

# Making **SPACE** for Learning

## Trauma Informed Practice in Schools

### Discussion Paper 6

#### Understanding the possible impact of trauma on adults working with children and families



#### Introduction

The SMART program focuses on how to support children who have experienced abuse related trauma. In doing so, it is also critical to acknowledge more fully the impact of this work on the adults who are acting to support children. This paper examines the concepts of vicarious trauma, burnout and compassion fatigue. It looks at possible indicators of these concerns and considers strategies and organizational policies to resource those who support traumatized children and young people.



#### Understanding key concepts

The Smart program has explored the implications of abuse related trauma for children using definitions such as that proposed by Herman (1997):

“...Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self defense becomes overwhelmed and disorganised. Trauma victims...are unable to master the feelings it arouses, they continue to feel terror, rage and helplessness...Traumatic symptoms have a tendency to become disconnected from their source and take on a life of their own...”

Vicarious trauma can occur as a result of

“...the transformation of the...helper’s inner experience as a result of empathetic engagement with clients and their trauma material.. (Saakvitne and Pearlman, 1996)..”

Vicarious trauma can be experienced by individuals as intrusive memories of what children have told us and physical manifestations that impair our capacity to function in our work and personal life.

Burnout tends to stem more from the individual’s repeated exposure to traumatic or very stressful events. Often burnout arises from caring, empathizing and emotionally investing in the suffering of those they work with. The result is also reduced functioning in both work and personal life.

The strength of those in the helping and education professions, namely our capacity to truly empathise with those we work with, can also underpin experiences of vicarious traumatisation and burnout. Workers come to experience their clients’ life stories and responses as their own by “putting themselves in the other person’s shoes”.



## Exploring the impact of vicarious trauma

A key strategy in reducing the impact of vicarious traumatising and burnout is to be aware of some of their possible indicators. The following list is by no means exhaustive but provides some ideas to consider.

- Nausea and headaches
- Sensory sensitivity
- Intrusive thoughts
- Difficulty with sleep and/or appetite
- Emotional numbing
- Diminished concentration
- Hypervigilance
- Feelings of hopelessness and helplessness
- Other feelings might include anxiety, guilt, overwhelmed, anger and sadness
- Over-identifying with children with whom you work
- Avoidance of children with whom you work
- Retriggling of personal childhood trauma

In assessing vicarious traumatising, it is critical to be aware of the extent to which an individual's functioning in both work and personal lives is affected by these concerns.



## Responding to issues of vicarious traumatising

In thinking about how best to support those who are experiencing vicarious traumatising, three key messages emerge.

1. Preventative measures are most valuable in managing individual and organisational responses to what is always difficult work.
2. Individual monitoring, support and supervision can be effective in responding to specific reactions to working with children who have experienced abuse related trauma.
3. Formal organizational structures can help set cultural norms that ensure that individuals are able to access support when they need it.

The following strategies are offered as a starting point for discussion within your work environment.

### Individual responses

"...It is inevitable that helpers are affected by this work. Our job is to attend to the effect on ourselves...by looking at all areas of our lives and work...(Crosser, 2007)"

- Self monitoring and reflection on comparative work performance ie: is my work deteriorating or am I happy with my performance?

- Put preferred self-care strategies into place on a regular basis, incorporating a tolerable work/life balance
- Utilize time off
- Work through traumatic memories- from current or past experiences- with personal support or professional intervention
- Provide feedback to line managers regarding concerns for ourselves or colleagues
- Isolation is unhelpful, connection is important

## Organisational responses

“...Trauma affects organisations as well as individuals. Caregiving organisations whose members have pronounced, ongoing difficulty in maintaining useful working relationships may be traumatised. Trauma can thus be collective, it can be a property of the organisation itself or specific units, not simply of individual members...(Kahn 2003)’.

- Provide clear information about the possible impact of vicarious traumatisation and burnout
- Ensure individual workers are not isolated in their work
- Develop and perpetuate ongoing monitoring and support processes through formal meetings/supervision
- Recognize and celebrate quality work within the team or education setting
- Build a culture of listening and supporting staff through difficult times and work
- Think about how SMART PRACTICE principles and strategies might be applied to staff members



## Questions for reflection or discussion

This paper provides a broad overview of a complex and critical area of knowledge that underpins supporting children and young people who have experienced abuse related trauma. The following questions ask you to reflect on some of the issues raised and share your thoughts and knowledge with colleagues across the education system and other work environments.

1. How would you rate your knowledge of vicarious trauma, burnout and/or compassion fatigue?
2. What measures do you put in place personally to manage your own self-care?
3. How might you apply SMART PRACTICE in terms of supporting colleagues who may be experiencing some level of vicarious traumatisation?
4. What organizational structures are in place in your school, centre or service that support staff in their work with traumatized children?
5. Are there further structures you would like to put into place regarding this area in your school, centre or service?