

Winter 2009 VOL 5, Issue 4
Family Violence Resource Network News

A periodic newsletter sponsored by the *Walking Together* program
Samaritan Counseling Center

You're Invited!

Family Violence Resource Network Quarterly Meeting
Wednesday January 20, 10:00AM – Noon

9:30 AM – Coffee and Pastries

RSVP: Lrockett@scclanc.org or call 717.625.1722

\$5.00 contribution to defray facilities cost will be collected at door



Sponsor: Samaritan Counseling Center

Meeting Location: First United Methodist Church-29 E Walnut St, Lancaster, PA

Topic: Tools for Taking Care of Ourselves

Vicarious Trauma. Compassion Fatigue. Secondary Traumatic Stress. Burnout. For those of us in the helping professions, the risks are real. In the words of Dr. Judith Herman in her groundbreaking book, *Trauma and Recovery: the Aftermath of Violence from Domestic Abuse to Political Terror*, “**trauma is contagious**”. It can spread from person to person, and throughout systems, unless we intentionally build our personal and organizational immunity.

The army psychiatrist who recently opened up fire at Fort Hood in Texas, leaving 12 dead and wounding more than 30 had been the repository of countless stories from traumatized soldiers returning from the mid-East with horrific tales of what they had seen and experienced. Although we don't yet know all the details of what drove Major Nidal Malik Hasan to mass murder, it is reasonable to think that listening to the accounts of the soldiers he treated may well have contributed to the stress that ultimately led him to this atrocity.

Most of us have been to seminars and learned how to identify signs of vicarious trauma or burnout, and know, intellectually, we need to “take care of ourselves” in order to stay healthy. Yet few of us have been given the “tools” we need to intentionally shift our minds and bodies away from a stress-based state and into something more healthy – **a state that allows us to thoughtfully respond, rather than react, to upsetting events, overloaded schedules, difficult people, impossible work assignments and reduced budgets.**

Our January FVRN meeting will be dedicated to learning some tools for stress reduction you can add to your toolbox that will benefit you (and those who seek your help!).

The meeting in January will be experiential in nature. We'll learn some stress reduction practices by using Tai Chi Easy and Qi Gong movements; a guided visualization; and structured breathing practices. We'll also share with each other in small group our favorite “self care” and “stress reduction” strategies, and what action plan (if any) we have in place to mitigate the effect of the occupational hazard of “vicarious trauma”.



A five-week group that includes some of these practices begins at Samaritan on January 28. *(Read on!)*

Energize your New Year's Resolution with Mind-Body Life Coaching

How do I want to live in 2010?

Reflect on this question – it's the only real question that matters as you make your New Year's resolution for 2010.

5-week group starts January 28 5 PM - 6:45 PM (Thursdays)

Location: Highland Presbyterian Church, adjacent to Samaritan

In this mind-body life coaching group designed to support you in making a positive change in your life as you move into the New Year, we will use guided visualizations and journaling techniques to infuse our resolutions with energy and power, and help each other along the way.

We'll incorporate relaxation practices such as flowing Tai Chi movements and meditative walking to help us listen with our "heart-mind" to how we are being called to live in 2010 and to enhance our ability to thoughtfully respond – rather than react – to people, circumstances and events we encounter.

In 2010, I resolve to....

Spend less time in the past & future, and more time enjoying the present

Deepen my relationship with my spouse/partner/child

Free myself from my inner critic

Become healthy and fit in body, mind and spirit

Trust my spiritual guidance and intuition more

Tell the truth instead of what people want to hear



Samaritan Counseling Center www.scclanc.org

The cost of the group is \$160. Payment must be included with registration. MC/Visa/Discover accepted.

Name _____ Phone _____ Email _____

Address: _____

enclosed _____ (write amount)

Visa/MC/DISC (circle one) # _____

Name as it appears on credit card _____

Exp. Date: _____ **Signature:** _____

I am registering for the Mind-Body Life Coaching Group that starts on 1/28 and finishes on 2/25/2010

When you see the immense suffering of those you are attempting to help, you are morally and emotionally compelled to put aside your own fears. Temporarily. You function under pressure in the present by postponing your relief to the future. That kind of pressured living and working builds tensions ...” Yasmine Sherif (U.N.)

Vicarious Trauma can cause us to question our existing worldview, perspective, identity, and spirituality.

What is Vicarious Trauma?

Most simply put, vicarious trauma can be thought of as the negative changes that happen to humanitarian workers over time as they witness other people's suffering and need. While many humanitarian workers are changed positively by their experiences, here we focus on the negatives. These negative changes are the cost of caring for and caring about others who have been hurt. We could therefore define vicarious trauma this way:

Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.

Vicarious trauma is a process of change

Vicarious trauma is a process that unfolds over time. It is not just your responses to one person, one story, or one situation. It is the **cumulative** effect of contact with survivors of violence or disaster or people who are struggling. It is what happens to you over time as you witness cruelty and loss and hear distressing stories, day after day, and year after year.

This process of change is **ongoing**. Your experiences of vicarious trauma are continuously being influenced by your life experiences (both those you choose and those that simply happen to you in the course of your professional and personal lives). This is an important point because it provides hope: as the process of VT unfolds, there are many opportunities along the way to recognize the impact your work is having on you and to think about how to protect and care for yourself while doing that work.

Vicarious trauma is an ongoing process of change over time that results from witnessing or hearing about other people's suffering and need.

Vicarious trauma happens because you care about people who have been hurt.

Vicarious trauma happens because you care – because you empathize with people who are hurting. **Empathy** is the ability to identify with another person, to understand and feel another person’s pain and joy.

Empathy doesn’t mean feeling exactly what someone else is feeling. Everyone is unique. Everyone has his or her own personal history, personality, and life circumstances. You cannot ever feel exactly what someone else is feeling. But to a certain extent (and more effectively in some cases than others), when you care, you can relate to other people’s experiences, reactions, and feelings. And when you care about and identify with the pain of people who have endured terrible things, you bring their grief, fear, anger, and despair into your own awareness and experience and feel it along with them in some way.

Over time, vicarious trauma leads to changes in your own psychological and spiritual well-being.

Vicarious trauma is the result of opening up your heart and mind to the worst in human experience - natural and human-made disasters, and human cruelty. When you witness the suffering of people you care about and feel responsible to help, over time this can change the way that you see yourself, the world, and what matters to you. These challenges can change your **spirituality** (your deepest sense of meaning and purpose, hope and faith).

Source - <http://www.headington-institute.org>

“I spent several years as a part-time domestic violence counselor and I finally had to quit. I started dreaming of being beaten, I stopped eating well and I was jumpy and startled easily. I had caught a mild case of PTSD from counseling these women. My supervisor told me that I needed to take a break. I came back to this work by doing workshops on spiritual resources for those who work with women who have been battered. I knew what I was talking about.” **Susan Brooks Thistlethwaite**, former president of Chicago Theological Seminary (1998-2008), and now a senior fellow at the Center for American Progress. Nov. 6, 2009, Washington Post “On Faith” blog.

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Secondary Trauma, Bruce D. Perry, M.D.

Generally speaking, persons at risk for developing secondary trauma are those who have the responsibility of providing care to a person who has had some type of crisis. Historically, persons at greatest risk were those in the emergency services professions: police officers, fire fighters, emergency medical technicians, police officers, fire fighters, nurse crisis workers, and clergy.



In recent years that list has expanded to include a wide range of professionals who work with children and families in crisis. Included in that list are pediatricians, psychologists, psychiatrists, family lawyers, adult mental health professionals, child protective services workers, prison guards, juvenile probation officers, foster parents, and teachers.

There are several reasons why professionals working with maltreated or traumatized children are at increased risk of developing secondary trauma.

1) **Empathy** is a valuable tool used by mental health workers, educators, and childcare providers and other professionals working with traumatized children. Children get better in therapy not because we talk to them or at them, but because we are emotionally there for them. However, by empathizing with a child or “feeling their pain” the professional becomes vulnerable to internalize some of the child’s trauma-related pain.

2) **Insufficient Recovery Time:** Professionals working with children and families are often required to listen to children describe some very horrific situations they have experienced. These same professionals are secondarily traumatized by having to listen to the same or similar stories over and over again without sufficient recovery time.

3) **Unresolved Personal Trauma:** Many professionals have had some personal loss or even traumatic experience in their own life (e.g., loss of a family member, death of a close friend). To some extent, the pain of experiences can be “re-activated.” Therefore, when professionals work with an individual who has suffered a similar trauma the experience often triggers painful reminders of their own trauma.

4) **Children are the Most Vulnerable Members of Our Society:** Young children are completely dependent on adults for their emotional and physical needs. When adults maltreat these vulnerable persons it evokes a strong reaction in any person with a sense of decency and morality. At times, the senseless and almost evil nature of some of the trauma inflicted on children shakes one’s sense of humanity.

5) **Isolation and Systemic Fragmentation:** New research and clinical wisdom point to the important role of group cohesiveness in regulating individual stress reactions. When individuals feel valued and are in the presence of others who respect and care for them, they are more capable of tolerating extreme stressors. Clearly this means that the current practices in child protection, mental health, probation and education - specifically, individual service delivery rather than team-oriented practice within a fragmented system with high-turnover - are a set up for increased stress for individuals working in that system.

6) **Lack of Systemic Resources:** A lack of economic and personnel investment in front-line services for high-risk children exacerbate each of the problems listed above. In our current socio-political climate, no public system is likely to address adequately the issues related to development of secondary trauma in front-line personnel. The task of addressing these problems, then, falls to the mid-level leader, supervisors, program directors and others who are working to create a positive work-climate for their co-workers

http://www.childtrauma.org/ctamaterials/SecTrma2_03_v2.pdf



Building our Immunity and Reducing stress

*By Rebecca McLean & Dr. Roger Jahnke Co-Founders **Health Action™ & Circle of Life Coaching system***

Research indicates that over 80% of all disease is related to stress, because when the adrenaline is activated, the immune system is suppressed.

Deeper, fuller breathing provides our body with more life force energy, more optimal immune function and stress resilience. Paced or slower breathing also supports greater brain function, better mood, hormone balance, and the overall feeling of wellbeing. We have the power to activate our immune system, mobilize our body's natural healing resources, turn on our natural powers to thrive - simply by taking regularly taking deep full breaths throughout your day.

The Physiology

Slower, deeper breathing, activates what is known as the "Relaxation Response."

1. Longer exhalation causes relaxation.
2. Deeper, fuller breaths cause the lung tissues to expand and the stretch receptors to release a relaxing neurotransmitter.
3. When the relaxation response is activated, the blood vessels enlarge allowing more oxygen and nutrients to be transferred from the blood to the tissues.
4. Relaxation creates a wide array of neurotransmitters to be released, which enhances healing, turns on the immune system, and releases endorphins which are the body's natural pain killers, and the body's "feel good" molecules.
5. Relaxation releases choline based neurotransmitters, which create the rest state and are the opposite of the adrenaline based neurotransmitters, which are the stress hormones. Shallow or short breathing is associated with the adrenaline, which neutralizes the choline neurotransmitters.

Mind Body Self Care Recommended Resources

Qigong/Tai Chi - Dr. Roger Jahnke

The Healer Within <http://www.healerwithin.com>

Tai Chi Easy <http://www.taichieasy.org/>

Dr. Candace Pert, Ph.D. in pharmacology from Johns Hopkins University School of Medicine, served for 13 yrs as Chief of the Section on Brain Biochemistry of the Clinical Neuroscience Branch of the National Institute of Mental Health (NIMH).

<http://www.candacepert.com>

Mind Body Self Care Practices

Emotional Freedom Techniques (EFT) is an emotional, needle free version of acupuncture that is based on new discoveries regarding the connection between your body's subtle energies, your emotions, and your health.

Tapping points. <http://www.emofree.com>

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Assess yourself – Take the test!

Compassion Fatigue and Satisfaction Self-Test for Helpers

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self -test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with your helping others. Consider each of the following characteristics about

you and your **current** situation. Print a copy of this test so that you can fill out the numbers and keep them for your use. Using a pen or pencil, write in the number that honestly reflects how frequently you experienced these characteristics in the last week. Then follow the scoring directions at the end of the self-test.

<http://mailer.fsu.edu/~cfigley/satfat.htm>

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ABOUT THE FAMILY VIOLENCE RESOURCE NETWORK

The FVRN meets 4 times a year. If you are interested in connecting with others who are concerned with family violence in Lancaster County, plan to attend these meetings! Great opportunities for learning, networking, and discussing prevention and assistance strategies in a cross-disciplinary forum that includes religious, medical, agency, mental health, survivor, advocate and community volunteer perspectives.

Meeting Schedule 2010

Date	Location	Sponsor
01/20/09	First United Methodist	Samaritan Counseling Center
04/21/09	YWCA (Lime St)	YWCA of Lancaster Sexual Assault Prevention & Counseling Center
APRIL IS SEXUAL ASSAULT & CHILD ABUSE AWARENESS MONTH		
07/21/09	First United Methodist	Samaritan Counseling Center
10/20/09	First United Methodist	Domestic Violence Services of Lancaster County

OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

REFRESHMENTS: 9:30 AM
MEETING: 10:00 AM – Noon

First United Methodist Church is located at 29 E. Walnut St., Lancaster
You can access the parking lot from Lemon St (and several other streets). Please park
Only in the spaces marked FIRST; do not park in spaces for tenants or physicians.



Have an idea about a topic or issue you would like to see included at a meeting? Let us know!

Linda Crockett, Director, Walking Together, Samaritan Counseling Center
{**January & July** meetings} Lcrockett@scclanc.org

Mary Ross, Empowerment Center Director, YWCA of Lancaster {**April meeting**}
mross@ywcalancaster.org

Becky Powell, Counseling Coordinator, Domestic Violence Services of Lancaster Co.
{**October meeting**} bpowell@DVSLANC.org