



Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma

National Center for Fatality
Review and Prevention



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Dear FIMR and CDR Colleagues:

The work we all do in fatal, infant and child death review is very stressful. We review difficult situations, and in each instance a child has died. Each of us will respond differently, of course, to this repeated exposure to the children's trauma, but it is inevitable that as a result of this exposure, some among us will have physical, psychological, and/or professional symptoms as a result, a condition known as "vicarious trauma."

This Guidance was developed by a work group of Child Death Review state coordinators.¹ Its goal is to develop a tool kit for FIMR/CDR team members and staff about vicarious trauma, prevention strategies, and treatment strategies. The work group developed the attached Guidance for Child Death Review Teams on Addressing Vicarious Trauma. Also attached are other materials the work group believes could be helpful to your team, including PowerPoint presentations that your teams could use as they are or adapt to your state.

We urge all child death review team members and staff to discuss vicarious trauma in team meetings, using the materials and suggestions we've provided and/or materials and resources you have. Many people have not heard of vicarious trauma and may be relieved to know that the feelings they have are not a sign of weakness but in fact typical for a person repeatedly exposed to stories of trauma.

The work group members and the National Center staff stand ready to answer any questions you have and to provide technical assistance as you address this topic with your teams. And don't forget: staff has the same risk as team members.

Sincerely,

The NCFRP Work Group on Vicarious Trauma

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INTRODUCTION

All partners engaged in the FIMR or CDR process, either individually or on a team, can be adversely affected by the repeated exposure to traumatic information, a condition referred to in this document as “vicarious trauma” (VT). The goal of this guidance is to serve as a resource on VT that can be utilized by fatality review leadership, staff and team members to address the vicarious trauma that can result from exposure to child deaths.

What is vicarious trauma?

“Vicarious trauma” is defined as experiencing or feeling something by hearing the details of someone else’s trauma, as opposed to experiencing it firsthand. Vicarious trauma (VT) occurs because of elevated levels of exhaustion from the cumulative, repeated, pervasive, long-term stress of exposure to others’ traumatic experiences. Thus, VT is a type of empathetic engagement that can be an occupational concern of serving on a FIMR or CDR team.

There are several terms often used interchangeably with VT, (secondary trauma, compassion fatigue, burnout), and definitions of these conditions vary in the literature. This document will refer to and discuss VT using the definition above, but we are cognizant that other terms are sometimes used for the trauma we are describing.

What are the signs and symptoms of vicarious trauma?

Signs and symptoms of vicarious trauma may occur in a number of ways, including (but not limited to): physical and psychosocial. The chart below lists signs and symptoms to watch for in your FIMR or CDR program. Recognizing these manifestations is crucial so the person can be supported and helped, not only for the individual’s sake but because VT can affect the rest of the team and the individual’s family, friends and co-workers (and if you doubt that, just ask them).

The following are examples only of signs and symptoms of VT. VT can present in different ways for different people based on a number of factors (see Risk Factors section, below). This list is NOT exhaustive.

Physical	Psychosocial
Fatigue	Irritable, intolerant, agitated, impatient, impulsive
Increased startle reflex	Unable to hear one more sad story
Psychosomatic complaints (physical complaint caused or aggravated by stress/vicarious trauma)	Unrealistic expectations of self, friends, family and coworkers
Inability to sleep	Taking work home, feeling overburdened, not fulfilling obligations and commitments
Dependency on drugs, alcohol, food, etc.	Depression, anxiety, inability to concentrate, overthinking or obsessing, compulsively replaying the event in the mind
Illness	Increased turmoil in relationships/intimacy, parental overprotectiveness
	Erosion of trust, control, and esteem, blaming
	Feeling out of control over life and situations
	Anger, leading to unprofessional conduct and communication
	Lack of connection with a source of meaning, purpose and/or hope, and lack of faith in humanity
	Cynicism and loss of idealism in the work, apathy, hopelessness
	Reduced productivity

VT and Fatality Review

Vicarious trauma is usually the cumulative result of repeated exposure to traumatized people or, in the case of FIMR and CDR, the trauma of repeated reviews of deaths. Professionals join a CDR and/or FIMR team with high expectations and lofty goals. Who would not want to work to reduce fetal, infant, and pediatric deaths? But empathetically reviewing stories of profound loss and trauma and sometimes hearing stories of the worst of humankind will inevitably take its toll.

Risk Factors for VT

Not everyone responds to repeated exposure to stories of trauma in the same way. The risk of suffering vicarious trauma is variable and fluctuates across time and among individuals, depending on factors such as:

- Resiliency or healthy coping mechanisms
- Life circumstances, both past and present events
- Available social support
- Over-empathizing
- Support of family, friends, agency and co-workers
- Support of supervisory staff and co-workers
- Personal history

Another factor is that manifestations of vicarious trauma may be more extreme or of longer duration if the individual with VT has also been a victim of abuse or has experienced their own trauma and/or identifies personally with the trauma being reviewed. For example, a person who has experienced a house fire may experience difficulty reviewing fire deaths.

TAKING STEPS TO MITIGATE IMPACT OF VICARIOUS TRAUMA

Positive ways to respond to VT:

Across the country, some FIMR/CDR leadership, teams and staff have addressed the traumatic nature of their work in CDR or FIMR and have developed strategies to “take care of themselves.”

There is no right or wrong thing to do. The following are strategies teams have implemented and additional suggestions.

What FIMR/CDR teams and their members can do:

- ✓ Increase knowledge about VT; identify and understand your and others’ reactions and that abnormal situations can illicit abnormal reactions
- ✓ Accept and acknowledge that all team members face stress from review of child deaths
- ✓ Talk with team members, share resources and strategies, and look to them for support; ensure the review discussion acknowledges the struggles, allows sharing, and allows others to learn from the sharing
- ✓ Maintain collegiality and avoid isolation
- ✓ Include a team member who is skilled in addressing VT
- ✓ Leave time at the end of each meeting to check in with the members about what they are feeling
- ✓ Schedule formal presentations about vicarious trauma to teams at state or local training
- ✓ As a team, view the PowerPoint presentations included in the Tool Kit

What the FIMR/CDR coordinator can do:

- ✓ Ensure team members feel valued, respected, competent, connected and able to openly share in a safe, nonjudgmental environment
- ✓ Distribute information on VT and resources
- ✓ Include an action item on each meeting agenda for responding to the stress of the reviews
- ✓ Make a list available to team members of counselors, psychiatrists, psychologists, and/or social workers who have experience with VT
- ✓ Invite individuals with expertise in VT and its effects to visit, speak with your team, and/or facilitate a workshop or dialogue about VT
- ✓ Try social activities or events to connect team members
- ✓ Maintain contact with local FIMR/CDR teams, staff and coordinators
- ✓ Check in regularly with FIMR/CDR staff and team members to see how they're doing
- ✓ Stay alert for subtle changes (stress, overload, apathy) in the team or its members because they may be early warning signs
- ✓ Invite and listen to feedback, concerns and frustrations
- ✓ Stay positive, human, and approachable
- ✓ Lead in demonstrating balance and vicarious resilience
- ✓ Work with local team leadership or state leadership to develop a train the trainer model, so others besides state FIMR/CDR staff have the knowledge/skills to address VT with FIMR/CDR teams/staff.

How the agency in which the fatality review team is placed can support the FIMR/CDR programs

The agency can work with you and your program to encourage you to think about VT. It can encourage discussions about the following topics related to the workplace and VT.

- ✓ How you think your work impacts the occurrence of VT?
- ✓ Why do you do this work? Highlight differences between starting out and now and rediscover your original motivation.
- ✓ You can choose a different path.
- ✓ Search for new inspiration by recognizing the positives (no matter how small because they add up).
- ✓ How do you measure success?
- ✓ Focus on giving your best all the time and not just outcomes.
- ✓ Identify what you can control, which includes: your attitude and expenditures of time, talents, knowledge and resources.
- ✓ What are your personal costs and rewards?
- ✓ Even with problems, can you recognize and focus on seeing determination, ingenuity, compassion, faith, resilience, heroism, compassion and the good in humanity?

What you can do for yourself:

The goal is having a portfolio of strategies you can pull out at different times depending on the circumstances. For example, if your favorite response is running but it's not practical to run during your work day, have other options, as simple as a stroll outside the building or listening to your favorite song – whatever interrupts the pattern of what you are feeling. And not every activity will work every time, which is another reason to keep several options on your mind. Taking care of yourself doesn't always require a day at the beach or spa – it can be any pattern interruption. In other words, these activities don't have to be elaborate, time-intensive or cost money. When the team meets, keep to boundaries you set for yourself and others. Other suggestions for managing VT include:

- ✓ Develop a plan to interrupt the pattern of VT feelings
- ✓ Identify triggers that cause VT for you and know your level of tolerance
- ✓ Work with a therapist
- ✓ Engage in self-care with respect to diet, sleep and exercise
- ✓ Seek emotional support from friends; spend time with people that you don't have to help, take care of or save
- ✓ Learn how to nurture yourself to regain your sense of balance: expand your horizons, take a workshop, learn a language, take on a do-it-yourself project; engage in recreational activities like listening to music, reading, spending time in nature
- ✓ Keep a journal, writing your feelings and your efforts to deal with them
- ✓ Join clubs, professional bodies, or faith groups

Specific suggestions for before, during and after the review, include:

- ✓ Immediately prior to a review:
 - o Develop a pre-review routine, such as exercise or positive affirmation.
 - o Say to yourself, “I have empathy and compassion for the pain of others but today I am going to just understand and not feel the pain.”
- ✓ During the review:
 - o Use strategies to disrupt visual experiences such as photos. For example, research has demonstrated that partially covering your eyes or even one eye when viewing something stressful can reduce the impact of visual stimuli.
- ✓ After the review:
 - o Do something after viewing or reading traumatizing information that can disrupt memory formation. For example, playing video games (i.e., Tetris) soon after viewing traumatic material has been shown in one study to reduce the number of flashbacks to material.¹
 - o Plan “off task” time following the meeting. Return to the office to work on something that brings a sense of fulfillment and happiness.

¹ University of Oxford (2009). Computer game ‘Tetris’ may help reduce flashbacks to traumatic events. Science Daily. Retrieved from www.sciencedaily.com/releases/2009/01/090108151700.htm

Negative ways to respond to VT:

Sometimes the response to VT can be denying anything is wrong; shutting down emotions as a form of self-protection; blaming others for VT; withdrawing from other team members; turning to unhealthy outlets such as drugs, alcohol, food, gambling, etc.; repeated absences from meetings without notification. These responses are not healthy and do not resolve the symptoms.

What a state FIMR or CDR coordinator can do if a team resists discussion or activities concerning VT, or thinks it doesn't need them:

- ✓ Bring someone well trained in VT to the team to facilitate a conversation
- ✓ Involve and talk with leadership/chair of team, perhaps in a conversation with an expert, to discuss movement toward full discussion with the team
- ✓ Goal of our work is to keep you out of the red zone, but not the role of state coordinator
- ✓ Team coordinator can learn what each team's agency offers, e.g., chaplain, grief and bereavement counseling, critical incident stress debriefing, etc.; be knowledgeable about available services in order to have a professional response to VT
- ✓ Embed discussion of VT into orientation/training of new team members

Conclusion

VT is a common professional experience. More likely than not, you will experience VT, but it doesn't have to overwhelm you and take over your life! Addressing it as a team, supporting team members in their stress and trauma, and taking steps to reduce VT will result in healthier, more productive teams and members.

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