

Mitigating Vicarious Trauma Risk and Supporting Resilience and Wellbeing: OPS Approach

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17 & 19 June 2025





Contents

Title	Page
PowerPoint	3
Risk and Resilience Factors	43
7 Factors of Resilience	46
Mind Reflection Exercise	48
Body Reflection Exercise	49
Emotion Reflection Exercise	50
Meaning Reflection Exercise	51
Stress profile exercise	52
Identified Focus Self Care worksheet	53
Appendix 1: Burnout, Compassion Fatigue & Vicarious Trauma Assessment	
Appendix 2: Self Care Checklist	

Part 1

Mitigating Vicarious Trauma Risk and Supporting Resilience : Organisational, Peer and Self Approach (OPS)

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1

Part 1

1. Definitions: direct trauma, secondary trauma, vicarious trauma, moral injury, compassion fatigue and burnout

2. Organisational responsibilities:

Culture, risk assessment, policy, procedures, hiring, onboarding, exiting

3. Peer responsibilities:

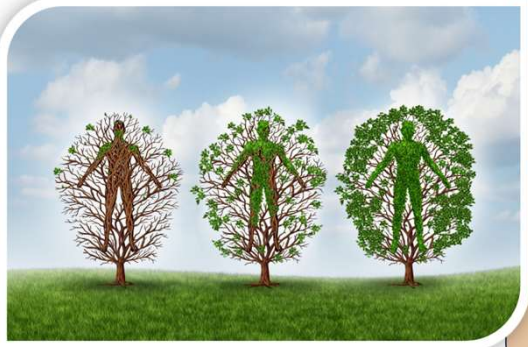
Role of managers, supervisors and psychological safety - team culture



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Key differences between direct trauma, secondary trauma and vicarious trauma



Direct trauma involves **firsthand experience** of the traumatic event, leading to immediate emotional and physical responses.

Secondary trauma emerges from **indirect exposure to another person's trauma**, often through listening to their stories or witnessing their pain. It mirrors PTSD symptoms but **stems from empathetic engagement** rather than personal involvement.

Vicarious trauma is the **gradual, long-term impact of repeated exposure to traumatic content**. It causes deeper **cognitive shifts**, often altering the way an individual perceives themselves, others, and the world.

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3

Allied health professionals
Armed services
Child protection/abuse investigators
Corrections / prison officers
DV / sexual assault counsellors
First responders
Humanitarian aid workers
Journalists
Judiciary
Lawyers
Medical professionals
Police
Psychiatrists
Psychologists
Social workers
Teachers



Risk of secondary trauma

Australian Educators experience STS at significantly higher levels than paramedics, mental health nurses and psychologists.

2024, Fraser, A. Molineux, J. Deakin University

200 lawyers Aus & NZ: 85% anxiety, 60% depression

Meritas, 2019

There may be a **double risk**, in some professions, exposed to **indirect** and **direct** trauma

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Individual Risk Factors

Personal **history of trauma**

Pre-existing mental health challenges

Heightened empathy

Difficulty **recognising and expressing emotions**

Coping mechanisms that **avoid or push down emotions**

Younger in age and limited professional experience

Not having close friends, **social supports** or hobbies and interests

No established spiritual resources (a **sense of meaning and purpose**)

Work style (autonomy over collaboration)



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Organisational & Societal Risk Factors

Lack of acknowledgement that **indirect trauma exists**

Lack of acknowledgement that indirect trauma is a **normal reaction**

Culture "**we just get on with it here**"

Society has little **empathy** with client group

Political disinterest

Lack of support at work, especially training and debriefing

Limited supervision (or focuses on the technical not the personal / interpersonal)

Too many clients / workload

Geographical and/or social isolation (WFH)

Limited training about VT and its prevention

High percentage of traumatised vulnerable clients

Clients who are **underserved and disadvantaged**

Poor pay, **stressful** conditions, with **limited resources**



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Vicarious trauma

A transformation of the professional's inner experience, resulting from **empathic** and **ongoing** engagement with clients' trauma material

Pearlman & Saakvitne, 1995



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Trauma therapists with a personal history of trauma are at greater risk of developing VT than therapists who do not have a personal history of trauma

(Pearlman, L. A., & MacLan, P. S., 1995)

VT may at times be a contributing factor in workplace bullying, harassment, unchecked countertransference, and sexual boundary violations in psychotherapy

(Steinberg, Alpert, Courtois, 2021)

Corrective services employees found higher traumatic caseload increases the risk of developing VT. Risk increased with each year of employment.

Non-custodial staff, examining narratives of offenders' crimes higher rates of VT than custodial staff.

Staff required to deal therapeutically to reduce offenders' risk of recidivism are 3x times more likely to experience VT than custodial officers operating from a more punitive perspective.

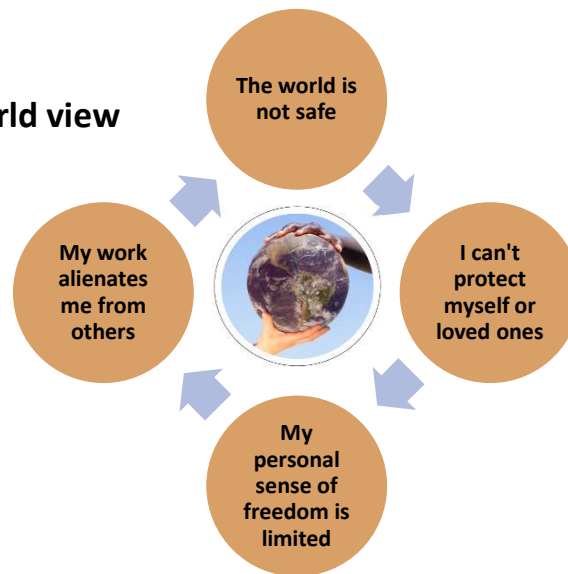
(Campbell, J. 2019)

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Profound shift in cognitions and world view



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Moral distress and injury

Distress caused by **failing** to prevent harm to another.

Party to **acts of omission or commission** that transgress one's moral, political or religious beliefs.

The injury **feels like a betrayal of self** by self or a **third party**.
(10 Medicare sessions – caps on public mental health services)

Can lead to a sense of **loss of meaning and purpose** (existential crisis) and **grief**.

Moral injury **increases risk** of trauma related impacts.

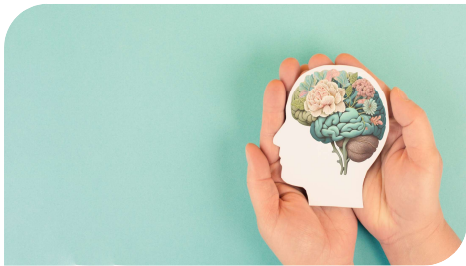


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Examples of moral injury and distress



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Consultant psychiatrist NSW public mental health, Dr. Suzy Goodison, “**I was burning out, a strong sense of moral injury... how did I end up here...**”

4 Corners, 2 June 2025

Police officer where a **domestic violence charge failed** and the woman was killed.

Psychologist from **Catholic faith** working with **institutional sexual abuse cases**.


Whistleblowers.


Moral injury creates **higher risk** of mental health issues **anxiety, depression, STS, suicidality**.





11


Risks Moral Injury Child Protection, Youth Work and Social Work

 **Systemic Constraints** – Policies, funding limitations, or bureaucratic red tape that prevent workers from acting in a way that aligns with their values, morals and ethics.

 **Compromising Child Safety Due to Lack of Resources** – Being forced to leave a child in a non-therapeutic situation because there are no available placements or support options.

 **Witnessing Harm Without the Power to Intervene** – Seeing children, families, or colleagues suffer while being unable to take action due to legal or institutional barriers.

 **Being Required to Act Against Values, Ethics, and Morals** – Carrying out directives (e.g., removing a child when other interventions may be possible) that feel ethically wrong but are legally required.

 **Betrayal by Leadership or Institutions** – Feeling unsupported, gaslit, or abandoned when raising ethical concerns about unsafe or unjust practices.


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12


Risks Moral Injury Child Protection, Youth Work and Social Work

 **Being the 'Face' of a System That Harms** – Having to deliver distressing news, enforce policies that perpetuate injustice, or be the one who tells a family there are no available services.

 **Accumulation of 'Moral Residue'** – Repeatedly making difficult choices that never feel fully resolved, leading to long-term ethical distress.

 **Colleague and Workplace Betrayal** – Experiencing bullying, scapegoating, or being asked to remain silent, or being abandoned by an organisation when you experience harm.

 **Legal or Ethical Grey Areas** – Navigating cases where the 'right' decision is unclear, such as balancing a child's right to safety with a family's right to stay together.

 **Being Held Responsible for Systemic Failures** – Bearing the emotional burden of institutional shortcomings, even when individual workers are not at fault.

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Competing responsibilities and demands can take a toll, feeling caught in the middle of the needs of staff and expectations of superiors.

"I feel like I'm letting everyone down. I'm required to implement decisions I don't necessarily agree with and I see the impact it's having on my staff and our service. I feel overwhelmed and hopeless, like I'm failing everybody."

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Compassion Fatigue

Profound **emotional** and **physical erosion** that takes place when helpers are unable to **refuel** and **regenerate**.

Changes in **ability to feel empathy** and **compassion** for clients and others.

Doesn't include the profound shift in worldview that occurs with vicarious trauma.



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Burnout



Physical and **emotional exhaustion** experienced when **low job satisfaction** and feel **powerless** and **overwhelmed** at work.

Does not necessarily mean view of the world has been damaged or lost the ability to feel compassion for others.

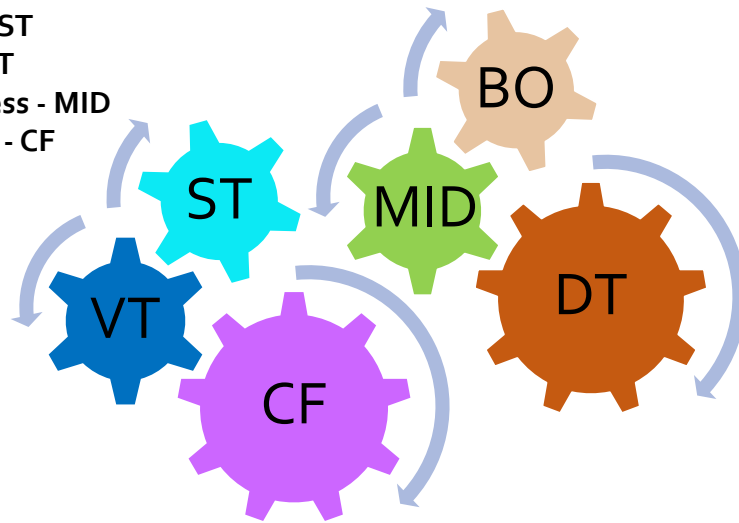
Often related to **organisational culture: bullying, harassment, discrimination** or **not appropriate resources, support or supervision** to fulfil work responsibilities.



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Direct Trauma - DT
 Secondary Trauma - ST
 Vicarious Trauma - VT
 Moral Injury & Distress - MID
 Compassion Fatigue - CF
 Burn Out - BO



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17

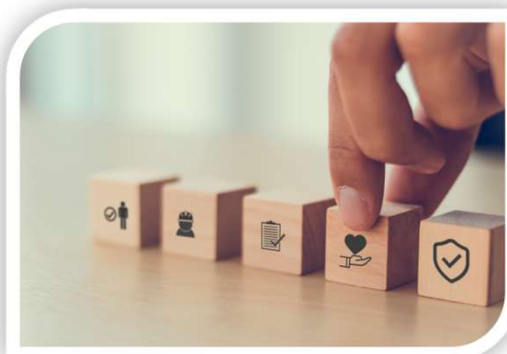
Organisational responsibilities

Policies

Procedures

Practices

Programs



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Organisational risk factors leading to vicarious trauma and burnout

Unrealistic expectations

Pressure to accept overly large caseloads or pushing clients to accomplish goals too quickly.

Management style

"Top-down" management style - supervisors question and invalidate staff's practice knowledge and self-care attempts.

Inappropriate demands

Chronically short-staffed agencies - pressure to work double shifts, or forgoing breaks, comp time and vacation days. Multi-tasking demands.

Abusive workplace where bullying is tolerated

Almost 50% of workers will experience workplace bullying - people (33%) have experienced sexual harassment at work in the last five years.

2011 by Debi S. Edmund and Patricia J. Bland

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Sixth highest rate of workplace bullying when compared with 34 European countries.

Cost to economy between \$6 and \$36 billion per annum.



19

The attitude that scarce resources must be directed toward services rather than toward staff support and care may be understandable.

However, researchers emphasise self-care is not a luxury but is essential, both for the service provider's physical and mental health and for the welfare of the people served by the agency.

(Pearlman & Caringi, 2009)

Implications for organizations that don't attend to self-care may include greater use of sick leave, higher turnover, lower morale and lower productivity.

(Anderson, 2004)

Research examining the relationship between perceived organizational support and the levels of vicarious trauma in sexual assault workers found that when people perceive their organisations to be supportive, they experience lower levels of vicarious trauma.

(Washington Coalition of Sexual Assault Programs, 2004)

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Preparing for crisis and critical incidents

"by failing to prepare, you're preparing to fail." — Benjamin Franklin

Kozarov VS State of Victoria OPP specialist sexual offenses unit, 2009

April 2022, the High Court found in favour of a lawyer working for the Office of Public Prosecutions (OPP), who developed PTSD because of her role in prosecuting serious sex offences. The court found her **employer was responsible for her psychiatric injuries or was negligent**.

A vicarious trauma **policy was in place but was not implemented**. The lawyer told her employer that the work was causing her psychological distress, but the OPP denied this was the case.

The **OPP failed in their duty of care** for their employee in this instance.

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CYA policy



Split between **the legal risk management** response and the **mental health and wellbeing response**.

Managing an **organisations reputation** (brand management), a private companies **responsibility to the board and shareholders** VS **staff and customer wellbeing**.

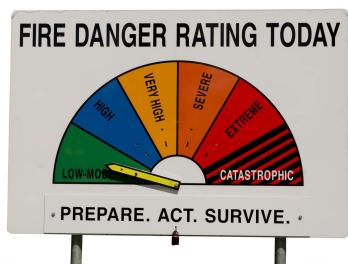
They don't have to be and **shouldn't be mutually exclusive**.

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What happens when stress is unrecognized or ignored?



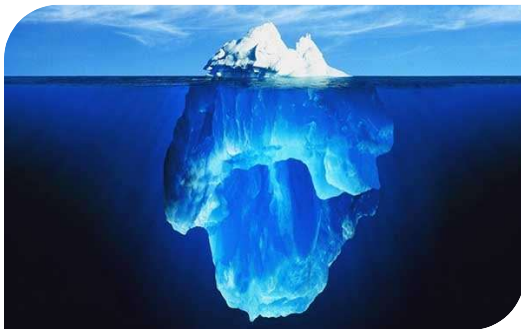
- High turn over of staff / stress leave
- Difficulties with co-workers / clients
- Difficulties with partner, children and friends
- Physical and mental health, accident proneness
- Lawsuits – compensation payouts – reputational damage



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Psychosocial risk



“a **risk to the health or safety** of a worker or other person arising from a **psychosocial hazard**”

Hazard: “arises from or relates to the **design or management of work, work environment**, plant or **workplace interactions** or behaviour and may cause **psychological harm** (whether or not it may also cause physical harm).”

“**Eliminate the psychosocial risks** where reasonably practicable or if not practical, to **minimise the risk.**”

2022 SafeWork Australia Work Health and Safety Regulations



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Identifying psychosocial risk

1. Consult staff
2. Use surveys and tools
3. Observe work and behaviours
4. Review available information
5. Look for trends



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Procedures

Recruitment
Onboarding
Ongoing support
Exit interviews

Recruitment:

Is candidate aware of potential risks related to the work?
Have they had any training in STS / VT etc?
What practices do they have in place to mitigate impacts?
What support do they need from the organisation?
Inform about organisation's policies and supports available

Onboarding:

Mandatory VT training within 3 – 6 months

Ongoing support:

Regular trauma informed training, supervision and support

Exit interviews:

How did we do as an organisation?
Do you have any suggestions for improvement?

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Private Practice



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- Be your own boss
- Make your own schedule
- More autonomy
- AND
- Hold more responsibility and liability
- Isolation
- Balancing clinical, regulatory and business aspects
- Marketing your practice
- Managing taxes and finances
- Bringing on new associates or administrative staff



27

Private practice

Look at the terms and conditions you set for self-employment as you would if you were employed by an organisation

Occupational Health and Safety – psychosocial risk factors

Hours

Wages

Leave

Sick leave

Supervision

Professional development



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28

Peer responsibilities

Leaders and collegial support

Manager & employee training

Psychological safety

Supervision (beyond technical skills)

Regular team and individual check-ins

Buddy systems / Peer networks



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The role of leadership in transforming workplace culture

Leaders play a pivotal role in changing workplace culture through being trauma informed and creating a psychologically safe environment.



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Trauma informed training

Six pillars of trauma informed practice and care

Trauma Informed Skills and Practices for Managers and Supervisors

Mitigating risks of STS, VT, CF, MID, BO

Trauma Informed Interviewing

Responding to distress and critical incidents in the workplace

Suicide prevention training

Responding to disclosure of family, domestic and intimate partner abuse



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Demonstrate concern for team members as people.

Actively solicit questions, concerns, ideas.

Provide multiple ways for team to share their thoughts.

Show value and appreciation for ideas.

Promote positive discussion and dialogue.

Be precise with information, expectations and commitments.

Note 'norms' can develop that undermine intended culture.

Acknowledge your own mistakes.

Develop your own peer support network!

Psychological Safety



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Support



Support staff with mental health conditions or experiencing high stress (work or personal) to continue working and thrive at work:

Reasonable accommodations

Return to work programs






Dignity at work

Access to psychological / psychosocial support

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Survival Responses	Possible presentations
Freeze: Hyper 	Procrastination and indecisiveness
Freeze: Hypo 	Disinterest, carelessness, aloof
Flight 	Perfectionism, avoidance, absenteeism or presenteeism
Fight 	Defensiveness, aggression or passive aggression
Fawn 	Lack of boundaries, people pleasing, seem fake

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Suggestions for supervisors



- Discuss impact of work as part of supervision and hold team meetings specifically to discuss impacts of work (not details of cases).
- Reflective practice supervision – outsource for cases beyond manager's expertise.
- Allowing flexible work schedules, recognising the need for and protecting down time, while staying attuned to the possibility of withdrawal or isolation.
- Creating time and a physical space at work for reflection through reading, writing, prayer / meditation, among other activities;
- Referring to therapeutic and professional assistance, when appropriate (not limited to EAP).

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Suggestions for co-workers to approach a colleague



- Reach out and talk about the impact of the work (not details).
- Helping establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace.
- Encourage to attend to the basics—sleep, healthy eating, hygiene, and exercise.
- Support connections with family, friends, and coworkers.
- Refer to organisational supports, peer support team, EAP.
- Encourage to discuss their experience with their supervisor.

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Setting up a Peer or Buddy network

Decide the **framework** - the purpose of the connecting **and** your obligations or commitments to each other.

Set the **expectations** - the rights / responsibilities of each person in the network (even if its only two). Establish the specific tasks and expectations.

Buddying / peer support is an **addition** not alternative to supervision and its not peer supervision / consultation.

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How will it work?



- Frequency?
- Format?
- Make it meaningful
- Rotate roles
- Set themes

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Explore and reflect on

A high impact moment of **stress/challenge**

A moment of highest or lowest **emotional intensity**

A moment that was **inspiring or poignant**

One thing **someone else did** that made a difference

One thing **you did** that made a difference

A **core value** you are striving to uphold

One thing you **choose to do** going forward



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Part 2

Mitigating Vicarious Trauma Risk and Supporting Resilience : Organisational, Peer and Self Approach (OPS)

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Outline Part 2

Psychosocial work risk continuum

Risk and resiliency factors

Self assessment

4 domains of self care

Resilience, transformation and growth

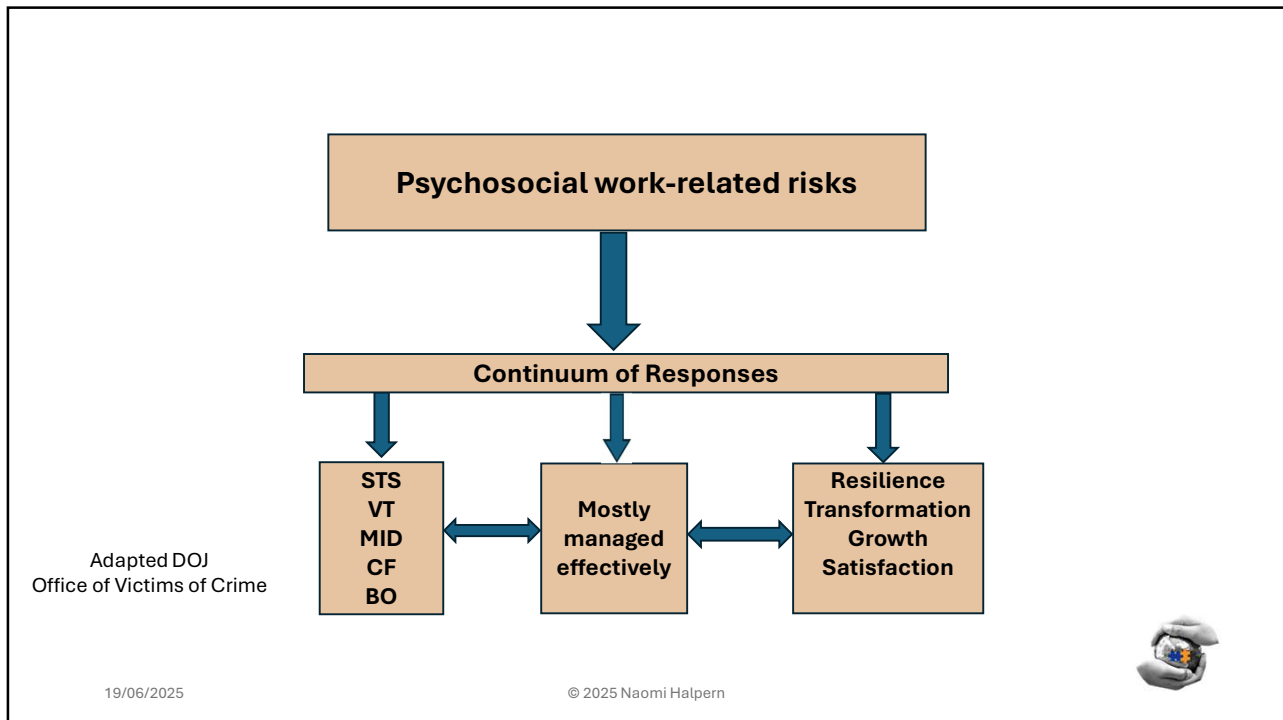


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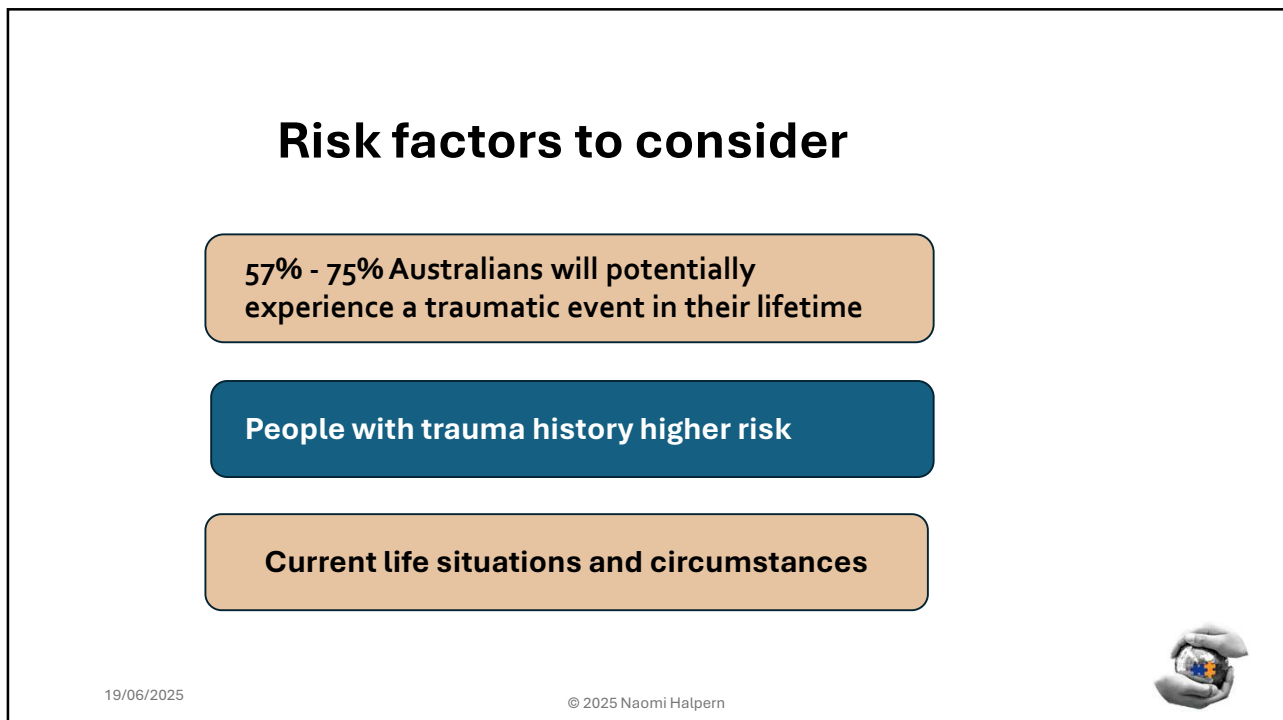
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2



3



4

Stress and resilience

Allostasis – achieving stability in the midst of change

Allostatic overload

"the wear and tear on the body" which accumulates as an individual is exposed to repeated or chronic stress.

Bruce McEwen and Eliot Stellar, 1993

Pushing too hard can cause a physical injury. Constant mental, psychological and emotional stress without proper recovery can overload the nervous system.

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Four Types of Allostatic Load

- Acute Allostatic Load - arises from a single, short-term stressor.
- Repetitive Allostatic Load - emerges from repeated exposure to similar stressors over a short duration.
- Chronic Allostatic Load.
- Cumulative Allostatic Load.

Experiences that increase allostatic load

Adverse childhood experiences

Job strain (high job demands combined with low control)

Economic strain

Relationship / family strain

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Symptoms of allostatic overload

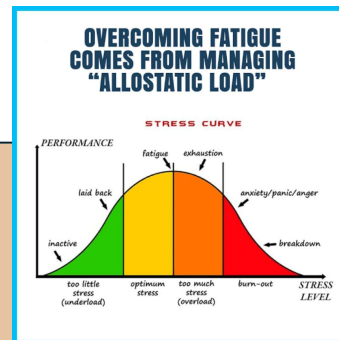
Sleep disturbances

Irritability

Impaired social or occupational functioning

Feelings of being overwhelmed by the demands of daily life

May ultimately result in physical and/or mental health problems



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Disease and mental health issues linked to a high allostatic load

Cardiovascular disease

Diabetes

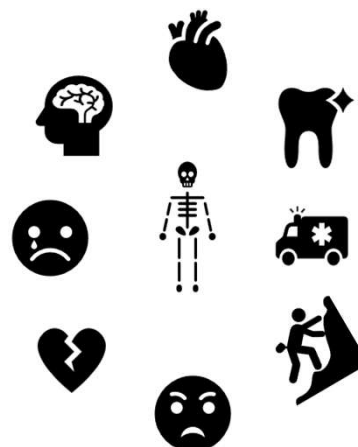
Musculoskeletal disorders

Cancer

Periodontal disease

Mood and anxiety disorder

Post-traumatic stress disorder



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Personal warnings signs

- Physical or mental numbness
- Increase or decrease in appetite
- Stress, anxiety, or depression
- Avoidance of things that are a reminder
- Despair or hopelessness
- Feel guilty for pleasure / survivor guilt
- Pessimism / cynicism
- Personal relationship struggles or conflict
- Using alcohol or drugs to cope



- Emotional exhaustion and fatigue
- Overwhelming emotions
- Insomnia or difficulty sleeping
- Anger and irritability
- Feelings of sadness or helplessness
- Headaches
- Nausea and digestive complaints
- Intrusive thoughts and images
- Nightmares
- Memory or concentration difficulties



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Professional warning signs

- Decreased attentiveness
- Loss of confidence in skills
- Negative attitude
- Low motivation
- Missed deadlines
- Increase in work absences
- Lack of interest



- Avoidance of job tasks
- Withdrawal from colleagues
- Conflict with colleagues
- Poor communication
- Tardiness / absenteeism
- Presenteeism
- Making more errors (clinically / admin)



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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr Rachel Remen

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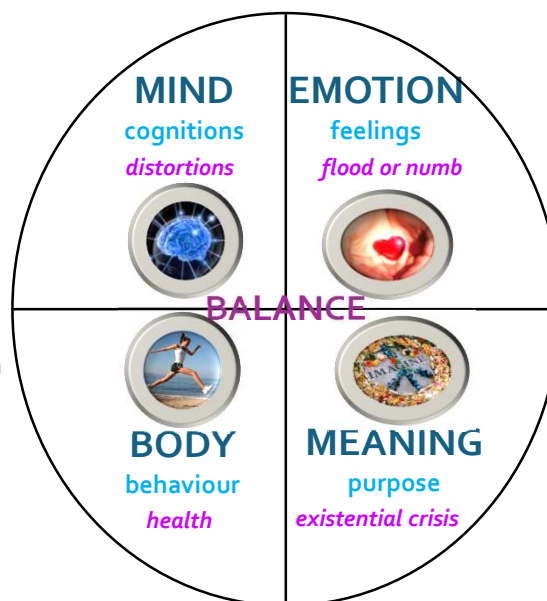
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4 domains of Self care

Don't have to focus on each
domain all the time!



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12

Mind



Reduce social media exposure



Risk & resiliency factors



Professional & personal development



Regular supervision



Realistic self-care plan

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Risk and Resiliency Factors



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Factor	How this factor operates or is experienced
Personality & coping style	Is it open, flexible? Do you reach out if you need help, support or assistance?
Trauma history	Have worked through it and/or know your triggers and how to support yourself?
Social supports	People in your life with who you feel safe, trust, can confide in and regularly have fun with.
Supervision	Your supervisor supports and encourages your professional development.
Spirituality	You have a philosophy or belief system that nurtures and sustains you.
Current life circumstances	Can manage whatever is currently happening in your personal and professional life.
Work style	Structure work to support you to best fulfil your work responsibilities and have flexibility when needed.
Professional supports	You have a network who encourage you to develop professionally and on whom you can rely on when needed.

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15




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7 factors of resilience

1. Emotion regulation
2. Impulse control
3. Empathy
4. Causal analysis
5. Self efficacy
6. Realistic optimism
7. Reaching out

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16



Stress profile



What are current stressors

How does stress show up?

What are some unhelpful I use?

What are more positive strategies I can try?

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Self-Care focus

Review date:

I want to...

Because

The steps I need to take are...

..... can help me move toward improving this issue / area

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Regular Review of your self care plan

- Acknowledge what's working or not working
- Readjust and learn – troubleshoot
- Keep momentum, inspiration and accountability



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Resistance to change

- Normal and healthy
- Resistance is communication
- Pacing – too fast or slow?
- Fear – what of?
- What are the pros and cons?
- Is it the right or best focus?
- Work with resistance - don't push against it



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20

Neurons that fire together, wire together

Donald Hobb (1904-1985)



To feel better, we need to ***do what we don't feel like doing*** so that in time we actually feel like doing it and establish a new habit.

Rewiring the brain (and enhancing health) means ***getting out of our comfort zone*** (incrementally) and ***exposing ourselves to situations that may provoke anxiety but are safe***, will lead to feeling calm and positive when in the same situation later.

Be prepared to ***feel worse before you feel better!***

Dr. John Arden, (2015) Brain2Brain



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- Am I experiencing work related worry, anxiety and/or intrusive thoughts / images?
- Do I take time regularly to reflect on how my work impacts me and conduct a self-care assessment?
- Am I having regular supervision / case consultation and is it meeting my needs?
- Am I pursuing professional development training to assist with developing my knowledge and skills in my work practice?
- Am I actively supporting and pursuing personal development (journalling, courses, therapy / other interests and activities)?

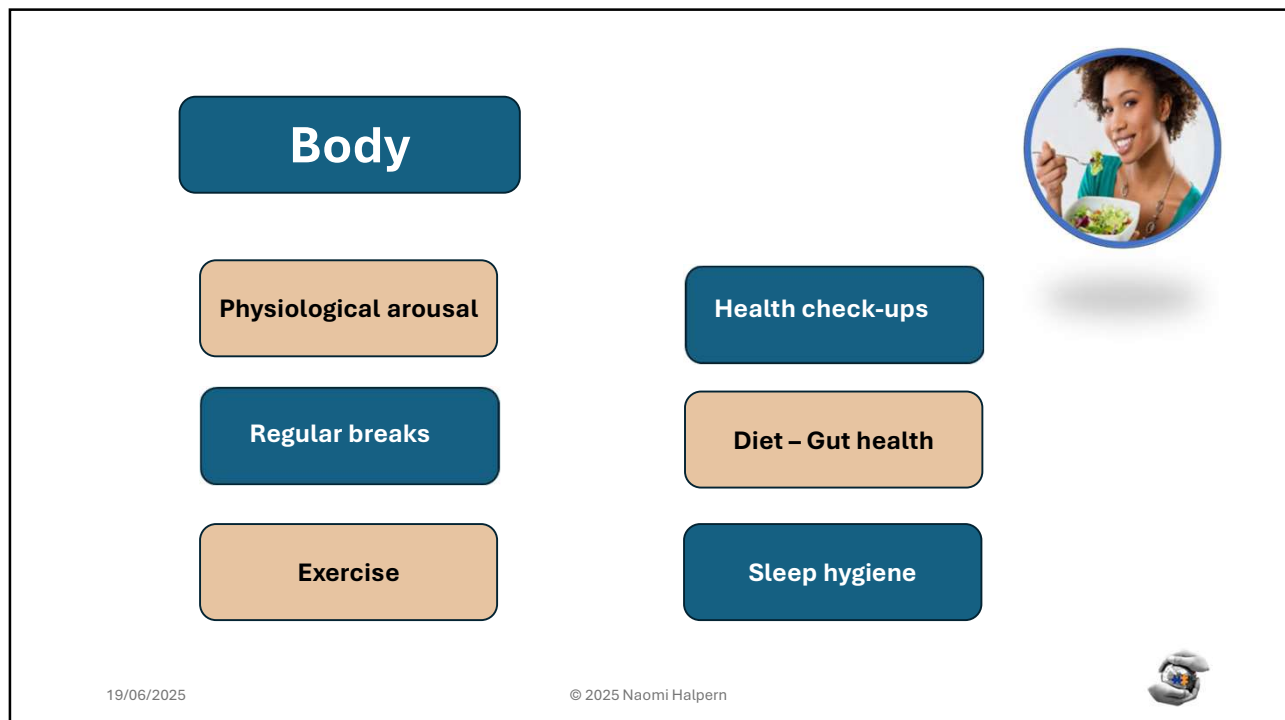
Mind reflection



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22



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Work practices to protect & recalibrate your nervous system



- 1. Slow breathing** (5–6 breaths/min)*Inhale through the nose, exhale longer than the inhale. Activates the vagus nerve, increases heart rate variability, helps reduce cortisol.
- 2. Micro-recovery moments** between sessions. **2–5 minutes of silence**, stretching, breathwork, or going outside reduces sympathetic activation.
- 3. Peer co-regulation.** Regular check-ins with peers, mentors, or therapists help stabilize our nervous system.
- 4. Ritualized endings.** Don't just finish the workday - exit it. Use a short neural reset ritual: walk, music, journaling, tea, or a body scan to signal safety to your system.
- 5. Track internal cues.** Ask weekly, "How is my nervous system doing?" Watch for red flags - loss of empathy, disrupted sleep, increased irritability. These aren't personal flaws. They're biological feedback.

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24

More ways to activate the PNS

- Spend time in nature
- Massage
- Meditation
- Deep abdominal breathing from the diaphragm
- Repetitive prayer / mantra
- Focus on a word that is soothing such as calm or peace
- Play with animals or children
- Practice yoga, chi kung, or tai chi
- Exercise
- Progressive relaxation
- Do something you enjoy: gardening, cooking, surfing, reading
- Gently touch your lips
- Visualisation
- Stop multitasking – focus on one thing at a time!
- Reach out to someone you trust



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What's The Big Deal About The Gut? Enteric Nervous System – 2nd Brain

- Contains **30 types of neurotransmitters**
- **500 million neurons** (Brain: 100 billion)
- **90% of serotonin** which helps produce **melatonin (sleep hormone)** located in gut
- **400x more melatonin produced in gut than brain**
- When gut microbiome is compromised has **major impact on physical and mental health**



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26

Sleep hygiene



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↓ caffeine, nicotine, alcohol

Switch off devices (min 30 mins before sleep)

Invest in mattress and block out blinds

Fresh air in bedroom

Practise deep breathing

No exercise 3 hr before sleep (stretching / yoga OK)

Sleep apps: white noise – nature sounds

Warm (not hot) bath or shower

Light snack / warm milk

Magnesium / melatonin supplement, lavender oil



27

Body reflection



- Do I check in with my physiological arousal and how aware am I of what my body is communicating to me?
- Am I up to date with health checks and if not which one(s) is / are due?
- Do I take breaks during the day most days? If not, what are the obstacles?
- Do I have a regular exercise routine? How do I feel about what I am doing or not doing?
- How is my diet? Are there changes it would help to make?
- How am I sleeping? Do I have a good sleep hygiene practices?

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28

Emotion



Don't imagine client's story happening to you or someone you love

Explore and work with personal issues, set clear and appropriate boundaries in personal and professional relationships

Allow space for connecting and expressing feelings

Sense of humour and fun

Reach out and stay connected (also know when need space)

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29

Grief



Grief can be masked or defended against with emotions and behaviour such as **anger, impulsivity, guilt, shame, or depression.**



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30

It's not only the stories, but the toll of being present

Interacting with people in distress requires us to be grounded and regulated to assist co-regulation with the client.

Co-regulation requires skill, empathy, observation and presence. Our autonomic nervous system is constantly adjusting, so that we remain calm and grounded when our clients / patients cannot.

Every interaction is **rewiring the brain**. When we don't attend to self 'intentionally' our work begins to **rewire us**. It is not just **burnout** but **biology**.



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31

Empathy vs Compassion

Empathy	Compassion
An emotional and cognitive response	Compassion is an emotional response to empathy and creates a desire to help
Feeling your emotions while other is feeling their emotions (Anterior insula cortex)	Part of ' care seeking ' network (Orbitofrontal cortex)
Releases hormone oxytocin (love hormone)	Activates dopamine (motivation - reward hormone)
Doesn't necessarily activate desire to help	Be ' with ' someone but remain centred and grounded
Being too open and not clear boundaries will lead to compassion fatigue, burnout, unchecked countertransference	Clear boundaries around what you can and can't do or offer
19/06/2025 Unsustainable	Sustainable



32

Mindfulness

Maintaining a moment-by-moment awareness of thoughts, feelings, bodily sensations, and surrounding environment, through a non-judgemental and compassionate lens.



slow deep breathing



eating and cooking



gardening



progressive muscle relaxation



walking



brushing teeth



meditation



notice your thoughts
(monkey mind)



bathing



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33

Mindfulness



Potential benefits

- **Decreased physical and psychological symptoms**
- **Increased ability to cope** with stressful situations
- **Improved self-esteem**
- **Greater enthusiasm** for life
- **Greater energy**
- **Improved pain levels or coping** with chronic pain

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Potential cons

- **During meditation** for individuals with **trauma or mental health issues** risk of increased depression, negative emotions and flashbacks.
- **Meditation induced** feelings of depersonalisation.
- **Detached** and emotionally **unresponsive**.
- **Contraindicated** for people with active suicidal thoughts.

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34

Emotion reflection



- How do I regulate myself when I am feeling uncomfortable or overwhelming feelings?
- Do I allow myself to connect with uncomfortable feelings or do I try to cut them off, push them down or away?
- Do I practice self-compassion when I am feeling difficult emotions and/or when I feel I have made a mistake, not acted towards self or others in a way I feel is fair, ethical or in line with my values?
- Do I engage in self-reflection practices that support me on a regular basis?
- Do I reach out and allow trusted people to support me when I am at my most vulnerable and insecure?



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35

Meaning



**Remind yourself of the reasons
you do the work you do**

Choose your battles

Reaffirm your commitment

Focus on bigger picture

**Stay attuned to your values and
purpose**

Know you have choice

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36

- Has my world view been impacted by my work and if so, how has it changed?
- Am I feeling less safe, more cautious or suspicious of others or institutions because of my work?
- Do I feel less joyful or hopeful in my own life and for the world in general?
- Why or how did it come about that I do this work? What motivated and inspired me?
- Are these reasons still valid? What will help me reaffirm my commitment and sense of meaning and purpose?
- In what ways do I feel inspired and hopeful about my work?

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Meaning reflection



37

Vicarious Resilience and Compassion Satisfaction



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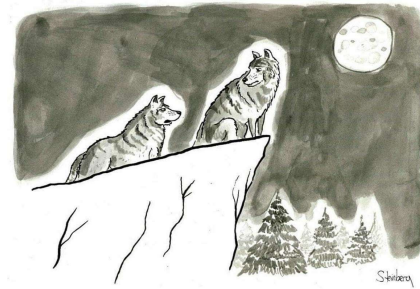
- **Positive transformation** in one's worldview and spirituality in **response to helping others** live through trauma.
- **Deeper understanding** of the world, suffering and **humanity's capacity to overcome adversity**, renewed or enriched **spirituality**, greater value and **appreciation of relationships, compassion**, understanding of various **cultures**, fulfilment, **sense of purpose, meaning and pleasure**.
- **Sense of meaning** that is gained from working in the fields of victim services and first responders. Can motivate and, in turn, **protect against the negative** effects of trauma exposure.



38

If signs and symptoms persist

If you find strategies for self-care are not helping, things feel like they are getting worse, not better, please reach out for support.



"I'm not saying don't howl at the moon. I just think that it *also* might be helpful to see a therapist."

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Risk and Resiliency Factors Exercise





Reflecting on the factors below, which of these factors are **working well in your life** and boost your resilience in the face of stressful situations and circumstances? Which of these factors do you **feel you are challenged in some capacity**? What would assist you to develop areas that are challenged? **IMPORTANT:** Being impacted by distressing stories and presentations of clients is normal - not a weakness. Addressing VT and related experiences is also an organisational responsibility. This exercise focuses only on self-awareness, not what an organisation can do and may need to address. You may find in **some areas you have both risk and resilience factors**. It is not necessarily either / or.

Factor	How this factor operates or is experienced
Personality & coping style	Your personality and coping style is open, flexible and you reach out if you need help, support or assistance.
Trauma history	If you have past trauma you have significantly worked through it, know your triggers and how to support yourself.
Social supports	You have people in your life with whom you feel safe, trust, can confide and have fun with.
Supervision	Your supervisor is invested in supporting you and encourages your professional development.
Spirituality (meaning)	You have a philosophy or belief system that nurtures and sustains you and activities that nourish you.
Current life circumstances	You can manage whatever is currently happening in your personal and professional life effectively.
Work style	You structure work to support you to fulfill work responsibilities and have flexibility when needed.
Professional supports	You have a network who encourage you to develop professionally and who you can rely on.



Resilience and Risk Factors Exercise

Factor	Resilience	Risk
 Personality & Coping Style		
 Trauma history		
 Social Supports		
 Supervision		

Factor	Resilience	Risk
 <p data-bbox="177 725 325 763">Spirituality</p>		
 <p data-bbox="73 1133 427 1171">Current life circumstances</p>		
 <p data-bbox="177 1603 325 1641">Work Style</p>		
 <p data-bbox="105 1977 397 2016">Professional Supports</p>		



7 Factors of Resilience

based on The Resilience Factor (2002) Reivich & Shatte

1. **Emotional Regulation** - The ability to stay calm under pressure and regulate emotions (*calm self down – self soothe – reassure*).
 - Identify how negative thought patterns feed difficult emotions (*catch your thoughts – are they encouraging or self-critical – catastrophising*)
 - Consciously observe and modulate your thoughts (*reality check – focus on breathing*)
2. **Impulse Control** - The ability to keep behaviour in check and not react on immediate impulses (*knee jerk responses*).
 - Restrain from immediate reactions (*pause before act*)
 - Take time to think through a situation carefully (*think before speak – talk it over with confidante – 'sleep on it'*)
 - Listen to others (*seeing from someone else's' perspective, doesn't mean you have to agree*)
 - Look for solutions rather than avoiding or acting impulsively
3. **Empathy** - The ability to read others' cues to their psychological and emotional states.
 - Being observant of others' behaviour, facial expressions, tone of voice, and body language
 - Being able to respond more effectively to others because you are able to estimate what/why others might be thinking and feeling
 - "Putting yourself in the other person's shoes," deep listening and trying to be understanding of another's experience

4. **Causal Analysis** - The ability to accurately identify the causes of problems.
 - Effective problem-solving
 - Explanatory style – how you explain to yourself why things happen (*internal vs. external, temporary vs. permanent, global vs. specific*)
 - Avoid jumping to conclusions or making assumptions

5. **Self Efficacy** - Having the belief that you are effective, can solve problems and have ability to succeed.
 - Self-confidence
 - Positive beliefs that you can solve problems and you are capable of success (*does not mean that you think you can do / manage everything*)
 - Depend on your own abilities without projecting on to others to rescue (*does not mean not asking for help when needed*)

6. **Realistic Optimism** - Being hopeful about the future and believing you have some control over the direction of your life.
 - Maintain a positive outlook without denying reality
 - Appreciate potential positive aspects of a situation without ignoring negative aspects
 - Being motivated to search for solutions because you believe your situation can change and that you can adapt
 - Believe that setbacks are temporary, changeable, and local

7. **Reaching Out** - The ability to seek out new opportunities, challenges and relationships.
 - Make meaningful connections with others
 - See challenges as a way to learn and improve
 - Curiosity and do not avoid trying something different
 - Identifying something you want to change about your life and proactively working on it
 - Strive for personal and professional growth
 - Seek fulfilling activities
 - Avoid self-defeating behaviours



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Mind Reflection

~~Am I experiencing work related worry, anxiety and/or intrusive thoughts / images?~~

Do I take time regularly to reflect on how my work impacts me and conduct a self-care assessment?

Am I having regular supervision and is it meeting my needs?

Am I pursuing professional development training to assist with developing my knowledge and skills in my work practice?

Am I actively supporting and pursuing personal development (journaling, courses, therapy, other interests and activities)?

Do I have a (realistic) Self-care plan and am I following it? If yes, does it / how does it help. If no, what are the challenges in doing so?



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Body Reflection



Do I regularly check in with my physiological arousal and how aware am I of what my body is communicating to me?

Am I up to date with health checks and if not which one(s) is / are due?

Do I take breaks during the day most days? If not, what are the obstacles?

Do I have a regular exercise routine? How do I feel about what I am doing or not doing?

How is my diet? Are there changes it would help to make?

How am I sleeping? Do I have a good sleep hygiene practices?



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Emotion Reflection

How do I regulate myself when I am feeling intense, uncomfortable or overwhelming feelings?

Do I allow myself to connect with uncomfortable feelings or do I try to cut them off, push them down or away?

Do I practice self-compassion when I am feeling difficult emotions and/or when I feel I have made a mistake, not acted towards self or others in a way I feel is fair, ethical or to my values?

Do I engage in reflective practices that support me on a regular basis?

Do I reach out and allow trusted people to support me when I am at my most vulnerable and insecure?



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Meaning Refection

Has my world view been impacted by my work and if so, how has it changed?

Am I feeling less safe for me / loved ones, more cautious or suspicious of others or institutions because of my work?

Do I feel less joyful or hopeful in my own life and for the world in general?

Why or how did it come about that I do this work? What motivated and inspired me to do this work?

Are these reasons still valid? If so, what will help me reaffirm my commitment and sense of meaning and purpose?

In what ways do I feel inspired and hopeful about my work?

What gives me a sense of meaning and purpose and how am I expressing this in my life?



Stress Profile



What are current my stressors
(work or personal)?

How does stress show up in me?

What are some unhelpful strategies I use?
(work short term but not healthy)

What are more positive strategies I can try?



Identified Self-Care Focus

Date focus set: _____ Focus review date: _____

(Review date is to reflect on progress)



I want to... *(what I want to do, not do, change or be different)*

Because... *(how my life, relationships, work, wellbeing will improve if I focus on this issue / area)*

The steps I need to take are... *(what will help me move toward improving this issue / area)*

.....

(actions I can take to assist me with this focus) **can help me move toward improving this issue / area.**

BURNOUT, COMPASSION FATIGUE AND VICARIOUS TRAUMA ASSESSMENT

Using the scale, indicate how these statements reflect your actions and feelings.

5 = Very often; 4 = Often; 3 = Sometimes; 2 = Occasionally; 1 = Seldom; 0 = Rarely

- ___ 1. I am NOT happy and content with my work life.
- ___ 2. I feel drained and exhausted from “giving” so much.
- ___ 3. I am preoccupied with the traumatized stories I have heard.
- ___ 4. I feel apathetic about work.
- ___ 5. I feel down after working with those I help.
- ___ 6. I think about traumatic experiences of a person I help too much.
- ___ 7. I feel trapped by my work as a caregiver.
- ___ 8. Because of my work as a caregiver I have been on edge.
- ___ 9. Outside of work I avoid certain situations because they remind me of the experiences of those I work with.
- ___ 10. I don't like my work anymore.
- ___ 11. Because of my work as a caregiver I am exhausted.
- ___ 12. I have intrusive thoughts of stories I've heard from those I'm helping.
- ___ 13. I feel overwhelmed with the amount of work I have to do.
- ___ 14. I wonder if I make a difference through my work.
- ___ 15. I have flashbacks connected to my client.
- ___ 16. I work too hard.
- ___ 17. I become overwhelmed when thinking about working with certain clients.
- ___ 18. I experience troubling thoughts about events of a client when I'm not working.
- ___ 19. I feel I'm working more for money than for personal fulfillment.
- ___ 20. I have felt trapped by my work as a caregiver.
- ___ 21. I have involuntarily recalled my own traumatic experience while working with a client.

**BURNOUT, COMPASSION FATIGUE
AND VICARIOUS TRAUMA
ASSESSMENT – PAGE 2**

Scoring

Write the number you wrote for each question on the blank below. Total the columns.

BURNOUT	COMPASSION FATIGUE	VICARIOUS TRAUMA
___ 1.	___ 2.	___ 3.
___ 4.	___ 5.	___ 6.
___ 7.	___ 8.	___ 9.
___ 10.	___ 11.	___ 12.
___ 13.	___ 14.	___ 15.
___ 16.	___ 17.	___ 18.
___ 19.	___ 20.	___ 21.

___	___	___	TOTALS
-----	-----	-----	---------------

While no universally applicable cut off score can be used under all circumstances, in most cases, a higher number of score indicates a higher level of distress.

0-14 = Low Risk
15-21 = Moderate Risk
22-28 = High Risk
29-35 = Extremely High Risk

About the Crisis & Trauma Resource Institute Inc.

CTRI provides professional training and consulting services for individuals, communities and organizations affected by or involved in working with issues of crisis and trauma. For more details visit their website at www.ctrinstitute.com

From: Saakvitne, K.W., & Pearlman, L. A., and the Staff of the Traumatic Stress Institute (1966). Transforming Pain: A workbook on vicarious traumatization for professionals who work with traumatized clients. New York: W.W. Norton.

Self-Care Checklist

Rate how often and how well you are taking care of yourself these days by filling in the following checklist. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself the priority.

Rate the following areas in frequency

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

Physical Self-Care

___ Eat regularly (e.g., breakfast, lunch, and dinner)

___ Eat healthily

___ Exercise

___ Get regular medical care for prevention

___ Get medical care when needed

___ Take time off when sick

___ Get massages

___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun

___ Take time to be sexual - with yourself, with a partner

___ Get enough sleep

___ Wear clothes you like

___ Take vacations

___ Take day trips or mini-vacations

___ Make time away from telephones

___ Other:

Psychological Self-Care

- ___ Make time for self-reflection
- ___ Have your own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which you are not expert or in charge
- ___ Decrease stress in your life
- ___ Notice your inner experience - listen to your thoughts, judgements, beliefs, attitude and feelings
- ___ Let others know different aspects of you
- ___ Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theatre performance
- ___ Practice receiving from others
- ___ Be curious
- ___ Say no to extra responsibilities
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Reread favourite books, re-view favourite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters, donations, marches, protests

___ Play with children

___ Other:

Spiritual Self-Care

___ Make time for reflection

___ Spend time with nature

___ Find a spiritual connection or community

___ Be open to inspiration

___ Cherish your optimism and hope

___ Be aware of nonmaterial aspects of life

___ Try at times not to be in charge or the expert

___ Be open to not knowing

___ Identify what is meaningful to you and notice its place in your life

___ Meditate

___ Pray

___ Sing

___ Spend time with children

___ Have experiences of awe

___ Contribute to causes in which you believe

___ Read inspirational literature (talks, music, etc.)

___ Other:

Workplace or Professional Self-Care

___ Take a break during the workday (e.g., lunch)

___ Take time to chat with co-workers

___ Make quiet time to complete tasks

___ Identify projects or tasks that are exciting and rewarding

- ___ Set limits with clients and colleagues
- ___ Balance your caseload so no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group
- ___ Develop a non-trauma area of professional interest
- ___ Other:

Balance

- ___ Strive for balance *within* your work-life and workday
- ___ Strive for balance *among* work, family, relationships, play and rest