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National American Indian and Alaska Native ATTC
February 27, 2019

Vicarious Trauma: Self-Care for Native American Behavioral Health Providers




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Today, we will-

- Define vicarious trauma, secondary traumatic stress, compassion fatigue, burnout, resilience, and vicarious resilience.
- Discuss how working with a traumatized population affects helping professionals.
- Identify particular strategies enhance both personal and professional resilience.
- Describe key components of a self-care plan.

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- “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”
(Remen, 2006)

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Why study VT, VR, & Self-care?

- Because we matter (Quality of Life)
- We often prioritize the needs of our clients over our own needs.
- What is the alternative to self-care?
- Vicarious trauma can be harmful to us... and to our loved ones, colleagues/agency and our clients.

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Why study? Cont.

- At risk of engaging in incompetent or unethical professional behavior (unconsciously)
- Can prevent or address vicarious trauma.
- Awareness of the possibility of vicarious resilience may make it easier to achieve
- Bringing conscious attention to vicarious resilience may strengthen it

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Vicarious Trauma & resilience

- Are both seen as natural and normal processes that can develop in the context of trauma work and
- Can simultaneously occur in any given trauma worker/helper/clinician

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Compassion Satisfaction

- Related to vicarious resilience
- The positive aspects of helping
 - Pleasure and and satisfaction derived from working in helping, care giving system
 - May be related to Providing Care
 - The system
 - Beliefs about self
 - Altruism

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Compassion Fatigue

- The negative aspects of helping
- Related to providing care
- Burnout
- Work-related trauma
- Known as secondary traumatic stress, is a condition characterized by a gradual lessening of compassion over time.
- Normal displays of chronic stress resulting from the care giving work one chose to do.

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Burnout and STS

- The negative aspects of helping
- Negative aspects of working in helping systems may be related to
 - Providing care
 - The system
 - Work with colleagues
 - Work-related trauma
 - Burnout

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CF vs Burnout

Compassion Fatigue is NOT “burnout”.

- Burnout is associated with stress and hassles involved in your work; it is very cumulative, is relatively predictable and frequently a vacation or change of job helps a great deal.

Compassion Fatigue is very different.

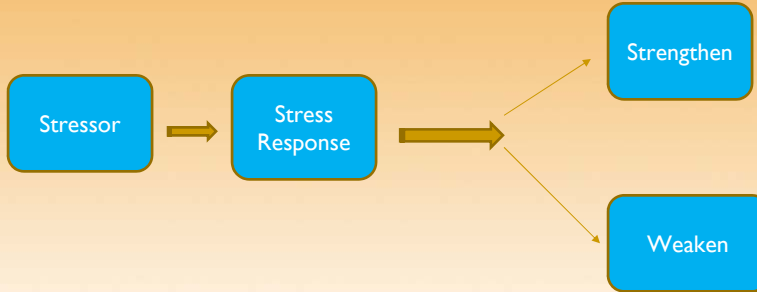
- CF is a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing of reminders of the event, and persistent arousal.

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Stress

- Pressure exerted up an object that can either strengthen or weaken it. (Webster's Dictionary)

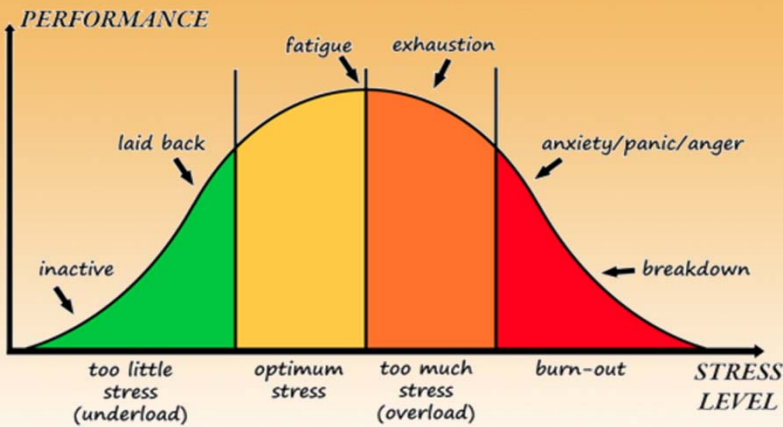


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Stress

STRESS CURVE



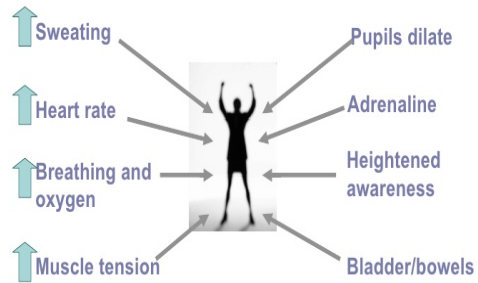
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Stress Response

- The brain and body's alarmed and alert response to a threatening situation.
- Integral to the life of every organism.
- Our natural defense against danger.

Fight / flight / freeze



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Cumulative Stress



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Human
 Homicide
 Sexual Assault
 Assault/Attack
 War

Natural
 Hurricane
 Earthquake
 Flood/Fire

On the Job
 Fight or physical attack
 Threat of physical harm
 Accident

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What Makes an Event Traumatic?

- It involves a threat – real or perceived – to one’s physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves one feeling helpless.
- It changes the way a person understands the world, themselves, and others.

(American Psychiatric Association, 2000)

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Defining TS

Traumatic Stress is the response to a traumatic event(s) in which one is a victim or witness.

- Repeated stressful and/or traumatic events can chronically elevate the body's stress response.
- When you have experienced a traumatic event, even though the crisis is over you may be still experiencing, or may experience later, some strong emotional or physical reactions. It is very common, and in fact quite normal, for people to experience reactions to a particularly horrible and terrifying experience

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What is VT or STS?

- A transformation of the helper's inner experience, resulting from the empathic engagement with clients' trauma material.
- May mirror symptoms of PTSD & depression experienced by those who were directly traumatized
- Can emerge suddenly (a/k/a "compassion fatigue")
- Sense of powerlessness and disruption

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Vicarious trauma ...

- Usually develops over time – cumulative result of helping many clients in challenging circumstances.
- It can, however, develop quickly when a professional responds to a case that is especially traumatic for them.
- The symptoms of STS may have a rapid onset associated with a particular traumatic event.

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Vicarious Trauma (cont.)...

- Can affect our cognitive schemas, views of self & the world, belief systems, sense of safety/trust/control, sense of independence & self-esteem, ability to be emotionally intimate with others
- Ability to empathize is critical for doing this work, but if we over-empathize without appropriate boundaries it may put us at risk for vicarious trauma.

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Signs & Symptoms of VT

General changes:

- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal; ability to trust
- Increased sensitivity to violence
- Sense of personal safety and control
- Cynicism
- General despair and hopelessness
- Nightmares

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Contributing Factors (for VT)

The situation:

- Nature of the work
- Nature of the clientele
- Cumulative exposure to trauma material
- Organizational context
- Social and cultural context

(Saakvitne & Pearlman, 1996)

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Contributing Factors for VT

The Individual:

- Personal history
- Personality and defensive style
- Coping style
- Current life context
- Training and professional history
- Supervision
- Personal therapy

(Saakvitne & Pearlman, 1996)

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Examples of 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 & appetite changes, isolate from friends & family, self-destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened.

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VT examples cont...

- **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

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Professional examples

- **Performance:** Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionistic standards, difficulty with inattention, forgetfulness
- **Morale:** Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion.

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Professional Effects

- **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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Weighing the Effects

Personal	Professional
<ul style="list-style-type: none">• Physical• Behavioral• Emotional• Spiritual• Cognitive• Relational	<ul style="list-style-type: none">• Performance• Morale• Relational• Behavioral

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Risk Factors

Personal

- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss in last 12 months

Professional

- Lack of quality supervision
- High percentage of trauma survivors on caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role

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Self-Care?

- Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.
- It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), socio-economic factors (income level, cultural beliefs, etc.), and self-medication.

- (World Health Organization, 1998)

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Resilience

Resilience is the process of **adapting** well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress, such as family and relationship problems, serious health problems, or workplace and financial stressors.

It means “bouncing back” from difficult experiences.
(American Psychological Association)

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Vicarious Resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)

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Impact of VR

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from work
 - (Hernandez, et al, 2007; Engstrom, et al, 2008)

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Acknowledge the Positive

- Being optimistic
- What was good/positive despite the trauma
- Right place at the right time
- Someone was able to help assist
- Training made a difference
- Good teamwork
- What did you learn for future reference?

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Self-Care Isn't Everything ...

Vicarious trauma is an occupational challenge for those working with trauma survivors

Organizations have an ethical mandate of a **"Duty to Train,"** wherein workers are taught about the potential negative effects of the work and how to cope.

(Munroe, J.F, in Figley, Compassion Fatigue, 1995)

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VT does not have to last forever

- VT can be very disruptive & distressing
- Rare to develop full-blown VT
- VT can be prevented
- It can be addressed and overcome
- One can achieve vicarious transformation as well

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Measuring CS & CF (ProQOL)

- ProQOL is free from website
- A 30 item self-report measure of the positive and negative aspects of caring
- ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
 - Burnout
 - Secondary Trauma

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Organizational Strategies

- Creating a healthy work environment
- Providing supportive leadership
- Providing quality supervision
- Debriefing staff
- Hosting staff/team meetings, retreats, formal and informal socialization
- Encouraging formal/informal peer support
- Providing training & education, including orientation to the organization and role.
- Encouraging staff health & wellness (e.g., practices, programs, policies)

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What is vicarious resilience (VR)?

- A relatively new concept
- Developed by Hernandez, Gangsei & Engstrom (2007)
- Based on their research with psychotherapists who treated victims of political violence
- Further developed in their research with torture treatment clinicians (Engstrom, Hernandez, & Gangsei, 2008)

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Builds on Resiliency

- Resilience is frequently described as a defense mechanism that makes it possible for people to thrive when confronted by adversity.
- Survivors of trauma are able to survive through their strategies of coping and by relying on successful adaptive processes that are developmental and relational in nature.

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Vicarious resilience cont

- Is the process of helpers learning about **overcoming adversity** from the trauma survivors they work with
- The resulting **positive transformation** and **empowerment** in those helpers through their **empathic engagement with** the stories of trauma and resilience of their clients (like VT but in a positive healing direction)

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Self-Care

“ability to engage in human rights work without sacrificing other important parts of ones life. The ability to maintain a positive attitude towards the work despite challenges Self-care can also be understood as a practitioner’s right to be well, safe, and fulfilled.”

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Self-Care Self-Assessment

Assessment Worksheet covers:

1. Physical self-care
2. Psychological self-care
3. Emotional self-care
4. Spiritual self-care
5. Workplace or professional self-care

http://www.ballarat.edu.au/aasp/student.sds/self_care_assess.shtml

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What gets in the way?

- Knowledge of importance of self-care vs implementation
- Lack of proactive plan/actions to implement self-care

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Self-care Strategies

- Personal life:
 - Physical
 - Psychological/emotional
 - Behavioral
 - Interpersonal
 - Spiritual
- Workplace/Professional life
- Balance
- Personal and professional awareness and regulation

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Intervention Strategies

- Professional:
- Supervision/consultation
 - Scheduling: client load and distribution
 - Balance and variety of tasks
 - Education: giving and receiving
 - Work space
 - (Saakvitne & Pearlman, 1996)

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Interventions

Organizational:

- Support from colleagues
- Work relationships (peers & Org. leaders)
- Forums to address issue
- Supervision availability
- Respect for staff and clients
- Resources: mental health benefits, space, time

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Workplace/agency strategies

- Principles of safety and empowerment
- Normalize countertransference, secondary stress and burnout reactions
- Open communication
- Multidisciplinary case conferences – exchange ideas/info, give support, decrease professional isolation
- Weekly supervision sessions
- Mentoring new professionals
- Varied work duties
- Support continuing education

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Interventions (cont)

Personal:

- Make personal life a priority
- Personal counseling
- Leisure activities: physical, creative, spontaneous, and relaxation
- Spiritual well-being
- Nurture all aspects of yourself: emotional, physical, spiritual, and intellectual.
- Attention to health

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In all Realms

- Mindfulness and self-awareness
- Self-nurturance
- Balance: work, play, rest
- Meaning and connection

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Wellness

- Medicine Wheel

North

Youth Elder

Physical Emotional

West East

Spiritual Mental

Adult Baby

South

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Sweat Lodge

This is where we heal our pain

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Personal Commitment

- Why?
 - Because I hurt
 - Because I matter
 - Because my clients matter
 - Because the work I do matters
 - Because the profession matters
 - Because I must

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Self and one's work

- How?
 - Not alone; get a buddy or a group
 - One day at a time, positive outlets
 - Do something in each realm (Medicine wheel)
 - One change at a time; be realistic
 - Increase mindfulness and acceptance
 - Make time/space for what you love to do
 - Don't forget and don't give up
 - Anticipate obstacles; prevention plan

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Self-management

- Mindfulness – meditation, spirituality, prayer, self-talk
- Movement - Dance, exercise, walking, CrossFit, hiking, yoga, running, sports
- Rhythm – Music, singing, drumming
- Art/Creativity- beading, sewing, drawing, painting, crafting

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Next Steps

- In my personal life my next step is:
- In my professional life my next step is:
- In my organization my next step is:
- **I am making a commitment to myself and to take these steps.**

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Storytelling



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The illustration depicts a scene of storytelling in a Native American camp. A man in a brown tunic sits in the center, pointing his right hand towards the sky. To his left, a woman sits with a young child on her lap. To his right, another child sits attentively. The background shows several teepees and a large, feathered headdress hanging from a structure. The entire scene is set against a warm, orange-toned sky.

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Questions?



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This slide features the same background illustration as slide 57, showing a Native American camp with teepees and a large feathered headdress. The text 'Questions?' is positioned in the upper left corner of the slide's content area.

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