

Wounded Healers: Trauma Impact & Self Care

Dr. Jill Levenson, PhD, LCSW



Learning Objectives:

01

Learn to understand your own work-related stressors through a trauma lens.

02

Identify and describe specific work-related stressors including vicarious and secondary trauma, compassion fatigue, moral injury, and burnout.

03

Explain how parallel processes between practitioners and clients can manifest in trauma-informed care.

04

Apply skills for building your own resilience and self-care plan.

Understanding trauma
is not just about
acquiring knowledge.

*It's about changing the way
you view the world.*

Thinking about our clients
And ourselves...
Through the trauma lens.



Beyond ACEs: Variety of Traumatic Experiences throughout Life

Trauma:

Loss
Threat
Fear
Uncertainty

Adverse Childhood Experiences (ACEs)

Adult Trauma

The Trauma of Poverty

Historical and Cultural Trauma

Intersection of Stigma & Marginalization

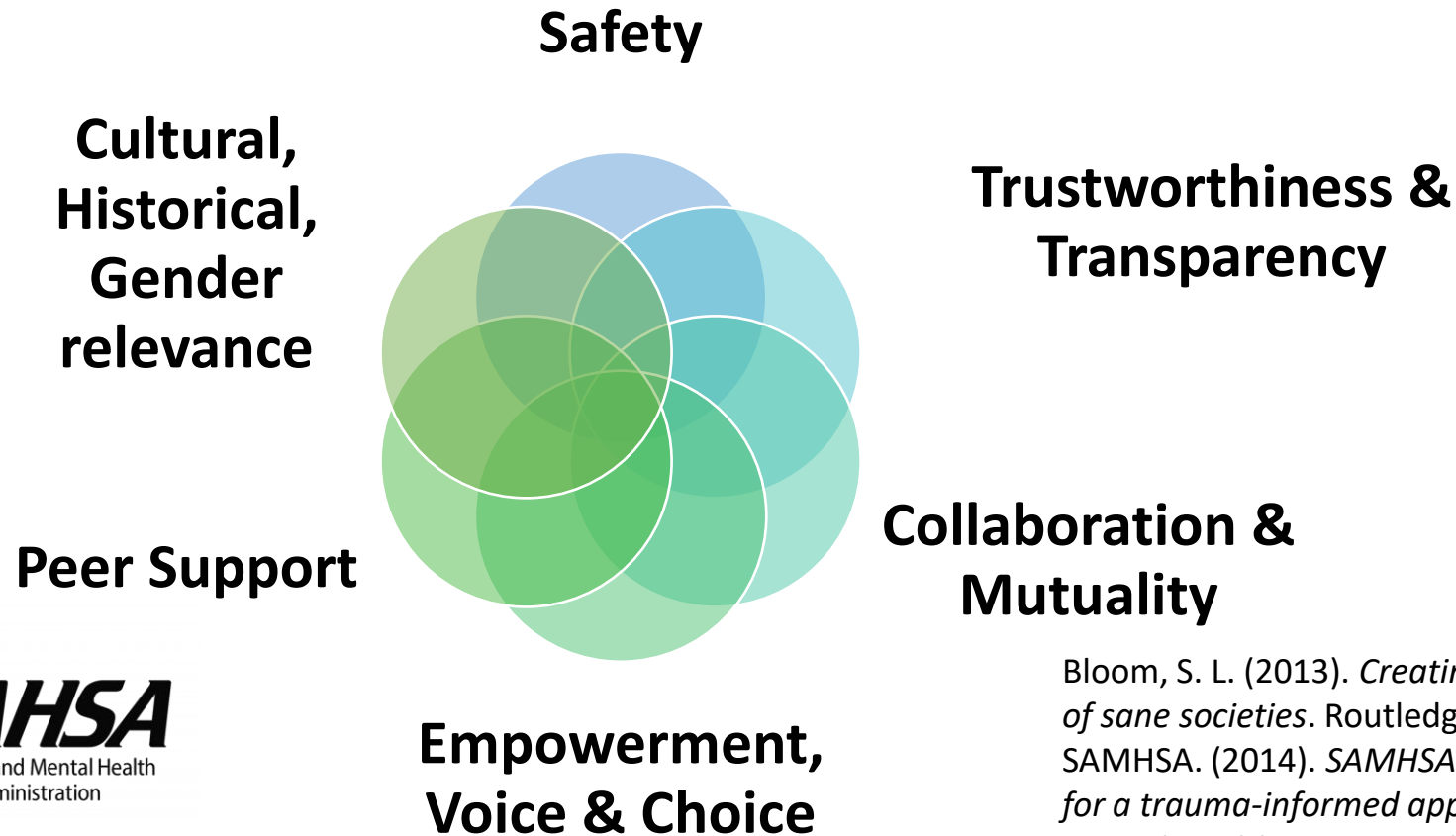
Privilege & Power

Vicarious exposure to trauma – news, others, clients



**Complex
Trauma**

SAMHSA's 6 Key Principles of Trauma-Informed Care- Because trauma exists when these things are absent.



SAMHSA
Substance Abuse and Mental Health
Services Administration

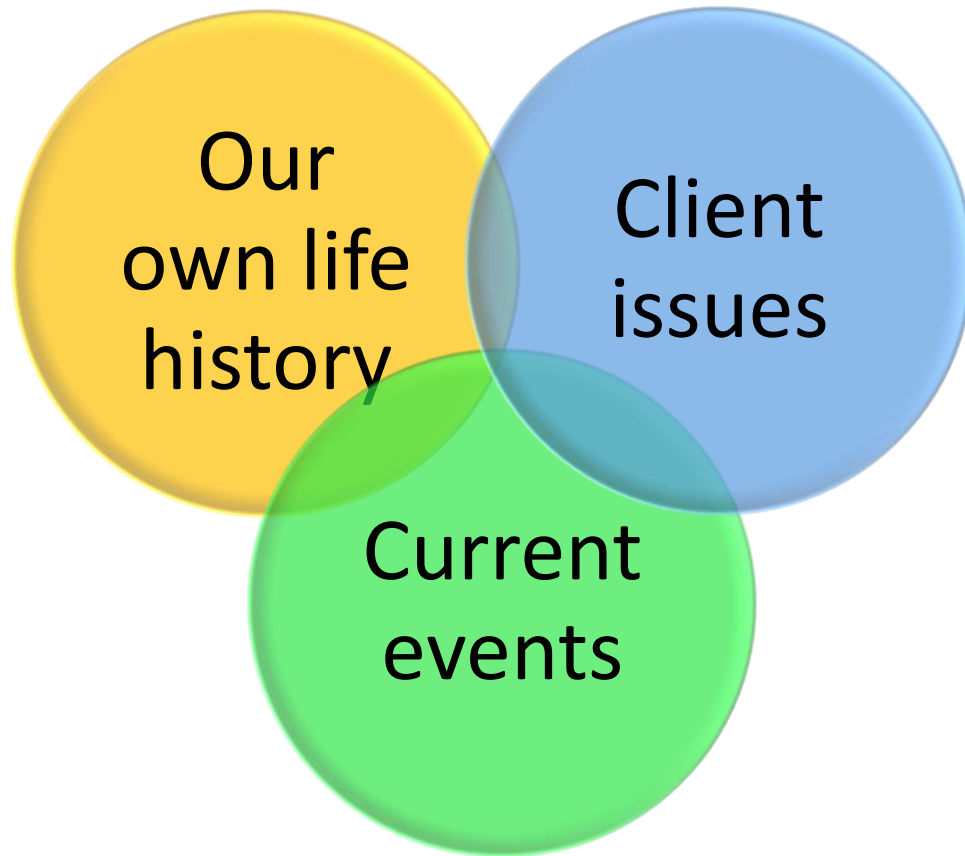
Bloom, S. L. (2013). *Creating sanctuary: Toward the evolution of sane societies*. Routledge.

SAMHSA. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.

APA (2013). DSM-5

Van der Kolk, B. (2014)

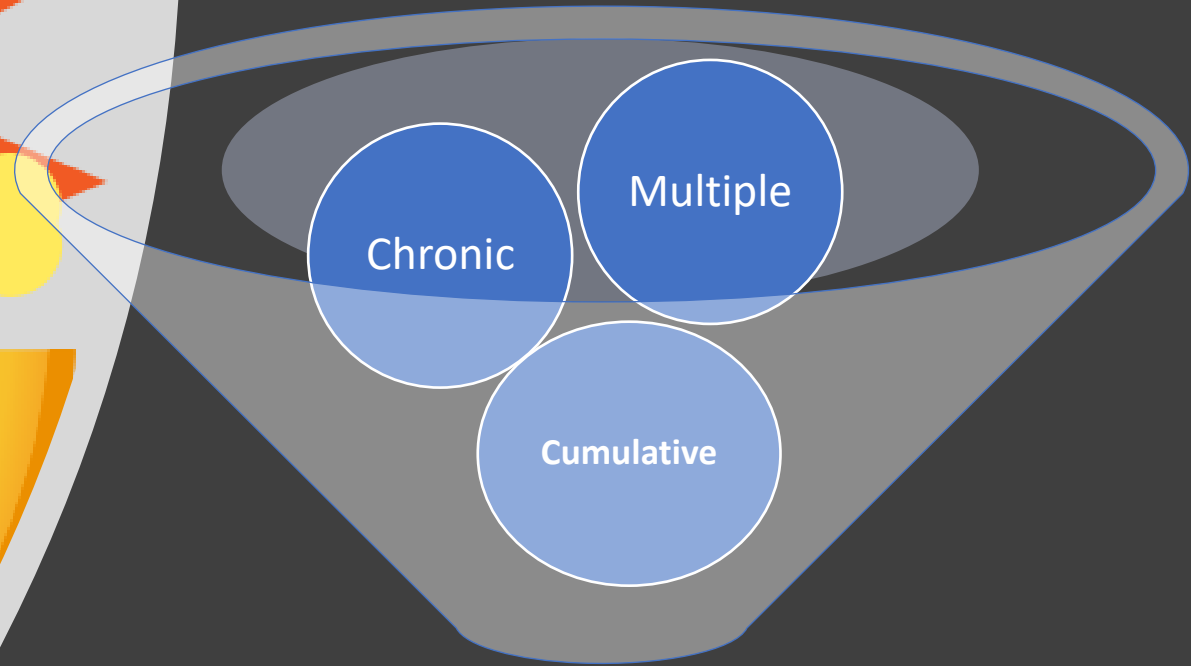
Herman, J. (1992)





Dysregulation comes from
feeling overwhelmed,
challenging coping skills.

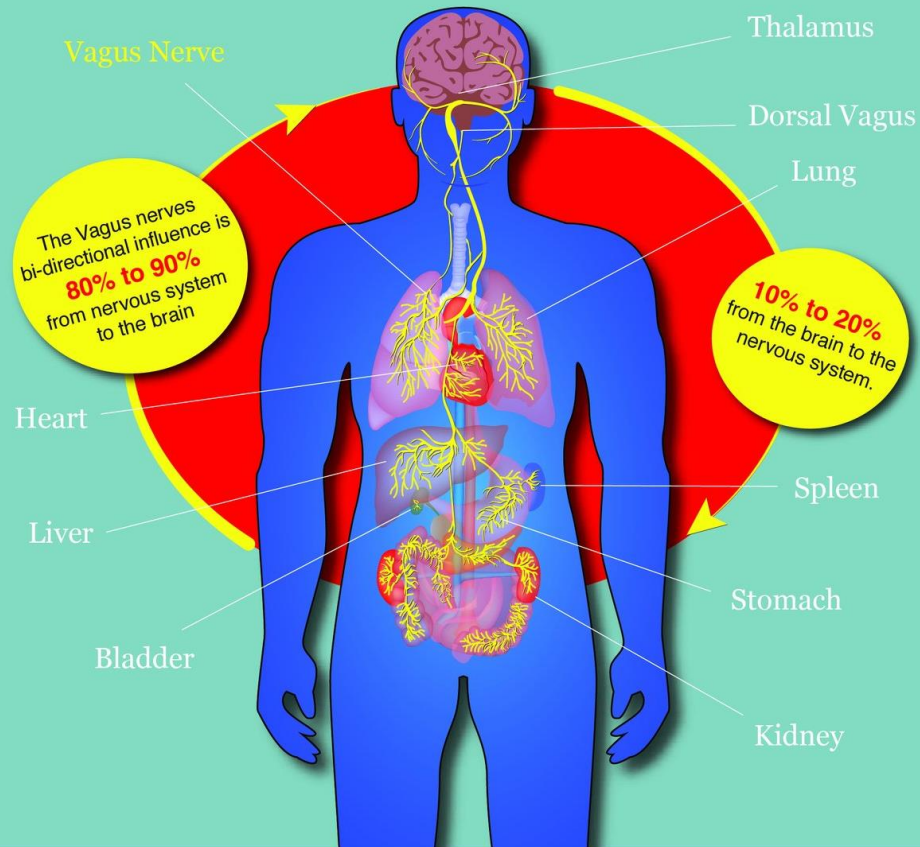
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↓
**Complex
Trauma**

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TRAUMA VAGUS NERVE PROCESSING



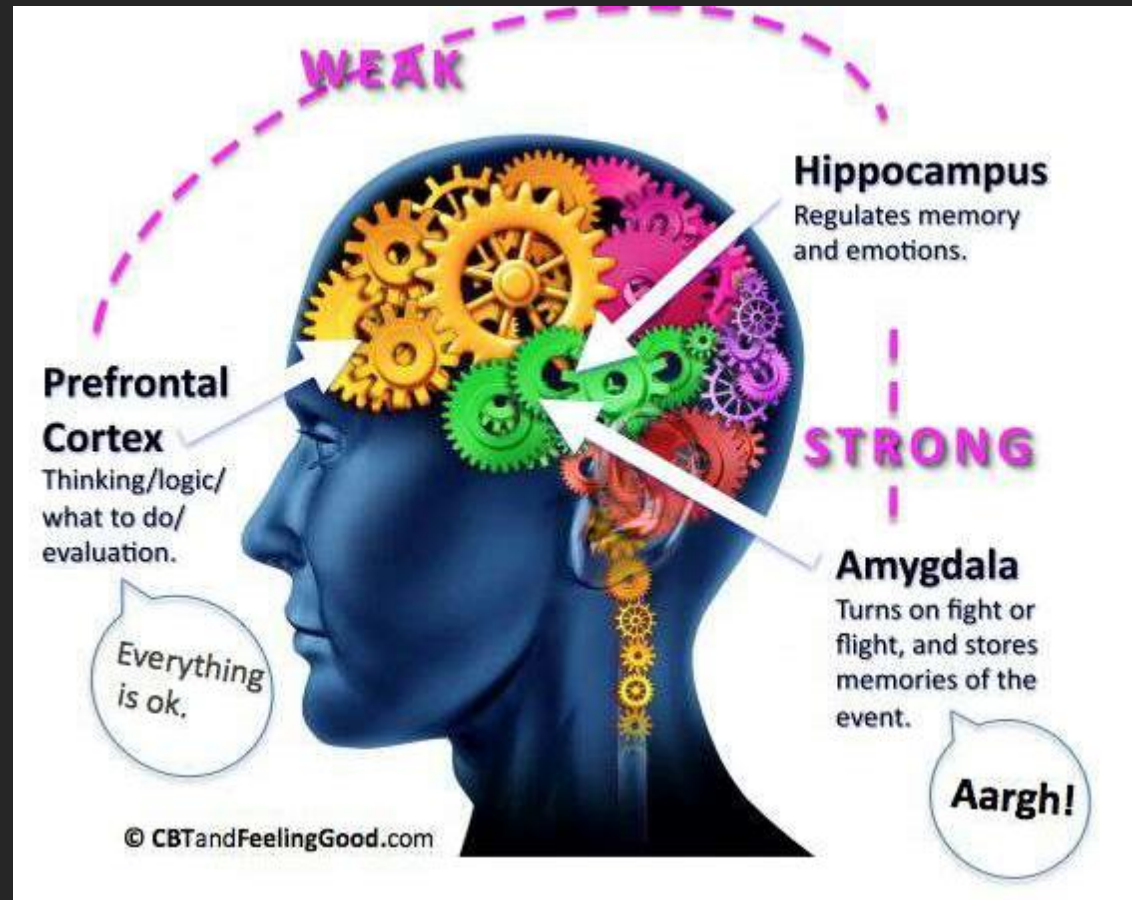
Physiological Relationships to Mental and Behavioral States

The body's automatic ability to keep the self-safe operates with **Real** and **perceived threats**. Often triggers from **perceived threats** move one into the **DANGER** or **LIFE THREATS ZONES**. The environment, family, homes and friends are safe, yet often perceived as threats. Tigers, bears, natural disasters and violence are **real threats**.

With trauma, prior childhood trauma and PTSD the ability to move back to the safety zone becomes difficult and the nervous system remains in a constant or recurring state of distress, anxiety, panic, depression and dissociation.

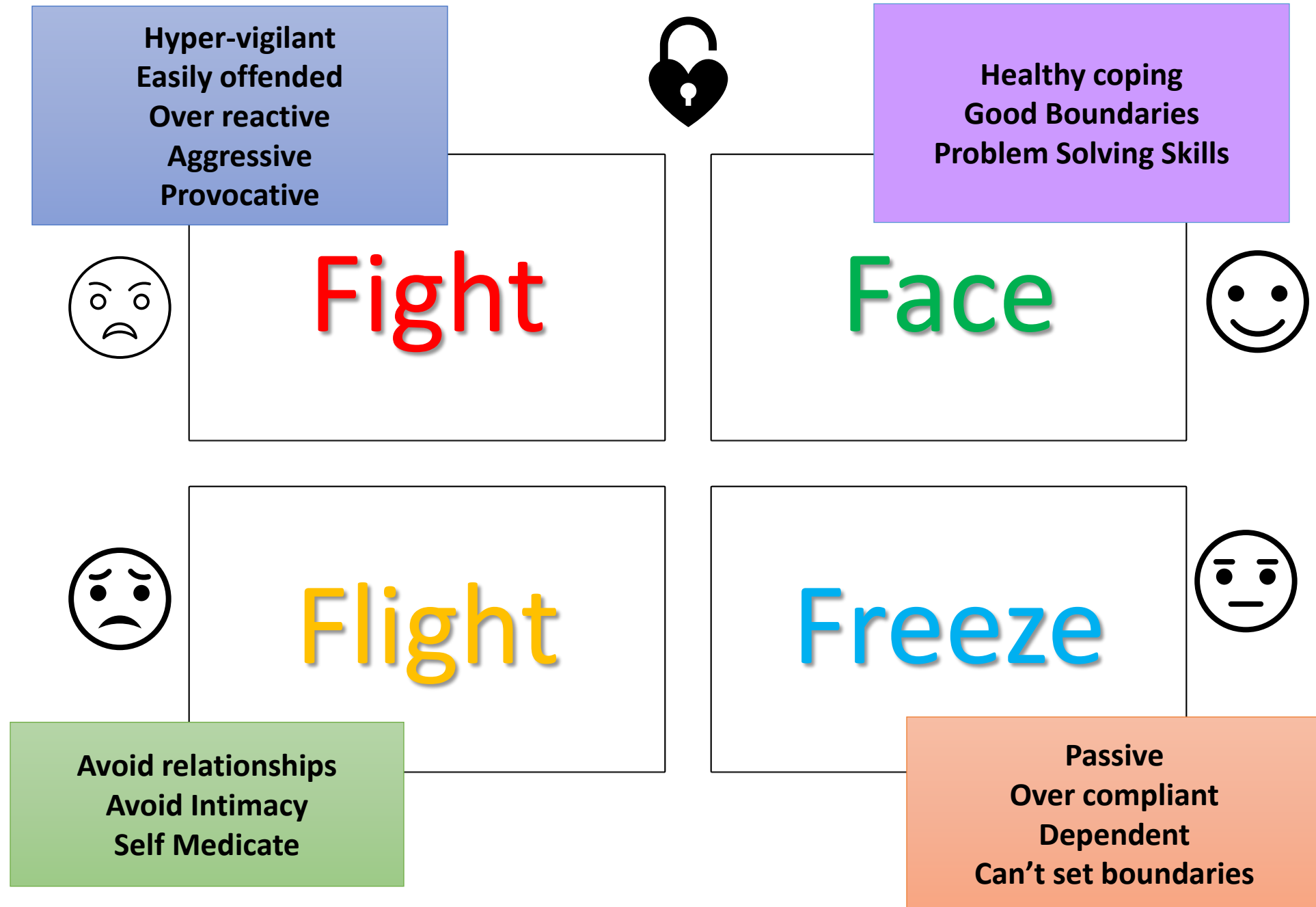
The Mind-Body Connection


CRISIS



© CBTandFeelingGood.com

Ways trauma may impact relational dynamics and behavior





What are some of your
most common work-
related stressors?





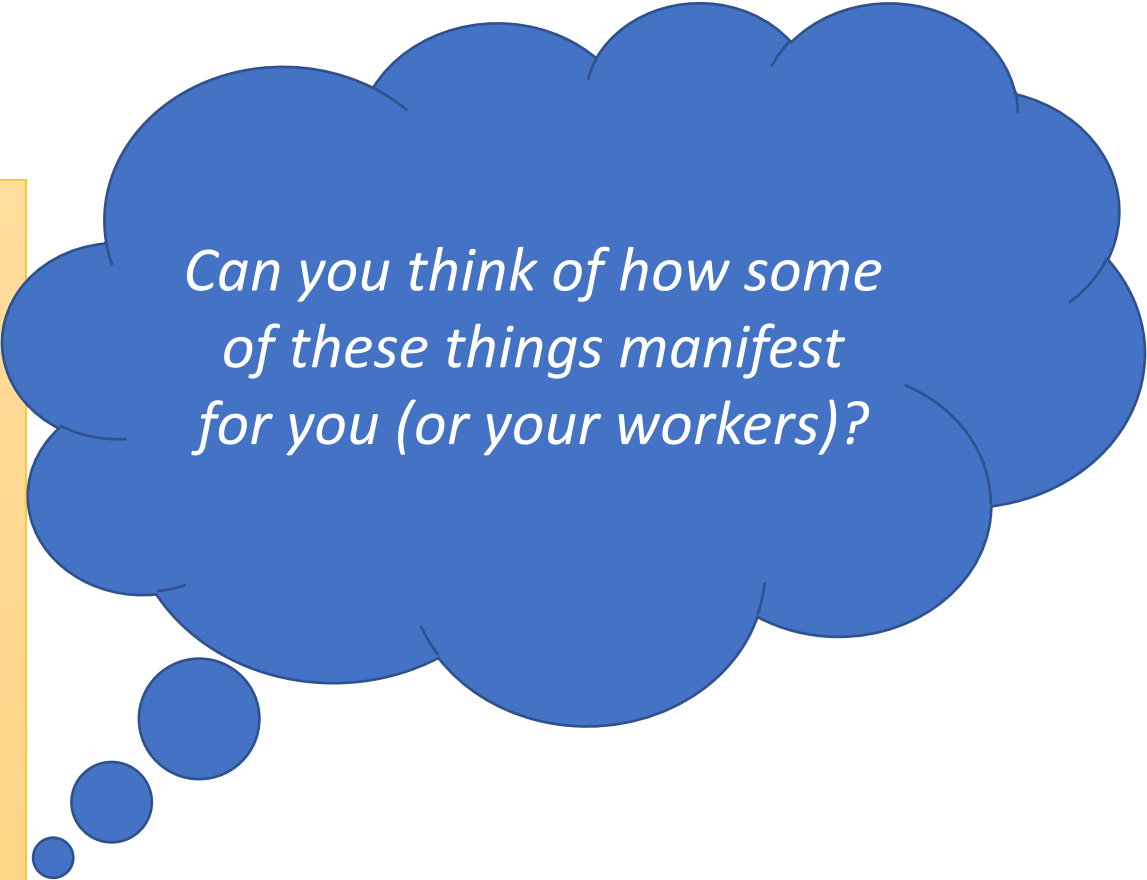
Work-Related Traumatic Stress

- The “typical” stressors: overworked, underpaid, under-appreciated, workplace drama.
- Specific demands related to our client populations
- Repeatedly hearing stories of loss, harm, and struggle from clients
- Reading or reviewing records or other case material (photos)
- Toxic colleagues
- Demands of remote working and/or return to F2F
- Competing demands of work/life balance, especially in the post 2020 world
- Stress of current events, 24-hour news, social media
- Interaction of external world/community trauma with one’s own life and life of our clients
...What else???

Occupational Hazards

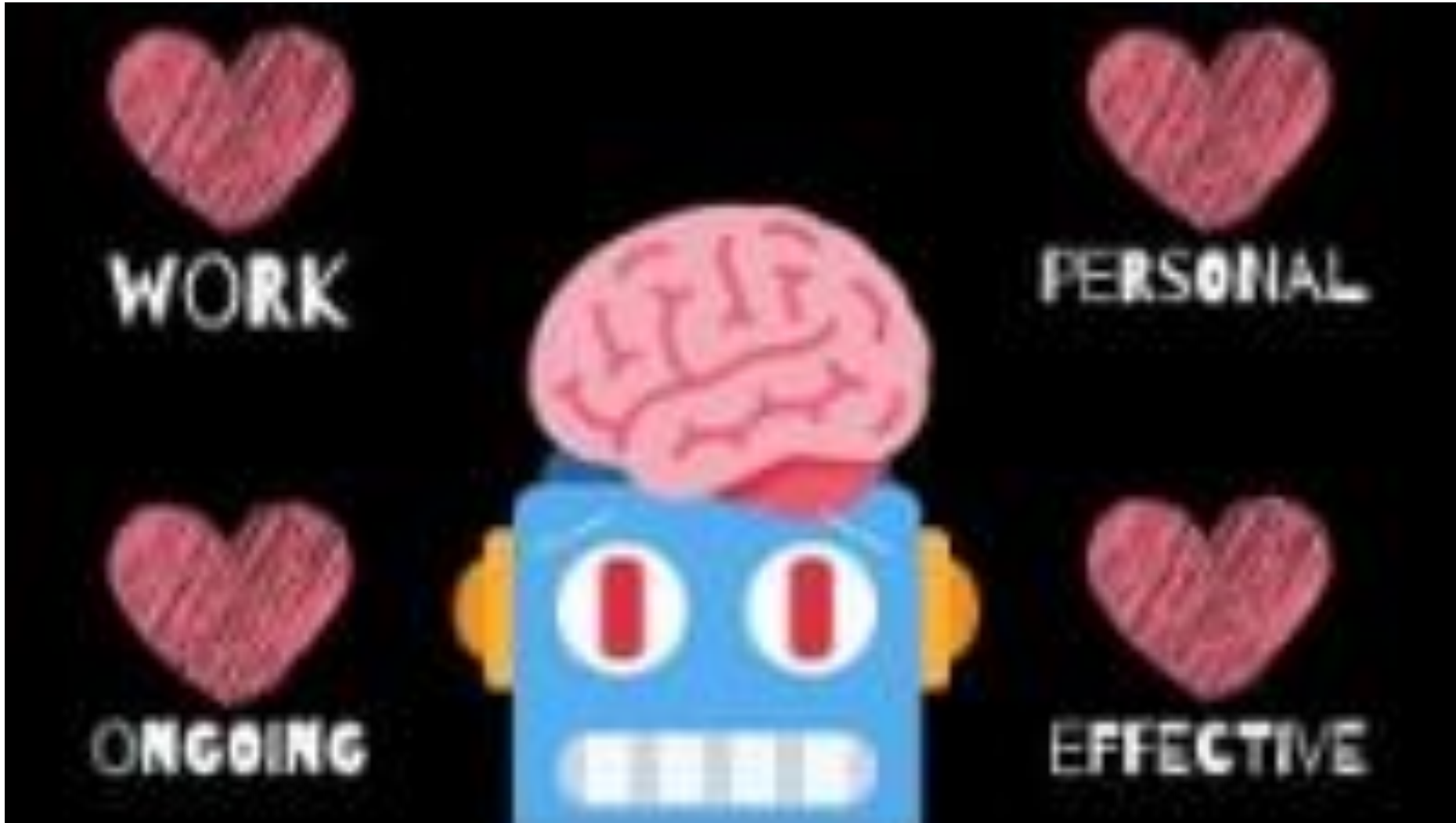
Secondary traumatic stress

- **Vicarious trauma**
 - Worker may have various PTSD Symptoms related to hearing client narratives and interacting with client pain
- **Compassion fatigue**
 - Inability to empathize with clients anymore
 - Adoption of pessimistic worldview
- **Moral Injury**
 - Helplessness, powerlessness, futility
 - Often related to systemic barriers to our work
- **Burnout**
 - Worker becomes ineffective, apathetic, irresponsible, or even unethical.



Can you think of how some of these things manifest for you (or your workers)?

Vicarious Trauma



<https://www.youtube.com/watch?v=L415Vt21NXI>

Vicarious Trauma



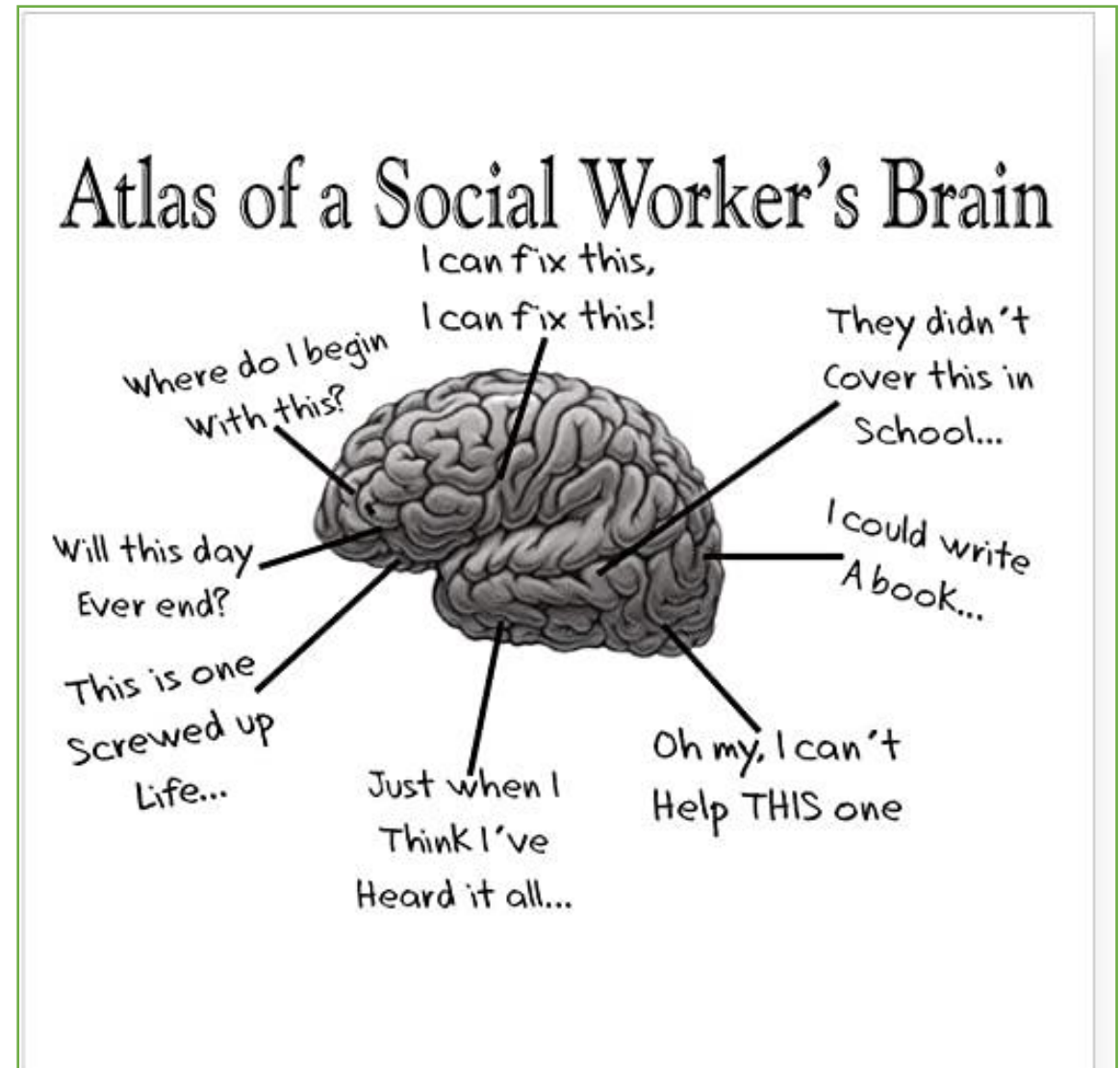
Vicarious Trauma

- Fear or Anxiety
- Sleep or eating disturbances
- Hyper-vigilance
- Pre-occupation
- Intrusive Thoughts or Imagery
- Distrust or Cynicism
- Exhaustion
- Dysregulation or Maladaptive Coping
- Irritability or Impatience
 - (with clients or in your own life)



COMPASSION FATIGUE:

Stress resulting from helping or wanting to help people who are experiencing trauma or are suffering.



PLEASE
DO NOT
DISTURB

I'M DISTURBED ENOUGH ALREADY

Moral Injury

Autonomy, mastery, respect, and fulfillment are key to avoiding moral injury.

Simon Talbot &
Wendy Dean
(2020)

- Burnout is the end stage of moral injury, when clinicians are physically and emotionally exhausted with battling a broken system in their efforts to provide good care;
- when they feel ineffective because too often they have met with immovable barriers to good care;
- and when they depersonalize patients because emotional investment is intolerable when patient suffering is inevitable as a result of system dysfunction.
- <https://blogs.bmj.com/bmj/2020/01/16/autonomy-mastery-respect-fulfillment-key-avoiding-moral-injury-physicians/>

Moral Injury

Combat / War

Not being able to help (medical personnel during covid)

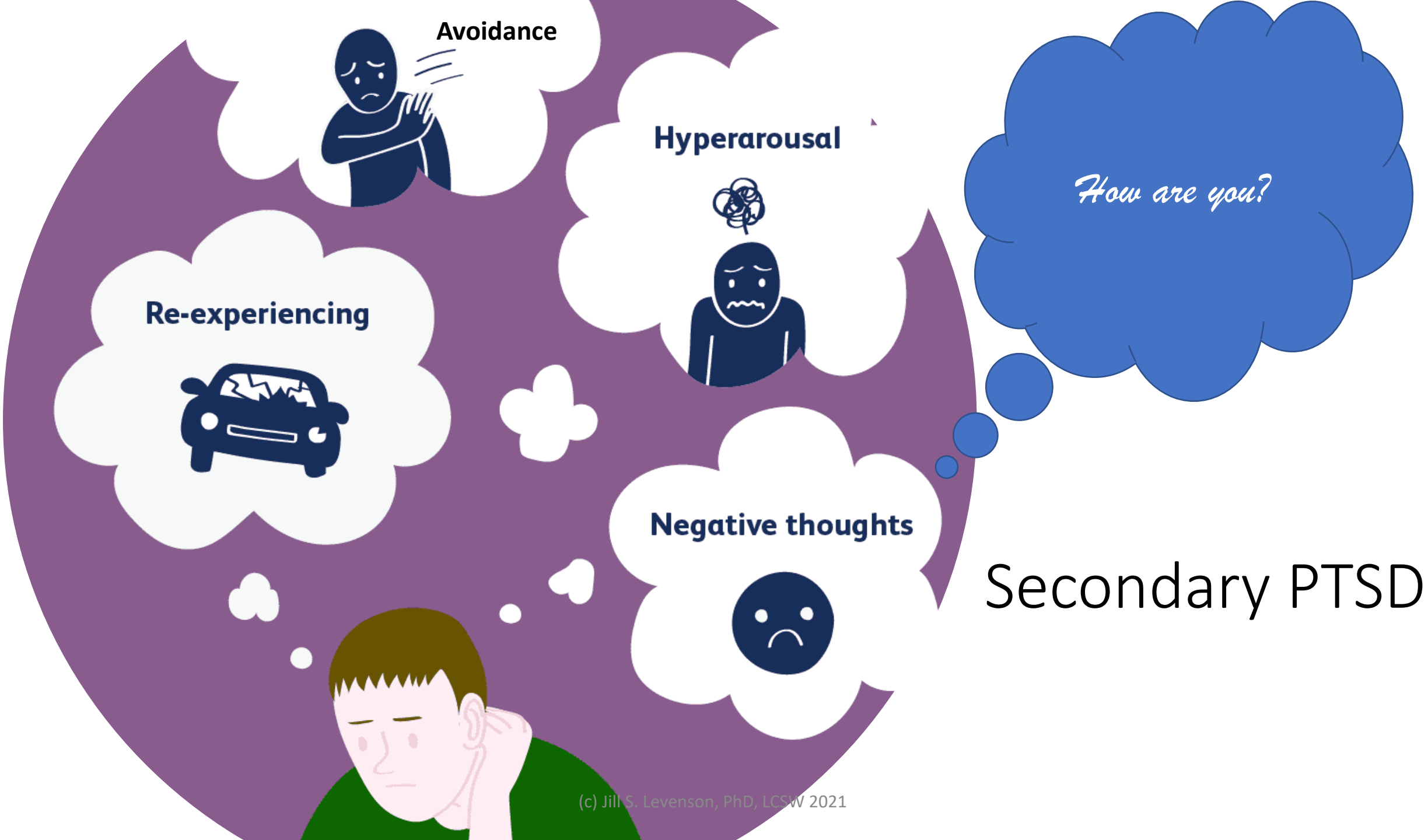
Needing to help someone you don't want to (client who caused harm; or do something you don't believe in)

Feeling forced to betray a client (CPS report)

Systemic barriers to proving help (obstacles to good services)

Systemic infrastructure limitations (lack of equipment or supplies)

Policies or procedures that seem unfair or unhelpful



Vicarious Trauma



<https://www.youtube.com/watch?v=DOQWa-T1sh0>

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Work-related vicarious trauma happens to our clients too...

- First Responders
- Nurses, doctors, health workers
- Teachers
- Attorneys
- Journalists
- Others?
- So how can we help apply these ideas to helping our clients as well as ourselves?



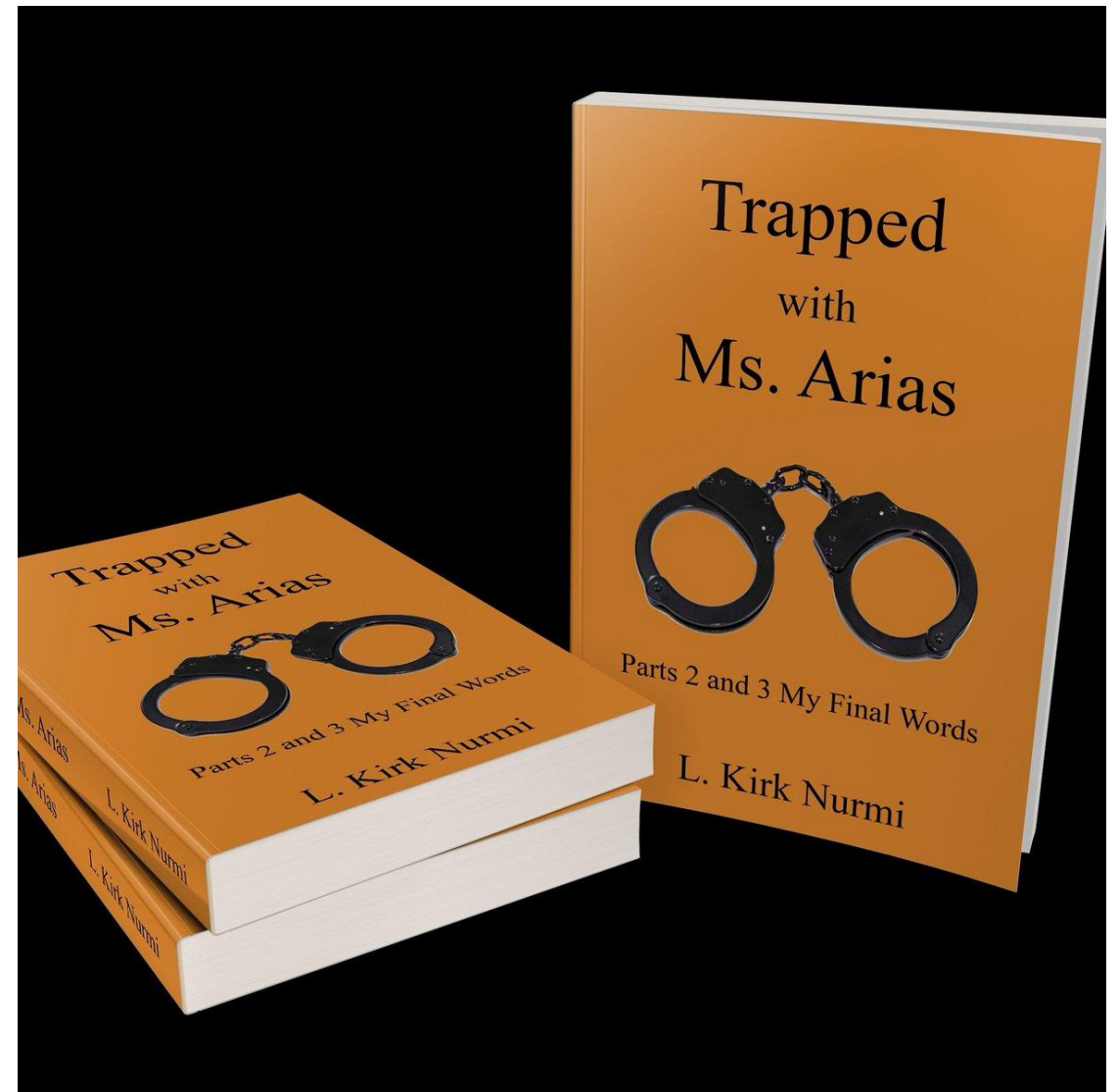


STARZ

Jillian Lauren

CONFRONTING A SERIAL KILLER

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Burnout is a **state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress.**

It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.

Burnout: How do we know?

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642>

What about YOU?



If you are taking care of someone else, who is taking care of you?



What happens to our immune system when we are tired or stressed?



How has COVID redefined your “normal”?

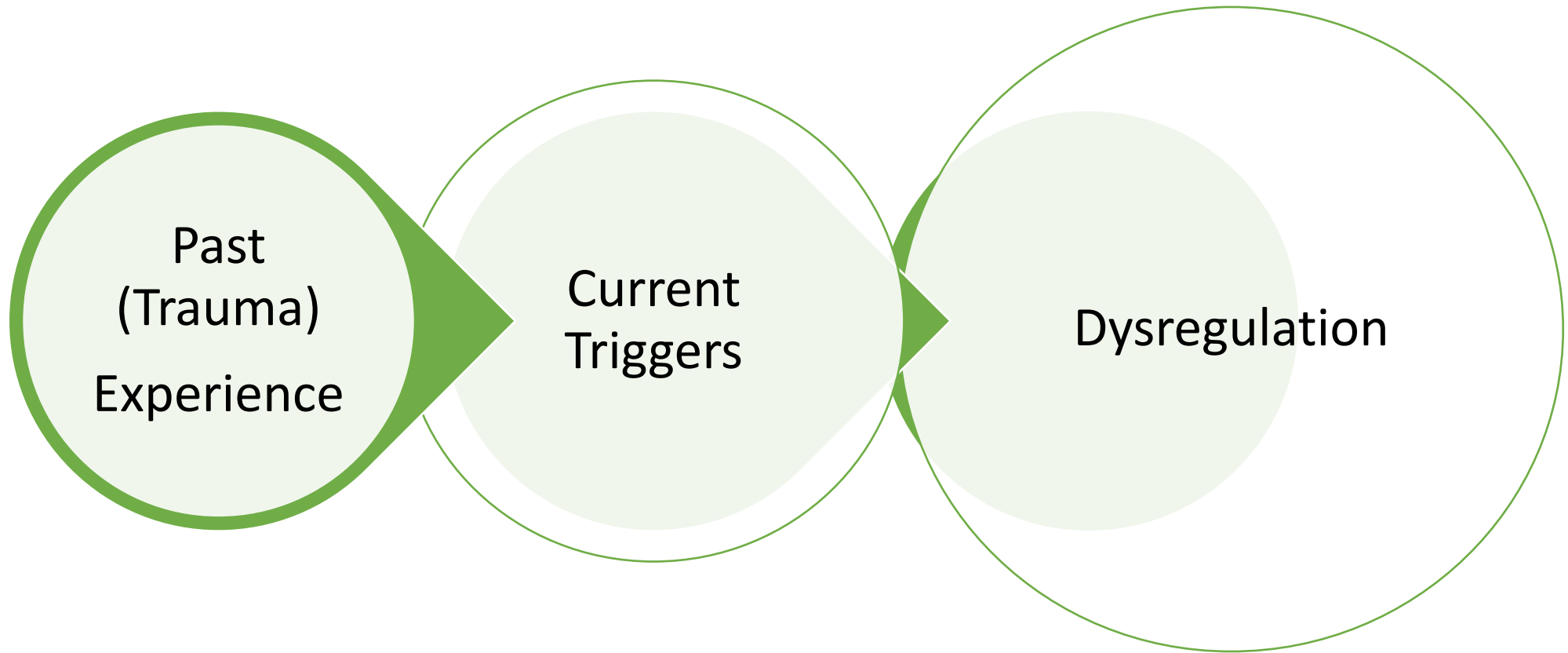


What are the hardest things to hear in your work?



What about all the other scary things going on in the world?

We all bring our own story with us.



A significant number of clinicians may have trauma histories...

- *Wounded healers*



How might your own trauma impact work with clients?

How about your relationship with a supervisee, or your own response to supervision?

Relational issues:

Trust

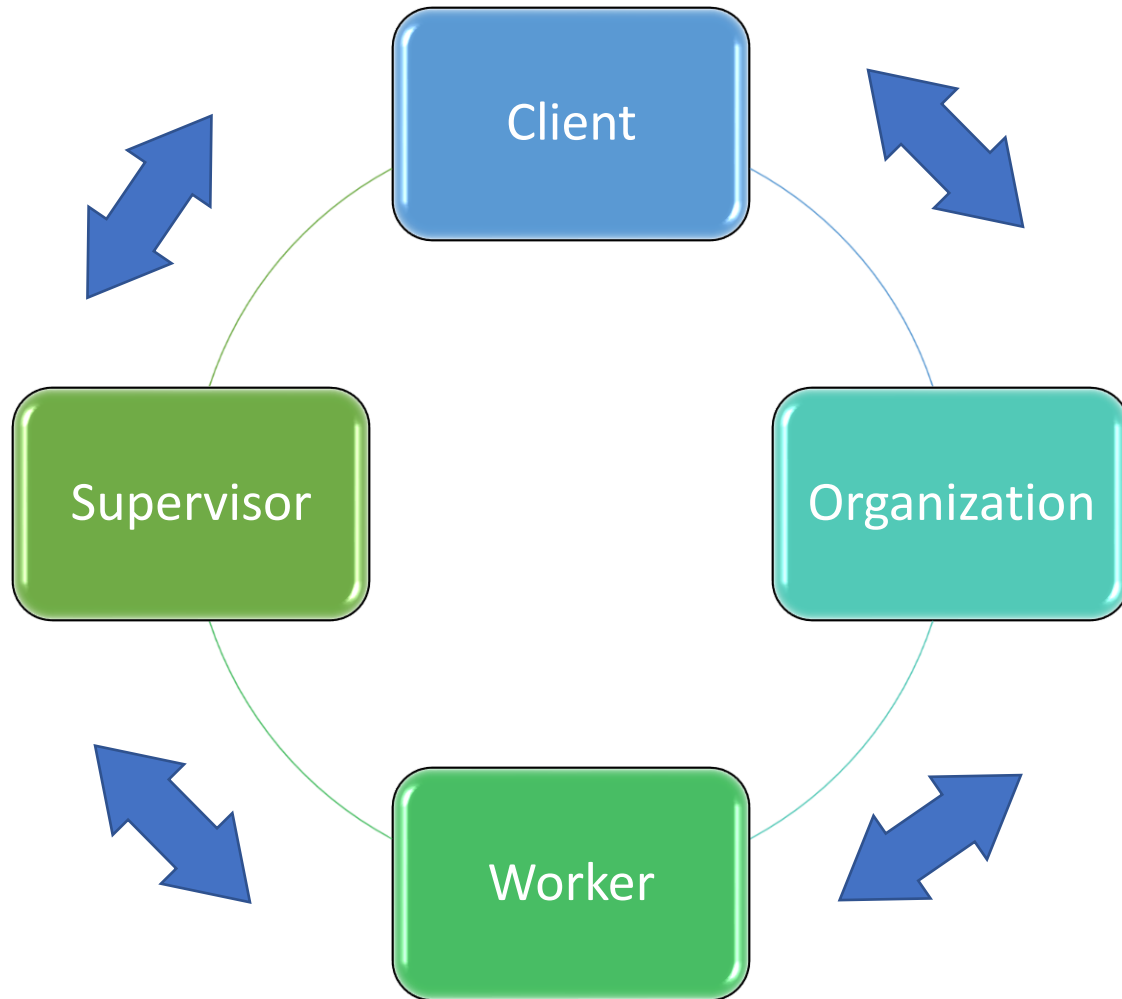
Authority Figures

Power/Control

Conflict

Boundaries

Parallel Process



- Trauma is common and impactful.
 - Create Safe Spaces.
 - Recognize Signs of Trauma.
 - Don't retraumatize.
-
- The parallel process between client – worker – supervisor – system – society is replicated

Trauma-Informed Systems

Include a basic understanding of how trauma impacts the life of an individual seeking services, and the individuals who work within the system. There is a reciprocal and parallel process between the client, the helper, the supervisor, the organization, and the service delivery system.



SAMHSA
Substance Abuse and Mental Health
Services Administration

Dr. Sandra Bloom

Creating a trauma-informed work environment: Taking care of our own!



Chapter 9

Trauma-organised systems and parallel process

Sandra L. Bloom

Trauma-organised systems

This chapter takes a seemingly obvious but fundamentally radical position that organisations – including human service organisation – are, like individuals, living systems (Senge *et al.*, 2004). Being alive, they are vulnerable to stress, particularly chronic and repetitive stress. Chronic stress stealthily robs an organisation of basic interpersonal safety and trust and thereby robs an organisation of health. Organisations, like individuals, can be traumatized, and the result of traumatic experience can be as devastating for organisations as it is for individuals. As a result, many human service delivery networks are functioning as 'trauma-organised systems' (Bentovim, 1992).

ORGANIZATIONAL STRESS AS A BARRIER TO TRAUMA-SENSITIVE CHANGE AND SYSTEM TRANSFORMATION

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www.cnvsj.org
www.sanctuaryweb.com

Adapted from:
Destroying Sanctuary: The Crisis in Human Service Delivery
(in press, Oxford University Press)



https://www.youtube.com/watch?v=XHewhs_4YMM





Office for Victims of Crime
OVC

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The Vicarious Trauma Toolkit

BLUEPRINT FOR A VICARIOUS TRAUMA-INFORMED ORGANIZATION

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Introduction

It takes courage to help child and adult victims of sexual abuse, assist survivors of acts of terrorism and mass violence, fight fires that may have taken people's lives, or respond to shootings and other crime scenes. It also takes commitment to do this work despite the personal, physical, emotional, and mental impact it can have.

The *Vicarious Trauma Toolkit* (VTT) was developed on the premise that exposure to the traumatic experiences of other people—known as **vicarious trauma**—is an inevitable occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and other allied professionals; however, organizations can mitigate the potentially negative effects of trauma exposure by becoming vicarious trauma-informed.

The VTT includes tools and resources tailored specifically to these fields that provide the knowledge and skills necessary for organizations to address the [vicarious trauma](#) needs

Introduction

[Message From the Director](#)

[About the Toolkit](#)

[Where Do We Begin?](#)

[The VT-ORG and
Compendium](#)

[What is the VT-ORG?](#)

[What is the Compendium?](#)

[Compendium of Resources](#)

The reciprocal nature of trauma



**NA
SW**

CODE OF ETHICS

OF THE NATIONAL ASSOCIATION OF
SOCIAL WORKERS

2021 Amendments

*NASW Code of Ethics: Self-Care
and Cultural Competence*

**"Professional self-care
is paramount for
competent and ethical
social work practice."**

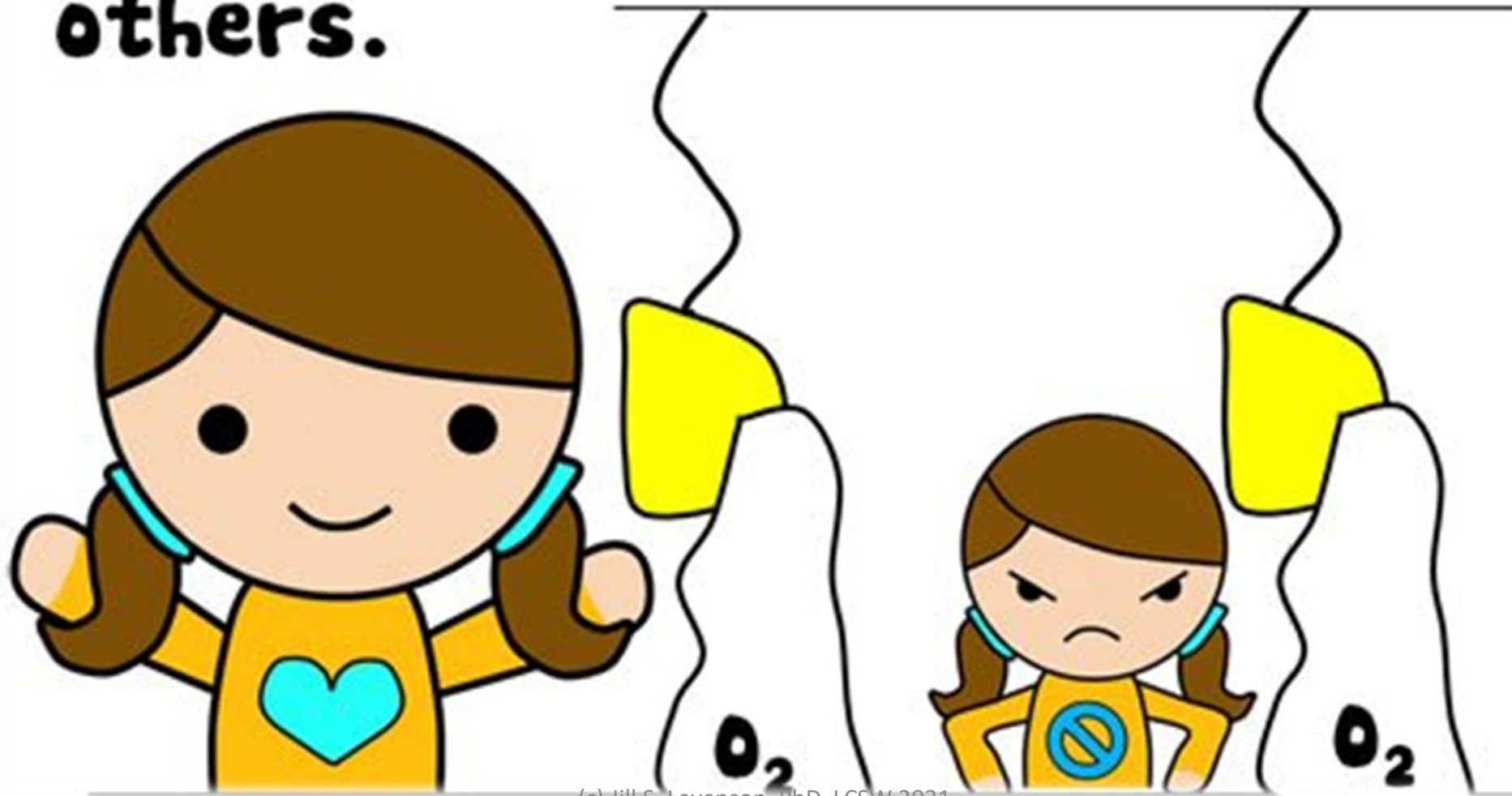
NASW CODE OF ETHICS, 2021 REVISION


[socialworker.com](https://www.socialworker.com)

The stress Bucket <https://www.youtube.com/watch?v=kkL3yY3OuvE>



**Life Lesson: Put on your own
Oxygen mask before assisting
others.**





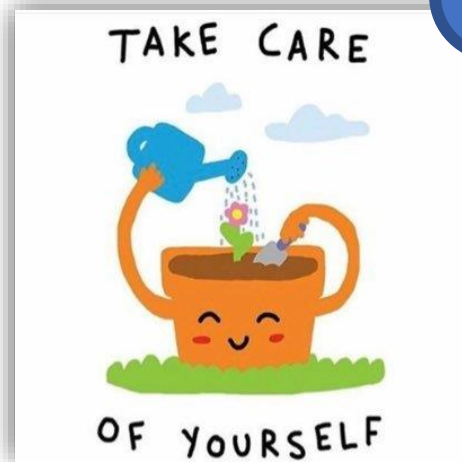
Post Traumatic Growth (PTG) is a person's ability to actively work to become stronger and to grow as a person following a traumatic event. Tedeschi and Calhoun (2014)

- 1:** Empowerment through Advocacy
- 2:** Sharing & Connection
- 3:** Not Alone
- 4:** Finding Safe Spaces
- 5:** Finding sources of joy

Resilience:

*Dealing with Crises
Effectively, Coping, &
Adapting to change.*

*What Can You Do
To Foster Resilience?*



Promoting Self-Care

Formal and informal supervision: TALK ABOUT IT!!!

Do you feel safe sharing challenges and seeking support?

Breaks, Paid personal leave & Vacations

Unplugging from work nights & weekends

Setting boundaries with the work day

Team-building, encouraging positive relationships

Eating, Exercise, Nature

Breathing & Progressive Relaxation

Find ways to have FUN!





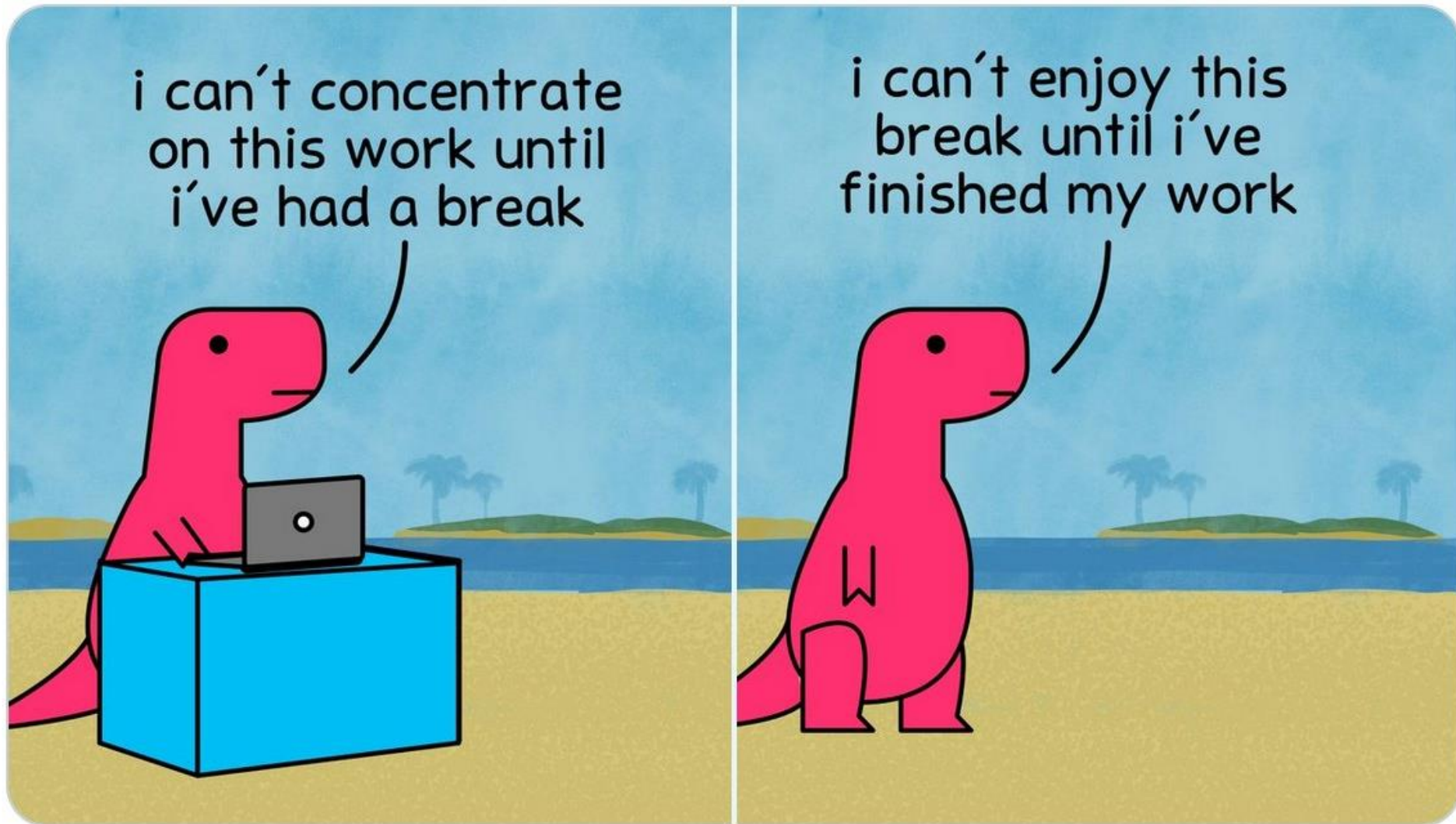
ALWAYS PLUGGED IN AND “ON”:
VIDEO CHAT, SOCIAL MEDIA, INTERNET, EMAIL, TEXTING
CONNECTIONS & CHALLENGES?
PROS & CONS?



Working from home: Pros & Cons?



Working from home: Setting Boundaries with the Work Day



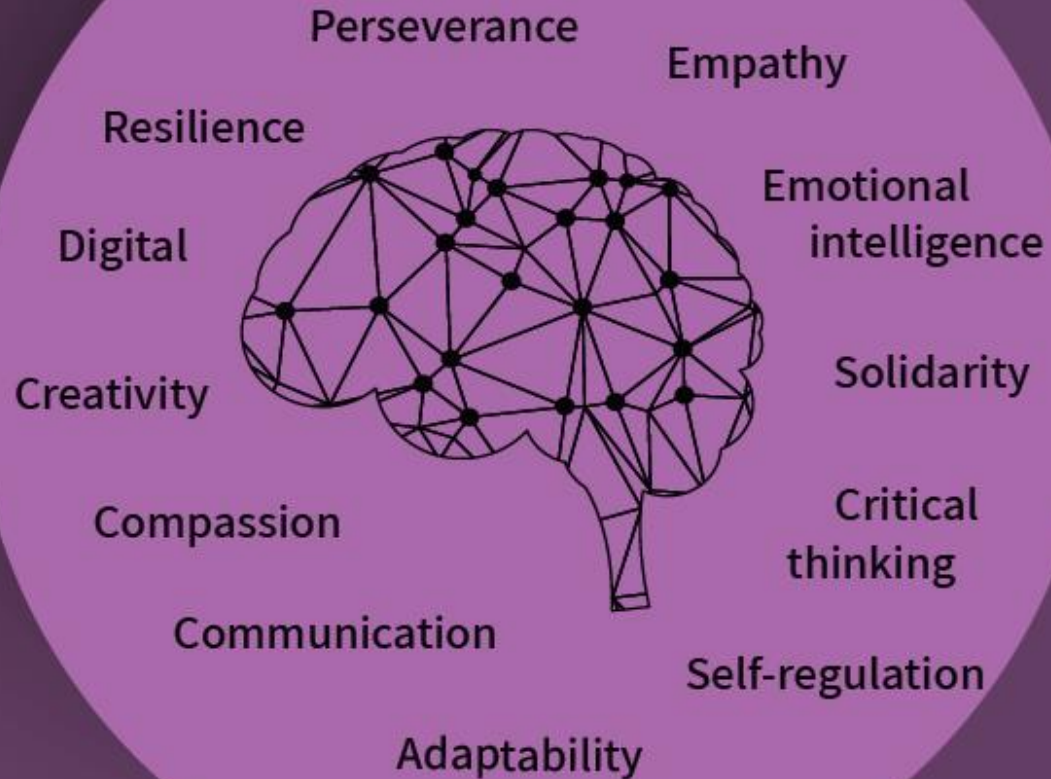


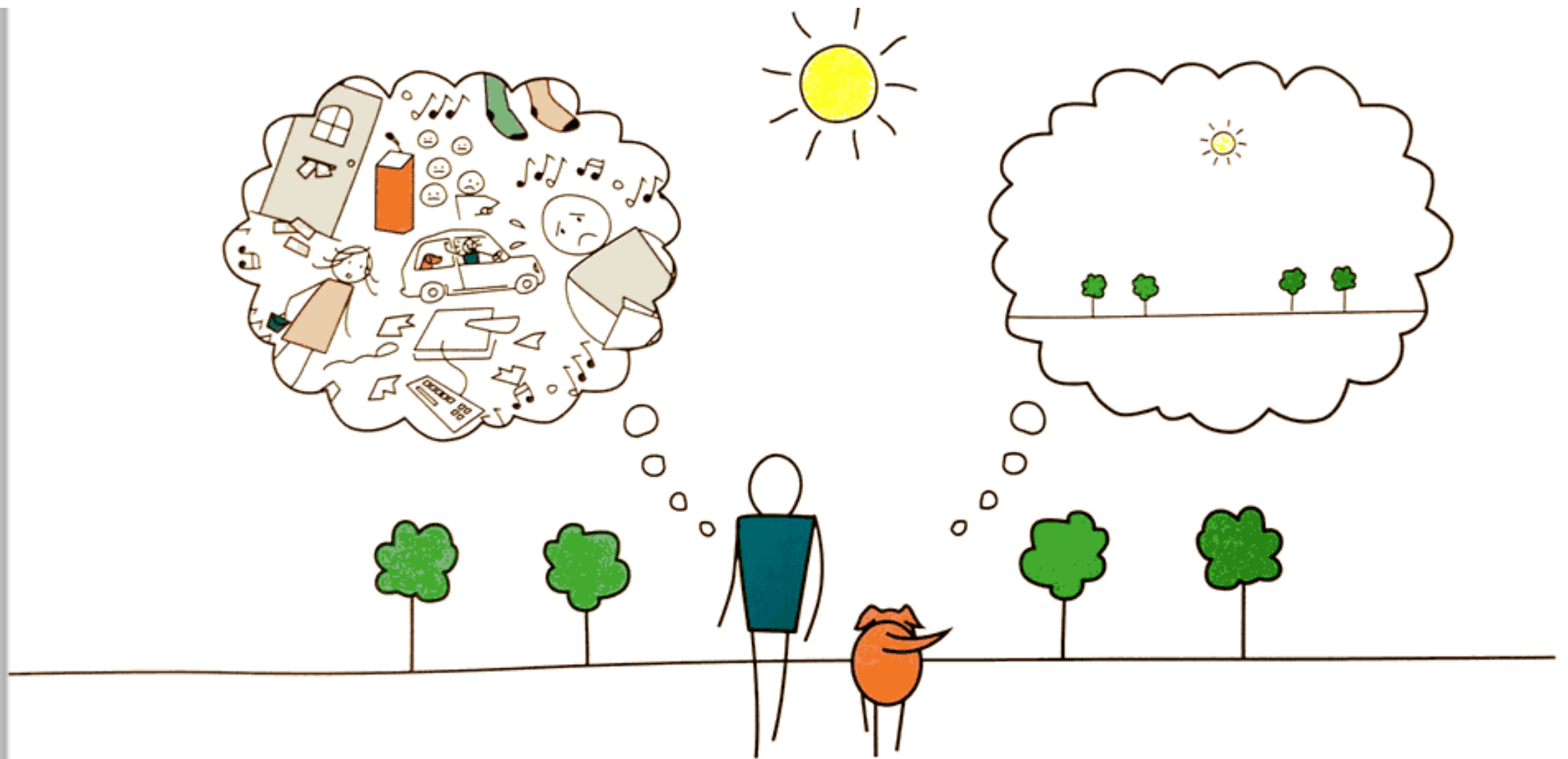
#Skills21

COVID-19

Resilience Skills:

Adaptation
Flexibility
Coping
Support
Mindfulness





Mind Full, or Mindful?

Attitude of Gratitude





Adapted from Suarbrick, M. (2006). A Wellness Approach, *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

Focus on Wellness, not Pathology

Thought Questions for Discussion:

**Vicarious Trauma, Secondary PTSD,
Compassion Fatigue, Moral Injury, Burnout**

How do they apply to you...

*And how they can interfere with effective service
delivery?*

*What kinds of self-care do you find most helpful
to you?*



Safer Society

P R E S S

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