

## 08/11/2016 Self care workshops summary

### Description of services:

Self care workshops focusing on Secondary Trauma and Resilience have been held at Doctors Of the World (DOTW) throughout 2016.

These have been organised and facilitated by Phil Murwell (DOTW), Lee Simmons (Art Therapist, Social Art & Therapy, SA&T) and Dr Jen Hall (Clinical Psychologist) .

Workshops on secondary trauma and resilience were being held by both Lee and Jen separately prior to their involvement with DOTW. Lee ran these through SA&T in various contexts and she came to Phil's awareness when offered to volunteers in Calais free of charge. Phil, Jen and Lee decided to work together to hold these workshops at DOTW.

Jen and Lee co-ran two introductory sessions on Secondary Trauma, Vicarious Trauma and Self Care free of charge to DOTW staff and volunteers in 2015, via Phil. They also contributed to new volunteers training / induction on the theme of self care.

Phil successfully fundraised for a program of 1.5 hour monthly sessions to be held throughout 2016 at DOTW. These self care workshops were for people working for DOTW and in partner organisations - primarily supporting welfare of refugees and migrants. Five sessions have been held in total: four at London DOTW and one at Brighton DOTW.

These workshops developed to be called self care workshops, to avoid confusion that the sessions were to support traumatised clients, but instead were focused on practitioner well being.

Attendance dropped in summer and sessions were cancelled due to lack of attendees and / or staff to open the offices or clinic (sessions were held after clinic hours from 7pm). There was then a re-framing of the sessions, to be focused on a particular element such as mindfulness, coping mechanisms, boundaries, reflective writing and there was social media use to let people know about them. At the end of the year Phil had a waiting list of approximately 10 people and fully booked sessions (about 15 participants). It was agreed that the cancelled sessions would be carried over into 2017, and Lee also used some of the budget to buy art materials that are kept at the DOTW offices.

Further to this, as a result of this collaboration, Latin American Womens Rights Services (LAWRS) bought in their own workshop for staff, that Lee ran on vicarious trauma and self care.

Jen, Phil and Lee met approximately 3 times and year and had email and phone contact before and after sessions, evaluation materials were gathered and shared after each session; these were particularly helpful in deciding to go forward with a program of themed workshops and to re-name it as self-care rather than secondary or vicarious trauma workshops.

### Evaluation of Vicarious Trauma workshop – DOTW summary: Nov and Dec 2015; April, June & July 2016

- From the feedback sheets
- Overall conclusions with suggestions for future training

#### **I. From the Feedback sheets.**

##### *I. Question relating to acquiring more knowledge regarding VT*

Overall, 9 participants stated they “entirely” agreed with this, 16 stated they “mostly agreed”, 2 they “somewhat agreed”, 1 “neither agreed or disagreed” and 0 “somewhat”, “mostly” and “entirely” disagreed.

## *2.1 know what steps I can take to help increase my own self care/ reduce VT*

10 people entirely agreed, 16 people “mostly” agreed, 7 “somewhat” agreed and 0 “neither agreed or disagreed”, “somewhat”, “mostly” and “entirely” disagreed.

- *I can identify symptoms of vicarious trauma*

7 people “entirely” agreed, 9 people “mostly” agreed, 3 people “somewhat” agreed and 2 people “neither agreed or disagreed”.

## *4. What was helpful?*

The act of discussion and sharing was voiced as helpful by every group, with it being important that it felt safe doing this (not being embarrassed to share, safe space). Having a space to reflect was seen as a “privilege” – “good reflection on my own experiences”; “great to realise that other people are going through them and I’m not alone”; “sharing with other people”.

The methods used were seen as helpful – stating it was well facilitated, they enjoyed the structure, art exercise and case studies, with them stating that the combination of theory, art and case studies were helpful.

The subject area was seen as helpful – learning about VT in themselves, building awareness of themselves - “I recognised many of the symptoms in myself”; “gave me a new perspective on my emotional state”; “general awareness and how to identify”.

Other aspects that were listed as helpful were that it was informal and relaxed. Other comments included it felt like a “privilege” and it was “brilliant”.

## *5. What was unhelpful?*

This question was often left blank. Suggestions made were using powerpoint slides, how to use this information practically with clients, too many silences. Timing – being late in the evening and not having enough time.

## *6. What would you want to change/adapt about today’s session?*

On a practical level, the participants requested more time, to occur earlier in the day, bigger venues and more attendees.

Other suggestions were: More discussion/sharing experiences; more examples of the different traumas; wanted to unpack definitions more – “Compassion fatigue”; have an ice breaker; have a case study; have a follow up in a year or six months to build on awareness of VT and for suggestions of services which can help with VT.

## *Do you have any ideas for themes of future workshops?*

Suggestions for future workshops were as follows: exploring in more depth strategies for self care; theory behind burnout; creative/reflecting writing; brief interventions for traumatised service users; use of a case study; effect of torture media clips; how to deal with stress; organisational changes we could make; addressing VT collectively; where and how to ask for help and graphic media presentation.

There were a high number of requests for further trauma training – one relating to training for staff (more practical tools, how to express emotions, control them, coping mechanisms) and one for how to help patients deal with their trauma (how far to delve, good coping mechanisms to introduce them to). Further information on compassion fatigue was requested (specifically how to recuperate your ability to empathise).

## Overall

### Strengths:

Overall, the feedback for the workshops has been very positive. Specific strengths have been given the chance to discuss and reflect, the subject area, and the ways the workshops were run – with structured approach, art, facilitated discussion and case study

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### Areas for improvement:

More time and opportunities to think about self care, use of powerpoint and media. More discussion, case studies and art.

Practicalities – more time to reflect on their own practice, more info on VT (when it becomes pathological), bigger venue, more attendees.

It appears that the group wanted more time, would liked to have been able to use a case study and for more art.

### Areas for further training/ to be addressed:

More practical ideas for how to manage self care – creative, reflective writing.

More on the theories behind self care/burn out.

Training on how to work therapeutically with traumatised clients- on numerous occasions.

Further information on self care, compassion fatigue and coping mechanisms was requested and for more alternative/dance/art therapies.

The groups asked for more information on how to work with VT from an organisational perspective.