Introduction

Reviewing child deaths can over time adversely affect a team, the CDR coordinator, and other CDR staff in physical, psychosocial, spiritual, and other ways, a condition referred to in this document as “vicarious trauma.” The goal of this guidance is to create a resource on VT for CDR leadership and team members to reduce the vicarious trauma from CDR reviews.
Objectives

1. Participants will know what vicarious trauma (VT) is and how CDR can trigger VT for team and CDR staff
2. Participants will know how one state has addressed this topic in a focused way
3. Participants will know tips for going forward and where to find more information and documents
What is vicarious trauma?

• “Vicarious” means experiencing or feeling something by hearing about someone else’s trauma (as opposed to experiencing it firsthand).
• “Vicarious trauma” occurs because of the elevated levels of exhaustion from the cumulative, repeated, persuasive, long term stress of exposure to stories of violence or trauma. It is a type of empathetic engagement or an occupational hazard of participation in CDR.
• Several terms are often used interchangeably with VT for similar but still different conditions: secondary trauma, burnout, and compassion fatigue. This Webinar is specifically about VT, although strategies to address it would be very similar for each.
What are the signs and symptoms of vicarious trauma?

Vicarious trauma may manifest in a number of domains, including (but not limited to) physical, psychosocial, spiritual and/or worldview.
Physical signs

- Fatigue
- Illness
- Increased startle reflex
- Psychosomatic complaints
- Inability to sleep
Psychosocial signs

- Irritable, intolerant, agitated, impatient, impulsive
- Unable to listen to one more story
- Dependency on drugs, alcohol, food, etc.
- Unrealistic expectations of self, friends, family and coworkers
- Taking work home, feeling overburdened, not fulfilling obligations and commitments
- Depression, anxiety, inability to concentrate, overthinking or obsessing
Psychosocial signs (cont.)

- Turmoil in relationships and intimacy
- Erosion of trust, control, esteem
- Blaming
- Feeling out of control of life and situations
Spiritual signs

- Lack of connection with source of meaning, purpose, hope
- Erosion of questioning of faith or beliefs
- Lack of faith in humanity
Worldview signs

- View of work changes; belief not accomplishing changes striving
- Cynicism and loss of idealism in the work
- Dismay at human behavior
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 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.
Risk factors

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

- Personality
- Coping mechanisms
- Life circumstances (past and present)
- Social support
- Spiritual insight
- Family, friends, agency and co-workers support and attitudes
- Personal and professional history
How not to respond to vicarious trauma

• Denial that anything is wrong
• Shutting down emotions as a form of self-protection
• Blaming others for VT
• Withdrawing from other team members
• Reliance on or abuse of drugs, alcohol, food, gambling, etc.
• Resigning from the team
• Repeated absence from meetings
Positive steps to address and reduce VT due to child death review

What the team can do:
• Become knowledgeable about VT;
• Identify and understand yours and others’ reactions and that abnormal situations can illicit abnormal reactions
• Recognize that all teams members face stress from reviewing child deaths
• Use the team for support
• Maintain collegiality and, said another way, avoid isolation
• Talk among team members, share resources and strategies, and look to team for support. Discussion acknowledges the struggles, allows sharing, and allows others to learn from the sharing
• Share this presentation and/or the Webinar with team members
• Invite individuals with expertise in vicarious trauma to address your team
What the state CDR coordinator can do

- Make team members feel valued, respected, competent, connected and able to openly share in a safe, nonjudgmental environment
- Distribute information and resources about VT
  - Make room on team meeting agendas for responding to the stress of the day’s reviews
- Make a list available to team members of counselors, psychiatrists, psychologists, and/or social workers who have experience with VT.
- Invite an expert on VT to address the team
- Try social activities or events to connect team members
What the state CDR coordinator can do (cont.)

- Be in regular touch with local CDR teams, staff and coordinators
- Check in regularly with state 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; they may be early warning signs
- Invite and listen to feedback, concerns and frustrations
- Stay positive, human, and approachable
- Lead in demonstrating balance and resilience
- Work with local team leadership or state leadership to develop a train the trainer model, so others besides state CDR staff have the knowledge/skills to address VT with CDR teams/staff.
How the agency housing CDR can support its workers

The agency can encourage discussions with its workers about the following topics related to the workplace and VT.

• How you think about and conceptualize 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
• Perhaps choosing a different path
• Search for new inspiration by recognizing the positives (no matter how small, because they add up)
How you can help yourself

• Know there is no one right thing to do at every moment. Instead, have a portfolio of strategies you can pull out at different times
• Know not every activity will work every time
• Taking care of yourself isn’t always a day at the beach or spa; it can be any pattern interruption and doesn’t have to be elaborate or cost money
How you can help yourself (cont.)

• When the team meets, keep to boundaries you set for yourself and others
• Identify triggers that cause VT for you and know your level of tolerance
• Get therapy
• Engage in self-care with respect to diet and sleep and exercise
• Seek emotional support from friends; spend time with people that you don’t have to help, take care of, or save
How you can help yourself (cont.)

• Learn how to nurture yourself to re-gain 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.
What to do if a team or staff person resists participating in efforts to reduce VT