

# Trauma Stewardship

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# Objectives

- ▶ Normalize impact of trauma work on the therapist
- ▶ Establish common language
- ▶ Introduce self-assessment (ProQOL 5)
- ▶ Recognize signs of trauma exposure response
- ▶ Identify three trauma stewardship strategies
- ▶ Discuss commitments to self-care



**“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.”**

***Rachel Naomi Remen,  
Kitchen Table Wisdom 1996***

# Societal/Organizational Messages

- ▶ How is society viewing the work you do and the people you serve?
  - ▶ Increases sense of isolation
  - ▶ Messages or attitudes towards the people we work with?
- ▶ What messages is your organization sending?
  - ▶ To be tough
  - ▶ What are other direct messages?
  - ▶ Indirect, or unspoken messages or culture of the organization?
  - ▶ Are there supportive messages, practices or policies?

*Disclaimer - can be jarring to delve in to this topic, so space out as needed 😊*

# Terms - What are We Talking About?

- ▶ Secondary Traumatic Stress (STS) indirect exposure or Compassion Fatigue (CF) - the emotional duress that results when an individual hears about the firsthand trauma experiences of another (any kind of helper)
  - ▶ Mimics symptoms of PTSD
- ▶ Vicarious Trauma (VT) - changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. Focuses on covert cognitive changes that occur following cumulative exposure to others' traumatic experiences
- ▶ Trauma Exposure Response - the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet

*As child trauma therapists, we are ALL vulnerable*

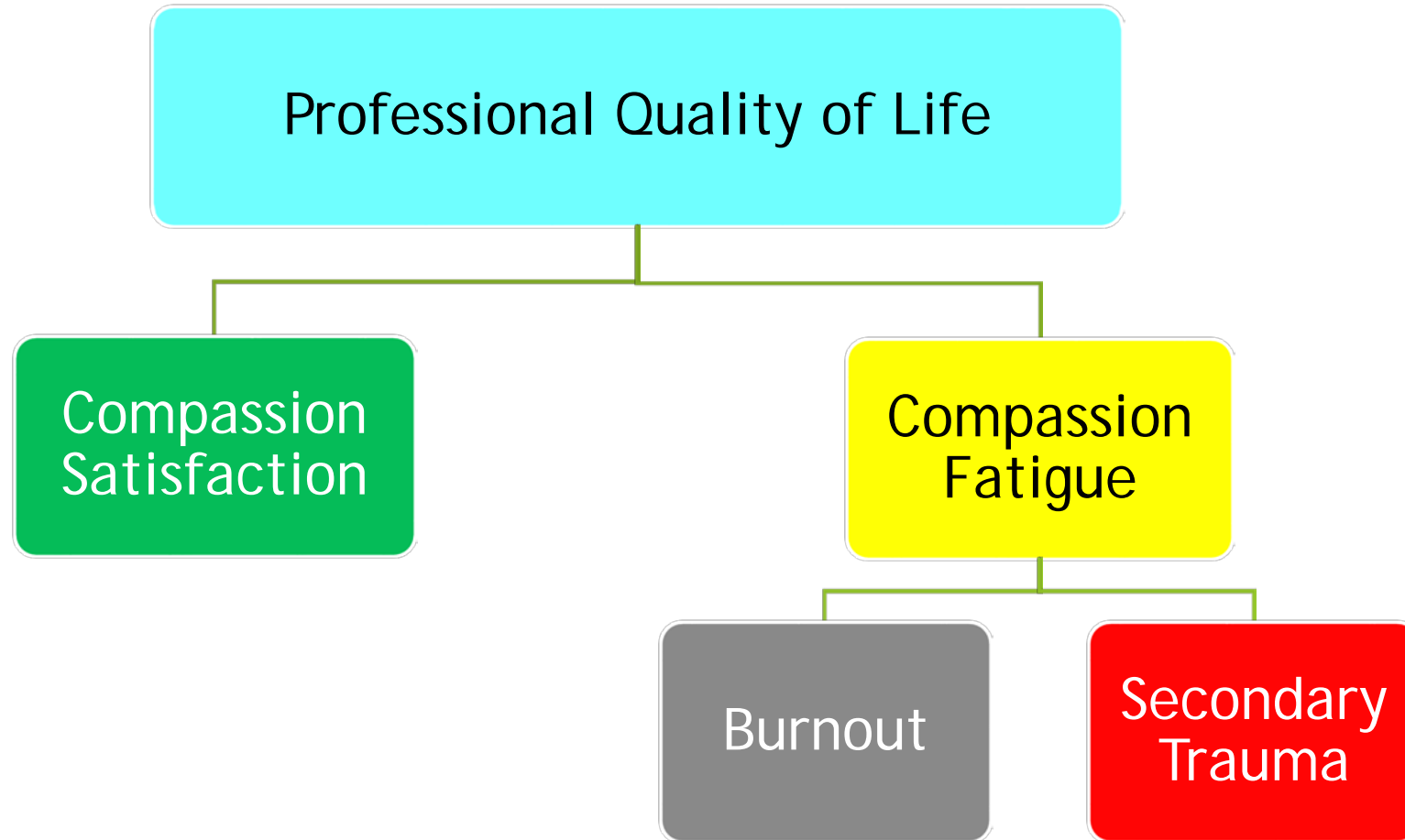
# Additional Terms - We Want to Describe

- ▶ Burnout- reduced feeling of personal accomplishment, noticed by emotional exhaustion, sense of being ineffective, dispirited, hopelessness, worn-out
  - ▶ While applies to work-related experiences, burnout results from general work stress, usually not describing effects of indirect trauma exposure, but more work overload and non-supportive work environment
- ▶ Compassion Satisfaction (CS)- the positive feelings that come from competent and or successful performance as a trauma professional. Includes positive relationships with colleagues, experience that ones work meaningfully adds to clients, community, etc.
- ▶ Vicarious Resilience (VR) (Hernandez, Gangsei, Engstrom 2007) similar to CS above
  - ▶ Clinician learns to overcome adversity from resilient clients (opposite of VT)
  - ▶ Results in positive transformation, empowerment through empathic engagement with resilient clients and their trauma stories of recovery and post trauma growth

# Self-Assessment ProQOL 5

- Most widely used assessment of positive and negative aspects of helping in the world -and free
- In use over 15 years, proven valid measure of Compassion Fatigue and Compassion Satisfaction
- Compassion Fatigue -two subscales
  - Burnout
  - Secondary Trauma

# CS-CF Model





# Signs of Secondary Traumatic Stress

Secondary exposure may be inevitable

Vicarious Trauma responses are not...

# Self-Reflection

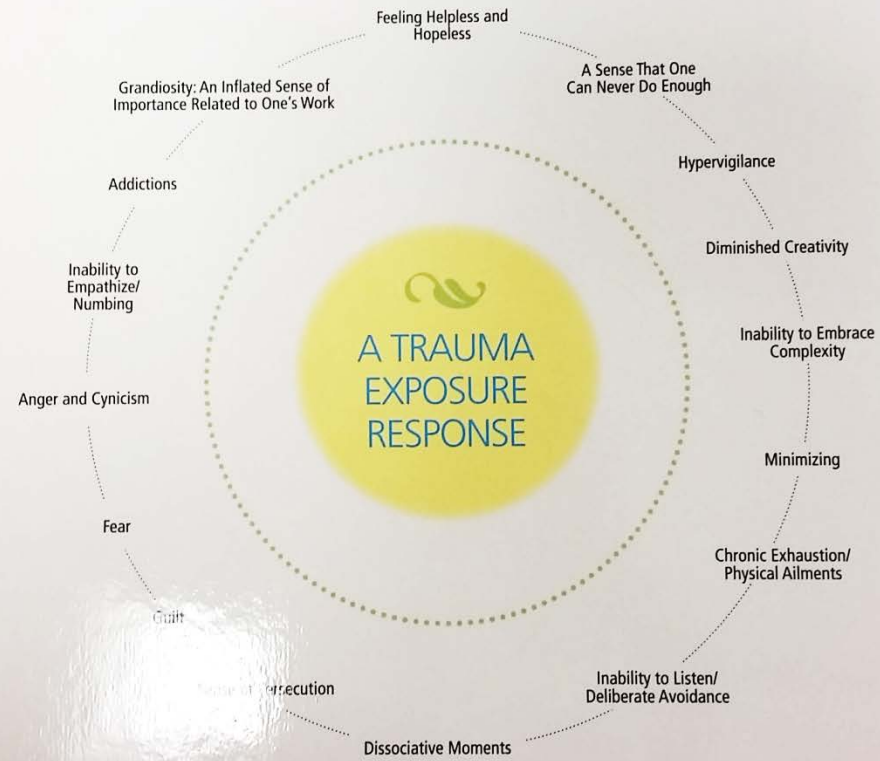
- ▶ How has this work impacted you?
- ▶ How are you different now than before you entered the field?
- ▶ What would your family/friends/partner say about your job?
- ▶ What cautions/advice would you give to others just entering this work?
- ▶ What are possible barriers to our own personal awareness of impacts on us?

# Psychological and Physiological Symptoms

- ▶ Chronic Exhaustion/Physical Ailments, depleted, sleep disruptions
- ▶ Inability to Empathize/Numbing
  - ▶ “Crazy-busy” (Brene Brown)
- ▶ Minimizing, may re-experience personal traumas or losses
- ▶ Inability to Embrace Complexity, manage multi-stressors
- ▶ A Sense that One can never do enough or martyrdom
- ▶ Anger and cynicism
- ▶ Guilt, defensive or emotionally fragile
- ▶ Fear, restless, jittery

# Behavioral Symptoms

- ▶ Inability to Listen/Deliberate Avoidance
- ▶ Hypervigilance
- ▶ Addictions
- ▶ Dissociative moments
- ▶ Reduced collaboration, factionalism
- ▶ Withdrawal from activities, social contacts
- ▶ Less trusting
- ▶ Avoidant of a range of things
- ▶ Changes in communication, edgy, snarky, critical, terse, defensive, etc.



*Trauma Exposure Response*

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.

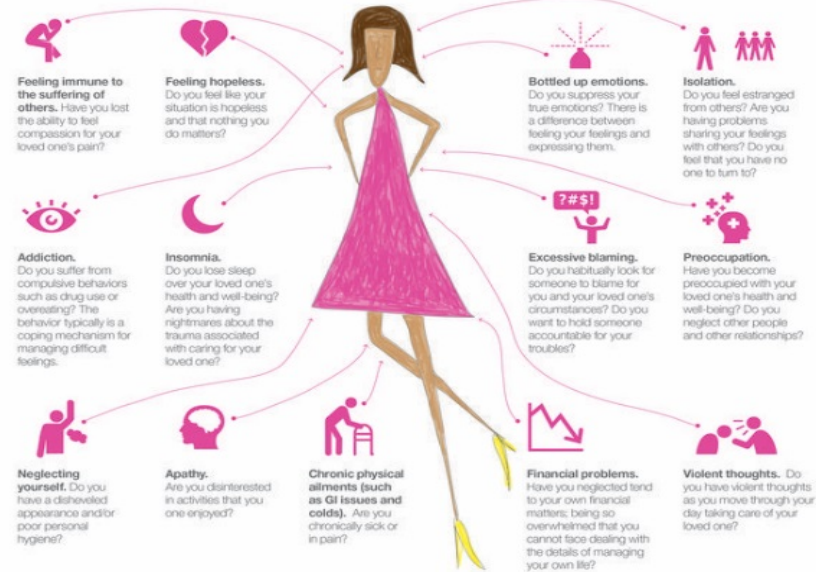


# Compassion Fatigue

It may seem like an oxymoron, but the truth is that you can care too much.

When caregivers care so much that they neglect themselves, it can create a downward spiral of self-destruction known as Compassion Fatigue. Understanding the symptoms of this condition is the first step managing it and to moving toward a healthier state of being.

Do any of these sound familiar?



Caregivers often cope by ignoring strong emotions, but eventually these emotions will become so intense they will not be ignored and a crisis can occur. Unidentified compassion fatigue causes a decline in health for caregivers and diminished care for their loved ones. In addition, caregivers who do not address their emotional problems are at risk for substance abuse and other self-destructive behaviors.

The path of healing from Compassion Fatigue will lead to a greater sense of well-being and make you a better caregiver. If you are fully present when caring your loved one's care will improve and your interactions will be more positive. The first step is awareness and then you can begin to take better care of yourself, discover healing activities, find support and attend to your spiritual needs.

Once you suffer from Compassion Fatigue it is always in you. Healing is a process and staying healthy should be an ongoing priority. You need to diligently manage your Compassion Fatigue if it resurfaces and turn away from your old destructive habits.

# Risk and Resilience Factors

Studies have found 6-26% of therapists and 50% of child welfare staff working in trauma are at high risk of STS or VT.

## Predictors from literature:

- Prior trauma
- Female gender and fewer years of clinical experience disclosing own trauma history
- Highly empathetic
- Exposure dose and case load size
- Type of work, socially or organizationally isolated
- Feel disempowered or are inadequately trained
- Whole organizations can and do experience compassion fatigue, STS

# Risk and Resilience Factors

## ▶ Resilience

### ▶ Evidence-based practices:

- ▶ Reduce levels of STS and increase personal levels of accomplishment (Sprang et al., 2007)
- ▶ Enable people to stay in their jobs longer (Aarons et al., 2011; Aarons, Sommerfeld, Hecht, Silovsky & Chaffin, 2009)

### ▶ Supportive organizations:

- ▶ “When people perceive their organizations to be supportive, they experience lower levels of vicarious trauma” (Jansen, as quoted in Trauma Stewardship on pg. 21)
- ▶ When people feel a sense of shared power in decision making
- ▶ Quality, *availability* of clinical support and supervision



# Protective Factors

- Identify and monitor STS
- Psycho-education and timely available, effective innovative supervision (e.g. reflective, narrative, self-care focused)
- On-going trauma informed care and skills training
- Use of Evidence Based Practices, engagement strategies
- Balance (in caseload, exposure and responsibilities)
- Informal/formal self report, screening
- Individual and workplace self care (walking or yoga grps, meditation, etc.)

# Protective Factors

Consider a workplace self-care “buddy system” e.g. Sanctuary

Flextime schedules, create humanistic organizational structures/norms

Self mastery and consistent use of Cognitive Triangle skills

Mindfulness training and skill building

Peer supports and consultation

External or spontaneous group processing especially after crises or disasters

Changed or varied job responsibilities

Referral to EAP services as needed

# Strategies for Trauma Stewardship

Dissonance is exhausting, authentic empathy is replenishing

# Revisiting Trauma Exposure Responses

- ▶ **Numbing**
  - ▶ Can't selectively numb. When we protect ourselves from shame, horror, fear we also protect ourselves from joy, excitement,
  - ▶ We all do it, question is can we learn to be more intentional with our numbing?
  - ▶ How, when and why do you numb?
  - ▶ What strategies do you have to bring yourself back?
- ▶ **Importance of cultivating our capacity to stay present**
  - ▶ Waves keep coming!

# Well? Now What?

- May be no way of limiting exposure in this work, so how do we ID self and others at risk, create buffers
- Identity, personal or professional is forged in social interaction.
- How would you characterize your professional identity? How essential is that to your personal identity?
- Have aspects of either of those perceptions of self shifted or altered?

# What is Trauma Stewardship?

- ▶ “...Some way to bear witness to trauma without surrendering my ability to live fully”
- ▶ “...refers to the entire conversation about how we come to do this work, how we are affected by it, and how we make sense of and learn from our experiences.”
- ▶ “... not simply an idea. It can be defined as a daily practice through which individuals, organizations and societies tend to the hardship, pain, or trauma experienced by humans, other living beings, our planet itself.”
- ▶ “Those who support trauma stewardship believe that both joy and pain are realities of life and that suffering can be transformed into meaningful growth and healing
- ▶ “...by caring for, tending to, and responsibly guiding others who are struggling, at the same time we do not internalize other’s struggles, or assume them as our own.”
- ▶ “...responding to even the most urgent needs...in a sustainable and intentional way”
- ▶ “The most important technique...is learning to stay fully present in our experience, no matter how difficult” .

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Trauma Stewardship by Laura van Dernoot Lipsky, 2009

# On Trauma Stewardship

- ▶ Be open to self-examination ...” more than anything else we need...knowledge of our own lives -what we feel, value, and experience, and what we need to do to take care of ourselves.”
- ▶ Practice self-care
  - ▶ Sense of personal control
  - ▶ Pursue personally meaningful tasks
  - ▶ Healthy lifestyle choices
  - ▶ Social supports
- ▶ *“What’s that, on your badge?” “My safety plan”, “What’s a safety plan?”*

# Feedback as a Function of Respect

- ▶ What is usual response from supervisors when you get a task done?
  - ▶ “Great, the next thing we need to do is...”
- ▶ What if we changed that response?
  - ▶ “Sit down, let’s talk about it. I’d love to see a copy and go over it together. Tell me what you think works about it.”
- ▶ How does this response feel different?

*Feedback acknowledges that somebody did something important*





# Low Impact Debriefing

Françoise Mathieu, Compassion Fatigue Solutions, 2012

Do we always need to share all the gory details?

- ▶ Step One: Self Awareness
- ▶ Step Two: Fair Warning
- ▶ Step Three: Get Consent
- ▶ Step Four: Low Impact Disclosure



# Steps in a direction: The Resiliency Process -Parallels Good TF-CBT Work

- ▶ **Inquiry:** What is happening to me?
- ▶ **Focus:** “How do I stay aware in the moment when so much is happening?”
- ▶ **Compassion:** “How do I expand it for my self and others when I want to shut it down?”
- ▶ **Balance:** “How do I hold the positive and negative together?”
- ▶ **Centering:** “What is important to me?”

Research supports that in comparison to other well-being dimensions, purpose in life is important to predicting future health and mortality (Schaefer et.al. 2013)

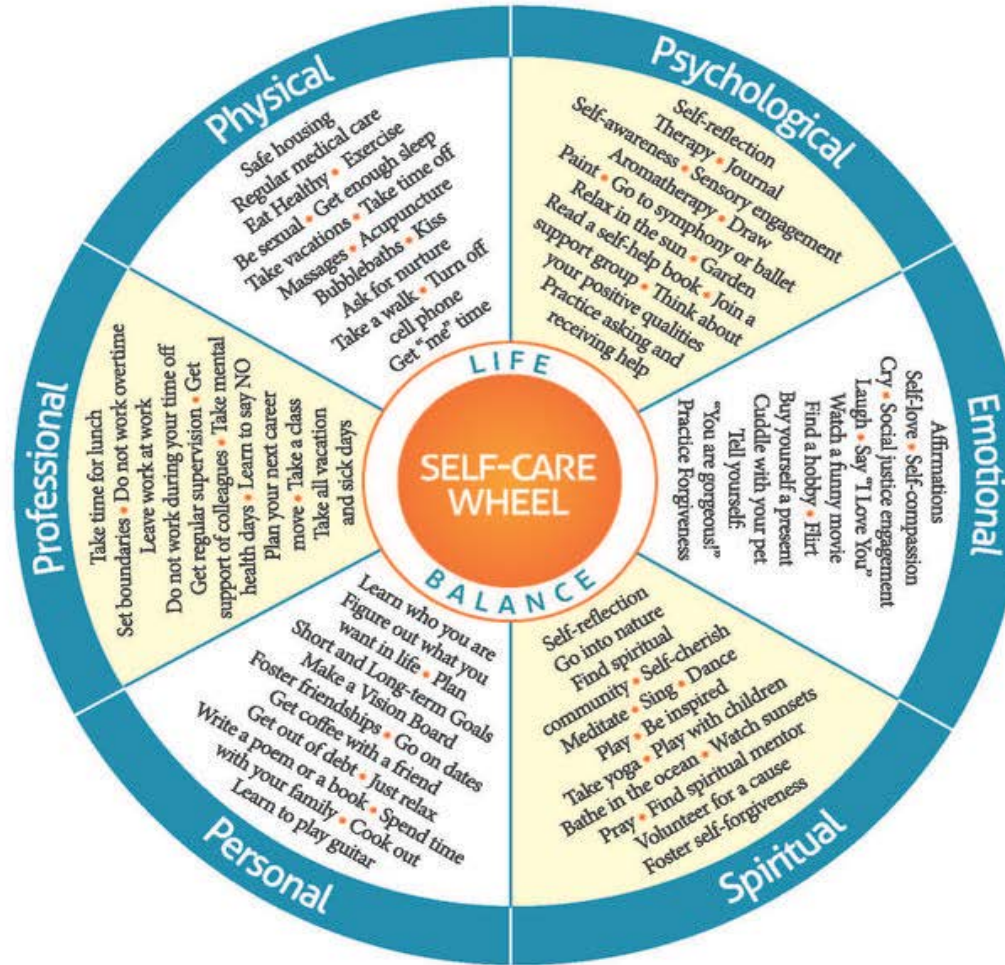
# Trauma Stewardship

- ▶ Does your facility have policies or a plan for fire? Tornado or other dangerous weather? Other high risk events?
- ▶ Have you thought about or ever implemented your own personal safety plan? What has been the hardest thing about or greatest barrier to sustaining a posture of self-care?
- ▶ A letter of support to your future self, from your workshop self

*“We are stewards not just of those who allow us into their lives but of our own capacity to be helpful, and that a mindful and connected journey, both internally and externally, allows us to sustain the work”*

Jon Conte from the foreword of Trauma Stewardship

# SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

[www.OlgaPhoenix.com](http://www.OlgaPhoenix.com)

# Resources

- ▶ NCTSN
- ▶ Trauma Stewardship Institute
- ▶ Brene Brown Daring Greatly
- ▶ Laura van Dernoot Lipsky with Connie Burk, Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, 2009
- ▶ ProQOL.org
- ▶ Francoise Mathieu Compassion Fatigue Solutions [www.compassionfatigue.ca](http://www.compassionfatigue.ca)
- ▶ [www.joyfulheartfoundation.org](http://www.joyfulheartfoundation.org)