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Section 1: Introduction

References: 2, 9, 15, 21

The American Psychological Association (2025) defines trauma as “an emotional response to a terrible event like an accident, crime, natural disaster, physical or emotional abuse, neglect, experiencing or witnessing violence, death of a loved one, war, and more” (para. 1). An estimate from the National Council for Behavioral Health (2022) states that 70% of adults in the United States have experienced a traumatic event in their lifetime. The World Health Organization (2024) provides a similar estimate, stating that approximately 70% of people worldwide will experience a traumatic event during their lifetime (para 2).

Trauma is not only a prevalent issue, but mental health professionals are supporting a significant number of people who have experienced it. The National Council for Behavioral Health (2022) also estimates that more than 90% of people who receive behavioral health services in the United States have experienced trauma. Trauma can impact individuals, families, and communities, with each person having their own unique experience. While many people who have experienced trauma will not have lasting negative effects, others may have ongoing challenges in various aspects of their lives, including with their mental and physical health, their ability to cope and function in their everyday lives, and their social, emotional, and/or spiritual well-being (American Psychological Association, 2025).

Depending on a mental health professional’s therapeutic focus and the location where they practice, there may have been a time when they could consider themselves separate from the issues impacting their clients. However, there has been a shift in this concept over the last several years, due to the COVID-19 pandemic, increasing areas of civil unrest, economic issues, natural disasters, threats of war, and other factors. Mental health professionals are experiencing

similar traumas and stressors as their clients now more than ever. They may even carry extra burdens than those they serve (Rothschild, 2023). Understandably, these shared experiences, along with the nature of therapeutic work, can cause them to struggle with coping and functioning in their personal and professional lives.

One aspect of doing therapeutic work is being impacted by a client's experiences and challenges to varying degrees. Mental health professionals are not immune to this impact, and they may have different responses to their work. Some of these responses include compassion fatigue and burnout. When trauma is involved in therapeutic work with clients, there is an additional risk to mental health professionals, and they may encounter secondary traumatic stress and vicarious trauma. Vicarious trauma could be considered the most impactful response as the symptoms, behaviors, ethical implications, and overall experience of living with it can significantly affect many different parts of a person's life.

Section 1 Reflection Questions

How closely do you work with clients who have experienced trauma?

Have you noticed any shifts in your clinical practice over the last few years? If so, how have these shifts impacted you personally and professionally?

Section 2: What is Vicarious Trauma?

References: 4, 8, 11, 13, 14, 15, 17, 18, 19

Defining Vicarious Trauma

Vicarious trauma is a term that Dr. Lisa McCann and Dr. Laurie Pearlman coined in the 1990s with the support of Dr. Katy Saakvtine in developing this concept (Traumatic Stress Institute, n.d.). More recently, it has been widely acknowledged in the field of mental health (Rothschild, 2023). McCann and Pearlman define vicarious trauma as “the transformation of the therapists’ or helpers’ inner experience as a result of empathetic engagement with survivor clients and their trauma material” (McCann et al., 1996, as cited in The Ending Violence Association of BC, 2021). They used the term vicarious “in recognition that therapists may vicariously experience aspects or effects of a client’s trauma as if it had happened to themselves” (Rothschild, 2023, p. 5). The transformation of the inner experience is noted to be unique, negative, and cumulative. It can influence a person’s life in many ways, including their physical, neurological, emotional, cognitive, sexual, and spiritual functioning and well-being (Branson, 2018).

Prevalence of Vicarious Trauma

Vicarious trauma is estimated to affect close to 45% of mental health professionals (Torres et al., 2023).

Risk of Vicarious Trauma

There are personal and work-related risk factors for vicarious trauma. Personal risk factors include female gender, younger age, personal history of trauma, negative coping skills, difficulty expressing feelings or avoiding them, limited social support

or isolation, and instability (for example, in family relationships or finances). Work-related risk factors include working with clients or patients who disproportionately experience trauma, cumulative exposure to trauma and loss, excessive workload/caseload and lack of control over it, unclear scope of work or role, inadequate training, lack of workplace support (including poor or infrequent supervision), and the conflict between the commitment to serve vulnerable people and internal policies (Office for Victims of Crime, n.d.; Ravi et al., 2021; The Ending Violence Association of BC, 2021).

People are also at risk of vicarious trauma when the following occurs:

- They are overly empathetic, or they resonate too deeply with another person's pain or difficult emotions, such as fear or anger. These characteristics are considered a foundation of vicarious trauma.
- They overidentify with another person's trauma, whether that be a client, family member, or friend.
- They try to feel the emotions or sensations in their bodies that accompanied the trauma, or envision exactly what happened during the traumatic event(s).
- They have thoughts about the trauma happening to themselves or someone they love. (Rothschild, 2023)

Rothschild (2023) adds that people are at risk for vicarious trauma when their autonomic nervous system (ANS) is consistently experiencing a state of arousal, possibly due to repeated exposure to trauma or chronic stress, and they are not aware of the toll this takes on their body and mind. She writes that vicarious trauma is experienced in the ANS, which is the system that regulates the body as it moves through states of stress and calm. The ANS is at the center of the body's response to all types of stress, including preparing the body for fight, flight, or

freeze when faced with a threat to life. Lesser arousal levels prepare the body to meet any demand, including difficult clients or workplaces (Rothschild, 2023, p. 109).

One branch of the autonomic nervous system (ANS) is the sympathetic nervous system (SNS). It gets activated during stress, and people can experience:

- Increased heart rate
- Quicker breathing
- Dilated pupils
- Rise in blood pressure
- Increased sweating
- Dry mouth
- Cold and pale skin
- Anger, shame, disgust, anxiety, and excitement

The opposite effects happen when the parasympathetic nervous system (PNS), another branch of the autonomic nervous system, gets activated during times of calm. The SNS and PNS rise and fall in complementary ways. They are both always on, but when one is aroused, the other is subdued. This process supports survival and maintains homeostasis (or stability) in the body. If the SNS is consistently aroused, the effects on the body are persistent and may worsen over time.

Understanding how the autonomic nervous system (ANS) works and recognizing the cues that differentiate stress from calm are critical to mental health professionals working closely with trauma and stress. This knowledge and self-awareness can help protect them from vicarious trauma and other responses to their work, such as compassion fatigue. By increasing their awareness of cues and

tracking the amount of ANS activation in their body, a person can become more attuned to their internal experience and determine the level of arousal they can effectively manage. This information can help them decide whether they can sustain themselves in the work or if they need to decrease their arousal to prevent any adverse effects that may arise from it (Rothschild, 2023).

In addition to knowing the risks of vicarious trauma, understanding the symptoms and behaviors associated with it is beneficial for mental health professionals. This knowledge can empower them to recognize any signs of vicarious trauma in themselves and others.

Symptoms of Vicarious Trauma

People have their own ways of experiencing and expressing vicarious trauma. The symptoms are diverse and can manifest in different ways. It is essential to acknowledge that individuals have unique personal and work situations, as well as other factors in their lives, that can influence their symptoms. People may have physical problems, mental health conditions, or other reasons to have these symptoms, which highlights the importance of self-awareness, knowledge, and a thorough assessment by a mental health provider or medical doctor (Headington's Institute, 2024).

While it is unlikely that any one person will have difficulties in all areas of their life, the following personal and workplace symptoms are associated with vicarious trauma (Branson, 2018; Headington's Institute, 2024; Policy Research Associates, Inc., 2021).

Personal Symptoms

Personal symptoms can be grouped into behavioral, physical, cognitive, emotional, and social categories. Symptoms in these categories are as follows:

Behavioral:

- Difficulty sleeping
- Nightmares
- Increase or decrease in appetite
- Hypervigilance
- Hyperarousal to personal safety and the safety of loved ones
- Being overprotective of others (for example, children)
- Overreacting to noises
- Losing things
- Clumsiness
- Negative coping skills
- Self-harm behaviors

Physical:

- Symptoms of panic - sweating, rapid heartbeat, trouble breathing, feeling dizzy
- Weakened immune system
- Stress-induced medical conditions
- Aches and pains

Cognitive:

- Minimizing vicarious trauma

- Lowered self-esteem
- Increased self-doubt
- Difficulty concentrating
- Confusion
- Racing thoughts/trouble “turning off” the mind
- Excessive worry
- Unwanted thoughts of client-induced imagery
- Increasingly pessimistic view of the world
- Loss of interest in enjoyable activities
- Lack of meaning
- Thoughts of harming oneself or others

Emotional:

- Helplessness
- Numbness
- Sadness and/or depression
- Irritability
- Anxiety
- Fear
- Oversensitivity
- Unpredictable emotions and/or difficulty managing them

Social:

- Isolation from family, friends, neighbors, etc.
- Loneliness
- Distrust
- Projecting anger and blame onto others
- Dodging physical intimacy
- Distance from spiritual beliefs and/or a church community

(Branson, 2018; Policy Research Associates, Inc., 2021, p. 3)

Workplace Symptoms

Workplace symptoms can be grouped into behavioral, interpersonal, personal values and beliefs, and job performance categories. Symptoms by category are as follows:

Behavioral:

- Being absent from work or consistently arriving late
- Overworking
- Frequent job changes
- Anger and/or irritability
- Exhaustion
- Talking to oneself
- Staying away from professional engagements

Interpersonal:

- Avoiding talking about trauma with clients or avoiding clients with trauma histories
- Conflict with co-workers
- Being impatient and/or placing blame
- Poor relationships, communication, and collaboration
- Withdrawing and isolating from co-workers/changes in relationships

Personal values/beliefs:

- Indifference
- Dissatisfaction
- Perceiving things more negatively than before and/or questioning things that were stable - identity, spirituality, world view
- Loss of interest in things that used to be enjoyable or meaningful
- Lack of appreciation, interest, and caring
- Hopelessness
- Low self-confidence or belief in oneself
- Disruption in values, beliefs, needs, and relationships

Job Performance:

- Loss of motivation and work ethic
- Less quality work and more errors
- Lack of flexibility/more rigidity

- Avoiding job responsibilities or being over-involved/striving for perfection

(Branson, 2018; Policy Research Associates, Inc., 2021, p. 2)

Ethical Implications of Vicarious Trauma

In addition to symptoms, Branson (2018) outlines the following ethical implications that mental health professionals may encounter when they are in a state of vicarious trauma:

- Poor decision-making
- Inability to think clearly in sessions and when completing documentation
- Indifference towards clinical work resulting in inadequate care of clients
- Anger and/or cynicism toward clients struggling with the aftermath of trauma
- Development of self-imposed importance to clients
- Blurring professional and personal boundaries

Mental health professionals must be aware of these ethical implications, as adhering to their code of ethics is essential to clinical practice.

Section 2 Key Terms

Vicarious trauma is the transformation of the therapists' or helpers' inner experience (for example, worldview or sense of safety) as a result of empathetic engagement with survivor clients and their trauma material. This transformation is cumulative and happens over time after repeated contact with clients who have experienced trauma. Vicarious trauma can impact a mental health professional

across all clients and situations. Symptoms are diverse and manifest in many different ways. There are also ethical implications in clinical practice.

Risk factors are an individual's biological, psychological, social, and environmental characteristics associated with an increased likelihood of developing a condition or disorder.

Symptoms are sensations or experiences that an individual feels, referring to their perception. They may not always be seen and can be challenging to measure.

Section 2 Reflection Questions

Are there particular risk factors or symptoms of vicarious trauma that resonate with you?

What is your experience with vicarious trauma? Have you been directly impacted by it, or do you know someone who has been?

Section 3: The Difference Between Vicarious Trauma, Secondary Traumatic Stress, Burnout, and Compassion Fatigue

References: 1, 3, 4, 5, 6, 10, 12, 15, 16

The terms vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout are sometimes used interchangeably. There are some differences and similarities between these concepts (Branson, 2018; Rothschild, 2023).

Vicarious Trauma

One thing that is unique to vicarious trauma is the shift that happens with a person's inner experience. It can be considered an adverse shift in their cognitive schema, belief system, worldview, and/or sense of safety (American Psychological Association, 2018; Center on Trauma and Adversity at Case Western Reserve University, 2019).

A cognitive schema is a "framework or concept that helps organize and interpret information...it describes patterns of thinking and behavior that people use to interpret the world" (Cherry, 2024, para 1). Belief systems comprise the principles, values, and thoughts that people hold. They are often shaped by cultural, societal, religious, and personal influences. These systems form the way people perceive the world around them and influence their attitudes, behaviors, and relationships with others (Oxford Review, n.d.). An adverse shift in these areas can significantly impact how people perceive themselves, others, and the world around them. Because mental health professionals interact with others extensively in their work and require self-awareness to be effective practitioners, negative changes in their perceptions, thinking, behaviors, and worldview can make their work challenging to sustain.

Another thing that is unique to vicarious trauma is the variation in symptoms and the ways they can manifest in someone's life. Many of the symptoms reflect the vicarious nature of the trauma, and are similar to symptoms that people can feel when they have experienced trauma first-hand.

Secondary Traumatic Stress

In some literature, secondary trauma stress (STS) and vicarious trauma are used interchangeably. STS is a term that Dr. Charles Figley coined in the 1990s to describe the emotional distress that happens when mental health professionals

are indirectly exposed to trauma and feel psychologically overwhelmed because of their desire to help people who have experienced trauma. Symptoms are similar to those that accompany post-traumatic stress disorder, mainly in the re-experiencing (flashbacks, recurrent thoughts related to the traumatic event, distressing thoughts or imagery), avoidance (staying away from any reminder of the traumatic event), and hyperarousal (being easily startled, difficulty with sleep, feeling irritable and/or tense) categories (Branson, 2018; Center on Trauma and Adversity at Case Western Reserve University, 2019; National Institute of Mental Health, 2023).

One difference between STS and vicarious trauma is that the development of symptoms in STS is acute and can happen after one episode of being exposed to trauma. In contrast, in vicarious trauma, the exposure is repeated and cumulative. Another difference in STS is that the transformation of the inner experience does not occur. One similarity between the two is the overlap in some symptoms and distressing emotions (Branson, 2018; Center on Trauma and Adversity at Case Western Reserve University, 2019).

Compassion Fatigue

In some literature, compassion fatigue is used interchangeably with vicarious trauma and secondary traumatic stress (STS). Dr. Charles Figley also coined the term in the 1990s. Compassion fatigue is a general term appropriate for anyone who is a helper and feels overwhelmed by their observations of trauma and desire to help people who have lived through it. A helper can be a range of different people, from family members caring for loved ones to professionals from various disciplines who provide care and support to others.

Compassion fatigue happens when helpers become physically, mentally, and emotionally exhausted from doing compassionate work. One difference between

compassion fatigue and vicarious trauma is that there is not the same degree of trauma-related symptoms with compassion fatigue, like intrusive thoughts or unwanted imagery, avoiding people or places related to a traumatic event, or hyperarousal. Another difference is that compassion fatigue often involves feeling overwhelmed or too exhausted to continue supporting others, while vicarious trauma has a more significant impact on a person's life. Two similarities between compassion fatigue and vicarious trauma are that they are both cumulative, and there can also be difficulty empathizing with other people (Barnes, 2024; Branson, 2018; Center on Trauma and Adversity at Case Western Reserve University, 2019; Rothschild, 2023).

Burnout

Dr. Herbert Freudenberger coined the term burnout in the 1970s (Smullens, 2021, p. 8). Burnout is a state of exhaustion resulting from being overwhelmed with responsibility and/or experiencing prolonged stress. Over several years after the term was coined, research identified three components of burnout: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Burnout can happen when a person is physically, mentally, and emotionally overwhelmed with responsibility, especially in the workplace. Some contributors to burnout include a poor working environment lacking support, inadequate compensation, ongoing staffing issues, such as being short-staffed, high turnover, low morale, limited opportunities for advancement, minimal appreciation, and workers lacking hope for change.

One difference between burnout and vicarious trauma is that burnout does not always result from work with clients and/or trauma. Another difference is that burnout can improve if workplace things improve, even slightly, or people get time off from work to recharge. Still, with vicarious trauma, changes are more

prominent in a person's life and require more intervention to improve. One similarity is that they are both cumulative (Branson, 2018; Center on Trauma and Adversity at Case Western Reserve University, 2019; Rothschild, 2023).

Section 3 Key Terms

Secondary traumatic stress is a term used to describe the emotional distress that happens when mental health professionals are indirectly exposed to trauma and experience psychological overwhelm because of their desire to help clients who have experienced trauma. It most often arises after empathetic engagement with one client who has experienced trauma or one trauma story. Symptoms are similar to those that accompany post-traumatic stress disorder, mainly in the re-experiencing, avoidance, and hyperarousal categories.

Compassion fatigue is a general term used to describe anyone who is a helper and feels overwhelmed by their observations of trauma and desire to help people who have experienced it. It happens over time as helpers become physically, mentally, and emotionally exhausted from doing compassionate work.

Burnout is a term used to describe the state of exhaustion that occurs when a person is overwhelmed with responsibility and/or experiences prolonged stress. It can happen when a person is overwhelmed with physical, mental, and emotional responsibilities, especially in the workplace.

Section 3 Reflection Questions

Do you have any personal or work experience with secondary traumatic stress, compassion fatigue, and/or burnout? If so, what has your experience been?

Section 4: Individual Self-Care Strategies

References: 3, 7, 15, 16, 17, 18, 20

In the literature, there are many different definitions of self-care. This section will focus on self-care from the perspective of actions that a mental health professional can take to lessen their stress and other emotional reactions to working with clients. Cox and Steiner (2013) state, “self-care is a process through which deliberate choices are made about how to respond mentally, emotionally, and behaviorally to a variety of work-related stressors” (p. 28). It is a movement toward perspectives and practices that improve health and well-being, aiming to reduce stress-related conditions; one that emphasizes learning to love, accept, and care for oneself as a foundation for caring for others (Cox & Steiner, 2013, p. 28).

Self-care can primarily be categorized into two distinct areas: lifestyle choices and workplace adaptations. Some strategies in both of these areas will be discussed in this section, as research has shown that self-care is a protective factor against vicarious trauma and other responses, and it can also help mental health professionals cope with their work (Barnes, 2024; Cox & Steiner, 2013; The Ending Violence Association of BC, 2021).

Arousal Awareness

Earlier in this course, the role of the autonomic nervous system (ANS) was discussed as it relates to the risk of vicarious trauma. Rothschild (2023) encourages mental health professionals to develop arousal awareness, which helps them recognize the level of ANS arousal in their body at any given time.

Several exercises that promote arousal and body awareness can be found in books, videos, or apps. One of them involves scanning your body while sitting

comfortably and paying attention to things you may be aware of, such as temperature, areas of tension and relaxation, type of breathing, and facial expression. Then, think of something pleasant and pay attention to any changes in your body. After a period that feels comfortable for you, think of something unpleasant or anxiety-provoking and pay attention to changes in your body. Take note of any changes and, over time, alternate between pleasant and unpleasant experiences to increase awareness and better understand how your body feels in each instance.

Once skilled in simple body awareness exercises, Rothschild (2023) notes that this skill can be applied in therapy sessions. One technique is checking in with various areas of your body every 15 to 20 minutes. Another method is checking with a single area (for example, one that experiences tension and relaxation) once or twice during a session. With both, a therapist can observe any changes and, if present, pay attention to what is occurring during the session that is linked to the changes.

These skills can be built over time to help mental health professionals become more aware of their ANS arousal level. It can be beneficial for a therapist to be skilled in these areas, enabling them to remain present in therapy sessions while also attending to some of their own needs. Rothschild's framework, titled [Autonomic Nervous System: Precision Regulation](#), is a tool that can help mental health professionals monitor their own ANS arousal and any dysregulated ANS arousal their clients may be experiencing. This monitoring not only helps mental health professionals with their own self-awareness and self-care plan, potentially reducing their risk of vicarious trauma, but it can also make trauma treatment safer.

To take it a step further, it can be helpful to learn techniques to lower high arousal levels, such as deep breathing or grounding yourself by planting your feet or feeling your seat beneath you (Rothschild, 2023).

Mindfulness

Mindfulness is a valuable tool for enhancing overall self-awareness and promoting self-care. Mindfulness is a practice of focusing on present moment awareness to initiate a sense of calm. People can practice mindfulness during meditation by concentrating on a specific target, such as breathing, observing their surroundings, or fully immersing themselves in an activity. When the mind wanders during this practice, the goal is to bring it back to the present moment, becoming more in touch with the internal experience. Mindfulness involves recognizing bodily sensations, thoughts, and feelings in a detached way and accepting them without judgment (Cox & Steiner, 2013).

Rothschild (2023) states that mindfulness can help people recognize when they are experiencing symptoms of vicarious trauma, secondary traumatic stress, compassion fatigue, and/or burnout. Even if symptoms are initially missed, mindfulness can help guide people from the depths of these responses toward regaining their balance (p. 26). As this skill is developed over time, it can also be utilized in therapy sessions to help mental health professionals check in with their own experiences and become more aware of them during client interactions (Rothschild, 2023). Several resources, including books and apps, are available to help people learn about, develop, and maintain a mindfulness practice.

Knowing Yourself

Rothschild (2023) encourages mental health professionals to take a self-inventory to gain a deeper understanding of themselves. She notes that having a strong

sense of yourself can help mental health professionals “maintain clear thinking when provoked by a client or a client’s material...and easily distinguish feelings and issues from a client’s” (p. 188). She provides a sample of a self-inventory in her book, "Help for the Helper," which proposes questions in various areas of a person’s life, including their current status, health, relationships, work, family of origin, significant life events, and spirituality. She notes that once all of this personal information is put together, people can do the following:

- Consider which areas enhance your professional competence and which ones compromise it.
- Make note of areas that you have in common with your clients, and whether or not they are currently exploring them in therapy.
- Look for themes that can give you difficulties or advantages.

(p. 191)

Rothschild (2023) also encourages mental health professionals to look at their values and think about how they will handle it when their values conflict with a client’s. All of this is beneficial information and can help people become more confident in themselves and less shaken when they encounter difficult therapeutic work.

Professional Support

Personal therapy or counseling is another way to gain insight into yourself, identify any symptoms or concerns you may be experiencing, and receive support in various aspects of your life. It can also help you manage any risks related to developing vicarious trauma and/or cope with the symptoms and any negative impact it is having on your life. Furthermore, depending on your concerns, you may need a form of trauma therapy such as eye movement desensitization

reprocessing (EMDR), trauma-focused cognitive behavioral therapy, or prolonged exposure therapy (Barnes, 2024; Torres et al., 2023).

Social Support

Having support from family and friends can help decrease feelings of isolation and loneliness. Additionally, connecting with coworkers who understand your work and the challenges it entails can help you feel validated and supported in your role (Barnes, 2024).

Changing Self-Talk

Just as self-talk is a way to understand how clients speak to themselves, it is also a means for mental health professionals to understand themselves and their own thought processes. Being aware of how you regard your clients, if you identify with them, and how you judge your competency, impacts how your work affects you. Limiting self-criticism can also be helpful. For example, if you view yourself as a competent clinician and do not criticize your skills, your self-talk will be more positive than negative.

Additionally, suppose you overly identify with clients and their concerns. In that case, you can reduce your identification with clients by saying, “I have experienced similar things to this client, but they are not me,” for example. These types of interventions can help mental health professionals separate themselves from their clients and think more clearly (Rothschild, 2023).

Practicing Gratitude

Gratitude has numerous benefits, including reducing anxiety and depression, promoting physical health, enhancing sleep quality, and lowering stress levels

(UCLA Health, 2023). It also allows people to hold two opposing thoughts or emotions at once (Smullens, 2021). For example, a mental health professional may feel drained by their work, but also thankful for the opportunities they have to support people during challenging times in their lives. There are many different gratitude practices, including writing three things in a journal (or using an app) daily, sending a thank-you note, or redirecting thoughts to something positive (UCLA Health, 2023).

Physical Exercise

A wealth of research demonstrates the benefits of physical exercise. In professions with high physical and emotional stress, exercise can help reduce stress and maintain clear thinking. Some tips for starting and maintaining an exercise routine include finding something enjoyable, maintaining a consistent schedule, and inviting a partner to join you in the activity (Rothschild, 2023).

Finding a Sense of Control

If you are experiencing vicarious trauma or other responses to the work, things in your life may feel out of control. The following is a list of some things you can do to feel more in control:

- **Establish a routine (as much as possible).** Routines can be helpful and give you a sense of control, even over a part of your day. They can also help you schedule self-care activities, such as exercise, spending time with friends, or pursuing other hobbies. If you do not have a routine already, try starting small by planning out your morning or evening. Then, you can build on this skill by seeing what works for you and incorporating it more often into your schedule.

- **Take care of yourself during the workday.** As much as you can, take care of yourself in between appointments and other work you are doing. Take a few minutes to stretch, deep breathe, or go for a short walk. Bring healthy meals or snacks to work. Connect with someone you care about. Taking care of yourself in these ways can help you feel more in control while you are at work.
- **Implement an end-of-the-day ritual.** Doing something to mark the end of your work day can help you leave work where it is and help you transition to the rest of your day. Some examples include taking a shower, changing clothes, and writing down a quick reflection on the day or talking about it with another person. Find something that works for you and gives you some closure each day.
- **Nurture your personal and workspace.** Look around and take an inventory of the spaces where you spend a lot of your time. Are they comfortable? Do they feel cluttered or chaotic? Is there something you can add that would bring you joy? Do you need to remove any specific items? Making your spaces your own as much as you can may help you feel more in control and at ease.
- **Manage your time.** Try tracking your time spent over a few days to a week. Then, write how you would like to spend your time and develop a plan to get there.
- **Take time off.** Scheduling breaks to rest and do things that you enjoy is not only rejuvenating, but it can help you feel more in control of your time.

(Cox & Steiner, 2013; Rothschild, 2023)

Section 4 Reflection Questions

Do you currently practice any self-care strategies? If so, what has been going well for you? What have you found to be challenging?

What is one strategy that you can try to implement soon?

Section 5: Organizational Support

References: 8, 17

In addition to individual self-care strategies, it can be beneficial for organizations to be trauma-informed and to support their employees who are caring for clients or patients who have experienced trauma. Research has shown that the most important protective factors for vicarious trauma are in the organization's response to it and the supports that they make available to staff. Additional protective factors include:

- Staff perceive their supervision and overall organization as supportive.
- Employees have a sense of control within their workplace and opportunities to have input and make decisions about their work.
- Employees have a dedicated workspace, a lower caseload, high-quality supervision, and emotional support.

Furthermore, organizations can create a trauma-informed culture by implementing or encouraging the following:

- Opportunities for staff to check in and support each other, including debriefing meetings, clinical supervision, team-building activities, and mentoring programs.

- Teaching and promoting the integration of self-care strategies into the work week, such as structured activities, peer support meetings, or flexibility to attend personal medical or mental health appointments.
- Balancing direct service hours with opportunities to participate in research or other initiatives that work on system-level problems.
- Training leaders and holding them accountable to being approachable, trauma-informed, and understanding of their employees, and giving them the skills and resources they need to promote a culture of caring.
- Providing effective, supportive clinical supervision.
- Keeping open communication between staff and leaders to identify and work through areas of concern.
- Providing access to health benefits and employee assistance programs.
- Offering training on vicarious trauma and other responses to the work. This type of training can be included in onboarding and provided at a regular cadence. Additionally, managers can protect staff schedules to allow them to attend training.

(Headington Institute, 2024; The Ending Violence Association of BC, 2021)

Section 5 Reflection Questions

Do you currently work for a trauma-informed organization? If so, how can you build on this culture? If not, is there an action you can take towards developing this culture?

Section 6: Transforming Vicarious Trauma

References: 5, 8, 17

It is possible to transform vicarious trauma into something meaningful and hopeful. This transformation means that a person is not just coping with their symptoms and behaviors; they are asking hard questions or having their beliefs challenged, and trying to find ways to move forward with hope and meaning. Some ways to do this include:

- Staying connected with the people you care about.
- Reminding yourself of the importance of your work, especially during difficult times.
- Taking time to reflect and engage in personal and professional growth.
- Marking transitions, celebrating joys, and mourning losses.
- Developing strategies to nurture your healing and resilience.

(Center on Trauma and Adversity at Case Western Reserve University, 2019; Headington Institute, 2024)

Post-traumatic growth is also possible. It is a change that a person goes through as they process and find meaning from exposure to trauma. They often grow psychologically, emotionally, and relationally. They may develop a new appreciation for life, view opportunities more positively, feel they have a greater sense of personal strength and ability to cope with crises, and spiritually grow or deepen their beliefs (Center on Trauma and Adversity at Case Western Reserve University, 2019).

All of these things can help people live with difficult circumstances, cope with them, and grow from them. Transforming vicarious trauma is a process, but it is possible with the strategies and types of support outlined in this course.

Section 6 Reflection Questions

Have you been through a transformational experience where you felt growth or resilience after a difficult time in your life? If so, what helped you during that process the most?

Section 7: Case Study

Julia is a medical social worker who worked in an emergency room when the COVID-19 pandemic started. Due to the lockdown, she was working long hours at the hospital, and Julia found meaning in being able to support patients, their families, and her coworkers during this scary, difficult, uncertain time. Julia's spouse is a doctor at the same hospital, and he was also working around the clock to take care of patients with COVID-19. They both witnessed an unimaginable amount of intensity and death.

After about a year, the feelings of purpose that Julia once had were fading away. She started feeling helpless and numb to what was happening around her. She doubted her ability to provide effective psychosocial care to patients and their families. Her desire to connect with her coworkers was non-existent, and she no longer felt the camaraderie they had at the beginning of the pandemic.

Additionally, Julia was exhausted, worried constantly, and having nightmares as well as difficulty sleeping. She was always on edge and easily startled by sounds in the emergency room that did not faze her before. She became very protective of her husband and deeply concerned about him going to work. She decided to delay

starting a family because she was worried about contracting the virus while pregnant. She regularly thought she had symptoms of the virus, and images would often flash through her mind of her being in the intensive care unit. She constantly thought about being personally diagnosed with the virus or it impacting the people that she loves. She became fearful and no longer felt as safe as she once did, both at work and when interacting with the world.

Julia had several appointments with her primary care doctor during this time. While she had not contracted the virus, her doctor monitored her various symptoms over time. Based on his ongoing assessment, he referred her to a therapist. She decided to decrease her work hours. She started focusing on processing what she had experienced and recovering. She attended therapy regularly and worked on implementing self-care strategies over time. She found that gaining an awareness of when her body was aroused and practicing mindfulness were helpful to her. She also started exercising again and found hobbies that she enjoyed. After several months, she transferred her position to an outpatient clinic at the hospital. She once again found meaning and confidence in her work as a social worker.

Section 8: Case Study Review

This section will review the case study that was presented in Section 7. Responses will guide the clinician through a discussion of potential answers and encourage reflection.

1. Was Julia experiencing vicarious trauma or another response to her work?

Julia's symptoms were consistent with vicarious trauma. She had several personal symptoms and some that were workplace-related. The symptoms were also cumulative over time. Additionally, she had an adverse shift in her

worldview and sense of safety. She was significantly impacted by the COVID-19 pandemic in various aspects of her life. While there was some overlap with compassion fatigue and burnout, the symptoms and transformation of her internal experience led to her having vicarious trauma more than these other responses.

2. What things were helpful in Julia's processing and recovery?

Julia was closely followed by her primary care physician and maintained open communication about her experiences. She also followed through on seeing a therapist and finding meaning in things outside of her work. Additionally, she paid attention to her physical health and developed ways to sustain herself in social work. While she did not stop working altogether, she was able to find a sense of balance. Eventually, she changed her position to something that felt more manageable when compared to her work in the emergency room.

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