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## The Neurobiology of Self Care

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.



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### 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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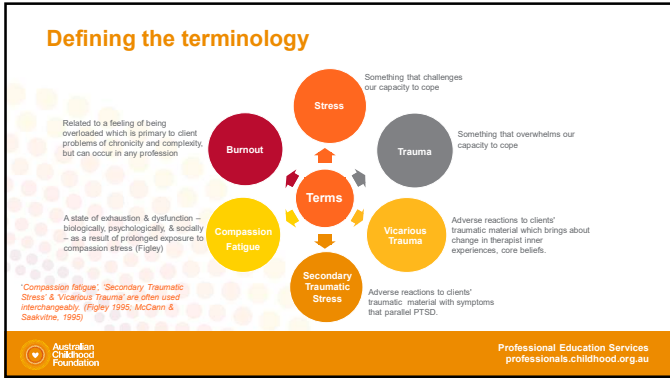
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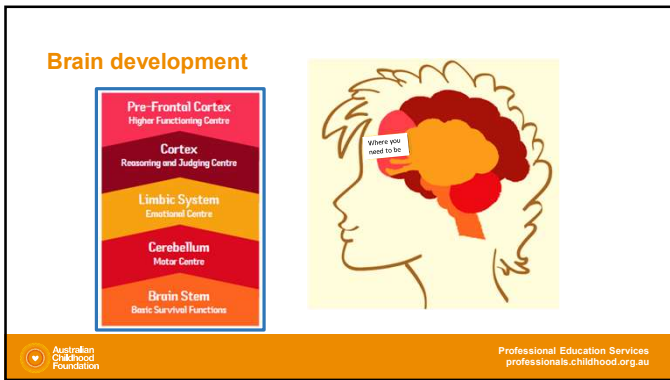
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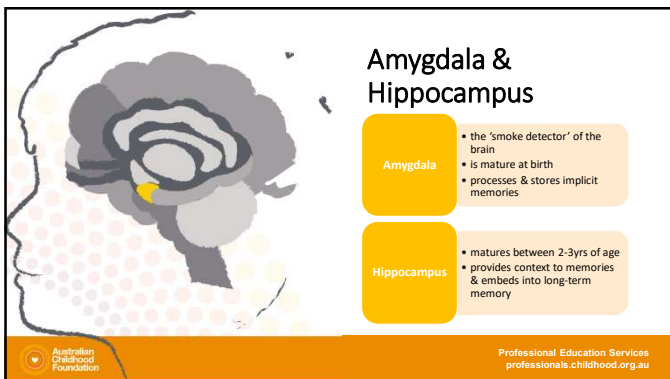
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## The prefrontal cortex- executive function



- Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to reach maturity in one's late 20s for women and early 30s for men.

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## Medial prefrontal cortex



Self referential reflection

- Is a ventral area that is linked to self awareness
- Associated with perceptions of self and similar others
- Known as centre for mindfulness
- Involved in relationship bonding – the one to another dyad and inter-subjectivity

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## Cortical

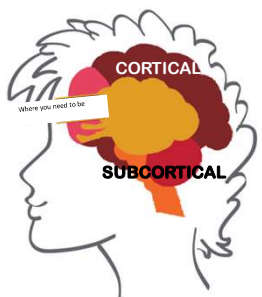
- Consciously activated for reflection

**Responsive**

## Subcortical

- Unconsciously activated for constant survival

**Reactive**



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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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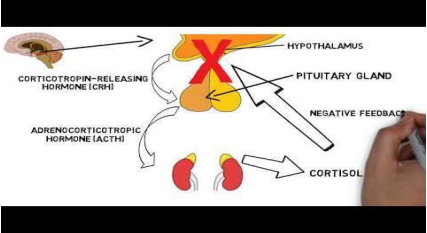
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### Brain-Body implications of chronic stress - HPA Axis



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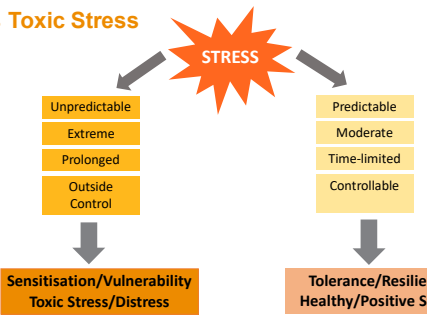
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### Healthy vs Toxic Stress



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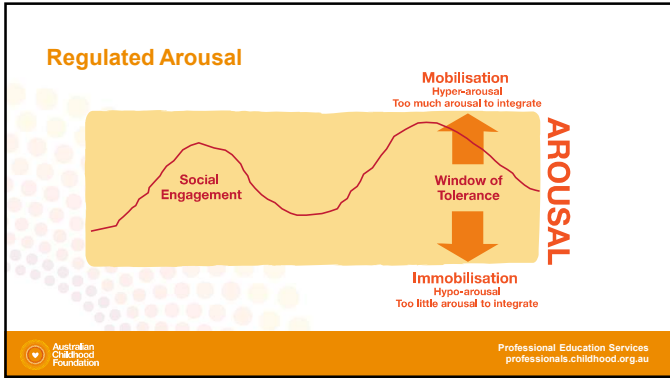
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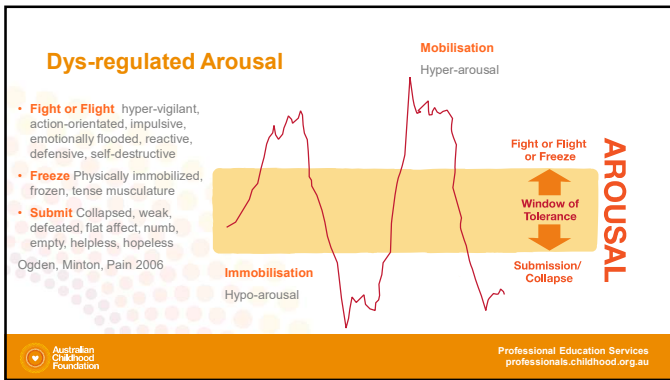
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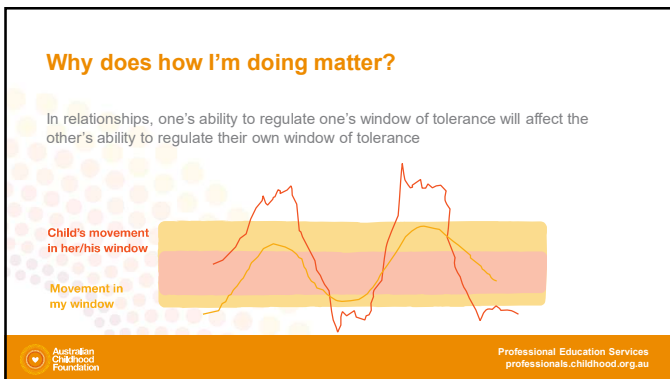
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**Wellbeing – The River of Integration**  
(Dan Siegel)

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

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**Contributing and Protective Factors**

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### What Contributes?

Organisational

Professional

Self/Personal

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<h4>Organisational</h4> <ul style="list-style-type: none"> <li>• Poor caseload management</li> <li>• Lack of reflective supervision</li> <li>• Organisational culture that is not trauma-informed (impacts are not understood or acknowledged)</li> <li>• Workplace culture promotes ineffective coping strategies such as minimising, denial or 'competitive stressing'</li> <li>• High level unpredictability or inflexibility</li> </ul>	<h4>Professional</h4> <ul style="list-style-type: none"> <li>• Nature of work</li> <li>• Complex client relationships</li> <li>• Poor boundaries</li> <li>• Not accessing or making the most of supervision</li> </ul>	<h4>Personal</h4> <ul style="list-style-type: none"> <li>• Lack of self-awareness (re levels of anxiety, stress and fatigue)</li> <li>• Poor work-life boundaries and balance</li> <li>• Ineffective coping strategies</li> <li>• No built in self-care/wellbeing activities</li> <li>• Unresolved or non-integrated personal trauma experiences</li> <li>• Lack of social support</li> <li>• Additional personal stressors such as health, family or finances</li> </ul>
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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**

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A person is holding a white sign with a red heart and the text 'I ❤️ MY JOB!' written on it. The person's hands are visible at the bottom corners of the sign.

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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

A pair of teal-colored, lace-up shoes with perforated details on the toe area, shown from a top-down perspective.

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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

Three wooden mannequins are shown on a white surface. The first is standing upright with arms at its sides. The second is leaning forward with one arm raised. The third is leaning back with one arm raised.

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**Limbic Resonance & Cortical Empathy**

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

**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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**Empathy fatigue**

- Feelings of helplessness and powerlessness in the face of suffering, reduced feelings of empathy and sensitivity, feeling overwhelmed and exhausted by work demands, feeling detached, numb and emotionally disconnected.

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**Why does it matter?**  
The impacts of vicarious trauma

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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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### 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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### 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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## 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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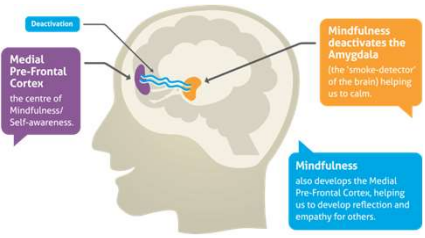
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### The role of Mindfulness in Self Care



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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

**Andrew May –Rocket Recovery**  
**Andrew Huberman –Huberman Lab**



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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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### Importance of supervision

- Compared to case conferences, one-on-one supervision better supports the critical reasoning required for child safety (Munro 1999)
- Reflective regular supervision promotes staff well-being
- Reduces staff turnover
- Identify specific and ongoing training
- Formal and informal supervision provide space and permission for workers to reflect on emotional responses to the work
- Peer supervision and support enable the reduction of isolation, promotes safety and develops greater transparency to identify risk and opportunity
- Models of supervision



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### Prevention: Personal level

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### A Handful of M&Ms

- m** Share one thing you do for yourself emotionally
- m** Share one thing you do for yourself mentally
- m** Share one thing you do for yourself physically
- m** Share one thing you do for yourself professionally
- m** Share one thing you do for yourself spiritually
- m** Share one thing you do for yourself relationally

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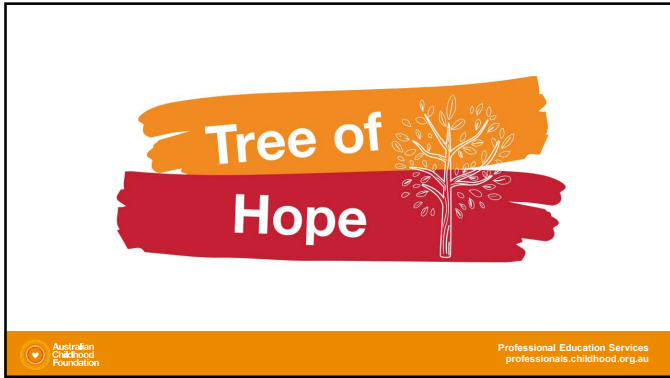
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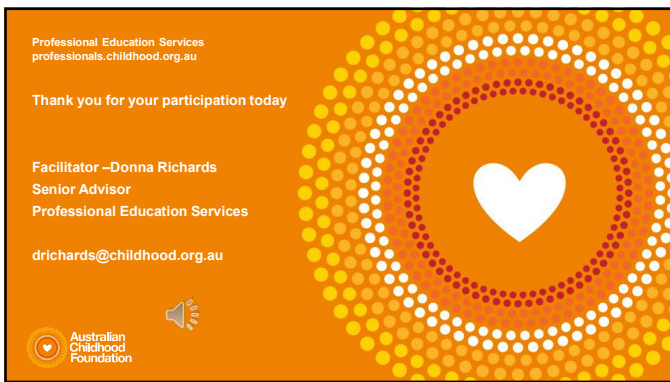
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