Understanding and Managing the Impact of Vicarious trauma

Lecture Transcript

Hi, everyone, my name is Erene Hadjiioannou. I'm an Integrative Psychotherapist based in Leeds. Today, I'm going to be talking to you about understanding and managing the impact of vicarious trauma. What I'll bring to you today is a little bit of my skills and experience in this area. My professional area of focus is supporting survivors of sexual and domestic violence. Vicarious trauma is a topic that I'm familiar with. I hope you benefit from my skills and experience in this area.

If we get started to set the scene for today, you'll notice that I'll use gender-inclusive language. The reason for that is that our bodies and minds are wired in the same way in terms of receiving, processing, and managing stressful situations.

Of course, if we're talking about trauma, we're talking about one of the most intense forms of stress that all of us can experience. In that sense, gender doesn't really enter into the equation. Equally as counsellors and psychotherapists, I think it's really important for us to welcome as many different types of clients into the room as we can. Working with lots of people of different genders, sexualities, ethnicities, disabilities, abilities, etc., and different types of lived experiences is very, very important.

Equally, "survivor" and "victim" are both valid terms. We may say that somebody is a survivor of trauma or a victim of trauma. When it comes to working with our clients, I would advise that you are led by the language, if any that they use. The reason for that is that particular words have particular meanings to different people. It might be something that your client resonates with. It might be something they find actually quite retriggering. To work ethically, sensitively, empathically, I absolutely encourage you to follow your clients, phrases, words, etc, when you're working with them. But for the presentation today, I may use those words interchangeably. They're both valid.

What we're doing today is working from a trauma-informed approach. That's a word that gets thrown about quite a lot. But what it means here is we're coming at this from a humanistic, non-medicalised and embodied perspective. I'm not a body psychotherapist, but I have done a lot of training. And I do have a lot of experience in being aware of how our bodies react to stress, including traumatic stress, including very, very easy body-based techniques that I'll reference here today.

It's helpful for us to be aware as well that when we're talking about trauma, post-traumatic stress disorder, complex post-traumatic stress disorder, vicarious trauma, to bear in mind that trauma is not always stereotypically violent, but it is always violating our personal boundaries and human rights. That's a little bit of a nod to the myths and misconceptions that we might have about what trauma actually is, who a survivor or victim might be, who perpetrators are, what are the circumstances under which traumatic experiences happen. But like I say, for us to actively welcome all different types of clients from their experiences and the impact of their experiences into the rooms that we work in, it's helpful to kind of just unpick that myth slightly as we're starting today.

Ultimately, stress and including traumatic stress, whether it's vicarious trauma or otherwise, is primarily a dysregulation of our bodies, minds and our sense of self. So lots of things that we can lose consistency with, be disconnected from if we're experiencing vicarious trauma through our work. I'm going to talk you through that today.

Our aims and objectives are here on the slide for you. Primarily, our aim is to explore vicarious trauma from three different perspectives. We're going to look at the neurophysiology of stress, including traumatic stress. We're going to look at vicarious trauma from an ethical perspective because we do have that ethical requirement to be able to manage the the often difficult work that we do as counsellors and psychotherapists. We're also going to look at dynamics. I'll introduce a new concept that I've created later on there for you to help you understand and work with that.

Our objectives today specifically, are to identify, understand and manage the impact of stress from working with traumatic material. You may use different terms to refer to traumatic material. It might be somebody's narrative, it might be their story, it might be their lived experience. I know traditionally, we talk about traumatic material, which is absolutely irrelevant. But if we're humanizing this, we might just want to talk about somebody's lived experience as well as the impact of what they've been through.

I think it's very important for us to practise what we preach in terms of working with trauma. And like I say, our bodies and minds are wired in the same way. We may be experiencing or re-experiencing the client's experiences in our own bodies and our own minds, how we experience other people and our regular everyday life as well. If we practise what we preach, we can certainly pass that on to benefit our colleagues, and also the clients that we support as well.

Lastly, we're going to think about vicarious trauma and how we might manage it in the sense of how do we do this as individuals. So what we might call self-care, as well as how might we do this collectively, so all together in relationship, perhaps in teams that we work in, as well as our personal networks as well.

One very important question to ask ourselves as we begin this is what is vicarious trauma? If we're looking at the DSM-5 criteria as to who might be a victim or survivor of a traumatic experience, the criteria actually includes professionals working with trauma as people who can develop post-traumatic stress disorder or PTSD.

Specifically, we've got the wording here, which is "experiencing repeated or extreme indirect exposure to aversive details of the events." So we've got some examples here. We can certainly include counsellors and psychotherapists in that equation because we're in that kind of direct line of contact with traumatic material, people's lived experiences, their stories of what they've been through. I would also add, I think the experience of even just sitting with somebody in a room or through a screen with them is an example of actually how we can come into contact with something traumatic.

What's equally important to acknowledge is that there will be many of us with lived experience of trauma, whatever the origin of that might be. What we have to account for is the fact that we might have some familiarity with what our client is telling us either in terms of the details of what happened, the time of life it happened for them, how it's affected them, etc, etc. Of course, this can exacerbate how and how much we might be at risk of experiencing vicarious trauma ourselves.

In coming at this topic from a relational perspective and non-pathologizing perspective, I wanted to kind of begin this presentation with thinking about how might we reframe kind of PTSD criteria through a relational perspective to kind of humanise it a little bit.

The first point, and I'll go through each of these in a little bit more detail, is thinking about what is it that we each of us do, whether we're a survivor of a traumatic experience, or we're a professional that's coming into contact with a lot of traumatic material, what do we do to actually try to not be in contact with that or be affected by it? What might we do? What might behaviour might we display to reduce the chance of really experiencing these these traumatic and stressful things, and the impact of them.

The second point is our sense of self is really forcibly re-configured if we're under stress. Any form of stress at all, any degree of stress, whether it's kind of the regular, everyday stuff over here on this side of the spectrum, or perhaps the really intense version of post-traumatic stress, vicarious trauma, etc. Even in just how we experience our bodies, minds, and sense of self can really, really change perhaps in ways out of our control, if we're experiencing vicarious trauma.

Lastly, we have an impaired sense of safety. As human beings, if we don't have safety within our experience, there's actually not that much that we can do. If we think of kind of attachment theory, for example, when we talk about a secure base, we don't have that secure base within ourselves as a core sense of experience. We can't really venture out. I think for some of us and certainly some of our clients, we struggle to venture out of our, even the boundaries of our own body if we're particularly stressed. It just doesn't feel okay. It doesn't feel safe.

To break that down a little bit further. Point one was thinking about what behaviour might we experience in ourselves or see in perhaps colleagues that are stressed if we're looking after each other. So what behaviour might we be seeing to reduce the chance of re-experiencing traumatic material. The DSM-5 and the ICD-11 criteria for PTSD include that this first clause that you see here, which is the "avoidance of thoughts, memories, activities, situations, people, and sensory experiences that are characteristic of trauma."

Even in that description, we can get a sense of actually how trauma and its impact and really kind of infiltrate lots of different elements of our sense of self, our histories or experience, the wider world, how we experience other people as well. If we're thinking about sensory experiences, we've got sound, smell, taste, touch, and sight. Might there be certain situations that kind of attack our senses in a certain way that are just too overwhelming for us, and perhaps to the point of being re-triggered. Of course, we don't want to feel that way. We might avoid those things. We might try to not think about what happened.

As practitioners, we might try to not think about our work outside of work, but we find it somehow kind of intruding on our personal time. Again, we're sort of being reminded, and perhaps being forced to relive the really stressful things about our work, or the ways that it touched on our own experiences of trauma as well.

We've got the second point here, which is, to be honest, acknowledging that this can be very automatic. Of course, we want to feel okay, so we're going to avoid all of these things as much as we can. It's too distressing. It's overwhelming. There's only so much we can take. So how much of this particular behaviour or trying to get away from or avoid things is in our control? How much of it do we somehow find ourselves doing if we really kind of pause and actually assess how am I at the moment? What is my working week look like? How am I when I'm at work? How am I in the dialogue in the back and forth of working with my clients?

So all of these are, hopefully, ways to start raising your awareness as to what the impact of vicarious trauma or even kind of lesser degrees of stress, before you get to vicarious trauma might actually look like for you.

Moving on to point two, which is having a sense of self that's forcibly re-configured. Because that's often what is traumatic about trauma. We just don't feel like ourselves anymore. If we break it down a little bit, we've got here, you might have a bit of a difficulty in understanding and managing emotions, thoughts and behaviour within yourself.

Of course, that's absolutely normal. Our sense of self has changed. We're just trying to get through the day, maybe just get through work, get through session by session because we're feeling particularly overwhelmed. We might have a sense of feeling really different in ourselves. And perhaps, people around you might be commenting on that. So if you do find you're getting that feedback, I encourage you to sort of taking it in if you can. It doesn't mean that you're failing or not doing your job well, it means that you're under stress, and we do stressful jobs. So at that point, it's up to us to take care of ourselves.

The thing with emotions, if we're experiencing something traumatic, including vicarious trauma, is knowing that our emotions might be more intense, or we might not experience emotions to a degree that's normal for us at all. I will go into detail about why this happens in a couple of moments as well. But just noticing what your emotional range is can be pretty helpful in just checking in with yourself about how you're doing.

If we have also a change in how our, I say here, the multifaceted self is experienced. Just to explain that a little bit. Our sense of self is multifaceted. We have our physical self. We have our bodies. We have our psychological self. We have our minds. We have different facets of our identity. Whatever that looks like for you, that is obviously very specific and particular to you.

If you are noticing that it's hard to comfortably connect with various facets of yourself, i.e. the inside of your mind might be quite distressing. Your thoughts might have a very different tone that is distressing to you. Your body is physically uncomfortable. Your sleep might be quite disturbed, for example. You can't get in contact with various facets of your identity and enjoy them in the way that you might normally do.

Those are all examples about how actually trauma can really get into all the nooks and crannies of who we are and how we experience ourselves. So if you're finding that there's increased disconnection or too much connection, too much relatedness in a really, really intense way, that means that you're reliving stressful things. That might be a sign that you're experiencing increased stress, or perhaps even vicarious trauma from your work.

As I've mentioned, as well, related to that is changes in how one experiences their personal identity. So that might be your ability to see yourself as very confident, competent, functional. That might kind of fall out of the window a little bit, if you're experiencing a lot of stress from the work that you're doing.

And lastly, trauma really skews our kind of chronology in terms of can we be present in the present moment or not? Trauma can really land in our personal history and really kind of disrupt and skew that kind of linear chronology that we might normally expect. And if you're somebody that has experienced traumatic recall, say, nightmares, flashbacks, intrusive memories, you will have that experience of actually how trauma can be re-triggered in our present moment to pull us back into the past. And then our job is to try and sort of catch up with ourselves and get back to the present moment as best we can. It's very, very difficult.

Okay. And lastly, we can think about vicarious trauma from the perspective of having an impaired sense of safety. And like I mentioned a little bit earlier, if we don't physically have safety, if we don't psychologically feel safe, either, we kind of really lose our baseline in order to kind of do much of anything. Our priority then becomes about surviving that moment trying to be okay.

So we can see here we might have difficulties in relating to our own selves. Our body might not feel very safe or comfortable. This then can extend to not feeling safe with other people. One of the clinical terms here that might be relevant is hypervigilance. So being really wary, being on edge, even if you don't know why, even in regular, everyday circumstances. And then further extending to not feeling safe out there in the wider world as you're going about your day in the way that you might normally be.

And the last point here is about personal worlds becoming much, much smaller when we're stressed. We might feel it's really, really difficult to do anything other than the absolute bare minimum. We might feel completely disempowered to even get out of bed, or get ready for work, or equally, you might be rushing about from one thing to another in that very, very reactive way that's particular to vicarious trauma, or PTSD, or CPTSD, as well. So for some, their personal worlds become so small that you can only just about inhabit your body or your minds.

But what we will look at first is the neurophysiology of trauma, which might be a concept that some of you are familiar with, but I think it'd be helpful to kind of revisit it today, or introduce it if it's new to you.

Again, to kind of just assess yourself in terms of how much can I deal with right now? How much space can I comfortably take up? Can I even do that in my own body is a really important question to ask. And for those of you wondering if we're going to look at ways to kind of manage this, the answer is yes. And that will come later on in our presentation today.

This is a concept from a neurophysiologist called Daniel Siegel, he's a researcher. The Window of Tolerance, if we're coming at it from a neurophysiological perspective, is essentially a state of homeostasis. So our nervous system is regulated. Everything's running as it should be. And as you can see here from this diagram, when you are in

your window of tolerance, you feel like you can deal with whatever's happening in life. So there might be stressful things coming at you, but doesn't wobble you too much. So this is the ideal place to be. And we can see a lovely beach with a palm tree there. If that's what your window of tolerance feels like for you. I encourage you to figure out what your images of being sort of calm and relaxed and dealing with things well is.

As I've mentioned a couple of times so far today, we're all wired the same. So this is a concept you can use with clients to help them better understand the impact of trauma on them. And also for us, we do need to practise what we preach. This absolutely applies to us as well.

We can see here on the slide as well. So if we're going through something stressful or even traumatic, your window of tolerance can sort of shrink a little bit. So actually, there's only a very small space within which you can do what you need to do and feel safe and okay doing that.

I would also point out here that I think one of the myths about trauma and perhaps vicarious trauma is this sense of, it has to be a big one-off event that throws me. Nothing big has happened. So I should be dealing with things better. It's something that a lot of us think particularly when we're doing this work.

What is also true is that sometimes the stress is that very slow, eroding, chipping away at us. That can really shrink your window of tolerance over time, and can have the same impact as if you know, something "really big happened". So I'd bear that in mind in maybe trying to make sense of how you're feeling and perhaps what's contributed to that. Again, that slow eroding or the big, sudden sort of shrinking down of your window of tolerance, they're both absolutely normal. This is how our bodies and our minds react to stressful things.

You can see that actually, part of our job here as well is to not only kind of increase the size of our window of tolerance by looking after ourselves and taking part in collective care as well. But also to get back in control as to how much time we can spend in our window of tolerance as well.

What I'll add at this point is that when we're in our window of tolerance, and things are running as they should be, we are making use of what is called our front brains. So it's kind of the outer layer that goes all around our brain as well. So that part of our brain is what allows us to take in information, do lots of fancy cognitive processing. It also means that we're able to do social engagement really, really well, which I think is of particular importance when we do relational work as counsellors and psychotherapists.

If we're feeling calm, we can look at another person. We can comfortably make eye contact. We can sit very calmly in a still way and just be open to the interactions and the

interpersonal experience that we're having. Of course, if we start falling out of our window of tolerance, that really starts to feel uncomfortable, unsafe, stressful.

There's lots of different ways that we might start shutting off from that. We often talk about clients who struggle to make eye contact with us. They might not turn up to appointments. They might be late because it's hard to get out of bed, for example. They might be physically present, but you can see them shutting off or shutting down in some way. We all have the ability to do and experience all of those as well. Again, just starting to pay a bit of attention as to what your body feels like. If you can sort of manage back and forth interactions, it's a really good indicator of how stressed you might be.

What I'll run you through is two different versions of how we might fall out of our window of tolerance. And as a note from the outset, people do experience one or both of these, including one after the other. So if we fall up out of our window of tolerance to a state of hyperarousal, which is the red box here, on the left hand side, the most intense version of this is fight or flight. Lesser degrees of that is feeling anxiety, panic, angry, irritable, out of control, overwhelmed. We can see here, again, your body wants to fight or run away. We're kind of sort of very mobilised and moving. It's hard to be still and be in the present moment.

Alternatively, we may fall out of our window of tolerance to a place of hypoarousal. So this is that little blue box here on the right hand side. The most intense version of this is freeze. I think some people would put flop in this category as well. Lesser degrees of it is feeling spacey, zoned out, numb, dissociative. I would say also, depression fits in this box because it's a state of under activity in our bodies. It's a very passive stress response, whereas hyperarousal is a very active stress response.

When we're in hypoarousal, our bodies just wants to shut down. That's how we're going to get through this really stressful time. Many people will experience going to a state of hyperarousal, and when your body basically runs out of steam, or it's not a strategy that seems to be working, you can drop to hypoarousal. That's very, very common, and that might be how you experience vicarious trauma and stress yourselves as well.

You'll see from these diagrams that both of the these boxes say that these reactions aren't something that you choose, it's automatic. They just take over. It's just how our bodies are wired to get through something really overwhelming and unbearable and stressful and traumatic.

What I will add to this theory is starting to think about ways that we can manage vicarious trauma. If we go up into a state of hyperarousal, so fight flight, anxiety, panic, active stress responses, our role is to decrease muscle mobilisation in that instance. It's up to us to try to slow down and as best we can. What helps in this situation is increasing more effective oxygen intake. If you think about how your breathing or your heart rate might change, if you are in that active stress response, you might be breathing

in quite a lot, but it can be pretty shallow. So oxygen is going in, but it's not fully being retained in the body.

Slowing down your breathing, I'd say here, holding your breath, but perhaps a more helpful way to think about it is kind of pausing your breath. So you're retaining oxygen in your body can be helpful. So I mean, an easy demonstration is breathing in through your nose for three, pausing for three, and breathing out for three, just gives that oxygen a chance to firstly go into your body and be retained. So your heart doesn't have to work so hard to get oxygen around your body as well.

What's helpful here as well is grounding using the five senses - sight, sound, touch, taste, and smell. Whatever works for you, just to get you more comfortably engaged in the present moment. You can even build yourself a little toolkit if that's helpful for you to have something practical to grab hold of in these moments. Something that smells nice to you. Even that cup of coffee you may happen to be holding in your workplace can be quite helpful. That obviously includes taste. Looking around the room to recognise that everything's kind of actually okay. You're not properly under threat at the moment can be pretty helpful.

If we move on to hypoarousal--so if you remember, that's falling down and out of your window of tolerance to a more passive stress response where you might experience depression, dissociative symptoms, etc., kind of that really closing in--our role is obviously to increase muscle mobilisation. Even very, very small structures can be helpful here because obviously, if you're the kind of person who experiences hypoarousal to a point where it's really hard to move, you can simply start by clenching your fists and opening them up, if you can, very slowly, you don't have to accompany it with any breathing.

If that's too difficult, you can build up to that. Even just noticing actually, what's it like to do this. What's the temperature of my hands as I do that? Can I extend it to maybe stretching up in a way, moving shoulders as well. Just little bits of your body that feel neutral, if not comfortable, then definitely neutral to start moving around or focusing on.

Of course, I think we need to mobilise our sort of oxygen intake in a different way here. We need to kind of be taking in deeper breaths, and taking in more breaths as well. As a side note, the way that we breathe can literally switch which part of our nervous system we're making use of and actually allows us to get back in control if we're in our window of tolerance or not. When people tell you to take a nice deep breath for whatever reason, that's a little bit of the reasoning behind it. It can be a very powerful thing.

If we move on to more ethical considerations of managing the impacts of vicarious trauma, you may be aware that our ethical frameworks obviously include that idea of kind of competency and working within your limits or your remit. We've got a point here

about, of course, that has to apply to our training, qualifications and experience. I think what's missing from many ethical frameworks is the value of lived experience here. You may be able to be sort of empathic in a way that somebody without a lived experience would struggle to.

Equally, that channel of empathy might be a way ie to actually be pulled into something traumatic in a way that other people may not have risk of doing. All of those things in point one are really, really helpful to noticing, actually, can I work with this particular client? I think when it comes to vicarious trauma, it might be a case of maybe not stepping back from work completely or thinking, well, I can't work with sexual violence, I can't work with domestic violence, or whatever the the traumatic material is. It might just be that your workload needs to just be a little bit smaller so it's manageable for you in that moment.

The second point here is the second level of competency is your ability to respond to your client's relational needs. If we remember again, that the impact of trauma and vicarious trauma is to cause either disconnection or sort of, I guess, too much relatedness or connection, maybe to the point of reliving, then if you start to notice that you start shutting off or shutting down from really hearing what your clients are saying, that can be a sign that you're a little bit to stressed. Perhaps vicarious trauma is on the horizon for you. Because, of course, our work is very contactable, and it does need a relationship to repair the impacts of what your clients have been through.

If you're really struggling to do that, or if you find yourself being really pulled in, you know, taking on more clients doing more shifts at work, doing more overtime, then that might be a helpful gauge for you is to actually, is this just a stress response to me as opposed to actually working within my competency? So I guess to add a little bit of that neurophysiology language, maybe in an active anxious fight or flight stress response is to get pulled into doing what work, whereas actually a passive kind of shutdown, freezing stress response might be to just shut off and back away, in a sense.

Of course, point three is really important. Your overall health in terms of your mental health, your physical health, your life circumstances, all feed into kind of ethically, what's the kind of work I can do right now at this point in my career, with particular clients that I want to support. Your baseline might also include a bit of an inconsistency in terms of your physical, your psychological capacity anyway. I'm thinking about people who have long term, physical and/or mental health conditions that need to bear that in mind in order to practically do the work that they do.

Your baseline is unique to you, so you know where that is. If you find yourself straying away from your own baseline in terms of how you're feeling or what you're doing, that's a good indicator to assess, actually, am I overly stressed? Am I in a place where vicarious trauma is something that that I have to manage?

What we're going to do within the last section of this presentation today is I'm going to run you through a concept that I created called Dynamic Loops. This concept can be used for yourself in terms of your individual work, your individual caseload. You can also use it with colleagues within a team. You can use it to kind of map out the dynamic loop of a client, if that would be helpful as well. Just to really kind of think about and assess how trauma really forcibly re-configures your ability to do regular everyday life, your sense of self, your ability to experience things in a pleasurable, meaningful way, and to stay engaged in the present moment in a way that's safe and comfortable for you.

We can see here that we have the individual dynamic loop, which is the single kind of balloon looking thing with the pointy bit at the bottom. So if you take yourself as a single counsellor or a psychotherapist, we each have our own individual dynamic loop. Then next to that, we've got an example of what it looks like when you do one-to-one work. So you've got your individual dynamic loop, as well as the dynamic loop of your client. I you're somebody that does group work, you can look at the the set of dynamic loops that sort of looks like a little bit of flower.

As individual practitioners, the point of it for us is the point of contact that we might have with a single client. Of course, in one-to-one work, we can see how those points kind of intersect between us and the person that we're supporting. Of course, a new group, you've got a couple of different people all making contact with each other at that kind of point of it in their dynamic loop.

Dynamic loops are the channel by which we kind of bring who we are, our lived experience, our struggles, our kind of positive things and good memories into the room with us. Of course, that point of contact is, I guess, intersubjectively, and relationally, where those things can really interact with each other. It's also the channel by which myths can enter the room that we work with clients. Myths, I think can also really exacerbate trauma and vicarious trauma because they make us think that we should be dealing with things in a certain way.

In the example of sexual and domestic violence, there's a myth that you should always be able to fight back if something stressful is happening to you when actually statistics tell us to freeze. That passive stress response is actually the most common one. I's helpful for us to really start thinking about what might my dynamic loop look like. And for us, as individuals, we've got the point of contact where we see a client, and then we end the session, we leave the room, we go all the way around a dynamic loop, occupying different spaces, seeing different people doing different things, having different psychological physical experiences along the way, and then we returned back to that point of contact with that particular client.

I'll explain that in a little bit more detail on the next slide. We have this particular therapist's example of what their dynamic loop looks like over a given week. You're welcome to do this for yourself. You can literally map out the different spaces that you

occupy in a different week, people that you see, things that you do. We can see at the bottom here at that pointy bit, they're within a client appointment. And then after that, they might look at their phone, we use our phones a lot, it's another way that information and experiences can kind of come at us. I'd encourage you to make a little list about actually what do you use your phone for. So you can start thinking about is this adding to my stress or is it helping me manage it?

This person also has the home environment. They're in a staff office. They go to the gym. They travel to and from work. They see family, friends, and outside of work. They also volunteer on a helpline and a domestic violence project.

What's helpful for us to assess our dynamic loops is kind of illustrated here in this particular diagram, which is thinking about when you're doing all of these things, when you're with these different people, when you're occupying different spaces, how do you actually feel. We can see with this particular client appointment, at times, they felt hopeful, at times they felt heavy. When they're using their phone, sometimes they recognise their clenching their jaw, which probably indicates a little bit of stress. Their home environment is relaxing. If they are sort of in work or volunteer environments, they are experiencing a mix of feeling energised, motivated, or sometimes their shoulders are quite tense.

Travel to and from work is I think an important one for us to assess as psychotherapists and counsellors because we might sort of just not really pay too much attention of that kind of transitionary space. Is this person, is it hard to focus on reading a book on the bus, for example? Is the level of stress that we're experiencing actually interrupting our ability to do other things that are very neutral or even enjoyable? Are we listening to podcasts or reading things that are full of traumatic material as well? Or are they relaxing for us? I.e. are we spending our time out of our window of tolerance when we could be practicing things that would enable us to feel safe, comfortable, more regulated, more in the present moment a bit more comfortably.

As I said, this is something that you can do for yourself, you can do it with clients. I would recommend that you do this when you're feeling kind of okay. As well as when you're not feeling okay, because I think comparing the two can give a really good example of how our personal worlds can really shrink when we're experiencing vicarious trauma. And also, I think enables us to assess the cumulative stresses we might be experiencing. That means that we suddenly find ourselves experiencing vicarious trauma. So again, that kind of myth-busting of it has to be a really big stressful thing that kind of throws me off balance. I think very often in our work, you may not be fully aware of that eroding ability of what we do.

I hope this is kind of helpful for you in kind of navigating all of that and finding strategies to change maybe the number of spaces you have in your dynamic loop, if that's important to reduce it when you're stressed, protecting the spaces where you feel

comfortable and safe. For this person, their home environments very relaxed. Do you not use your phone when you're a home? Do you not check work emails when you're home, for example. Might it be nice if the person that you live with sometimes made made made for you or your family, so you didn't have that extra job to do if you needed it. Those might sound like kind of small, trivial things, but again, they might all add up to just give you a little bit of slack and to feel comfortable and just do things within your window of tolerance as best you can if you're stressed.

Okay, so for references and further reading, including just signposting to some of the resources that we used here today, you can take a look at this slide. Equally, you are welcome to keep in touch with me or requesting any further supports. All of my details are here. But ultimately, thank you for your time today. For further links and resources, please refer to the lecture delivery page below and don't forget to claim your CPD certificate for this presentation.