Part 4: How do we support teachers and staff working with refugee children and families?

What is vicarious trauma?

Burnout, *compassion fatigue (CF)*, and *vicarious trauma (VT)* are related conditions, which may develop and affect individuals in the helping professions. They can have significant and devastating effects on an individual's personal and professional life. (Trippany, Kress, & Wilcoxon, 2004) Educators and other helping professionals who work in emotionally, socially, and cognitively demanding jobs are susceptible to developing one or more of these conditions. (Simpson & Starkey, 2006) Recognizing the unique aspects of each of these conditions and differentiating between burnout, compassion fatigue, and vicarious trauma will be helpful in preventing the development of these conditions and addressing them when and if they do occur.

Burnout refers to the physical and emotional exhaustion that come from prolonged stress and frustration. (Freudenberger, 1980; Maslach, 2005) When the individual feels that they have too many demands, not enough support, and lack resources, they may begin to feel powerless and overwhelmed. Burnout is not specific to education or the helping professions, it can happen in any field or role.

Burnout is preventable and results from organizational factors such as inadequate support and supervision, lack of communication and positive feedback, as well as unmanageable workloads and inadequate training. (Bell, Kulkarni, & Dalton, 2003; Leiter & Maslach, 2005) The development of burnout is associated to a large degree with the work environment rather than with the presence of a history of trauma on either the part of the student/client or the educator/helping professional. (Hudek, 2007) The effects of burnout can be significant and include emotional exhaustion, depersonalization, and reduced feelings of accomplishment. (Maslach 2003)

Following are links to resources for self-study and training, as well as in-depth information on vicarious trauma and its prevention and treatment:

- The Headington Institute supports humanitarian organizations by promoting the well-being of their staff. They offer online training resources and self-study guides, including one on vicarious trauma. See <www.headington-institute.org/ Default.aspx?tabid=2647>.

- National Clearinghouse on Family Violence (2001). *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* (PDF) can be downloaded from <http://publications.gc.ca/site/eng/327305/public ation.html>.

- The Faculty of Social Work at Columbia University developed an online course called *Helping Students Cope with Trauma and Loss-Online Training for School Personnel*. Part 1 of the course includes information on self-care and vicarious traumatisation. Part 1 is available online for self-study. See <http://ci.columbia.edu/w0521/index.html>.

- Helpguide.org is a not-for profit organization that provides resources to support good mental and emotional health. The web site offers online resources on post-post traumatic stress disorder and trauma. See <http://helpguide.org/topics/ptsd_trauma. htm>.

- Netce.com is the website of CME Resource, an organization that provides curricula that assists healthcare professionals in raising their levels of expertise while fulfilling their continuing education requirements. Free access to this course (Course # 6662) is available on the Vicarious Trauma and Resilience website and may be downloaded as a pdf. See <http://www.netce.com/coursecontent.php?cours eid=1060>.

- The National Institute for Trauma and Loss in Children offers online courses and a variety of resources on various topics related to trauma and loss in children.

- Compassion Fatigue Solutions (<compassionfatigue.ca>) is a Canadian organization offering training and educational resources.

- The Compassion Fatigue Awareness Project© also offers original training materials, workbooks, and texts. See <www.compassionfatigue.org/index.html>.

Vicarious trauma and compassion fatigue are conditions that are associated with the evolving concept in the field of traumatology known as *secondary traumatic stress.* (Figley, 2012) The term compassion fatigue was first used by C. Joinson in her 1992 article on nursing, *Coping with Compassion,* to describe the condition of nurses who were worn down by the daily demands of the hospital and emergencies.

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(Figley, 2012, Coetzee & Klopper, 2010) Most often, this condition is associated with the "cost of caring" (Figley, 1982; Headington Institute) for individuals experiencing emotional pain. Other commonly used terms that describe this or related conditions are *empathic strain*, *secondary victimization* (Figley, 1982), *secondary trauma* (Pross, 2006), *vicarious trauma/traumatisation* (McCann & Pearlman, 1989; Pearlman & Saakvitne, 1995), and *secondary survivor* (Remer & Elliott, 1988a; 1988b).

Vicarious trauma (VT) and *compassion fatigue (CF)* are the result of the negative changes that occur to people in helping professions, usually over time or occasionally as the result of one single, but particularly challenging or extreme case. (Cunningham, 2003; Panos, 2007) They develop because of the caregiver's strong ability to care for and empathize with those that they serve. (Figley, 1995) It is the 'cost of caring', and the result of sustained interaction with victims of trauma and frequent exposure to their traumatic stories, suffering, and pain. (Figley, 1995; Pearlman & Saakvitne, 1995; Stamm, 1999; Stamm, *et al*., 2003; Pross, 2006; Headington Institute)

While some authors use the terms vicarious trauma and compassion fatigue interchangeably, others distinguish between the two (Trippany, Kress, & Wilcoxon, 2004). Compassion fatigue (CF) refers to "a state of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to compassion stress" (Figley, 1995, p. 253) that takes place when helpers are unable to refuel and regenerate (Figley, 1992, 2002c, 2012). Compassion Fatigue is used to describe someone who regularly hears/witnesses very difficult and traumatic stories and loses their ability to feel empathy for their clients, co-workers, family, and partners. (Figley, 1992, 2002c) This is a condition of deep physical and emotional exhaustion that leaves the individual feeling drained and having nothing to give to others. Compassion-fatigued professionals find it difficult to maintain an appropriate balance of objectivity and empathy. Compassion fatigue may be reflected through a variety of behavioural, emotional, relational, physical, and spiritual symptoms. It can sometimes be misdiagnosed as depression; however, it is preventable and treatable through self-care and appropriate supports. (Figley, 2002c)

The term *vicarious traumatisation* was first used by McCann and Pearlman (1989, 1990) to describe the cumulative negative effects that those in helping professions experience over time as a result of their work with traumatized individuals. Vicarious trauma, like compassion fatigue, may develop specifically because of the individual's work with trauma victims/survivors (McCann and Pearlman, 1989). Usually, it is the result of the *cumulative* effect of contact and interaction with survivors of violence, war, and disasters. With repeated exposure to traumatic stories and imagery, helping professionals may begin to incorporate an accumulation of their students'/clients' traumatic material into their own view of self and the world. (Pearlman & Saakvitne, 1995; Stamm, 1999; Stamm, *et al*., 2003; Pross, 2006; Headington Institute) Vicarious trauma thus is used to *describe the "life-changing effect on individuals, ultimately affecting their view of the world and their relationships and connections to families, friends and community."* (National Clearinghouse on Family Violence, 2001, p. 3)

Burnout, compassion fatigue, and vicarious trauma have features that overlap and have an interactional effect (Hudek, 2007; Pearlman and Saakvitne, 1995). Therefore, an individual may experience these conditions sequentially or simultaneously.

Most of the research and literature on compassion fatigue and vicarious trauma to date has focused on the experiences of trauma workers such as first responders (police, firefighters, emergency workers) and anti-violence workers such as social workers, counsellors who work with victims of torture and sexual assault, and therapists (National Clearinghouse on Family Violence, 2001). However, all educators, because of their close interaction and relationships with students and their families, may be exposed to the trauma that their students may have experienced. This is especially true for educators who specifically choose to work with war-affected and other traumatized children. Such educators often experience repeated exposure to traumatic stories in the form of direct disclosure by the student or their family members or indirect disclosure though student writings, classroom discussions, and reactions to events or learning materials.

> *For persons who work with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge <u>it will affect you</u>. If you've been trained in crisis intervention and empathic, active listening skills, this work will affect you. If you really listen to what the client is telling you, this work will affect you. Recognizing that it is "normal" to be affected by this type of work is the most important coping skill that you can give to yourself. You're not alone. It's okay to feel outraged, horrified, shocked, saddened, or vulnerable.*
>
> (Nelson, 2012)

Teachers enter the profession because they enjoy working with children and youth and want to help them grow and develop. As a result, they tend be empathetic, compassionate, and caring people. Teachers, counsellors, and other educational staff who choose to work with survivors of trauma are no exception. However, the very qualities that can make them effective as educators of war-affected learners in combination with the intensity of their work in the classroom and school, and personal factors in their lives can put them at high risk for compassion fatigue and vicarious traumatisation.

How do I know if I am experiencing vicarious trauma?

Vicarious traumatisation should be considered a normal and common aspect of working with individuals and groups of people who have suffered major losses or experienced terrible events (Trippany, Kress, and Wilcoxon, 2004).

The personal characteristics of educators, their life experiences, the social context, and organizational factors can influence whether or not educators will experience vicarious trauma. Some of the factors that influence the development of vicarious trauma include the following (Headington Institute, <http://headington-institute.org/Default.aspx?tabid=2650>; Bloom, 2003):

- educators/caregivers with a personal history of trauma experiences
- the degree of emotional connectivity to the student(s) or victim(s) of trauma
- overextending oneself over and above the normal role or service expectations of their profession by overworking, ignoring healthy boundaries, or taking on too many trauma survivors
- limited training or experience with trauma and supporting victims of trauma
- the ability to nurture oneself through self-care, rest, and play

- the ability to engage in a supportive community and the access to such a community
- dealing with a high percentage of traumatized children, particularly sexually abused children
- experiencing too many negative outcomes
- problematic or severe reactions by the affected students and community
- organizations that don't recognize the severity and pervasiveness of traumatic experience in the population they are serving and that fail to provide social support for educators/caregivers

Symptoms or Signs of Vicarious Trauma

Vicarious traumatisation can be conceptualized as a form of infectious trauma or emotional infection (Pearlman & Maclan, 1995; Pearlman & Saakvitne, 1995; Pross, 2006). From this perspective, the student's/client's horrific stories, memories, nightmares, fears, despair, and distrust, infect the teacher or helping professional who, in turn, develops similar symptoms. Some of the common symptoms or signs of vicarious traumatisation, include the following (Pearlman and Saakvitne, 1995; Pross, 2006; Trippany, Kress, and Wilcoxon, 2004; Headington Institute, <http://headington-institute.org/Default.aspx?tabid=2650>)

- symptoms of post-traumatic stress disorder—nightmares, sleeplessness, intrusions, avoidance behaviour, irritability - denial of client's trauma - over-identification with client - no time and energy for oneself - feelings of great vulnerability - problems managing the boundaries between oneself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives) - problems in relationships, disconnection from loved ones, and social withdrawal - generalized despair and hopelessness	- loss of feeling of security - increased sensitivity to violence - cynicism - loss of meaning and hope, loss of confidence that good is still possible in the world - feeling disillusioned by humanity - disrupted frame of reference - changes in identity, world view, spirituality - diminished self-capacities - impaired ego resources - alterations in sensory experiences (intrusive imagery, dissociation, depersonalization) - physical problems such as aches and pains, illnesses, and accidents

Assessing Vicarious Traumatic Stress Reactions

Self-awareness is the starting point for preventing and addressing vicarious trauma. Assessment of one's own condition is a part of this process. There are a few resources that educators and other helping professionals may utilize for self-assessment of vicarious traumatisation. These are the Professional Quality of Life (ProQOL) Scale-R-IV (Stamm, 2009), the Secondary Trauma Scale (Motta, Kefer, Hertz, and Hafeez, 1999), and the Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis, and Figley, 2004).

Of these three resources, the ProQOL is one of the commonly used measures. It provides an assessment of both the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout, and compassion fatigue. The measure has been in use since 1995. The ProQOL 5 is the current version. Information and access to the ProQOL is available from <http://proqol.org/ProQol_Test.html>.

Self-Care for Educators

The National Child Traumatic Stress Network provides six tips for educators to help them identify vicarious trauma in themselves and be in a better position to seek help. The tips and their descriptions can be found on the National Child Traumatic Stress Network; however, the six tips are listed below for your convenience. Please refer to <www.nctsn.org/products/self-care-educators-dealing-secondary-traumatic-stress> for a detailed description of each item.

1. **Be aware of the signs of vicarious trauma.**

2. **Don't deal with it alone.**

3. **Recognize vicarious trauma as an occupational hazard.**

4. **Seek help with your own traumas.**

5. **If you see signs of vicarious trauma in yourself, talk to a professional.**

6. **Attend to self-care.**

What can I do to prevent burnout and vicarious trauma?

What can our school do to prevent vicarious trauma or help people cope with it?

The organization plays a large role in the prevention and management of vicarious trauma. It is critically important that the school be trauma-informed and supportive of school staff, especially those working with war-affected learners and other trauma survivors.

Schools can implement a number of strategies that will prevent or minimize the incidence of vicarious trauma and that will help address it when it affects school staff. A summary of the principal organizational strategies that have been suggested in the literature for both prevention and intervention follow (National Child Traumatic Stress Network, 2008; Hamilton, 2007; Mathieu, 2007a, 2007b; Trippany, Kress, and Wilcoxon, 2004; Bell, Kulkarn, and Dalton, 2003; National Clearinghouse on Family Violence, 2001):

1. An organizational or school culture that 'normalizes' the effects of working with trauma survivors can provide a supportive environment for educators, social workers, and other personnel to address those effects in their own work and lives.

2. The organization or school provides a safe and supportive working environment.

3. Trauma-specific education that addresses the impact of the refugee experience and other forms of trauma on student well-being and learning is an important aspect of preventing vicarious trauma. Teachers and all school staff will benefit from this type of training, as it will assist in providing a context for situations that may arise in the classroom or school. The provision of training for school administrators and staff with respect to vicarious trauma is an important aspect of trauma-specific training.

4. Measures are implemented to recognize and acknowledge the potential for vicarious trauma and to learn to identify early warning signs of vicarious trauma among self and colleagues.

5. Social support is offered within the organization or school for those coping with vicarious trauma. Opportunities for group debriefings and for staff to meet and discuss stressful situations on a regular basis are essential. This process is supportive of staff and it provides an opportunity to learn more about "what works". Reinforcement and an opportunity to discuss and share useful strategies are important in maintaining levels of confidence and skill. Support groups are an effective tool for educators and others who are exposed on a continuous basis to survivors of trauma.

6. School protocols are developed in advance for dealing with traumatic events or emergencies that may occur in the school. These need to include opportunities for debriefing. There are many models, both formal and informal, used to debrief responders and others. Critical Incident Stress Debriefing developed by Jeffery Mitchell is one of the frequently used crisis debriefing models for caregivers.

7. The presence of effective and positive supervision of teachers and other staff, within the organization or school, creates a relationship in which individuals feel safe and can express fears, concerns, and challenges. In addition to providing emotional support, school administrators can also teach staff about vicarious trauma in ways that are supportive, respectful, and sensitive to its effects.

8. Clear delineation of roles, responsibilities, and boundaries within the school structure are important. Knowing when to refer a problem to someone else is critical and requires anticipation of distressing situations that are likely to arise.

9. Support for self-care, therapy (if required), and provision of structured stress management and physical activities are offered on site by the organization or school.

The resource *Mental Health and the ESL Classroom: A Guide for Teachers Working with* Refugees (2000) produced by the International Institute of Boston and Immigration and Refugee Services of America is intended for teachers of adult learners. However, it has some very useful advice that is applicable to K to 12 settings.