Befriending The Tiger:

Exploring Resilience and Wellbeing

On The Frontline

Part 1

Naomi Halpern

CQSW, Grad Cert Human Rights, Certified QPR trainer

delphi
TRAINING AND CONSULTING

Contents

Title	Page
PowerPoint	3 - 12
V-R-P triangle exercise	13

Part 1

Befriending the Tiger: Exploring Resilience and Wellbeing on the Frontline

Naomi Halpern
CQSW, Grad Cert Human Rights, Certified QPR trainer
naomi@delphicentre.com.au
https://delphicentre.com.au

1

- Introductions
- Psychosocial risks definitions
- Post traumatic transference and Countertransference
- Closing meditation

2

Introductions

3

Psychosocial risks

The **World Health Organization** now officially recognises **psychosocial hazards** as **key contributors** to workplace mental health challenges.

WHO recommends organisations **focus not only on individual resilience**, but on **changing the systems** and **environments** that create harm in the first place.

4

Key differences between secondary trauma and vicarious trauma

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.

5

Professions at risk

Some professions at risk of direct and indirect trauma

- Aid workers
- Allied health professionals
- Armed services
- Child protection
- DV counsellors
- First responders
- Journalists
- Judiciary

- Lawyers
- Medical Professional
- Police
- Prison officers
- Psychiatrists
- Psychologists
- Sexual assault counsellors
- Social Workers
- Teachers

6

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)

7

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**

8

Vicarious trauma

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

Pearlman & Saakvitne, 1995

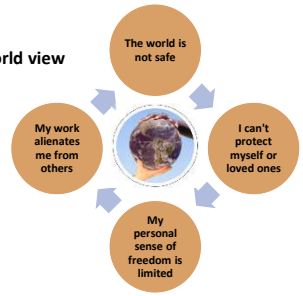
9

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)

10

Profound shift in cognitions and world view



11

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.

12

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.

13

Moral injury inclusion in DSM-5-TR

MI was first recognised in war veterans, with or without PTSD. Now recognised as a key risk in first responders, police, healthcare workers and other professions.

Moral Injury (MI) in the **Diagnostic and Statistical Manual of Mental Disorders** under **Z65.8 Moral, Religious, or Spiritual Problem** along a continuum of **moral dilemmas**, **moral distress** and **moral injury**.

Not yet recognised by **Safe Work Australia** but puts organisations on notice regarding responsibilities and obligations on **eliminating or mitigating psychosocial risks** related to MI.

14

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.

15

Examples of moral injury and distress

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.**

16

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.

Frontline Mental Health Conference 2025

17

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.

Frontline Mental Health Conference 2025

18

Grief

Grief is more than personal losses, we can feel grief related to our clients around world events.

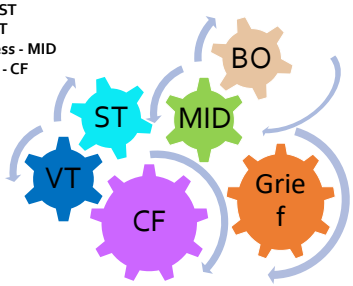
Universal but expressions of grief are **personal** and **culturally mediated**.

Grief may not be recognised by **self**, **colleagues** or **significant others** and may lead to further distress and feelings of isolation.

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

19

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

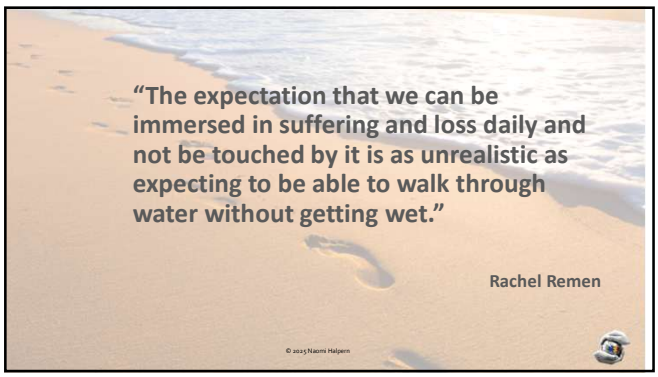


20

Contributing Factors

- Nature of trauma
- Client presentations or behaviour
- Personal situation: current and historical
- Organisation
- Societal context

21



22

Post traumatic transference and countertransference

I don’t trust you but you’re my only hope

Bethany Brand, 2016

The Attachment Dilemma: I hate you - don’t Leave me - Meh!

Naomi Halpern, 2020

© 2025 Naomi Halpern

23

Post-traumatic transference

Clients hope for the best but expect the worst.

Unmet **attachment needs**, an expectation of further **betrayals, rejection** & **re-enactments** of past relationship dynamics will **arise (Parts) in the context of therapy** & in **relationship with the therapist.**

© 2025 Naomi Halpern

24

Post-traumatic countertransference

Therapists' **attachment needs**, **countertransference**, **vicarious trauma** and **trauma history** will be triggered in relationship with the client.

Awareness of our triggers

Support ourselves / Parts!!

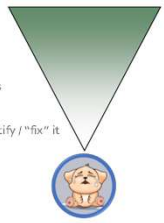
25

V-R-P triangle activation

Rescuer
Accommodate unreasonable demands and expectations.

Do what you can to pacify / "fix" it

Persecutor
Fed up, withdraw, insensitive, avoid, passive aggressive



Victim
Feel unappreciated, unvalued, unfairly treated, allow bad treatment

26

Reflection

- **Think about a time when you found yourself on the triangle with a client.**
- **What happened?**
- **How did you respond?**
- **How did the client respond?**
- **How did you / do you feel about it – what did you come to understand?**

27

Staying off the triangle

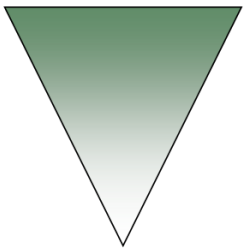
- Recognise when you are reacting.
- Recognise when your attachment is activated.
- Recognise when your shame is activated.
- Don't get drawn into the blame game.
- Don't take sides – externally or internally - all aspects of client are accepted valued and welcome.
- Encourage and support communication internally and externally.

28

Closing meditation

29

Visit: https://delphicentre.com.au



Victim-Rescuer-Persecutor

Refection Exercise

Think about a time when you found yourself on the triangle with a client.

What happened?

_____

_____

_____

_____

How did you respond?

_____

_____

_____

_____

How did the client respond?

_____

_____

_____

_____

How did you feel about it at the time?

_____

_____

_____

_____

How do you feel about it now – what did you come to understand?

_____

_____

_____

_____