

PROTECTING YOURSELF FROM SECONDARY TRAUMA

Working with trauma victims is considered to be a specialised field for many practitioners. Dr Ravi Gill, a psychologist in the Metropolitan Police, shares her methods for supporting officers exposed to trauma, and how she avoids trauma-related stress, compassion fatigue and burnout.

SUMMARY POINTS

- ⊕ Recent terrorist attacks, and other major incidents, have highlighted the traumatic nature of situations that Metropolitan Police officers deal with, which has also placed a spotlight on support services available.
- ⊕ Trauma-related therapy involves helping individuals manage their emotional, physical and psychological responses to a traumatic event or events.
- ⊕ Any practitioner working with secondary trauma may experience trauma-related stress, compassion fatigue and burnout.
- ⊕ Whilst the nature of the work cannot be avoided, it is important to remember that you have a responsibility to yourself to manage your stress appropriately.

Working with trauma victims allows practitioners to develop their skill set and for many contributes towards a sense of fulfilment within their career. However Quitangon and Evces report that counsellors and other practitioners working in this field have 'a distinct susceptibility to vicarious trauma from repeated exposure to adverse details of client's traumatic experiences'.

So how do you protect yourself from also becoming a victim whilst helping others deal with their trauma?



In this article, I consider:

- an overview of the blue light support services
- occupational health services
- signs and symptoms
- tips for self-care
- professional responsibility.

Working with trauma within the Metropolitan Police Service (MPS), the largest police force in the UK, is a great opportunity and is a career highlight for any practitioner. Recent terrorist attacks, and other major incidents, have highlighted the traumatic nature of situations that MPS officers deal with. This has also put a spotlight on the support services available. There is no doubt that, with the occurrence of these incidents, there has been a rise in referrals to occupational health services, especially counselling services and trauma support services.

In this article I discuss some working practices I adopted whilst working with trauma clients within the MPS.

The Mental Health Foundation found that one in three adults in England report having experienced at least one traumatic event. In 2015, MIND launched the blue light Programme looking specifically at stress and trauma amongst Blue Light (emergency services) workers, volunteers and staff. This four-year study found that nine out of ten people reported experiencing stress at work and, when looking at police officers, it was reported that one in four present with post-traumatic stress disorder (PTSD) symptoms.

Trauma-related therapy involves helping individuals manage their emotional, physical and psychological responses to a traumatic event or events. Traumatic experiences vary from adverse childhood experience, physical or sexual assault, road traffic accidents, natural disasters, unexpected death or witnessing serious injury to others, being diagnosed with a life-threatening illness, and terrorism. What is important to note is that the same experience will have a different impact on who was involved; it is the individuals' interpretation

of the event and the emotions they have attached to it during processing. I am sure most are familiar with the term PTSD. PTSD is often caused by experiencing a traumatic event. This could be a single traumatic episode or repeated exposure to several traumatic incidents, which is the case for many of the MPS officers.

With a rising body of evidence growing around PTSD and policing there is a huge emphasis placed on provided the most appropriate support services to officers, according to the College of Policing. Within the space of a few months the nature of occupational health counselling services has seen changes and service developments to keep up with the demand for services and to provide the most appropriate support. Traditionally, providing face-to-face counselling, group therapy and mindfulness groups, the expansion of the service has now moved towards trauma-focused work.



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As we are in a digital age this too has led to changes within the service. Since April, we have introduced employee assistance programme (EAP) services. The EAP team complete telephone assessments of officers wanting to engage in counselling services; following assessment it is triaged and scored as low, medium and high risk accordingly. Improving access to psychological therapies (IAPT) measurement screening tools are used for this: PHQ-9; GAD-7; work and social adjustment scale (WSAS); and a risk assessment.

The low to medium cases are offered interventions such as telephone counselling, and e-Cognitive Behavioural Therapy. The high risk cases are referred back to the occupational health team on site where the offering is widened to include:

- face-to-face counselling
- cognitive behavioural therapy (CBT)
- mindfulness
- group therapy and psychoeducation



- psychological screening and wellbeing checks
- trauma-focused CBT
- eye movement desensitisation and reprocessing (EMDR).

The shift in referrals means the in-house team sees officers that present with a higher risk. Counsellors and therapists now hear traumatic experiences on a daily basis. The nature of these stories varies from officer to officer, however the common theme amongst them all is trauma. Officers coming through occupational health services and from both probationers and new officers to those with 20 or more years in service. Practitioners have to provide a safe, trusting environment for officers to openly discuss their experiences, but must also safeguard themselves as these stories may overwhelm the practitioners. It may even lead them to experience, to a much lesser extent, similar feelings as described by the trauma survivor.

Any practitioner working with secondary trauma may begin to experience trauma-related stress, compassion fatigue and burnout. Trauma-related stress is an emotional reaction external to an individual's normal emotional processing response following exposure to traumatic information. This can consist of symptoms such as:

- low mood
- irritability
- memory and concentration problems
- isolation
- increased alcohol consumption.

Compassion fatigue occurs when practitioners no longer experience compassion for the clients they work with. It is different from vicarious trauma in that it is not characterised by the presence of trauma-related symptoms. Professional burnout is defined by a persistent state of exhaustion, cynicism and inefficiency due to work-related stress. Examples include emotional exhaustion due to high work demands, frequent absenteeism and underperformance on clinical and administrative duties.

Whilst the nature of the work cannot be avoided, it is important to remember that you have responsibility to yourself to manage your stress appropriately. At first you may not be able to recognise any signs, or be willing to acknowledge them. However, look out even for small and subtle signs, such as:

- changes in your eating behaviour, i.e. low appetite
- increase in alcohol consumption
- sleeping difficulties
- feelings of disconnect from others, i.e. family and friends.

Below are the strategies that I have adopted whilst working within this area.

Tips for protecting yourself

Self-awareness

Be mindful about the nature of work you do and how it may have an impact. What I try to do is to discuss the intense cases from that day with colleagues around me. This is my way of processing the information received. It allows me to acknowledge the difficulties I experience and reiterate that I have done all I can as a practitioner to contain their emotions within the room. Sometimes I have left the room feeling emotionally exhausted and need 10 minutes or so to 'get myself back'.

Supervision

This is pivotal to any practitioner working in a therapeutic environment. Engaging in appropriate clinical supervision is essential for all practitioners to appropriately discuss cases that may be overwhelming. I find clinical supervision a great way to discuss my approach and allows me to learn and continue to develop as professional. I am able to view the case from an alternative viewpoint that I had not considered. Here I find I detach from the negative emotions I was perhaps holding on to unconsciously. Peer supervisions further aid this and enable me to view cases from other modalities and their approach to similar issues.



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Self-care

I take appropriate time out for myself to practice self-care. I try not to discuss work cases when I am at home or within social circles so that I can disconnect from work. Due to the nature of my role itself, I often cannot discuss cases externally due to restrictions and covert information. This further allows me to create a distance from my work role. Ensure you take regular breaks when at work and especially between client appointments. I am guilty myself of sometimes becoming so absorbed in



someone's experience that I do not track time and the session overruns or, if someone is particularly distressed, I feel that I cannot end the session.

Physical activity

Engaging in physical activity is a great way to release some stress and I often use this as a way to wind down my day. Rather than use the station closest to work I choose to walk 10 minutes to the next station. At first I did not even process what I was doing, I just enjoyed the walk, and it was actually during a discussion with an external counselling colleague that he brought to my attention that I was processing during this time. The 10 minute walk itself acts as physical activity and I now consciously use this as a wind down and processing time, then I continue until I reach my stop. Once off the train I always say to myself, 'the day is done' and start to think about home life and focus my attention there.

Training and learning

As a professional, continuous professional development (CPD) is essential to maintain your professional membership accreditation. Sourcing training and ongoing learning allows you to develop your skills as a practitioner and enables you to provide the best service you can. There is a wide variety of resilience training and workshops available, and they are becoming increasingly popular.

Variation

'Non-clinical' days can be a great help in creating a healthy balance. I know this is not always possible and, as the demand for services increases, it is harder for some practitioners to adopt. Yet, where possible, I find that having set 'non-clinical' days helps me to focus my attention and skill set elsewhere. I am fortunate enough to be in a role where I have variety in my workload and I can deliver workshops, attend meetings, and plan team events. This variety really helps me to achieve distance from the trauma work when I need to and acts as a distraction.

Conclusion

Looking after yourself is a key factor when working with any client group but even more so when working with trauma. I have discussed my methods to help me create a work-life balance and protect my mental health wellbeing. The likelihood of being exposed to a traumatic event is on the increase. However, as a practitioner, the responsibility falls on you to look after yourself. There is a sense of achievement in helping a trauma victim overcome their negative experience. Take time out to ensure you are in a strong, resilient frame of mind to continue to help those in need.



Further information

- College of Policing, *Blue light wellbeing framework: Organisational development and international faculty*, is available at: <http://bit.ly/2khmxwF>.
- Mental Health Foundation, *The impact of traumatic events on mental health*, is available at: <http://bit.ly/2lxJNqp>.
- Mind, *Blue light programme research summary 2016–2018: An evaluation of the impact of our targeted mental health support for emergency services staff and volunteers*, is available at: <http://bit.ly/2IYZA1D>.
- G. Quitangon, M. R. Evces. *Vicarious trauma and disaster mental health: Understanding risks and promoting resilience*, Routledge, 2015.



Ravi Gill worked in mental health residential rehab whilst completing her doctorate and then went on to work in the NHS. She now works with the MPS as well as seeing private clients in Buckinghamshire. Ravi also regularly volunteers with the Katie Piper Foundation. Ravi is a Chartered Health Psychologist with the BPS and a Practitioner Psychologist with the HCPC.