CASA's Guide to Navigating and Mitigating Vicarious Trauma



DISCLAIMER: THIS GUIDE IS NOT INTENDED TO DIAGNOSE OR TREAT ANY MENTAL OR EMOTIONAL DISORDERS. The information, including but not limited to, text, links, and external resources contained in this training are for informational purposes only. No material in this guide is intended to be a substitute for professional mental health advice, diagnosis, or treatment. Always seek the advice of your therapist or other qualified mental health care provider with any questions you may have regarding a condition or treatment, and never disregard professional mental health advice or delay in seeking it because of this guide.

Table of Contents

- I. Intent of Guide
- II. Types of Traumatic Risk
 - A. Vicarious Trauma
 - B. Secondary Post Traumatic Stress (Compassion Fatigue)
 - C. Burnout
 - D. Compassion Satisfaction
- III. Research-Based Interventions

- IV. Additional Interventions
 - A. Tips to Build Resiliency and Mitigate Traumatic Risk
 - B. Happy Hormones & How to Access Them
 - C. Identifying and Recovering from Triggers
 - D. Identifying Glimmers & Cues of Safety
- V. Creating a Self-Care Plan
- VI. Additional Resources
 - A. Open Topic Small Group
 - B. Mental Health Resources
 - C. Health Insurance
 - D. On Demand Trainings
- VII. Bibliography

Intent of Guide

Vicarious trauma is an occupational challenge. This trauma is not a result of a CASA's personal shortcomings but from exposure to traumatic material. Many Voices for Children staff and volunteers will encounter stories of trauma and abuse, and will be in close contact with those who have experienced the trauma first-hand. This guide is one facet of Voices for Children's efforts to minimize and mitigate traumatic risk and will equip CASA's with tools to identify, communicate, and prevent the effects of vicarious trauma.

"The values and culture of an organization set the expectations about the work. When the work includes contact with trauma, they also set the expectations about how workers will experience trauma and deal with it, both professionally and personally. Of primary concern is that organizations that serve trauma survivors [...], acknowledge the impact of trauma on the individual worker and the organization."- Bell, Kulkarni, & Dalton

Types of Traumatic Risk

A. Vicarious Trauma

- Vicarious trauma is an occupational challenge for individuals working and volunteering in the fields of victim services.
 - Note: This challenge is not a result of a CASA's personal inability to overcome this trauma but from exposure to traumatic material through this work
- Vicarious trauma is a well-researched phenomenon that results from the nature of this work and the continuous exposure to victims of trauma and violence and

- their stories. Vicarious trauma can occur from hearing stories of violence or abuse, reading difficult case files, or seeing photos of the aftermath of abuse.
- Research has revealed that people who experience "indirect" trauma may exhibit similar symptoms to the direct survivors of trauma, albeit often with a lesser intensity (Saakvitne & Pearlman, 1996; Kirby, Shakespeare-Finch, & Palk, 2011).
- Symptoms of vicarious trauma (<u>OVC</u>):
 - difficulty managing emotions
 - o feeling emotionally numb or shut down
 - o fatigue, sleepiness, or difficulty falling asleep
 - o aches, pains, and decreased resistance to illness
 - being easily distracted, loss of a sense of meaning in life, and/or feeling hopeless about the future
 - o relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy)
 - feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety
 - increased irritability
 - o aggressive, explosive, or violent outbursts and behavior
 - o destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving)
 - o lack of or decreased participation in activities that used to be enjoyable
 - o avoiding work and interactions with the populations served by VFC;
 - and a combination of symptoms that comprise a diagnosis of Post-traumatic Stress Disorder (PTSD)

B. Secondary Post Traumatic Stress (AKA Compassion Fatigue) Compassion Fatigue Quiz.pdf

- Secondary post traumatic stress occurs when an individual hears the first person account of a traumatic experience. It is an indirect trauma exposure.
 - Any professional who works directly with traumatized children, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress (NCTSN).



- The symptoms are similar to that of PTSD, in that the individual may feel an increase in arousal or "disruption in their perceptions of safety, trust, and independence" (NCTSN).
- Compassion fatigue can often cause feelings of apathy towards a situation or client due to repeated exposure to the situation or individual. This feeling is normal but can alarm empathetic individuals who are not familiar with these emotions.
- Symptoms of Secondary Post Traumatic Stress include (NCTSN):
 - hypervigilance
 - hopelessness
 - o inability to embrace complexity
 - o inability to listen
 - avoidance of clients
 - o anger and cynicism
 - sleeplessness
 - o fear
 - o chronic exhaustion
 - o physical ailments
 - o minimizing guilt

Note: Vicarious Trauma vs. Secondary Post Traumatic Stress

"Vicarious trauma and secondary trauma are both forms of indirect trauma that clinicians experience when hearing the stories and treating the suffering of patients who have experienced trauma. Secondary trauma may occur suddenly, after hearing a patient's story one time; whereas, vicarious trauma represents a shift in the clinicians attitude and worldview after prolonged exposure to patients' suffering" (Venice Family Clinic).

C. Burnout

- Burnout is a psychological term referring to a general exhaustion and lack of interest or motivation regarding one's work. Burnout refers to the slow onset of feelings of hopelessness and that one's work has little positive impact. (Semo)
 - o Burnout is considered a process rather than a condition
- Burnout is not specific to trauma-involved professions, but can be prevalent in these fields.
- Symptoms of burnout include (<u>Agency Culture</u>):
 - o emotional exhaustion
 - depersonalization, defined as a negative attitude towards clients, a personal detachment, or loss of ideals;
 - o reduced personal accomplishment and commitment to the profession.

D. Compassion Satisfaction

• Compassion satisfaction refers to the positive consequences of helping behavior. These positives include pleasure from helping and positive feelings towards those we work or volunteer alongside. (ProQL)



Experiencing symptoms from the vicarious trauma experienced by many volunteers is normal and common. Traumatization is not a result of a CASA's personal weakness or flaws but from exposure to traumatic material. VFC's Trauma-Informed Care Committee's goal in sharing this information and guiding you through certain exercises is to empower you with knowledge and actionable steps for when you do experience these symptoms.

Research-Based Interventions

There is a robust amount of research on how professionals in caring fields (e.g. principals, teachers, social workers, healthcare workers) experience vicarious and secondary trauma. Research is limited regarding specific skills and tools that help care workers prevent or treat vicarious trauma. One promising area of research is in the effect that self-compassion work has on helping workers manage vicarious trauma.



Self-compassion is a framework that allows individuals to "handle demanding situations by relating to oneself with kindness, putting one's own difficulties into a larger human perspective, and encountering challenging emotions with balanced awareness" (Ewert, Vater, & Schröder-Abé, 2021)

A second area of research suggests that a mindfulness practice can be helpful in building resilience and decreasing vicarious and secondary trauma symptoms.

We have provided resources for CASA's in both self-compassion and mindfulness, as these are the avenues most robustly supported by research. However, in the next section, CASA's will find suggestions from researchers, professionals, and Voices for Children staff to mitigate and prevent vicarious trauma and secondary traumatic stress; these still require further research to establish deeper credibility in their efficacy in addressing vicarious trauma and secondary traumatic stress, but are added here as an additional self-care resource.

Self-Compassion Resources

Meditations

- <u>Chris Germer with Center for Mindful Self-Compassion</u> (audio list of guided meditations)
- <u>Self-Compassion Guided Practices and Exercises by Kristin Neff</u> (list of exercises and audio of guided meditations)
- <u>Center for Mindful Self-Compassion</u> (audio list of guided meditations)
- <u>Kindness Towards Self</u> (YouTube playlist from Calm)

Exercises

- <u>A Love Letter to Yourself: Self-Compassion Practice</u> (Three self-compassion exercises)
- Ask yourself how you would treat a friend (e.g. would you talk to your best friend or child the way you are talking to yourself?)
- Write a letter to your inner child (i.e. a younger version of you)
- Reframe critical self-talk (e.g. "I'm so stupid" → "I'm learning")
- Put one hand on your heart and say kind things to yourself
- <u>Building Self-Compassion Workbook</u> from Government of Western Australia's Centre for Clinical Interventions
- <u>Self-Compassion with PsychologyTools</u> (collection of handouts and guided audio)

Mindfulness Resources

- <u>Guided Meditations from UCLA Mindful Awareness Research Center (MARC)</u> (includes meditations in Arabic, Armenian, Cantonese, Farsi, Filipino, French, Greek, Hindi, Japanese, Korean, Mandarin, Mixtec high, Mixtec low, Russian, Spanish, Vietnamese, and American Sign Language)
- <u>Guided Mindfulness Meditations</u> (YouTube playlist from Great Meditation)
- <u>Black Girl in Om</u> (guided mindfulness meditation for Black girls and women)
- <u>Black Girls Smile</u> (mental wellness toolkit including affirmations and guided meditation)
- <u>Black Lives Matter Meditation for Healing Racial Trauma</u> by Dr. Candice Nicole
- <u>LGBTQueer+ Mindfulness Monthly Group</u> by insightLA (online, donation-based, registration required)
- <u>Mindfulness Emergency Kit</u> by insightLA (free guided meditations)
- <u>Meditación en Espanol</u> by insightLA (free guided meditations for Spanish-speakers)
- <u>POC Sangha</u> by insightLA (free guided meditations and teaching for POC)

- <u>Meditación Mindfulness en Español</u> by insightLA (online, donation-based, registration required)
- <u>A Guided Meditation to Reflect on the Colors of the Pride Flag</u> (guided meditation for LGBTQ+ community)

Additional Interventions

Tips to Build Resiliency and Mitigate Traumatic Risk Core Elements to Building Resiliency (from <u>Resiliency For You</u>)

Develop Strong Connections

- Meet with your supervisor regularly to debrief on case details and to build a sense of teamwork and collaboration
- Nurture and prioritize your positive relationships outside of your CASA role
- Remain solutions-focused and strengths-based in regards to the challenges faced in this work
- Seek support from VFC staff and other CASAs by attending in-person events, small groups, and continuing education sessions
- Always remember that you are part of a team and you are not alone

Healthy Coping

- Prioritize life outside of your CASA-role and maintain a healthy work-life balance
- Balance the negative aspects of this work with positive activities, passions, and relationships that engage creativity, spirituality, etc.
- Develop and implement a self-care plan
- Maintain a sense of hope and a belief that the future will be better than the past or present
- Identify physical and mental signs of elevation. Track the types of content that bring you to these sensations. Engage in emotional regulation activities such as breathing, taking a walk, or seeking support from others.



Supportive Boundaries

- Do not research case backgrounds more than what is necessary
- Set boundaries that feel supportive to you with those who ask to share traumatizing information with you

- Work with your supervisor to identify what is in your control as a CASA
- Learning and accepting the boundaries of your role is essential for successful coping

"Happy Hormones" & How to Access Them

Dopamine = reward system and "feel good" hormone Movement Laughter Instrumental music Music that gives you chills Meditation A good night's sleep	Oxytocin = "love hormone" & promotes trust, empathy, and bonding Sharing a meal with someone you love Spending time with someone you care about Physical affection like cuddling or hugging Petting your pets Massage Butterfly taps Loving kindness meditation Write a love letter to yourself or someone else Acts of kindness
 Serotonin = mood regulation Sun exposure Movement Listening to music you enjoy Visualize happy memories Watch a funny movie Time in nature 	 Endorphins = natural pain reliever in response to stress and discomfort Movement Laughter Eating something delicious Spicy foods Performing music especially with others Dancing Massage Dark chocolate

Sources:

<u>How to Hack your Hormones for a Better Mood</u> by Healthline

Identifying Triggers

Identifying Triggers Worksheet

Emotional and physical triggers are commonly experienced after experiencing any form of direct or indirect trauma. A trigger is any form of external stimuli that elicits an emotional or physical reaction within an individual and can be thought of as cues of danger. When we are triggered, our bodies react in the same way as if the actual trauma were occurring again. Knowing what your triggers are and how to regulate after being triggered are very important tools in managing stress responses.

Recovering When Triggered (Psychcentral)

- 1. Focus on the present moment.
- 2. Ground yourself by identifying 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste.
- 3. Use the emotion-wheel and sensation-wheel <u>linked here</u> to help identify emotions.
- 4. Perform breathing exercises to calm your mind.
- 5. Manage the trigger with different ways to cope, such as affirmations and reminders. The flashback halting protocol below is a helpful template.
 - Right now, I am feeling ____ (scared, anxious, panicky, sad, etc.).
 - And I am sensing in my body____ (shaking, sweating, dizziness, etc.).
 - Because I am remembering ____ (the person, the vehicle, the accident, etc.).
 - And at the same time, it is now ____ (say current date and time).
 - And I am here at ____ (name the place).
 - And I can see ____ (name five objects around you).
 - And so I know that ____ (the trauma) is not happening now

Identifying Glimmers and Cues of Safety

Another way to cope after being triggered or to build resilience in between experiencing triggers, is to focus on your "glimmers." Contrast to triggers that make us feel threatened, fearful, or withdrawn, glimmers are smells, sights, sounds, sensations, and moments that help our bodies and minds feel safe, content, and at peace. While triggers can be thought of as cues of danger or threat to our bodies and minds, glimmers are cues of safety and peace to our nervous systems. In addition to identifying your triggers, take time to notice your glimmers as well!

Self-Care Plan

Self-care refers to the tools, activities, rituals, and habits that are used to improve and maintain our psychological, spiritual, and physical well-being. Engaging in self-care

activities regularly will help to build resilience in times of stress.

Creating a self-care plan is a great way to ensure that you will have the necessary resources in times of stress when self-care can feel like a daunting task. This plan is meant to utilize the information gathered here to curate a list of strategies and tools that will provide support and bolster you on days when your CASA work is feeling especially emotionally heavy. We have provided suggestions for tools and strategies to add to this plan, but ultimately you (and your therapist and medical providers, if relevant) will know best about what is supportive to you. This plan is not meant to be rigid but rather to evolve and grow with you during your time as a CASA.

- 1. Open <u>Self-Care Toolkit Handout.pdf</u>
- 2. Incorporate at least one resource from the research-based interventions
- 3. (Optional) Depending on what you've added in step 2, continue filling in the handout using the other interventions or tools you use or like
- 4. (Optional) Bring the self-care plan to your mental health provider for insight and additional suggestions tailored to you
- 5. Save or print a copy of this somewhere that is easily accessible
- 6. (Optional) Share with your immediate supervisor
- 7. Utilize self-care plan as often as you like, and especially during periods of emotional distress

Additional Resources

Open Topic Small Groups

Voices for Children offers monthly Open Topic Small Groups where CASAs can discuss case-specific issues and concerns with fellow CASA's and an Advocacy Supervisor. These groups are a great way to seek support and feedback from others with similar experiences.



Mental Health Support

Typically, health insurance companies have specific benefits regarding mental health resources. Please refer to your individual policy to learn what is covered, co-pays, etc. Many mental health providers also have policies regarding whether they do online sessions versus in-person. It is recommended to "shop around" for mental health providers until you find one that feels like a good fit for you. Below is an incomplete collection of various mental health resources and a directories of counseling and

therapy options to assist in finding the right fit, as a supplement to your health insurance providers.

LGBTO PSYCHOTHERAPISTS OF COLOR (QTOC)

Therapy for Black Girls

Therapy for Latinx

South Asian Therapists

National Queer & Trans Therapists of Color Network

Inclusive Therapies

Black Mental Health Alliance

Black Female Therapy

Alliant Couple & Family Clinic (low-cost therapy options)

<u>Center for Applied Psychology Services (CAPS)</u> (low-cost therapy options)

Narrative Initiatives San Diego (NISD) (low-cost therapy options)

<u>USD Tele-Mental Health Training Clinic</u> (low-cost therapy options)

CalHOPE

Online Therapy

NAMI San Diego Helpline (note-this is not a crisis line)

The San Diego Access and Crisis Line

On Demand Trainings

This online catalog of trainings is available to all CASA volunteers. To register and start using the platform, click here. The On Demand Learning Guide contains detailed directions on how to register and use the platform and can be found here. Some suggested trainings regarding trauma-informed care and self-care are listed below.

- 1. <u>It Isn't About the Bubble Bath: Departing from Conventional Self Care-Wisdom to Take Better Care of Yourself.</u>
- 2. Navigating Change with the Nervous System in Mind
- 3. Resilience, Burnout, and the Nervous System
- 4. Resiliency For You
- 5. <u>Building Resilience and Supporting Healing</u>
- 6. Trauma First Aid
- 7. Empathic Strain & Secondary Trauma 101: Understanding the Essentials

Bibliography

Bercier, Melissa L., and Brandy R. Maynard. "Interventions for secondary traumatic stress with mental health workers: A systematic review." Research on Social Work Practice 25.1 (2015): 81-89.

Bober, Ted, and Cheryl Regehr. "Strategies for reducing secondary or vicarious trauma: Do they work?." Brief treatment and crisis intervention 6.1 (2006): 1.

Cohen, Keren, and Paula Collens. "The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth." Psychological Trauma: Theory, Research, Practice, and Policy 5.6 (2013): 570.

DeMatthews, David E., et al. "Principal burnout: How urban school leaders experience secondary trauma on the US-Mexico border." Leadership and Policy in Schools 18.4 (2019): 681-700.

Ewert, C., Vater, A., & Schröder-Abé, M. (2021). Self-compassion and coping: A meta-analysis. Mindfulness, 12, 1063-1077.

Kim, Jeongsuk, et al. "A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events." Trauma, Violence, & Abuse 23.5 (2022): 1437-1460.

Kirby, R., Shakespeare-Finch, J., & Palk, G. (2011). Adaptive and maladaptive coping strategies predict posttrauma outcomes in ambulance personnel. Traumatology, 17(4), 25-34.

Neff, Kristin D., et al. "Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities." Journal of Clinical Psychology 76.9 (2020): 1543-1562.

Sprang, Ginny, et al. "Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts." Traumatology 25.2 (2019): 72.

Yip, Sindy YC, et al. "The mediating role of self-compassion between mindfulness and compassion fatigue among therapists in Hong Kong." Mindfulness 8 (2017): 460-470.