

LEAP (Look to End Abuse Permanently)
Instructor Notes for
Transforming Vicarious Trauma: Self-Care for Caregivers

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Purpose:

The purpose of these notes is to provide each trainer with an overall sense of the curriculum as I have developed it. That said, I think trainers and facilitators shine most brightly when they take an existing curriculum and make it their own. I highly encourage you to adapt this to your style, your strengths, and most important of all, your audience. Your creativity will inspire you and your audience☺

Description:

This training was designed for healthcare providers working in safety net settings, but can be used for other types of caregivers as well. Because there is little time available for training in busy safety net settings, we decided to challenge ourselves with developing a course on preventing vicarious traumatization that could be done in one hour. This course was piloted twelve times over one year.

It is challenging to do the training in one hour (usually 50 minutes) but it can be done. If you are able to arrange for 1.5 hours this is preferable. The staff in most settings in which it was presented requested that the training be only 1 hour but, then, after experiencing it stated that they wished they had devoted 1.5 hours to it. The most important thing to remember when facilitating the training is that maintaining a compassionate, calm, good-humored, and spacious feeling yourself is more important than “getting through the material”. Relax and enjoy!

Preparation:

Contact coordinator of meeting at least one week in advance to remind and confirm the time and location, and to make sure notification has been sent out and also to get a sense of the culture of the meeting. Key is finding out whether they start on time or not. Also, it is helpful to inquire if there have been any recent stressful events or conflicts that staff may still be reacting to (for example, lay off notices, the firing of their last director, the death of a beloved clerk, etc.). Although delicate, it can also be helpful to know in advance if there are any challenging participants. With this information, you can decide in advance how you want to adapt this curriculum or the guidelines for participation you set. It’s always good to ask about parking as well.

Materials Needed:

Sets of Handouts
Notebook paper for self-reflection exercise
Set of Evaluation Forms
Extra pens
1-2 Whiteboard and/or Poster Markers
1 Poem, Picture, Wisdom Quote, or other Inspiration to Share/Leave
Watch with minute hand

The Presentation (text in *italics* are sample scripts I used)

I. Introduction of Training, Trainer, Goals and Topic (10 minutes)

A. LEAP

This Training is brought to you by LEAP (Look to End Abuse Permanently), a group of healthcare providers and volunteers who strive to end intimate partner and family violence through the development of screening, treatment, and prevention programs. We usually provide training for healthcare providers on detecting and responding to intimate partner violence and this training represents a new format for us.

We have come to believe that some providers may not wish to inquire about partner violence or other trauma because it can be so overwhelming, and we thought one way to support providers would be to offer a training on the effects working with traumatized patients can have on providers.

B. Self

Introduce yourself:

Although I currently teach in the School of Social Welfare at UC Berkeley, I worked as a social work supervisor for 6 years at San Francisco General Hospital in the Trauma Recovery Center. There I found it remarkable to note how providers were impacted by the work they did with patients. I have come to believe that you cannot be in the room as a caregiver with a traumatized patient and not in some way be impacted by what you see, hear, and feel.

C. Goals of the Training

(I often write these on the whiteboard or flipchart after the name of the training, my name, and my contact information).

There are three main goals for this time we have together: 1) for you to understand what is meant by the term of “vicarious trauma”; 2) for you to reflect upon and self-assess your own experiences of vicarious trauma and how this may impact you; and 3) to give you some food for thought about developing protective coping strategies that help you positively influence the process of vicarious trauma. These are the goals that people evaluate the presentation on at the very end.

D. Definition of VT

Refer to the slide and emphasize the key points as follows:

1. *An inevitable process of change that happens*
2. *because you care about the people you serve*
3. *resulting over time in changes in your psychological, physical, and spiritual life*
4. *and affecting you, your family, your organization, and your patients*

When you are exposed to these patients, you are impacted on many levels by what you see, what you hear, and what you feel in their presence. Since this is an invisible process, this training seeks to make it more visible to you so you can shape it.

II. Self-Reflection and Journaling (10 minutes)

A. The Mindfulness Exercise

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 with traumatized patients. What has the reality been like of giving care to these patients? 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.

B. Eliciting Audience Material

“Who would like to share something that come up for them? Anything at all?” Pause and wait. If no one volunteers, look to someone who appears as though they are contemplating sharing and ask if they would be willing to start the discussion.

As audience members relay experiences they have had or are having, link to key points including:

1. The effects of vicarious trauma vary over the course of one’s career. Early career risks include being too overwhelmed or emotionally sensitive or reactive to patient traumatic material, while late career risks include being overly detached, uncompassionate, or mechanical about patient traumatic material.
2. Being in the field of trauma every day can separate you from friends and family who don’t do similar work with similar populations; there are moments when you realize that you interpret events very differently from them because of your on-the-job exposures.
3. Trauma tends to arouse conflicting feelings, values, and philosophies. Knowing that these opposites can coexist within you, and that this is actually quite healthy, can be helpful, although integrating opposites is quite psychologically complex.
4. Most providers have strong reactions at one point or another to patient experiences of traumatization, but few actually talk about these reactions because of shame and self-judgment.
5. Providers often need to “recalibrate” how they measure success. We often start out with very idealistic notions that are torn to bits in the first five years on the job, and yet we have to believe we are having some positive impact in our work. This requires recalibrating how you measure success for yourself.
6. Organizational context is very important. If you are feeling demoralized because of budget cuts or organizational dynamics, it is even more important that you take good personal care of yourself and exert positive control over the areas that you have control of: you.

Most important of all, however, is to just be present for your audience members, and to reflect the experiences they are reporting and attach these experiences to your understanding of vicarious trauma as much as is possible. Affirmatively listening to them is the most important goal for this training.

If audience members go only to the negative effects of VT, it is helpful to say something like:

“I am wondering about the other side. For example, what are some of the benefits you’ve gotten from doing this difficult work? What has been meaningful or helpful to you or made you stronger?”

III. Coping Tips (10 minutes)

A. General Principles

Although you may not be able to avoid being affected by vicarious trauma, you can definitely work with this process in a proactive, constructive way to maintain your personal well-being and your professional effectiveness.

In my experience, this requires developing over time a series of intentional strategies, both big and small, that are mindful of who you are, your reactions, your preferences and your lifestyle, that are ACTIVE, and that balance escape, rest, and play. Escape activities simply carry you away to another world and are not purpose-driven, rest activities replenish and restore you, and play activities connect you to fun, creativity, and delight.

Key additional variables are building a support system that makes sense for you, learning to affirmatively coach yourself, and participating in the creation of a strong organizational culture that protects workers and patients. Finding and maintaining optimism is key.

Ask people to read the tip sheet (either to themselves or aloud).

Give them an index card and ask: “Given what we’ve been reflecting on today, what next step, if any, makes sense to you?”

Ask the audience members to please write their responses on the index cards. Have them discuss in dyads for 1-2 minutes or ask for 2-3 people to share their card with the group.

IV. Closing Up

Thank you so much for sharing your time with me. I want to (note one strength in the group or one thing you appreciated or learned from the discussion). If you want to share a brief closing anecdote, that can often work very well.

I’d love your honest thoughts about this training and a one-page evaluation sheet is being circulated. I’ll stay after if any of you have additional questions or thoughts, and thank you again.

I brought something to share with you; when you turn in your evaluation, please take a poem/wisdom quote/object/photo etc. Thanks again so much.