



CENTER FOR TRAUMA
RESILIENT COMMUNITIES

Mitigating Compassion Fatigue

Part 1: Theory & Practice for Self Preservation

June 21, 2022

Dr. Jennifer Middleton & Beatriz Vides



Before we begin, we'd like to let you know...



- This training session will be **recorded** (and why)
- We are **evaluating** this training (and why)
- Training sessions may include discussion of topics such as child sexual assault, physical violence, and emotional harm. We acknowledge the content may be difficult and encourage you to **care for your safety and well-being**.
- This project is **funded by** the OJJDP FY2021 - VOCA Children's Advocacy Centers National Subgrant Program - Domestic Trafficking Victims Funds (CFDA #16.834)



Pre-Training Survey



Mindfulness

Remembering to be present in the full experience positive or negative



Meditation



Breath Work



Presence



Balance



Engagement



Introductions

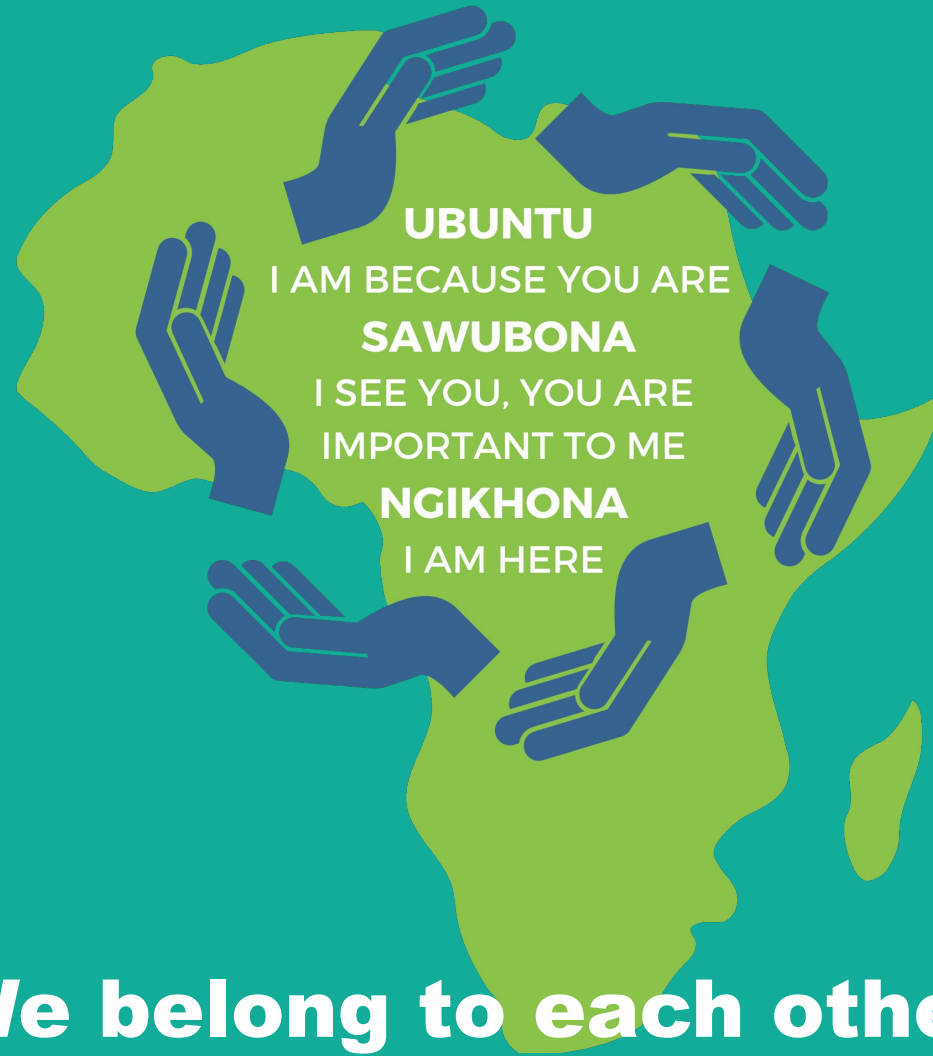


Beatriz Vides
Center for Trauma Resilient
Communities



Dr. Jennifer Middleton
UofL Kent School of Social Work





We belong to each other!



Agenda



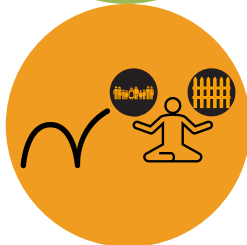
Mindfulness



Community Meeting



Compassion Fatigue, Burnout, Secondary Trauma, & Vicarious Trauma



Mitigating Stress & Trauma: The 4 Quadrants



TRC Model Tool #1



Step 1: The “What”



**How are you
feeling?**

**What is your
goal?**

**Who can
support you?**



Step 2: The “Why”



What feeling word describes your emotions?

BECAUSE

Alexithymia – the disconnection between language and feelings

What goal do I want to accomplish?

BECAUSE

Planning for the future breaks the spell of past traumas

Who can support me to accomplish my goal?

BECAUSE

Interdependence vs. Isolation



Step 3: The “How”



Try to create a circle whenever possible to demonstrate flattened hierarchy, and give participants the ability to see each other



Encourage each person to fully participate and ask the questions of their fellow participants



End the Community Meeting with an inspirational quote to set the mood for the rest of your time



Community Meeting Practice



**How are you
feeling?**

**What is your
goal?**

**Who can
support you?**





*“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.**”*

-Dr. Rachel Remen
Kitchen Table Wisdom



The Cost of Caring



**Professional Quality of Life
(PQOL)**

**Compassion
Satisfaction**

**Compassion
Fatigue**

**Secondary
Trauma**

Burnout



The Cost of Caring



Professional Quality of Life (PQOL)

Compassion Satisfaction

What brings you to this work?

Why do you keep showing up?

What do you get from your work?





Compassion Fatigue



What is Compassion Fatigue?



1.

Formal caregiver's **reduced capacity or interest in being empathic** or bearing the suffering of clients

2.

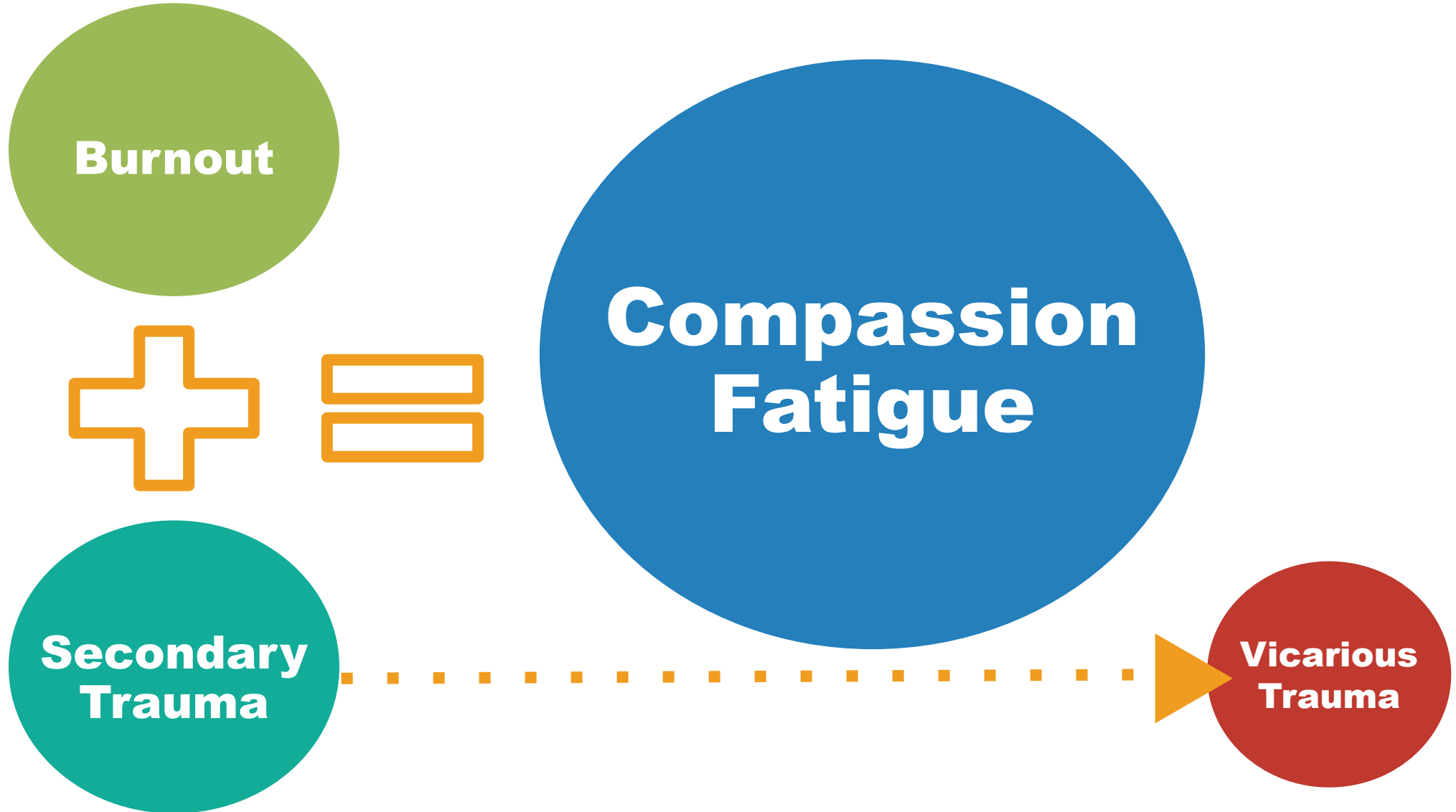
Natural consequent behaviors & emotions resulting from **knowing about a traumatizing event experienced another person**

3.

Consists of **Burnout & Secondary Trauma**



Compassion Fatigue Breakdown



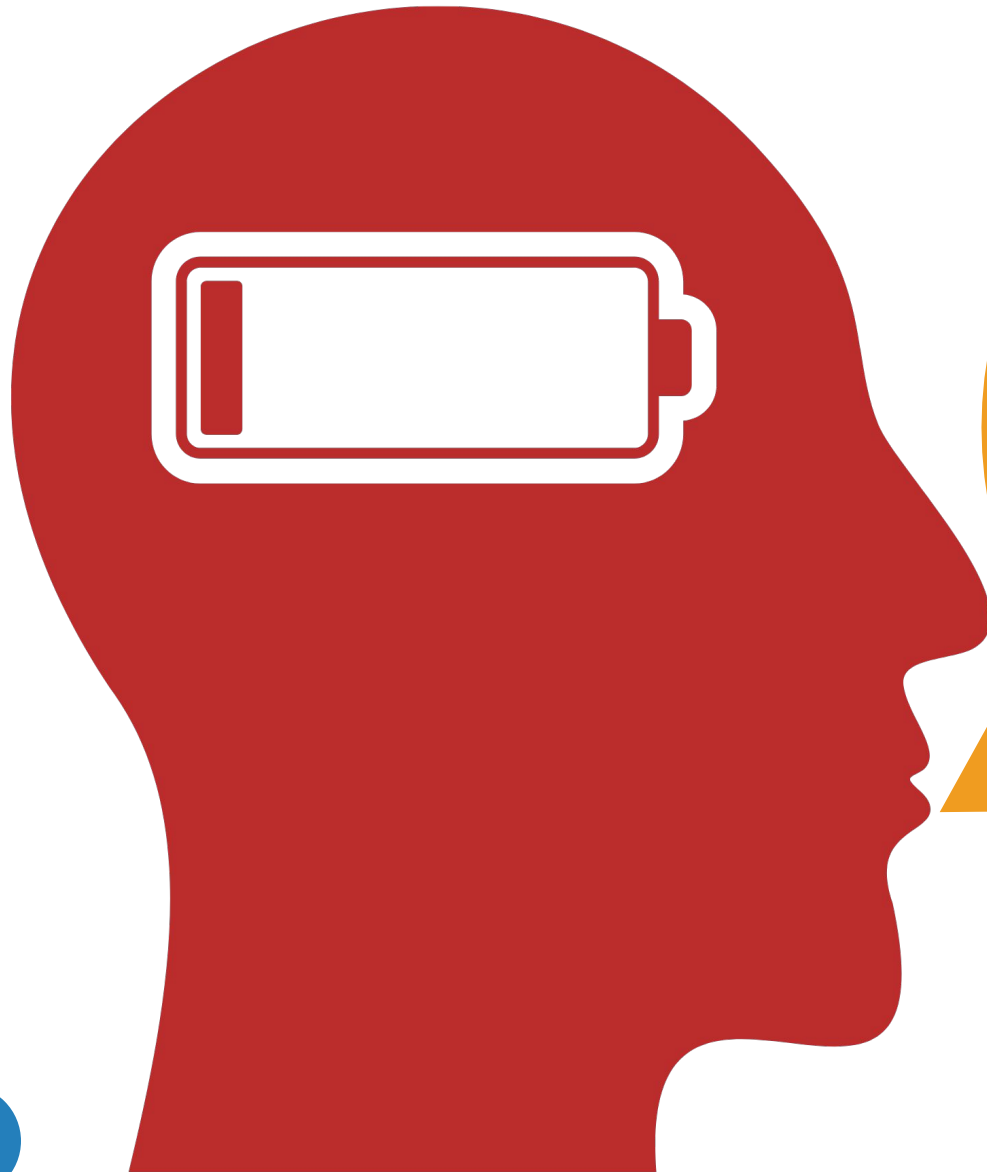


Burnout

vs.

**Secondary
Trauma**



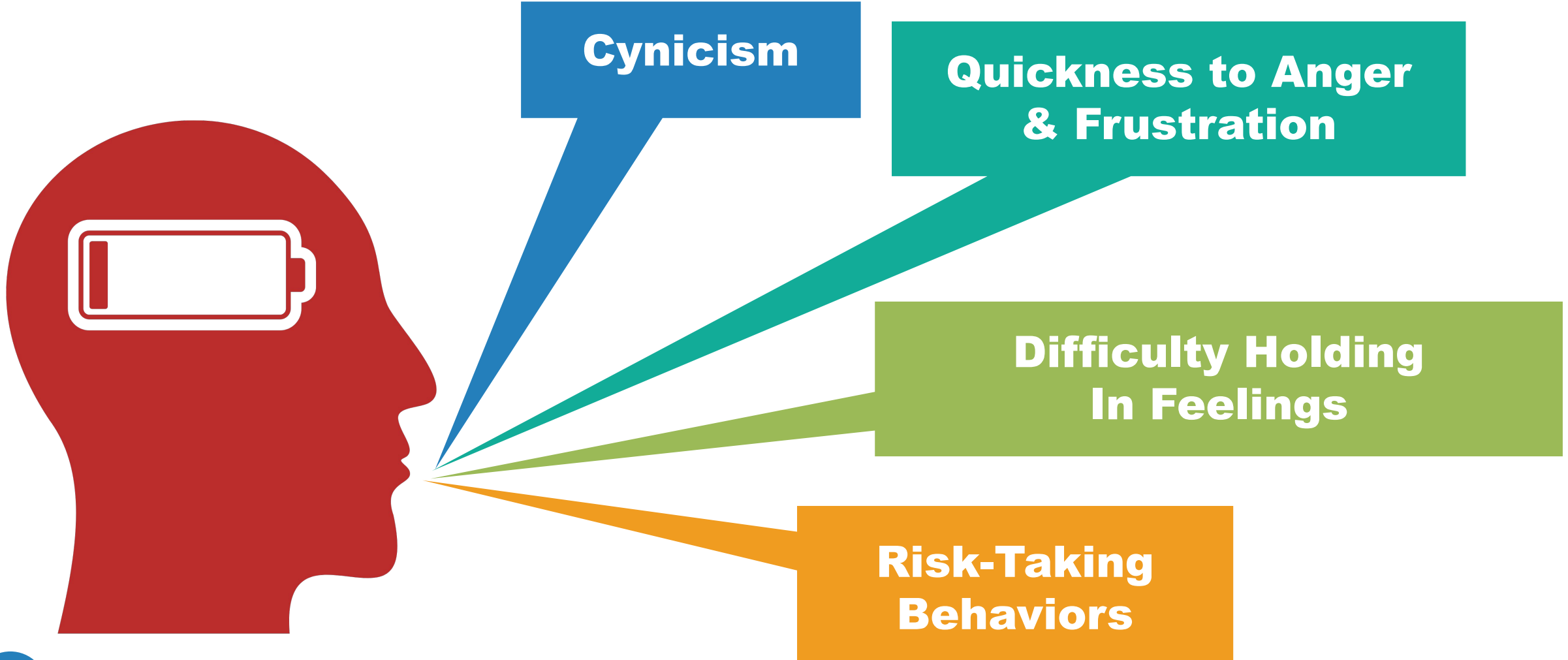


Burnout is a prolonged response to chronic emotional & interpersonal stressors on the job & is typically identified within the three dimensions of **exhaustion, cynicism, & loss of efficacy.**

- (Maslach, 2003)



Indicators of Burnout

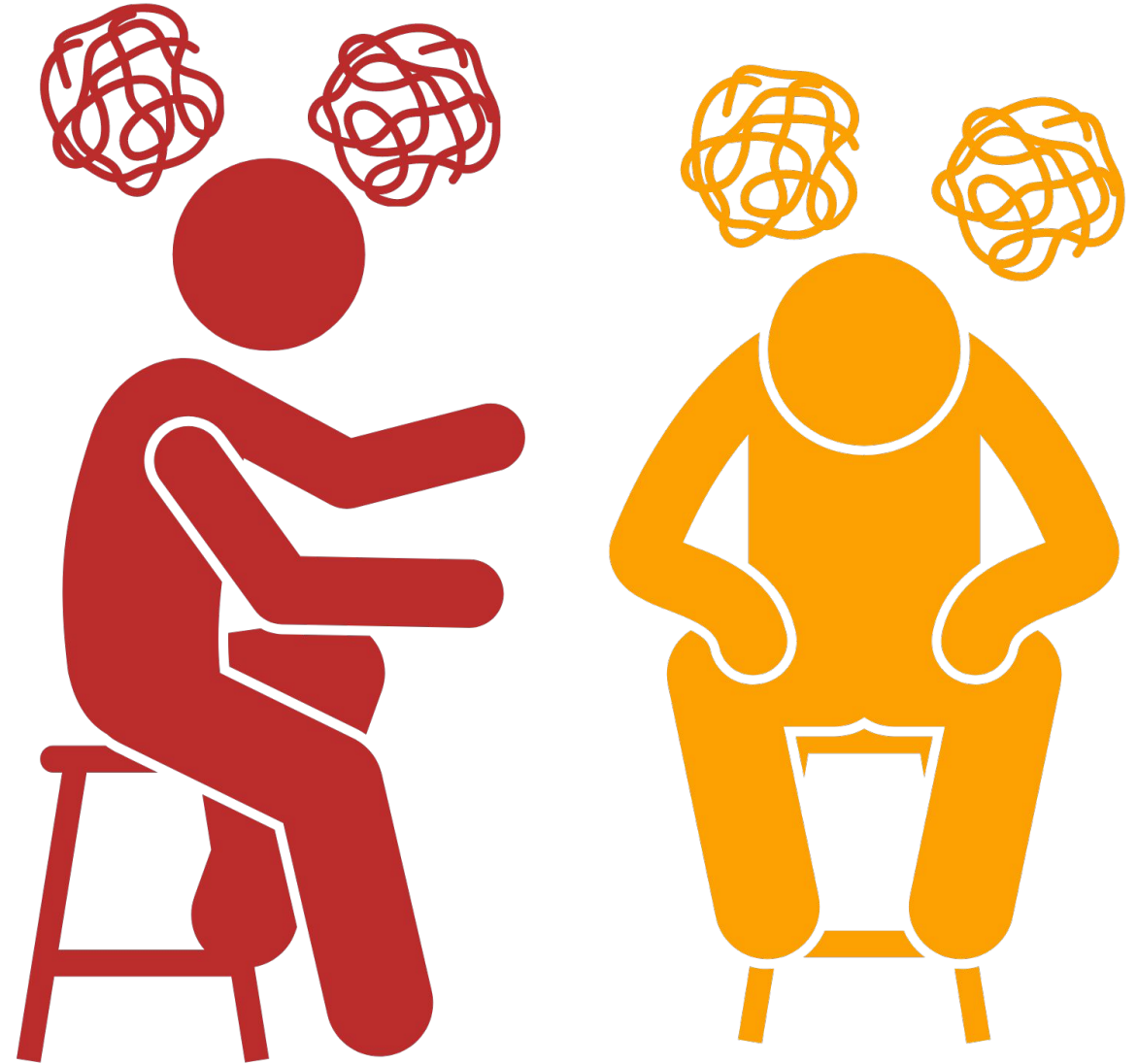




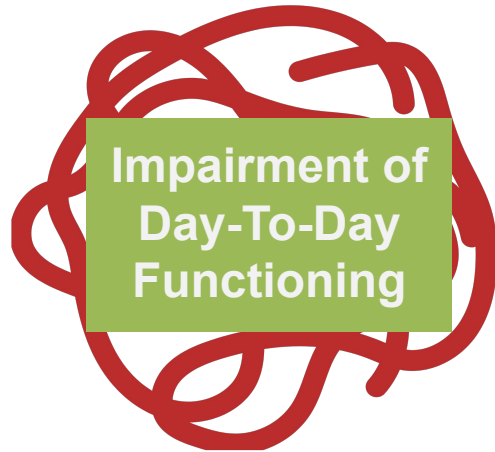
Secondary

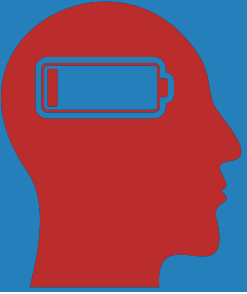
Trauma is a cluster of symptoms nearly identical to PTSD which results from the stress of working with or intimately knowing someone who has been traumatized or is suffering.

-Brian Bride (2007)



Indicators of **Secondary Trauma**





BURNOUT

Develops **Over Time**

Has a **Variety of Possible Causes**

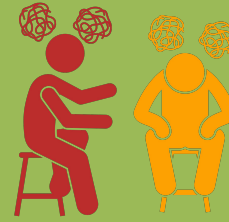
Occurs **Independent of or Coincides with Secondary Trauma**

Is an **Organizational or Individual Problem**

Remedy Might Include **Leaving the Position**

24

Maslach (2003), Bride (2007)



SECONDARY TRAUMA

Can occur from a **single exposure**

May **contribute to Burnout**

Faster recovery rate

Can be addressed & treated while staff remain in their position



Common Responses to Trauma



During

Hyper-Arousal

Anxiety

Dissociation

Post-Trauma Symptoms

Hyper-Arousal

Intrusive Re-Experiencing

Avoidance

Numbing

Overall Impacts

Changes in an Individual's World-View, Belief Systems & Relationships or Intimacy



Stress VS. Trauma



STRESS

is **normal**

can be **situational**

can **effect resilience**

TRAUMA

involves **perceptions of threat** to self or others

can **cause death or serious injury**

can **threaten physical or psychological integrity**

causes **physiological & psychological reactions**

triggers are survival based





Vicarious Trauma
involves the profound changes
to professionals' cognitive
schemas and core beliefs about
themselves, others, and the
world, that occur as a result of
exposure to graphic and/or
traumatic material relating to
their clients' experiences





“I guess I call it your soul gets a little, um, jaded in a way, I guess. You know it becomes a little bit harder to see good things that happen in life and in the world. Um, and, and, and so, yeah, you just, your soul feels a little bruised, I guess would be a way of describing it.”

- Caseworker who conducts forensic interviews





BREAK





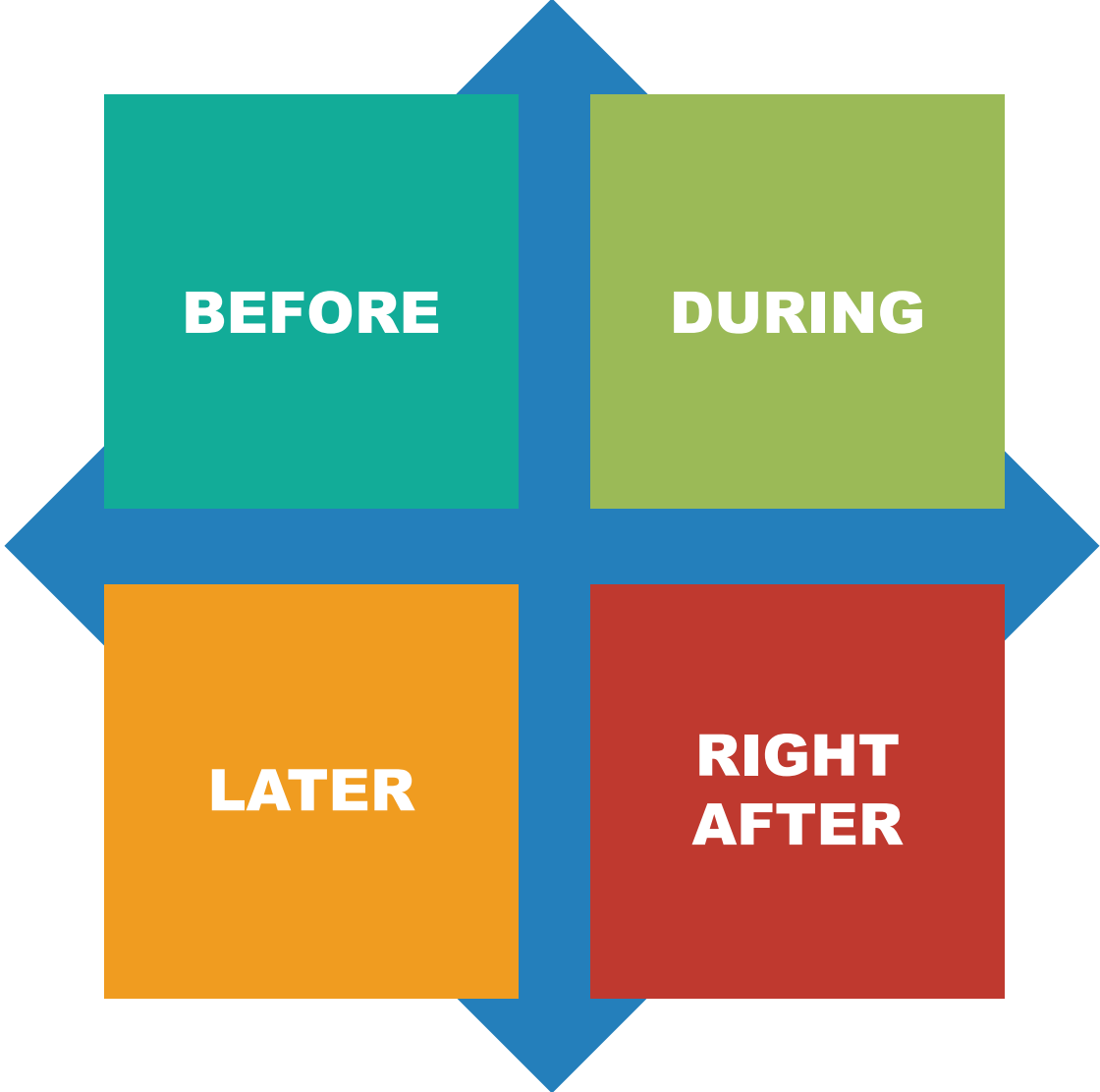
Mitigating Stress & Trauma



4 Quadrants of Self Care/Self Preservation



4 Quadrants of Self Care/Self Preservation





BEFORE

- Physical exercise
- Transitions to work
- Transitions to trauma
- Grounding self check-in
- Recognize & anticipate potential triggers

DURING

- Focus on task at hand
- Stay present & grounded
- Breath, posture, mantras & body awareness
- Create distance (take a step back etc.)

LATER

- Relaxation practice
- Physical movement & exercise
- Build & use support system
- Prioritizing physical health
- Spiritual practice
- Transitions to & from work/trauma

RIGHT AFTER

- Body awareness - relaxation or movement techniques
- Breathing exercises
- Visualization exercises
- Redirected thinking or reframing
- Utilizing supports
- Using transitions from trauma/work



Physical Responses



**Adrenaline
Rush**

**Breath
Patterns**

Posture

**Muscle
Tension**

**Physical
Illness**





Self-Awareness allows individuals to:

1.

Recognize
Trauma Reactions

2.

Choose
Responses &
Control Reactions

3.

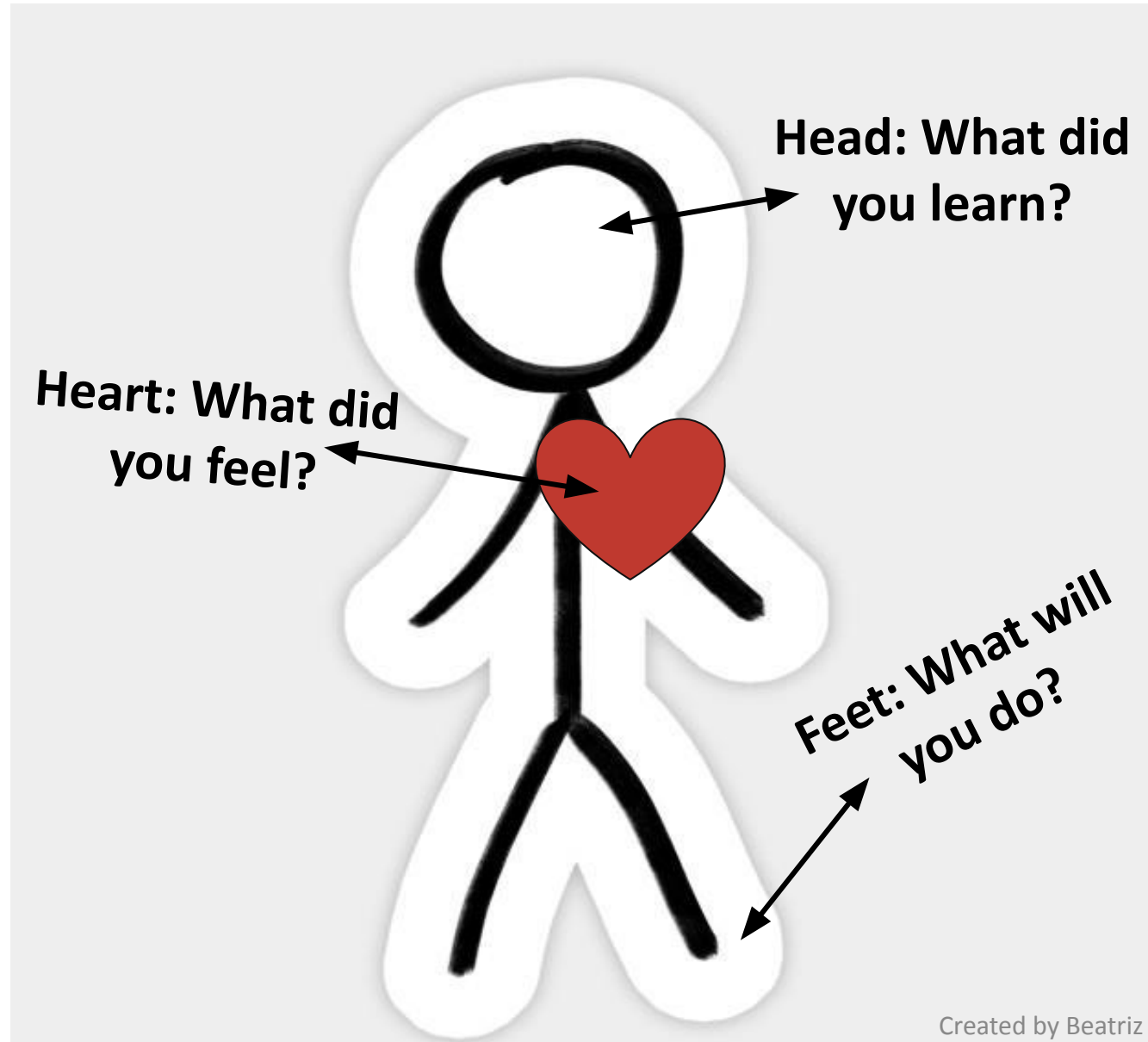
Develop Plans
to manage
secondary trauma
to strengthen
resilience
long-term



Post-Training Survey



Questions & Reflections





CENTER FOR TRAUMA
RESILIENT COMMUNITIES

Mitigating Compassion Fatigue Part 2: Theory & Practice for Self Preservation

June 28, 2022

Davis House Child Advocacy Center
Dr. Jennifer Middleton & Beatriz Vides



Mindfulness

Remembering to be present in the full experience positive or negative



Meditation



Breath Work



Presence



Balance



Engagement



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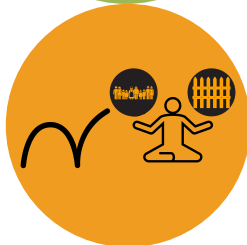
Mindfulness



Community Meeting



The Neurobiology of Compassion Fatigue



Mitigating Stress & Trauma Continued: Energy Audit and Rituals



TRC Model Tool #1



The three questions:

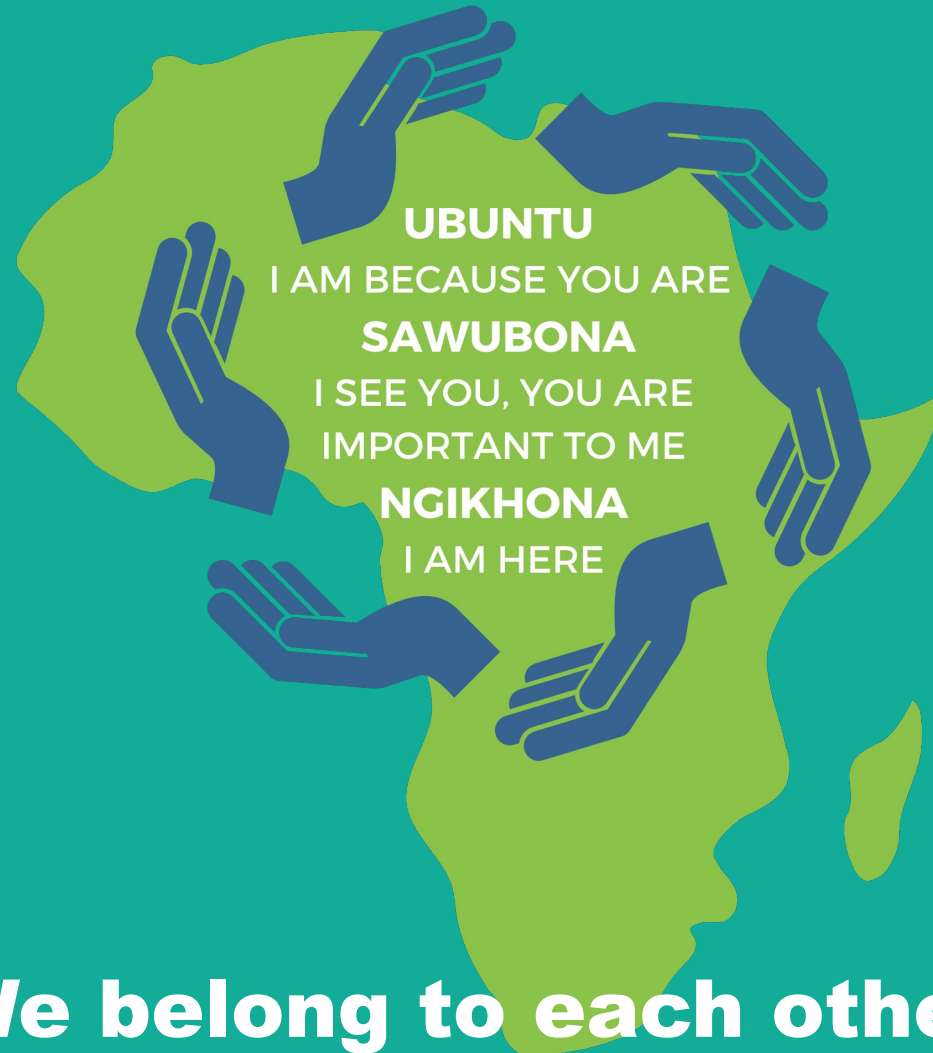


**How are you
feeling?**

**What is your
goal?**

**Who can
support you?**





We belong to each other!



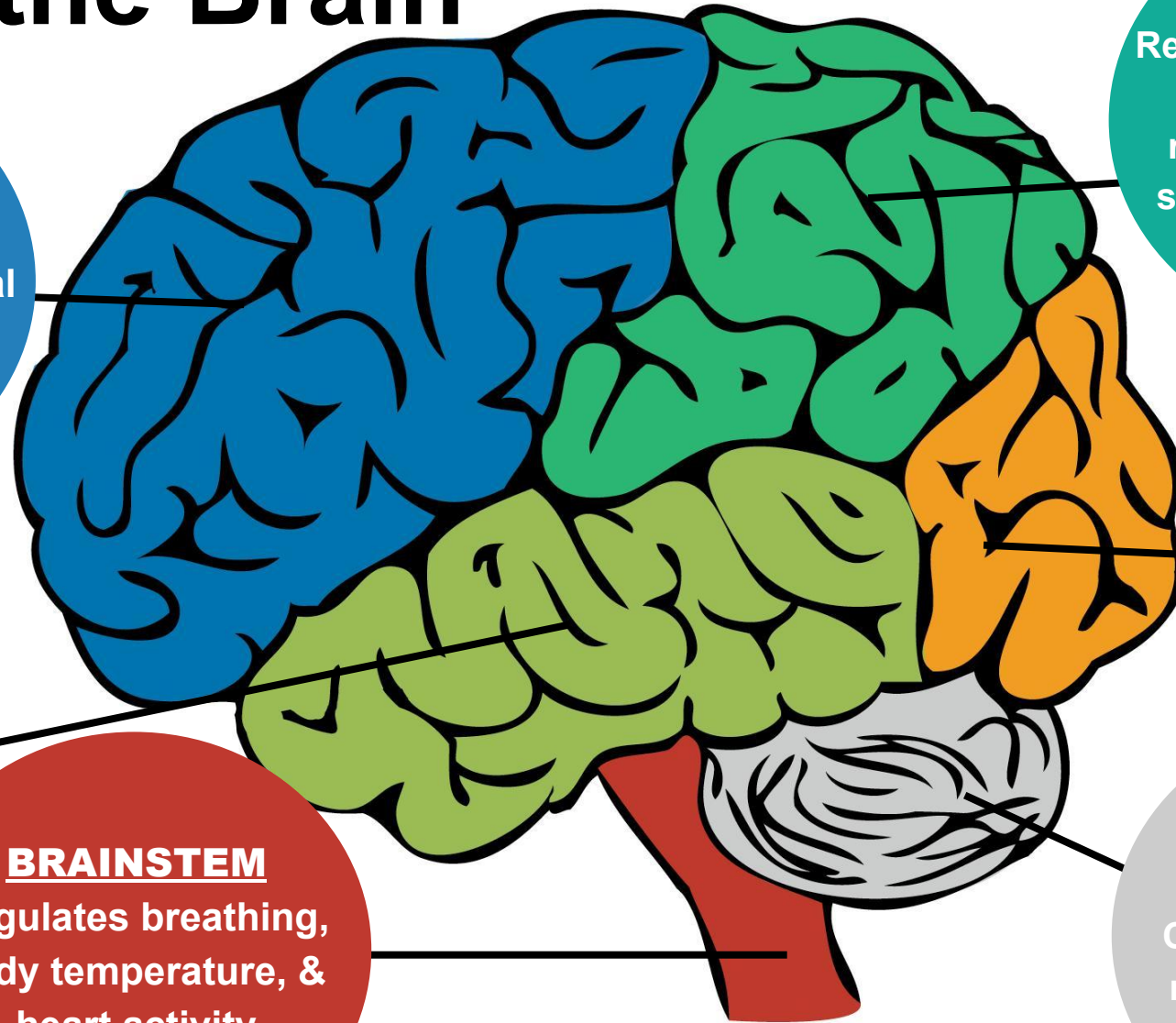


Self-care is not about
self-indulgence **it's about**
self-preservation.

- Audre Lorde



Areas of the Brain



FRONTAL LOBE

planning, reasoning, problem-solving, social skills, & recognising/regulating emotions.

PARIETAL LOBE

Recognising sensations & body position, recognising objects, spatial judgements, & understanding time

OCCIPITAL LOBE

Integrating & processing visual information (color, shape, distance)

TEMPORAL LOBE

processing language, auditory information, organizing information, memory, & learning

BRAINSTEM

Regulates breathing, body temperature, & heart activity

CEREBELLUM

Controls balance and muscle coordination





CORTEX

Abstract Thought
Concrete Thought
Affiliation

LIMBIC

Attachment
Sexual Behavior
Emotions
Reactivity

MIDBRAIN

Motor Control
Arousal
Appetite/Satiety
Sleep

BRAINSTEM

Blood Pressure
Heart Rate
Body Temperature

HIGHER



Empathy
Controlling
yourself
Literacy

Emotional
Response

Coordination
Movement

Heart rate
Flight, fight,
freeze

LOWER





“During the interview, during that moment where I’m getting information, I believe that I am consciously aware of obtaining the facts, getting everything that I need, despite getting this traumatic information. I don’t react to it right in that moment. I don’t know where I go. I mean, I’m there, but I don’t react. **I get the information. I hang in there as long as I need to. I don’t show any shift in any kind of response.** Even if the child is disclosing in a painful way.”

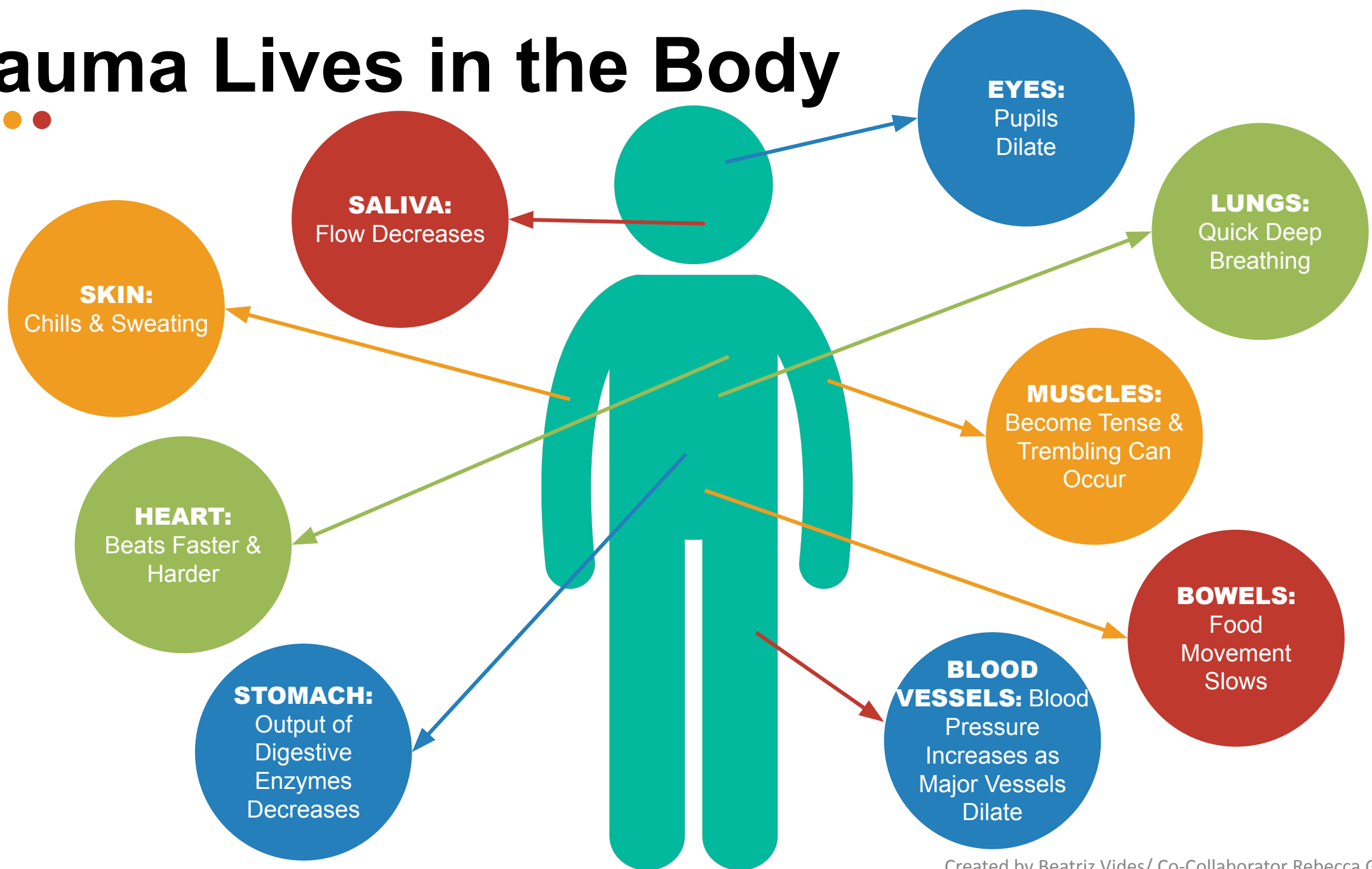
-Detective who conducts forensic interviews



5 Trigger Responses



Trauma Lives in the Body

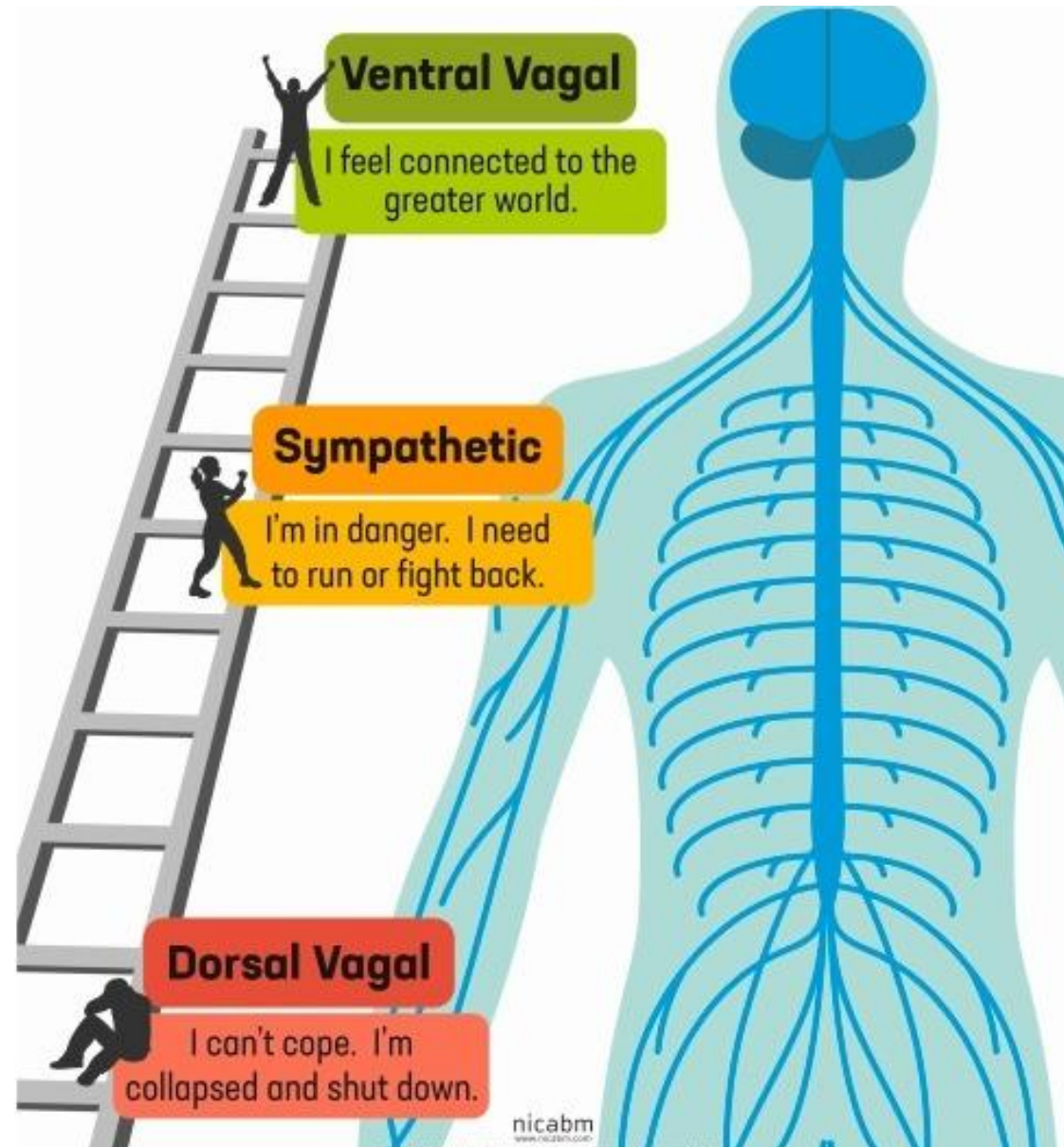




Polyvagal Theory: The Autonomic Ladder



The **Polyvagal Nervous System** is the body's alarm system for danger





“I was also afraid of showing anybody, this new team of people I’m working with, that, maybe I couldn’t do it. I was afraid to let on that I was having an emotional response. **It was all I could do to not cry, and to just keep my shit together, and focus on whatever I was supposed to do.** I feel a very strong responsibility to keep my own emotionality about the case, to myself. I rarely even share with my coworkers. There is a self-imposed sense of. . . ‘they have enough of their own trauma. Go somewhere and deal with your own.’”

- Forensic Interviewer at a Child Advocacy Center



Realms & Triggers



Table 1

Elements, Realms and Properties of Vicarious Trauma for Forensic Interviewing Professionals

Elements of vicarious trauma	Realm	Properties
1. Triggers	a. Within the interview b. Outside: Professional role c. Outside: NonProfessional role	Disclosures of severe physical/sexual trauma; tentative disclosures; child's physical and emotional response Viewing photos and images; working in isolation Forensic interviewer's personal trauma history
2. Coping strategies	a. Within the interview b. Outside: Professional role c. Outside: Nonprofessional role	Shifting into a mode to a) modulate <i>emotionality</i> b) engage <i>cognitively</i> Becoming hypercompetent Engaging in high-risk behavior; disassociating
3. Cognitive dissonance	a. Within the interview b. Outside: Professional role c. Outside: Nonprofessional role	Gathering necessary details for the case vs. attending to child's emotional needs Taking in anger and injustice vs. moving on Being constrained vs. being a change agent
4. Vicarious trauma presents barriers to syncretism	a. Within the interview b. Outside: Professional role c. Outside: Nonprofessional role	Losing credibility and trust Losing sense of reality: post-interview Struggling to feel benefits of the work role/helplessness and despair

Realms & Coping Strategies



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BREAK





Mitigating Stress & Trauma: The Energy Audit

Assessing Physical Energy, Emotional Energy, Mental Energy, & Human Spirit





ENERGY AUDIT



Physical Energy



T or F		
PHYSICAL	_____	1. I don't regularly get at least 7-8 hours of sleep and/or I often wake up feeling tired.
	_____	2. I frequently skip breakfast, or I settle for something that isn't particularly healthy.
	_____	3. I don't do cardiovascular training at least three times a week and strength training at least twice a week.
	_____	4. I don't take regular breaks during the day to renew and recharge.
	_____	5. I often eat lunch at my desk, if I eat lunch at all.
Total T's		



Emotional Energy



T or F

EMOTIONAL	___	6. I frequently find myself feeling irritable, impatient or anxious at work, especially when demand is high
	___	7. I don't have enough time with my family and loved ones, and when I'm with them, I'm not always really with them.
	___	8. I take too little time for activities that I most deeply enjoy.
	___	9. I rarely stop to express my appreciation to others or to savor and celebrate my accomplishments and blessings.
	___	10. I often feel that my life is just a relentless set of demands I'm expected to meet and tasks I have to complete.
Total T's		



Mental Energy



T or F

MENTAL	_____	11. I have difficulty focusing on one thing at a time, and I am easily distracted during the day, especially by email
	_____	12. I spend too much of my time reacting to immediate demands rather than focusing on activities with longer-term value and leverage.
	_____	13. I don't take enough time for reflection, strategizing, and thinking creatively.
	_____	14. I rarely have any time when my mind is quiet and free of thoughts.
	_____	15. I often work on evenings and weekends and/or I rarely take an email-free vacation.
Total T's:		



Human Spirit



T or F		
HUMAN SPIRIT	_____	16. I don't feel passionately committed to what I do.
	_____	17. I spend too little time at work doing what I do best and enjoy most.
	_____	18. There are significant gaps between what I say is important in my life and how I actually live.
	_____	19. My decisions at work are often more influenced by external demands than by a strong, clear sense of my own purpose.
	_____	20. I don't invest enough time and energy in making a positive difference to others and/or in the world.
Total T's		Total T's from all energies _____



Scoring



Key

- 17-20: Full Out Energy Crisis
- 13-16: Imminent Energy Crisis
- 9-12: Significant Energy Deficit
- 5-8: Moderate Energy Deficit
- Below 5: Fully Energized



Category Key

- 5: Full Out Energy Crisis
- 4: Imminent Energy Deficit
- 3: Significant Energy Deficit
- 2: Moderate Energy Deficit
- 1: Fully Energized





1.

Are you satisfied
with your score?

**Why or why
not?**

2.

For behaviors
that are
undermining your
productivity &
satisfaction, **why
have they
persisted?**





Rituals

What first **ritual would give you the most “bang for the buck”** – i.e. fuel the greatest increase in your positive energy and/or your productivity/performance?

What **day(s)** will you perform your ritual? What **time(s)** will you do it?

Are the day(s) and time(s) truly **realistic**? If not, please modify them accordingly.

How will you remember to do your ritual?

What are your **backup** day(s) and time(s) if you cannot get it done on the designated day(s) and time(s)?

What one-time **action steps** do you need to take before launching your ritual?
(Joining a gym, buying a journal, getting buy-in from your spouse or boss.)

With which two people in your life are you going to share this ritual, and in **what way(s) will you ask them to hold you accountable to implementing it?**

What will **most likely cause you to fall off track?**
What will you need to do if that happens?

Self Preservation Strategies



What fills your bucket?



Self Preservation Strategies



How do you empty your bucket from trauma/grief?



Self Preservation Strategies



WHAT DO WE KNOW?
WHAT DO WE DO?
WHAT DO WE NEED?
WHAT WORKS?
WHY DON'T WE DO IT?



The Impact of Trauma



1.

What do you notice in yourself or colleagues that shows the impact of trauma?

2.

How, where, & when does trauma show up?

3.

When combating theory vs. practice: What gets in the way?



Compassion Fatigue Breakdown





Changing Mindsets & Shifting Practice

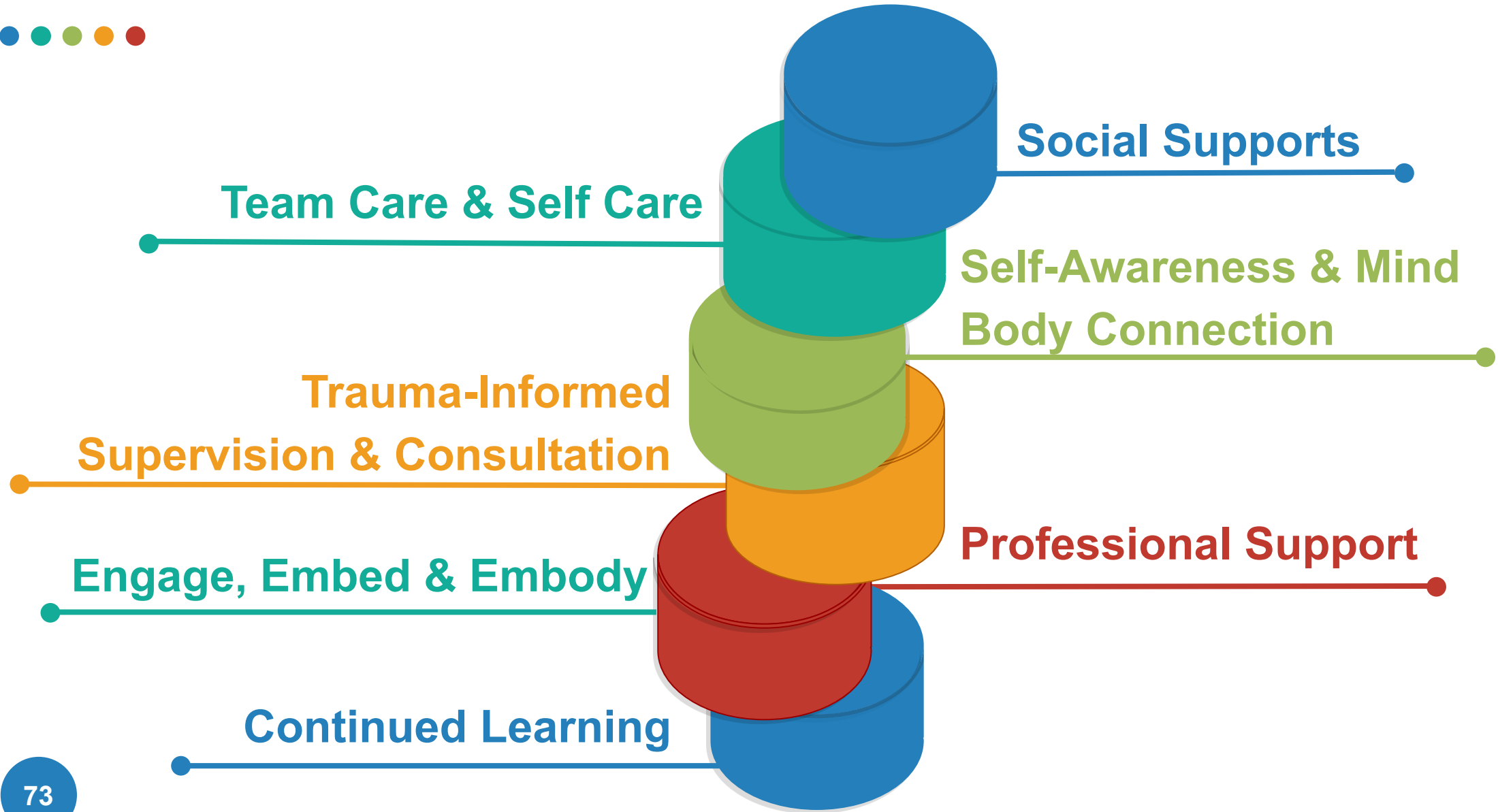
**Building
Individual &
Organizational
Resilient
Practices**

**Compassion
Fatigue
Organizational
Chronic Stress**

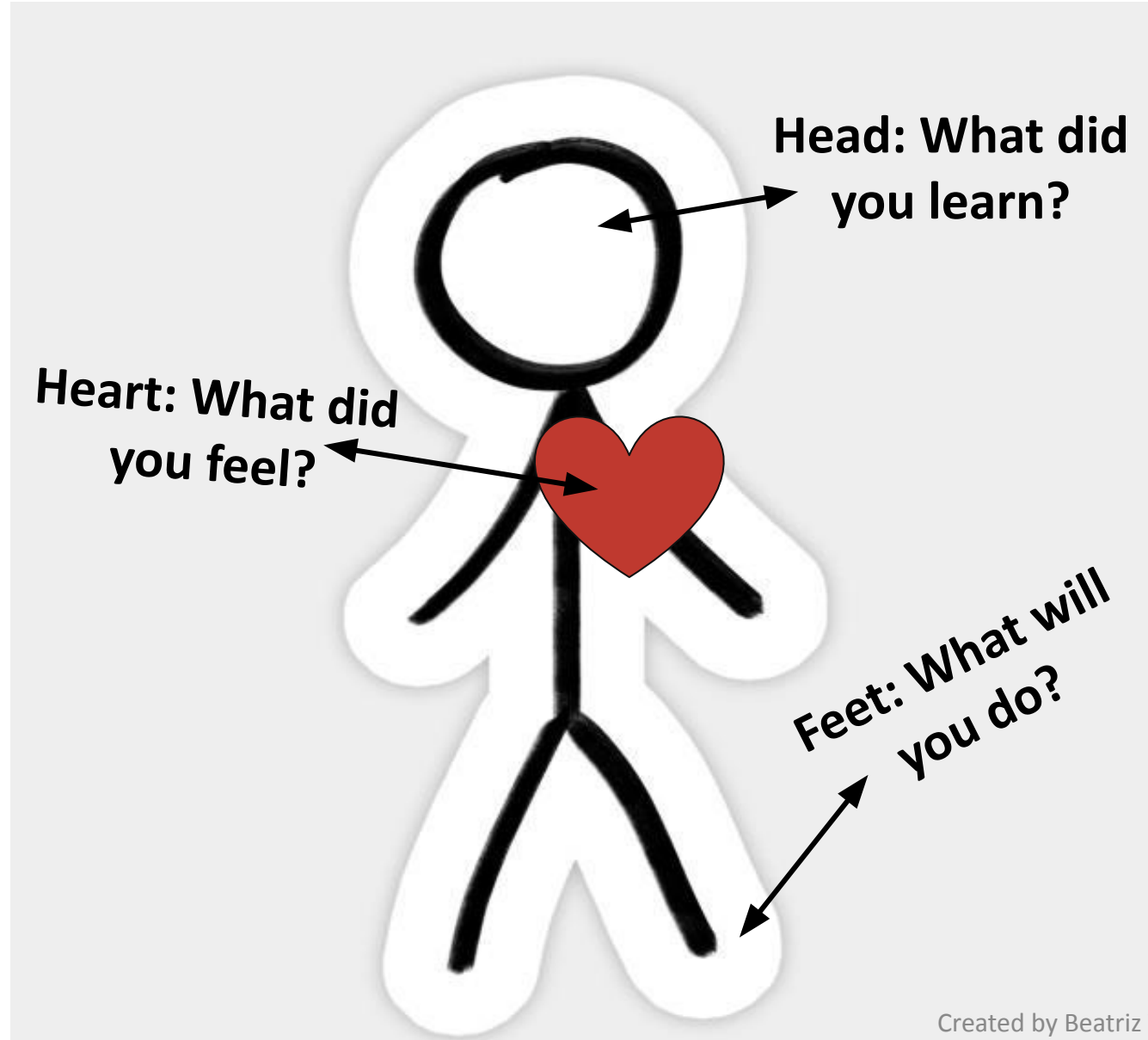
**Self Care
PQOL &
Organizational
Health**



Resilient Factors



Questions & Reflections



Post-Training Survey





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