

STRESS REDUCTION, MINDFULNESS, RESILIENCE, AND VICARIOUS TRAUMA

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Taking a Body Snapshot



“THE EXPECTATION THAT WE CAN BE IMMERSSED 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



Mind Full, or Mindful?



What is mindfulness?

- The awareness that arises when...
 - Paying attention
 - On purpose
 - In the present moment
 - Non-judgmentally
- A practice!

What mindfulness is *not*

A central illustration of a woman with long dark hair, eyes closed, sitting in a meditative lotus position. She is wearing a light blue t-shirt and dark pants. The background is a soft, circular glow. Surrounding her are several icons: a clock at the top left, a laptop at the top right with a lightning bolt and arrow, a coffee cup on the left, and a smartphone on the right. There are also stylized leaves in shades of pink, red, and yellow behind her.

- Relaxation, calm
- Absence of thought
- Positive thinking
- Never having unpleasant experiences
 - Thoughts
 - Feelings
 - Bodily sensations
- Meditation
- Spiritual

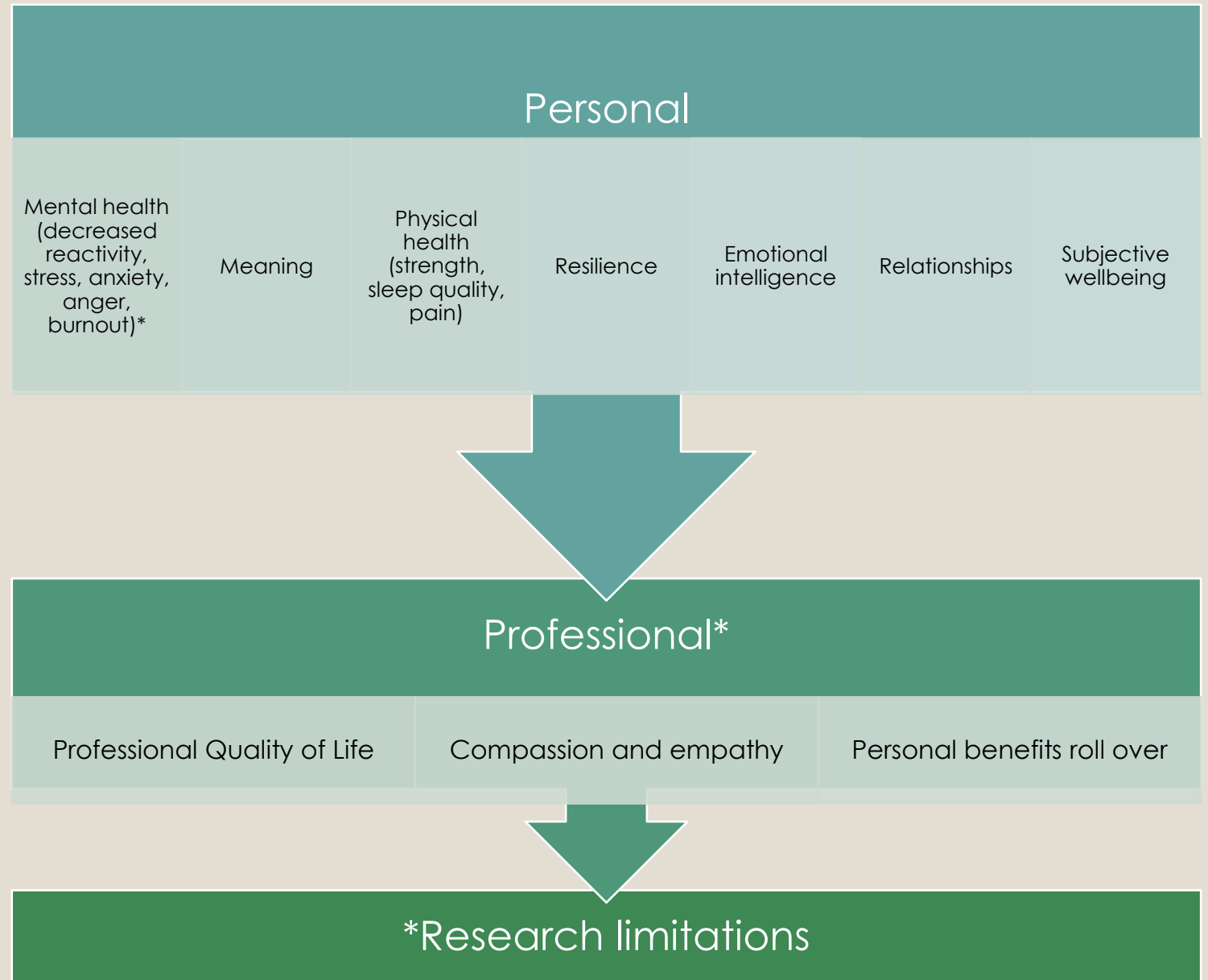
Mindfulness as Meditation

- Open presence and non-judgmental awareness
- Increases theta waves in frontal regions of the brain
- Recommendations:
 - Focus on breath
 - Have an attitude of curiosity
 - Labeling observations (remembering, judging, avoiding, grasping, worrying, etc.)

Mindful movement-based practices

- We do many things 'mindlessly'
- Noticing what it feels like for the body to
 - stretch
 - experience pleasure/discomfort
 - Feel the weight of the feet on the Earth
 - Experience fluidity of arms through space

Benefits of Mindfulness



Cultivating Mindfulness in the Workplace

Through emotional awareness

PERMISSION



TO FEEL

UNLOCKING THE POWER OF EMOTIONS
TO HELP OUR KIDS, OURSELVES,
AND OUR SOCIETY THRIVE

Marc Brackett, Ph.D.

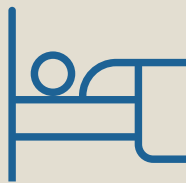
DIRECTOR, YALE CENTER FOR EMOTIONAL INTELLIGENCE
PROFESSOR, YALE CHILD STUDY CENTER

Permission to Feel: At Work

- Stakes are high
- Active creation of emotional contagion
- Amplifying positive emotions
 - Not the same as suppressing negative emotions

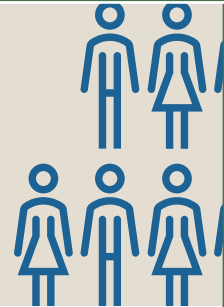
Permission to Feel: Activity

You Wake Up



- Are you glad to get out of bed and off to your job?
- Do you want to pull the covers over your head and hide?

Those with whom you have most contact



- Do you smile at the thought of these encounters?
- Do you groan?

The Clock

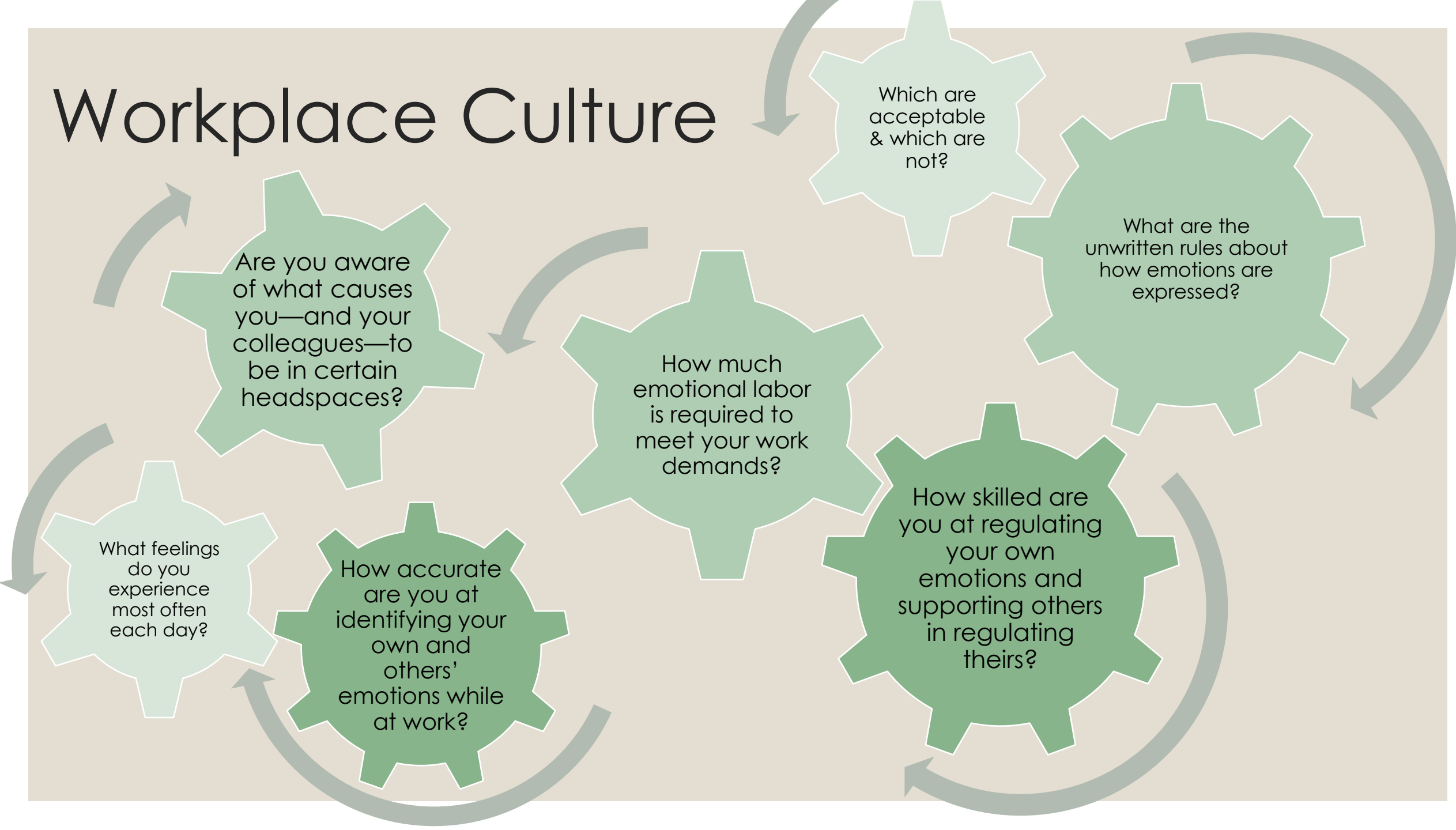


- Do the hours fly by?
- Are you watching the clock and hoping for the end of the day?

What the studies show

- Study by Zorana Ivcevic Pringle asked:
 - How do you feel at work?
Stressed, frustrated, overwhelmed.
 - How would you like to feel at work?
Happy.
- Burnout vs Engagement

Workplace Culture



Which are acceptable & which are not?

What are the unwritten rules about how emotions are expressed?

How skilled are you at regulating your own emotions and supporting others in regulating theirs?

How much emotional labor is required to meet your work demands?

Are you aware of what causes you—and your colleagues—to be in certain headspaces?

How accurate are you at identifying your own and others' emotions while at work?

What feelings do you experience most often each day?

Mindfulness in Leadership



MINDFUL LEADERSHIP

- Link between mindfulness of the leader and wellbeing of others
- Mindful communication
- Self-awareness



Body Mindfulness

A broken, glowing lightbulb with smoke rising from it, symbolizing burnout and trauma. The bulb is cracked and has a bright orange glow from within, with wisps of white smoke rising from the top. The background is a dark, textured grey.

**BURNOUT &
VICARIOUS
TRAUMA**

A row of matches is shown at the bottom of the image. The match on the far left is lit, with a bright yellow and orange flame rising from it. The other matches are unlit. The background is a dark, solid red color. A white rectangular box with a thin border is centered in the upper half of the image, containing the text.

TAKE A MOMENT
THINK OF THE TERM:
BURNOUT?

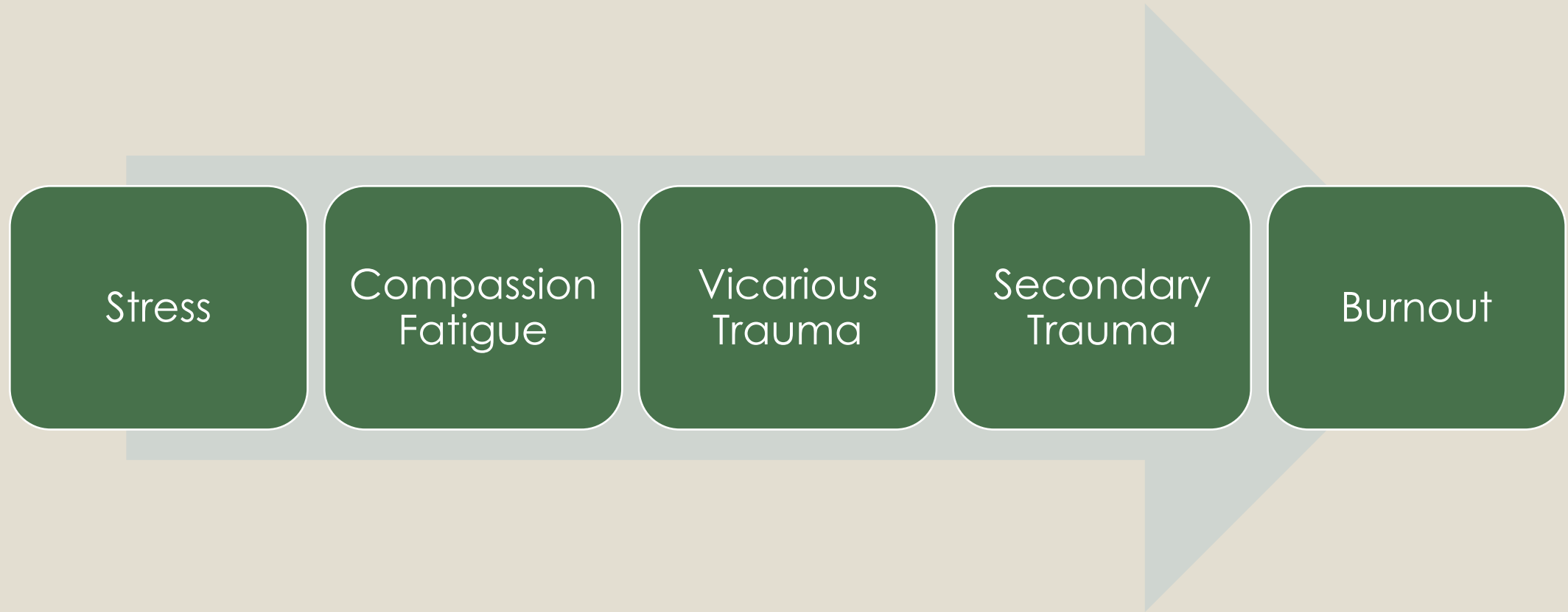
The Origins of Burnout

- Early 1970s: Herbert Freudenberger, PhD
 - Definition: To fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources
 - Signs:
 - Physical: exhaustion, unable to shake a cold, headaches, GI disturbances, sleeplessness, shortness of breath
 - Behavioral: emotional lability, irritability, overwhelm, paranoia, omnipotence, risky behavior, rigidity, cynicism, depression, isolation, increased hours working with less accomplished,
 - Who is prone: "The dedicated and committed."
 - Prevention:
 - Adequate training and assessment of candidates for employment
 - Variety of work
 - Limiting work hours, "may be to work four weeks and take the fifth week off"
 - Group cohesion
 - Sharing your experiences
 - Increased staffing levels
 - Physical exercise
 - How to help: encourage rest/time away, offer support/encouragement, allow for the grief process

The Origins of Burnout

- Mid-1970s: Christina Maslach, MD
- Term initially used more widely in the fields of human services, health care, social work, psychotherapy, legal services, and police work
- Began noting societal trends that lead toward burnout
- Contributed to the medicalization of burnout, shift toward empirical focus vs social problem
- Developed the Maslach Burnout Inventory (MBI)
 - 5 Scales:
 - Emotional Exhaustion
 - Depersonalization
 - Personal Accomplishment
 - Cynicism
 - Professional Efficacy

Continuum of Burnout



Definitions

**Critical Incident /
Traumatic Stress**

Compassion Fatigue

Vicarious Trauma

**Secondary Traumatic
Stress**

Burnout

**PATTERN OF
STRESS**

Unpredictable

Extreme

Prolonged

SENSITIZATION
Vulnerability

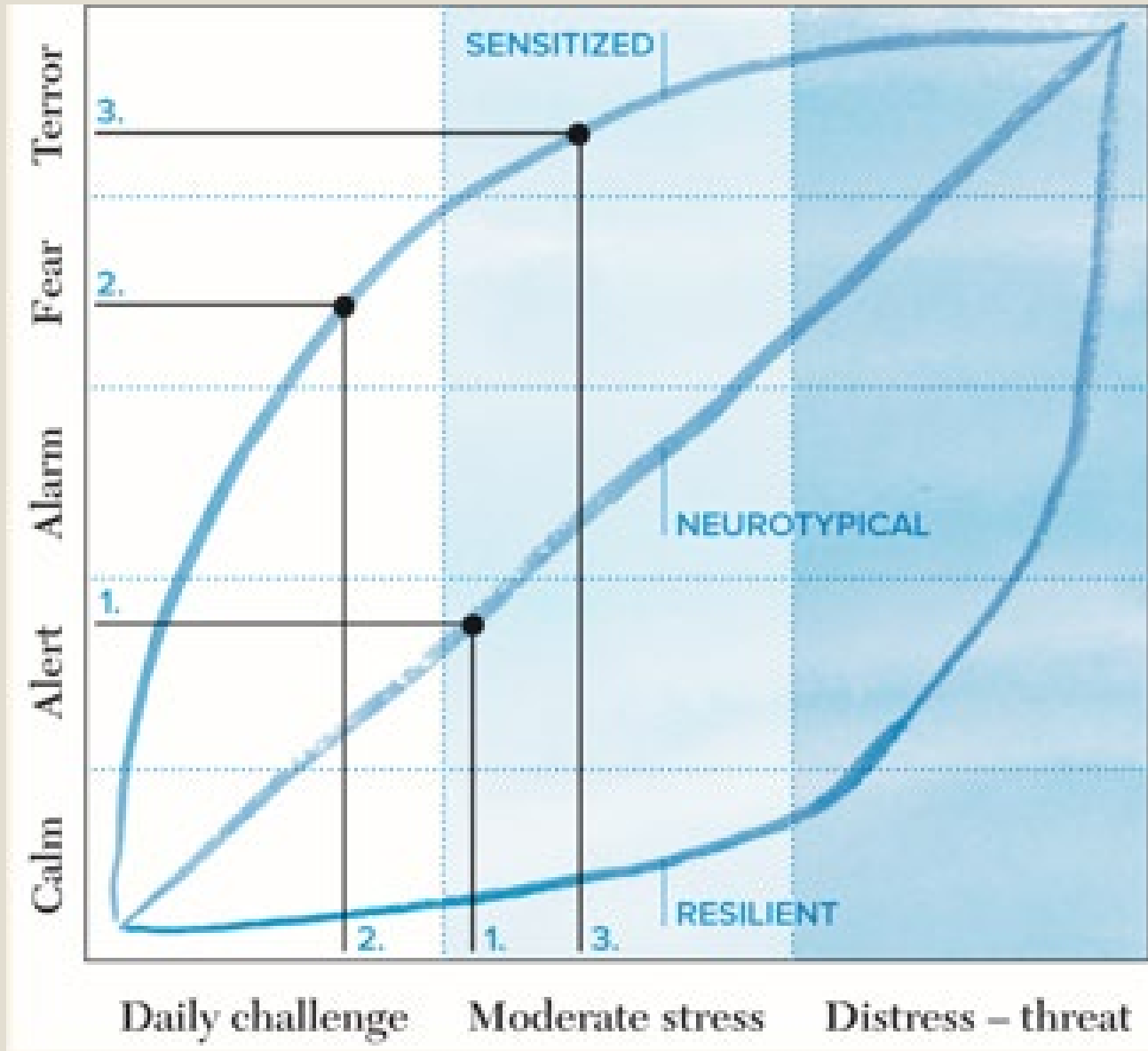
Predictable

Moderate

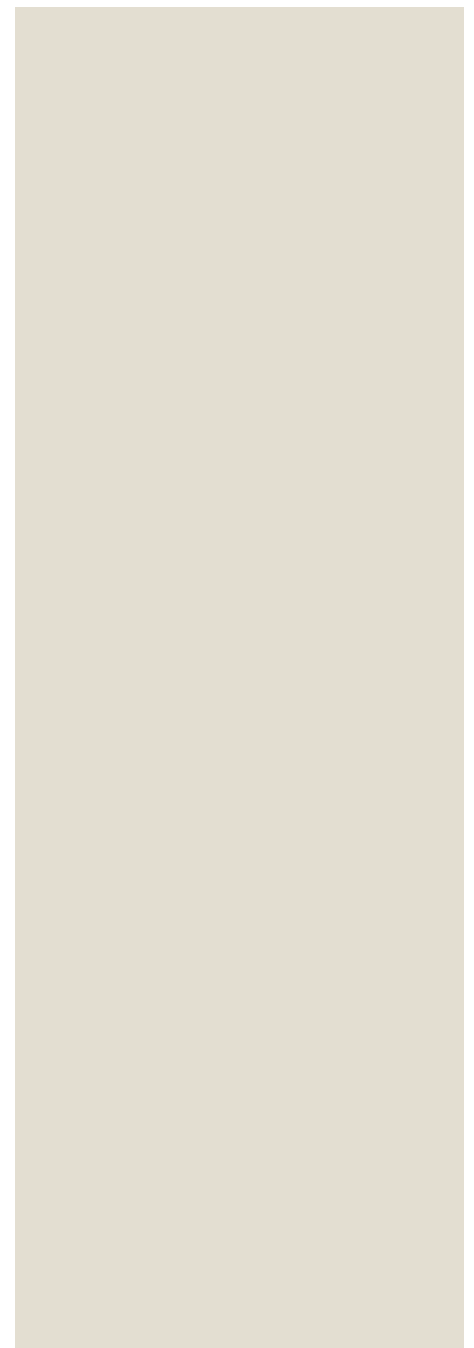
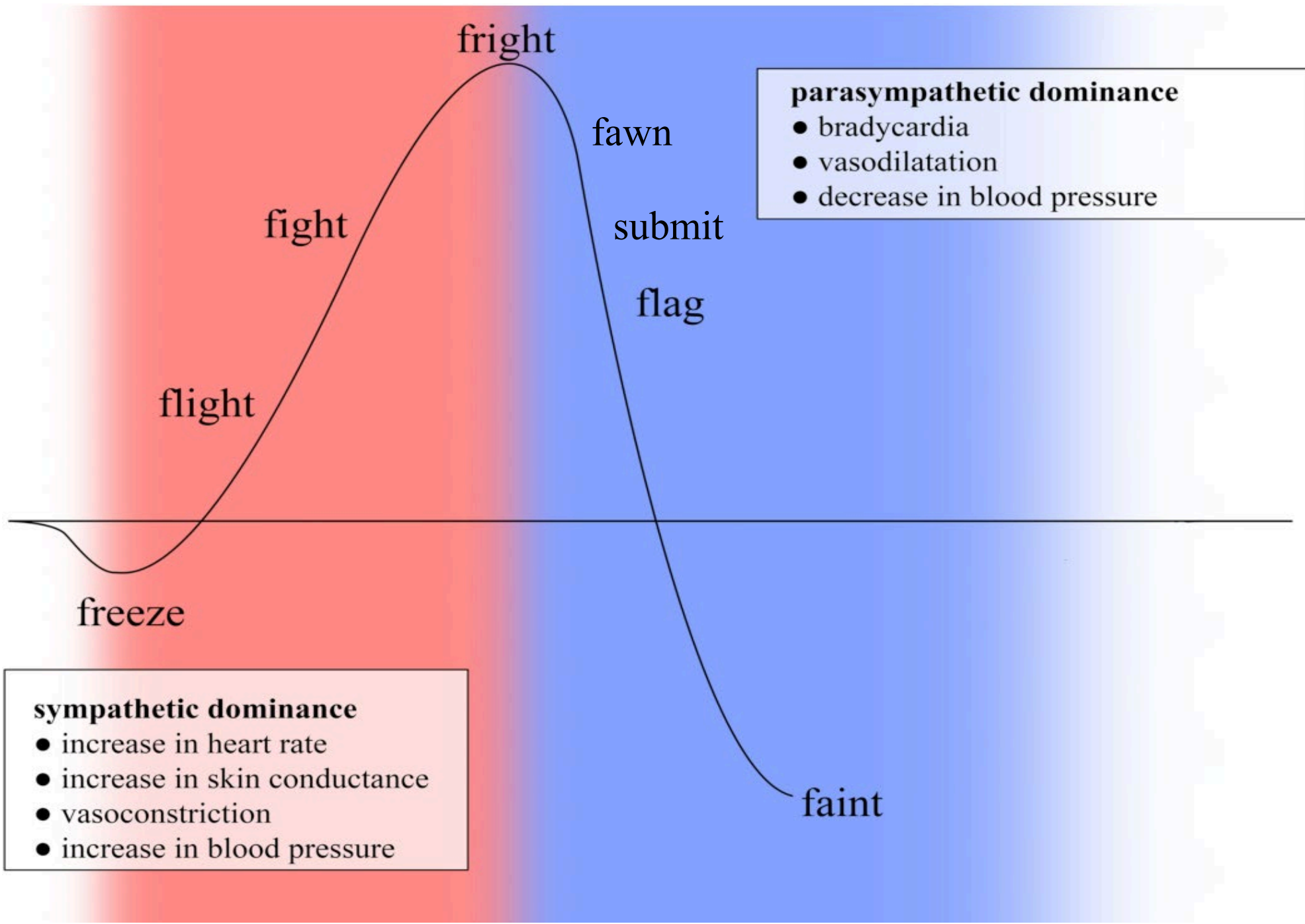
Controllable


TOLERANCE
Resilience

State Reactivity Curve




“STATE”	CALM	ALERT	ALARM	FEAR	TERROR
<i>DOMINANT BRAIN AREAS</i>	Cortex (DMN)	Cortex (Limbic)	Limbic (Diencephalon)	Diencephalon (Brainstem)	Brainstem
<i>ADAPTIVE “Option” Arousal</i>	Reflect (create)	Flock (hypervigilance)	Freeze (resistance)	Flight (defiance)	Fight
<i>ADAPTIVE “Option” Dissociation</i>	Reflect (daydream)	Avoid	Comply	Dissociate (paralysis/catatonia)	Faint (collapse)
<i>COGNITION</i>	Abstract (creative)	Concrete (routine)	Emotional	Reactive	Reflexive
<i>FUNCTIONAL IQ</i>	120–100	110–90	100–80	90–70	80–60





Personal
experiences
of vicarious
trauma

Physical	Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches
Emotional	Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders
Behavioral	Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened
Spiritual	Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness
Cognitive	Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts
Relational	Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust



Professional
examples
of vicarious
trauma

Performance	Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness, rigidity
Morale	Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion
Relational	Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”
Behavioral	Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

Risk Factors for Vicarious Traumatization

Personal

- Unresolved trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Personal stress, loss, or grief
- Lack of self-care routine

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training role
- Working in a position that is not fulfilling
- Being an engaged, empathetic, dedicated, responsible worker

Common Negative Reactions to Vicarious Trauma

Difficulty managing emotions

Emotional numbing

Sleep issues

Somatic issues

Distractibility

Hopelessness, loss of sense of meaning

Relationship problems

Sense of vulnerability

Irritability

Destructive coping mechanisms

Cynicism about work/clients

Avoidance (personal and professional)

Symptoms of PTSD

Comparative Suffering

- View our painful experiences in terms of what others are going through in order to determine the level of validity our suffering warrants
- Creates difficulties in holding space for our own pain
- Remember:
 - Minimizing your pain helps no one. Your pain matters, too.
 - You are more than a therapist/counselor/provider. You are a person, too.
 - The courage you celebrate in your clients when they seek support and express vulnerability. Extend that same understanding to yourself and other professionals.
- Release ourselves from the stigma and shame



SOMATIC INVENTORY OF BURNOUT



Resilience

- The process of adapting well in the face of adversity

Definitions

Compassion Satisfaction

Resilience

Vicarious Resilience

**Vicarious Trauma-Informed
Organizations**

Letting Go

Before a Session

- Take a walk
- Meditation
- Grounding exercise
- Set an intention such as “I will actively listen with an open heart”
- Tap in intention/affirmation
- Practice creativity

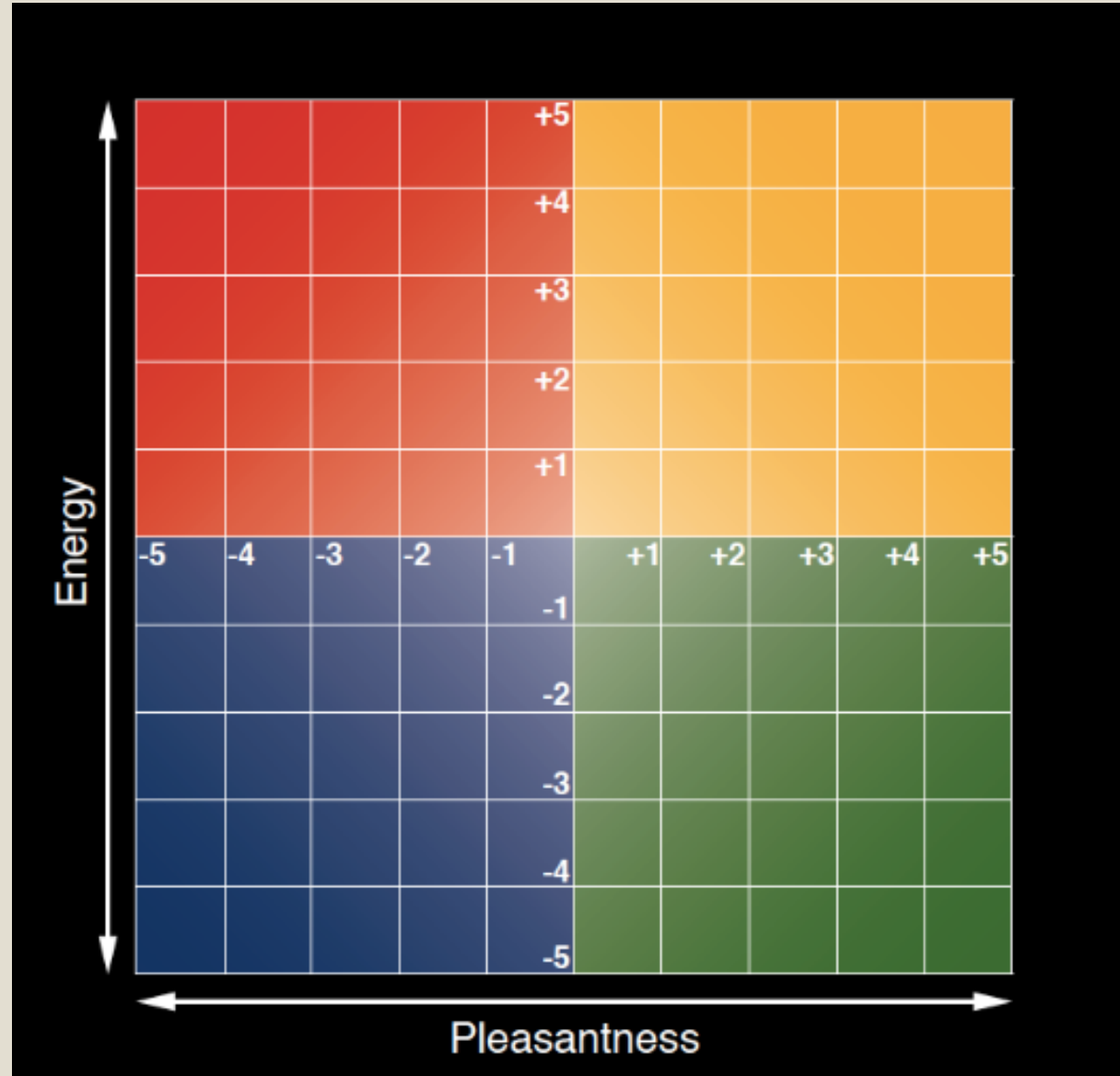
During a Session

- Engage in interoceptive awareness
- Making meaning
- Deep breathing
- Imagine allies in the room to nurture/protect you
- Uncouple mirroring body language
- Personal containment practice if triggered
- Place your hands over belly or heart
- Grounding with external senses
- Practice self-compassion, such as reminding yourself to wish the client well and put trust in your shared process
- Avoid visualizing clients' traumas

After a Session

- *I let go and release anything that doesn't serve me.*
- *I have given enough support for today.*
- *I trust that [client's name] can handle their own thoughts, feelings, and sensations.*
- *I respectfully return [client's name] anything that I am holding consciously or unconsciously that belongs to them.*
- Take a walk
- Debrief with a colleague
- Practice creativity

Mood Meter / Solve-it-Grid



SPRINGER BRIEFS IN PSYCHOLOGY

Salvatore R. Maddi

Hardiness

Turning Stressful
Circumstances into
Resilient Growth

 Springer

Factors of Resilience

- Challenge
- Control
- Commitment

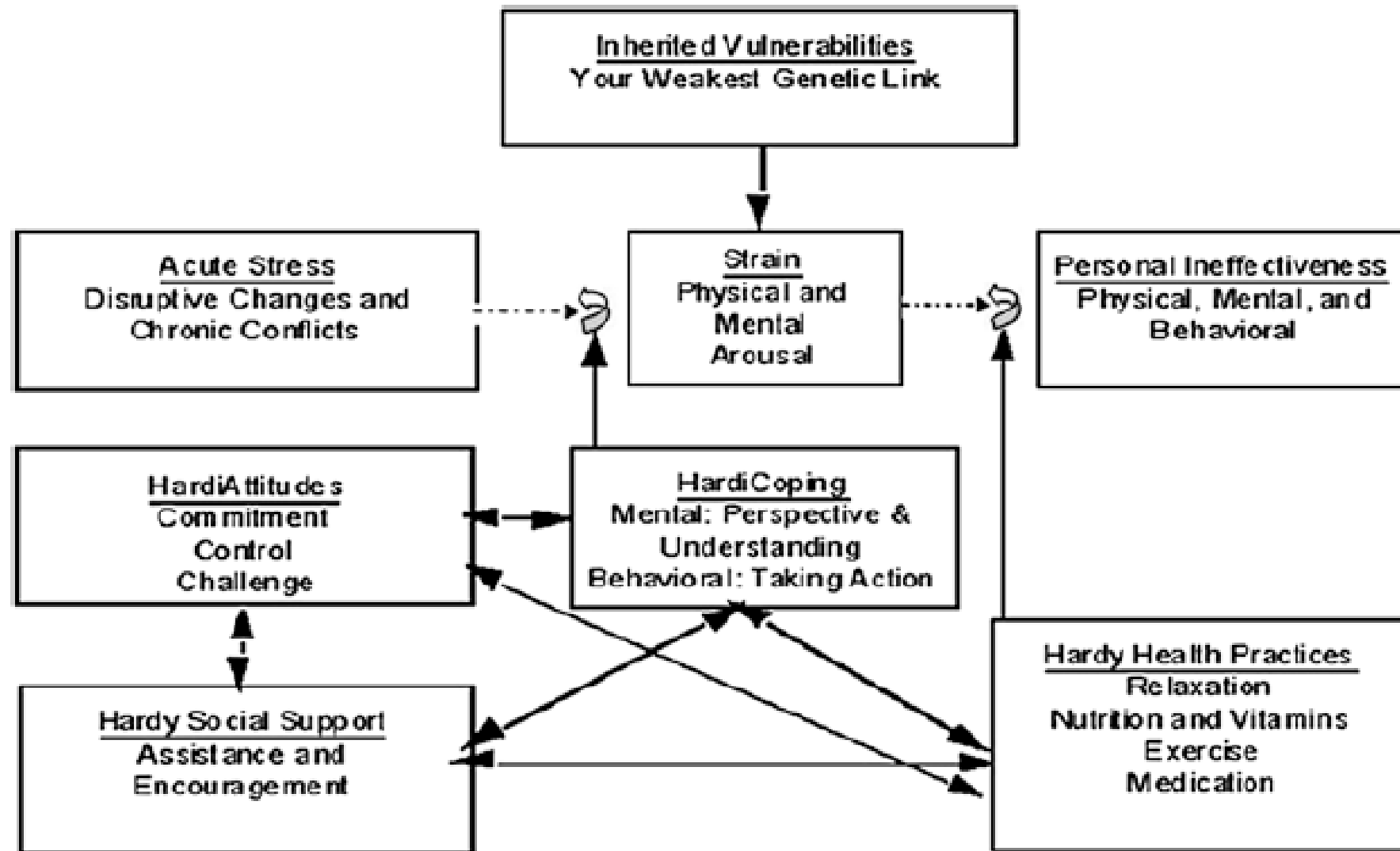


Fig. 2.1 The Hardiness Model for performance and Health Enhancement, © Copyright 1986–2004

The Sides of Resilience

Process

- Working through vulnerable emotions
- Challenging negative cognitions
- Seeking meaning making
- Learned helplessness → Learned optimism

Outcome

- Increased sense of choice
- The past informs, not defines
- Increased sense of capacity to live in the world as it is
- “This happened to me, and it is over now.”

How to build resilience at work:

- ✓ Exercise Mindfulness
- ✓ Recognize “good stress”
- ✓ Compartmentalize your cognitive load
- ✓ Take detachment breaks
- ✓ Respond vs react
- ✓ Cultivate compassion

THE VALUE OF HAPPINESS

HOW EMPLOYEE
WELL-BEING
DRIVES PROFITS



Key aspects of a healthy, vicarious trauma-informed organization



Leadership and
Mission



Management and
Supervision



Employee
Empowerment and
Work Environment



Training and
Professional
Development



Staff Health and
Wellness

Suggestions for Coworkers



**Discuss the
impact of the
work**



**Encourage
work-life
balance/bound
aries**



**Encouraging
them to attend
to the “basics”**



**Supporting
connections with
positive supports**



**Encourage
organizational
supports**

I.e.: peer support
team, employee
assistance program,
or chaplain



**Encourage
discussion with
their supervisor**

Suggestions for Supervisors



Discuss Vicarious Trauma as part of supervision



When possible allow flexibility in scheduling



Create time and physical space at work for self-care



Refer to therapeutic/professional assistance when appropriate



Recognize boundary confusion

Suggestions for yourself



Peer support



**Supervision and
consultation**



Training



**Personal
psychotherapy
or counseling**



**Maintaining
balance**



**Engage in
activities that
provide
meaning and
perspective**



**Be aware of
your needs,
limits, feelings,
and
internal/external
resources**

Importance of Making a Trauma-Informed Organization



Increase productivity



Reduce turnover



Increase organizational health

A wooden boardwalk path winds through a dense forest of evergreen trees. The path is made of light-colored wooden planks and leads into the distance, flanked by lush green foliage and tall, thin trees. The overall scene is peaceful and natural.

WALKING MEDITATION

The Empathy-Altruism Hypothesis

- Empathy: the capacity to:
 - Be affected by, and share, the emotional state of another
 - Assess the reasons for another's state, and
 - Identify with the other, adopting their perspective
- Altruism: an “other-oriented” motivational state with the primary goal of increasing or benefiting another's well-being.
- Altruistic motivation evoked by empathy is directed toward goal of helping improve another's welfare

The Empathy-Altruism Hypothesis

- Need to maintain sufficient empathy to motivate continued helping efforts
- May experience burnout if they feel a high degree of empathy but simultaneously feel unable to help clients effectively
- May avoid empathy in order to avoid corresponding altruistic motivation
- Less empathy is associated with less altruistic motivation toward helping behaviors which is associated with less effective care and increased burnout



What is your why?



SELF CARE

Avoiding Burnout &
Vicarious Trauma

Self care Code of Ethics

Standards of self-care guidelines:

- **Respect the dignity and worth of self**
 - a violation lowers your integrity and trust
- **Responsibility of self-care**
 - ultimately it is your responsibility to take care of yourself—and no situation or person can justify neglecting this duty
- **Self-care and duty to perform**
 - there must be a recognition that the duty to perform as a helper cannot be fulfilled if there is not, at the same time, a duty to self-care

Standards of human practice of self-care:

- **Universal right to wellness**
 - every helper, regardless of their role/employer, has a right to wellness associated with self-care
- **Physical rest and nourishment**
 - every helper deserves restful sleep and physical separation from work that sustains them in their work role
- **Emotional rest and nourishment:**
 - every helper deserves emotional and spiritual renewal both in and outside the work context
- **Sustenance modulation**
 - every helper must utilize self-restraint with regard to what and how much they consume (e.g.: food, drink, drugs, stimulation) since improper consumption can compromise their competence as a helper

Commitment to self-care:

- **Make a formal, tangible commitment**
 - written, public, specific, measurable promises of self-care
- **Set deadlines and goals**
 - the self-care plan should set deadlines and goals connected to specific activities of self-care
- **Generate strategies that work and follow them**
 - such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care

Name:	Personal	Professional/Workspace
Date:		
Physical		
Psychological/Mental		
Emotional/Relational		
Spiritual		

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Exercise

Emotional/Relational

- What helps me feel grounded and able to tolerate strong feelings?
- What helps me express my feelings in a healthy way?
- Who helps me cope in positive ways and how to they help?
- What helps me feel connected to others?
- Who are at least three people I feel safe talking with about my reactions/feelings about clients
- How can I connect with those people on a regular basis?

Spiritual

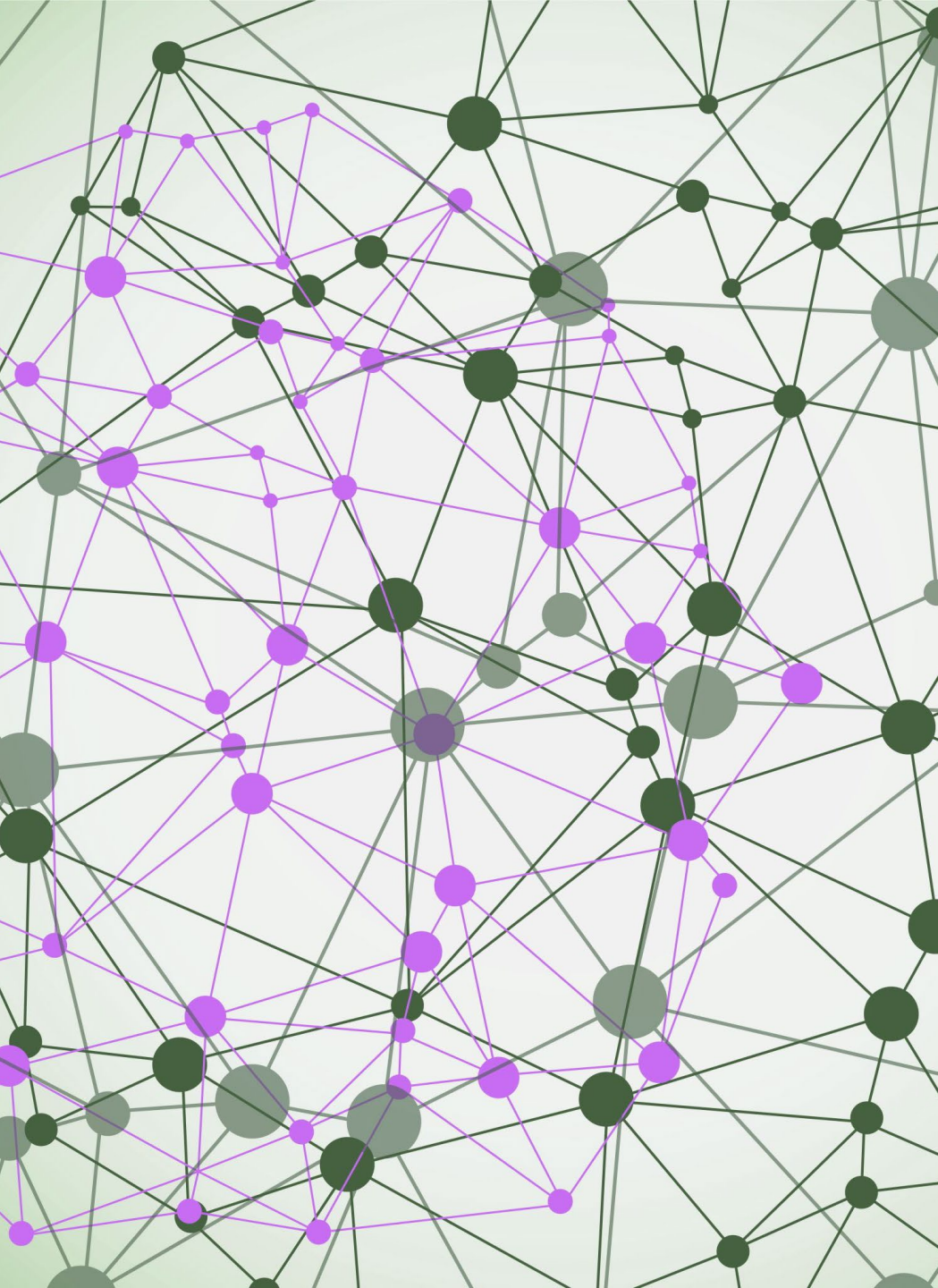
- What helps me find meaning in life?
- What helps me feel hopeful?
- What sustains me during difficult times?
- What connects me to something greater?

Physical

- What are non-chemical things that help my body relax?
- What supports my body to be healthy?

Psychological

- What helps my mind relax?
- What helps me see a bigger perspective?
- What helps me break down big tasks into smaller steps?
- What helps me counteract negative self-talk?
- What helps me challenge negative beliefs?
- What helps me build my theoretical understanding of trauma and addictions?
- What helps me enhance my counseling/helping skills in working with traumatized clients?
- What helps me become more self-reflective?



Substance Abuse and Mental Health Services Administration (SAMHSA)

Centers for Disease Control

Center for Health Care Strategies, Inc. (CHCS)

National Center for Biotechnology Information

Office of Justice Programs: Vicarious Trauma Toolkit

Kitchen Table wisdom: stories that heal by Rachel Naomi Remen

Mindfulness and Leadership: Communication as a Behavioral Correlate of Leader Mindfulness and Its Effect on Follower Satisfaction

Permission to Feel: Unlocking the Power of Emotions to Help Our Kids, Ourselves, and Our Society Thrive by Marc Brackett, PhD

The impact of mindfulness on well-being and performance in the workplace: an inclusive systematic review of the empirical literature

Harvard Business Review: 5 Ways to Boost Your Resilience at Work

Psychotherapy Networker

The Empathy-Altruism Association and its Relevance to Health Care Professionals

EMDR & Parts work for Treating Complex Trauma, Arielle Schwartz, PhD

What Happened to You? Conversations on Trauma, Resilience, and Healing by Bruce Perry and Oprah Winfrey

Psychophysiology of the Defense Cascade and its Relation to Posttraumatic Stress Disorder

Staff Burnout, Herbert Freudenberger

Burnout: 35 Years of Research and Practice, Christina Maslach

Meditation Interventions to Rewire the Brain: Integrating Neuroscience Strategies for ADHD, Anxiety, Depression, & PTSD, Jeff Tarrant

Sources

*Stress Reduction,
Mindfulness, Resilience, and
Vicarious Trauma*

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Questions?