

Mitigating Vicarious Trauma

*National Nurse-Led Care Consortium
and the Joseph J. Peters Institute*

Zoom Orientation

1

Captions

To adjust or remove captions, click the “Live Transcript” button at the bottom of your Zoom window and select “Hide Subtitle” or “Show Subtitle.”

2

Questions

Please add your questions for the speaker and comments for the group into the Q&A box.

3

Technical Issues

Please message Kat Soll in the chat.

CC

Live Transcript

Q&A

Chat



Accreditation Statement

Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This session, *Mitigating Vicarious Trauma*, has been approved for 1.0 NCPD contact hour.

Success Completion Requirements: To obtain the 1.0 contact hour of nursing continuing professional development, you must attend the entire activity and complete the evaluation.



Social Work Continuing Education Credit

This training is approved for 1 hour continuing education for psychologists, social workers, marriage and family therapists and professional counselors by Full Being Services, a Wellness Collective.

Phoenix Center for Experiential Trauma Therapy (Lic. #004115) is approved by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to offer continuing education for social workers, marriage and family therapists and professional counselors.

Phoenix Center for Experiential Trauma Therapy (Lic. # PSY000215) is approved by the Pennsylvania State Board of Psychology to offer continuing education for psychologists. Phoenix Center for Experiential Trauma Therapy maintains responsibility for the program.



The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care. NNCC's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.

Joseph J. Peters Institute (JJPI) is a non-profit mental health organization that provides outpatient, trauma-informed services to survivors of trauma as well as individuals with histories of violence and abuse. JJPI's mission is to restore hope with dignity, we do that by providing compassionate person-centered evidence-based practice interventions that provide healing and mental health wellness. JJPI is one of the few providers on a national level that provides comprehensive trauma treatment that encompasses the entire cycle of abuse.

The Philly Supporting Parenting Relationships through Outreach, Understanding, and Training (Philly SPROUT) will support children and their caregivers participating in NNCC's home visiting programs, Nurse-Family Partnership (NFP) and Mabel Morris Family Home Visit Program (MM), through mental health services provided by JJPI mental health clinicians. The program will also enhance the capacity of Philadelphia-based child and family service providers through infant and early childhood mental health (IECMH) training and learning collaboratives.

This training was made possible by Grant Award #1H79SM086431-01 from SAMHSA. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of SAMHSA.



- **Subject Matter Expert**



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Mitigating Vicarious Trauma

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TRAUMA, ADVERSITY, CHRONIC STRESS

Stressors

- Abuse, neglect, separation
- Poverty, incarceration
- Injury, loss

Protective Factors

- Relationships, support
- Stability in housing, finances
- Coping, maturity, intelligence

WITNESS



Overlapping Concepts

- Vicarious trauma
- Secondary traumatic stress
- Compassion fatigue
- Co-victimization
- Traumatic countertransference
- Contact victimization
- Indirect trauma

When we see someone else suffering or in pain, mirror neurons help us to read her or his facial expression and actually make us feel the suffering of the pain of the other person. These moments are the foundation of empathy and possibly of morality, a morality that is deeply rooted in our biology, p.5.

Marco Jacoboni, 2008
Mirroring People





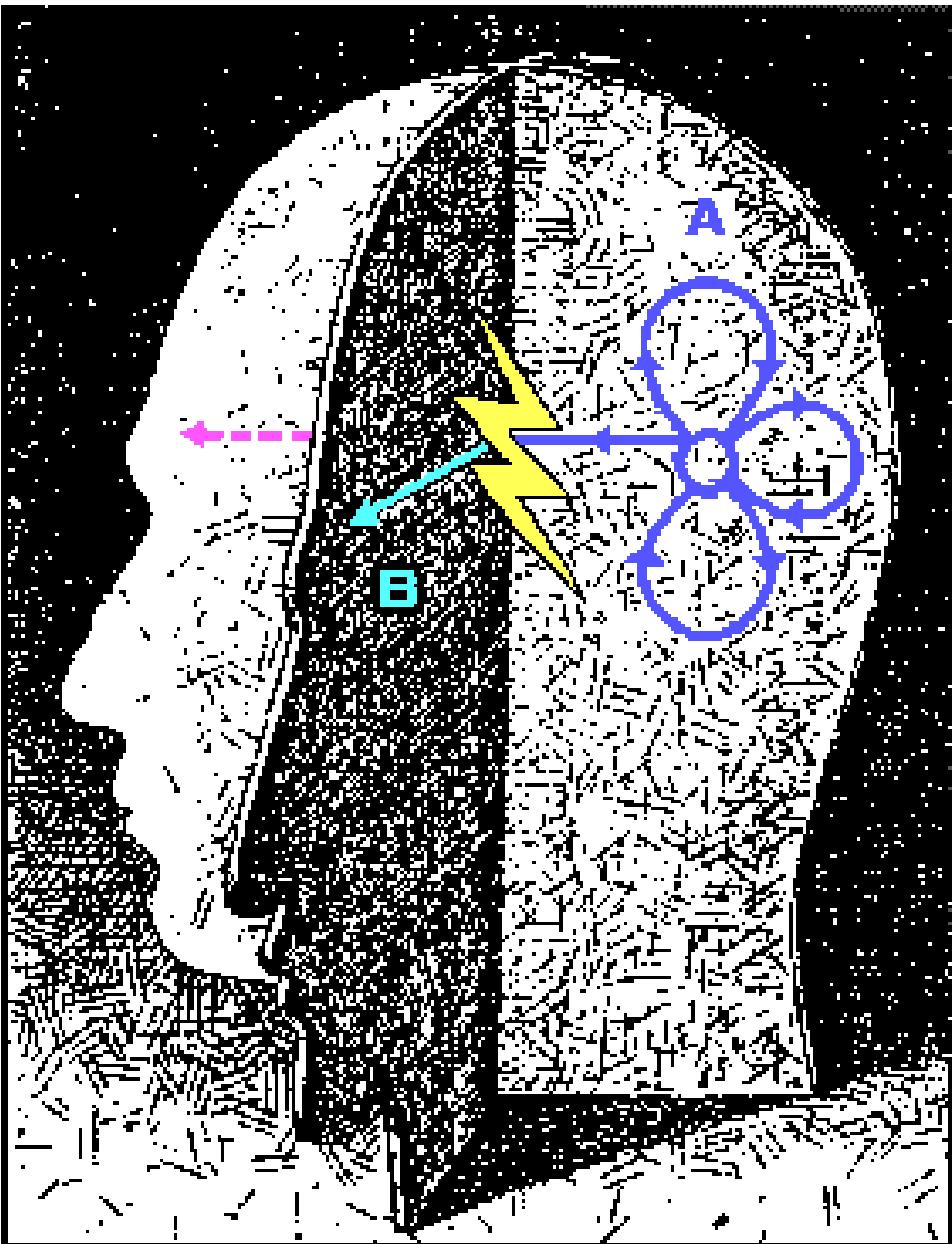
INABILITY TO USE SOCIAL BUFFERS

(COATES ET AL, 1979)

- As bearers of disturbing thoughts and negative emotions, victims are suppressed
- Listeners switch topic away from trauma
- They attempt to press their own perspective of the trauma upon victim
- Exaggerate victims' personal responsibility
- Avoid contact with victim altogether

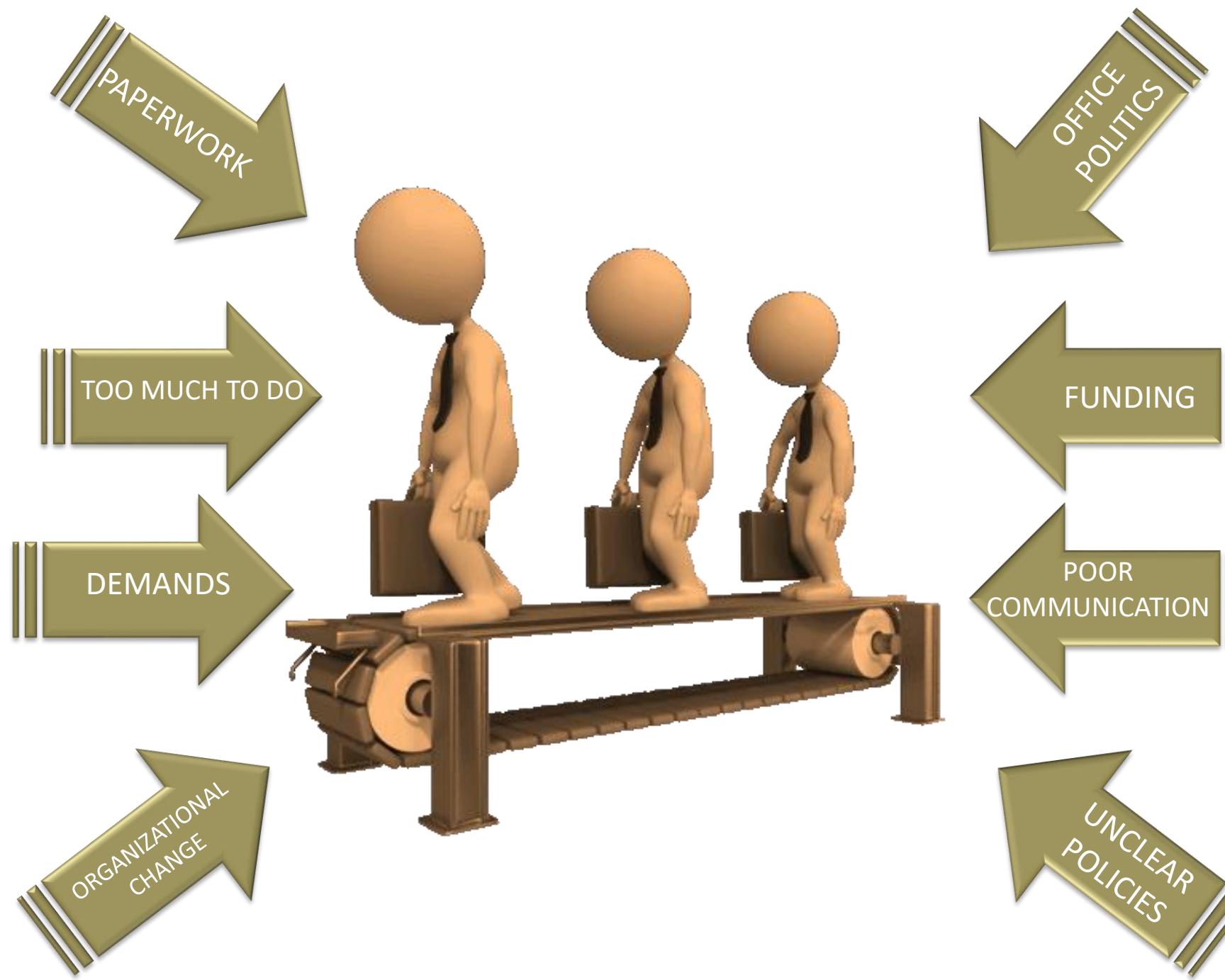
VICARIOUS TRAUMA SYMPTOMS

(SAAKVITNE & PEARLMAN, 1996)



- No time, no energy
- Disconnection
- Social withdrawal
- Sensitivity to violence
- Alterations in sensory experiences – symptoms of PTSD
- Nightmares
- Cynicism
- Despair and hopelessness
- Diminished self-efficacy
- Changes in identity, worldview, spirituality

ADVERSITY BRICKS FOR HUMAN SERVICE WORKERS



NEGATIVE EFFECTS OF BURNOUT

- Absenteeism
- Job turnover
- Low productivity
- Decreased job satisfaction
- Reduced commitment to the job.
- Negative effect on people's home life as well.
- Burnout has been associated with many physical problems



VICARIOUS TRAUMATIZATION

RISK FACTORS



Personal/Professional:

- History of adversity (including exposure to systems of oppression)
- Poor respect for boundaries
- Constant exposure to trauma survivors

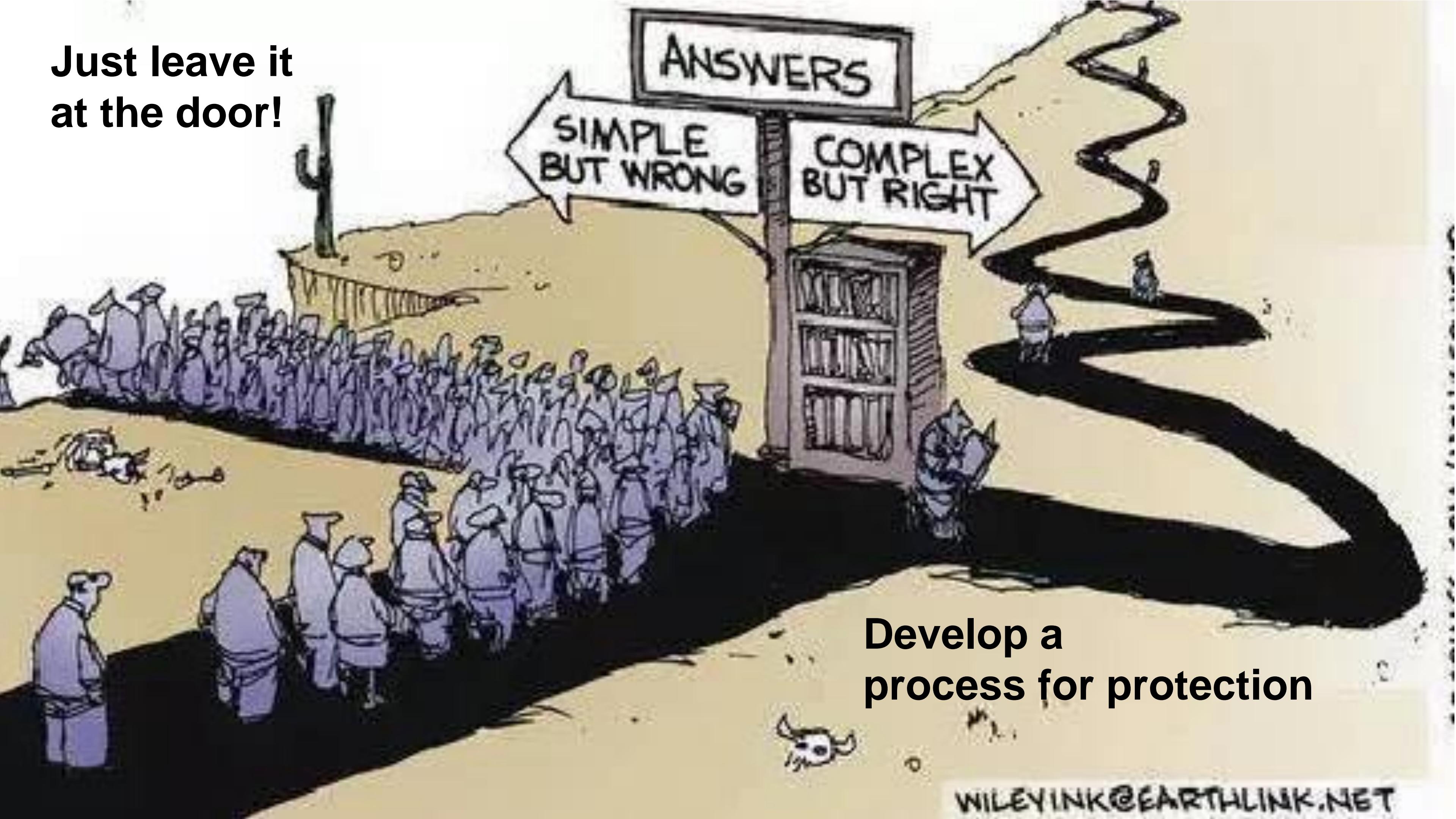
Organizational

- Unrealistically high workloads – role overload
- Denial of severity and pervasiveness of trauma
- Role ambiguity
- Failure to capture success

PROTECTIVE FACTORS



Just leave it
at the door!

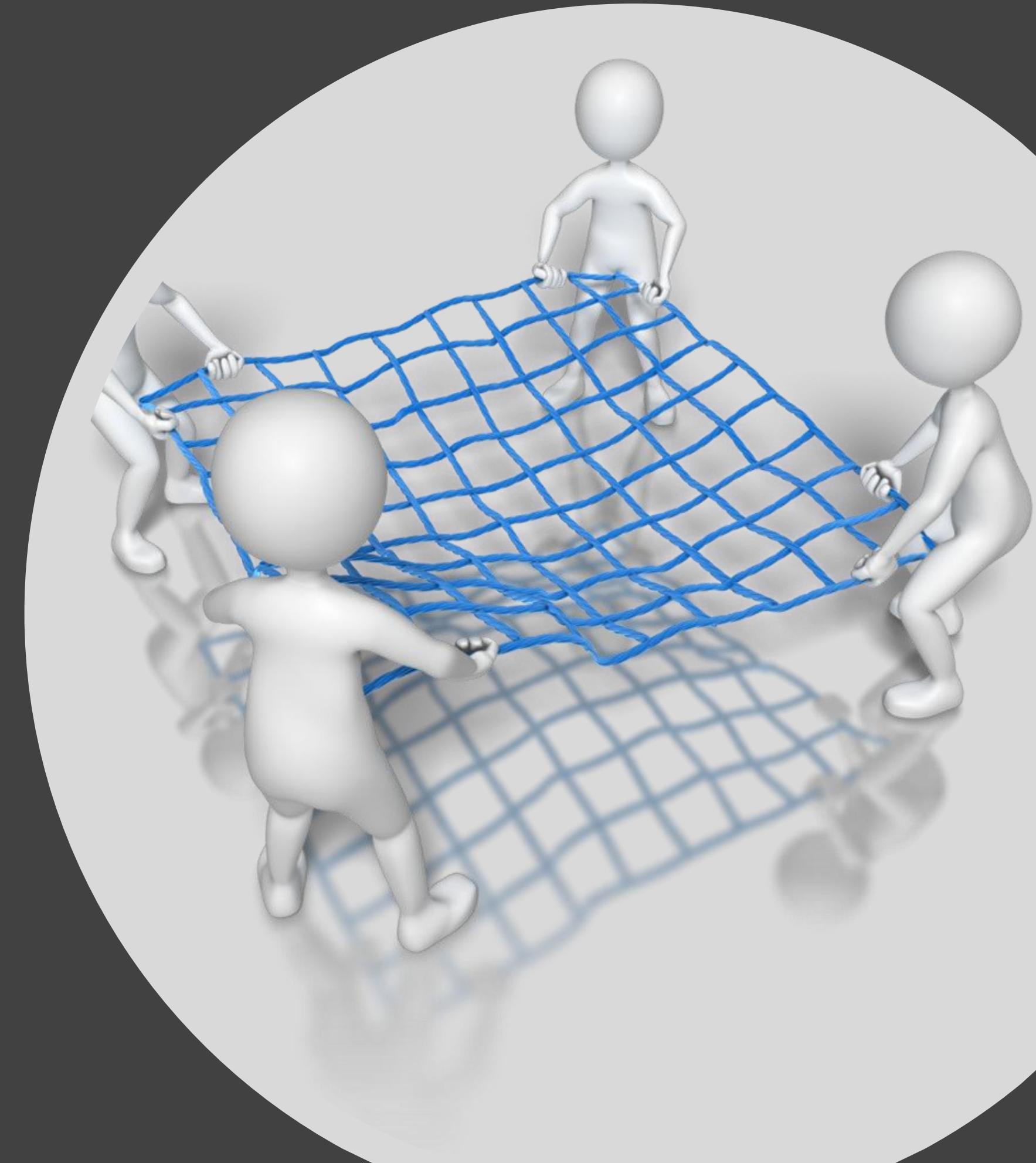


Develop a
process for protection

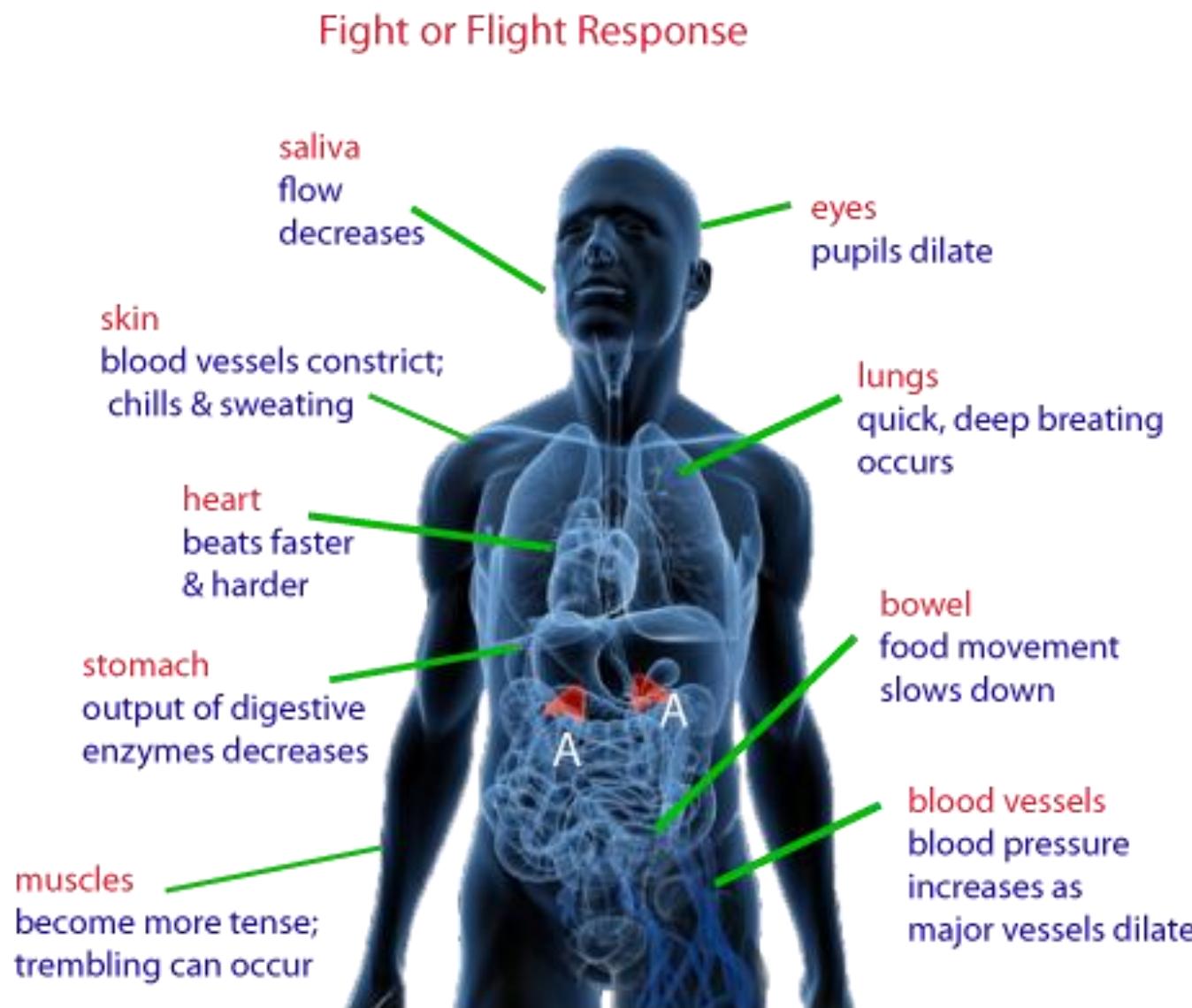
VICARIOUS TRAUMATIZATION

PROTECTIVE FACTORS

- Social support
- Awareness of the potential and impact of VT
- On-going training
- Supervision/consultation
- Resolution of one's personal issues
- Role clarity
- Knowledge of trauma theory
- Competence in emotion regulation and wellness strategies



HUMAN STRESS RESPONSE: WE ARE EMBODIED CREATURES



State of high alert

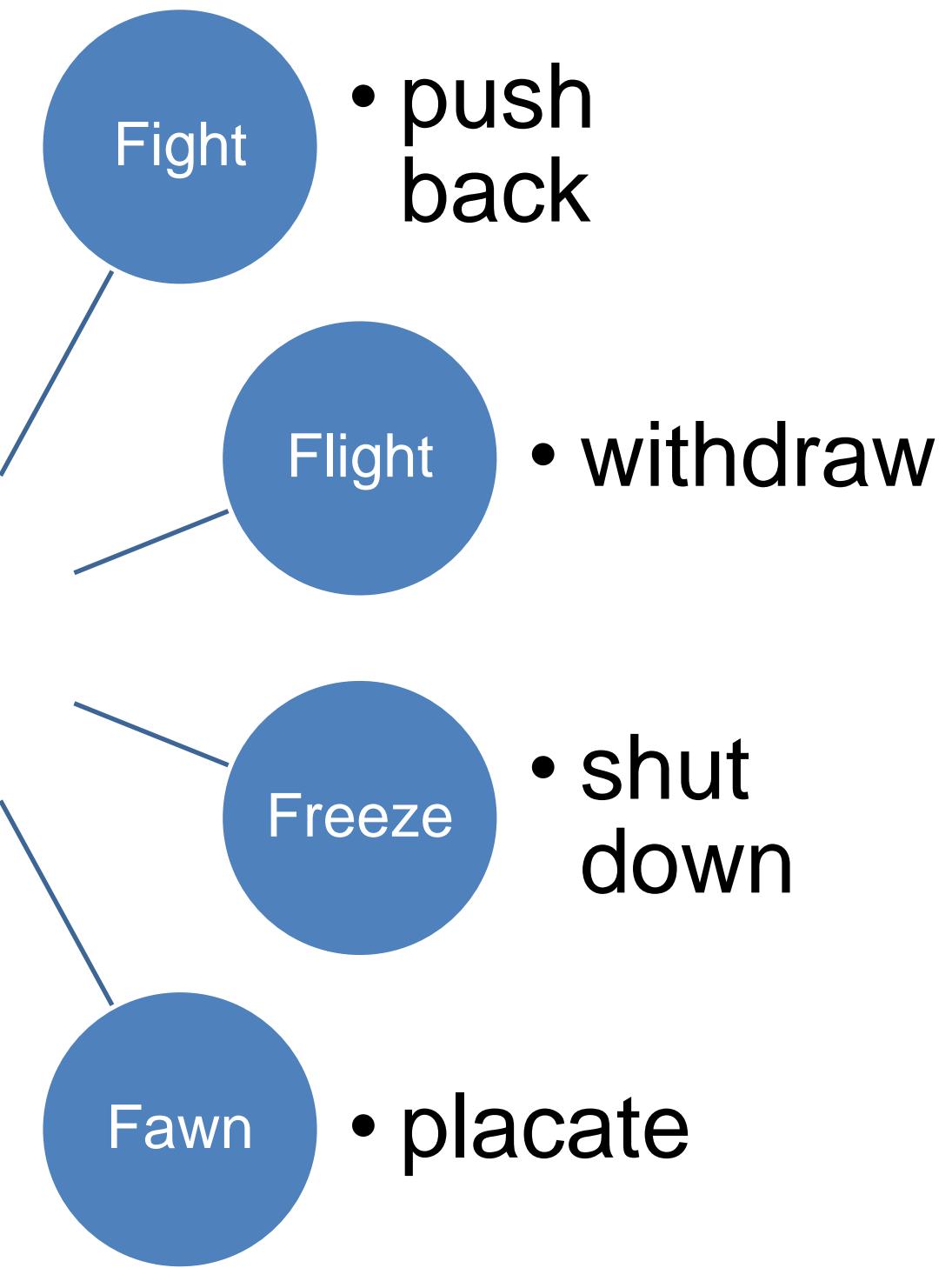
Inability to think clearly

Extreme thoughts

Attention to threat

Intense and prolonged anxiety

Drive to take action



EMOTIONAL VOLUME PLANS

1. What feelings are most difficult to manage?

Most people will say anger, but they may feel shame, fear, disappointment, or helplessness.

2. What are the situations that are most likely to trigger those feelings?

These situations may be interpersonal or may be related to thoughts or things we observe.

3. What signs does your body give you when your emotional volume is turned up?

These may be physical signs (heart rate, sweating) or behavioral signs (pacing, gesturing).

4. What are three things you can do to bring your emotional volume down?

These might be physiological (breathing, muscle relaxation) or behavioral (self-talk, walking).



Group Engagement: Six Hats

Detective – wants all the facts, lots of questions

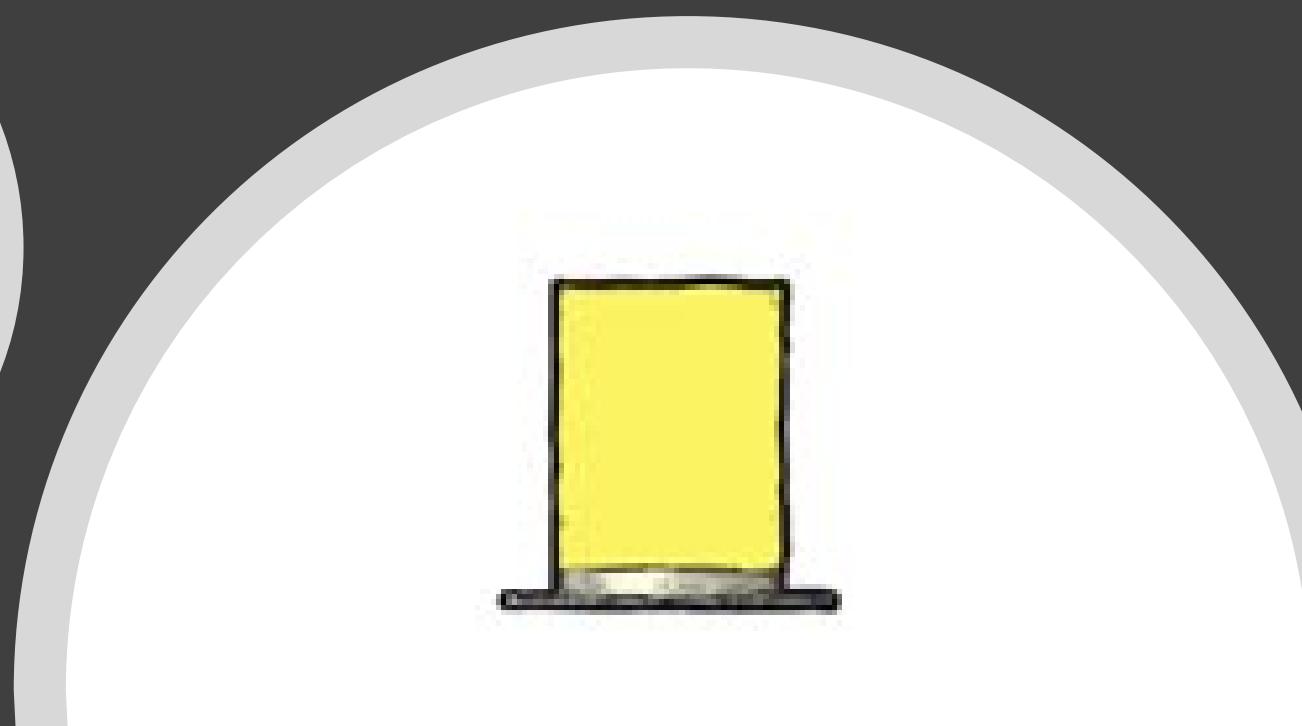
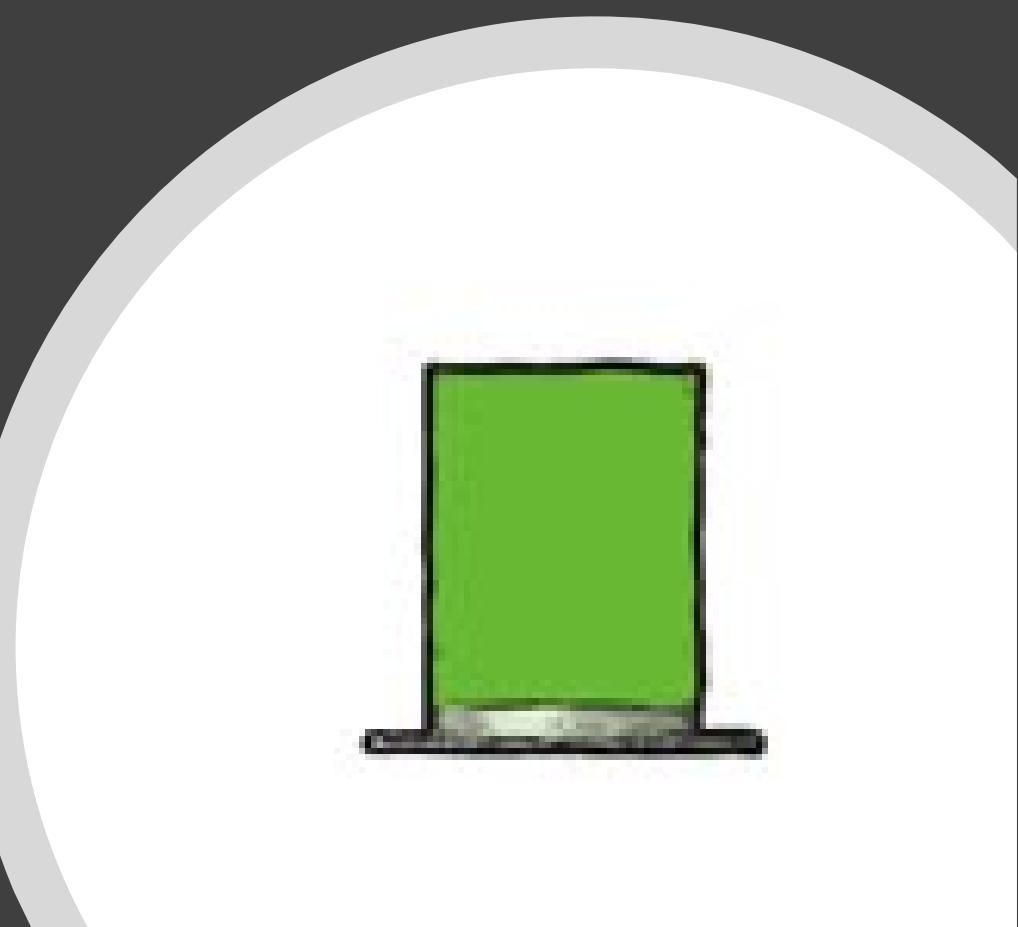
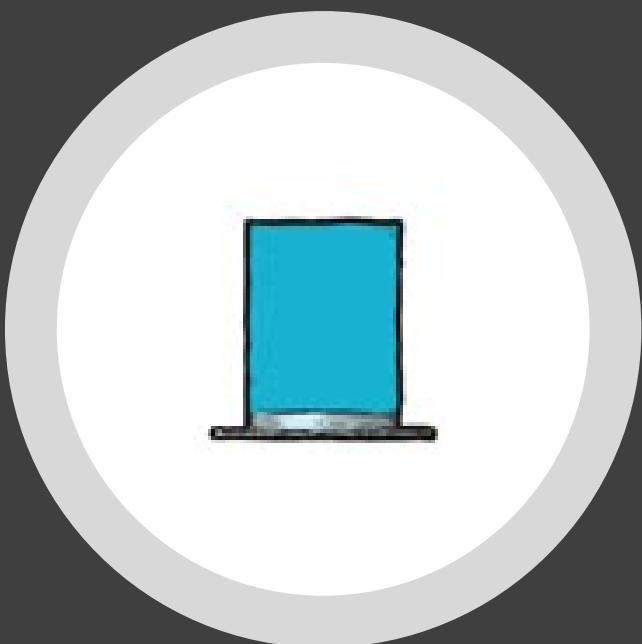
Therapist – is most interested in making sure everyone is ok

Cheerleader – sees the good side and agrees with or is willing to try anything

Voice of Doom – sees only the problems with ideas or plans

Representative – is seen as speaking for all people of their identity (Black people, women, LGBTQ+ people, etc.)

Disengager – doesn't really participate or seems checked out



To avoid falling into these roles, every group member contributes to the following categories:

- **Purple** - Information: What are the facts?
- **Red** - Emotions: What are the feelings people have or might have about this?
- **Pink** - Judgement: What are the potential problems with this idea?
- **Gold** - Positive view: What are the opportunities or positives about the idea?
- **Green** - Creativity: What else should we consider to make the idea better?
- **Blue** - Integration: How can we pull together all the ideas?

WELLNESS PLAN

Purpose:

- Define actions for each member of the community that helps them cope with stressors
- Promote awareness of health risks of stress
- Promote expectations for each member to take initiative in their own wellness

- Physical (examples: work out 3 x week, eat salad once per week)
- Social (examples: meet with friends for book club once a month)
- Community (examples: volunteer 1 x year at children's school, donate outgrown clothing)
- Relationships (examples: have family dinner 3 x week, give loved ones a hug each day)
- Spiritual (examples: attend services, attend spiritual study, meditate once per week)



Physical Wellness

Take time off when sick, take vacations

Take regular breaks during the day (i.e. 10 min in morning and 10 min in afternoon)

Schedule regular lunch breaks/take time away from my desk at lunch

Schedule movement/stretching/yoga breaks

Assess whether your space is set up for optimum health and whether changes are required

Create a plan to support breastfeeding/pumping/medication/injection (ex. a private space and time).

Mental Wellness



Use

- personal Days (or flex-time)
- a “go dark” practice when on leave (i.e. don’t check voice messages or email)

Schedule

- difficult tasks/situations are interspersed with simpler or quiet tasks
- brain breaks throughout the day

Identify

- and seek out projects and tasks that are exciting or hopeful for you
- and create a plan for training or furthering education

Develop

- and implement a schedule for regular social connections
- a mentorship partnership with someone you look up to

Offer

- a note of gratitude to a colleague
- donuts, coffee, leave notes in break room

Dedicate

- time to attend workshops and conferences
- time to refresh/organize your workspace, desktop, work bag

Emotional Wellness

- Identify who you might ask for help when needed and how you would connect with them.
- Access employee benefits such as EAP.
- Ask about and share with colleagues what they experience as supportive.
- Identify and develop a plan to practice healthy boundaries and limits with co-workers, clients, and others.
- Schedule a time to recognize and share successes from the past week/month.



Spiritual Wellness

Seek connection
between your faith
or beliefs and

- The people you serve
- The language you use
- Your professional identity
- Your organization
- Each other



Closing



Evaluations

Training Evaluation & NCPD Contact Hours

- The evaluation link will be sent to attendees in a follow up email.
- If you are applying for the 1.0 NCPD contact hour, you must attest to attending the entire session and complete the evaluation.
- The evaluation will close **EOD Wednesday, October 29, 2025.**

CEU Evaluation* for Pennsylvania licensed Social Workers, Marriage and Family Therapists, licensed Professional Counselors, and licensed Psychologists

- The evaluation link will be sent to attendees in a follow up email.
- The evaluation must be completed by **12:00PM tomorrow, October 16, 2025.**

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Trainings

More information coming soon!

Learning Collaboratives

More information coming soon!

In-Person Summit

Will be held early next year. More information coming soon!

The Philly SPROUT Project appreciates your continued engagement.

Continue learning with our upcoming trainings focused on IECMH. Scan the QR code for more details!



Upcoming Trainings & Learning Collaboratives





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