HOW WE CAN USE VICARIOUS RESILIENCE TO HONOR PATIENT STORIES AND SUSTAIN OURSELVES

KATE WILLOCK
VICARIOUS TRAUMA AND RESILIENCE . . . ARE BOTH SEEN AS NATURAL AND NORMAL PROCESSES THAT CAN DEVELOP; SOMETIMES SIMULTANEOUSLY IN ANY WORKER THAT WORKS WITH PEOPLE WHO HAVE SUFFERED TRAUMA
VR BUILDS ON CONCEPT OF RESILIENCY

- Resilience is frequently described as a defense mechanism that makes it possible for people to thrive when confronted by adversity.

- Survivors of trauma are able to survive through their strategies of coping and by relying on successful adaptive processes that are developmental and relational in nature.

“Why is it that when one man builds a wall, the next man immediately needs to know what’s on the other side?”
WHAT IS VICARIOUS RESILIENCE (VR)?

• Focus in research has been on Vicarious Trauma (VT) or compassion fatigue or burnout

• VR originally developed by Hernandez, Gangsei & Engstrom (2007 & 2008)- their work was based on research with psychotherapists who treated victims of political violence and torture survivors and the clinicians that treated them

• Vicarious resilience refers to unique, positive effects that transform workers in response to witnessing and working with trauma survivors’ resilience and recovery process.

“If we share our story with someone who responds with empathy and understanding, shame can’t survive.
-Brene’ Brown
www.CapstoneTreatmentCenter.com
VICARIOUS RESILIENCE (VR)...

• Is the process of clinicians learning about overcoming adversity from the client/patients we work with.

• Results in positive transformation and empowerment in ‘us’ (clinicians) through empathic engagement with their client’s stories.

• Results in an outcome that is often positive and restorative for clinical practice.
WHAT IS TRAUMA?
THE ADVERSE CHILDHOOD EXPERIENCES (ACES) STUDY — THE LARGEST PUBLIC HEALTH STUDY YOU MAY NOT HAVE HEARD OF

• “It changed the landscape because of the pervasiveness of ACEs in the huge number of public health problems, expensive public health problems - depression, substance abuse, STDs, cancer, heart disease, chronic lung disease, diabetes.”

• The ACE Study became even more significant with the publication of parallel research that provided the link between why something that happened to you when you were a kid could land you in the hospital at age 50. The stress of severe and chronic childhood trauma - such as being regularly slapped or punched, constantly belittled and berated, watching your father beat up your mother - releases hormones that physically change a child’s developing brain.
In the 1980s, the dropout rate of participants at an obesity clinic in San Diego, California, was about 50%; despite all of the dropouts successfully reducing their weight.

Vincent Felitti, head of Kaiser Permanente’s Department of Preventive Medicine in San Diego, conducted interviews with people who had left the program, and discovered that a majority of 286 people he interviewed had experienced childhood sexual assault. The interview findings suggested to Felitti that weight gain might be a coping mechanism for depression, anxiety or fear.

Felitti and Robert Anda from the Centers for Disease Control and Prevention (CDC) went on to survey childhood trauma experiences of over 17,000 Kaiser Permanente patient volunteers. The 17,337 participants were volunteers from approximately 26,000 consecutive Kaiser Permanente members.

About half were female; 74.8% were white; the average age was 57; 75.2% had attended college; all had jobs and good health care, they representative of middle America, not minority samples.
WHAT WAS DEFINED AS TRAUMA?

Participants were asked about 10 types of childhood trauma that had been identified in earlier research literature:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance use
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
ACE STUDY FINDINGS:
ACE SCORES LINKED TO PHYSICAL & MENTAL HEALTH PROBLEMS

Compared with people with no ACEs, those with four or more ACEs were:

- Twice as likely to smoke
- Seven times as likely to have alcohol dependence
- Six times as likely to have had sex before age 15
- Twice as likely to have cancer or heart disease
- Twelve times more likely to have attempted suicide
- Men with six or more ACEs were 46 times more likely to have injected drugs than men with no history of adverse childhood experiences

Adverse Childhood Experiences (ACE) Study.
Adverse Childhood Experiences (ACEs) are common.

Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

Adverse childhood experiences often occur together. Almost 40% of the original sample reported two or more ACEs and 12.5% experienced four or more.

Adverse childhood experiences have a dose–response relationship with many health problems. As researchers followed participants over time, they discovered that a person’s cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders. Furthermore, many problems related to ACEs tend to be co-occurring.

Compared to an ACE score of zero, having four adverse childhood experiences was associated with a seven-fold increase in alcohol dependence; an ACE score above six was associated with a 30-fold increase in attempted suicide.

The ACE study's results suggest that maltreatment and household dysfunction in childhood contribute to health problems decades later. The study's findings, while relating to a specific population within the United States, might reasonably be assumed to reflect similar trends in other parts of the world, according to the sample being working / middle class white America.
Does this require reformulating Personal and Professional Identities

Changing the conversation- “what has happened to you rather than what is wrong with you?”

Think about how studies like (Huckshorn, 2013) that stated 50% of women in substance abuse treatment have a history of rape or incest...how does this alter our work if we don’t ask and how is it altered if we do ask?
WHAT MIGHT VR LOOK LIKE AND HOW MIGHT IT GET EXPRESSED

- Reflection on people’s capacity to heal with sense of amazement and pride
- Reassessment of how the worker views their own problems (especially in professionals who work with torture survivors there is a direct positive shift in perspectives on the world and their own lives)
- An understanding of faith and the value that many people assign to spirituality in their healing process
- A strong commitment and belief in the concept of hope
- Development of the ability to deal with own frustrations
- Greater ability to use ‘self’ in relationships with consumers

- more appreciative of the freedom in their own life and take things less for granted
- put their own problems into perspective and see them as less severe and manageable
- feel stronger and more motivated for life
- feel more hopeful, able to identify positive things in their own life, and reframe things to see the positive aspects of a given experience that previously may have been viewed as negative

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
FACTORS THAT APPEAR TO CONTRIBUTE TO THE DEVELOPMENT OF VICARIOUS RESILIENCE

• the nature and extent of the clinician’s connection with their client’s growth, resilience and pain

• empathic attunement with their client

• kindness

• core empathic capacities (i.e., tolerance, resistance, endurance, capacity)

Endurance (noun) the power to withstand pain or hardships; the ability or strength to continue despite fatigue, stress, or other adverse conditions.

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
HOW CAN WE USE VR IN OUR WORK?

• To connect with a network of supportive colleagues with shared values and commitments
• To foster tenacity, engagement, curiosity and meaning in our work
• To develop and practice grace and humility
• To strengthen or reignite our professional motivation
• To find a way to contribute professionally in our personal life

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
SELF-CARE

• **Definition of self-care:** “ability to engage in *human services work* without sacrificing other important parts of one’s life. The ability to maintain a positive attitude towards the work despite challenges. Self-care can also be understood as a practitioner’s right to be well, safe, and fulfilled.”
SELF-CARE SELF-ASSESSMENT

(1) physical self-care;
(2) psychological self-care;
(3) emotional self-care;
(4) spiritual self-care; and
(5) workplace or professional self-care
This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

**Physical Self-Care**
- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

**Psychological Self-Care**
- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life

Let others know different aspects of you
Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
Practice receiving from others
Be curious
Say “no” to extra responsibilities sometimes
Other:

**Emotional Self-Care**

Spend time with others whose company you enjoy
Stay in contact with important people in your life
Give yourself affirmations, praise yourself
Love yourself
Re-read favorite books, re-view favorite movies
Identify comforting activities, objects, people, relationships, places and seek them out
Allow yourself to cry
Find things that make you laugh
Express your outrage in social action, letters and donations, marches, protests
Play with children
Other:

**Spiritual Self-Care**

Make time for reflection
Spend time with nature
Find a spiritual connection or community
Be open to inspiration
Cherish your optimism and hope
Be aware of nonmaterial aspects of life
Try at times not to be in charge or the expert
Be open to not knowing

Identify what is meaningful to you and notice its place in your life

Meditate
Pray
Sing
Spend time with children
Have experiences of awe
Contribute to causes in which you believe
Read inspirational literature (talks, music, etc.)
Other:

Workplace or Professional Self-Care

Take a break during the workday (e.g. lunch)
Take time to chat with co-workers
Make quiet time to complete tasks
Identify projects or tasks that are exciting and rewarding
Set limits with your clients and colleagues
Balance your caseload so that no one day or part of a day is “too much”
Arrange your workspace so it is comfortable and comforting
Get regular supervision or consultation
Negotiate for your needs (benefits, pay raise)
Have a peer support group
Develop a non-trauma area of professional interest
Other:

Balance

Strive for balance within your work-life and workday
Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saksites, Pearlman & Staff of TSU/CAAP (Norton, 1996)

- Validation paper and analysis of the first instrument to assess vicarious resilience

- The Vicarious Resilience Scale (VRS) was developed and administered via electronic survey to 190 helping professionals from around the globe working with survivors of severe traumas (torture, war, refugees can be applied to human services field)

- Good reliability and validity

- VRS looks at:
  1. Changes in life goals and perspective
  2. Client-inspired hope
  3. Increased recognition of clients’ spirituality as a therapeutic resource
  4. Increased capacity for resourcefulness
  5. Increased self-awareness and self-care practices
  6. Increased consciousness about power and privilege relative to clients’ social location
  7. Increased capacity for remaining present while listening to trauma narratives.

***The VRS was not significantly correlated with compassion fatigue (CF) or burnout, indicating discriminant validity and that vicarious resilience is a unique construct that is not merely “the opposite” of CF or burnout***
WHAT GETS IN THE WAY OF SELF-CARE?

• Knowledge of importance of self-care vs. implementation

• Lack of proactive plan/actions to implement self-care

Basically “US” and organisational time constraints
PREVENTING/ REDUCING VT AND BOOSTING VR

Organisational responsibilities
Ensuring skills/training, supervision, debriefing are available, guidelines/policies, case review, managerial interest

Collegial responsibilities
Teamwork, care, respect, picking up on poor practice – how to do this in a trauma informed way?

Self responsibilities
Exercise, nutrition, relaxation, work-life balance, accessing supervision
Do you have supervision... internal/external? Individual or group? None?

5 critical elements to make supervision trauma informed and to open the self in order to build VR:

It should be a space where time is taken to:
1. Identify upsetting, exhausting and difficult parts of our work...(returning patients / clients, deaths, self harming or suicidal clients)
2. Generate discussion about hope and loss of hope, fairness, limitations in role, projection, transference, rejection, systems failures
3. For robust, honest & clear expression of emotion whatever that may look like – thus safety with supervisor paramount
4. Be challenged about our practice and our self care (as workers ad people separate to work) what would this look like?
5. Not solution but process focused - that can be a challenge for nurses
INTERVENTION STRATEGIES FOR EACH REALM OF OUR LIFE:

Professional:
- Supervision/consultation
- Scheduling: client load and distribution
- Balance and variety of tasks
- Education: giving and receiving
- Work space

Organizational:
- Support from colleagues
- Work at relationships (without sacrificing values)
- Forums/ meetings/ working parties (pick important one) to progress issues that are important to you or ignites passion .eg. Hand hygiene may be your thing
- Supervision availability
- Respectful behaviour between all staff and all staff and clients
- Humor, play and time
Workplace/agency:
- Principles of safety and empowerment
- Normalize countertransference, secondary stress and burnout reactions
- Open communication
- Multidisciplinary case conferences – exchange ideas/info, give support, decrease professional isolation
- Weekly supervision sessions
- Mentoring of new professionals
- Varied work duties; work-free periods
- Support for continuing education

Personal:
- Making personal life a priority
- Personal psychotherapy
- Leisure activities: physical, creative, spontaneous, relaxation
- Spiritual well-being
- Nurture all aspects of yourself: emotional, physical, spiritual, interpersonal, creative, artistic
- Attention to health

Saakvitne & Pearlman, 1996
ALL REALMS:

- Mindfulness and self-awareness
- Self-nurturance
- Balance: work, play, rest
- Meaning and connection

Saakvitne & Pearlman, 1996}
WHY BOTHER MAKING A PERSONAL COMMITMENT TO ONESELF AND ONE’S WORK (AKA LOOKING AFTER OURSELVES)

I asked around

- “because I need to find a place for the stories I hear (not my cats or kids)”
- “because I matter”
- “because my clients matter”
- “because the work I do matters”
- “because the profession matters- I love working with clienst others loathe and judge”
- “because there is always something to learn- we are humans….”
- “because I don’t want to be a crusty worker that gets sick and dies on LSL I want to have nice moments along the way with colleagues and pateints”
- “because life is too fu….g short”…….
Getting started:
Making a personal commitment to oneself and one’s work

How?
• not alone; get a buddy or a group e.g. journal clubs, reflective case review
• do something in each realm
• one change at a time; be realistic
• increase mindfulness and acceptance
• make time/space for what you love to do
• Prioritise supervision
• anticipate obstacles
• Accept crap days
• Be available to other staff for their needs
• Be accepting of other’s care
• Play, laugh, be silly
• Study, attend training
NEXT STEPS

• In my personal life my next step is:

• In my professional life my next step is:

• In my organization my next step is:

Do I commit to take these steps?
BE ON THE RIGHT SIDE OF QOL

Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma

Beth Hudnall Stamm, 2009, www.proQOL.org
You can't pour from an empty cup.
Take care of yourself first.
ALTERNATIVELY DON’T CARE AT ALL
REFERENCES


