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Nurturing Vicarious Resilience to Counteract the Challenges of IPV Work in Social Workers' Lives



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- ***“Why do you do the job you do? How is it meaningful for you?”***
- ***“Are there ways in which you feel that you benefit in relation to your work with those who are in significant distress?”***

Learning Objectives

- To consider Common Effects of our Work with those Experiencing Violence and its Effects in their Lives
- To explore Strategies to Strengthen and Support our Well-Being alongside our Commitment to this Work, including...
 - Personal Strategies
 - Strategies amongst Colleagues
 - Institutional Strategies



How do we name it?

- Compassion fatigue
- Vicarious traumatization
- Secondary traumatization
- Secondary stress disorder
- Insidious trauma and
- Vicarious trauma



The impact of IPV on social workers

- Impact of our work choice influence on all other facets of our life.
- Choosing to work in the field of intimate partner violence will change you
- Effects of listening, reading, writing the stories of the clients –victims/survivors, children, abusers - will create a subtle or marked change in your personal, political, spiritual and professional outlook.

The impact of IPV on social workers

- Whether shaping social policy or providing services to individuals, families, and communities, social workers are fully engaged with a huge social problem.
- Social workers who are responding to the often devastating effects of intimate partner violence act as witnesses to many stories of abuse every day. Working in this field deeply impacts lives just as your work do impacts the lives of others.

Primary & Secondary Trauma

- Primary trauma: trauma experienced directly by person
- Secondary trauma: others who are within the trauma victim surrounding: caregivers, close circle of family or friends.
- Secondary trauma: stories of the victims, witnesses and suspects that are frequently traumatic, violent, brutal, and tragic.
- Social workers as caregivers: re-exposed to the same traumatic material – being first responder or listener, and then having to relive this stories over and over again as the victim's heal.

Burnout vs Vicarious Trauma (VT)

Burnout	Vicarious Trauma
Related to the work environment	Related to the work environment
Work with difficult population	Work with traumatized population
Workload & institutional stress are the precipitating factor	Exposure to traumatic material is the precipitating factor



Common Ties...

- Commonalities between a victim's experience of IPV and experiences of social workers.

Victims of IPV experience traumatic and terrifying events	Social workers respond to these events and fears for victim's life
	Social workers can understand victims' lives because they hear about violence in the lives of their clients on a regular basis.



Common Ties...

Danger: Both know the violence is inevitable;

Verbal Abuse: Both the victim and social worker are subjected, often on a regular basis, to derogatory remarks, verbal harassment, and abuse.

Psychological Abuse/Emotional Turmoil: Abusers may try to manipulate victims - Victims and social workers may fear the reoccurrence of a violent incident, such as a shooting/injury/death.

Depression: Many victims of violence and social workers endure the chronic psychic pain of depression and traumatic stress.

Isolation: Abuse victims often cannot afford to leave their abusers. Social workers often are caught in the paradigm of wanting to implement changes and the slow process of change

Effects of Vicarious Trauma

- Effects on the individual;
- Effects on the workplace;
- Effects on the organization or employer;
- Effects on the family and community.



SECONDARY TRAUMATIC STRESS SCALE

	Never	Rarely	Occasionally	Often	Very
• I felt emotionally numb	1	2	3	4	5
• My heart started pounding when I thought about my work with clients	1	2	3	4	5
• It seemed as if I was reliving the trauma(s) experienced by my client(s)	1	2	3	4	5
• I had trouble sleeping	1	2	3	4	5
• I felt discouraged about the future	1	2	3	4	5
• Reminders of my work with clients upset me	1	2	3	4	5
• I had little interest in being around others	1	2	3	4	5
• I felt jumpy	1	2	3	4	5
• I was less active than usual	1	2	3	4	5
• I thought about my work with clients when I didn't intend to	1	2	3	4	5
• I had trouble concentrating	1	2	3	4	5
• I avoided people, places, or things that reminded me of my work with clients	1	2	3	4	5
• I had disturbing dreams about my work	1	2	3	4	5
• I wanted to avoid working with some clients	1	2	3	4	5
• I was easily annoyed	1	2	3	4	5
• I expected something bad to happen	1	2	3	4	5
• I noticed gaps in my memory about client sessions	1	2	3	4	5

Intrusion Subscale	(add items 2, 3, 6, 10, 13)	Intrusion Score	_____
Avoidance Subscale	(add items 1, 5, 7, 9, 12, 14, 17)	Avoidance Score	_____
Arousal Subscale	(add items 4, 8, 11, 15, 16)	Arousal Score	_____
TOTAL	(add Intrusion, Arousal, and Avoidance Scores)	Total Score	_____



“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.”

(Mathieu, F., 2011, p. 6)



- *“Those who work with the suffering suffer themselves because of the work.”*
(Figley, *Treating Compassion Fatigue*, 1997)
- *“It is an ethical imperative. We have an obligation to our clients - as well as to ourselves, our colleagues, and our loved ones - not to be damaged by the work we do.”*
(Saakvitne & Pearlman, *Transforming the Pain*, 1996)

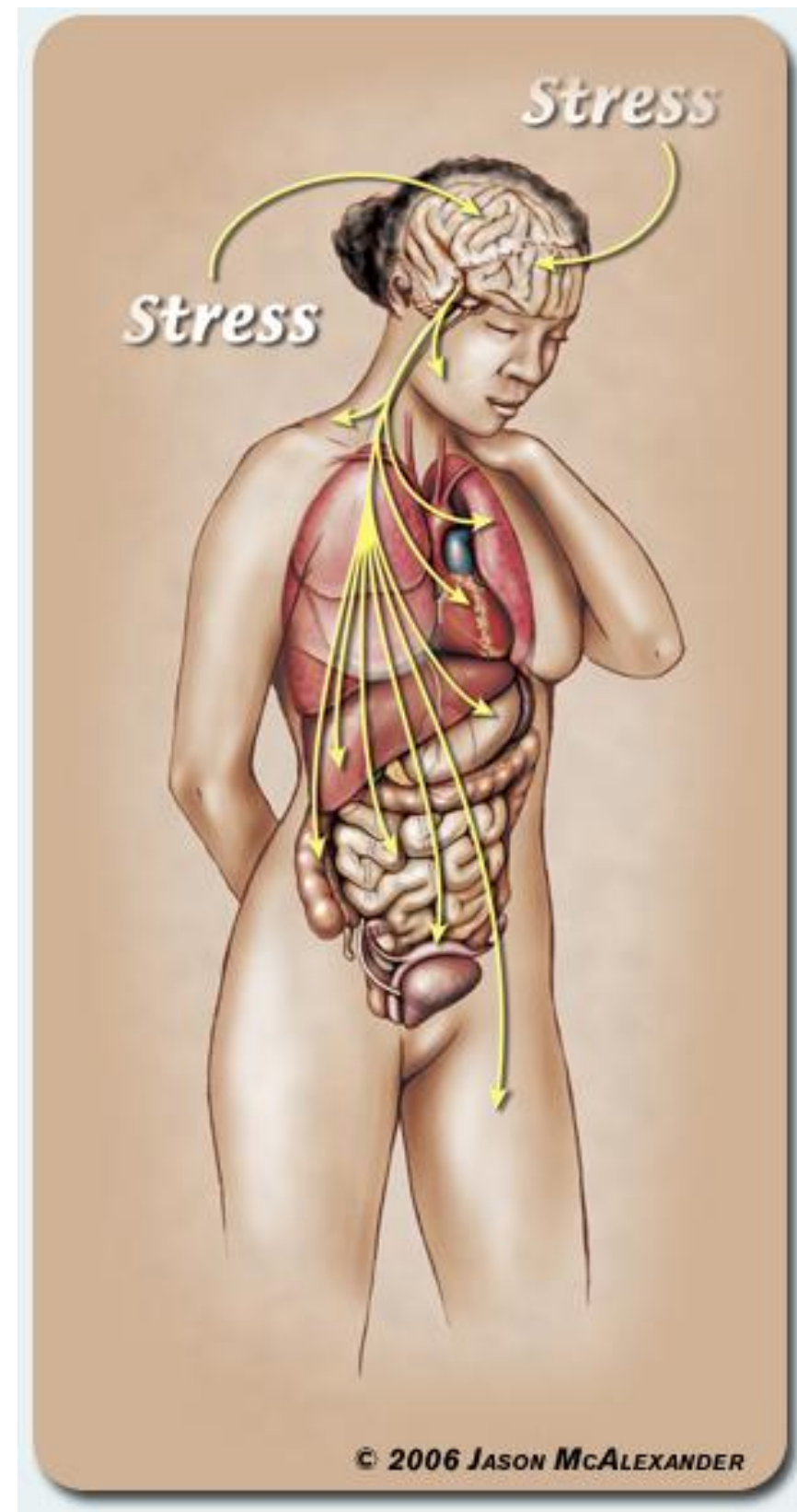
Compassion: “Suffering With”

“Becoming intimate with pain is the key to changing at the core of our being - staying open to everything we experience, letting the sharpness of difficult times pierce us to the heart, letting these times open us, and make us wiser and more brave.”

(Chodron, 2007, p.71)



Working with your Stress Response

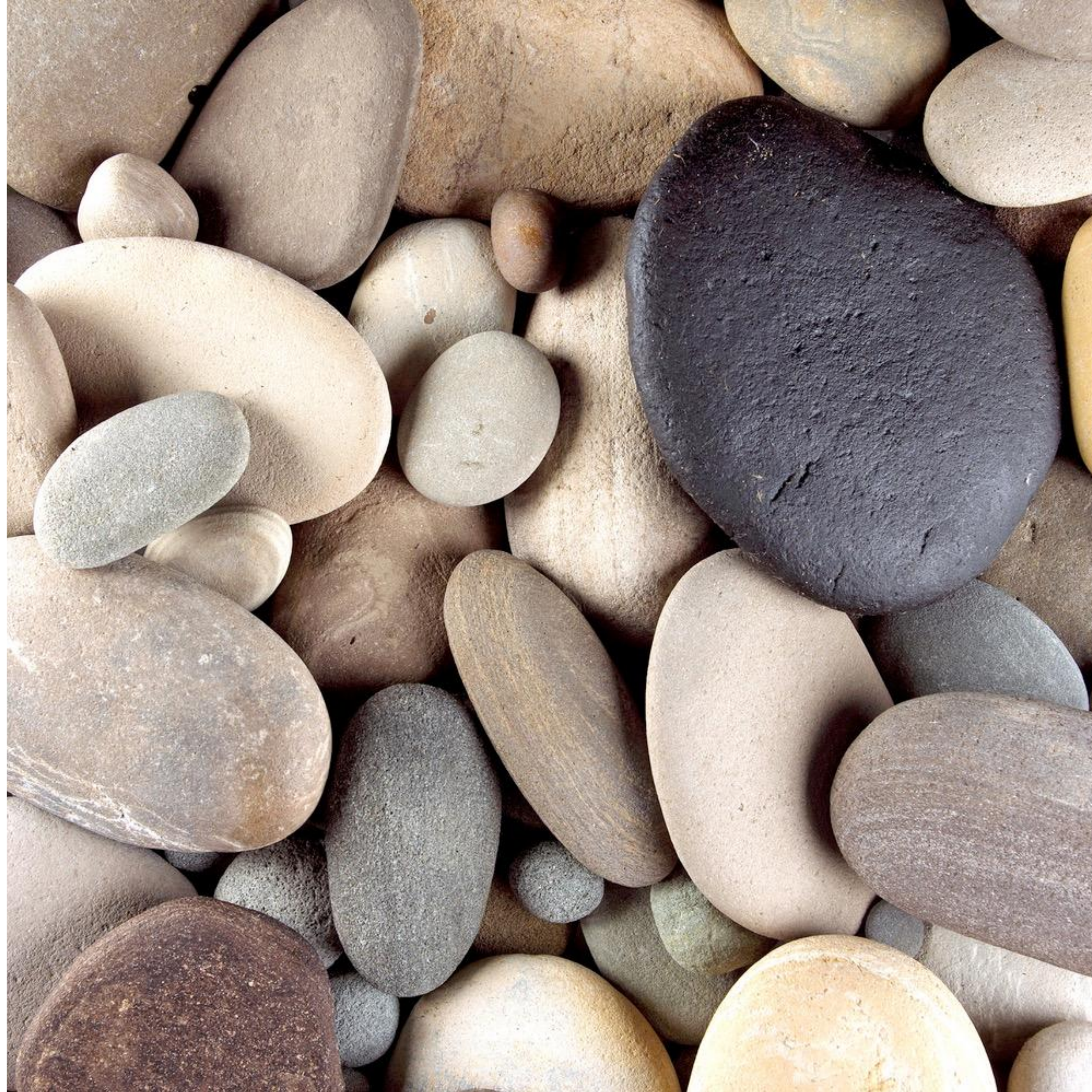


“Chasing meaning is better for your health than avoiding discomfort.”
(Kelly McGonigal, 2013, TEDGlobal)

• ***Stress Resilience***

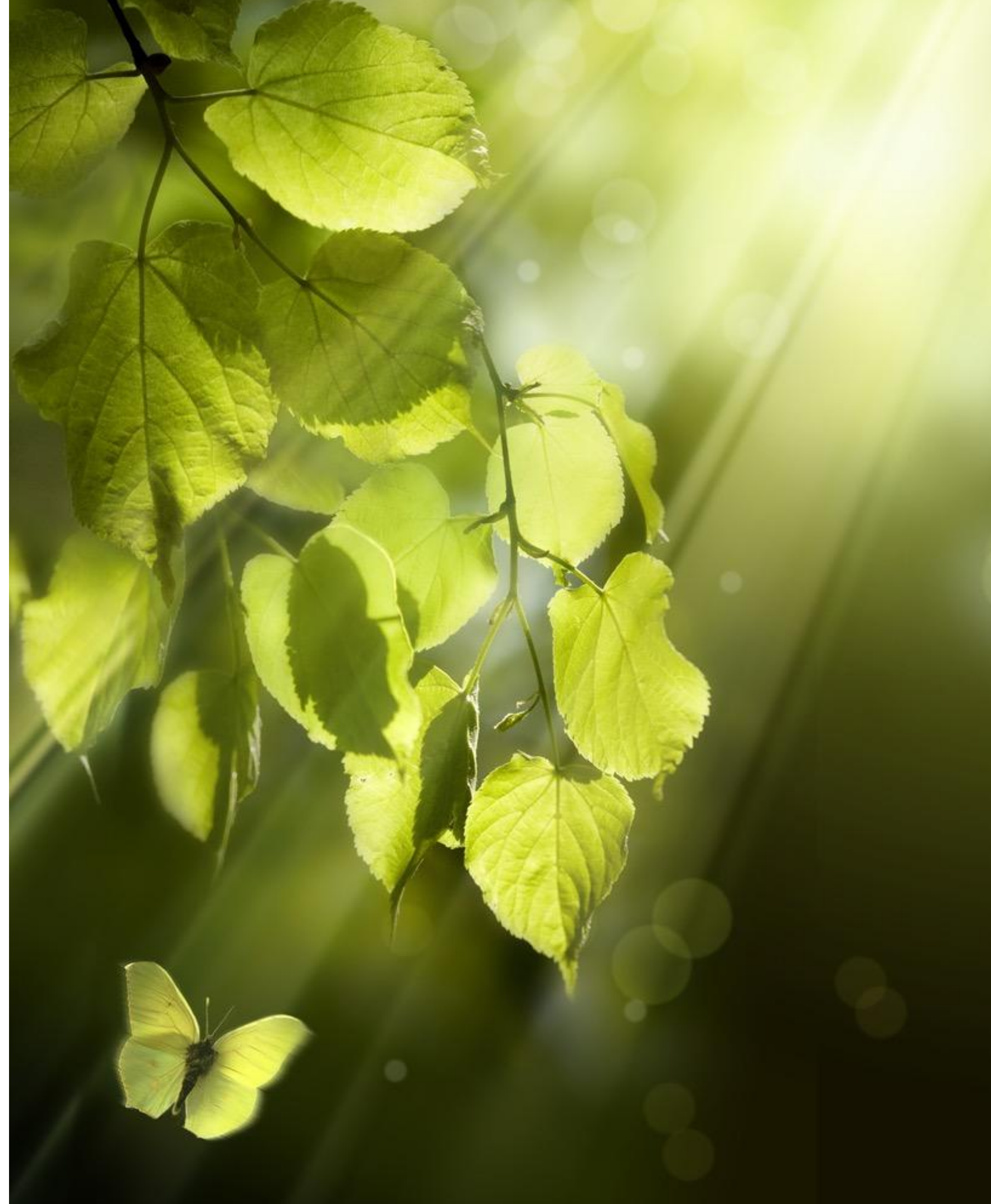
• ***Compassion Satisfaction***

• ***Vicarious Resilience***



Vicarious Resilience

- Focuses on workers' interpretations of their clients' traumatic or distressing stories, and how workers make sense of the impact that these stories have had on their lives. It involves:
 - Developing skills to Reframe and Cope with Difficult/Painful aspects of our Work; and
 - Attending to what we find Rewarding and Inspiring in our Work, and Lessons we have Gained.





Cultivating Vicarious Resilience

(Hernandez, Gangsei, & Engstrom, 2007)

- Normalize own reactions
- Recognize balancing aspects of this work (inspiring & draining)
- Reflect on person's capacity to heal
- Develop hope & commitment to their work
- Create helpful meaning & challenge negative beliefs
- Consider lessons learned from clients & trauma work
- Reassess significance of problems
- Acknowledge gifts received from work

Contributing Factors to Social Workers' Distress

- **Personal History;**
- **Coping Style;**
- **Nature of Work/Caseloads;**
- **Cumulative Exposure;**
- **Organizational Context;**
- **Social Context/Support;**
- **Supervision/Perceive Self as Inadequately Trained**

- (Bober & Regehr, 2006; Jenkins & Baird, 2002; Ortlepp & Friedman, 2002; Pearlman & Maclan, 1995; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995)



Common Issues in our Work Environments

- Exposed to Traumatic or Distressing Stories, AND...
- Budget Cuts
- Increasing Workloads
- More Paper Work/Record Keeping
- Limited or Diminishing Referral Sources
- Regularly face Moral/Ethical Dilemmas
- Work within System with Significant Flaws
- Limited Options/Support for Professional Development
- Work with Cynical or Burned Out Colleagues
- Limited or Inadequate Clinical Supervision





- *“(W)hen addressing the distress of colleagues, we have focused on the use of individual coping strategies, implying that those who feel traumatized may not be balancing life and work adequately and may not be making effective use of leisure, self-care, or supervision... ..(And yet), since the primary predictor of trauma scores is hours per week spent working with traumatized people, the solution seems more structural than individual. (It is perhaps time that efforts) shift from education to advocacy for improved and safer working conditions.” Bober & Regehr, 2006, p.8*

Prevent or Alleviate Vicarious Trauma

Care that can be implemented on personal level:

1. Care for own needs: sleep, nutrition, health, and exercise
2. Physical & psychological distance by: vacation, balance between professional and personal
3. Processing the emotions & reactions after bearing witness to trauma survivor: discuss with colleagues or consultation with counsellor, etc (be careful of sharing with family and friends)

Standards of Self Care

- Ethical Principles of Self Care in Practice
- Standards of Humane Practice of Self Care
- Standards of Appreciation and Compensation
- Standards for Establishing and Maintaining Wellness



Standards of Self Care

Strategies for letting go of work

- Frequent contact with nature or other calming stimuli
- Effective methods of creative expression
- Learn effective skills



Standards of Self Care

- Meditation or spiritual practice
- Effective methods of self assessment and self-awareness
- Social/interpersonal
- Prevention Plan



Standards of Self Care

- Balance between work and home
- Boundaries/ limit setting
- Time boundaries/overworking
- Therapeutic/professional boundaries
- Personal boundaries
- Dealing with multiple roles
- Realism

Getting support/help at Work

- Peer support
- Supervision/consultation/therapy
- Role models/mentors



The other side of the Coin – Why we need to take care of self


What happens when:

Victims are re-victimized through our words or actions

Impact: victim feel re-abused - abuser gains power

How

- 1. Disbelieving or denying:** minimize the victim's experience or impact on her life.
- 2. Blaming the victim:**
- 3. Criticizing:** judge a victim for normal reactions to a traumatic event.



**Are you being
*Slimed?***

Low-Impact Debriefing

(Mathieu, 2011)

- Timely; “Limited Disclosure”
- **1. Self-Awareness:** What is most helpful to you in dealing with difficult stories?
- **2. Fair Warning:** Being told that you’re about to hear a traumatic story helps you be prepared
- **3. Consent:** “I could really use a debrief. Is this a good time?” (Listener can decline or qualify - “I have 10 minutes, will that work?”)
- **4. Low-Impact Debriefing:** Start on the outer circle of the story. Then decide whether you need to tell the graphic details.



Organizational Changes

(Mathieu, 2011)

“There is a lot that organizations and management can do to structure work roles and develop organizational cultures that help lessen vicarious trauma in their staff.”

- Adequate Salaries and Time Off
- Sufficient Orientation, Professional Development
- Regular and Effective Supervision
- Procedures and Training in Place for Staff Safety
- Build Diversity and Job Enrichment into Work
- Access to Health Support Services
- Staff Relationships, Morale Supported
- Communication & Staff Contributions Encouraged

Exercises / Wellness Wheel



What would your wellness wheel look like for you?



Beyond Bubble Baths: Deepening and Collectivizing “Self-Care”



Self-Care Assessment Worksheet

(Saakvitne , Pearlman, & Staff of TSI/CAAP, 1996)

- On a Scale of 1-5 (*1=It never occurred to me; and 5=Frequently*), how often do you...
- **Physical Self-Care**
 - *Sample Items:* Eat regularly; Get enough sleep; Take mini-vacations; Wear clothes you like; Take time to be sexual
- **Psychological Self-Care**
 - *Sample Items:* Make time for self-reflection; Engage in a new area; Practice receiving from others; Say “no” to extra responsibilities sometimes
- **Emotional Self-Care**
 - *Sample Items:* Spend time with people you enjoy; Be gentle with yourself; Engage in comforting activities; Find things that make you laugh; Express yourself through social action
- **Spiritual Self-Care**
 - *Sample Items:* Cherish your hope; Meditate or Pray; Sing; Find a spiritual connection or community; Identify what is meaningful to you and notice its place in your life; Spend time in nature

Self-Care Assessment Worksheet (*contd.*)

(Saakvitne , Pearlman, & Staff of TSI/CAAP, 1996)

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- On a Scale of 1-5 (*1=It never occurred to me; and 5=Frequently*), how often do you...
 - ***Workplace or Professional Self-Care***
 - *Sample Items:* Take a break in the workday; Connect with co-workers; Identify projects that are rewarding; Balance caseloads; Set limits; Create quiet time to complete tasks; Create a comforting workspace; Receive regular supervision/consultation; Have a peer-support group; Negotiate for your needs
 - ***Collaborate in building a workplace culture that fosters collective care***



What is your Next Step in Nurturing Vicarious Resilience?

- 1. Consider which Strategies might Benefit You in your Current Situation?
- 2. Choose 2 Items that you would like to Prioritize:
 - **1. A Personal Strategy; and 2. Within your Team/Agency**
- 3. With your Team, a Colleague, or on your Own, Explore:
 - **What is a 1st Step that You could take toward this Change this Week?**
 - **How Confident are You that You will Take this Step?**
 - **What would Assist You in feeling More Ready & Able to Commit to this Step?**



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Thank You Merci

Questions?

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