



Facilitating Discussion
About Vicarious Trauma:
Supporting Staff in Safety Net
Clinics and Hospitals

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Friday, July 9, 2010
8:45 a.m. – 3 p.m.
Trauma Recovery Center
2727 Mariposa, Suite 100

Facilitating Discussion About Vicarious Trauma: Supporting Staff in Safety Net Clinics and Hospitals

Course Description:

This 5-hour course is designed to train participants to plan, deliver, and refine a curriculum to help staff in public safety net medical clinics and hospitals identify and cope with the effects of vicarious trauma (VT). The curriculum was developed and tested over a one-year period. Attendees will participate in a wide array of small and large group activities to prepare them to adapt and enact this curriculum at their and other affiliated sites.

Course Objectives:

As a result of attending this training, participants will be able to:

- Introduce the topic of vicarious trauma (VT) for an audience of health care providers in a compelling way
- Describe how to facilitate a meditative or other activity that elicits material from the audience
- List at least 2 techniques to manage participation that may interrupt the group learning and reflection process
- Describe one activity in which they elicit next steps for self-care from the audience
- Describe their closing strategy of making a summary statement, a statement of appreciation, and/or a statement of hope
- Plan one facilitation activity for their target audience

5 CE contact hours for RNs, LVNs, LCSWs and MFTs. **SFDPH, Maternal, Child and Adolescent Health (MCAH) is approved by the California Board of Registered Nursing, Provider #15351 for 5 contact hours. SFDPH MCAH is approved by the California Board of Behavioral Sciences Provider #4579. This course meets the qualifications for 5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences**



Agenda

08:45 - 9:15 a.m.	Introductions and Ice Breaker
09:15 - 10:15 a.m.	Sample VT Training Simulation
10:15-10:30 a.m.	Break
10:30-10:45 a.m.	Debriefing discussion
10:45-11:15 a.m.	Introducing VT to your Audience
11:15-11:45 a.m.	The Meditative Reflection
11:45– 12:15 pm	Lunch (on your own)
12:15 -01:00 pm	Effectively Managing Participation
01:00 – 01:30 p.m.	A Model Self-Care Group: Trauma Recovery Center with Vanessa Kelly, PsyD
01:30-02:00 p.m.	Encouraging Positive Coping
02:00-02:15 p.m.	Break
02:15 -02:30 p.m.	The Closing Strategy
02:30-03:00 p.m.	Next Steps: Organizational Planning

*Vicarious Trauma is. . .
the process of change that
happens because you care
about the people you serve.*

*Over time, this can lead to
changes in your
psychological, physical, and
spiritual life that also affect
your family, your
organization, and your
patients/clients.*

Pearlman, L.A. & McKay, L. (2008). Understanding and addressing vicarious trauma. www.heading-institute.org

**One Thing I Do
That Helps Me
To Protect Myself From
Vicarious Trauma**

Comments About the Simulated Training

What I liked best:

What I didn't like:

What I would feel confident doing:

What I'm unsure or not so confident about:

A new twist I would add:

MY COMPELLING INTRODUCTION ☺

I. LEAP

- a. Look to End Abuse Permanently
- b. Encourages providers to screen and intervene in IPV
- c. Providers need to be cared for to be able to care for patients

II. SELF

III. Goals of the Training

- a. For you to understand what is meant by “vicarious trauma”
- b. For you to reflect upon and self-assess your own experiences with “vicarious trauma” and how this may impact you;
- c. To give you food for thought about developing protective coping strategies that help you influence the process of vicarious trauma

IV. Definition of Vicarious Trauma:

“The inevitable process of change that happens because you care about the people you serve; over time, it results in changes in your psychological, physical and spiritual life, and then affects you, your family, your organization, and the patients you serve.”

The Mindfulness Exercise Script

To help you see how this process may have affected you and where you may be in it, I'd like to ask you to participate in a brief, 6-minute exercise. This will involve me guiding you to relax your body and breathe and to call your mind's attention to some relevant questions about your experience. After this, I'll ask you to write down whatever has come up for you.

There are generally two different sets of preferences people have when they are discussing sensitive areas: 1. Some people prefer to talk about this material with others and get support; and 2. Other people prefer to remain private and to cope privately. If you are someone who enjoys sharing, please shield others from traumatic details. If you are someone who prefers privacy, feel free to not share and to tune out if what others are sharing is causing you distress. There is room in this training -- and in this work -- for both styles, and you are encouraged to honor and respect your own style.

PAUSE, DEEP BREATH, EVOCATIVE TONE, SLOWER PACE

I now want to invite you to close your eyes. I want to invite you to feel your feet on the ground and let the ground support them and also to let the chair support your bottom and your back. And now I want to invite you to find your breath, pulling it all the way down into your belly, holding it for a second, and then fully exhaling. Good. Let's try a few more together. It's almost like there's a balloon in your belly and that balloon fills slowly, then holds, then releases. In, hold, and out.

Now I want to ask you to think back to the time when you chose to be a public health caregiver. Who were you at that time? What were your original hopes? What did your body feel like then? How did you feel emotionally? Just try and notice what comes up without judging, just noticing.

Since you've been a public health caregiver, I want you to think about what it has been like for you to work with traumatized patients. What has the reality of giving care to these patients been like? What does your body feel like now? What does your heart feel? How is your spirit?

Let's take a few more breaths together, pulling down into that balloon in your belly, holding, and releasing. Good. Notice your feet touching the ground and your bottom and back in the chair. Wiggle your fingers and toes a little bit, and then when you are ready, open your eyes.

I'd now like to ask you to remain silent and to write for 2-3 minutes whatever you need to, whatever comes up. No one will see this writing but you and you can decide if and what you want to share with the group.

PARTICIPATION MANAGEMENT TIPS

1. **Guidelines.** Simple, straightforward guidelines or caveats from the beginning prepare people for what is to come and allow you to redirect people politely.
2. **Reflect.** When possible, try to reflect the audience member's underlying meaning or intention in an affirmative way that connects the content to the presentation.
3. **The Polite Interrupt.** "I'm sorry to interrupt you because what you are saying is really important AND I'm concerned about the limited time we have. I wanted to ask you to please wrap up in the next minute. Would that be all right?"
4. **Don't Personalize.** When an audience member behaves rudely, it is not usually specifically directed at the presenter and is often a characteristic way that this staff person is in group settings. The audience knows that. Try not to take the bait and overreact but instead remain calm, grounded, compassionate, and kind.
5. **Reframe.** "It's true that organizations have a huge impact on staff well-being. It's also true that if the organization is in a bad place for whatever reason, then it may be even more important for staff to take good individual care of themselves."

6. **Call on the group.** “What do others think about that?”
“This is an issue people typically have different feelings about, so respectful disagreement is really important.
Who else would like to share?”
7. **Thank you.** “Thank you for sharing that and letting us know your stand today and what’s bothering you.”
8. **The Apology.** “I’m really sorry. I didn’t mean to have that impact upon you.” “Thanks for pointing that out. I appreciate your feedback very much and will take it to heart.”

FISH BOWL VIGNETTES

You arrive on time, set up the room, and are ready for it to begin. It's 10 minutes past when you are supposed to start and there are only 5 people present. Twenty were expected, and the designated clinic leader has not yet shown up or responded to pages.

You arrive a half-hour early to set up the room and get situated. Upon arrival, when you enter the room, you discover that the audience has been waiting for you and they seem tense. You realize that the clinic coordinator told you the training started at 3 pm but told the staff it started at 2 p.m. It is now 2:30 pm. The clinic coordinator is present but does not offer an apology and seems to feel it is your mistake.

As you are introducing the meditative reflection, a participant who seems very cognitive and in his head says: "You know, I thought this was a training and if I'd known it was a therapy group, I wouldn't have come. I'd much rather talk about the slides on your powerpoint handouts and get the key points. I'm really interested in the data here."

After the journaling exercise, you begin to ask people what came up and you pause for a good minute or two and there appear to be no volunteers who wish to speak. People avert their eyes from you, and it is becoming quite uncomfortable.

After the journaling exercise when you ask people what came up, an administrative support person says: "This was interesting because I realized I'm just here for the paycheck. I'm trying to support my family, this is a union job, and the meaning I'm gonna find will come when I retire with my pension. Period. End of story."

After the journaling exercise when you ask people what came up, a clearly overwhelmed staff member who you have always thought looked depressed begins to share a patient story that goes on and on and on with the group becoming more and more uncomfortable. Here's what she shares: "I was doing this home visit to a horrible woman in a very unsafe neighborhood. All I kept thinking about was the dog that almost attacked me when I entered her house. Her house smelled disgusting, was full of trash, and she had like really gross pussy abscesses all up and down her arms. She kept telling me she hated me and wanted me to go away. I just used to dread every single day I had to go out there and you know what my supervisor said? She said – 'get out there or lose your job because this is what we do.' And that woman was just so mean to me" (tearing up, looking as though she's going to continue talking on in this fashion for a while).

A doctor in the staff reflects how privileged she feels when she is around patients and how it makes her feel very blessed to have had the advantages she has had in life. Another member of the staff says in a somewhat snide manner: "So you do realize you grew up with a silver spoon in your mouth." The room grows quiet and it's very uncomfortable.

The clinic director is on vacation during the facilitation that you have planned. After the journaling exercise, staff begin to discuss how abusive this director is, how much aggravation this person causes everyone, and are insistent that it is the director, not the patients, who make their work lives hard. The assistant director, while present, is quiet and it is hard to read what she is thinking.

After the journaling exercise, staff begin to talk about the recent layoff notices they've all received. They discuss how demoralized they feel especially that their clinic may be one of the ones closing. One person says: "Everything I've worked to develop over the past 25 years is now being destroyed by that idiot in charge." People seem to agree with her statement.

After the journaling exercise, staff begin to talk about a beloved unit clerk/coordinator who died recently after a long battle with cancer and a visible decline. They discuss their memories of her and their fondness and the grief in the room is palpable. One person says: “You know, this clinic never really allowed us a space to talk about her or to grieve. We were just expected to keep going on business as usual. I’m really pissed about that. That’s not right.”

After the journaling exercise, one of the bilingual bicultural staff begins to talk. “All I could think about was my patient who was recently deported. She was such a good mother, she was abused by her boyfriend, she worked, and she did her very best. I even went to her INS hearing and testified about her character but it didn’t matter. They sent her back and separated her from her kids, leaving them with their abusive father. There’s nothing good that comes from something like this. It broke my heart, I couldn’t sleep at night thinking about her and those babies. My clients don’t get any of the insurance or financial benefits the other ones do, they get deported, and I just feel so helpless.” (tears filling her eyes).

As you prepare to close up the training, you make a statement of appreciation that you mean very sincerely. You say: “You know, I’ve really enjoyed listening to you, and you seem like a very caring group of people who share similar values about patient care.” A disgruntled staff member who has talked a lot throughout the facilitation interrupts you, saying in a very critical tone: “DON’T MAKE THOSE ASSUMPTIONS. IT IS NOT TRUE THAT WE SHARE THE SAME VALUES. YOU SHOULD KNOW BETTER.”

On the written evaluations, there is one evaluation that is very much a negative outlier. The participant writes: “I HATED the way you reflected back what we were saying. Wasn’t this to let US talk? You should have just been quiet and respected our process. In the future, STOP doing this. It is NOT effective.”

MY CLOSING STRATEGY

I. SUMMARY STATEMENT

II. STATEMENT OF APPRECIATION

III. STATEMENT OF HOPE

IV. PERSONAL TOUCH STORY

V. CREATIVE GIFT OR SYMBOL

Great Quotes

God doesn't require you to succeed. He only requires you to try.
--Mother Theresa

Be faithful in small things because it is in them that strength lies.
--Mother Theresa

Being unwanted, unloved, uncared for, forgotten by everybody, I think it is a much greater hunger, a much greater poverty, than the person who has nothing to eat.
--Mother Theresa

Good works are links that form a chain of love. – Mother Theresa

If you can't feed a hundred people, then feed just one. –Mother Theresa

Bitterness is like cancer. It eats upon the host. But anger is like fire. It burns all clean.
--Maya Angelou

Courage is the most important virtue because without courage you can't practice any other virtues consistently. --Maya Angelou

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you make them feel. --Maya Angelou

If you don't like something, change it. If you can't change it, change your attitude.
--Maya Angelou

Words mean more than what is set down on paper. It takes the human voice to infuse them with deeper shades of meaning. – Maya Angelou

Happiness is when what you think, what you say, and what you do are in harmony.
--Mahatma Gandhi

It is unwise to be too sure of one's own wisdom. It is healthy to be reminded that the strongest might weaken and the wisest might err. --Mahatma Gandhi

Strength does not come from physical capacity. It comes from indomitable will.
--Mahatma Gandhi

You must not lose faith in humanity. Humanity is an ocean; if a few drops of ocean are dirty, the ocean does not become dirty. -- Mahatma Gandhi

Freedom is not worth living if it does not include the freedom to make mistakes.
--Mahatma Gandhi

Fools wait for a lucky day. Every day is a lucky day. --Buddha

Thousands of candles can be lit from a single candle, and the life of the candle will not be shortened. Happiness never decreases by being shared. --Buddha

Pay no attention to the faults of others, things done or left undone by others. Consider only what by oneself is done or left undone. –Buddha

We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world. –Buddha

If you want others to be happy, practice compassion. If you want to be happy, practice compassion. --Dalai Lama

“Hope is the thing with feathers that perches in the soul, and sings the tune without the words, and never stops at all.” -- Emily Dickinson

Be as a bird perched on a frail branch that she feels bending beneath her, still she sings away all the same, knowing she has wings. --Victor Hugo

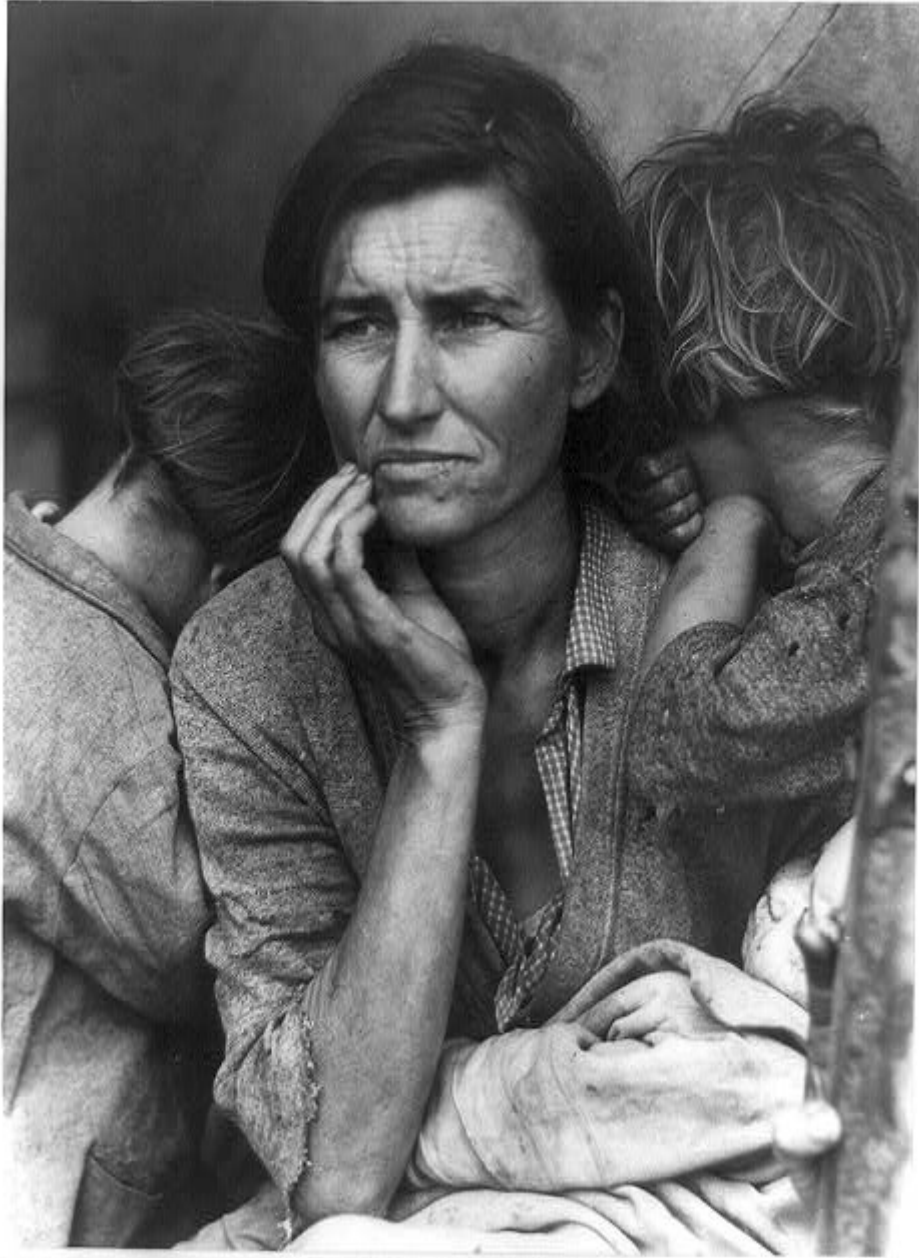
Have courage for the great sorrows of life and patience for the small ones; and when you have laboriously accomplished your daily task, go to sleep in peace. – Victor Hugo

Laughter is the sun that drives winter from the human face. --Victor Hugo

If you desire to gaze out over wide vistas, you do well to climb up to a high spot. But if you wish to gaze into the human heart, you must climb down and look from a low place. -- Soko Morinaga

Struggle is a never ending process. Freedom is never really won: you earn it and win it in every generation. – Corretta Scott King

Dorothea Lange's Migrant Mother, 1936



907A-C

A More Recent Family Photo





When I Am Among the Trees

When I am among the trees,
especially the willows and the honey locust,
equally the beech, the oaks and the pines,
they give off such hints of gladness,
I would almost say that they save me, and daily.

I am so distant from the hope of myself,
in which I have goodness, and discernment,
and never hurry through the world
but walk slowly, and bow often.

Around me the trees stir in their leaves
and call out, "Stay awhile."
The light flows from their branches.

And they call again, "It's simple," they say,
"and you too have come
into the world to do this, to go easy, to be filled
with light, and to shine."

~ Mary Oliver ~

MEANINGFUL, MINDFUL OBJECTS

(touch, smell, taste)
(evoke, awaken, remind, ground)

A smooth stone

Birthday candles

Clippings from your garden (lavender, rosemary, etc.)

Sea shells

Bouncy balls

Glass beads

Cuties (Mandarin oranges)

Tea Bags

Miniature chocolates

A Piece of Colorful, Soft Fabric



Presenters

Leigh Kimberg, MD is a Physician at the Maxine Hall Health Center, Associate Professor of Medicine, UCSF, and the Director of LEAP.

Greg Merrill, LCSW is the Director of Field Education at the University of California, Berkeley, School of Social Welfare.

Val Robb, RN, is a Clinical Nurse III at the UCSF Positive Health Program

Vanessa Kelly, PsyD, is a Clinical Psychologist at the UCSF Trauma Recovery Center.