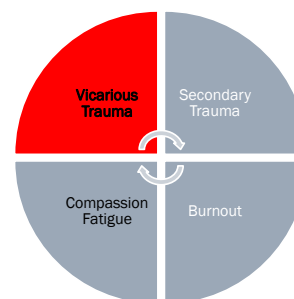
#4 I find it difficult to deal with the content of my work

#5 I find myself thinking about distressing material at home

#6 Sometimes I feel helpless to assist my clients in the way I would like

#7 Sometimes I feel overwhelmed by the workload involved in my job

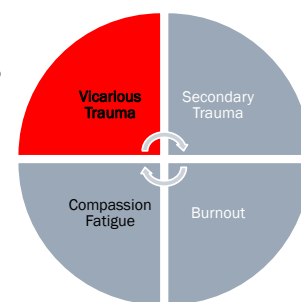
#8 Sometimes it is hard to stay positive and optimistic given some of the things I encounter



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Vicarious Trauma

- Used to describe the profound shift in world view that occurs in helping professionals when they work with clients who have experienced trauma
- Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material

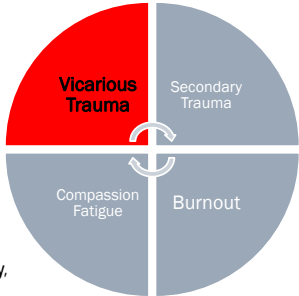


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Signs/Symptoms

Vicarious Trauma - PERSONAL

- **Physical**
 - Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches
- **Emotional**
 - Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders
- **Behavioral**
 - Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened
- **Spiritual**
 - Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness
- **Cognitive**
 - Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts
- **Relational**
 - Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust



(Adapted from J. Yassen in Figley, 1995)

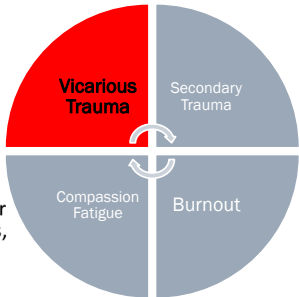
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Signs/Symptoms

Vicarious Trauma - PROFESSIONAL

- **Performance**
 - Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness
- **Morale**
 - Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion
- **Relational**
 - Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the "only one who can do the job"
- **Behavioral**
 - Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through



(Adapted from J. Yassen in Figley, 1995)

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Identifying Signs



What does each phase of the MH continuum look like in the workplace?



MIND



MOOD







BODY



BEHAVIOUR

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Identifying Signs

	HEALTHY	REACTING	INJURED	ILL
MIND 	<ul style="list-style-type: none"> Able to concentrate Balanced thinking Sense of humour Positive outlook 	<ul style="list-style-type: none"> Distractible Some worries Some difficulty concentrating Self-doubt / reduced confidence 	<ul style="list-style-type: none"> Frequent anxious / negative rumination Frequent difficulty concentrating Difficulties with memory Regular intrusive thoughts 	<ul style="list-style-type: none"> Poor concentration / unable to focus Suicidal thoughts Pervasive negativity / pessimism
MOOD 	<ul style="list-style-type: none"> Stable mood Happy Relaxed Feelings of enjoyment and satisfaction 	<ul style="list-style-type: none"> Irritable Moody Stressed 	<ul style="list-style-type: none"> Angry Anxious Distressed Depressed 	<ul style="list-style-type: none"> Rage / hostility / bitterness Excessive anxiety Persistent depression Numbness
BODY 	<ul style="list-style-type: none"> Normal sleep patterns Stable weight Good energy Good physical health 	<ul style="list-style-type: none"> Trouble sleeping Low energy Changes to appetite 	<ul style="list-style-type: none"> Frequent restless / disturbed sleep Weight change Frequent fatigue Aches, pains, reduced immunity 	<ul style="list-style-type: none"> Persistent insomnia Physical illness Exhaustion Extreme weight change
BEHAVIOUR 	<ul style="list-style-type: none"> Physically active Socially engaged Performing as required 	<ul style="list-style-type: none"> Reduced activity / less socially active Procrastination Decrease in work output Working too much / perfectionism / over-control 	<ul style="list-style-type: none"> Increased alcohol / gambling / substances Conflict with others Increased sick leave Consistently not meeting expectations 	<ul style="list-style-type: none"> Frequent substance abuse / gambling Prolonged absenteeism Poor performance Withdrawn / avoidant

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Types of Coping Approaches



Problem Focused Coping

Refers to efforts to solve the underlying causes of stress; solution-focused



Emotion Focused Coping

Refers to efforts to reduce the emotional impact of stressors, it does not solve the problem but may make them (at least in the short-term) less overwhelming



Avoidant Coping

Refers to efforts to physically or cognitively disengage from stressor; sometimes considered as 'most maladaptive' of emotion focused coping

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Is there a right way to cope?



Problem Focused Coping



Emotion Focused Coping



Avoidant Coping

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One Right Way to Cope?

- Even though the strategies we are using to cope may not be working as well as they could be, or may be unhealthy, we may still persist in using them...
 - because we feel confident using them – self efficacy
 - because we use them automatically – they are habits
- We should reflect on the strategies we use
 - Are they working?
 - Are they good or bad for my health?
- And then we can look at ideas for new strategies

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Action Planning

Developing Plans for Wellbeing

- We are often motivated to take care of our wellbeing
- We may even know what to do to take care of our wellbeing

BUT

- Despite this, we often do not turn motivation into action

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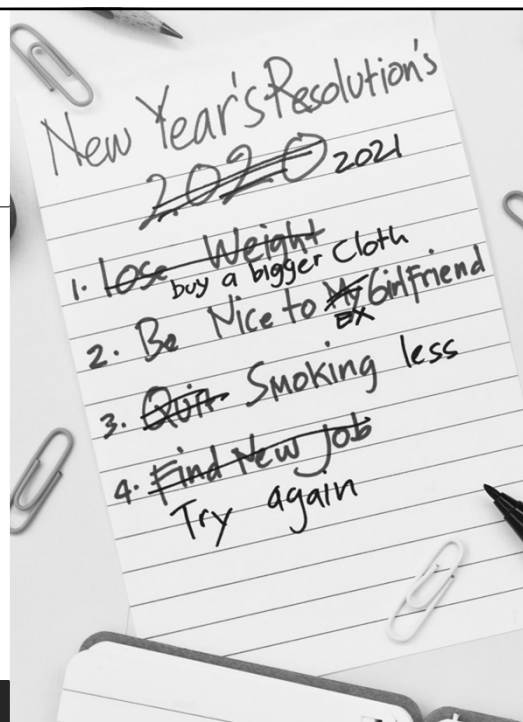
MOTIVATION IS NOT ENOUGH!

If we already know what we *should*
do – but don't always do it

What gets *in the way*?

THE INTENTION-BEHAVIOUR GAP

GOOD QUALITY ACTION
PLANNING



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Action Planning

There are processes we can leverage to help us to enact actual behavior change, when we are already motivated to do so

– it is about making concrete plans and turning intentions into ACTIONS.

- Good quality plans help to translate intentions into action
- The idea is to take the decision making outside of the stressful moment – in advance
- This makes it more likely we will do it when we are under pressure and acting a bit more on autopilot
- The more we repeat our plans, the more likely they are to become automatic. This helps with maintenance, as does having backup plans for when things don't go to plan

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Action Planning

- The content of a plan will be **highly individual**
- Plans can be very **simple** and very **short term**
E.g., A simple plan for coping this afternoon to manage high stress and intense emotion
- When an individual has more capacity, plans may be more ambitious and aim for longer term coping, and/or addressing the problem directly

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GOOD QUALITY ACTION PLANNING

ELEMENTS OF A GOOD QUALITY ACTION PLAN

- **SPECIFIC SITUATION:** May include location, how you feel, the source of the pressure.
- **SPECIFIC STRATEGY:** Specify exactly what you will do to manage the stress.
- **SPECIFIC START TIME:** May be a specific time of day, or a length of time after the event.
- **SPECIFIC DURATION:** The length of time you will use the strategy.



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