

*Bringing Team Care Strategies and  
Resilience to Your Agency Staff*

Katherine Manners, M.Ed., LMFT

Lisa Tieszen, MA, LICSW

Advocate Education and Support Project

Beth Israel Deaconess Medical Center, Boston, MA

617-667-8239/8241

[Kmanners@bidmc.harvard.edu](mailto:Kmanners@bidmc.harvard.edu)

[ltieszen@bidmc.harvard.edu](mailto:ltieszen@bidmc.harvard.edu)

# Introductions

- Why Resilience?
  - Research: All individuals have the ability to improve resilience following traumatic event
  - Research: Individuals, families and communities can become stronger and have closer meaningful relations in the aftermath of a traumatic event.
    - Roadmap to Resilience, Meichenbaum, 2012



# Defining terms...

- Stress
- Traumatic Stress
- Vicarious Trauma
- Resilience
- Vicarious Resilience

# The Body Stress Response

- When you perceive a threat, your nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol. These hormones rouse the body for emergency action. Your heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and your senses become sharper.

# What is *traumatic* stress?

- ***Trauma*** is an experience that is outside one's normal experience that causes intense fear for life.
- ***Traumatic Stress*** is the stress response to a traumatic event(s).
- *Repeated traumatic events can chronically elevate the body's stress response*

# What Makes an Event Traumatic?

- Involves threat to one's physical or emotional well-being
- It is overwhelming
- It results in intense feelings of fear and lack of control
- It leaves one feeling helpless
- It changes the way a person understands the world, themselves and others.

● American Psychiatric Assn 2000

# What is Vicarious Trauma?

- “...the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another...the stress resulting from helping or wanting to help a traumatized or suffering person.”

- Charles Figley, 1995, Compassion Fatigue

# Who Experiences Vicarious Trauma?

- VWA, DV Advocates & Rape Crisis Counselors
- Family / Communities
- Law Enforcement/ADA' s
- Mental Health Workers
- Emergency Medical Personnel
- Firefighters/Rescue/Relief Workers

# Neuroscience

- Caregiver Empathy:
  - Stimulates the same sections of the brain as the trauma victim
  - Empathy – Compassion = Risk for Burnout
    - Duerr, 2011
    - Ricard, 2011

# Vicarious Trauma is...

- An “**occupational hazard**” for those working with trauma survivors
- Organizations have an ethical mandate of a “**duty to train**” wherein workers are taught about the potential negative effects of the work and how to cope.

Munroe, J. F., in Compassion Fatigue, 1995

# Learning the difference between Stress / VT

## Stress

- Sleeplessness due to workload
- Call out sick from work
- Anxious about deadline

## Vicarious Trauma

- Sleeplessness due to nightmares mirroring the story of a victim with whom you are working.
- Call out sick because what difference am I making anyway? The problem is too big for me to have an effect.
- Worry and anxiety about the safety of a DV victim

# Research on VT

- Degree of Exposure
  - A high number of traumatized clients
  - Current and cumulative exposure
- Personal Characteristics of the Trauma Worker
  - Age
  - Gender
  - Personal History of Abuse

# Examples of Effect: Personal

- **Physical**
  - Rapid pulse/breathing, headaches, impaired immune response, fatigue
- **Psychological**
  - Feelings of powerlessness, numbness, anxiety, fearfulness, disillusionment
- **Behavioral**
  - Irritability, sleep/appetite changes, isolate from friends/family, substance abuse
- **Spiritual**
  - Loss of purpose, questioning meaning of life, questioning goodness vs. evil
- **Cognitive**
  - Cynicism, pessimism, hopelessness, preoccupation with clients, traumatic image
- **Relational**
  - Withdraw or become “clingy”, mistrustful, lack of interest in sex, lack of close friends

# Examples of Effect: Professional

- Performance
  - Decrease in quality/quantity of workload, low motivation, task avoidance or obsession with detail, working too hard
- Morale
  - Decrease in confidence, decrease in interest, negative attitude, apathy
- Interpersonal
  - Detached/withdrawn from co-workers, poor communication, conflict, impatience
- Behavioral
  - Absent/tardiness, overwork, exhaustion, irresponsibility, poor follow-through

# Contemplating the effects:

## Personal Effects:

- Physical
- Psychological
- Behavioral
- Spiritual
- Cognitive
- Relational

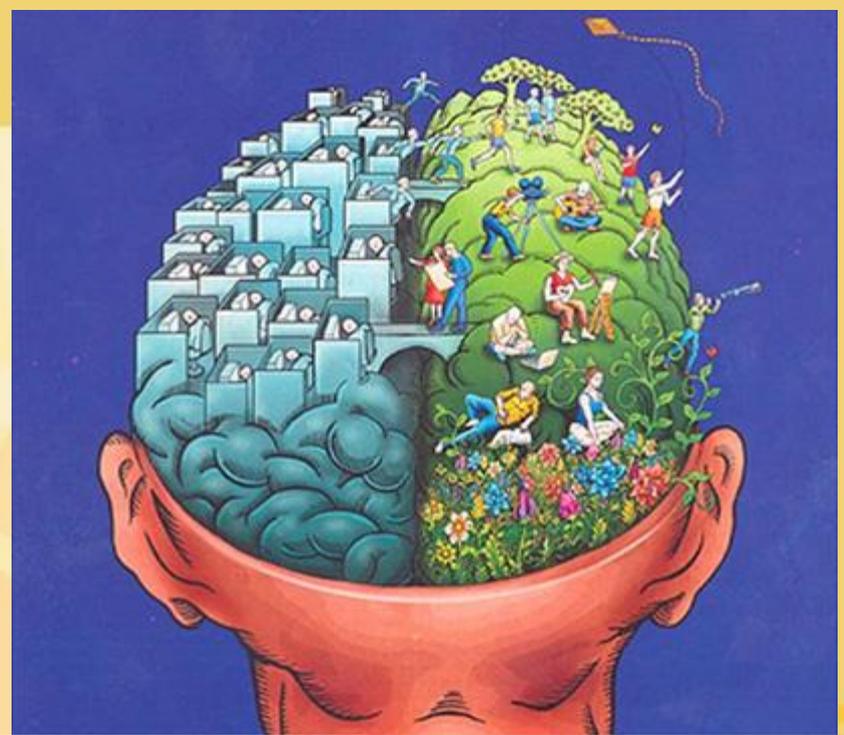
## Professional Effects

- Performance
- Morale
- Interpersonal
- Behavioral

# Developing Strategies for Vicarious Trauma...

- Personal
- Organizational
- Professional
- Community

# Personal Self Care Strategies...



# Professional/ Organizational strategies for reducing VT

- **Emotional support at work, work/life balance, clinical supervision, peer support**
  - *Herman, 1992; Catherall, 1995; Yassen, 1995*
- **Supervision, VT education, case conferences, staff retreats, diverse work tasks, manageable work loads**
  - *Saakvitne & Pearlman, 1996*
- **Agency support, clinical supervision**
  - *Davies, et al, 1998*
- **Quality supervision, peer support, power within agency**
  - *Slattery, 2003*

# Quality supervision

- Build trusting, mutually respectful relationship
- Express openness
- Acknowledge negative effects of trauma work: take VT seriously
- Be flexible & accessible
- Balance accountability, teaching, clinical guidance, & response to work-related emotional responses

# Peer support

- Teach effective communication skills
- Encourage trusting, mutual relationships
- Model conflict resolution
- Emphasize collaboration & teamwork
- Advocate for increased salaries and flexible benefits



# Shared power/voice within agency

- Respect for diversity:
  - listening to all voices
- Encourage participation of all staff at all levels, creating opportunities for staff to share & express themselves
- Develop consensual decision-making process

# Leaving work at work

- Check that tasks are finished & documentation completed
- Deal with outstanding issues
- Hand over responsibility for your clients/patients
- Acknowledge the day
- Say your goodbyes
- De-role

Jayne Huggard, 2003



**What keeps you in the work?**

?

# What is resilience?

❁ Resilience is the process of **adapting** well in the face of adversity, trauma, tragedy, threats or even significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors.

It means “bouncing back” from difficult experiences.



Building Your  
Professional  
Resilience

# Five Steps to Resilience

1. Developing Self-Awareness
2. Maintaining Hope
3. Practicing Healthy Coping
4. Creating Strong Relationships
5. Remembering the Big Picture

 Adapted from OVC, NVAA

# Five Steps to Resilience

## 1. Developing Self-Awareness

- 🌸 Knowing your strengths and your challenges



# 1. Developing Self-Awareness

## ❁ Strategies

- ❁ Identify your strengths and challenges
- ❁ Explore personal motivation for working in this field
- ❁ Recognize where you have power and where you don't
- ❁ Ask for help

# Five Steps to Resilience

1. Developing Self Awareness

2. Maintaining Hope

 Optimism

 Belief in possibility

 Sense of humor and having fun

# Buddha

- ✧ Let us rise up and be thankful,
- ✧ For if we didn't learn a lot today, at least we learned a little
- ✧ And if we didn't learn a little, at least we didn't get sick,
- ✧ And if we got sick, at least we didn't die,
- ✧ So, let us all be thankful.



## 2. Maintaining Hope

### ❁ Strategies:

❁ Optimism serves in helping us to look forward, anticipate good things rather than focusing on that which we fear.

❁ Expect good results.

❁ Find something in each day that signals a change for the better.

❁ Express gratitude to yourself & those around you.



# Five Steps to Resilience

1. Developing Self Awareness
2. Maintaining Hope
3. **Practicing Healthy Coping**
  - 🌸 Utilizing your skills and abilities
  - 🌸 Be creative and flexible
  - 🌸 Effective planning

# 3. Practicing Healthy Coping

## ❁ Strategies

❁ Accepting change as a constant

❁ “Don’ t sweat the small stuff”

❁ Engage in rational problem-solving

❁ Identify physical stress reactions

❁ Respond to these: physically and emotionally

# Five Steps to Resilience

1. Developing Self Awareness
2. Maintaining Hope
3. Practicing Healthy Coping
4. **Creating Strong Relationships**
  - 🌸 Making Connections
  - 🌸 Giving and Receiving Support
  - 🌸 Being consistent, reliable and available

# 4. Creating Strong Relationships

## Strategies

- ✿ Maintain connections to those you care about
- ✿ Look for opportunities to collaborate at work
- ✿ Create opportunities for peer support

# Five Steps to Resilience

1. Developing Self Awareness
2. Maintaining Hope
3. Practicing Healthy Coping
4. Creating Strong Relationships

## 5. Remembering the Big Picture

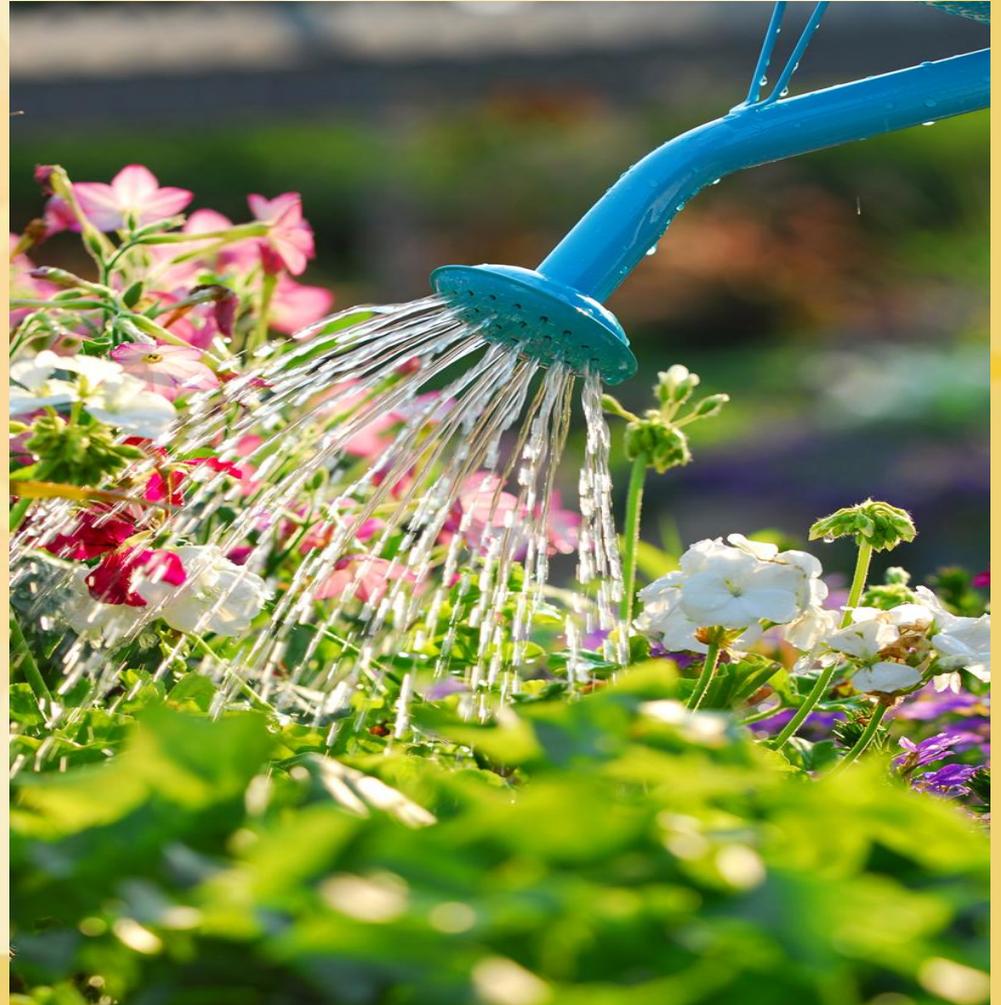
- 🌸 Keeping the focus on what is important
- 🌸 Staying grounded

## **5. Remembering the Big Picture**

☀️ What makes this work meaningful?

# Why is this important?

- What we pay attention to, grows...
- Bringing conscious attention to the existence of Resilience & Vicarious Resilience can strengthen it.



# Vicarious Resilience

- Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

– Hernandez, Gangsei, Engstrom - 2007

# Personal Effects of VR

- Perspective and appreciation for own problems and circumstances
- More optimistic, motivated, hopeful
- Focus on positive in own life
- Profound sense of meaning through work
- Enhanced motivation for social activism
- Enhances self-esteem

● Schauben, 1995; Goldenberg, 2002, Engstrom, et al, 2008

# Professional Effects of VR

- Professionals feel more efficacious, reenergized and with a deeper commitment to continuing work
- Instills hope, understanding, belief in the possibility of recovery from trauma and other serious challenges.

● Hernandez, et al, 2007

## Compassion Satisfaction/Vicarious Resilience

# How am I doing?

1=Never, 2=Rarely, 3=Sometimes, 4= Often, 5=Very Often

1. I get satisfaction from being able to help people
2. I feel invigorated after working with those I help
3. I like my work as an advocate
4. I am pleased with how I am able to keep up with techniques and protocols
5. My work makes me feel satisfied

## Compassion Satisfaction/Vicarious Trauma

# How am I doing?

1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often

6. I have happy thoughts and feelings about those I help and how I could help them.
7. I believe I can make a difference through my work.
8. I am proud of what I can do to help
9. I have thoughts that I am a “success” as a helper
10. I am happy that I chose to do this work

# Scoring

- Add all scores together –
- Average score is 32
- 25% of people score higher than 42
- 25% of people score below 23

Stamm BH. The Concise ProQOL Manual, 2010

# Taking This Back Home

- From Personal to Professional to Organizational
- Making a difference on our teams & in our organizations



# Resilient Organizations...

- Supportive of work with trauma survivors
  - Political Context
  - Attitude and Stance
- Maintain sufficient resources
- Collaborate with other agencies/providers
- Provide staff support: Supervision & Resources
- Are adaptable: Flexible to match the need

# **Succeeding as a Manager: Building Resilient Team**

- Build your own personal resilience
- Encourage autonomy & flexibility
- Help employees manage change
- Integrate consistent ways to strengthen relationships & collaboration
- Build in ongoing learning opportunities
- Help employees find a sense of meaning in their work

# Why is this important?

- Because I hurt
- Because I matter
- Because my clients matter
- Because the work I do matters
- Because the profession matters
- Because I must

● Saakvitne & Perlman, 1996