

# Recognizing and Responding to Vicarious Trauma in Fatality Review

December 14, 2016



# About the National Center

The National Center for Fatality Review and Prevention is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.

It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).



Center aligns with MCHB priorities and performance and outcome measures such as:

- Healthy pregnancy
- Child and infant mortality
- Injury prevention
- Safe sleep

## HRSA's overall vision for the Center

- Through delivery of data, training, and technical support, the Center will assist state and community programs in:
  - Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  - improving the quality and effectiveness of CDR/FIMR processes
  - increasing the availability and use of data to inform prevention efforts and for national dissemination

Ultimate goal: improving systems of care and outcomes for mothers, infants, children, and families



# Housekeeping

- **Webinar is being recorded and will be available with slides in a few days on our website: [www.ncfrp.org](http://www.ncfrp.org). We'll notify participants when it's posted**
- All participants will be muted in listen only mode
- Questions can be typed into the Chat Window. Due to the large number of participants, we may not be able to get to all questions in the time allotted. The Center will answer all questions and post the answers on the NCFRP web site:

<https://www.ncfrp.org/>

# Work group on Vicarious Trauma

## Work group members

### Child Death Review State Coordinators

- Pamela Tabor, Arkansas, Chair     Anne Pedrick, Delaware
- Paula Bauch, New Mexico     Debora Barnes-Josiah, Nebraska
- Lisa Hartmann, New Jersey     Shannon Rupp, Arizona
- Vick Zittle, Pennsylvania     Melissa Faul, Nevada
- Marc Clement, New Hampshire     Lisa McCarthy, Massachusetts

### National Center Staff

- Linda Potter, National Center
- Abby Collier, National Center (Wisconsin CDR/FIMR Coordinator at time of work group activities)



# Products

- Guidance for CDR and FIMR Teams on Addressing Vicarious Trauma
- Toolkit
- Webinar

# Webinar Goals

Participants will:

- Understand what Vicarious Trauma (VT) is and what causes it
- Understand the importance of knowing about it and addressing it
- Learn suggestions for actions to take to respond to VT
- Learn tips for addressing VT if a team is resistant to addressing it
- Learn what one state fatality review program has done to address VT on local teams





# Speaker Panel

Tammy H. Scheidegger, PhD, LPC, NCC  
Associate Professor, Mount Mary University



Bethany Miller, M.Ed., MSW  
Health Resources and Services Administration



Anne Pedrick, MS, Delaware  
Child Death Review Commission



Vick Zittle, Pennsylvania Child  
Death Review Program Coordinator



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National Center for Fatality Review and Prevention

December 7, 2016

# Recognizing and Responding to Vicarious Trauma

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National Center for Fatality Review and Prevention

December 7, 2016

# Recognizing and Responding to Vicarious Trauma

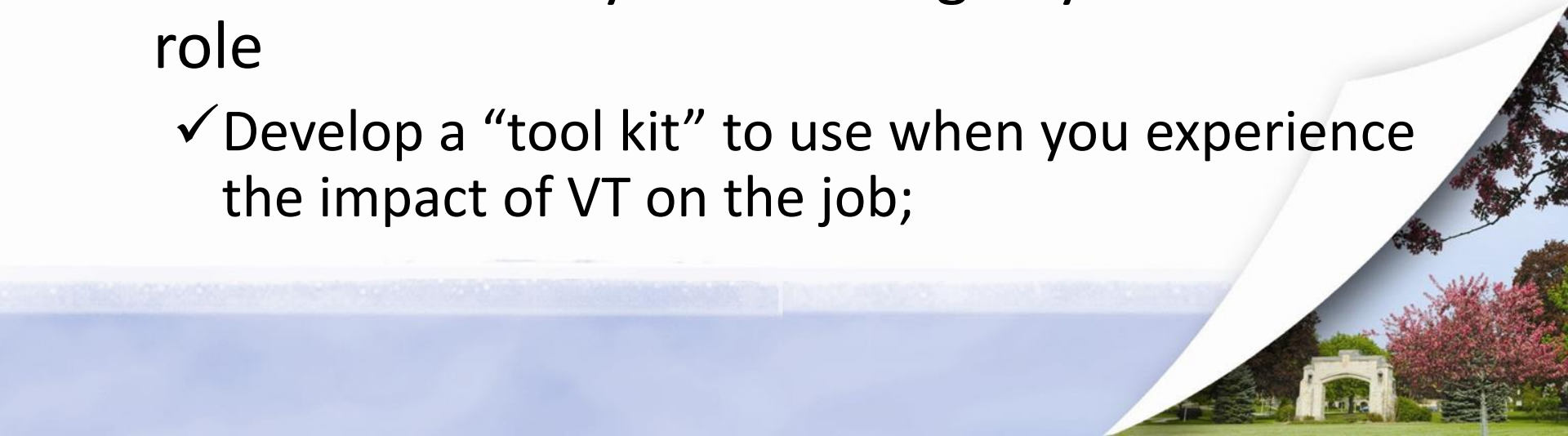
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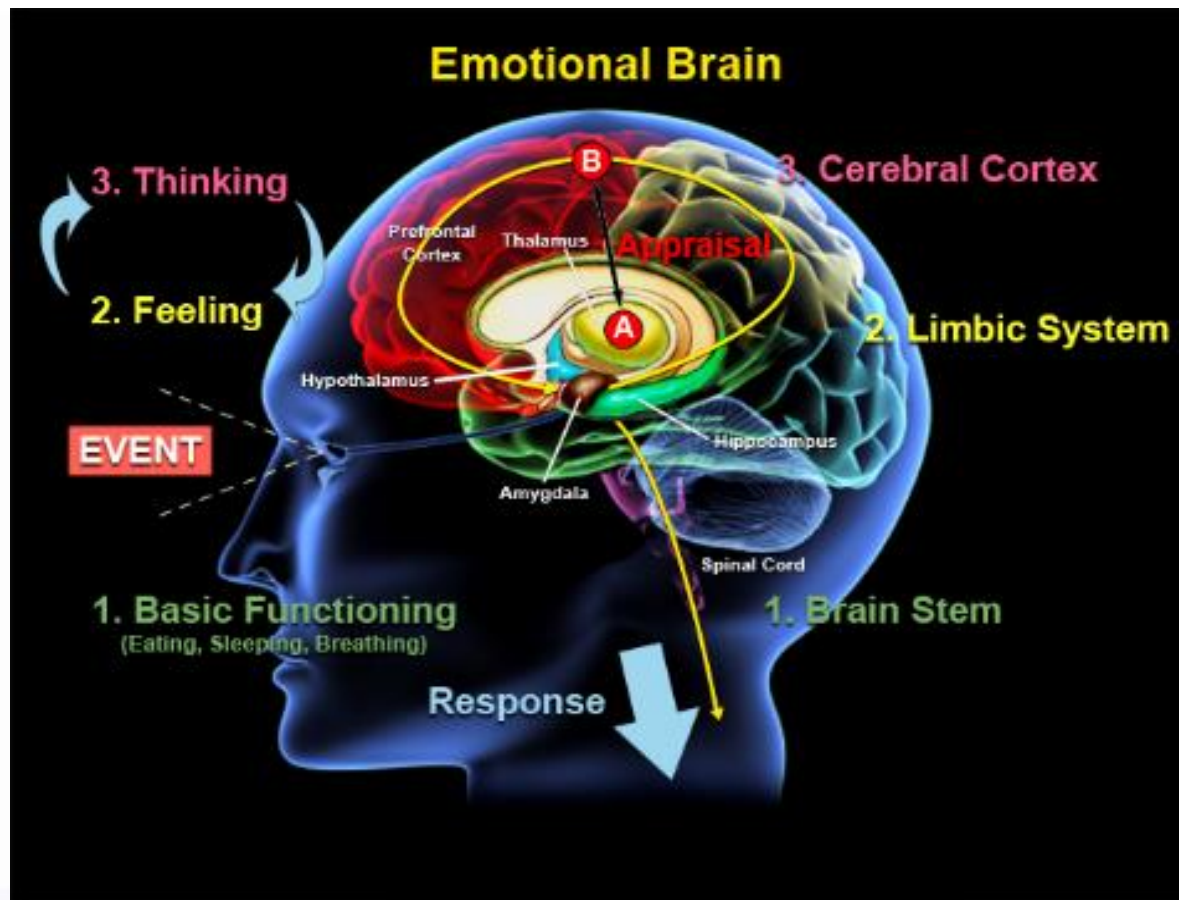


# Learning Objectives

- ✓ Recognize, normalize & understand the impact of Vicarious Trauma (VT) aka: Secondary Traumatic Stress (STS) or Compassion Fatigue (CF)
- ✓ Develop protective factors that can help you maintain healthy functioning in your current role
  - ✓ Develop a “tool kit” to use when you experience the impact of VT on the job;



# The Neurobiology of Stress



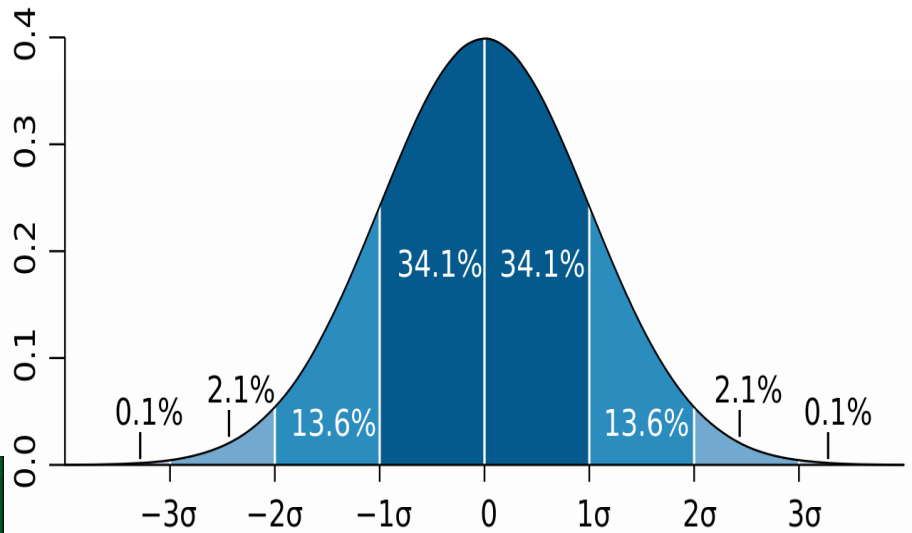
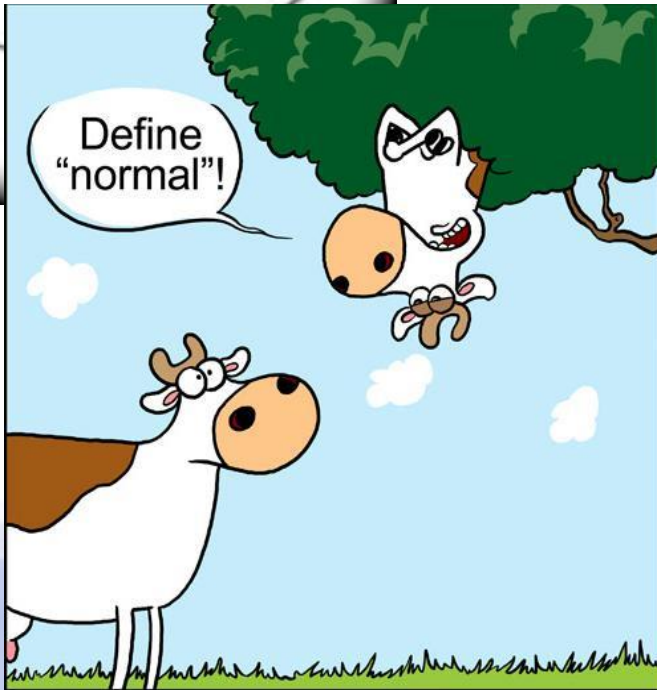
# Lessons Learned

- Known pathways drive our reactions
- Our brain functions in a manner that is meant to help us survive – prioritizes habits (primitive responses - subcortical)
- Resiliency skills can be enhanced by subcortical habits
  - Self-regulation
  - Protection against emotional injury





# Is VT “Normal”?



# What makes “YOU” vulnerable?

- Characteristics of those you serve
- Characteristics of your job/role
- Characteristics of YOU





# Toolkit

- Assessment (Handouts)
  - PROQOL (individual)
    - Organizational Self-care assessment (e-mail if you'd like this assessment tool)
- Coping Skills (see p. 5 of your *"Guidance for CDR & FIMR teams on addressing vicarious trauma"*)
  - De-stress
  - Mindfulness
  - Breathing
- Habits
  - Individual
    - Pre-work routines & post-work routines
  - Group
    - What sets your work group apart from others?



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# Protective Measures

- Individual Level (Balance & Boundaries)
  - Self-observations
  - Emotional self-care
  - Cognitive practices





Helpful  
Tips

# **TIPS FOR DECREASING THE NEGATIVE IMPACT OF REVIEW OF TRAUMA MATERIAL**



There is some **RESEARCH** that may help you in the work you do (*Really*)!

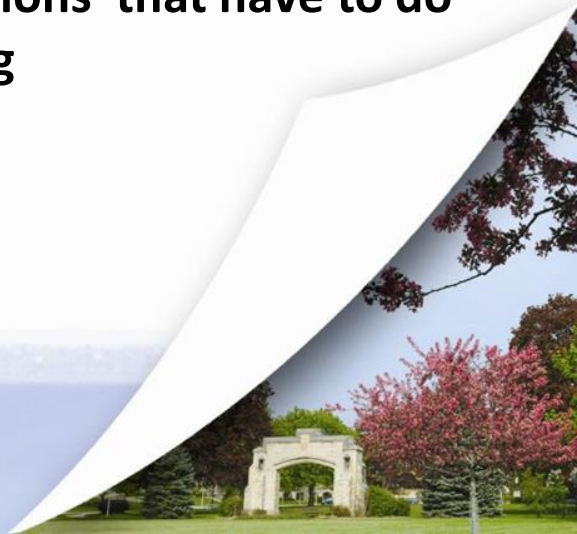
THREE KEY RESILIENCY & PROTECTIVE FACTORS  
(Saakvitne & Pearlman, 1996)

- BALANCE
- BOUNDARIES
- CONNECTIONS



# **Balance**

- Mindfulness (Siegel, 2007)
- Develop ways to create non-reactivity
- How?
  - **Develop your “brain muscles” (higher modulating areas) so that the lower level, reptilian brain (the affect generating circuits) don’t go off-line in times of stress.**
  - **Develop the ability to “think” during interactions that have to do with the cases/decisions your team is making**
  - **Breathe awareness will help you**



# Boundaries

- Have good collegial relationships that can help both BUFFER and IDENTIFY compassion fatigue



# Connections

- Have a consultation group or debriefing group
- Offer on-going trauma training & staff support



# Pre-review

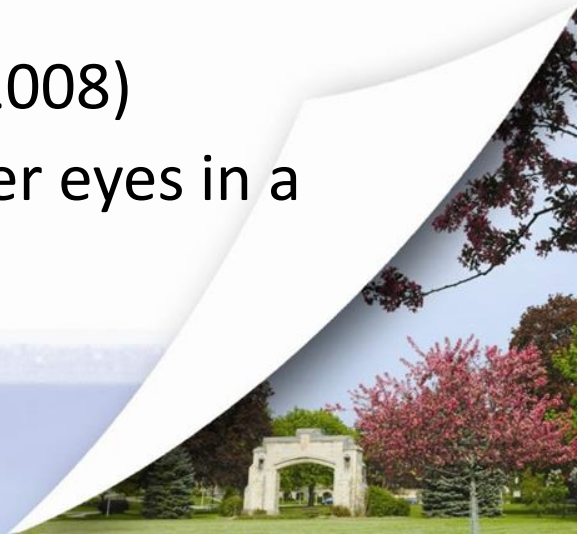
- Develop a pre-contact routine – prayer can be helpful for some people
- Use the power of suggestion – just being instructed to forget the material, prior to viewing, has a benefit (Fawcett & Taylor, 2008).
- Mantra: Say, “I have empathy & compassion for the pain of others but *today I am going to just understand & not feel their pain*” (Anechiarico, n.d.)





# During the review

- Being Present
  - The role of ESQUISITE empathy
  - Applying the Polyvagal Theory (Porges, 2011)
    - Body posture
    - Facial expressions & other non-verbals
- Strategies to interrupt the process of remembering visual experiences
  - Using distracter images (Olson et al., 2008)
  - Distorting the image (think: hands over eyes in a scary movie)



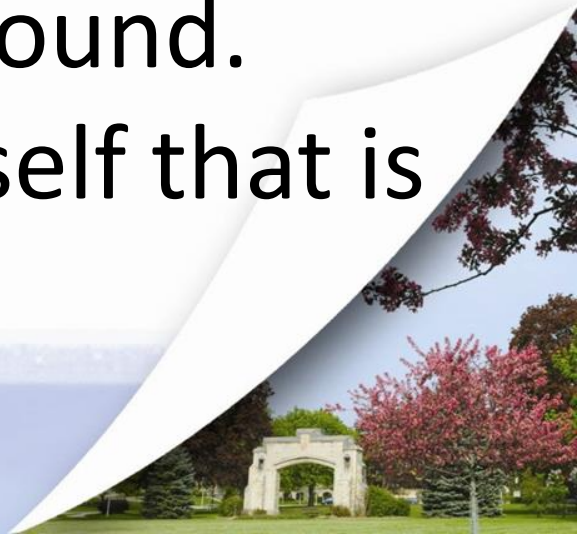
# Post-review

- Do something after viewing or reading traumatizing information that can disrupt memory formation
- Planned off-task activities implied by research finding
- Playing video games (i.e. Tetris) soon after viewing traumatic material, reduced the # of flashbacks to that material, 1 week later (University of Oxford, 2009).



# Self-Care

- Get back to the basics: Good self-care involves getting enough sleep, eating and exercising, participating in non-work related activities with people you enjoy being around. What can you do for yourself that is “self-soothing”?



# **Healthy Mind Platter**

(Rock, Siegel, Poelmans, & Payne, 2012)



## **SLEEP TIME**

Most people should get 7-9 hours per night. If you are trying to learn new things, sleep is critical to memory consolidation necessary in this process. If you are sleep deprived, you will have increased irritability and lower immune functioning.

## **PHYSICAL TIME**

Moving your body impacts more than your body weight – movement targets parts of your brain that are implicated in emotional regulation and cognitive functioning. Aerobic exercise is particularly important so don't fear sweat!

## **FOCUS TIME**

An activity that requires you to block out interferences and exert self-control. This helps in the development of a sense of mastery and completion.

## **TIME-IN**

Tuning in to the here-and-now by utilizing mindfulness strategies. Regular use of mindful practices strengthens the ability to pay attention and regulate emotions.

## **DOWN TIME**

Intentionally having no intention – the exact opposite of focus time. This activity can increase insight & improve decision making.

## **PLAY TIME**

Experiencing something new/novel – spontaneous, unstructured playfulness. Helps to build new neuronal pathways.

## **CONNECTING TIME**

Being known & experienced by another person – in a safe manner. This improves both physical & mental health.

# Great Teams

- Trust one another
- Engage in unfiltered conflict around ideas
- Commit to decisions and plans of action
- Hold one another accountable
- Focus on achievement of collective results

(Lencioni, 2002)



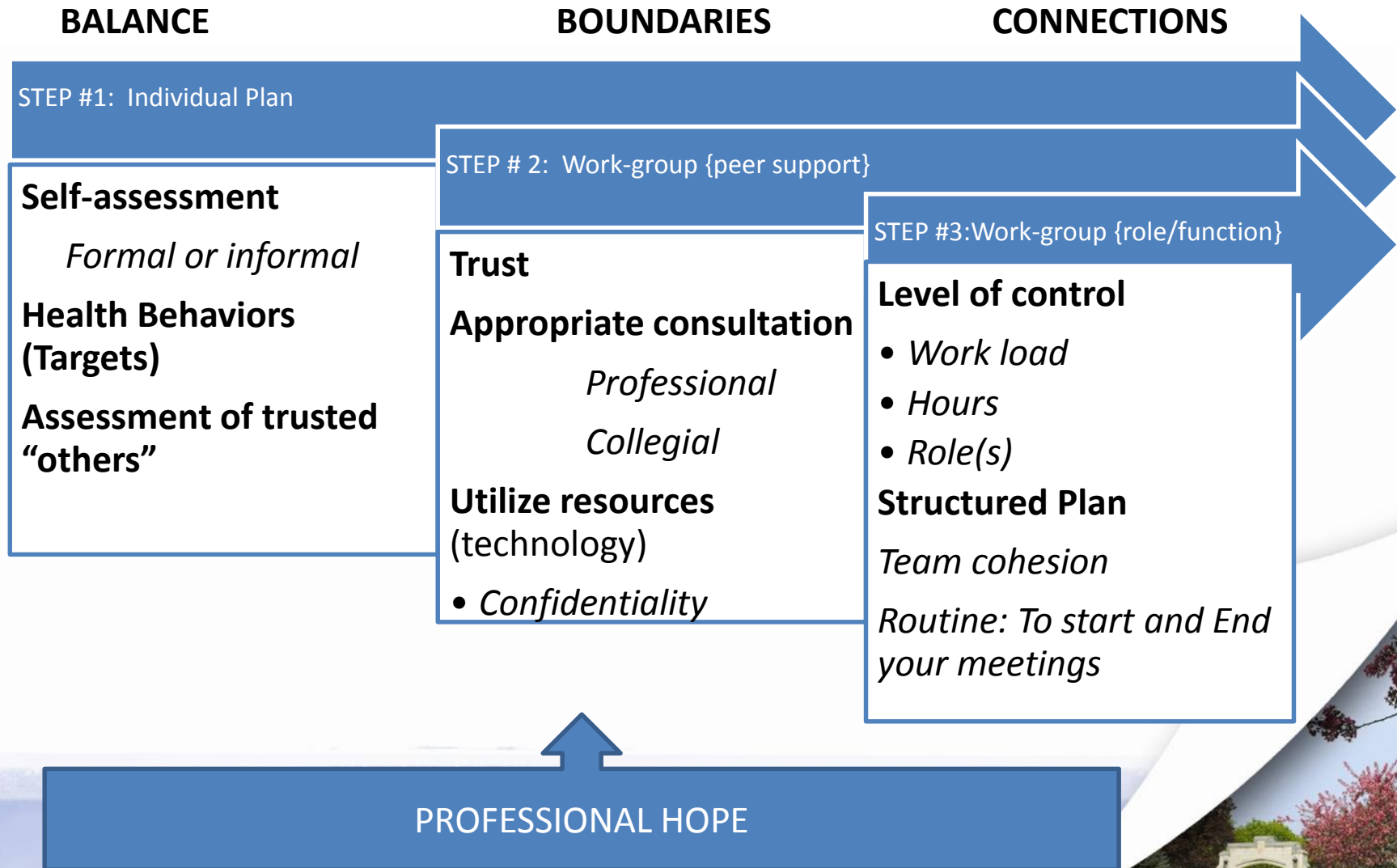
# Tips for creating healthy teams

- Recognize you are all in it together
  - Embrace diversity
  - Celebrate what has been good in the past
  - Develop new criteria for success
  - Empower yourself and others
  - Work in our sphere of influence
  - Share freely
  - Support play, creativity, and informality
  - Ask for authority to solve problems
  - Recognize and develop a vision
  - Practice ethics
- The National Center for Family Homelessness (2014)



# Developing a Plan

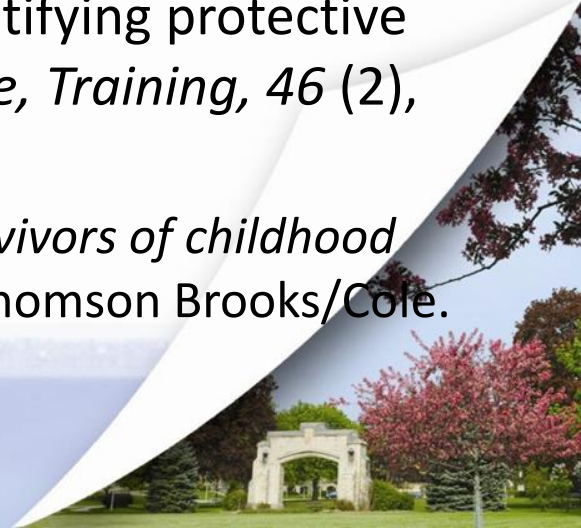
(adapted from Stamm, H. 1999-2002)





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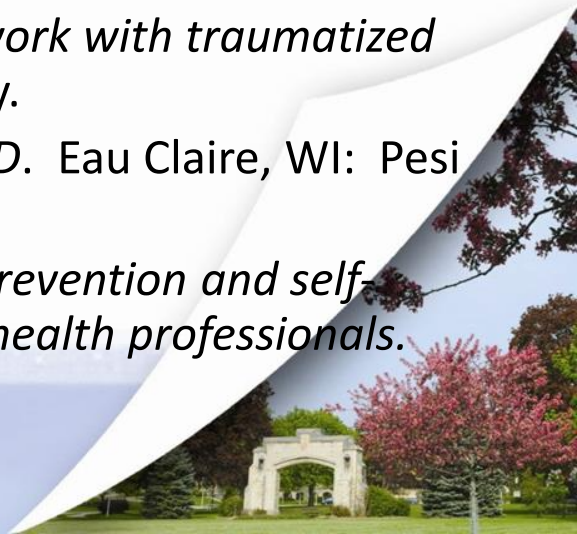
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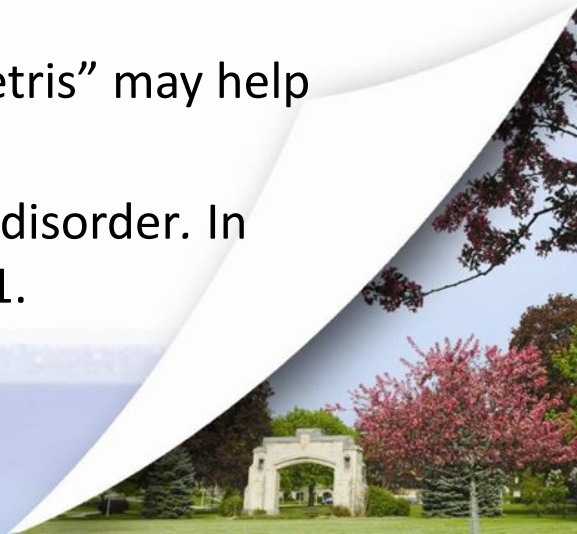
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# Ask the question?

Then listen



# What did you hear?

- Frustration
- Lack of Member Participation
- Lack of TEAM Discussion
- Tension among members
- Exhaustion
- ....
- Feeling that the TEAM is not functioning

# Make a Plan

- Set-up time to visit with TEAM leadership or Core Members. Face-to-Face
- Assess
  - Team membership
  - Review Data
  - Prevention Activities
  - Address the Conflicts
  - How to bring life back into the TEAM MEMBERS
  - Make a Plan with Team Leadership and Core Members on Next Step: Team Development, Prevention Focus, Member Recruitment.



# Solutions

- Work with Team and Team Leadership
  - Share the overview of CDR
  - Share how important each Member and Team is to the big picture.
  - Celebrate Teams' Accomplishments
  - Engage Team Members to see how they see things moving forward
  - Make a plan with the Team Leadership and Members on moving forward.

# Proving the point

- I am officially going CDR nuts!!! Feeling VERY re-inspired to get our group up and rolling. 2 major wins for today was securing a community RN and a state trooper to our group. YAY! ☺

# QUESTIONS



# Save the Date!

January 11, 2017, 2 p.m. – 3:00 p.m. Eastern

## Building Effective Partnerships for Fatality Review

### Speaker:

Carolyn Cumpsty Fowler, PhD

Assistant Professor and Evaluation Coordinator

Johns Hopkins School of Nursing

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*Thank you!*

Additional questions can be directed to  
[info@ncfrp.org](mailto:info@ncfrp.org)

