Lee- Anne Brook
Andy Malone

Sandyford Sexual Health Services
NHS Greater Glasgow & Clyde

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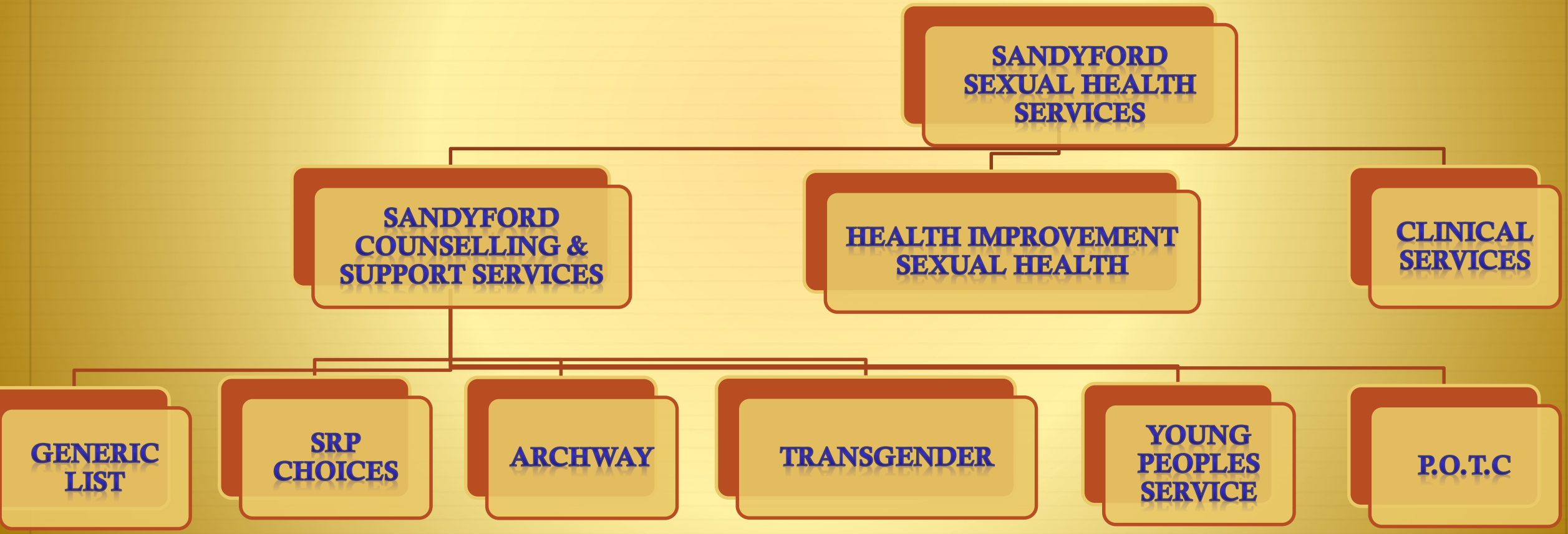


Sandyford Counselling & Support Services (SCASS) Criteria

Individuals who have experienced rape or sexual assault

Individuals who have experienced sexual trauma or sexual abuse. Including CSA which is having an impact on their current sexual / emotional functioning.

Individuals who have sexual health problems which is having an impact on their current sexual health functioning

Individuals who are questioning and / or have issues around their gender identity

Women who have had a termination of pregnancy

Gay, bisexual and all men who have sex with men who have concerns about balancing risks & sexual relationships

Young people under the age of 17 who would benefit from counselling support around any of the above issues

Case Study – ‘Jim’

- A client presenting with a number of traumatic childhood experiences.
- As a young child his father had an accident and his mother became preoccupied with caring for him.
- Jim then aged 3 injured himself severely and required several operations. 'I must be brave' ' brave people don’t cry‘. Wouldn’t admit to hospital staff parents that he was in pain and was therefore not given sufficient pain relief.
- Then aged 6 being raped by a group of older children, led into the situation by another child within the family.

Case Study ‘Jim’

- Nature of Imaginal Exposure therapy, involved hearing the detail of the sexual trauma repeatedly.
- Some of the work involved connecting the client to the their vulnerable child self - letter writing and looking at photos of ‘Jim’ as young child together to challenge unhelpful beliefs around self blame and criticism. ‘I should have fought back’, ‘It was my fault’.
- Exposed the therapist to strong visual images of child that was harmed and repeated exposure to the detail.

Vicarious Trauma

- Vicarious trauma (VT) is *'the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them'* (Pearlman and Caringi, 2009, 202-203).
- The greater the exposure to traumatic material, the greater the risk of vicarious trauma.
- VT can be understood as a normal reaction to the stressful experience of multiple exposure to traumatic material (McCann & Pearlman, 1990).
- Vicarious trauma is a process that unfolds over time. It is not just your responses to one person, one story, or one situation. It is the cumulative effect of contact with survivors of violence or disaster or people who are struggling. (Headington Institute 2008)

BURNOUT	COMPASSION FATIGUE	VICARIOUS TRAUMATIZATION
HALLMARK SIGNS • Anger & frustration • Fatigue • Negative reactions towards others • Cynicism • Negativity • Withdrawal	**HALLMARK SIGNS** • Sadness & grief • Nightmares • Avoidance • Addiction • Somatic complaints • Increased psychological arousal • Changes in beliefs, expectations, assumptions • 'witness guilt' • Detachment • Decreased intimacy	**HALLMARK SIGNS** • Anxiety, sadness, confusion, apathy • Intrusive imagery • Somatic complaints • Loss of control, trust & independence • Decreased capacity for intimacy • Relational disturbances (crossover to personal life)
SYMPTOMS • Physical • Psychological • Cognitive • Relational disturbances	**SYMPTOMS (mirror PTSD)** • Physical • Psychological distress • Cognitive shifts • Relational disturbances	**SYMPTOMS (mirror PTSD)** • Physical • Psychological distress • Cognitive shifts • Relational disturbances • **permanent alteration in individual's cognitive schema
KEY TRIGGERS • Personal characteristics • Work-related attributes • Work/organizational characteristics	**KEY TRIGGERS** • Personal characteristics • Previous exposure to trauma • Empathy & emotional energy • Prolonged exposure to trauma material of clients • Response to stressor • Work environment • Work-related attitudes	**KEY TRIGGERS** • Personal characteristics • Previous exposure to trauma • Type of therapy • Organizational context • Healthcare structure • Resources • Re-enactment

http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No1-Jan-2011/Sabo-Table-Compassion-Fatigue.aspx

The Therapist Experience

Physical Symptoms

- Mirroring of 'Jim's' physical symptoms
- Tingling in hands and feet
- Tension in body – across shoulders, arms and hands

Psychological Distress

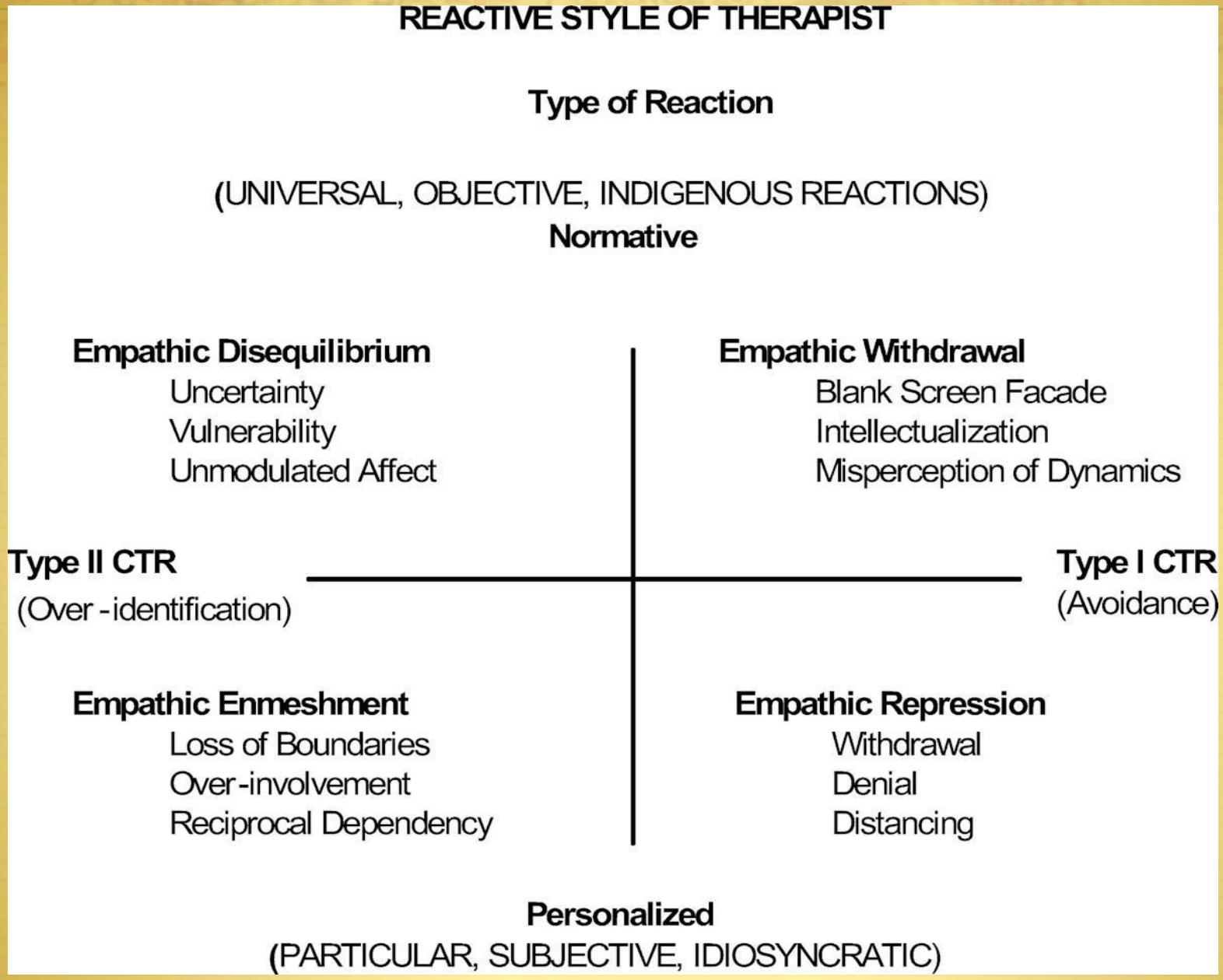
- Strong imagery of the rape and intrusive images
- Personalising imagery to my child who was similar in age when the rape took place.
- In particular emotional attachment to the time period following the rape and the client not being able to tell.

Relational

- Overidentification with the client
- Questioning the safety of older child relationships in my personal life
- Noticing self doubt in my own parenting – 'am I paying enough attention'

Cognitive

- 'you cant trust older children'
- 'this could happen to my child'
- Schema – mistrust/abuse



Reactive style of therapist From: Wilson J and Lindy J (eds) (1994) Counter Transference in the treatment of PTSD. Guilford Press.

Supervision – Case Study ‘Jim’

- Helpful question - 'what’s the rest of your case load like?’
- Able to consider my caseload and create a better balance between trauma client’s and non trauma clients
- Normalised my thoughts regarding my own child – ‘normal to want to protect your child’ – but what is *different* about your child from the clients experience which helped move away from over identification.
- Supervision helped to challenge the mistrust schema.
- Encouraged me to consider the self care activities that I enjoy - that connect me to others and help alleviate stress. Self care attended to the physical impact and reduced tension.

Reducing the Impact of Working in Trauma

- Recognise your own warning signs
- Nurture self-care – learn what works for you
- Maintain a healthy work/life balance - have outside interests. Have fun.
- Balance your caseload
- Take regular breaks, take time off when you need to
- Use peer support and opportunities to debrief
- Take up training opportunities
- Notice the strength and resilience of your clients

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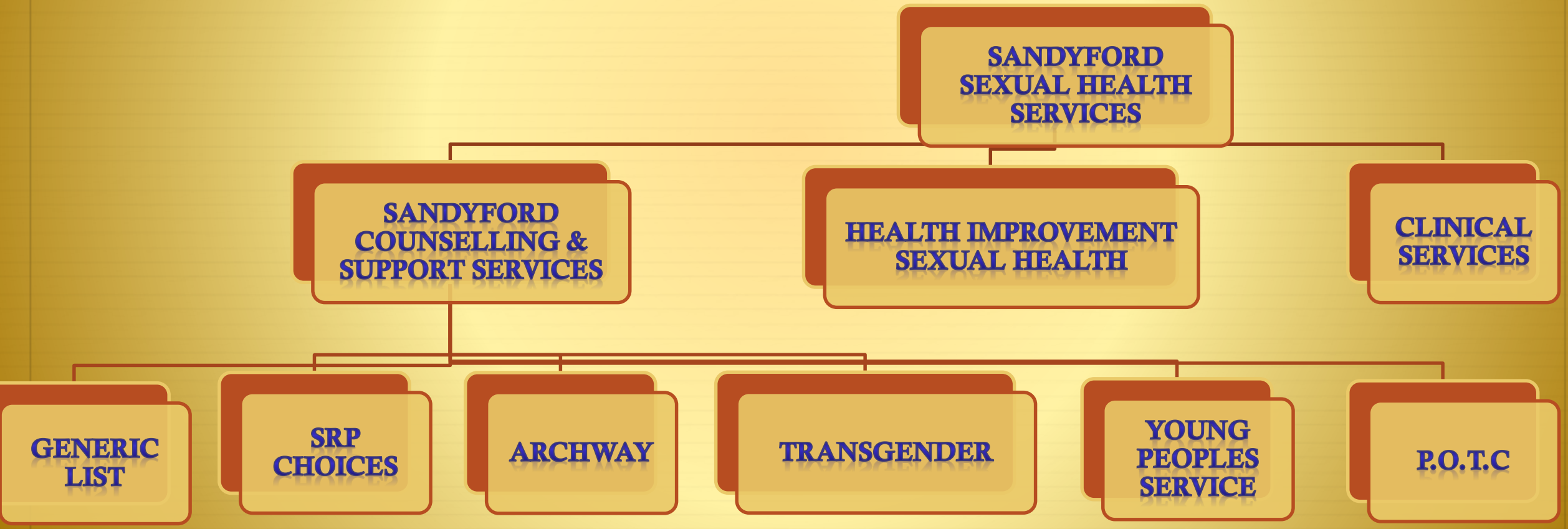


SRP Choices

- Service designed to reduce risk behaviours in gay, bi-sexual and MSM (men who have sex with men) that are involved with acquisition of HIV infection.
- Funded by BBV initiatives from Scottish Government
- Initially 18 hour post & 2 year funding to evaluate efficacy of service (2012-2014)
- Now 2 part time posts (1WTE), permanent posts.
- Criteria expanded following research on needs of MSM. A collaboration between NHS Greater Glasgow & Clyde & NHS Lothian

Criteria for SRP Choices	
Risk	In previous 12 months • Unprotected anal intercourse (UAI) with 2 or more men • UAI based on poor self-efficacy • Any rectal STI on 2 separate occasions PEPSE Reluctant testers/support to test
Violence & Abuse	Unresolved Domestic Abuse Unresolved Rape & Sexual Assault Current experience of prostitution Unresolved childhood sexual abuse Ongoing Physical & Emotional Abuse
Substance Misuse	Current problematic drug use inc. NPS IDU Recreational drug use - chemsex
Accommodation	Homeless At risk of homelessness
Emotional wellbeing	Self-esteem & confidence Mental health concerns Coming out

Mild	Moderate - Severe
Lack of education /awareness. Invincible – won't happen to me (especially younger clients)	Emotional deprivation, CSA, physical abuse "used as a punch bag" Severe and enduring mental health problems (Bi-polar, Borderline Personality Disorder). Addictions, low self-efficacy, self-esteem.
Perception of partners status "looks healthy" "well put on" Familiarity "been with before – nothing bad has happened	High risk behaviours driven by unmet emotional needs.

JOHN

"I'll give it a go, but I don't want my behaviour to be pathologised"

3-4 sessions later

"fascinating, thank you for taking the time. I'm not likely to change my behaviour per se, but there might be times I will be more mindful".

GEOFF

"I'm much more frightened of rejection than I am of HIV"

Case History

- James
  - 54 year old man HIV+
  - Drugged & raped by 2 men (20 years prior)
  - Hospitalized due to extent of physical trauma.
  - HIV as a result of rape.
- Specific
  - Repeated trauma narrative
  - Sequelae of trauma– living with HIV and stigma
- General
  - Repeated exposure to the fear and stigma of HIV
  - Exposure to clients who have lived with homophobia within their families and society at large (Syndemics)

Additional Factors

Syndemics

"The syndemics model of health focuses on the biosocial complex, which consists of interacting, co-present, or sequential diseases and the social and environmental factors that promote and enhance the negative effects of disease interactions". (Singer et al, 2014)

Stigma Syndemics

- "…syndemics provides a useful approach for assessing the role(s) of stigma in health, and thus has been a focus of research and applied interventions in anthropology, public health and beyond. (Ostrach et al, 2017)

Traumatic exposure responses in general have been referred to as the ways in which
”…the world looks and feels like a different place to you as a result of your doing your work”. (*Sansbury et al., 2015)*

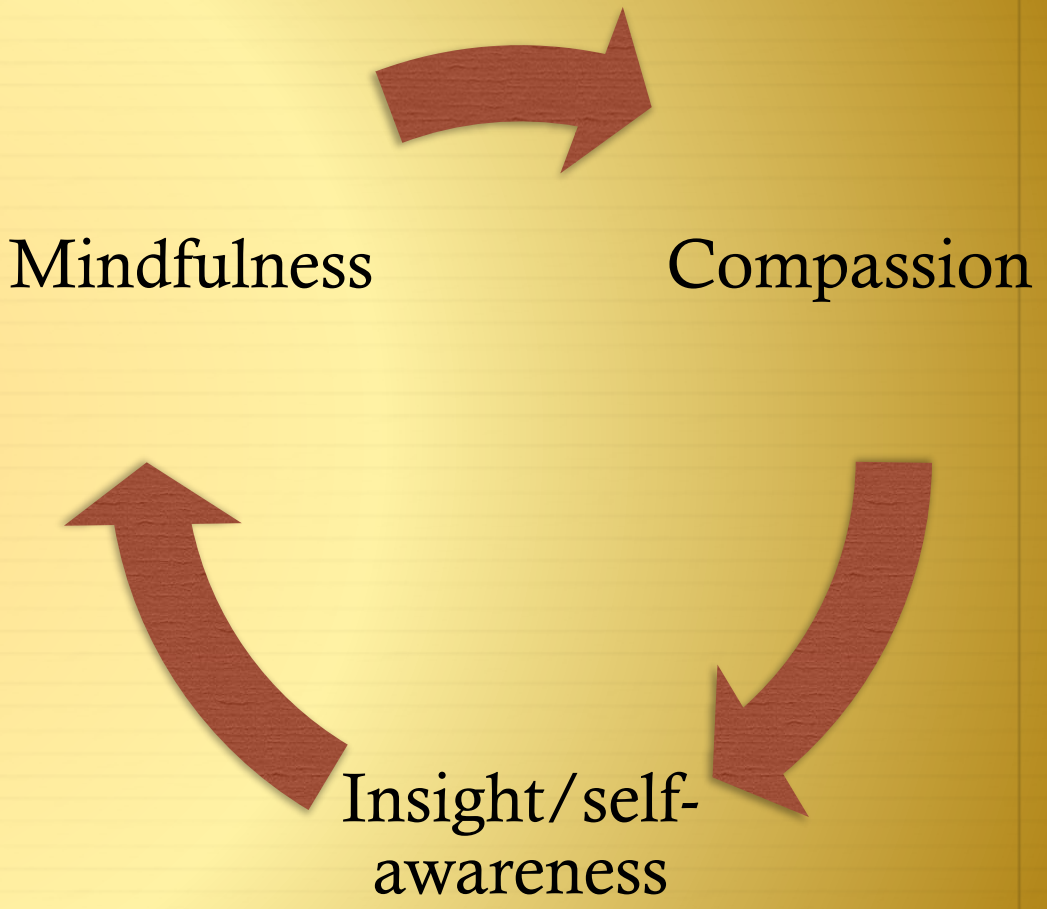
Emerging awareness –Impacted by a Student’s research project on working with trauma where I had agreed to be a participant

Supervision

- Client's case during supervision allowed reflection / awareness of impact of working with this client and awareness of social & cultural factors that impact on a large majority of my clients.
  - Supervisor / supervisee relationship that allows approaching personal impact
  - Previous use of supervision overly focused on clinical approach (my stuff)
- Personal responsibility as a therapist and as a supervisor
  - What do we bring to supervision & what do we avoid?
  - How do we as supervisors facilitate exploration of vicarious trauma, compassion fatigue & burnout?

Self-care

- Mindfulness
  - "The awareness that emerges, through paying attention on purpose, in the present moment, and non-judgementally to things as they are". (Kabat-Zinn, 1994)
  - …Knowing what is happening, when it's happening, without preference. (Nairn,2010)
  - Baseline for developing self-compassion (first) & compassion for others (secondly).
  - Concepts such as distress tolerance, building capacity for compassion, fear of compassion (Gilbert).



- “Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goertz, Keltner & Simon-Thomas, 2010).
- Common humanity - “an understanding of the shared human condition, fragile and imperfect as it is…”(Neff & Germer, 2017)
  - Suffering and the causes of suffering (acceptance) as opposed to resisting
  - Capacity for compassion – requires conscious attention.
- Mindfulness practices can include meditations that enable awareness & also those that include joy as a balance to repeated exposure to dealing with suffering.

Self-Care

Do something that lifts your spirits & feeds your soul

Not the Caribbean…

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