

# Respect

[re-spect] *n*

Relentless exposure to our clients' traumatic material is a risk to our health. **Fiona Dunkley** outlines a resilience toolkit for those carers most at risk of vicarious trauma



**Fiona Dunkley** is a senior accredited BACP psychotherapist, supervisor and trainer offering psychosocial support and trauma specialist services to humanitarian aid organisations. This article is based on an extract from Fiona's new book *Psychosocial Support for Humanitarian Aid Workers: A Roadmap of Trauma and Critical Incident Support*. The book is published by Routledge ([www.routledge.co.uk](http://www.routledge.co.uk)) and this article is published with their permission [www.fdconsultants.net](http://www.fdconsultants.net)

Research has shown that therapists, emergency first responders, humanitarian aid workers, and any individuals in a caring role are at risk of vicarious trauma, cumulative stress, burnout and compassion fatigue. As the demands of the work and the mental health risks to carers are ever increasing, how can those of us in caring roles remain resilient in work environments where we are at risk of being exposed to traumatic material, directly or indirectly?

Carers can take on a great deal of accountability for the work we do, and we often feel responsible when we can't help or when things go wrong, even if the systems are not in place to support us. The good news is that

there are many techniques that individuals can use to build their resilience. I often work with individuals and teams of carers who are experiencing compassion fatigue and burnout.

Building resilience is about learning to respect and take care of yourself, and so I have created a resilience toolkit acronym, using the word **RESPECT**. I recommend accumulating a good balance of resources that cover the following areas: **R**elaxation, **E**ducation, **S**ocial, **P**hysical, **E**xercise, **C**reativity and **T**hinking. I outline the techniques below in order to help you create your own personal resilience toolkit, to help you and your clients when needed.

*I was suffering PTSD after the Grenfell Tower fire. I felt fidgety and on edge, I just couldn't relax. I blamed myself for not saving lives and felt such loss for the people affected by the fire. It made me think of my family and I felt unable to connect. I felt like I had failed'*

(Firefighter)

## Relaxation

[re-lax-a-tion] *n*

Calming the system when we are traumatised or feel acute stress is essential, and the first step in stabilisation.

- **Breathing exercise** – 'Balanced breathing is thought to have many benefits; such as helping nutrients be absorbed, boosting the immune system, contributing to bone growth, increasing circulation, strengthening organ functions, and even relieving pain.'<sup>1</sup> A simple breathing exercise I encourage individuals to try is to take a deep breath in, hold for a couple of seconds and make the 'out breath' longer than the 'in breath'. This activates the parasympathetic nervous system, avoids hyperventilation, and allows our mind and body to relax.

- **Mindfulness** - Research shows that mindfulness helps to stabilise our mood, improve sleep, reduce anxiety, deepen concentration, and improve self-compassion.<sup>2</sup> Starting with a simple exercise, I ask the individual to focus on their breathing, breathing in the word 'calm' and breathing out the word 'tension'. When the individual becomes comfortable doing this, I may add a colour to the in and out breath, for example breathing in 'calm' with a blue or green colour and breathing out 'tension' with a red or black colour.

- **Anchors** – Anchors are items that ground us. These can be photographs, a pebble from a beach, an item of jewellery, an item that symbolises our faith, or a crystal. Generally, the best anchors are small so that we can carry them with us. When we look at this anchor, it manifests a positive mood, happy thoughts, and can assist us in staying grounded.

- **Prayer** – 'The more you focus on something... the more that becomes your reality, the more it becomes written into the neural connections of your brain.'<sup>3</sup> This philosophy is similar to the theory that 'neurons that fire together, wire together'.<sup>4</sup> Neuroscientist, Andrew Newberg, found that when

*Yasmin is an aid worker, living and working in Lebanon. Reflecting on how chaotic her life has been in recent years, she says, 'I've been rushing from one thing to another. I feel like I haven't breathed properly for a long time.' After a great deal of resistance, she finally started using breathing and mindfulness exercises. She no longer suffers from acute stress and uses her practices daily while at work.*

studying individuals of various faiths during prayer, their frontal lobes lit up (linked to positive mood), but the parietal lobes (linked to sense of self) went dark. Individuals described this 'as a sense of oneness with the universe'.<sup>4</sup>

- **Sleep** – Sleep is often the first thing to deteriorate when we are stressed. Creating a routine at bedtime is helpful. This can include having a shower or bath, writing a 'to do' list, turning off 'blue light' technology, placing drops of lavender, camomile, jasmine, or rose oil on the pillow, wrists, or bath, or burning oils in an oil burner. Autogenic exercises enable the body to relax and help to control breathing, blood pressure, heartbeat, and body temperature.<sup>5</sup> Repeat these instructions to the body three times: 'my left arm is warm and heavy'. Then focus on your right arm, left leg, right leg, neck and shoulders. End the exercise with the statement, 'my breathing is calm and regular', again repeated three times.

## Education

[ed-u-ca-tion] *n*

I often refer to the statement, 'Facts Fight Fear', as focusing on facts enables the prefrontal cortex part of the brain to stay online, thus reducing anxiety levels.

- **Psycho-education** – Understanding how our physiology is impacted by trauma and acute stress helps to normalise symptoms and reassure an individual who is suffering.

- **Triggers** – The amygdala stores the visual images of trauma as sensory fragments from our five senses. If the information is not processed to the hippocampus (the filing system), then one of the senses could become triggered, by a visual image, a smell, sound, taste, or touch. Get to know your personal triggers.

*Tim, a logistics manager, arrived for his trauma counselling in a panic, clearly having just experienced a flashback. 'I don't know what happened – it just came out of the blue. It started at the gas station around the corner, as I was filling up my car with petrol.' As we explored this further, it became apparent that the smell of petrol had triggered his flashback of an explosion in Juba, where one of his colleagues had died.*



## Social

### [so-cial] n

Although attachment begins in infancy, the need for attachment relationships continues throughout our life.

- **Social connections** – Research into resilience is undisputed on the value of contact with loved ones as a supportive factor; and involving social networks in the healing process is thought to be very important.<sup>6</sup>
- **Socialising** – Carers can often feel ‘guilty’ for having fun and experiencing pleasure when they have been exposed to such hardship and traumatic stories. Give yourself permission to have fun again. Try not to isolate yourself; balance out time alone with time socialising.
- **Team building** – In my experiences of having supported so many staff teams after a traumatic event, I notice the deep connection between individuals who have ‘*been in this together*’. This is recognised as ‘*trauma bonding*’; in this way, colleagues can become a great source of support for one another. On the tribute wall after the Grenfell Tower fire, one message read, ‘*Bonds formed are difficult to break. We will stand together*’. If teams haven’t been supported well or offered good supervision after a traumatic event, they can experience ‘trauma splitting’. This can lead to a breakdown in team dynamics, becoming detrimental to staff wellbeing and, at times, resulting in grievances and scapegoating.
- **Humour** – Many of the organisations I have worked in, including Transport for London, the London Fire Brigade and the Metropolitan Police Service, have a culture of ‘black humour’. It builds a sense of comradeship and connectedness.
- **Peer support** – Creating a safe space where colleagues can talk openly about daily challenges and fears is known to promote a sense of psychological safety and reduce stress levels, which in turn bolsters

engagement, learning and effectiveness.

- **Pets/animals** – Many people get a great deal of comfort from their pets, or from animals in general. There are also many trauma therapy centres that use animals to encourage healing.

## Physical

### [phys-i-cal] n

So much is written about trauma and stress being held in the body.

- **Shaking it off** – When we feel tense, it can help to literally ‘shake it off’, through shaking our hands vigorously, or waving our arms around each side of our body.
- **Emotional freedom technique (EFT)** – EFT<sup>7</sup> comprises of tapping median points on our body, which is believed to release energy blockages from negative emotions.
- **Massage** – When we are suffering acute stress or trauma, blood is pumped to the large muscles. Therefore, any form of massage is helpful to encourage our muscles to relax.
- **Smell** – Smell is the quickest way to get information to the brain from all our senses. Having a small bottle of scent at hand can be really grounding. Pick a smell that helps you and try it out. I have lavender, rose, lemongrass, orange and peppermint in my therapy room.
- **Diet** – when we are experiencing acute stress, the stomach shuts down, so it is helpful to routinely eat meals. If someone is experiencing nausea, I would encourage them to eat little but often. When our digestive system shuts down, we experience a dry mouth, as we don’t need to produce saliva to help digest our food, so drinking lots of water is helpful.
- **Nature** – Research has shown that even brief interactions with nature can promote improved cognitive functioning and overall wellbeing.

## Exercise

### [ex-er-cise] n

The stress response releases hormones such as adrenaline, nor-adrenaline and cortisol. When we exercise, we release feel good hormones, such as serotonin and endorphins.

- **Exercise** – Being active not only helps us to keep fit, but research has shown that it also helps keep our minds alert.
- **Yoga, Thai Chi, Qi Gong and martial arts** – These forms of exercise have been described as enhancing a spiritual or universal connection. The movements are performed in relationship with the breath, which encourages emotional regulation, with research also showing a reduction in heart rate variations (HRV). This enables control over our impulses and emotions, reduces anxiety and depression, and also the risk of physical illness.<sup>8</sup> Van der Kolk and colleagues evidenced how 10 weeks of yoga markedly reduced PTSD symptoms.<sup>9</sup>
- **Building physical strength** – Building physical strength by exercising with weights has been shown to increase confidence. However, due to its adrenalin-pumping nature, this type of exercise can become addictive; so, if this technique is your preferred resource, make sure you balance it with resources from the other categories. Core strength exercises, such as pilates, can also encourage an inner confidence and strength.

## Creativity

### [cre-a-tiv-i-ty] n

- Creativity can soothe the traumatised parts of the brain, creating distraction as well as having healing qualities.
- **Art** – Painting or drawing is a great way to activate the creative part of the brain. This type of resource involves focus and is a good distraction that

keeps us grounded in the present. The Tree of Life therapy<sup>10</sup> involves clients drawing a tree as a metaphor to represent different aspects of their lives.

- **Music** – Music has often been used as a healer, connecting deeply to our emotions and offering comfort. Notice the music you are drawn to, and why. If you are listening to adrenalin-pumping music and you feel hyper-alert and anxious, you may want to listen to calming music for a while.
- **Writing** – It can be helpful to just allow words to form on paper, with no judgment or pressure to ‘get it right’, but just using writing as a means to ‘get it out there’. Narrative exposure therapy<sup>13</sup> focuses predominantly on the client writing a detailed narrative timeline of all the traumatic events experienced.
- **Safe place** – Another exercise you can do to help relax your body and reassure yourself that you are safe, is the ‘safe place’ exercise. This was originally used in hypnosis for reducing traumatic stress.<sup>11</sup> Imagine a time when you were totally relaxed and happy. Become aware of all your senses as you recall this event: what did you see, feel, hear, taste, touch and smell? How did you feel at the time and where do you notice that feeling in your body? Using sensory information, you can bring the memory alive, and recall it as a calming resource to use when you start to feel anxious.

## Thinking

### [think-ing] n

The emotional brain, rather than the rational brain, dominates the mind when we are stressed. Therefore, we can be consumed with thoughts of ‘*not being good enough*’, ‘*not having done enough*’, or feeling ‘*we are to blame*’. These thoughts might ‘feel’ true, but they are often not based on reality.

- **Challenging negative thoughts** – Consider what you might say to a friend who has experienced a similar event. Write down these supportive statements and try saying them to yourself.
- **Affirmations/mantras** – Write a couple of affirmations (supportive statements about yourself) and keep them nearby, to refer to regularly.
- **Avoid stimuli** – Material on social media or TV can be triggering. Monitor what you are watching and your arousal levels. It may be that you need to spend a period of time avoiding certain subjects.

## Closing thoughts

If we can learn to ‘RESPECT’ ourselves more, listen to our bodies and prioritise our own wellbeing, we can role-model good self-care to support ourselves and our clients.

A colleague who recovered from burnout and vicarious trauma shared, ‘*I eventually became comfortable with my reinvented self-image. I had to reassess my work commitments and how much I was willing to do. Instead of talking about a good ‘work/life balance’, I had to hunt it down. Being outside, exercise, making time for people, smiling, being present, not pursuing a grand plan but finding great comfort in predictable stability, and understanding my own psychological make-up, were all critical coping mechanisms.*’ ●

## Your feedback please

If you have thoughts about any of the issues raised in this article or would like to write an article of your own, we would like to hear from you. Please email the editor: [workplaceditor@bacp.co.uk](mailto:workplaceditor@bacp.co.uk)

## REFERENCES

- Ogden P, Fisher J. Sensorimotor psychotherapy: interventions for trauma and attachment. New York: WW Norton & Company; 2015.
- Brown KW, Ryan RM, Creswell JD. Mindfulness: theoretical foundations and evidence for its salutary effects. *Psychological Inquiry* 2007; 18(4): 211–237.
- Newberg A, Waldman MR. How God changes your brain: breakthrough findings from a leading neuroscientist. New York: Ballantine Books; 2009.
- Hebb DO. The organisation of behaviour. New York: Wiley & Sons; 1949.
- Manzoni GM, Pagnini F, Castelnovo G, Molinari E. Relaxation training for anxiety: a ten-years systematic review with meta-analysis. *BMC Psychiatry* 2008; 8–41.
- Jeanette JM, Scoboria A. Firefighter preferences regarding post-incident intervention. *Work & Stress* 2008; 22: 314–326.
- Craig G. EFT: emotional freedom technique: the EFT manual. California: Energy Psychology Press; 2011.
- Sack M, Hopper JW, Lamprecht F. Low respiratory sinus arrhythmia and prolonged psychophysiological arousal in posttraumatic stress disorder: heart rate dynamics and individual differences in arousal regulation. *Biological Psychiatry* 2004; 55(3): 284–290.
- Van der Kolk B, Stone L, West J, Rhodes A, Emerson D, Suvak M, Spinazzola J. Yoga as an adjunctive treatment for PTSD. *Journal of Clinical Psychiatry* 2014; 75(6): 559–565.
- Denborough D. Collective narrative practice: responding to individuals, groups, and communities who have experienced trauma. Adelaide: Dulwich Centre Publications; 2008.
- Schauer M, Neuner F, Elbert T. Narrative exposure therapy: a short-term intervention for traumatic stress disorders after war, terror, or torture. Cambridge: Hogrefe & Huber Publishers; 2005.