SESLHD GUIDELINE COVER SHEET

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SUMMARY	Following on from the recently conducted VICTARI research project on VT (vicarious trauma) and CF (compassion fatigue) in hospital based social workers (see attached), it was identified that this is a common issue for social workers working within the hospital system. A number of recommendations have come out of the research including the development of specific WH&S guidelines on how to identify, manage and support workers in regards to VT and CF. The findings of this research, as well as any guidelines developed, will have meaning to multiple professions who are exposed to traumatic events in their daily work.

SESLHD GUIDELINE COVER SHEET

Management of Work Related Vicarious Trauma and Compassion Fatigue in Hospital Based Social Workers

Section 1 - Background

Vicarious Trauma (VT) and Compassion Fatigue (CF) affects hospital-based social workers in their everyday work, however very little is known in the literature about how common the phenomenon is, and what is the impact of this on the social workers themselves. Between 2017 - 2019 a team of South East Sydney Local Health District (SESLHD) hospital social workers collaborated with the University of Wollongong (UOW) to research the question, *is compassion fatigue or vicarious trauma a predominant concern or priority risk for hospital social workers and what is the impact of this risk for these professionals?* The aim of researching this question was to explore both the professional and personal care of hospital-based social workers and the impact vicarious trauma and compassion fatigue plays as a result of their interactions with patients and their families.

Key Findings

- Vicarious trauma (VT) and compassion fatigue (CF) are generally perceived to be a consequence of working in an acute hospital setting, however it is a largely hidden phenomenon, not discussed regularly in any formal setting.
- Supervision is regarded as the most appropriate formal setting to discuss VT and CF; however, the topic is raised inconsistently in that context.
- The topic of VT and CF carries with it a stigma that prevents social workers from disclosing in supervision. The majority of hospital social workers in SESLHD are supervised by their line manager so the impact of VT and CF can be perceived as not coping with the job.
- There is no baseline workload tool for social workers so, if a social worker is experiencing the impact of VT or CF fatigue they are not likely to practice self-care as they are concerned about the increased workload on their colleagues.
- Compulsory on-call social work which takes place after hours is often anxiety provoking and contributes heavily to the impacts of VT and CF.
- In addition to VT, many hospital social workers have also experienced trauma themselves, having been exposed to a trauma that is unfolding around them whilst at work. The impact therefore is a direct traumatic response, not vicarious.
- Responsibility for the management and support of social workers experiencing VT and CF is held equally between the employing hospital and the individual social worker, however the initial responsibility must lie with the hospital. For social workers who had experienced the initial responsibility as theirs they made a connection between this and a culture of stigma and blame. This culture is reinforced by direct and indirect management messaging from team leaders, supervisors and department heads.

Section 2 - Principles

EXCLUSIONS

This guideline has been developed for hospital based social workers and refers to roles, responsibilities and functions such as on-call, which is specific to the context of the hospital setting. Future versions will encompass a wider range of settings and disciplines.

Section 3 - Definitions

Compassion Fatigue

- Compassion fatigue is broadly understood as a phenomenon in caring professions, where professionals working with traumatised clients become exhausted and lose the ability to empathise (Dane & Chachkes, 2001). This acquisition of trauma-like symptoms obtained vicariously through interacting with and hearing the stories of traumatised individuals, is perceived to be a typical response in the helping professions (Kapoulitsas & Corcoran, 2015).

Crisis Intervention

- Provision of support to address the immediate needs of a patient/carer/family during a time of crisis or trauma. A crisis can range from sudden death, domestic and family violence, motor vehicle accident, natural disaster, sexual assault, etc.

Empathy

- Vicariously perceiving the experiences and emotions of another person (Gair, 2011)
- Feeling and understanding the emotions and experiences of others (Segal et al. 2017).

On-call

- On call involves being rostered outside of business hours to be available to be called back in to the acute hospital setting to provide a social work service, generally in a crisis or trauma situation involving sudden death, domestic violence or child protection, motor vehicle accident, natural disaster, etc.

Self-care

- Self-care refers to the activities and practices that we deliberately choose to engage in on a regular basis to maintain and enhance our health and wellbeing.
- From the VICTARI research, some examples of self-care strategies include meditation, further study, regular rest and food breaks during work time, exercise and physical activity, supervision, mentoring and debriefing, self-management of workload, work pattern, career breaks, active life outside of work, family supports, nutrition, etc.

Supervision

- The AASW defines professional supervision in social work is defined as: … a forum for reflection and learning…an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures.

Trauma

- Trauma results from an event, series of events or set of circumstances that is experienced as physically or emotionally harmful or life threatening. It is the lasting adverse effects on the person's functioning and mental, physical, social, emotional or spiritual wellbeing.

Vicarious Trauma

- Vicarious trauma is the common, cumulative and detrimental effect of working with, and being repeatedly exposed to, traumatic information. Vicarious trauma is linked to the body of trauma-informed literature (Killian, 2008) through the acquisition of trauma-like symptoms obtained vicariously through interacting with and hearing the stories of traumatised individuals (Bloom, 2010). The cumulative effects can impact workers resilience or coping techniques (Strom-Gottfried & Mobray, 2005) affecting a negative transformation in the helper that results from empathic engagement with trauma survivors and their traumatic material (Pearlman and Caringi, 2009, 202-203). The ongoing exposure to trauma are compatible with the nature, or even a feature of, hospital social work.

Section 4 - Responsibilities

The organisation is responsible for:

- Acknowledging the impact that VT and CF can have an on individual
- Provide education, training and awareness raising re VT and CF for both staff and managers
- Provide pathways for staff to access support re VT and CF, for example through the People and Culture Directorate, such as use of the Employee Assistance Program (EAP) and clinical supervision
- Linking managers and individuals with appropriate guidance and support through the Health, Safety and Wellbeing (HSW) unit
- Providing a safe and healthy workplace as per Safe Work Australia guidelines
- Responding to reported incidents under IMS+
- Recording VT and CF on departmental risk registers.

Managers are responsible for:

- Ensuring social work staff engage in education, training and awareness raising in regards to VT and CF
- Ensuring that appropriate supervision structures are in place and that social workers are receiving quality supervision as per the AASW supervision standards. Ensure that there are escalation processes in place for staff to provide feedback when quality supervision is not occurring
- Supporting staff to help identify signs of VT and CF in self and others
- Providing care and support to staff where VT and CF has been identified under injury management guidelines
- Ensuring that all position descriptions are accurate and reflect the demands of the role, including the impact of VT and CF
- Providing appropriate workload management and prioritisation tools for staff to assist in optimal workload management
- Including VT and CF on the agenda at relevant meetings
- Ensuring orientation is provided for all new staff and students, including education on VT and CF
- Incorporating VT and CF content in to recruitment processes (interview questions, case studies, reference checks)
- Ensure appropriate support is provided for staff participating in the afterhours on call service through utilisation of the SESLHD Social Work On Call Guideline
- Rostering best practice
- Accessing Manager Assist through EAP as required.

Managers of Aboriginal Social Workers are responsible to ensure that they are well supported within their workplace through:

- Feeling culturally safe and secure within the workplace
- Teamwork and collaboration
- Supervision and strong managerial leadership and support from peers (to debrief, reflect, receive emotional support and strengthen coping mechanisms)
- Professional development (the opportunity for skill development and role progression)
- Recognition (of work load, quality of work performed, being trusted to work autonomously).

Individuals are responsible for:

- Engaging in VT and CF education and training
- Looking for and identifying the signs and symptoms of VT and CF in self and others
- Proactively participating in regular supervision as per the AASW supervision standards
- Completing the SESLHD Social Work Wellbeing Plan (Appendix A) on an annual basis and engaged with supervisor on how to best meet the goals identified
- Seeking support and raising any concerns with supervisor, line manager and/or EAP in regards to the impact of VT and CF on self
- Use of employee online to ensure appropriate shifts and rostering
- Use of the department prioritisation tools
- Engaging in peer support.

Section 5 - Signs and Symptoms

Symptoms of compassion fatigue and vicarious trauma are consistent across the literature (Dane & Chachkes, 2001; Espeland, 2006; Safe Work Australia, 2013; Perry, 2014; Kapouslitsis & Corcoran, 2015), and includes but is not limited to:

Emotional responses: where individuals feel powerless, experience frustration, depression, profound sadness, anger, relief, guilt, and distressing dreams; cognitive responses such as re-experiencing phenomena and avoiding reminders of the event; lowered concentration, apathy, minimization, and preoccupation with trauma; compulsive activities, such as increasing hours at work, overeating or undereating, habitual smoking, drinking caffeine or alcohol, habitual drug use, worrying, gambling, and excessive shopping

Physical responses: such as insomnia, fatigue, digestive or skin problems, colds, sweating, a rapid heart rate, and dizziness

From the VICTARI research, some signs and symptoms have been identified as:

Physical:

- crying (at times uncontrollably) and teary
- heart racing
- sweaty hands
- memory recall during and after the event
- heightened feelings
- fight/flight
- hands shaking
- pacing
- rapid speech
- exhaustion
- regular sickness
- sleep disturbance
- intrusive dreams
- panic attack
- physical collapse
- low immunity
- eating patterns
- gastrointestinal upset

Emotional:

- anxiety
- terror
- distress
- nervous
- intrusive memories
- panic
- stressed
- memory recall
- inability to order thoughts
- circular or negative thinking

Feelings:

- helplessness
- challenges to values (own as well as social work)
- daunting
- like watching a horror movie
- exhaustion
- not wanting to return to the role
- hard to shake
- resentment
- scared
- feeling stuck
- numbness/desensitised

Behavioral:

- Avoidance
- Absenteeism
- Presentism
- Working back late
- Withdrawn
- Isolating
- Agitated
- Easy to startle
- Frustration
- Irritable
- Decreased interest
- Exhaustion and fatigue
- Decreased self-care
- Increased conflicts
- Disconnected

Early Warning Signs can be identified as:

- Difficulty managing emotions
- Difficulty accepting or feeling ok about self
- Difficulty in decision making
- Difficulty in managing boundaries
- Problems in relationships possibly linked to distressing content
- Physiological problems
- Nightmares, intrusive thoughts
- Avoidance behaviours
- Feelings of disconnectedness to the world around you
- Feelings of hopelessness and lack of meaning in life

If you are currently or have recently been working with survivors of traumatic incidents or torture survivors, you should be aware of the following signs:

- Experiencing lingering feelings of anger, rage and sadness about patient's victimisation
- Becoming overly involved emotionally with the patient
- Experiencing bystander guilt, shame, feelings of self-doubt
- Being preoccupied with thoughts of patients outside of the work situation
- Over identification with the patient (having horror and rescue fantasies)

- Loss of hope, pessimism, cynicism
- Distancing, numbing, detachment, cutting patients off, staying busy. Avoiding listening to client's story of traumatic experiences
- Difficulty in maintaining professional boundaries with the client, such as overextending self (trying to do more than is in the role to help the patient)

If you are experiencing any of these signs, this could indicate that you are suffering from vicarious trauma.

Section 6 - What are some of the contributing factors to Compassion Fatigue and Vicarious Trauma

Recurrent areas of concern for hospital-based social workers are 'organisational stress, guilt, problems in coping with the emotional impact of cases and social supports' (Dane and Chachkes 2001). Dane and Chachkes' study highlight the fast-paced nature of hospital social work, the volume of work as a concern, interdisciplinary relationships and both cognitive and emotional reactions that the everyday work triggers.

Some contributing factors for CF and VT can be:

- Overwhelming case load
- Exposure to traumatic events, scenarios or recollections
- On call: exposure to traumatic situations, in isolation, during non-traditional work hours
- Personal safety concerns
- Lack of support for supervision
- Not accessing leave such as annual, sick or ADO due to concern of burdening others
- Reluctance to disclose performance matters of impact of vicarious trauma and compassion fatigue to line managers due to fear of repercussion
- Workplace boundaries
- Sense of control over outcomes of issues
- History of mental health issues can be a contributing factor
- Personal history of trauma
- Current personal circumstances

Aboriginal Social Workers (ASW) often reside and are members of the local community in which they work, therefore cultural obligations come into play. Whilst this enables the ASW to assist their non-Aboriginal colleagues to communicate effectively with Aboriginal patients and to provide culturally appropriate and safe care, it can and does add demands and expectations from the community for the ASW to perform their role outside of work hours. Therefore, work life and personal life are not easily separated.

This combined with complex circumstances such as trauma, grief and loss that ASW regularly see in their roles, can often result in excessive workloads, pressure, lack of support, and stress, leading to burnout.

Section 7 - Strategies to identify and manage Compasison Fatigue and Vicarious Trauma

If you feel you may be suffering from vicarious trauma and/or compassion fatigue, try following these coping strategies to reduce the risks:

- Enhanced and regular training on compassion fatigue and vicarious trauma
- Increase your self-observation - recognise and chart your signs of stress, vicarious trauma and burnout
- Recruitment process includes specific questions, criteria and/or job demands checklist to reflect VT and CF aspects of the role
- Field Education: students to be informed, educated and supported through all aspects of field education from the pre-placement interview, orientation, throughout placement and on exiting
- Orientation: for all new staff at all levels. Inclusion of VT and CF education
- Annual performance development review: to incorporate review of VT and CF as well as opportunity to complete the SESLHD Social Work Wellbeing Plan
- Supervision: quality supervision to be provided to all staff in line with AASW Supervision standards as well as the SESLHD Social Work Supervision guideline
- Defusing to be offered to all staff as needed and at key points such as on-call defusing, post trauma, etc.
- Managers to be trained in Mental Health First Aid
- Don't take on responsibility for your patients' wellbeing but supply them with tools to look after themselves.
- Self-care strategies: aerobic exercise, restful sleep, puzzles, journaling, coloring, etc.
- Mindfulness and mindfulness breathing activities
- Maintain a health work/life balance with outside interests
- Look after both your physical and mental wellbeing
- Be realistic about what you can accomplish - avoid wishful thinking
- Mentoring
- Scheduled breaks and work hours
- Workload management
- Accessing Leave relief when if and when it is available
- Clinical diversity: balance and vary your caseload where possible
- Team building
- Accessing addition support such as EAP, GP, Human Resources or peers
- Having RU OK conversations
- Use peer support and opportunities to debrief
- Use of a buddy system
- Taking regular breaks and taking time off when you need to.

Section 8 - References

Exploring the Impact of Vicarious Trauma and Compassion Fatigue on Hospital Social Workers (VICTARI) – A collaborative research project between South East Sydney Local Health District and the University of Wollongong (TRIM reference: T20/32379)

NSLHD *Identification and Management of Vicarious Trauma Policy* (PO2016_001)

NSW Ministry of Health *Draft Integrated Trauma-Informed Care for Vulnerable Children, Young People, Their Carers and Families*

AASW, 2013. *Australian Association of Social Workers Practice Standards*,

AASW, 2014. *Australian Association of Social Workers Supervision Standards*

Dane, B. & Chachkes, E. 2001. *The cost of caring for patients with an illness. Social Work in Health Care*, 33(2): 31-51.

Kapoulitsis, M. & Corcoran, T. 2015. *Compassion fatigue and resilience: a qualitative analysis of social work practice*. Qualitative Social Work, 14(1): 86-101.

Resources and Links

Professional Quality of Life Scale (ProQOL): www.proqol.org

SESLHD Social Work On Call Guideline

SESLHD Social Work Supervision Guideline

https://www.beyondblue.org.au/

https://www.blackdoginstitute.org.au

https://everymind.org.au/need-help-now/self-care

https://www.lifeline.org.au/

https://www.ruok.org.au/

https://wellmob.org.au

http://seslhnweb.lan.sesahs.nsw.gov.au/EAP/

http://seslhnweb.lan.sesahs.nsw.gov.au/HSW/

https://www.seslhd.health.nsw.gov.au/nursing-and-midwifery-wellbeing

Revision and Approval History

Date	Revision no:	Author and approval
February 2022	DRAFT	Patrick Dunn, SESLHD Social Work Advisor. Draft for Comment period.
August 2022	DRAFT	Approved by Executive Sponsor.
September 2022	1	Approved at Clinical and Quality Council meeting.

Appendix A: SESLHD Social Work Wellbeing Plan

SESLHD Social Work Wellbeing Plan

EMPLOYEE:	CLINICAL AREA:
SUPERVISOR:	DATE:

Background:
Social workers in the health setting are at risk of developing vicarious trauma and compassion fatigue, and research into this phenomenon for social workers within SESLHD has identified that engagement in self-care strategies can assist with coping and resilience in the workplace (VICTARI 2017-2020). This document acknowledges that both the organisation and the individual are responsible for facilitating participation in self-care and wellbeing initiatives.

Purpose:
The purpose of this wellbeing plan is to identify and document strategies that are relevant and meaningful to you. It aims to help you articulate what specific things you will do, both individually and through your employing organisation, to support self-care and balance over the course of one year. This document sits parallel to your annual Performance Development Plan.

How to complete and use this wellbeing plan:
It is important that you identify self-care and wellbeing goals that are meaningful and important to you. Given the shared responsibility in recognising and responding to vicarious trauma and compassion fatigue, it is recommended that you also consider self-care and wellbeing activities available to you through your employing organisation and in collaboration with you supervisor. However, this is your plan, informed by your own individual needs and interests. There are some prompts listed under each domain, however the decisions about what self-care and wellbeing activities you engage in are yours to make. Put at least one goal against at least three of the domains, remembering to have enough in there to help you keep some balance, but not too much that achieving the goals in itself becomes a source of stress. There is a section below to help you reflect on the goals identified in your previous plan, and whether they have been achieved. It is recommended that you check in with this plan at least every 3 months to help keep you on track, and do this collaboratively with your supervisor.

Tips for goal setting:
Make realistic and achievable goals that are relevant to you. Good goals are also specific and measurable. For example, instead of saying your goal is to meditate, it might be that you plan to meditate using a meditation app at least once every week. It's important that you're able to determine if you've achieved the goal.

Reflection on previous wellbeing plan:

Domain:	**Goals:**	**Was the goal achieved?** If yes, what factors helped you to achieve it, and was it helpful? If no, what barriers prevented you from achieving it?
Physical:		
Emotional:		
Psychological:		
Workplace/professional:		
Spiritual:		
Relationships:		
Other:		

Wellbeing goals for the coming 12 months:

Domain:	Activity:	Frequency:	Potential barriers:	Comments:
Physical: E.g. stay healthy with enough energy to meet your commitments, develop a healthy sleep routine, maintain healthy eating habits, take regular lunch breaks, go for a walk at lunch time, go for a walk after work, use sick leave if you are sick, regular exercise before or after work				
Emotional: E.g. write three good things you did each day, do something you enjoy, engage in a social group, talk to your friends about how you manage work/life demands, nurture supportive relationships, allow yourself to safely experience your full range of emotions				
Psychological: E.g. activities that make you feel clear-headed, keep a reflective journal (even if it is intermittent), engage in mindfulness activities, engage in a non-work hobby, turn off work email outside of work hours, schedule time for relaxation, engage with positive friends and family, listen to your favourite music				
Workplace/professional: E.g. engage in regular supervision, participate in a collegial network, establish and maintain boundaries with				

people in the workplace, read literature related to your work or an area of interest, attend education, arrive and leave work on time Are you aware of the workplaces responsibilities in this area? Are you aware of what is on offer in your workplace? This might include supervision, QI, WH&S guidelines, caseload management tools, peer support, a secure workplace, having ownership of your work day, as well as other site-specific initiatives, including meditation, communal garden etc.				
Spiritual: E.g. having a sense of perspective beyond day to day life, engage in reflective practices such as meditation, go on bush walks, go to a church/mosque/temple, engage in yoga.				
Relationships: E.g. maintain healthy supportive relationships outside of work, identify who you will have close relationships with, attend special events for family of friends				
Other: E.g. Any other self-care activities you engage in that might not fit in the domains above				

The person(s) I will go to if I need to speak to someone is:

_____

The things I think I need to avoid in order to meet my goals are:

_____
_____
_____
_____
_____
_____

_____
Signature of Staff Member
Date

_____
Signature of Supervisor
Date

Acknowledgement:
Sections of this care plan were informed by resources obtained via The Black Dog Institute (www.blackdoginstitute.org.au) and Reach Out (www.reachout.com)