

# Vicarious Trauma Vs Vicarious Resilience *(within the role of supervision)*

*By Stephen Queen  
BABCP Accredited Psychotherapist, MBACP, PMCOSCA  
Clinical Supervisor  
EMDR Stage 1&2*



**Working in supervision with the impact of  
trauma with in a Healthcare Setting**  
19 March 2019, Glasgow



# Learning Aims

- Explore the concept of what constitutes a healthcare settings in a rapidly transformational landscape.
- Look at the pressures on staff, the increased risk of vicarious trauma and need for building resilience with the aid of supervision.
- Define Vicarious Trauma in relation to Vicarious Resilience and understanding how the two coexist
- Understand the importance of Vicarious Resilience within the role of supervision









**Safety**  
**is a job**  
**requirement**

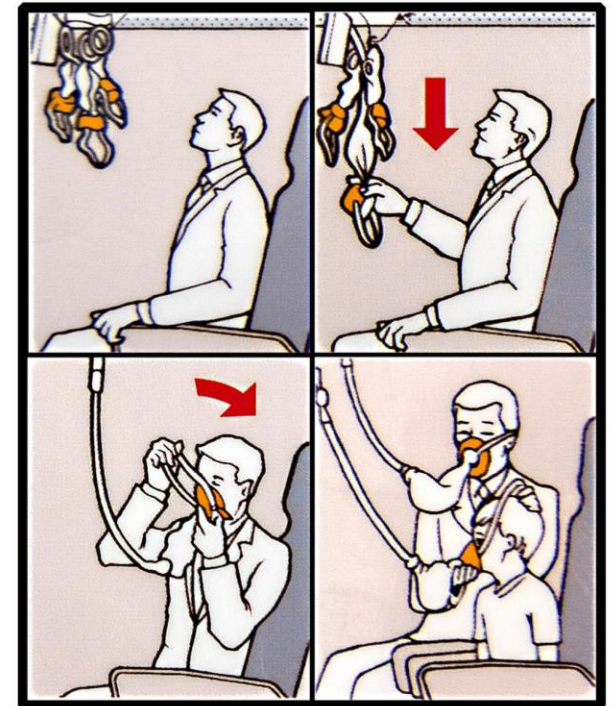


Attending to your  
own needs and  
having resilience  
is paramount!

# ATTENTION ! ATTEND TO YOUR OWN NEEDS FIRST

IF YOU CAN'T ATTEND  
TO YOUR OWN NEEDS,  
WHY ARE YOU ATTENDING  
TO THE NEEDS OF OTHERS?

THINK...





# The Marshmallow Challenge



THE  
**ICE BREAKER**

# The Marshmallow Challenge

## Materials:

20 Sticks of spaghetti

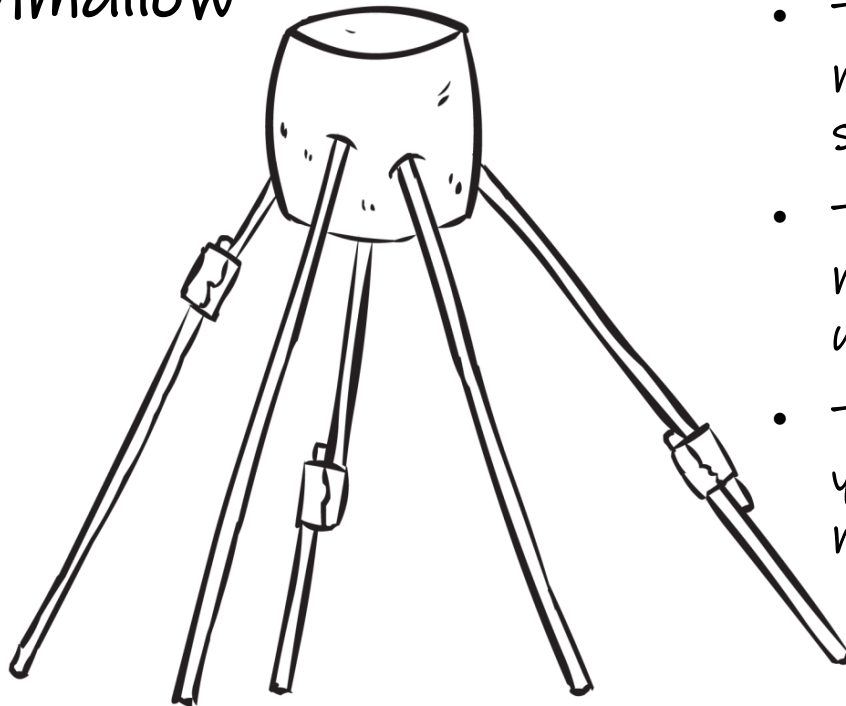
1 meter of tape

1 meter of string

1 large marshmallow

Scissors

4 Minute  
Count Down



## Rules:

- Your challenge is to build the tallest freestanding structure using only the listed materials.
- The winning team is the one that builds the tallest freestanding structure measured from the floor to the top of the marshmallow.
- The team's structure must stand on its own for measuring. Teams touching or supporting their structure will be disqualified.
- Teams can use as much or as little of the materials provided, but no extra materials can be used.
- The entire marshmallow must be on the top of your structure. Cutting or eating part of the marshmallow will disqualify your team.

What Constitutes A  
Modern Healthcare  
Setting?





for Scotland's mental health



SCOTLAND



**CAMHS**

Child & Adolescent Mental  
Health Services

**SANDYFORD**

caring about sexual, reproductive and emotional health







breast  
cancer  
care

 cancer  
**CARE**  
services  
where help inspires hope

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**



**TARGET  
OVARIAN  
CANCER**

 **Bowel Cancer** UK  
Beating bowel cancer together

 **TEENAGE  
CANCER  
TRUST**

**CLIC  
Sargent**   
for  
children  
with cancer

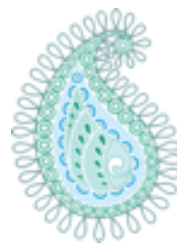
 **PROSTATE  
CANCER UK**

Marie Curie  
**Cancer Care**



*maggie's*











**POLICE**  
**SCOTLAND**  
Keeping people safe  
**POILEAS ALBA**



**Lifeboats**  
**SHOREHAM HARBOUR**





BBC

Children  
in Need



PAPYRUS

PREVENTION OF YOUNG SUICIDE



0808 808 8000

[www.lifelinehelpline.info](http://www.lifelinehelpline.info)



0800 83 85 87

[www.breathingspace.scot](http://www.breathingspace.scot)



STOP suicide

Save a life. Choose to live.



health-on-line



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# PRIORY

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CASTLE CRAIG  
HOSPITAL

UK  
Rehab



Abbeycare  
GROUP



THE RE♥ARD FOUNDATION  
Love, Sex and the Internet



The Hudson Centre  
Psychotherapy & Recovery





PTSD **Resolution**



Counselling Forces' Veterans & Reservists  
registered charity no. 1133188



*Royal British Legion Scotland: at the heart of  
the Scottish veterans community*



**veterans  
assist  
scotland**



**COMBAT  
STRESS**  
FOR VETERANS' MENTAL HEALTH



**HELP *for* HEROES**





**weightwatchers**  
**reimagined**

**Core Healthcare Settings:**

Hospitals (Acute – Speciality – Surgical –  
Emergency – Psychiatric – Private)  
Clinics – Outpatients, Dentists,  
Physiotherapy  
GP Practice  
Hospice  
Nursing Home  
Mental Health and addiction Centres  
Rehabilitation Centre

**Emergency Services:**

Police  
Fire Brigade  
Search and Rescue  
Ambulance  
Doctor on Call  
Military , Royal Military Police  
Civil Aviation Disaster  
Tactical Teams  
Hazardous Material Teams  
Animal Control  
Park Rangers  
Lifeguards, Coast Guard

**Relationships:**

Family, Systemic  
Couples  
Attachments  
LGBT  
Mediation  
Fostering

**Addiction Services:**

Alcohol  
Drugs  
Sex  
Porn  
Paedophilia  
Hording

**Education:**

Schools  
Colleges  
Universities

**Bereavement:**

Child Loss  
Infant Loss

**Specific Trauma Services:**

Abuse  
Life Altering  
Trafficking  
Natural Disaster  
Hostage  
Kidnap

**Veteran Services:**

PTSD  
Trauma  
Homelessness

**Therapist/Counsellors**

Counsellors  
Therapists  
Psychotherapists  
Hypnotherapists  
NLP Practitioners  
Clinical Supervisors  
Phone Line Support Workers  
(Childline, Breathing Space,  
Samaritans)

**Faith and Religious Beliefs**

**Suicide:**

**Poverty:**

**Homelessness:**

**Refugees:**

**Education:**

**Prisons:**

**LGBT:**

**Social Work:**

**Debt services:**

**Sex Workers:**

Psychiatrists  
Doctors  
Nurses  
Paramedics  
Pathologists  
Coroners  
Pharmacists  
First Aider  
First Responder  
Medical Examiner  
Care Works  
Support Worker  
Outreach Workers  
Occupational Therapists  
Link Workers  
Coordinators  
Hospice Workers  
Palliative Carers  
Key Workers  
Dentists  
Opticians

Speech Therapists  
Addiction Workers  
Rehabilitation Workers  
Welfare officers  
Assessors (PIP Nurses)  
Home Helpers  
Sexual Health Advisors  
  
Police Officers  
Firefighters  
Soldiers  
Lifeguards  
Rescue Personnel  
Prison Officers  
Custody Workers  
Probation Officers  
Executioners  
Interrogators  
Negotiators  
Forensic/Trauma Scene Cleaners  
Aid Workers

Disaster Examiners/Investigators  
(Natural, Fire, Aviation, Crash, Death)  
  
Teachers  
Nursery Workers  
  
Judges & Justice's of the Peace  
Coroner  
Solicitors and Lawyers  
Jurors  
Advocates  
Social Workers  
Trustees  
Children's Panel Workers  
Managers  
Supervisors  
Religious Works (Priests, Vicars, Bishops, Nuns etc.)  
Investigative reporters (Abuse, Criminality, etc)  
Volunteers  
Housing Officers

# Transformational Change in Health and Social Care

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Quality Education for a Healthier Scotland

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29-June-2016

### Leading transformational change for health and social care

Twitter: #NHSScot16

At this year's NHSScotland Event, held on 14-15 June at Glasgow's Scottish Exhibition and Conference Centre (SECC), we contributed via four poster presentations, our exhibition stands numbers 26 and 50, and a workshop for delegates.

The theme was 'Leading Transformational Change for Health and Social Care' and supported the 'Route Map to the 2020 Vision for Health and Social Care', and the 'National Conversation for a Healthier Scotland'. Looking further ahead, effective partnership working across the public,



NES stand at NHSS

through

teams who are

★★★★★ (1)

Them  
Cultur  
impro

Topic:  
[Leadership capability](#)

Resource type:  
[Collection](#)

Source:  
[NHS Impro](#)

Published on  
13 May 201

Last updated  
1 March 20

[+ full page hi](#)

HEALTHCARE LEADERS  
**HSJ**



SECTORS TOPICS

COMMENT

The three v  
change in

By Chris Hopson | 18 November



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the ways to en

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About this project

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Transformational  
Change in Health  
and Social Care  
———  
Important for workers  
Because?



## Why Do Mental Health Professionals Need Therapy Themselves?



Quora Contributor



Welcome to USA TODAY NETWORK'S EUROPEAN UNION EXPERIENCE

## Caring for therapists' mental health: One Franklin center focuses on support for counselors

Bliss | Nashville Tennessean  
7:37 AM EDT Mar 11, 2019

was just total exhaustion caused, she thought, by limited work-life  
nthia Thomason continued to counsel people navigating  
al health crises, she began to experience more troubling si



# Why is it important for us to understand Vicarious Trauma and Vicarious Resilience?

- No 1. Because we owe it to ourselves to ensure a quality of life
- No 2. To enable us to attend to our own need and prioritise those needs verses the needs of others.
- No 3. To prevent infecting those in our lives such as loved ones, friends, family, colleagues and peers.
- No 4. To uphold the mantra of DO NO HARM, (unconscious unethical or incompetent behaviour)
- No5. To increase our resilience and awareness of the tools and supports which can reduce the risk of Vicarious Trauma





**BORING**

Vicarious trauma 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).

Vicarious trauma is not a sign of weakness. It is **the cost** of working with people who have experienced trauma and abuse – of bearing witness and of empathic engagement with those affected. It is important to differentiate vicarious trauma from compassion fatigue and burnout, with which it is often confused, and yet commonly co-exists. While the phenomenon of vicarious trauma is widely acknowledged, it can be challenging to recognise and deal with it. Its dynamics and ‘ripple effects’ are complex, pervasive and damaging.



Weingarten (2003) hypothesises that those therapists who are aware of the meaning of the violent events experienced by their clients but who find themselves helpless to take action or without any path for taking constructive action are the most at risk for developing vicarious trauma.

It's contended that the evidence for VT in counsellors is inconsistent and ambiguous (as cited in Meichenbaum, 2007, p. 4). Following a review of the literature by Sabin-Farrell and Turpin (2003), they concluded that efforts to substantiate the belief that mental health professionals working with traumatised clients are significantly and adversely affected by their clinical work have been largely unsuccessful, as research in this area has been plagued by lack of baseline data, disparate results, and methodological limitations.





# What are the Signs of Vicarious Traumatization

- **No time or energy for oneself**
- **Disconnection from loved ones**
- **Social withdrawal; ability to trust**
- **Increased sensitivity to violence**
- **Sense of personal safety and control**
- **Cynicism**
- **Generalised despair and hopelessness**
- **Nightmares**
- **Disrupted frame of reference**
- **Changes in identity, world view, spirituality**
- **Diminished self capacities**
- **Alterations in sensory experiences (intrusive imagery, dissociation, depersonalisation)**
- **Disrupted psychological needs and cognitive schemas**

**Saakvitne & Pearlman, 1996**





What is it?

What does it mean?

How is it generated?

Why is it important in supervision?

How does it help?



## DEFINITION

Ability to Cope — Elasticity — Adaptivity — Responsiveness  
Stamina — Recovery — Motivation — Ability To Say No — Power  
Hope — Ability To Be Vulnerable — Having A Can Do Attitude  
Strength — Positivity — Ability To Bounce Back — Focus  
Capacity — Ability to Problem Solve — Leadership — Success  
Composure — Survival — Ability To Deal With Adversity  
Creativity — Ability To Deal With Pressure — Management  
Ability To Self-Regulate — Acceptance — Realistic — Confidence  
Awareness — Stability — Ability to Change — Tenacity  
Connectivity — Assertiveness — Ability to Prioritise  
Autonomy — Ability To Ask For Help — Perspective  
Mindfulness — Courage — Knowledge — Ability To Take Action

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Mindfulness – Courage – Knowledge – Ability To Take Action



Weebles®

Who Knows what  
this is?



Weebles®

**Be  
More  
Weeble**

# The use of supervision to increase awareness and promote Vicarious Resilience.

Lack of training and supervision have been cited as points of concern for counsellors at risk of developing Vicarious Trauma (Culver et al., 2011).

As such, effective supervision has the ability to help increase the awareness of VT, help develop VR and provide a layer of protection for therapists and clients alike. With this in mind, it is part of the role of the supervisor to be mindful of the potential for VT manifesting in their supervisees, and interacting appropriately when required.

Signs of VT in counsellors can be witnessed in changes in behaviour with and reaction to clients, intrusions of client stories in counsellors' lives, signs of burnout, feelings of being overwhelmed, signs of withdrawal in either the counselling or the supervisory relationship, and indications of general stress and decreased self-care (Etherington, 2000). If VT appears present, it is imperative that supervisors address this issue, as a positive relationship between supervisor and supervisee may reduce disruptions in cognitive beliefs (Dunkley and Whelan, 2006.)



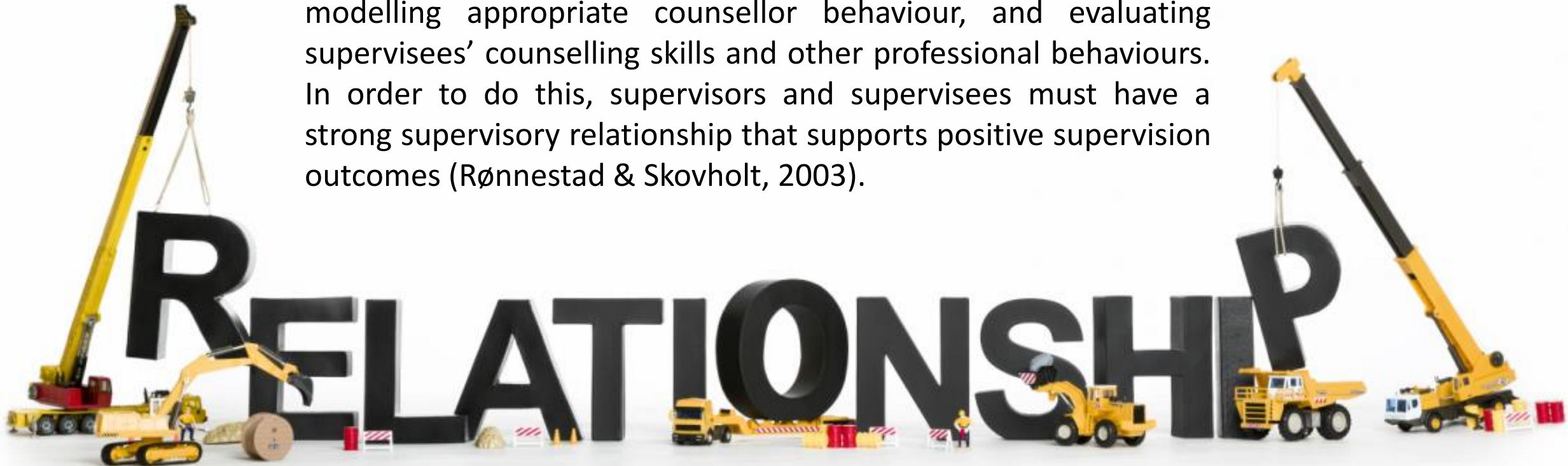


Supervisors play a critical role in this process of generating Vicarious Resilience, by providing the supervisee a space in which impairment of the supervisee can be addressed. Supervisors are thus ethically obligated to address VT among supervisees as the presence of this condition may limit the capabilities of counsellors. More importantly, the supervisor must foster a relationship which can encourage discussion of VT in a non-punitive way. This is often the fail point within supervisory relationships in health care settings where a focus on competency, results, KPI's drive fear within the supervisee.

Pearlman and Saakvitne (1995) suggested that there are four components which drive effective supervision. (1) a strong theoretical grounding in trauma therapy; (2) attention to both conscious and unconscious aspects of treatment; (3) a mutually respectful interpersonal climate for supervision; and (4) educational content that directly addresses VT. These findings were backed up by Sommer and Cox (2005) who highlighted four themes of effective supervision. (1) freely discussing personal feelings and reactions to trauma counselling; (2) the need for focused attention on VT, both in supervision and at the agency level; (3) utilising a gentle, collaborative approach to supervision rather than an expert-based model; and (4) addressing the potential for dual relationships between supervisor and supervisee.

**Super Supervisors....**  
**Have Super Supervisees**

Supervision has two core purposes: to foster supervisees' personal and professional development and to protect clients (Vespia, Heckman-Stone, & Delworth, 2002). Supervisors work to ensure client welfare by monitoring and evaluating supervisee behaviour, which serves as a gatekeeping tool for the counselling profession (Robiner, Fuhrman, Ristvedt, Bobbit, & Schirvar, 1994). Thus, supervisors protect the counselling profession and clients receiving counselling services by providing psychoeducation, modelling appropriate counsellor behaviour, and evaluating supervisees' counselling skills and other professional behaviours. In order to do this, supervisors and supervisees must have a strong supervisory relationship that supports positive supervision outcomes (Rønnestad & Skovholt, 2003).



**Table 1***IWM Phases of Supervisee Development*

	<b>Awareness of Well-being</b>	<b>Developmental Characteristics</b>	<b>Supervisory Descriptors</b>	<b>Supervision Considerations</b>
<i>Phase 1</i>	Low awareness	Low independence Increased anxiety Follows the lead of others Low self-efficacy	Supportive Educational Structured	Live supervision Feedback Psychoeducation Modeling
<i>Phase 2</i>	Pursuit of awareness	Seeking independence Moderate anxiety Makes attempts to lead Modest self-efficacy	Generating awareness Celebrating successes Challenging	Advanced skill feedback Challenge awareness
<i>Phase 3</i>	Increased awareness	Mostly independent Nominal anxiety Leads others Moderate–high self-efficacy	Increased mutuality Collaborative	Active listening Consultation

**Guess  
Who!**

The logo for the board game "Guess Who!" is displayed. The words "Guess" and "Who!" are stacked vertically in a bold, red, bubbly font. Each letter has a thick white outline and is surrounded by a blue, cloud-like border. The "Who!" part includes a large exclamation mark. A small registered trademark symbol (®) and a star are located at the bottom right of the blue border.



























































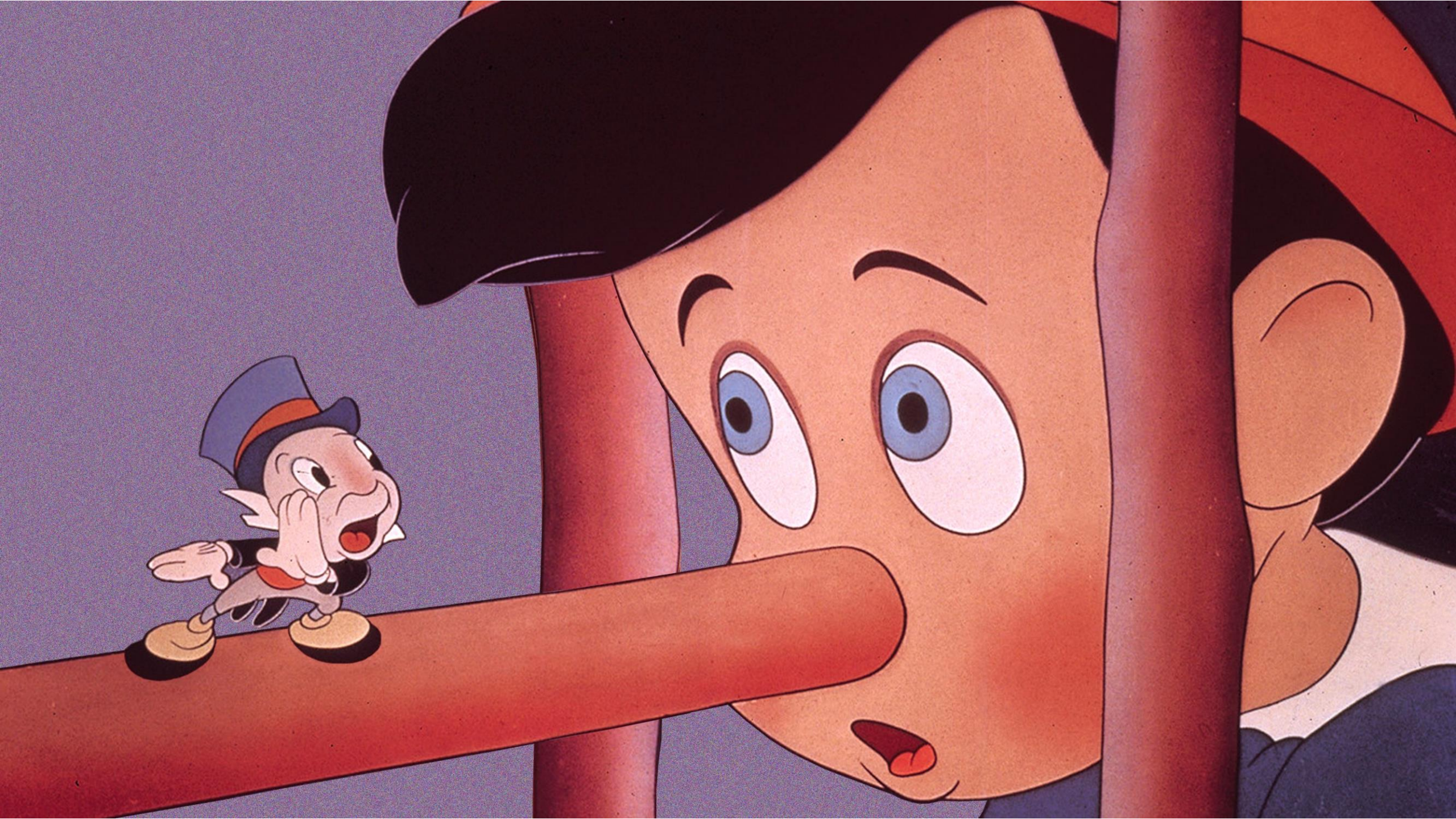
























# The story of Cinderella is a Story of Resilience

A story about an amazing girl who withstands the stress and difficulties of her evil step mother, ugly sisters and a father who appears to have neglected his daughter to the evil whim of his wife.

But surely, the story is really about the Fairy God Mother. Isn't it?



I mean who wouldn't  
do well if you had  
someone in your life  
who could turn  
pumpkins into golden  
carriages?



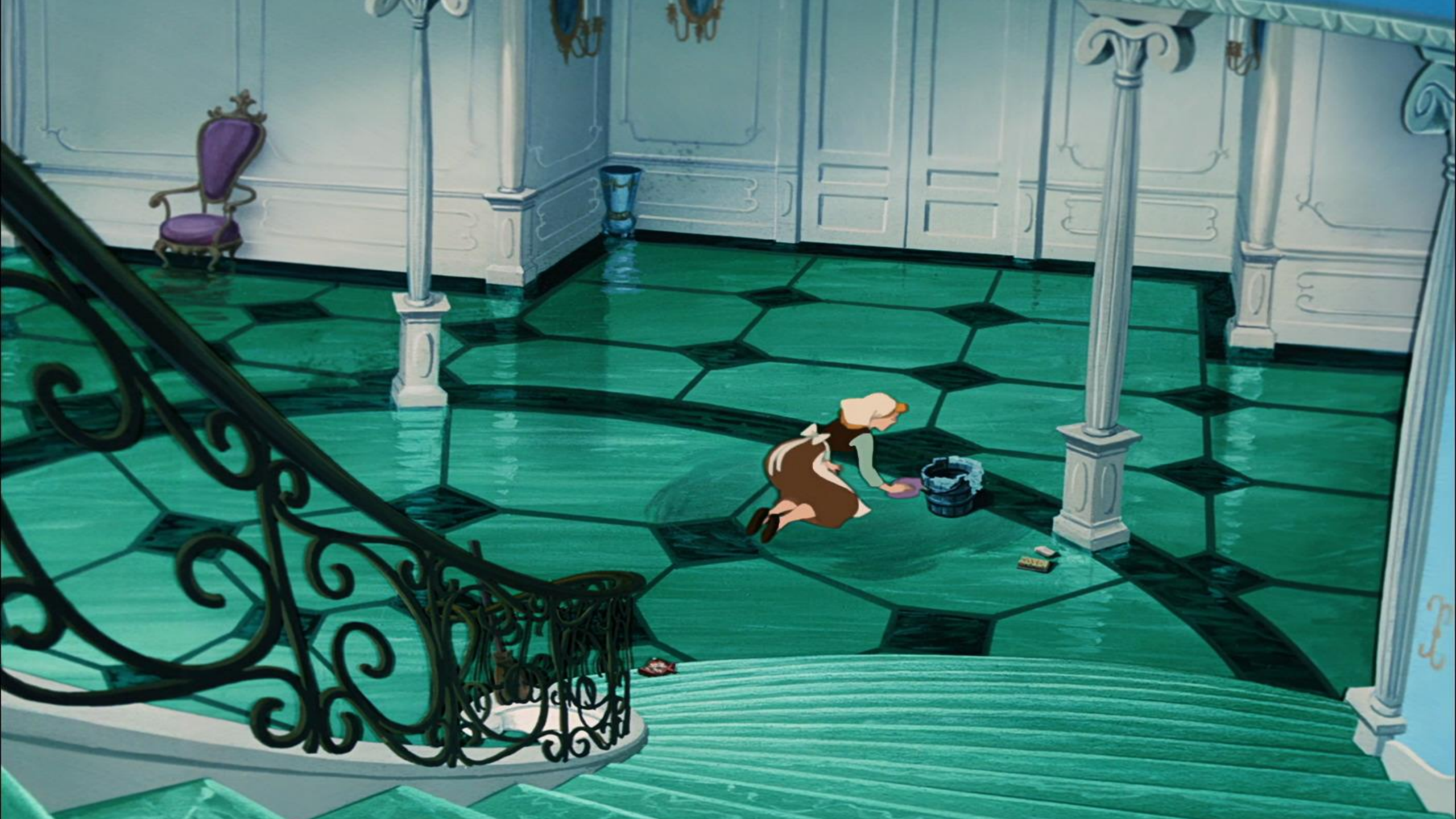
















If you have concerns about VT, Burnout or Compassion Fatigue, then its worth while conducting the:

Professional Quality of Life Scale (ProQOL)

And

Self-care Assessment Worksheet

Both these self assessment tools will help you to gauge your current wellbeing

And Indeed, use your super supervisor to help discuss and promote resilience at every opportunity

The image displays two self-assessment worksheets. The top worksheet is the 'Self-Care Assessment Worksheet', which includes instructions on how to use the scale and a list of 30 items to be rated from 1 (Never) to 5 (Very Often). The bottom worksheet is the 'Professional Quality of Life Scale (ProQOL)', which includes instructions on how to use the scale and a list of 30 items to be rated from 1 (Never) to 5 (Very Often).

**Self-Care Assessment Worksheet**

This assessment tool provides an overview of effective strategies to me. Using the scale below, choose one item from each area that you will actively work on.

5 = Frequently  
4 = Occasionally  
3 = Now and then  
2 = Rarely  
1 = Never

**Physical Self-Care**

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports
- Take time to be sexual—with your partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telework

**Professional Quality of Life Scale (ProQOL)**

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I have hopes that I always wanted to be.
18. I am the person I always wanted to be.
19. My work makes me feel satisfied.
20. I feel worn out because of my work as a [helper].
21. I have happy thoughts and feelings about those I [help] and how I could help them.
22. I feel overwhelmed because my case [work] load seems endless.
23. I believe I can make a difference through my work.
24. I feel overwhelmed because they remind me of frightening experiences of the people I [help].
25. I am proud of what I can do to [help].
26. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
27. As a result of my [helping], I have intrusive, frightening thoughts.
28. I feel "battered down" by the system.
29. I have thoughts that I am a "success" as a [helper].
30. I can't recall important parts of my work with trauma victims.

I am a very caring person.  
I am happy that I chose to do this work.

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[illegible]