

Ask the Expert - Preventing Vicarious Trauma - Webinar Transcript

Welcome to the National Criminal Justice Training Center webinar, Ask the Expert, Preventing Vicarious Trauma. My name is Greg Brown. And I will be moderating for you today.

Before we begin the session, there are some items I need to go over. This project was supported by a grant awarded by the Office of Violence Against Women, the US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the Department of Justice Office on Violence Against Women.

Today, I'm pleased to introduce you to our presenter. Dr. Anjali Nandi is an associate with the National Criminal Justice Training Center at Fox Valley Technical College. She's also the chief probation officer for the 20th Judicial District for the state of Colorado. Additionally, Dr. Nandi is a published author, having coauthored nine books.

My name is Greg Brown. And I will be moderating for you today. I'm a program manager with NCJTC. And prior to that, I worked in probation for approximately 30 years. Thanks again for joining us today. And, Anjali, the time is now yours.

Thank you, Greg. And welcome, everyone. I'm excited to be here with you all to talk about this topic. So this time that we spend together, which is only 60 minutes today, will really be driven by your questions and your interest in this topic. I'll do a little bit of an overview. So I'll kind of explain and define vicarious trauma. And we'll talk a little bit about the factors that contribute to vicarious trauma.

And hopefully we'll spend a lot of time sharing strategies to manage vicarious trauma. And we'll also talk about what trauma is and why is it important and all of these kind of interesting things. We'll do it from a neurobiological lens. So we'll really pay attention to the body and the brain when we're talking about trauma.

So welcome, everyone. And I'm so looking forward to these next few minutes with you all. So let's start by talking about trauma and answering the question about what is trauma.

So frequently, when we think about trauma, we think about sort of these capital T major trauma events. And a major trauma event is where I experience a threat to my body or to my life in general, and I cannot control it. Meaning I don't have-- I can't make it stop. Whatever is happening to me, I can't make it stop.

Whatever that experience is, it overwhelms my ability to manage it, to cope with it, to feel like I can get through it. That is a trauma experience. And of course, it depends from person to person, as you can tell in the definition, because different people have different capacities of managing different things, right? So it's really important that we understand that it is about the individual person and their experience, their response to a particular event that happens.

But the interesting thing is that it's not just these big capital T kind of trauma events. It can also be an ongoing, sustaining of little traumatizing events, what we call lower case T trauma events, emotional abuse, not having a stable, nurturing environment. Being arrested or being involved in the criminal justice system, that also has a huge impact on people's understanding and belief in their ability to manage whatever the situations are. And they have a neurological response that is the same as if they had a capital T trauma event.

So ultimately, we define trauma as a neurological response. By that, I mean there's something different about the way your brain is going to work as a result of this trauma experience. So that's important to understand that it's not just about me experiencing an event. It's that it changes the way my brain works.

And the bummer of it all is that it's not just trauma. It's also ongoing and chronic stress. So when we think about stress, we can put stress on a continuum from manageable positive stress-- eustress, that's the positive stuff.

I don't know if there's anyone on the call who can relate to this, but there are certain stress that I actually enjoy. Sometimes deadlines, I really enjoy having deadlines, pushing things up to a deadline, or competing in events. I get pretty stressed before any events that I compete in. And it actually helps me do better, right? That's supportive stress also called eustress.

But then there's not so supportive stress. That happens occasionally that we can call distress. And then this kind of stress might continue for a short term. Or it could continue for a long term.

And when we talk about ongoing, long-term stress, we're talking about chronic stress. And unfortunately, chronic stress has the same brain impact as if we've experienced trauma. So this is really, really important for you all to understand that ongoing chronic stress is problematic in numerous ways.

I'm not talking about the positive stress. I'm talking about this sort of, I just cannot manage. I'm overwhelmed. It's chronic, right? It's going on and on. And it can feel traumatic. And we result in a trauma response.

So so far, we've talked about directly experiencing a capital T trauma event, we've talked about a conglomeration of these smaller lower case t trauma events. We've talked about stress, all of these impacting the brain. And then the fourth sort of bucket that impacts our brain is really what we're here to talk about today, which is vicarious trauma.

And here's what we know neurologically about vicarious trauma that just by listening to other people's trauma stories over time or reading other people's trauma stories or really understanding what somebody else has gone through over and over and over again. And it doesn't even have to be the same person. I could be listening to person A and then person B and person C. But being exposed to all of these trauma stories is really impactful for us, if we're not careful, and can result in the same brain changes as if we experienced the trauma ourselves. So that's really, really key.

I'm noticing one of you has asked a question about eustress, which is that first bullet on the slides. So I just want to go back to that. That is positive stress. It's the good stuff, the stuff that really helps us perform better.

It's a little bit of stress. We get some adrenaline, a little bit of cortisol. And we feel a little bit like we have some extra energy. Maybe some of you have raced. Maybe when you were younger, maybe you did some races.

And maybe you remember feeling a little bit anxious or nervous right before the race. That's really good. It's positive. It's good stuff. It helps us get ready to manage what's coming at us, right? And it gets us into this kind of ready mode. But if we're always on the ready, if we always think that there's stress coming at us and we have to be on the ready all the time, that's when that's a problem.

I hope that helps. If there are still questions about eustress, please put it back in the question box. If there are other questions that are coming up or you're thinking about something that we haven't covered, please definitely let us know. Just pop your question in the question box, and we will answer it.

OK, so we've talked so far about different ways in which trauma can have an impact on the brain, right, capital T trauma events, lower case t, stress, and vicarious trauma, which is listening to other people's stories. But let's just understand really quickly, what is it that happens to the brain? So I know that several of you have attended lots of different conversations that we've had on trauma, on vicarious trauma, maybe even on addiction as well. And so you've heard me talk about the brain and the impact of trauma on the brain. So I'm going to do it really quickly.

But essentially, we have two aspects to our brain. One is sort of in the center of our brain, our lizard brain. This is the emotional center, not intellectual, but really keeps us safe. This is where fight/flight is stored. This is where our emotional memory is stored. Really important that this brain be alert and aware because it tells us when we need to jump out of the way or react a particular way.

The problem is that it's always on alert and needs the frontal cortex, which is the wizard part of the brain. So you can see that on the left-hand side of your screen, which says intellectual, logical brain. It needs the wizard to sometimes say, oh, it's actually not a stressful event. This is OK. We've got this because the feeling of we've got this we can solve this problem is what is also called capacity, right? And capacity is what helps us know the difference between a very stressful event and not a stressful event. Because if I have the capacity to manage it, my brain kind of perceives it a little bit differently.

So we have this lizard brain and the wizard brain. Really important that they communicate on an ongoing basis. The problem that happens with trauma is that the connection between the lizard brain and the wizard brain gets disrupted. Meaning we get stuck responding to situations from our lizard brain. We start to view all situations as a threat to our safety.

So really, really important to be paying attention to, how is stress or whatever the trauma events are, how is that impacted me? What are some behaviors that are showing up that are reactive versus thoughtful, right, well-thought out? Because reactive responses come from this emotional center. They come from our lizard brain. And thought-out responses, creative responses, those kinds of things come from our wizard brain.

But unfortunately, if we are not on top of it, we lose connection. Because of the impact that trauma has, we lose connection with the frontal cortex. And that's one of the impacts of trauma is this disruption to the relay between the lizard brain and the wizard brain. Another disruption as a result of trauma or vicarious trauma or chronic stress is loss of mass in the frontal cortex. So that has a significant impact.

So one of you have asked a really, really great question. And the question is, how does one take care from long-term damage or help ourselves stay away from long-term damage of trauma acquired in a high-stress job, especially if we work with clients who are exposed to trauma. They share their trauma with us. Does one eventually become numb? Or does one develop coping skills? Excellent question.

So let's take this apart. If I asked you all, do you experience stress on the job, my guess is that a huge majority of you will say yes, right? You will say, yep, I am absolutely experiencing high stress on the job. So I think a lot of us fall into this bucket that the questioner is asking about. And a lot of us talk with people who have really, really traumatic stories to share.

So the person with the question has given us a couple of different ideas. One, do we become numb to it? And two, do we need to develop some coping strategies?

And it is really important that we develop these coping strategies for our brains. Because, if we don't, we all, you and me, no matter how good we are in our jobs, we all are susceptible to vicarious trauma. So it's incredibly important that we develop some coping skills.

Because numbness, unfortunately, the inability to feel is a symptom, not a coping skill. And I want to just clarify the difference between numbness and distance or the ability to separate from our client's story. That's a skill.

But being numb, and you will know that you're numb if you experience numbness not only with clients but in life in general, right? When your kids are talking to you or your partners or talking to you or your friends or whoever and you just kind of are sick and tired of it, if you don't want to hear anybody's stories, that is a good clue that something's not right. And then a little bit ago, there was another question that somebody posed. I think you were asking, am I talking about the lizard and the wizard? So yes, I'm literally saying those words, lizard and wizard.

And let me just clarify that the lizard brain, the technical term is limbic system. So L-I-M-B-I-C, the limbic system, that is the reaction part of us. It's the old brain, the part that has emotional responses, quick thinking, quick reactions, but the reactions are based on the past not the future or possibility. So that's the limbic system or the lizard brain. Think of a lizard kind of reacting to things.

The frontal cortex, where our problem solving lies, where we can really think through things and get creative, that's the wizard, right, the person with the possibility. So lizard brain, wizard brain, and, ideally, they have a really good communication and connection. So really, really important that we are responding to or that they both are communicating and responding to each other.

The problem with trauma and stress and vicarious trauma is that, fundamentally, they get disconnected. And so we get stuck in our lizard brain. And we tend to be reactive and sort of impatient, irritable, all of those things, maybe even dissociated all the way to numb and those kinds of things that some of you have talked about.

So I'm just going to go back to some of these questions because they're really, really good ones. One of you has asked, when the loss of mass in the frontal cortex occurs, what is the result? The result is a lowered ability to be creative, to solve problems, to think things through, to slow down, to see the bigger picture, those kinds of things.

Now, please know that all of these are solvable, right? We can come back from all of this stuff. So hang in there. I hope nobody's feeling completely hopeless right now because it's really important that you stick around for the good news, which is we can work with all of this. And there are some coping skills that we can use, so just hang in there.

So one of you is saying, you work 911. You're a 911 responder. I hear trauma every day. How do I protect my brain? Yes, we're going to get there in just a little bit.

You're asking about coping skills. We'll definitely get there. One of you brings up this term deep empath or deeply empathic, the idea that some folks carry the trauma of others.

Yes, so there are some things called mirror neurons that we all have. Mirror like the mirror that you look into. Neurons are these connections in the brain. And so we all have mirror neurons, some more than others.

And these mirror neurons pick up-- they're our empathy neurons. They pick up the emotion that's happening for the other person. And yes, there are people who really are impacted by other people's trauma.

And it's those that really need to tend to their self-care. Because if they're not attending to themselves, it's very, very easy for them to experience vicarious trauma. So it's incredibly important. If any of you are empaths on the call, it's incredibly important that you take care of yourselves. And we'll talk about what that means.

But I'm just going to take a quick pause and check in with Greg. Greg, are you seeing any other questions that would be relevant right now.

Here's one that just came in. Is it OK to be empathetic?

Oh my gosh, yes. Being empathetic with another human being is actually one of the biggest gifts we can give the other person. So yes. And let's actually dive into this. This is really important. Empathy has to have boundaries.

So let's kind of really try and understand what empathy means. Oftentimes, when you ask people for the definition of empathy, they'll say the ability to put myself in somebody else's shoes, which is true, right? That's part of it.

So the ability to put myself in somebody else's shoes without ever losing connection with my own shoes, meaning I cannot put myself in somebody else's shoes and lose my own boundaries, right, lose myself. I cannot lose myself to them. If I lose myself and I get completely lost in their story, that's not empathy anymore. We've lost our boundaries. And now we run the risk of vicarious trauma. We run the risk of not protecting our own nervous system.

So when I say don't lose your own shoes when you're putting yourself in somebody else's, what I mean by that is stay grounded. Stay grounded, literally connected to your body. Engage with the person from an emotional standpoint. But know that you are not supposed to fix their problem. And you definitely don't have to make them feel better. You don't have to do anything to ease their suffering.

Just by sitting and listening to what they're saying, you are already easing their suffering. So you don't have to do anything more. You don't have to solve it. You don't have to answer it. You don't have to give them the best advice in the world. And you don't have to carry around their pain because their pain is their own. And it's so important that we trust that they have the ability to carry whatever that suffering and pain is.

So is empathy a good thing? 100% yes. Because one of the things that empathy does when let's say I'm listening to you talk and you're kind of experiencing a lot, you're going through a lot and you're kind of stuck in your limbic system, one of the ways that we can help people connect their limbic system and their frontal cortex back again is by expressing empathy. So empathy is one of these huge connectors, really, really important.

And one of you has asked about the limbic brain versus the mammalian brain. Yes, we're talking about the same thing, right? We're talking about that core center. The lizard brain includes the brainstem as well. But it also includes all of this sort of emotional functioning, the amygdala, our whole reward circuitry. All of that is included in what I'm calling this lizard limbic system. Any other questions before I continue?

Maybe one more. Why is it that a child will remember trauma a lot easier than an adult who has experienced trauma?

OK, so here's the thing. Trauma impacts us all. And it impacts us all differently based on where our brains were when we experienced whatever that trauma is or whenever we experience all the little lowercase t traumas.

So children are particularly vulnerable to trauma because their brains are in a developmental stage, right? Their brains are going through rapid development from the time they are-- actually, even before they're born. I was going to say from the time they're born. But even before they're born, their brains are going through rapid development all the way up to approximately the age of 15, where that limbic system really fully comes online, and then up until the age of about 25, when their frontal cortex is fully developed. And then beyond that, for the rest of our lives, our brain continues to grow.

So the really cool thing is we have this thing called neuroplasticity, which is the ability for our brains to make new connections, right? Because children are going through so much brain development, when they experience a lot of stress or trauma, their brain decides to prioritize the development of certain parts over others. So this is really important to understand that if kids grow up in chaotic households, they don't know if they're coming or going. They're experiencing a lot of trauma. They're growing up with people who have substance abuse issues or are involved in the criminal justice system.

They prioritize the development of their limbic system over the development of the frontal cortex. And if you think about that, that makes sense, right? They need to stay safe.

And so the brain says, the entire body says, wait. If we have to stay safe, we need to make sure that the safety part of our brain is really protected and well supported. And so their limbic system is overdeveloped compared to their frontal cortex. And that shows up even in their teenage years and young adult years.

So maybe that's when they come into the criminal justice system. And you'll notice, oh my gosh, this person's really reactionary, right? They are very impulsive because our impulses live in that part of the brain too. They're pretty impulsive. They make really rash decisions. And then you wonder why. Well, because, developmentally, their brain has prioritized the limbic system over the frontal cortex.

Now, if we want to support the shift in that, if we want to support them getting better, then we need to create safe, nurturing relationships for them. And I don't mean intimate relationships. I mean just caring relationships, which they could potentially develop with you and me, right, service providers. Whether we are involved in the criminal justice system or caseworkers or whoever we are, just being supportive humans for them, we allow their frontal cortex to catch up, so that they're not always responding from their limbic system. So that's part of the reason why kids, teens are particularly impacted because of how their brain is developing.

Greg, did that answer the question? And if I didn't quite hit the mark and you still have questions, please, please put them in the question box.

So I think there's a bunch of people who have some pretty specific questions related to them that I think will be more appropriate for the end, if we have time. And we'll definitely answer your questions either live, or we'll get back to you. One person just asked, can you say that one more time? I think just what you just went through around child's brain and the impact and what we need to do.

Yeah, for sure. And I'll try and shorten it because I feel like I told way too long of a story. So let me just summarize. Kids are going through a ton of brain development. And when I say kids, I hope that doesn't come across as derogatory.

I mean, when we're between the ages of zero and 25, it's really, really important that we pay attention to what's happening to their brains. And if they're exposed to high-trauma environments, chaotic households, lack of stable nurturing support, then what happens in their brain is they prioritize the development of the limbic system over the development of the frontal cortex, which means that they tend to be more impulsive, reactionary, emotion-driven versus having this connection to the wizard. And so it's really, really important that we kind of pay attention to it.

And one of you just typed in a question saying, can the frontal cortex ever catch up? And yes, you absolutely can. So your frontal cortex can. One of the ways is to provide stable, safe, supportive, nurturing environments, right, which is part, I think, of our jobs is to provide those compassionate, empathic conversations with a lot of structure and boundaries and those kinds of things. So really, really important. Yeah.

Anjali, just thinking about this, I mean, I think one of the things when we're supervising clients - adult clients, young adults, older adults - I think people often-- not clinical people-- but often say, you know, this guy acts like he's 14 years old. Can you speak to that and why some adults may be that way and how this relates?

Yeah, for sure. I mean, really, what you're talking about is developmental age versus chronological age, right? So chronological age is the actual number that I am. Whereas developmental age is where my brain is developmentally. And so let's say the trauma happened when I was seven or 12 or whatever the age is.

That's where the brain kind of really starts to prioritize development differently. And so sometimes we call it -- the trauma stops the brain development in a particular way. And so I could be a 40-year-old person. But because the trauma happened when I was 12, my brain is kind of looking like a 12-year-old developmentally. So that developmental age is kind of very different from the chronological age. And that's the same situation with substance use too that whatever age the substance use really started and picked up is where, usually, you'll find people get stagnated in their brain development. That's a great question.

Alright, so I just want to paint this full picture. When we start to experience vicarious trauma, it doesn't just affect us. It affects our entire team, right? It affects the entire organization.

And sometimes you'll see certain symptoms across the entire organization. And on your screen, you'll see a few of these symptoms that I'm talking about, people missing work a lot, or, suddenly, as a team, we're not working really well together. We're starting to break the rules. Or we're getting blameful of each other. We're exhibiting behavior that's really not nice, and we never did that before.

Or maybe we're so afraid of change suddenly. Or we're really negative towards management. Or we start to believe that change is not even possible, that there's no hope for the future.

So I don't want to gloss over this because this is really, really important that we don't just experience trauma or vicarious trauma as individuals. We experience it as teams and then also as entire organizations, right? You might walk into an organization. Maybe you're new there. And you feel like, oh my gosh, this entire organization feels like it's traumatized. They're making decisions really irrationally, or they're making decisions kind of impulsively. They're reacting to everything versus getting proactive. So it impacts the entire organization.

And of course, there are ways out. So please just know that we're going to get there in just a few seconds. But it's important to be able to even notice some of this because sometimes we don't notice. And that's really the first step.

The first step is awareness. The first step is for us to recognize, wow, I'm really impacted, that I am not sleeping as well. Or I think one of you put in the questions, I'm experiencing all of these symptoms like headaches, body aches, tummy aches every time I show up at work. And then when I leave work, I feel better. What is that about? That's really important to pay attention to.

So here are some warning signs that I hope that you all can see on this screen. Maybe, suddenly, you're starting to get stressed really easily, or you're struggling with your emotionality. Or maybe you're making a lot of assumptions about people. You're holding grudges. Just interpersonally, things are not going well.

Or they could be pretty somatic stuff, right, like physical sensations like some of you mentioned headaches and tummy aches, shoulders. I don't know where you all hold your stress. But I tend to hold it a lot in my shoulders and in my neck. So just knowing that, right, being able to recognize that, so that's the first step is the awareness of the impact on you.

The second step is to develop what we call boundaried empathy. And I started to talk about this a little bit. So empathy is the ability for me to put myself in somebody else's shoes without ever losing my own shoes, right, without ever losing me.

Because once we lose ourselves to the work or to the story or to the person in front of us, we are less resilient. We've lost our Teflon, for lack of a better term. We've lost our protection mechanism.

Because when we are sitting with somebody else, our neurology, our nervous system is open to the impact of the other person's nervous system. And the way to keep a strong nervous system, so that we don't retain that impact-- we allow it to come in. And then we release it back to them. We don't get stuck in the impact-- is if we stay grounded, right?

So you're breathing. Your feet are on the floor. You're sitting in your chair. You might even disconnect from the story for a second. You go to your happy place. My happy place inevitably involves my dog and food.

And I have a teenager. So the funny thing is, these days, she's not my happy place. My dog definitely is, as is food and nature. So you're able to kind of connect to whatever your happy place is.

And I know that sounds really silly. But they've done these numerous studies where they will hook people up to an MRI or a functional MRI just to see where the blood flow is in the brain. They've also done cortisol blood draws for people. Cortisol is a stress hormone.

And so when we're in a stressful situation, cortisol is high. And blood flow in the brain is really stuck in the limbic system. When we, in quotes, "go to a happy place," right, when we think about things that really bring us joy, that calm us down-- I mean, truly, my dog's face, oh my gosh, she just brings me so much, so much joy.

And so as soon as I think of that picture, what they've noticed happens is our cortisol level drops, literally drops in our bodies. And blood flow reduces from just being in the limbic system to an equal balance into the frontal cortex, which means we move kind of away from that fight, flight. And we move into what we call a parasympathetic response, a really calm, positive response, right?

So making sure that you feel grounded is incredibly, incredibly important. And I know it sounds like a simple thing. But boy, sometimes when people are telling me stories, I tend to get lost in their trauma story and have to work really, really hard to stay grounded within me and sort of take care of my brain. So something just to think about.

The other piece in boundary empathy that's really helpful-- and one of you has said, so it's OK not to listen to them for a second? 100%. It is 100% OK to not listen for a second. Because here's the thing. If you listen intently and don't take care of yourself, pretty quickly, you'll stop listening entirely, right? So it's a self-care technique to kind of withdraw just a little bit to stop listening just a little bit. Yeah, great.

The other piece of our boundaried empathy-- and I cannot stress this enough-- is it is not your job to fix their issues. It is not even your job to find all the solutions, alright? I know this sounds like heresy right it sounds so wrong because we are in this field to fix all the problems and take care of everybody. At least, that's why I entered the field, right?

I'm going to make the world a better place. And yet, I have to make the world a better place by starting with me, by taking care of myself. And it's through that that we're really able to support others and take care of others as well.

So no fixing required, no solutions required, no brilliant solutions, of course, you can brainstorm, but no brilliance required. Just really being there and being empathic and listening is a huge, huge gift. So just please know that, that just by you sitting and talking and truly listening is the gift. So boundaried empathy, really incredibly, incredibly important.

All right, let's take a look at a few other things. This goes along the lines of, can I stop listening for just a second? We call it unmirroring when we stop listening and actually take care of ourselves. We call that unmirroring. It's really important that, when you're listening or even when you're reading, it doesn't have to be listening. It could be reading really horrific stories, et cetera.

Unmirroring is really helpful like sitting up straight, right, shifting in your seat, uncrossing your legs or crossing your legs, making sure you're breathing, particularly your Exhale is incredibly important. When you exhale, every time you exhale, cortisol drops. So making sure that you're still breathing. Maybe taking a sip of water, stretching, taking a deep breath and exhaling, or even breaking eye contact.

And then a caution. Make sure that, within your teams, you're not playing what we call trauma tag. And what I mean by that is listening to a really horrific story or reading something and then going to my coworker and saying, oh my gosh, you would not believe what I just heard and then vomiting all of that on them. And now we've just tagged them with our trauma, right? We have to be really, really careful about that.

So by that, I mean a couple of ideas. If you've just heard something or read something that's really impacted you and you need to go to a coworker and talk with them, always ask permission first. Say something like, I just read something pretty horrific. Can I talk with you?

Because even then, getting a second to be prepared helps their nervous system not be traumatized by the information that you're about to present. Because them having agency, having control, and saying yes or no helps their nervous system, right? Because remember trauma is about not being in control. And you've just given them some control. So that's one of the pieces.

The other piece is it's not necessary for us to feel better by sharing the trauma details. What does help us feel better is to share the impact. So share with them the impact of whatever you read versus the details.

So let's say I read something horrific. I come to you and I say, gosh, do you have a couple of minutes? I just need to share something horrible that I read. And you say, yes, sure.

Sharing impact might sound like, there are times where I don't know if I can keep my daughter safe in this world, right? That's the impact. It's not the details of the story. So a caution. Don't play trauma tag.

So I'm just looking at the questions. And one of you said, actually, sometimes it is our job to fix the issues to bring a child to safety. That might be sort of the fix, a child who's at risk.

And yes, absolutely. Our job is to respond somehow. But even deciding what is safe for the child isn't fixing the issue. By fixing the issue, what I mean is, oh my gosh, how am I going to make this parent a better person? How am I going to make this parent-- how am I going to help this particular person get their kids back, right? That's a huge kind of piece.

So really just knowing that I don't have to solve the biggest of the problems. I just have to deal with whatever is right in front of me, whatever's next. So really kind of helpful, right, to not take on the huge issue but just know I only have to deal with whatever is next for them.

There are some questions coming in around trauma tag. It's really important to process whatever you've read or heard. And for some of us, that's talking about impact. And that's the difference, right?

Do it with intention. When you're processing and talking with coworkers, be intentional about what you're sharing. Because, inadvertently, if you share details that are actually unnecessary, you traumatize somebody else unnecessarily with no benefit for you. So the point I'm trying to make is be really intentional when you're talking with people, right, when you're sharing with your coworkers and colleagues and really pay attention to impact. Why is this bothering me so incredibly much? Why is it problematic?

One of you have asked, is that why some counselors have a notepad? Yes, absolutely. Very, very helpful, right, to be able to write something down or break eye contact by putting something down. It's actually a self-care technique. Yeah, great. OK.

So, Greg, what are some other questions that you're noticing?

Let's see here. Is it OK to vomit the trauma on your therapist? Or am I getting there and then they would not benefit from that? Sometimes I just want out.

Yeah. So yes, whatever your way is of you feeling better, right? When you go to a therapist, your therapist knows that you are probably going to share something. My advice would be-- and you can take it or leave it, right? You can take it or leave this. My advice would be to just give your therapist a warning and saying, OK, I need to share some pretty gross stuff with you or some pretty painful stuff with you. Just even saying that helps the other person prepare. So yes, if you need to get it out, absolutely do it. Just give the person an opportunity to prepare.

Other ways that people have found successful to get some of the stuff out is journaling, writing things down. Some people will write things down and then sort of crumple it up and throw it away. Some people will just journal. Some people will even talk about the impact on them, what it means. What does this trauma stuff mean? All of that is really incredibly helpful. So yes, absolutely. Use the skills or methods that are working for you already and with some little, tiny tweaks, right? And the tweak here would be just to give the person a heads up.

Anjali, I think you touched on this. But the person's comment is, isn't part of processing what you heard or read talking with your coworkers about your experience? So I think that's where we do it. And I think particularly in law enforcement, first responders, probation, the therapists that work with corrections clients, we don't want to take it home. So I think a lot of us want to figure out what to do with it and what's a healthy way to do that. So I'll throw that to you. And I think we'll come back to that with some recommendations that Anjali and I have worked on in our kind of overlapping in our professional life. So I'll turn it over to you, Anjali.

Yeah. Yeah. So yes, there's this piece around connecting with each other. And let's try and understand why connection is so important. A lot of the times, we think that connection is about sharing whatever's happening and processing it. And yes, that is one portion of it.

What we're also finding, though, is connection helps even when it is unrelated to whatever the trauma is. When we connect socially with each other-- socially, I'm using that term broadly. I mean in the workplace or with friends. When we're connecting socially, what's happening is we are releasing a particular chemical called oxytocin.

And oxytocin is a connection chemical. It helps us feel better. Some of you might recognize it. It was initially discovered related to breastfeeding and attachment.

But it actually does really interesting things for us. It reduces the amount of cortisol in our body. So it reduces our stress response. But it also has protective effects. So the more oxytocin we have, the more resilient we are.

And so there are lots of things that we can do to develop and continue to build oxytocin in our bodies. One is really connecting with each other socially. Laughing releases oxytocin. Hugs, though, in the time of COVID, I suppose that's a lot harder. That's become a lot harder.

Our animals, our dogs, those kinds of things, connecting with them, our pets. Hobbies. Anything that helps you get into what we call flow. Maybe some of you have heard this term, where you're really present with whatever you're doing.

So maybe it's gardening. Maybe it's sewing. Maybe it's drawing or art or whatever it is really supports oxytocin. And then, of course, exercise and sleeping well supports, not just oxytocin, but several other chemicals, like serotonin, melatonin, dopamine, that keep us resilient. So it's connection, yes. But ultimately, it's about supporting all of these neurochemicals, so we can be even more resilient when it comes to just being bombarded with so many stories, which I just noticed in the questions that are so much about, oh my gosh, I experience trauma all the time at work.

And this quote that's on your screen I think is a really important one, that the opposite of play is not work. The opposite of play is depression. So finding ways to play in your world, whatever that looks like to you is really, really important. What else is there, Greg?

How do you determine is there a difference between vicarious trauma and job burnout?

Gosh, they go hand in hand. It's really, really easy to get burnt out on a job if I'm experiencing vicarious trauma because I'm less resilient. And the reverse is also true that if I'm burnt out on a job, I become less resilient and, therefore, more open to experiencing vicarious trauma. Job burnout, the definition is different from vicarious trauma.

Job burnout, when we talk about that, the definition is disengagement from work. And they define that as an inability to go above and beyond, right, the complete lack of motivation to do what they call discretionary effort. Discretionary effort is where we find ourselves putting a little bit more effort here and a little bit more effort there.

And it doesn't even phase us, right? We're more than happy to do it. So discretionary effort is related to this concept called workplace engagement. And we start to burn out when we lose that. And that is related to many different things like various traumas one of them. But it's also related to not having meaning in the work. Not seeing that I'm making an impact, not having enough-- oh my gosh, the A word just disappeared from my brain-- agency or the ability-- autonomy, there's the word. Good Lord.

Not having enough autonomy in my world, not feeling connected to the people around me. So those are really, really important pieces to be paying attention to. And yes, they go hand in hand with us being resilient. But when you read a lot of the literature on job burnout, that's sort of what you'll learn. What else, Greg?

How do I balance the trauma influence in my personal life? Is it OK and normal after going to a family with a homicide to have a period of decompressing? I sometimes am not wanting to talk to others.

Yes, so we all respond to acute situations differently. And don't take yourself too seriously right after the trauma event. What I mean by that is you will have all kinds of responses. And that's OK. It is your body's way of trying to come back to homeostasis.

What's problematic is if those patterns continue over time, right, if you're not able to process it all the way through. You're not able to come to some kind of trauma resolution all the way through. That's the piece to really be paying attention to.

So right after a particular event, whatever that may be, you will need a little bit of time to decompress. And everybody responds to that differently. What is common is that we need to take the time to decompress and not just run into the next thing, which is sometimes what we do, right?

Maybe there are people on this call who have done that. We'll just go to the next thing. It's OK. We'll go to the next thing. So really, really important that we kind of slow down and say, OK, what do I need in order to feel grounded and resilient again? Because otherwise, we go into the next situation less resilient every single time and more likely to be exposed to vicarious trauma.

Thanks, Anjali. What do you do when you see a coworker who's experiencing vicarious trauma symptoms in your opinion?

Oh, that's such a great question, right, which is why I said sometimes that self-awareness piece is one of the biggest ones. I get this question a lot. Like what do I do when I see it in my coworker but they don't see it in themselves? Great question. And how great that you're aware but also sensitive enough to pick it up in your coworker.

A really helpful thing is to use a ton of empathy, right, really a ton, a ton of empathy and to ask questions. Like hey, I noticed you responding in this particular way, which is different from how you normally respond. How are you doing? How are things going? Are you OK? I'm worried about you. Like any of those things, right, with a ton of empathy, really, really important. So start there, right?

Also know that the person may not respond positively to you. They may say nothing. There's absolutely nothing going on because they might be in protection mode, which is another piece about being stuck in our limbic system. So they might be in protection mode.

They may not say to you, gosh, yeah, I am actually struggling, which is OK. You don't have to be right. You just have to open the door. And then you can use some of your skills that maybe have worked for you like just connection and making sure to connect with this individual on a regular basis, just setting up these safe interactions for them.

And maybe, eventually, after a few of these interactions, they might just share with you. Or they might walk away thinking, uh oh, somebody is noticing. I need to do something about this. And they might seek help. So just kind of starting this conversation.

You can even name some of it. You can even talk about the impact of vicarious trauma on you, right, and maybe some of the experiences that you've had. Like, oh my gosh, when I tend to get-- when I hear some of these stories over long periods of time, I get really irritable. It's really hard for me to separate from work. I tend to take it home. I tend to see the entire world as negative. Any of those things helps to normalize it and allow the person to feel safe enough to talk with you.

Thanks, Anjali. What is the role or responsibility of the organization in supporting staff and building resiliency when we look at the number of people that experience vicarious trauma in the work that we all do? And maybe we can talk about what we've done with our department too.

Yeah, this is huge that it's not just individual people's responsibility. It is the organization's responsibility. That ideally-- and one of you pointed to this-- that we need to set up safe interactions for entire staff, not just one coworker. You're absolutely right that this is not just about individual people. This is about us as an organization.

So as an organization, we need, if we're leaders in organizations, it is our responsibility to build resilient organizations, which means to offer places where people can debrief, to offer ongoing, not reactionary, but just ongoing places that people can come to. So in our department, we have ongoing debrief groups. We also have a grief group that's going on right now because we've suffered a ton of both client loss and personal loss in the department. So that's another thing that we offer.

And we do a bunch of different wellness and resilience supportive activities. And we do those on an ongoing basis, not just as a reaction to something that happens, but just on an ongoing basis, so we're really supporting resilience in the entire organization. It's really important that we not wait for something bad to happen, right, we not wait for people to have all of these trauma responses before we do something as an organization. We have to get in ahead of it. And so that's part of the organization's responsibility.

So that's going to be the last question. I wondered, Anjali, if you wanted to just kind of lay out the model that you have? I know that you have a therapist that people can see confidentially. And your department pays for that.

You've got some support groups around that. What else is available that you make available to your staff? And I think people in the audience are probably thinking about that. And is their EAP going to be able to provide that? Or where do you go to get that?

Yeah, that's a great question. So we provide access to a therapist pretty quickly for people sometimes. I don't know about your organization. But sometimes if it takes too long to get in with an EAP provider, then the person sort of loses interest. And I really want to be really responsive to our people because responsiveness supports resilience, right, it supports wellbeing. So those are some of the things that we do.

More personally, what you have on the screen, I just listed a bunch of activities. And my challenge for you is to select any one of these activities to do today because these activities really support resilience. And we do this in our departments a bunch.

But I'll just pick one, gratitude. There's so much research on how appreciation of others supports my neurochemistry. So even though I'm appreciating you, I'm actually benefiting from it. So whether it's journaling or appreciating people or even sitting quietly, going for a walk, being outside, or being social, whatever works for you, my challenge for you is to pick one and do it. Just start supporting yourself.

So I'm going to have to conclude the question and answer portion. Before we end today, I'd like to note that our upcoming webinars are shown here on the screen. Watch in your inbox for registration details and visit www.ncjtc.org to find additional information on these webinars and other training and technical assistance opportunities. So this is going to conclude our webinar for today.

Thank you again, Anjali, for a great presentation. So thank you all. We hope to see you in the near future at other webinars. And have a wonderful day. Thank you all.