

Professional Education Services  
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# The Neurobiology of Self Care

ECTARC

May 6<sup>th</sup> 2021

Understanding and responding  
to the impacts of working with  
traumatised children and families



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**The Australian Childhood Foundation  
acknowledges Aboriginal and Torres  
Strait Islander people as the  
traditional custodians of this land  
and we pay our respect to their  
Elders past, present and future.**



**Australian  
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## Learning outcomes

- ✓ Understand the personal, professional and organisational contributors to vicarious trauma and how we might mitigate these factors
- ✓ Explore strategies and activities that can support staff across a range of environments
- ✓ Utilise tools to assess wellbeing and develop a self care plan

# Safety

The content of this training can evoke strong emotions and may stir up personal experiences of trauma.

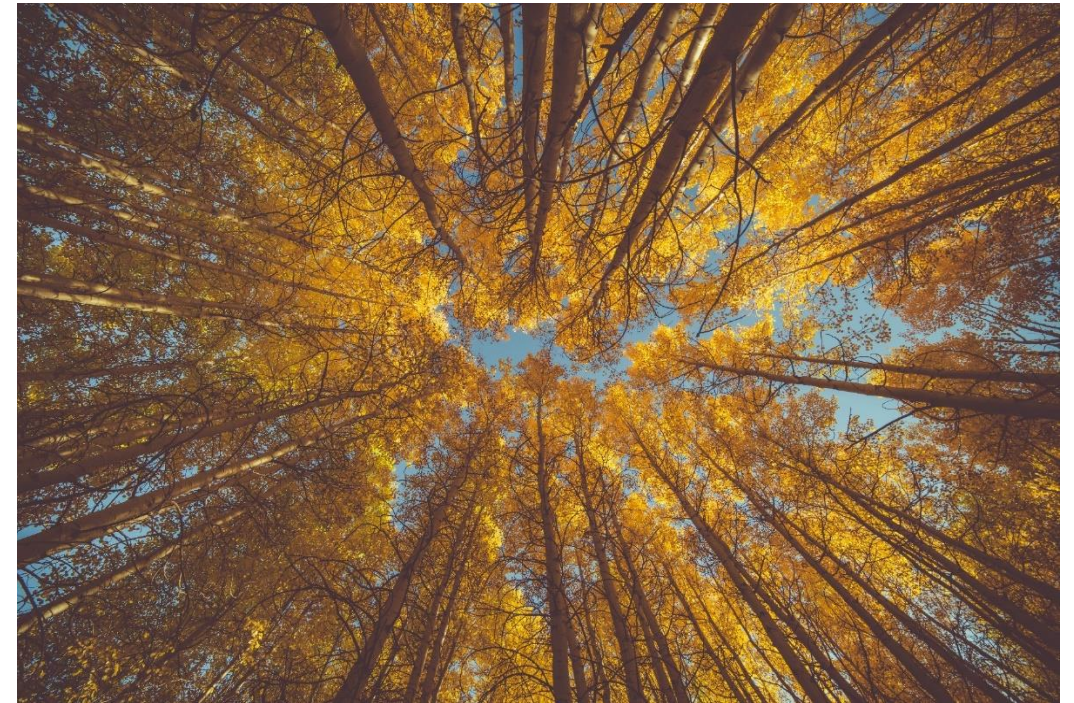
Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.







# Self Care Images



# Weighing it all up

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What brings you to this work?

Why do you do what you do?

What makes it worthwhile?

What makes it feel successful?

What are the benefits of your job?

What are the challenges?

Are there times that feel like it's not worth it?

What are the costs or challenges of your job?

How do you balance benefits with costs and stay on top?

How do you know when you need a break?

# Levels of Impact

**“Caring deeply about others makes us emotionally vulnerable to the catastrophes that affect them” – Charles Figley**

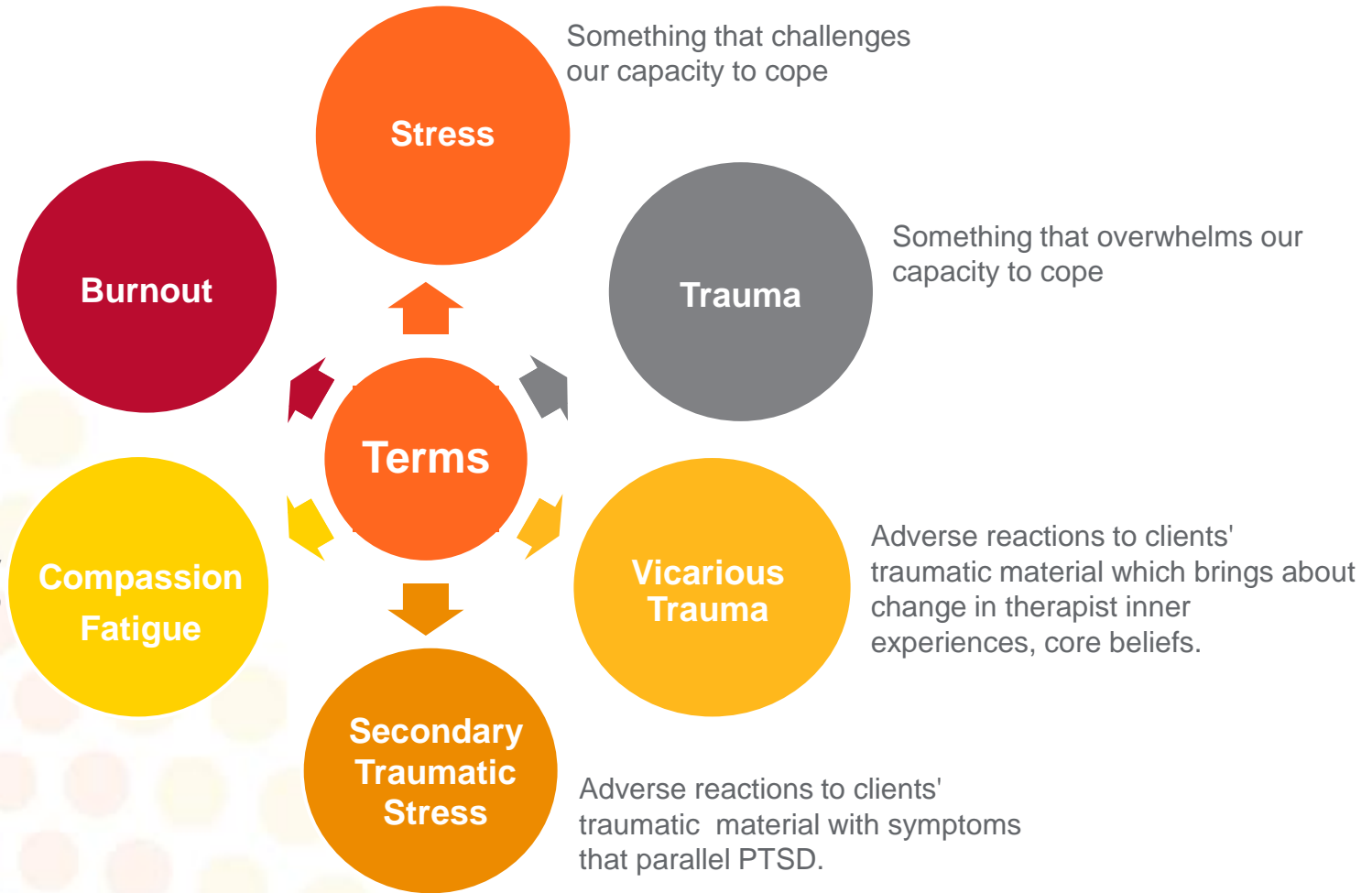


# Defining the terminology

Related to a feeling of being overloaded which is primary to client problems of chronicity and complexity, but can occur in any profession

A state of exhaustion & dysfunction – biologically, psychologically, & socially – as a result of prolonged exposure to compassion stress (Figley)

*'Compassion fatigue', 'Secondary Traumatic Stress' & 'Vicarious Trauma' are often used interchangeably. (Figley 1995; McCann & Saakvitne, 1995)*



# Empathy – a strength and a vulnerability

*If empathy is to ‘walk a mile in someone’s shoes’ we need to ensure we step out of those shoes at the end of the mile or we will wear those shoes all the time....and that is vicarious trauma.*

- Somatic empathy (Rothschild 2004)
- Limbic resonance
- Cortical empathy



# Somatic Empathy – mirroring body states

- An angry parent
- An exhausted Carer
- A frightened child
- A depressed teenager
- A calm, relaxed worker





# Limbic Resonance & Cortical Empathy

## Limbic Resonance

(SUB-CORTICAL)

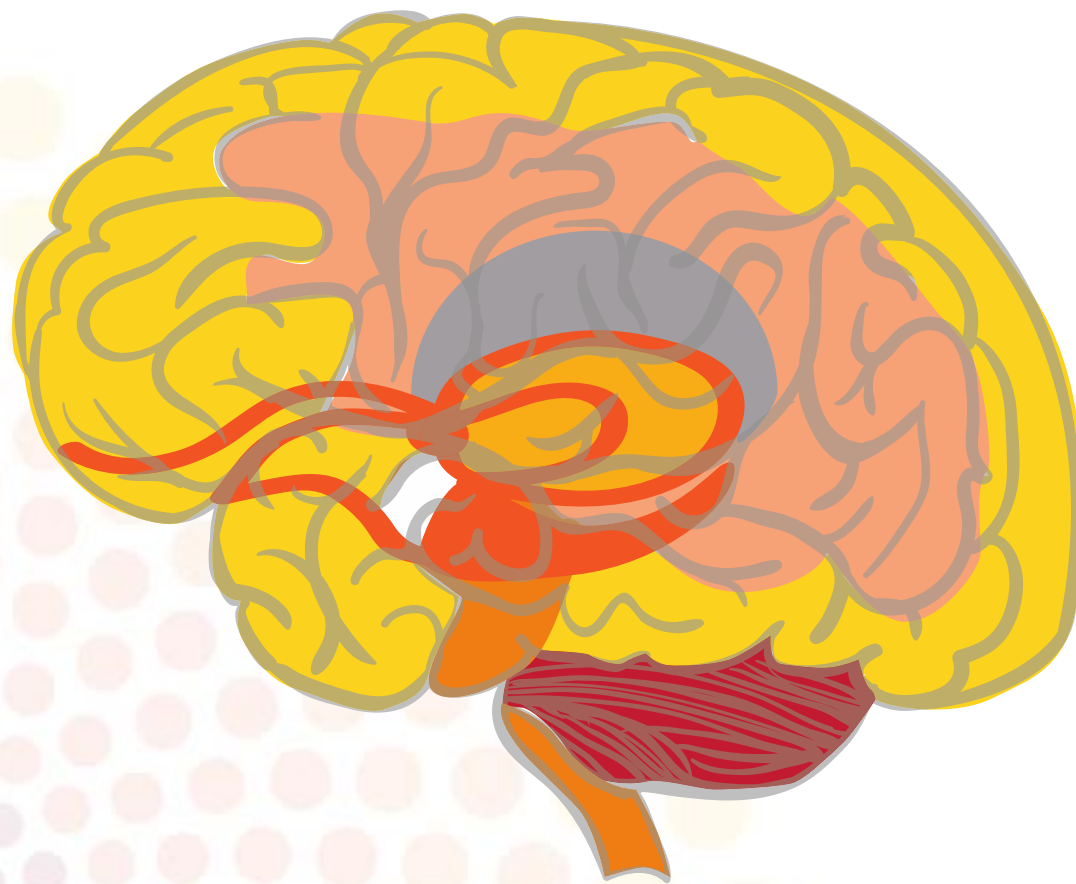
Our emotional state adjusts to match the emotional state of the person or people we are with

## Cortical Empathy

(PRE-FRONTAL CORTEX)

Our attempts to step outside our own experiences and imagine the experience and perspective of others

# Stress, trauma and the brain



- Neocortex
- Limbic
  - Hippocampus
  - Amygdala
  - Diencephalon
    - Hypothalamus
    - Thalamus
- Corpus Callosum
- Cerebellum
- Brainstem

# Trauma and the Brain

## Hypothalamus

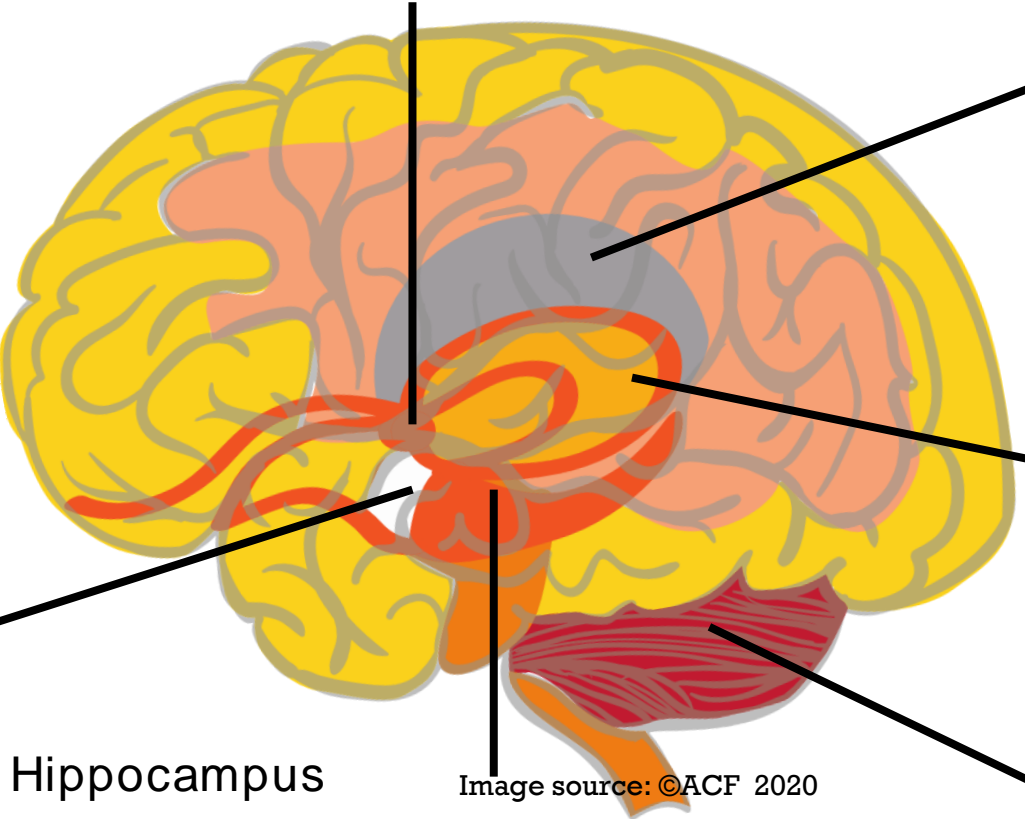
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

## Corpus Callosum

Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

## Prefrontal cortex

Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to mature in one's mid 20s.



## Thalamus

Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

## Amygdala

Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

## Hippocampus

Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.

Image source: ©ACF 2020

## Cerebellum

Balance and coordination, motor skills may be impacted by trauma

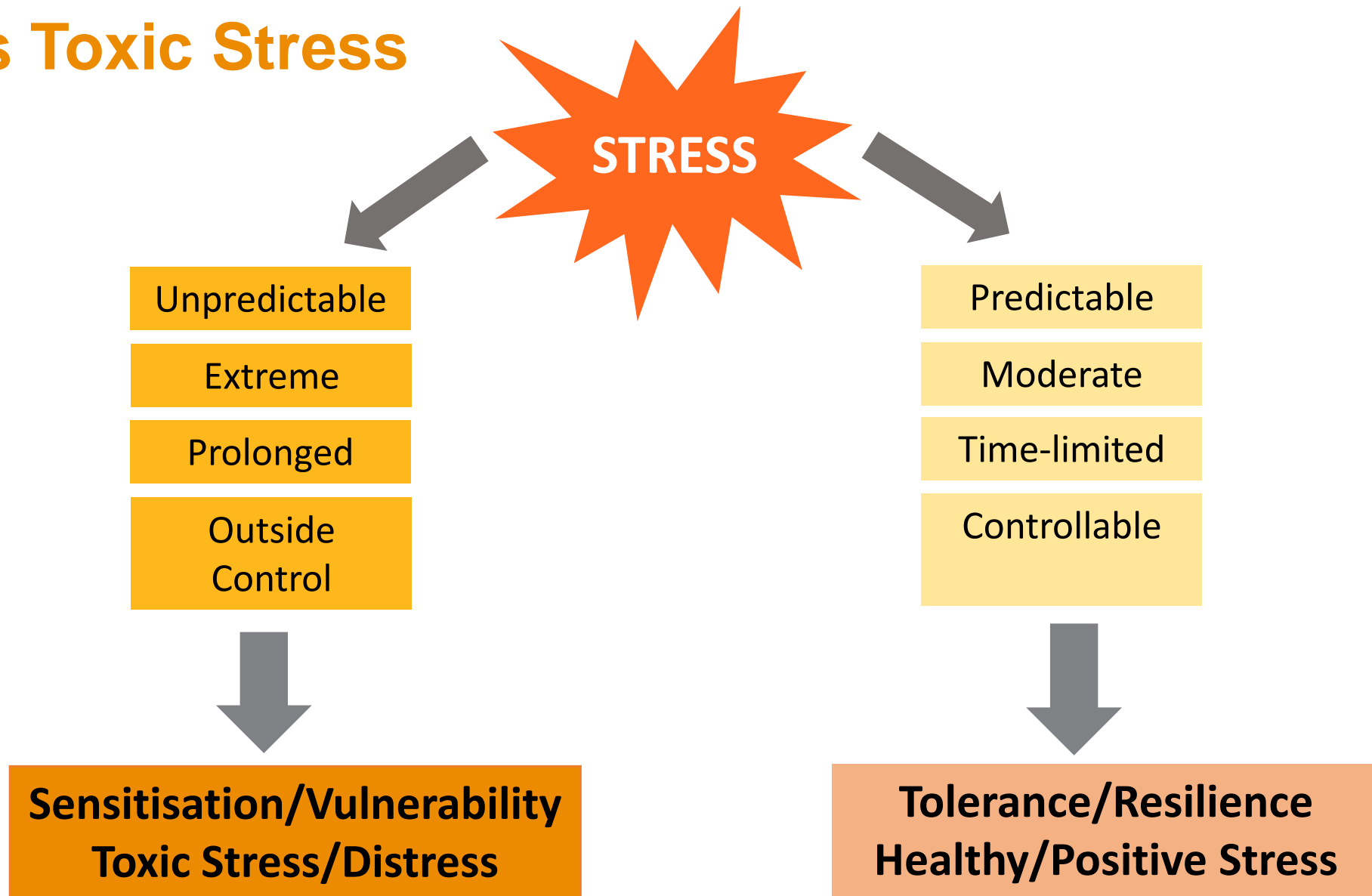


# The brain's response to uncertainty

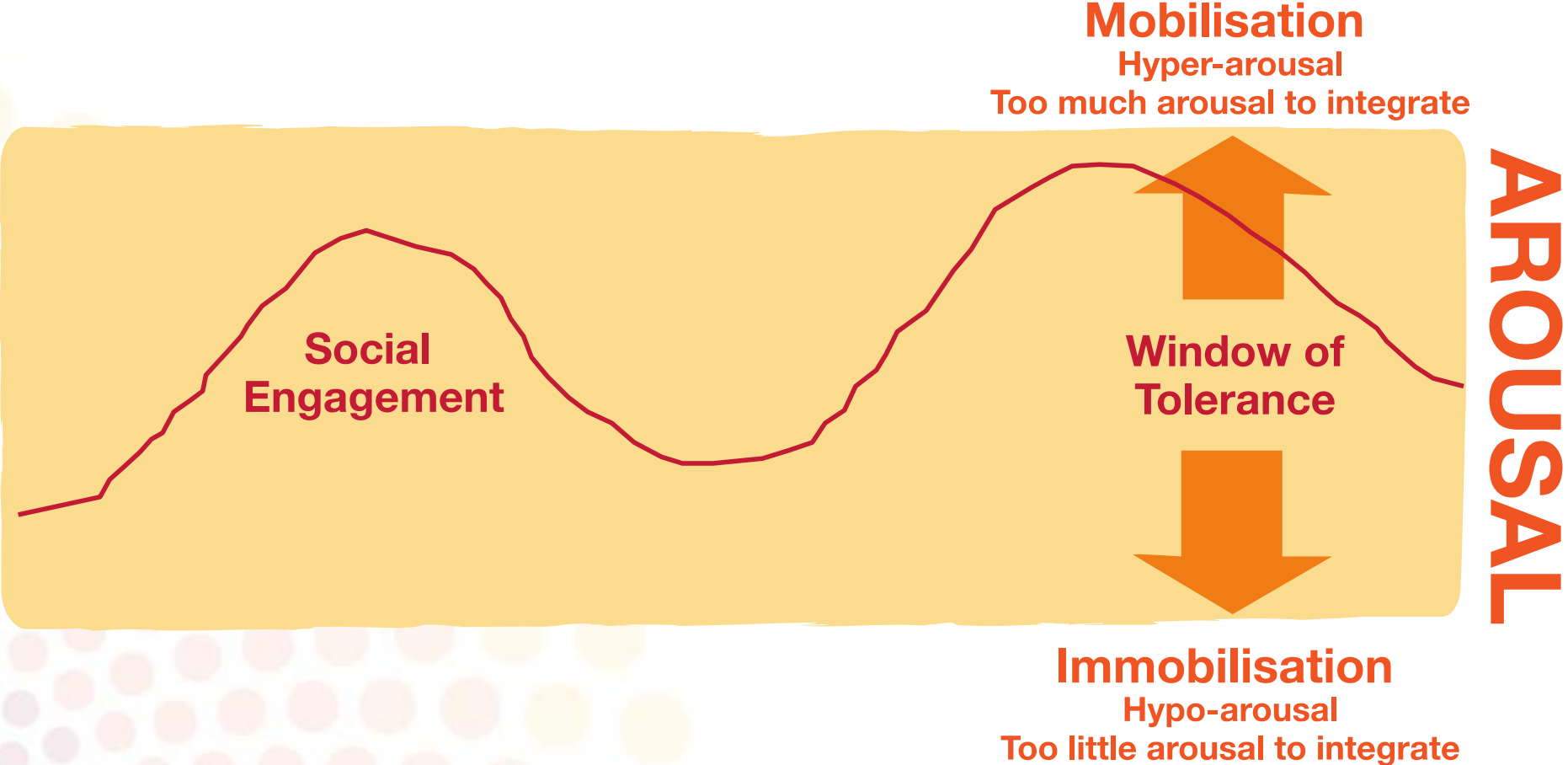
- Survival as number 1 priority
- Unknowns are perceived as threats
- The brain activates a negative bias to prepare itself for 'worst case scenario'
- Threat responses are activated
- Explicit memory is compromised
- Executive functions go offline (concentration, rational thinking, problem solving, planning etc)



# Healthy vs Toxic Stress



# Regulated Arousal

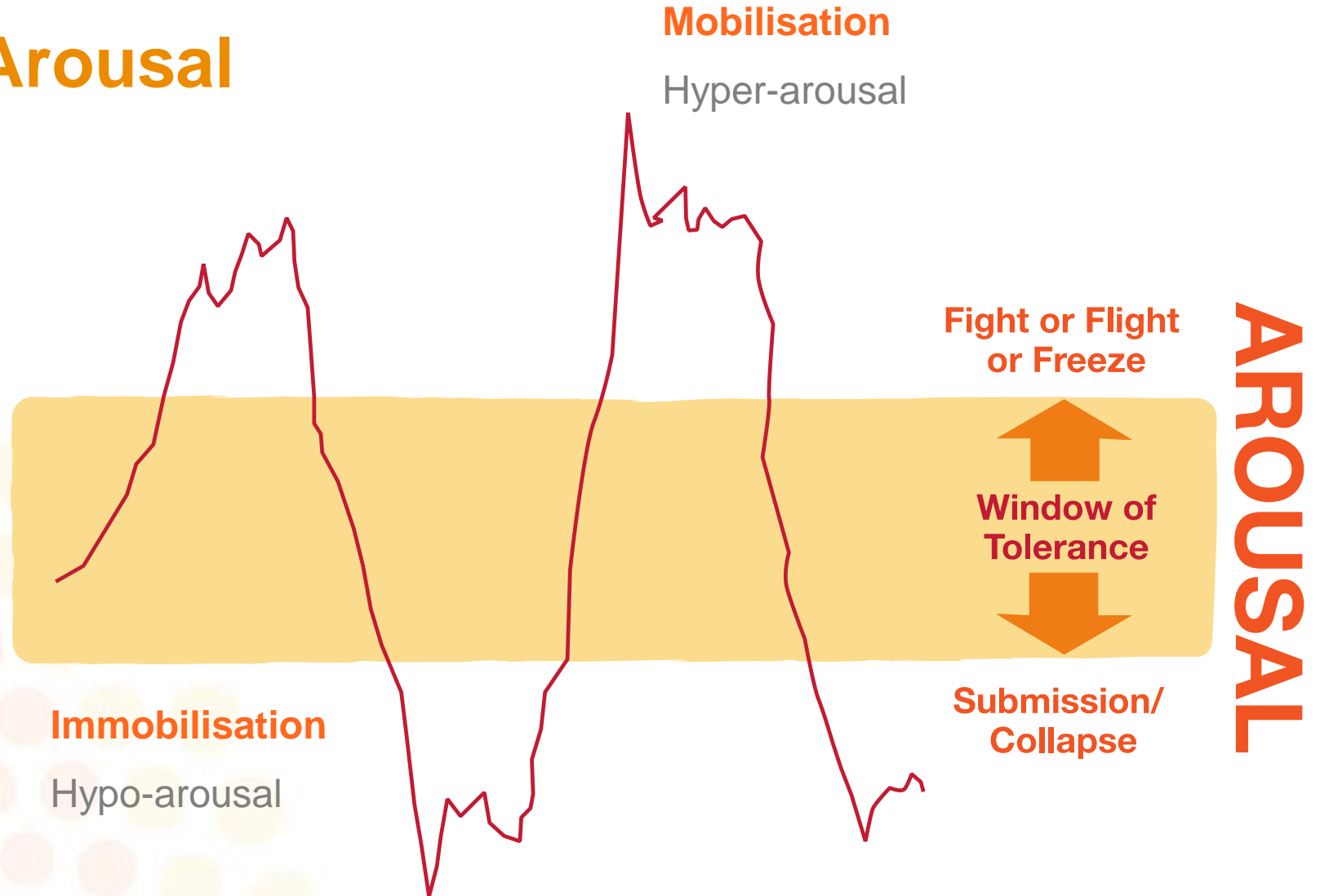




# Dys-regulated Arousal

- **Fight or Flight** hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive
- **Freeze** Physically immobilized, frozen, tense musculature
- **Submit** Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

Ogden, Minton, Pain 2006



# Vicarious Trauma - Possible indicators

## Multidimensional:

- Physical
- Sensory
- Emotional
- Cognitive
- Relational

## Can include:

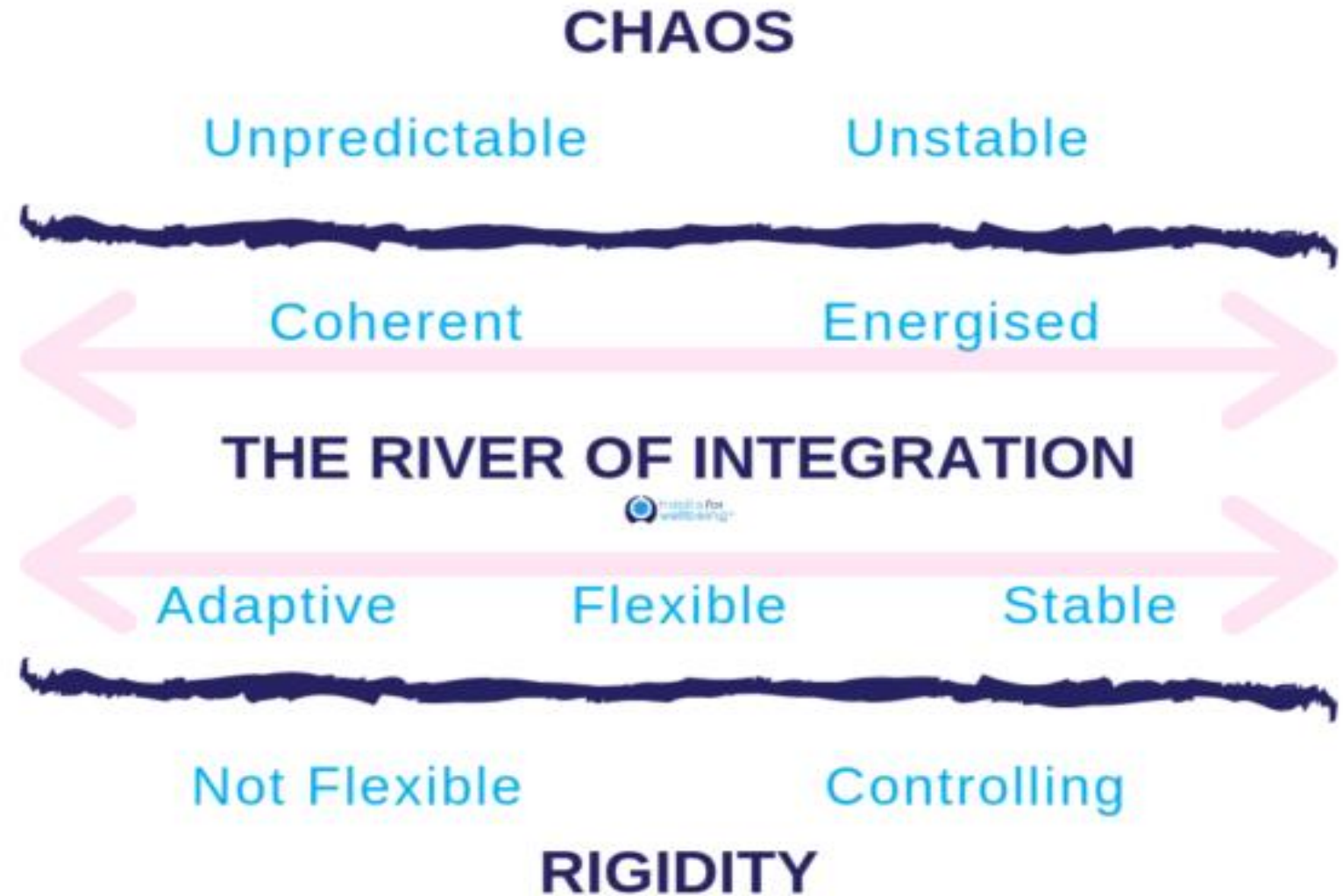
- Fatigue
- impaired immune system
- sleep and appetite disturbances
- Anxiety
- hyper vigilance/control issues
- decreased self esteem
- loss of interest in tasks
- Avoidance – avoiding client contact or supervision



Not all indicators in isolation will determine vicarious trauma. However, experienced collectively, these can have a significant impact on the individual, the team and organisation.

# Wellbeing – The River of Integration

(Dan Siegel)



Adapted from - Siegel, D. (2009). *Mindsight - The New Science of Personal Transformation*. NSW, Australia: Scribe Publications.



# Self assessment

- Useful to monitor impact on the practitioner
- E.g. tools: **Self Assessment Tool** and **ProQol**
- (Professional Quality of Life)

<https://www.proqol.org/>

- NB. These provide a **snapshot in time** of how a worker is travelling re their sense of self in the work.

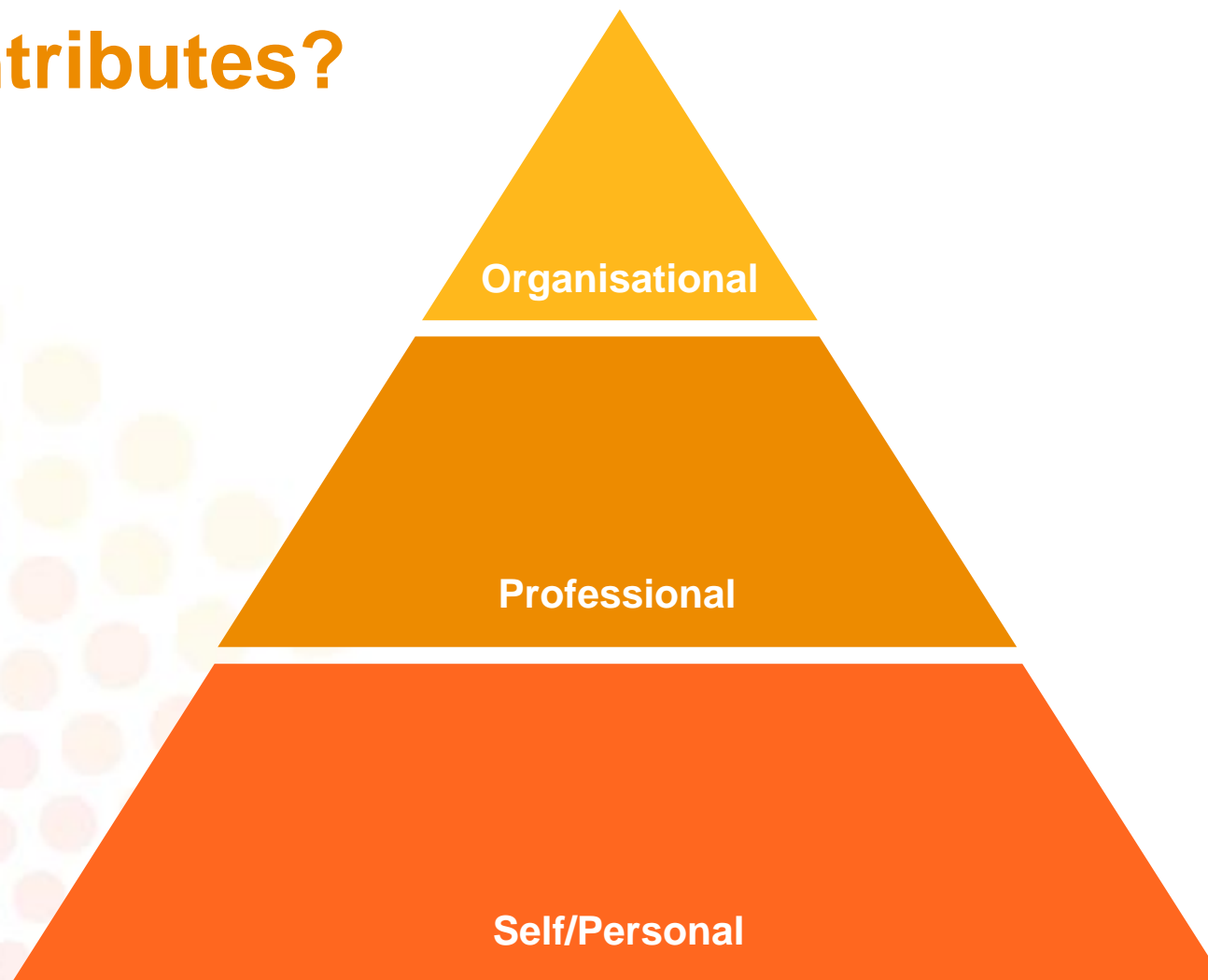


Consider ways you might use these in your own workplace and/or practice

# Contributing and Protective Factors



# What Contributes?

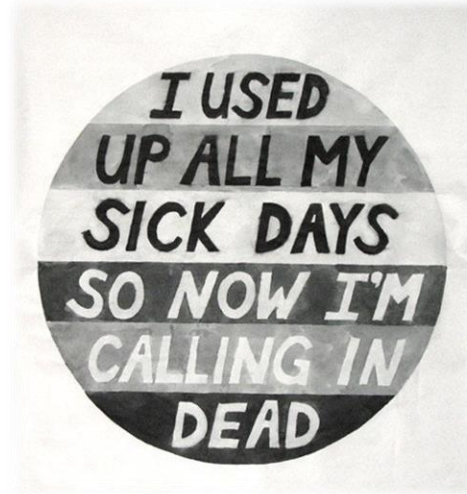


## Organisational

- Poor caseload management
- Lack of reflective supervision
- Organisational culture that is not trauma-informed (impacts are not understood or acknowledged)
- Workplace culture promotes ineffective coping strategies such as minimising, denial or 'competitive stressing'
- High level unpredictability or inflexibility

## Professional

- Nature of work
- Complex client relationships
- Poor boundaries
- Not accessing or making the most of supervision



## Personal

- Lack of self-awareness (re levels of anxiety, stress and fatigue)
- Poor work-life boundaries and balance
- Ineffective coping strategies
- No built in self-care/wellbeing activities
- Unresolved or non-integrated personal trauma experiences
- Lack of social support
- Additional personal stressors such as health, family or finances



# What Protects?



## Organisational

- Effective caseload management
- Regular and effective reflective supervision
- Trauma-informed organisational culture
- Workplace culture promotes effective coping strategies such as self-care and honest debriefing
- Workplace characterised by predictability and flexibility

## Professional

?

## Personal

?



# Why does it matter?

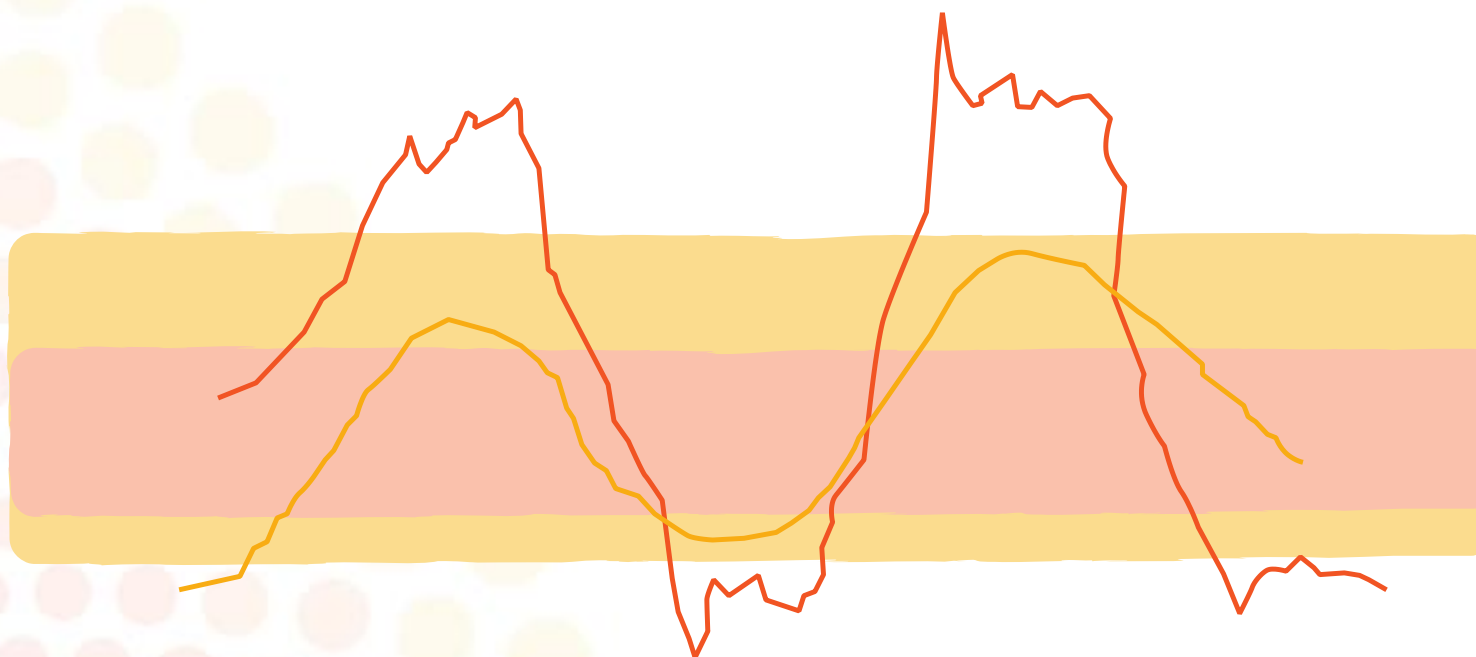
## The impacts of vicarious trauma

# Why does how I'm doing matter?

In relationships, one's ability to regulate one's window of tolerance will affect the other's ability to regulate their own window of tolerance

**Child's movement  
in her/his window**

**Movement in  
my window**





# The impacts of vicarious trauma in the workplace

- Impacts of protective/defensive responses in the office – reduced team cohesion, poor morale, less collaboration
- Impacts for clients: staff have reduced capacity for attunement, tolerance, problem solving. Clients stop experiencing safety in therapeutic relationship. ‘Blocked care’
- Impacts of rigidity – resistance to any changes (staff meetings changing format, new policies re room or car bookings, etc)
- Impacts of chaos – paperwork not completed, meetings missed, ‘contagious anxiety’
- Reduced productivity, increased sick leave, poor client outcomes

# Personal and Organisational Responses

- **Prevention**
- **Management**
- **Repair**

# Prevention

Reducing the risk of vicarious trauma

# Prevention: Personal level

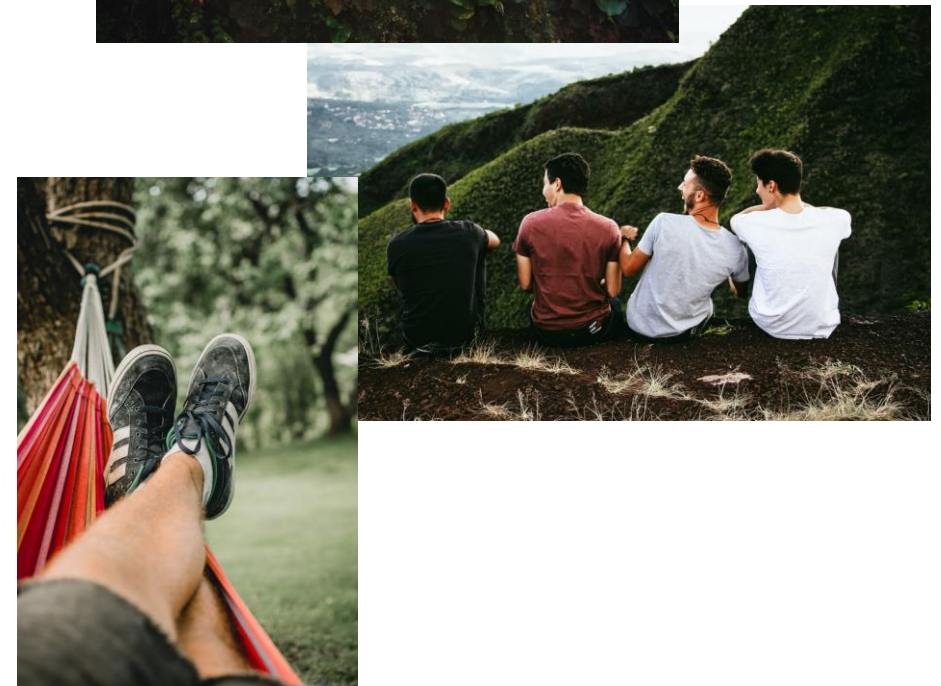
- Maintaining self care and prioritising healthy lifestyle/personal wellbeing
- Life outside of work incorporates: social, relaxing, spiritual, fun aspects
- Supportive and healthy relationships
- Work-life balance : maintaining healthy boundaries
- Personal & professional values align with the work
- Personal wellbeing plans are well-integrated & effective





# Staying regulated during client work

- **IN THE MOMENT:**
  - Physically (regulate our body systems)
  - Mentally (keeping our cortex online)
- **AFTER THE MOMENT:**
  - Debrief (social engagement system!)
  - Physically - regulate body systems
- **BEFORE THE MOMENT** (and all the time)
  - Effective self care
  - Organisational culture



# Prevention: Organisational Level

## Factors that contribute to an effective organisational culture:

- Clear organisational purpose
- Focus on empowerment
- Participation in decision making
- Promote sense of belonging
- Have trust and confidence in workers
- Recognition and reward
- Caring attitude
- Emphasize integrity
- Provide diversity
- Promote excellence

# Organisational factors

- Humour and fun
- Predictability and Flexibility
- Shared vulnerability – vicarious trauma is understood and acknowledged
- Acceptance rather than judgement
- Reflective supervision – accessible, regular and effective
- Supportive environment with shared goals and meaning
- Policies & procedures – protect workers, allow for flexibility, support healthy boundaries

# Management

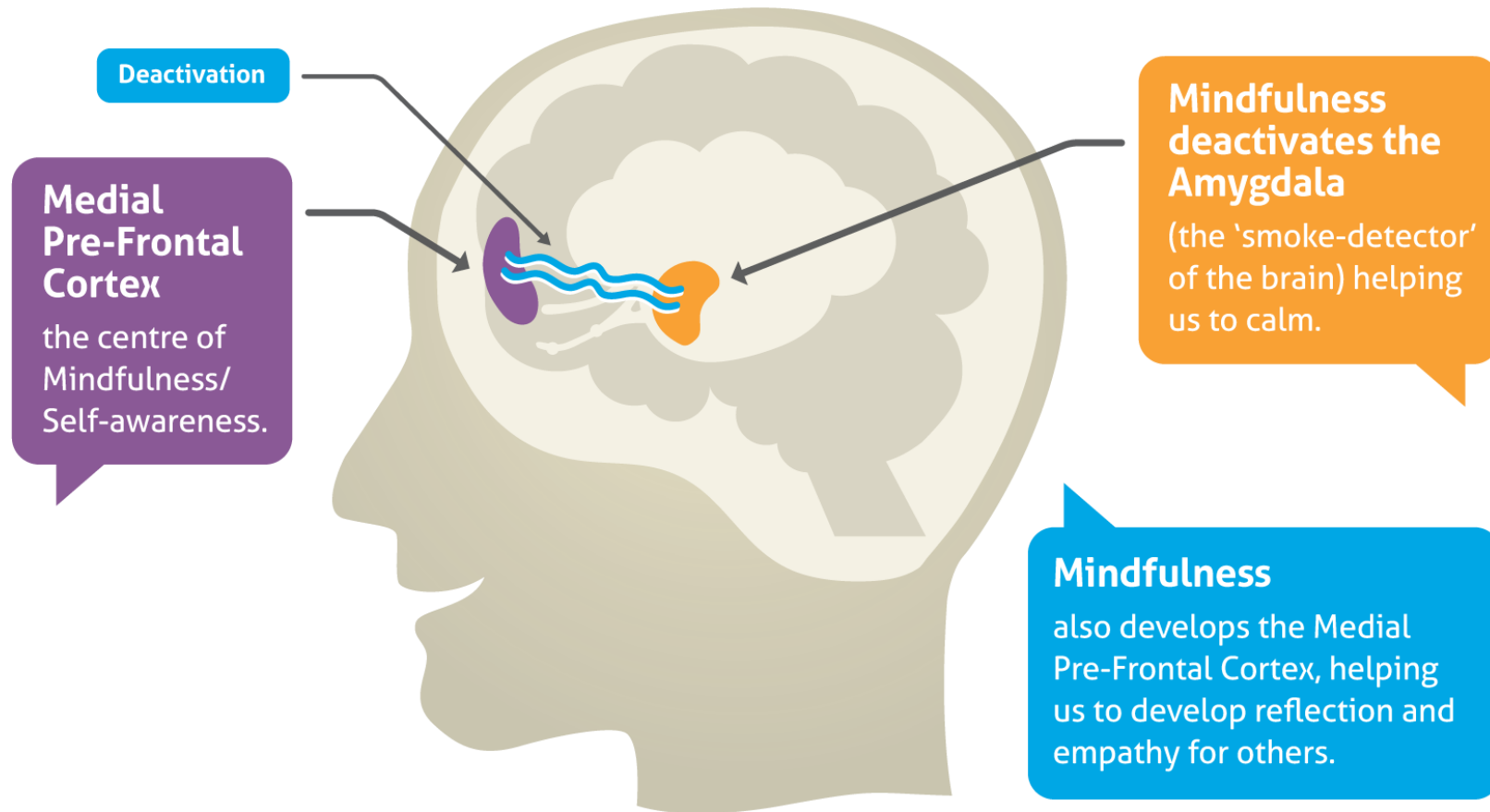
## Responding to vicarious trauma



# Management: Personal level

- Maintain self care routine and increase activities that promote wellbeing where possible
- Acknowledge impacts and practice self compassion
- Utilise leave entitlements, supervision, de-briefing
- Review boundaries and consider any changes that need to be made
- Regular mindfulness practice (set realistic goals for implementing this if not already part of daily routine)

# The role of Mindfulness in Self Care



# Management: Organisational Level

- Consider staff needs for: Trust/Dependence and Control
- Ensure access to supports: TIL, Annual Leave, Supervision, De-briefing
- Encourage self-care and support this however possible
- Create/maintain an environment of safety, predictability, openness

# Repair

Promoting recovery from vicarious trauma

# Repair: Personal level

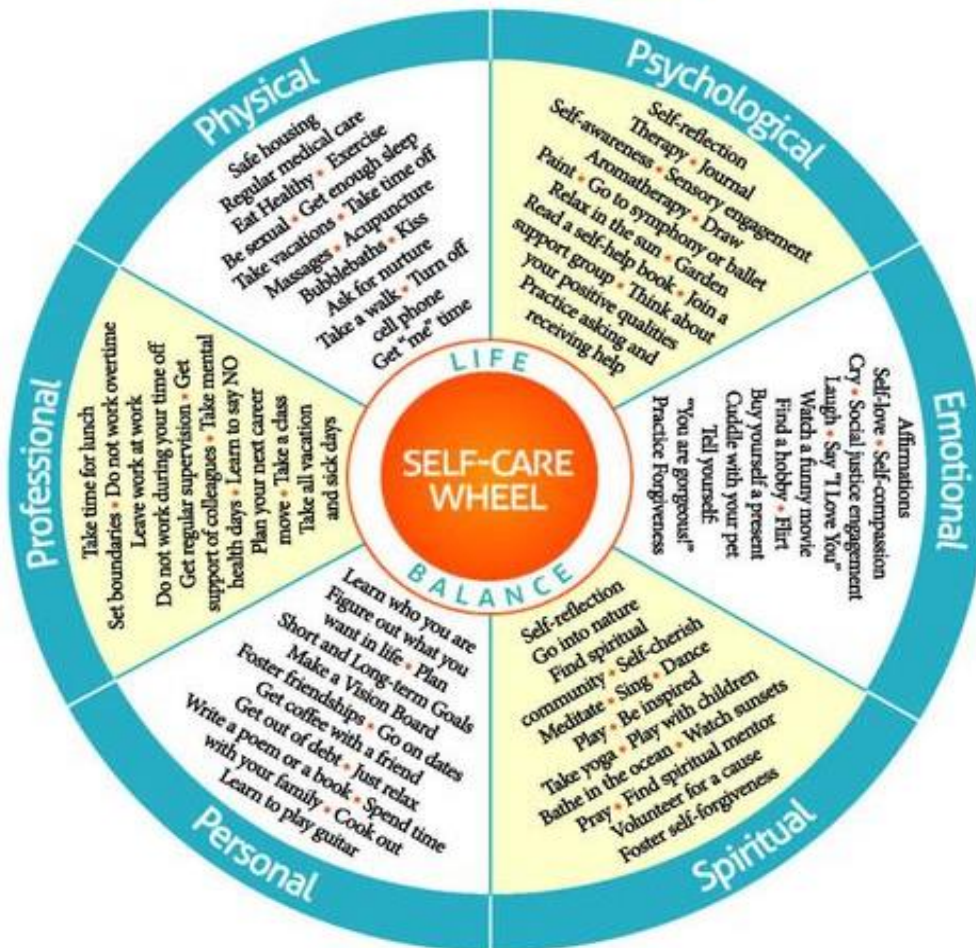
- Utilise leave entitlements
- Access therapy/counselling and/or external supervision
- Remember that VT is diagnostically almost identical to PTSD, so consider what you would recommend for a client with PTS response
- Activities/strategies that promote nervous system regulation
- Prioritise sleep, rest, healthy lifestyle (reduce/avoid alcohol, caffeine, etc)
- Remain socially connected



# Repair: Organisational Level

- Ensure access to leave – be flexible where possible or necessary
- Support access to external counselling and/or supervision
- Consider temporary changes to case load or work role
- Create and support opportunities for staff member/s (individual or team) to practice self-reflection

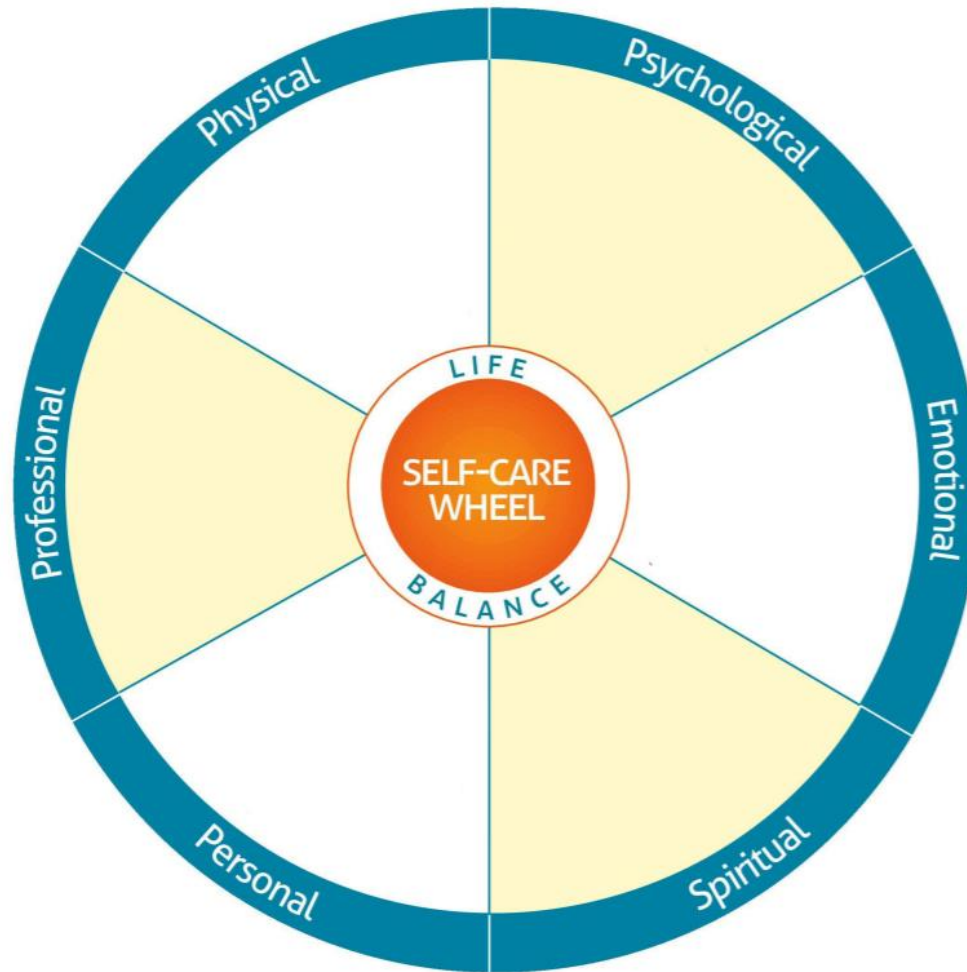
# SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).  
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