



## VICARIOUS TRAUMA & RESTORATIVE WELLNESS

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**What is Vicarious Trauma:** “Vicarious trauma occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning.” <http://www.wendtcenter.org/>

**What is Secondary Trauma:** “Mental health care providers in the grief, loss and trauma fields often hear detailed and harrowing stories about the unfair, undeserved and often unimaginable traumatic experiences that their clients have endured. As a result, they are at risk for *vicarious trauma, also known as secondary traumatization, secondary stress disorder, or insidious trauma.*”

**What is Countertransference:** Countertransference *implies that the helper’s response is influenced by the helper’s own unresolved issues (e.g., lingering impact of the helper’s victimization experiences). This may lead to avoidance and over identification with the client. The helper may take on a protective role for the client, becoming the “champion” of the client and adopt a role of “rescuer”. The helper may inadvertently become a “surrogate frontal lobe” for the client.*

**Who is at Risk:** Practitioners who work with survivors and struggle with intrusive thoughts of their clients as well as practitioners who themselves are survivors of trauma. Practitioners who have been in the field too long and have started to develop compassion fatigue and female practitioners are also at a higher risk of experiencing vicarious trauma.

**Prevention:** Having connections to pets or people can bring comfort and counteract the feelings of distrust sometimes experienced by workers who hear stories of abuse on a daily basis. Additionally, routines related to spirituality, meditation and stress reduction can have a preventative impact. Strong supervisory relationships can assist with processing difficult cases with multiple levels of trauma and creating a work culture that encourages processing feelings in response to the work are also key components.

**Self-Care:** Engage in self-care behaviors such as relaxation exercises between clients or engaging in soothing activities like going for a massage. Leave work at work. Develop a ritual for the transition for leaving work at the office. Also, have an outlet for emotional discharge outside of your clinical role, whether this be exercise, writing, building, gardening, family, or social action. Engage in activities that are positive and that have concrete outcomes or products that foster a sense of accomplishment. Have a vocational avenue of creative and relaxing self-expression in order to regenerate energies.

**Restorative Wellness Sessions:** Allow staff to connect and process feelings about the work and how it impacts their personal life. It also builds comradery and trust among the staff. Additionally, it helps allocate time for reflection and self-care. Being led in meditation exercises, such as the ones you experienced today, helps calm the nervous system and stress levels.

**Resources: Self-Care Assessment:** <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf>

**Meditation Exercises:** <http://marc.ucla.edu/body.cfm?id=22> Book recommendation: Trauma Stewardship-An Everyday Guide to Caring for Self While Caring for Others.



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