Season 3, Episode 5
When the Work Sticks with Us

Intro Voiceover: Welcome to Healthier You by Vanderbilt Health and Wellness, a podcast to help Vanderbilt faculty and staff live their healthiest lives.

Megan Bergfeld: Hello everyone, welcome back to the Healthier You podcast. I am Megan Bergfeld, one of the counselors in Vanderbilt's Employee Assistance Program. Please join me in welcoming Janet McCutchen to the podcast today. Welcome, Janet.

Janet McCutchen: Thank you.

MB: Janet is the assistant manager of Vanderbilt's EAP and has many years of experience supporting healthcare workers. So today, she is going to shed some light on something that comes up often with our EAP clients, vicarious trauma. So, Janet, to start, what do we mean by vicarious trauma? How would you define it?

JM: Vicarious trauma is, generally speaking, the emotional and psychological impact of witnessing another's trauma. And for healthcare workers, that's predominantly work with patients. We see a lot of patients from all walks of life, with all kinds of circumstances, all kinds of health issues. And I really have a great deal of passion about this because I think healthcare workers don't expect to experience trauma per se. And that's the key word, vicarious trauma. They're not going through the actual medical issue, but the patient is. Exposure to that over time can result in all kinds of, you know, reactions and responses to that trauma. But it is a natural part of being a healthcare worker in that you put your own personal feelings aside and you focus on the needs of the patient.

MB: How might this show up? How would we know what vicarious trauma looks like at work or just in our daily life?

JM: Well, it can happen to anyone. It happens to us all to some degree, especially for healthcare workers. It can also be a factor for anyone who's a caregiver, including us in the role we play as counselors. It can show up in terms of having mood changes, kind of feeling distracted, overidentifying with the patient's needs, or maybe avoiding, you know, working with certain kinds of patients or treating some kinds of patients, being exhausted. It can involve bystander guilt. For example, why did this happen to this person? So there's, again, that compassion and empathy that's present, which is why we're open to experiencing vicarious trauma, because of the degree to which there is an empathic, caring presence. That can be some of the ways that it shows up. Maybe preoccupation, you know, you take it home at the end of the day. It's one thing if that happens on occasion that you can't get a patient situation out of your head, but if you find that that's overwhelming and it's happening a lot, then it kind of becomes a traumatic response.

MB: Yeah. How would you differentiate vicarious trauma from something like PTSD?

JM: That's a very good question. There is some overlap and I'll speak about that in a minute, but PTSD is a direct firsthand experience - an exposure. acar accident, a tornado, experiencing serious illness yourself. It can develop after a single acute event. Vicarious trauma tends to develop a little bit more over time than one specific acute event. There's a little bit of an overlap with PTSD. PTSD is a formal clinical diagnosis. The overlap with vicarious trauma is that you can have recurring memories in both circumstances. You can have flashbacks. You can feel kind of sad and maybe anxious, maybe a little bit hyper vigilant. So there can be some of that overlap, kind of questioning about your own safety, double checking and questioning about did I do the right thing here? What could I have done differently? So there's some similar overlap.

MB: Yeah. proximity to the traumatic experience and how long it takes maybe to experience a response from that over time. So, you said earlier, this is normal. It's expected, almost in healthcare, that we experience this in some way. And it sounds like it could really weigh on us emotionally, mentally draining, and at some point, I would assume, impacts our functioning to some degree. So, what can we do to support ourselves if we are at risk? If we're healthcare workers trying to prevent this, or if we notice some signs of it in ourselves, how can we support ourselves?

JM: Well, first of all, again, I want to encourage the listeners that this is a normal experience that doesn't feel normal. A lot of times clients that I've worked with will feel guilty. They'll express some sense of " why is this happening? I should be able to manage this." So first of

all, just acceptance and self-awareness that vicarious trauma doesn't mean there's anything wrong with you. It means you're probably doing your job well. But the question then is, what do I do? First of all, be realistic about the kind of work that you do. We live in a bubble here, and so we work with very high risk, high acuity, patients. Many patients die in our care in spite of our best efforts, particularly working in critical care settings. But it's important to understand that balancing our work with our personal life is incredibly important - having interests outside of work, having friends outside of work. We have to be able to gain that sense of professional distance by being able to have that balance. Self-care, I know, is an awfully frequently used word, and it could mean going to a spa and getting a massage. I'm all for that. But self-care has to do with some other things too, in terms of being realistic about what we can manage and how long we can manage that kind of work. Being able to look at our caseload, if we, for example, have some cases that that really trigger us, then it might be a good idea to kind of step back from that if we could. Maybe ask a colleague to cover a particular kind of case if we can do that. We need to take breaks. We need to have some peer support. That's one of the things that I hope that various departments will be more inclined to do, and that is provide peer support for caregivers because again, that sense of guilt and that sense of isolation like "it just must be me; there must be something wrong with me," I really want to dispel that if I can. And of course, obviously we're here to talk with folks one-on-one or to have department meetings to support people around this topic and others. But it's really important to understand in caring for people who are so ill, that we're not responsible for that person in terms of their healing. We're responsible for giving them tools for healing. If that's what we do directly or over the long haul, you know, we give people tools to help them help themselves once the acute phase of their actual treatment is passed. So those are kind of some of the things that we can do. Professional distance also doesn't mean being cold and kind of turning off that empathy. But if you are empathic and a caregiver, you do have to find that balance between what's my responsibility and doing that to the best of our ability, and then being able to let that go and give people tools to move forward and take care of themselves. So, it's a tricky balance sometimes, you know? That's why we're here. And that's why, you know, there's support resources out there so people can process what their experience is like.

MB: Yeah. I love the word balance. I talked to my clients about that a lot. It's, again, a normal and expected experience that we would have trouble seeing these things. It's not, y "normal" for the general population, but in healthcare, it's normal for us to see these things and to feel something in response to that.

JM: Yes. Right?

MB: Guarding ourselves doesn't have to mean overcorrecting to the far other side where we completely shut off that emotional valve.

JM: That's absolutely right. You know, because that's why we're caregivers. You know, so you don't want to shut that off completely, but how do you find that balance? And it ebbs and flows. You know, sometimes we take a deep breath and we're able to bring our best selves to the table and we kind of take care of ourselves. But if you have a high census and if you have a lot of acute patients and maybe some that tend to trigger you a lot or have been quite, you know, severe, then it's going to take a toll. So just maybe plan ahead and be a little bit prepared for that. That is normal, but it doesn't mean it's not uncomfortable and troubling. If we can prepare a little bit for that and normalize it a little bit, it's going to happen to some extent, then we can have a better handle on it and it doesn't come as much of a surprise to us that we're going to experience these feelings.

MB: For sure. Sure, for sure. So you mentioned peer support. How might someone at Vanderbilt connect with peer support or what does that look like in our institution?

JM: That's an excellent question. There are some departments around Vanderbilt already engaged in peer support. that can mean anything from just a casual decision that a group or a unit decides that in our weekly meeting or when we're giving reports, we'll kind of have a sidebar conversation to something more organized. The EAP is able to help department leaders come up with ways to do that best. For example, it might be once a month or quarterly we could meet with anyone that wants to show up at a casual meeting to talk about cases that have been particularly stressful, or situations where they find there's a theme where people can talk openly and one of our EAP clinicians can be present. They may decide they just want to do it on their own, but with the understanding that that peer support group is voluntary and that it's private, and what's talked about in the group kind of stays in the group. It does require a level of trust, but I think those groups can be very helpful in knowing that at baseline that you have colleagues that are experiencing the same thing and you're able to reach out to one another when any one of you might be having a particular struggle. As we were talking about, it kind of normalizes the experience of vicarious trauma, but it also gets ahead of the game by addressing ongoing stressors. So maybe, people don't get to the point where they really feeling that traumatic experience. So, it can be a great way to process in real time with the people that we work with around cases that are particularly stressful, or just maybe things that go well too. That Celebration every now and then. Because that's important too, when you have such cute cases, to keep in mind that the very best work we're doing is making a difference too. In spite of what's difficult, that there are wins.

MB: Thank you, Janet. This is very helpful, and I hope that a lot of the people listening to this episode can resonate with this and maybe take a piece or two for themselves. So I appreciate you sharing your expertise.

JM: Absolutely. Thank you.

MB: For our listeners, if this is something that resonates with you, please consider contacting the EAP office to schedule your no-cost, confidential appointment with one of our counselors. We can be reached at 615-936-1327. Until next time, take care.

Voiceover: Thanks for tuning in to Healthier You by Vanderbilt Health and Wellness. If you are a Vanderbilt University Medical Center faculty or staff member, you can earn credit on your go for the Gold Wellness Actions log by listening to two podcasts. Simply click the go for the gold link in the show notes below to record your participation, and stay tuned for future episodes.