Slide 1

The Neurobiology of Self Care

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

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Slide 2

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.

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Slide 3

Learning outcomes

✓ Explore the neurobiological impacts of working with traumatised populations
✓ 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
✓ Link this knowledge to your current practice and to trauma-responsive leadership strategies

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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.

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Weighing it all up

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?	

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REFLECT ON…

- What are some ways that you have changed over time because of your work?
- What sort of problems or people do you find it especially easy to empathise with?
- What sort of problems or people do you find it especially difficult to empathise with?
- What are some ways that caring about people who have been hurt affects you?

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Levels of Impact

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

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Defining the terminology

Stress — Something that challenges our capacity to cope

Trauma — Something that overwhelms our capacity to cope

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

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

Vicarious Trauma — Adverse reactions to clients' traumatic material which brings about change in therapist inner experiences, core beliefs.

Secondary Traumatic Stress — Adverse reactions to clients' traumatic material with symptoms that parallel PTSD.

Terms

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

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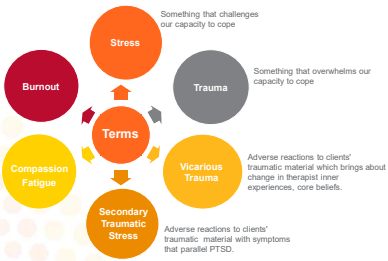
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Burnout

Burnout is about a sense of being overloaded with workload and other work issues. These can occur for a range of reasons, in any profession.

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Stress

Stress is something that tests our capacity to cope because of its challenging nature. However, we can usually find a way to deal with it – even though it may not feel like it straight away.

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Trauma

A one-off experience of trauma is something that is **overwhelming to** our capacity to cope rather than **testing** and can be different for each of us as it is based on our perception of threat. It usually leaves lasting impacts because of this overwhelming element.

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Vicarious Trauma

- When there is repeated exposure to traumatic material, professionals can develop vicarious trauma.

- Vicarious trauma is the impact of empathically engaging with traumatic stories and experiences without mitigation and having a traumatic response that can mirror the responses that we discussed in session 2.

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Compassion Fatigue

An absolute exhaustion that stems from the ongoing experience of caring for the people with whom we work.

Figley has defined it as *'A state of exhaustion & dysfunction – biologically, psychologically, & socially – as a result of prolonged exposure to compassion stress'*.

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Compassion Fatigue

'Researchers in this area may differ in their focus or what term they use to describe the phenomenon, but one common theme emerges; work that is focused on the relief of clients' emotional suffering typically results in the absorption of information about human suffering' (Figley, 1995)

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Activity

• Complete the ProQol and self care plan handouts.

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Stress, Trauma and The Brain

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

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Stress, Trauma and The Brain

• Trauma switches off the cortex and makes higher order thinking more difficult.

• Trauma means we rely more on sub-cortical functioning , meaning a professional may be more likely to react rather than respond.

• Trauma impacts our capacity to form and recall narrative and episodic memories.

• Trauma often means we feel out of control and are looking to control our environment. This could present as shutting down or losing flexibility in our responses.

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Stress and your brain
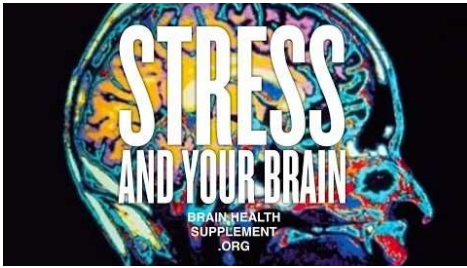
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Long term effects of too much cortisol

- Lowered immunity/ increased inflammation
- High blood pressure
- Blood sugar imbalances
- Impaired cognitive performance
- Suppressed thyroid function
- Decreased muscle tissue
- Increased abdominal fat

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Strategy Suggestions

- **Build Calm & Predictability**: Focus on strategies that build calm as well as strategies that enhance predictability in the workplace.
- **Access Available Supports**: Ensure staff can access available supports in the workplace.
- **Identify the Concern**: Just naming your concerns for yourself, discussing with a colleague or supervisor can be helpful as it reduces stigma and may help engage cortical resources.

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Why Are We Vulnerable?

Vicarious trauma should be seen as a very possible consequence of our work with clients who have experienced trauma.

We are vulnerable because of the exposure to pain and trauma our clients have and how we work to help them walk through it.

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Empathy and The Brain

- Empathy is a critical skill…

- If empathy is walking a mile in someone else's shoes, but if we don't step out of their shoes at the end of the mile, we will continue to wear them as if they are our own shoes.

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So…. what is empathy?

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What is Empathy?

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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

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Somatic Empathy – mirroring body states

• An angry parent

• An exhausted Carer

• A frightened child

• A depressed teenager

• A calm, relaxed worker

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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

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Activity: Layers of Empathy

Take a moment and reflect on the following questions:
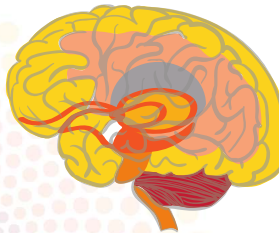
Can you think of a specific example where you have experienced or demonstrated the different layers of empathy? It could have been a negative or positive experience of:

• Somatic empathy?

• Limbic resonance?

• Cortical empathy?

• What do you think it would mean for you if you experienced this daily for a couple of months and weren't fully aware of the consequence?

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Stress, trauma and the brain

● Neocortex
● Limbic
   ● Hippocampus
   ○ Amygdala
   ● Diencephalon
         Hypothalamus
         Thalamus
● Corpus Callosum
● Cerebellum
● Brainstem

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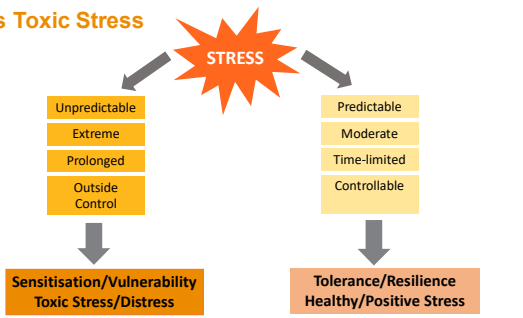
- Survival as number 1 priority
- Unknowns are perceived as threats
- The brain activates a negative bias to prepare itself for 'worst case scenario'
- Threat responses are activated
- Explicit memory is compromised
- Executive functions go offline (concentration, rational thinking, problem solving,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

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Healthy vs Toxic Stress
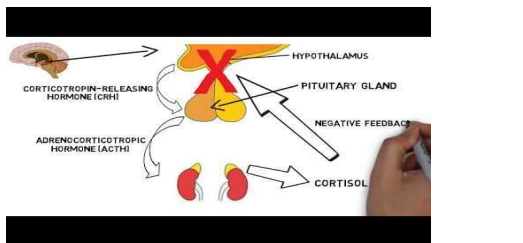
STRESS

Unpredictable	Predictable
Extreme	Moderate
Prolonged	Time-limited
Outside Control	Controllable

Sensitisation/Vulnerability
Toxic Stress/Distress

Tolerance/Resilience
Healthy/Positive Stress

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Brain-Body implications of chronic stress - HPA Axis

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Regulated Arousal

Mobilisation
Hyper-arousal
Too much arousal to integrate

Social
Engagement

Window of
Tolerance

AROUSAL

Immobilisation
Hypo-arousal
Too little arousal to integrate

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Dys-regulated Arousal

Mobilisation
Hyper-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

Fight or Flight
or Freeze

AROUSAL

Window of
Tolerance

Immobilisation
Hypo-arousal

Submission/
Collapse

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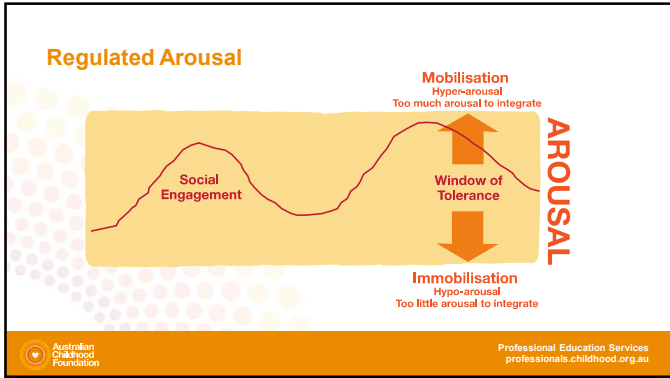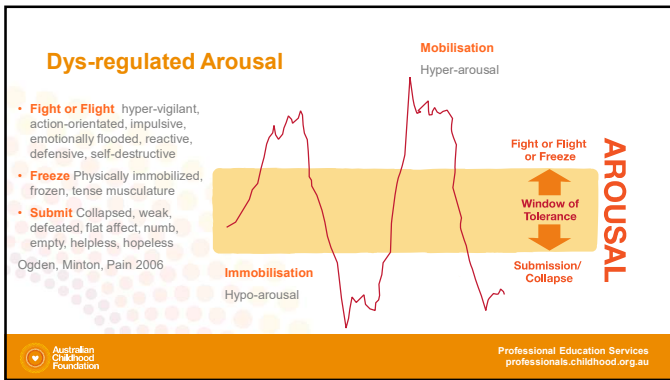
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Vicarious Trauma - Possible indicators

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.

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REFLECT ON…

- What are three "individual risk factors" that may be placing you at risk of experiencing vicarious trauma at present?
- What are three things in your life related to you as an individual that you feel help protect you from vicarious trauma? We can call these latter "individual protective factors."

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**Wellbeing –
The River of
Integration**
(Dan Seigel)

CHAOS

Unpredictable   Unstable

Coherent   Energised

THE RIVER OF INTEGRATION

Adaptive   Flexible   Stable

Not Flexible   Controlling

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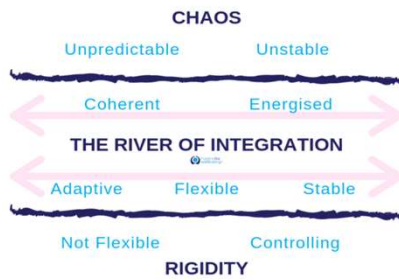
Adapted from - Siegel, D. (2009). Mindsight - The New Science of Personal Transformation. NSW, Australia: Scribe Publications.

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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

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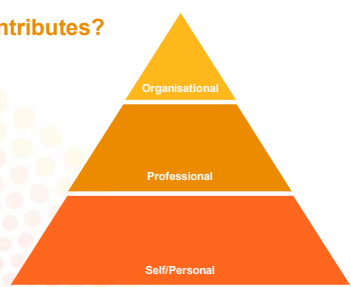
Contributing and Protective Factors

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What Contributes?

- Organisational
- Professional
- Self/Personal

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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

I USED UP ALL MY SICK DAYS SO NOW I'M CALLING IN DEAD

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

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What Protects?

Organisational

Professional

Self/Personal

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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

?

I ❤ MY JOB!

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Why does it matter?
The impacts of vicarious trauma

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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

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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

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Personal and Organisational Responses

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

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Prevention
Reducing the risk of vicarious trauma

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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

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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

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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

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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

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Management
Responding to vicarious trauma

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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)

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The role of Mindfulness in Self Care

Deactivation

Medial Pre-Frontal Cortex
the centre of Mindfulness/ Self-awareness.

Mindfulness deactivates the Amygdala
(the 'smoke-detector' of the brain) helping us to calm.

Mindfulness
also develops the Medial Pre-Frontal Cortex, helping us to develop reflection and empathy for others.

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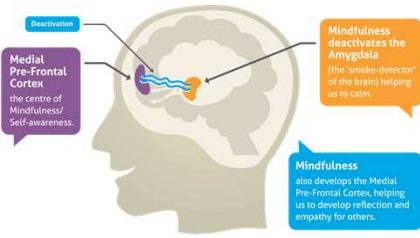
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Management: Organisational Level

- 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

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Repair
Promoting recovery from vicarious trauma

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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

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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

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