The Cost of Caring
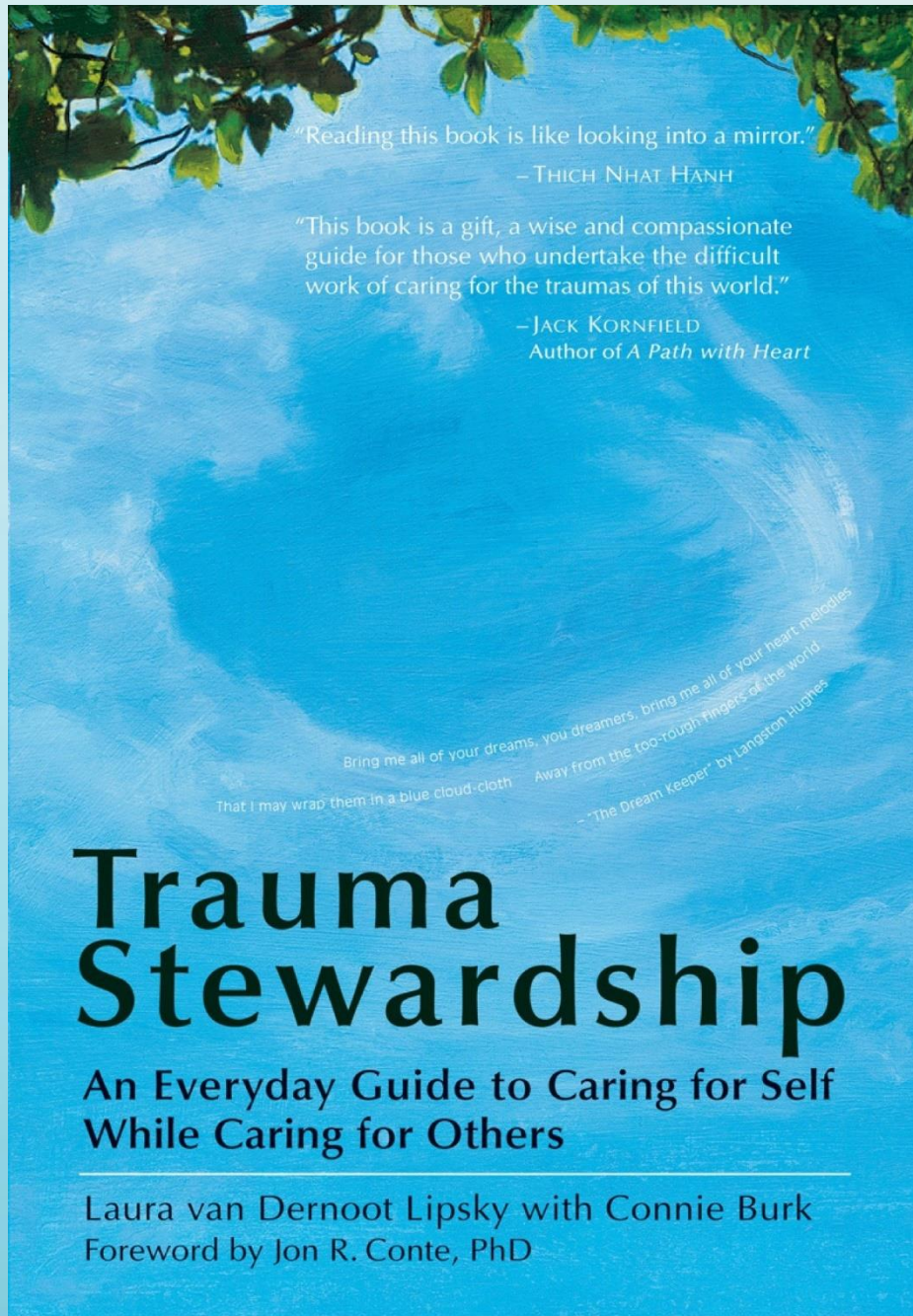
The Impact of Bearing Witness

Cumbria Safeguarding Adults' Week 2024

Helen Williamson

Introductions

- Helen Williamson

- Qualified Social Worker 1995

- Substance misuse worker

- Safeguarding Children Lead

- Safeguarding Families Lead

- "Compassion Fatigue" trainer since 2017 (TEND Academy, Canada) https://www.tendacademy.ca/

Beyond the Cliff

"The Cliff of Awakening"

- *What I was never told when I started safeguarding work*

- *What I realised*

- *"Are you sure you're okay?"*

"The expectation that we can be immersed in suffering and loss and not be touched by it is as unrealistic as expecting to be able to walk though water without getting wet"

Rachel Remen in *Kitchen Table Wisdon: Stories that Heal* (1996)

What to expect from the session

A quick overview…

1) Primary & Secondary Trauma, Empathic Distress/ Fatigue (aka "Compassion Fatigue") Vicarious Trauma, Moral Distress

2) To look at some of the signs in ourselves & others /what could develop

3) To know what helps

      A) Personally

      B) Professionally

      C) Organisationally

Safeguarding Work

- Always dealing with cases where things have gone wrong

- Significant increase in SARS/ Safeguarding Reviews

- Highly distressing content, similar or the same themes.

- Sometimes we get cases confused with each other.

- Complexity - trying to support and protect adults who live with adverse childhood experiences, trauma, abuse, neglect, *self-neglect… early death*

- Care and support needs…capacity/ executive capacity/ risk

- Stuck in a cycle of repeat exposure to Trauma **WEAR and TEAR** …"Review Fatigue?"

- Where do we get a sense of job satisfaction…

How we process trauma

- After a traumatic event, our basic assumptions about people/ the world are severely challenged. The event is often so beyond our day-to-day experiences that we start to question our understanding of the world.

- To recover we need to *adapt* previous assumptions, *adjust* or *create new ones.*

- Some of us may be able to process a traumatic event without changing our basic assumptions but in most cases, we will have to accommodate and change their basic beliefs to process the trauma

- Some of us become unable to reach the stage of accommodation or assimilation and become stuck in an *incomplete processing cycle* or are *repeatedly exposed* to trauma, leading to continuous activation and the development of trauma symptoms.

- Primary Trauma

- Secondary Trauma

- Moral Distress

- "Compassion Fatigue" (Empathic Distress/ Fatigue)

- Vicarious Trauma

(Burnout - exhaustion due to overwork, can happen in any profession)

*Primary and Secondary Trauma

If our experience or work puts us directly in the path of danger, such as being abused, sexually assaulted, raped or directly witnessing an incident - this is **Primary Trauma**

Secondary Trauma is the emotional distress caused by *indirect* exposure to trauma through a first-hand account or narrative of a traumatic event ("Acquired" Trauma)

It can happen suddenly, in one session or can build up over time with repeated exposure

Moral Distress - Moral Injury

- **Moral distress** is defined as the psychological unease generated when we identify an ethically correct action to take but are constrained in our ability to take that action.

- Even without an understanding of the morally correct action, moral distress can arise from the sense of a "moral transgression"…we know it's "not right"

- https://www.bma.org.uk/media/4209/bma-moral-distress-injury-survey-report-june-2021.pdf

- The individual suffering from moral distress need not be the one who has acted or failed to act; moral distress can often be caused by witnessing moral transgressions by others, or those limits imposed by others

- Social and cultural context: discrimination, oppression, inequality

A result of a lack of power or agency, and/ or structural limitations, such as insufficient staff, resources, funding, training or time.

The impact of "Service Rationing" – how we could work compared with how we have to work

Frustration, distress, anger, rage…!

Moral injury can arise where *sustained* moral distress leads to impaired function or longer-term psychological harm. Moral injury can produce profound guilt and shame, and in some cases also a sense of betrayal, anger and profound 'moral disorientation'.

People may leave their employment because the injury is so profound, it is impossible to continue to work for that organisation/ in that setting

Compassion Fatigue – Empathic Strain / Distress

An occupational hazard that affects the caring, higher risk are those who:

- Are exposed to extreme issues on a frequent basis

- Work exclusively around similar themes…abuse, neglect, death.

Empathy = The risk is that we can become emersed in other people's emotions and experience them as if they are our own… an 'emotional contagion'.
Empathising so often, with so many upsetting and triggering stories overwhelms and exhausts our empathic response.
It interferes with our ability to tolerate emotions and difficult stories in others…we can start to numb out because we can't manage the level of emotion

Compassion Fatigue – Empathic Strain / Distress

We feel we have little, or nothing left to give "It is a gradual erosion of all the things that keep us connected to others in our role : our empathy, our hope - not only for others but also for ourselves" Françoise Mathieu

We may retain it at work but not have the energy or ability to apply it at home. "you think you have it bad; I heard this terrible story today…"
Eventually we can lose more than empathy, as we potentially lose hope, suffer personal and professional impacts, which can have consequences for our own mental health
Repeat exposure = We often feel shame and stigma – that there is something wrong with us

Empathy is a draining skill and needs adequate self-care and self-awareness

Vicarious Trauma - Absorbing through someone else's experience

A process not an event.

Hearing and reading story after story of human suffering (secondary trauma) challenges our deeply held beliefs, assumptions, and expectations

It changes and damages our fundamental view of the world and potentially our view of the safety of ourselves and our loved ones

Strong feelings are provoked in us, we may have intrusive thoughts and images "flashbacks" and our defenses get raised against these feelings of grief, rage and outrage

- These reactions grow repeatedly as we hear about people's loss and pain, and we are forced to confront the human potential for cruelty, abuse and indifference.

- A loss of innocence"/ shift in world view = A numbing, we build a protective shell

- Most likely to develop in people who are exposed to other people's trauma over a prolonged period

- A pre-occupation and we see danger, abuse, risk and trauma everywhere. The world is a bad and scary place…We feel hopeless and helpless – there is no safe place

- *Has your view of the world changed?*

Risks associated with empathic overwhelm and Vicarious Trauma

We are more likely to "opt out" if we feel overwhelmed - Impacting our ability to do our work effectively

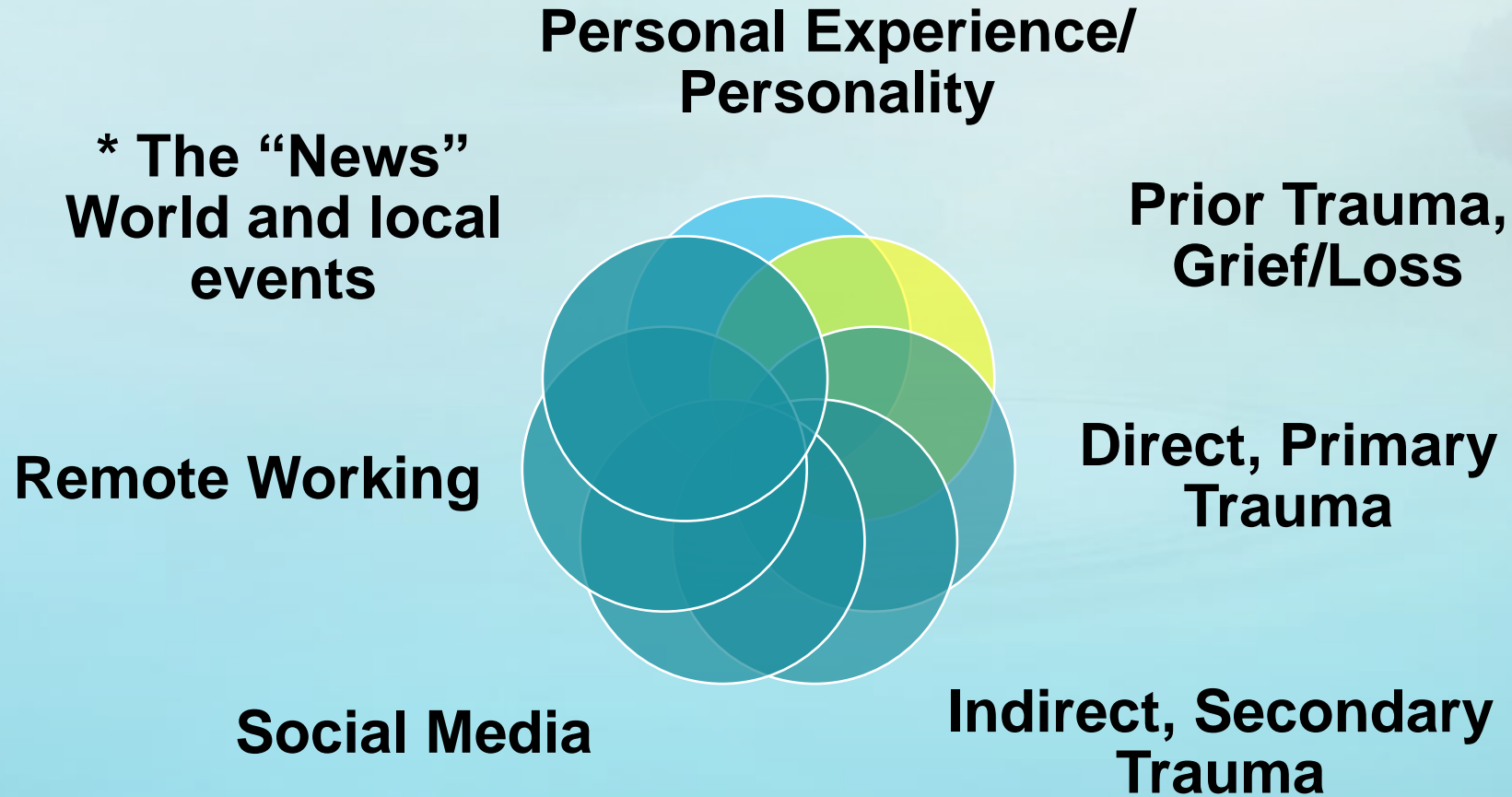Is there a risk, that unchecked, unconscious bias or discrimination could impact on our level of empathy? i.e., unconscious favouritism to those:

➢ we perceive as members of "our own tribe"

➢ those to whom we can relate more easily

➢ those we like and / or feel more empathy

➢ For organisations impacts may affect client outcomes, workplace efficiency, staff morale resulting in absenteeism, *presenteeism and high staff turnover.

Remote/ hybrid working/ modern world! - Risks

- Many staff members lost some office or workspace due to Covid.

- Many people are feeling more **disconnected** than ever.

- **Increased Isolation** - We have lost the connection to colleagues; to the social and moral support; to office chat; time out; and to shared learning/ skill sharing

- Having to be constantly contactable, blurring of home/ work boundaries?

- **Devices** = We are more hyper-connected than ever before and switch tasks all the time (switch tasking) work emails, phone calls, meetings, texts and messages from friends and family

- Constant interruptions and distractions, **we rush from one thing to the next, without travel time to decompress etc**

Multiple Exposure: Increased Risk

Personal Experience/
Personality

* The "News"
World and local
events

Prior Trauma,
Grief/Loss

Remote Working

Direct, Primary
Trauma

Social Media

Indirect, Secondary
Trauma
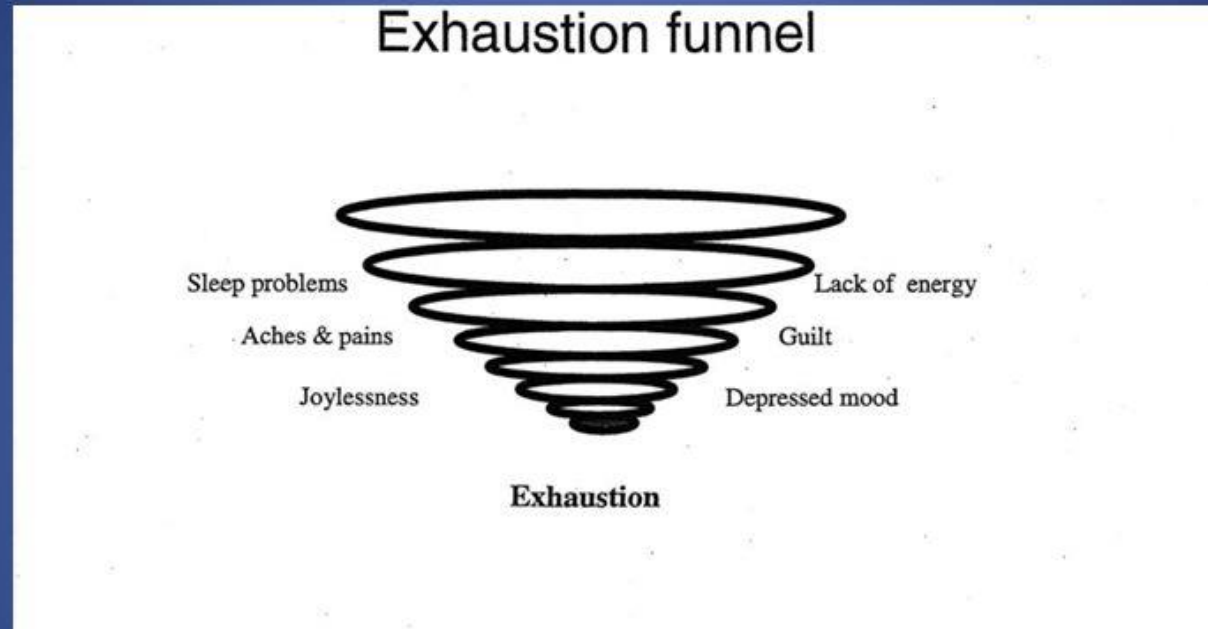
Triggers for those who have experienced similar events
We are experiencing collective trauma and grief as a result of the constant barrage of distressing news reports

Image courtesy of Dr. Leslie Anne Ross, Children's Institute, Los Angeles

Stress, Exhaustion and Burnout

Exhaustion funnel

Sleep problems

Aches & pains

Joylessness

Lack of energy

Guilt

Depressed mood

Exhaustion

The Exhaustion Funnel (Professor Marie Asberg)

When we get tired or overwhelmed, life tends to narrow down– the range of our behavioural repertoire narrows, the spaciousness of our thinking and emotional responses restricts, and any sense of ease in our bodies tends to disappear.

Are we more busy, tired, distracted and overwhelmed than ever?

Who are most affected?

All studies have come to the same conclusions: ***Empathic Strain and Vicarious Trauma affect the most caring***

- The more traumatic the work/the greater acuity of traumatic cases = higher incidence of vicarious trauma

- Those in FT work are at higher risk than those who work PT

- The helper's own trauma history impacts

- Those who are new to the profession and have not yet developed an effective means to deal with the trauma they are seeing or hearing

- Very experienced workers are at significant risk because of the accumulation of trauma over years of service

- Very few of us are prepared or trained for the impact

What are the warning signs
that we might see in ourselves or in others?

Anxiety **Depression** **Sleep problems** Changes in our beliefs about humanity, safety, control, trust and intimacy Mistrust of strangers	Disproportionate worrying about safety issues How we view the vulnerability /likelihood of harm to ourselves and those we care about	Feelings of hopelessness, helplessness and overwhelm, we can't change the world or protect our loved ones Loss of self confidence
Hypervigilance *Flashbacks…* *Nightmares…* *Over-thinking* *Catastrophising*	Self-medication. Increased use of alcohol and/ or drugs, and other ways of "blocking things out"…shopping, gambling, etc	Minimising "I've seen it all" Extreme use of offensive or blaming "humour" De-humanising clients Cynical, "eye rolling" at the new and enthusiastic worker. Arrogance

Tired all the time 🚩 Becoming ill every time, we take time off or go on holiday...	Physical health problems, increased susceptibility to illness "The Body Keeps the Score " Bessel van der Kolk	Always in fight or flight, freeze mode - Raised heart rate, rapid breathing or holding our breath, Palpitations
Increased sensitivity to light and sound Hypersensitivity to emotionally charged stimuli	**Feeling numb or apparently unaffected** by emotionally charged stimuli – emotionally unavailable	**Guilt:** can't feel joy or allow it to show, when life seems so awful for others **I can't ever do enough**
How can we talk about it to others –The "how are you/ how was your day" question?!	Work becomes our life Over involved, can't separate ourselves from clients / our work	Difficulty separating personal and professional lives

Irritability, anger and rage…conflict loss of generosity Anger about the injustices.	Loss of creativity, hope and joy Dread of work	Impaired ability to make decisions and poor concentration, forgetfulness
Not having the emotional and physical energy to "go there" = exhausted Unable to learn new things (Impact of trauma on the brain)	A layering of feelings of shame and guilt… What is wrong with me?	Unmotivated Toxic moaning Excessive blaming
Withdrawal, avoidance of others, of socialising Difficult to maintain relationships with others, impacts on intimacy	Receiving an unusually high number of complaints from clients/ service users	Absenteeism/Presenteeism **Compromised Care**/ work Silencing, not asking or allowing for disclosure or predicting

Do you recognise any of these?

- In yourself

- In other colleagues

- In loved ones

Barriers to talking and seeking help

Denial of the impact "The work doesn't get to me at all"	**Not informed** (and not recognising) the impact of our work and how it develops	**Protecting others** from the impact and /or fear that if we let it out it will be too much for others (and for ourselves)
Confidentiality …do we feel we can't or shouldn't talk about work?	There is something wrong with us, pathologising ourselves or feeling **pathologised** =Stigma	We shouldn't be feeling these things, **"I should be stronger"** Can gender play a part?
Attitudes of others, our employer, manager, colleagues, family and family. **Culture within the organisation.**	**Social and cultural factors** that lead people to feel ashamed to seek help	**A negative experience** of asking for help previously

- **What can we do to help ourselves - personally and professionally? (these can overlap)**

- **What can organisations and employers do to support staff?**

Personal:
What can we do

"if we can be present for life's suffering, we will need all the nourishment and rejuvenation that comes from life's beauty"
Trauma Stewardship, Laura van Dernoot Lipsky

It is essential that we stay connected (or re-connect) with people, activities, beliefs and experiences that remind us of all that is good in the world. Even those small moments of progress, joy and hope can help.

What and who are our **protective factors?** Keeping our social connection going with people who care and matter to us	Spending time doing things that **help "restore" us** Hobbies, *Does it help to do more Being instead of Doing?*	**Getting enough sleep** Adequate nutrition **Moving**/ Exercise:
A sense of purpose and meaning / connection to others, (spirituality or religion for some)	**Breathing / quiet pauses** during the day, moving, stretching	**Regularly checking in** "how am I, what do I need?" (mindfulness for some)… being accountable to ourselves
Prioritising and factoring in **time for ourselves** Even short breaks can help – Holidays	**Confidentiality doesn't mean we can't speak to others,** telling them how we feel and seeking help when we need it - as early as possible	Is there someone who can offer us support, hold us **lovingly and respectfully accountable… "care-frontational!"**

Alcohol/ Substance use/ shopping/ gambling/ food. Dependency **We need a balance**	Are we spending **too much time** on social media and not on the things that nourish us? Take a break or set limits or leave!!	We need a **Trauma Filter**: What we watch, read, social media, "doom scrolling. *collective trauma* as a result of the constant barrage of traumatic news
Personal Boundaries Don't protect others at **total cost** to ourselves…*(put our oxygen mask on before helping others)*	Saying **Yes and No** when we need to *Disappoint someone today!*	Not to beat ourselves up if we can't do all these things **Self-kindness**

Resilience

Becomes evident when we are confronted with significant trauma and stress. It's hard to assess resilience when things are going well, although good times may increase it.

What helps

- A belief in our ability to cope - Having a sense of meaning and purpose. Seeing ourselves as part of collective action

- Talking about what we're going through, connecting with sources of support

- Activating Positive Emotion (find things that make you laugh and "boost your spirits")

- Tuning into ourselves and what is happening around us and self-regulating where we can.

- ***A note of caution**

*Professionally: what can we do...?

Being **aware of our past experiences**, our own trauma and current experiences and how they impact	**Being in touch** with our stress signals, how our body communicates when we are overwhelmed...	**Social support** and contact with others in the workplace Remote working??
Don't create a **professional persona** of someone who is always available or can do everything	**Taking breaks,** having a proper lunch break	Prioritising tasks, achievable goals being realistic with what can and can't be done **You are only one person**
You can't pour from an **empty vessel** …(cliché, but true!)	Use of **humour** (appropriate…) Know the limits…	Keep a **compliments folder** – build and maintain self esteem and a reminder that you make a difference

Try to **avoid comparing with others…they seem okay..** There must be something wrong with me	**Recognise** that we often can't separate work and home lives –each impacts on the other	If we want to talk about work at home **agree a time limit**
Connect with those colleagues you can talk to. Have you lost connection with others over time?	Try and avoid or at least **minimise "workplace toxicity"** - BMW (bitching, moaning, whining) – notice the impact. Does it help?	**Remember –** this is difficult work, it has an impact
Speak up for what needs to change/ happen **Share challenges and solutions** with others **Model** seeking help, sharing	Notice and respond to **signs in colleagues**, how to address this – speak to them, their manager?	**Speak to your manager** if you need help. Identify what you need and don't be afraid to ask

*Organisationally: What can be done

CAUTION HARD HATS REQUIRED IN THIS AREA

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Safeguarding Reviews

Are they "Trauma Informed" for those who attend?

- How are the meetings held – remote/ in person?

- How are the cases introduced…Is there an acknowledgement of how sad, upsetting and triggering they can be? (not tick box, need *authenticity*)

- Are attendee's feelings validated and are they encouraged to seek support if they need it?

- Is moral distress acknowledged? …"review fatigue"

What about front-line staff who attend review/ learning events?

- How are they told about the events...email, by phone? Is the process explained to them?

- How are they prepared and supported as above?

Case Discussion/ Safeguarding Reviews

Safeguarding Reviews, supervision; team meetings. Formal/ Informal debriefing - talking about a case in the office; a chat when making a drink…

How much traumatic detail do we need to share?

All the information about a case, including **graphic** details of abuse, neglect and circumstances of death? *Gratuitous/* "*sensationalised*?

What amount of detail does the person or group *need to know* to understand the case and identify learning? Often specific to profession…police - health professional

When staff perceive an organisation to be supportive, their experience of empathic strain and vicarious trauma is lower:
1) *Organisational culture/ shared values* **–** the organisation fully acknowledges, normalises and validates the impact of the work - the employee *trusts* the organisation
2) A *supportive* manager/ supervisor, someone has "your back"
3) *Effective communication* within the organisation/ team…remote working?
4) Openly acknowledges the complexity of the work and the things that cannot be changed, *celebrates what has been or can be changed and promotes and encourages creativity* (not reactivity)
5) *Proactive and realistic support* **–** access to wellbeing resources
 = A positive impact on retention and recruitment

Culture

- *Safeguards* are in place to identify vulnerable workers and the impact of the work (including those who take minutes, do admin etc.)

- *Check ins after reviews* - How do we reach out to others?

- *Self-care is promoted and modelled* - Staff are encouraged to take breaks throughout the day, separate work and home, not expected to be always contactable

- De-stigmatising and *not pathologising* the trauma impact on staff

- Effort and commitment are *praised and acknowledged*

- *Success and positive outcomes are shared* (however small)

- An organisation that is *open to challenge,*

- Challenge "dismissive" staff members but find ways to *support them…*

- Not "one offs" – **become part of custom and practice**

Supervision and management support

- Not just a time to discuss tasks and progress, but also a time to celebrate successes and generate ideas.
- Includes *regular check-ins* with employees as well as formal supervision
- Where the manager knows the signs and symptoms in that person
- Is a chance to talk about situations as they arise and *to assess* how staff may be coping (or not) with the natural stress of the job.
- **Reflective practice**
- Is trauma informed i.e., Staff well-being is a standing agenda item recognising signs of vicarious trauma, compassion fatigue/ empathic strain, moral distress and burnout and developing a plan to support the staff member – *including time off work if needed and referral for support*
- *Recognises that people respond differently* and are impacted by personal trauma, past and current experiences, and levels of "**resilience**" change
- Meaningful Appraisals

Support/ Resources

Wellbeing resources **highly visible to staff and promoted regularly (**Out-source support if a small organisation?)

- *Investment in staff*…away days, time out – "buy in" psychological support
- Regular training to help staff feel more confident and competent in their role. Those new to organisation, joined in lockdown?
- *Training and information* about CF, VT and strategies that help
- Identifying gaps in staff knowledge and addressing them through education and building professional confidence
- *Mentorship* –How do staff learn additional coping strategies from colleagues that address the complexities and emotional effects of their work
- *Peer Support* Group/ Peer Buddy, check-ins
- Social connection, meet-ups, - "cuppa and catch-up" human connection Face to Face meet ups (even just 1/4ly)

Organisational response

- There is no one size fits all

- Review and evaluate what you have in place

- Consult staff, what would help?

- **Start small and build**

What if the organisation is too big?

- Change can happen from the bottom up

- **Begin anyway**, in your office, your team, start informally

- Plant the seeds…small things can really help.

- Get one piece right and build on it…a trauma informed culture for staff

- Speak up, support others to speak up
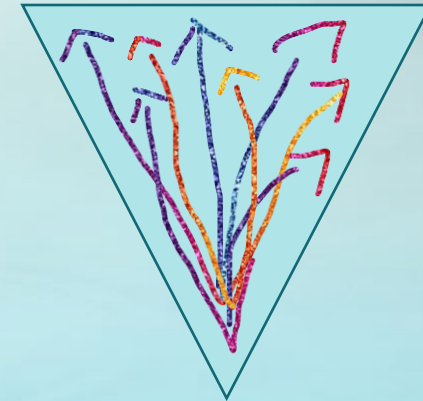
Conclusion - Most effective are:

✓ **Education, self-awareness and self-care:** We need to know how trauma impacts. We need to check in with ourselves & respond with care and self-compassion. *Regular maintenance* personally and professionally.

✓ **Connection with all the things that help us**

✓ **Strong social support** at home and at work, optimise our protective factors

✓ **Reduced exposure to trauma**, (often not possible at work – so how else can we achieve this = "**trauma filter**") focused empathy responses, self-compassion, boundaries and separation of work and home life

✓ **ORGANISATIONAL CULTURE AND SUPPORT FOR THE ROLE**: acknowledging and actively addressing trauma impact - to run through every level of the organisation
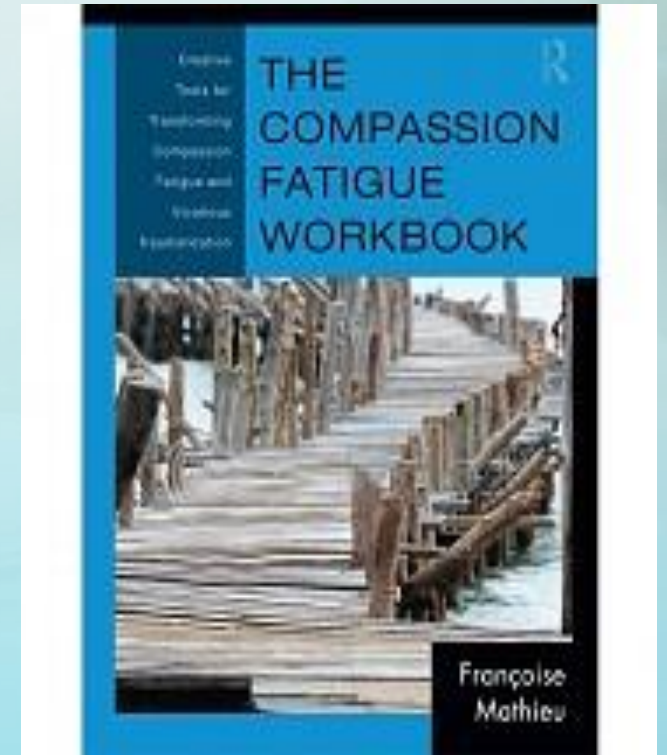
Resources and References, further information

https://www.tendacademy.ca/

https://www.headington-institute.org

https://insighttimer.com/en-gb

https://www.headspace.com/

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Thank you
Any Questions?