Workshops for the Helping Professions
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Low Impact Disclosure - How to stop sliming each other

After a difficult session….

Are you sliming your colleagues? Are you being slimed?
Can you still be properly debriefed if you don't give all the graphic details of the trauma story you have just heard from a client? Would you like to have a strategy to gently prevent your colleagues from telling you too much information about their trauma exposure?

(For those of you who are slightly grammatically challenged, the "iming" in sliming is pronounced the same way one pronounces slime, not limb (therefore slimeing not slimming). This is not about weight reduction though you may lose a few pounds of other peoples' baggage through this strategy…)

"Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material." (Pearlman et al, 1995)

When helpers hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying. It is healthy to turn to others for support and validation. The problem is that we are often not doing it properly. The problem is also that colleagues don't always ask us for permission before debriefing their stories with us.

Two kinds of debriefing
Many helpers acknowledge that they occasionally share sordid and sometimes graphic tales of the difficult stories they have heard with one another in formal and less formal debriefing situations. Debriefing is an important part of the work that we do: it is a natural and important process in dealing with disturbing material.There are two kinds of debriefing that take place among helpers: the informal debriefing, which often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser or during the drive home, and the second form of debriefing which is a more formal process, and is normally scheduled ahead of time (peer consultations, supervision, critical incident stress debriefing).

Part of the problem with formal debriefing or prebooked peer supervision is the lack of immediacy. When I have heard something disturbing during a clinical day, I need to talk about it to someone there and then or at least during the same day. I used to work at an agency where peer consultation took place once a month. Given that I was working as a crisis counsellor, I almost never made use of this time for debriefing (or much of anything else) as my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them.

A second problem for some of us is the lack of satifactory supervision. If I came and administered a satisfaction scale right after you leave your supervisor's office, I am sure that you would be able to give me a rating on how satisfying/useful that process was for you. Sadly, the score is often rather low for a variety of reasons (having sufficient time, skill level of the supervisor, the quality of your relationship with them, trust etc).

Are you being Slimed during informal debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being slimed rather than taking part in a debriefing process. Therein lies the problem AND the solution.

Contagion

Sharing graphic details of trauma stories can actually help spread vicarious trauma to other helpers and perpetuate a climate of cynicism and hopelessness in the workplace. Helpers often admit that they don't always think of the secondary trauma they may be unwittingly causing to the recipient of their stories. Some helpers (particularly trauma workers, policy, fire and ambulance workers tell me this this is a "normal" part of their work and that they are desensitized to it).

Four key strategies to slow the progress of slime

In their book Trauma and the Therapist: Countertransference and Vicarious Traumatization in psychotherapy with incest survivors, Laurie Pearlman and Karen Saakvitne put forward the concept of "limited disclosure" which can be a strategy to mitigate the contamination effect of helpers informally debriefing one another during the normal couse of a day.

I have had the opportunity to present this strategy to hundreds of helping professionals over the past 7 years, and the response has been overwhelmingly positive. Almost all helpers acknowledge that they have, in the past, knowingly

and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic.

Over time, we renamed it Low Impact Disclosure (L.I.D.). What does it look like exactly?
Low impact disclosure suggests that we conceptualise our traumatic story as being contained inside a tap. We then decide, via the process described below, how much information we will release and at what pace. Simple as that.

Let's walk through the process of L.I.D.
It involves four key steps: self awareness, fair warning, consent and low impact disclosure.

1) Increased Self Awareness
How do you debrief when you have heard or seen hard things?
Take a survey of a typical work week and note all of the ways in which you formally and informally debrief yourself with your colleagues. Note the amount of detail you provide them with (and they you), and the manner in which this is done: do you do it in formal way, at a peer supervision meeting, or by the water cooler? What is most helpful to you in dealing with difficult stories?

2) Fair Warning
Before you tell anyone around you a difficult story, you must give them fair warning. This is the key difference between formal debriefs and ad hoc ones: If I am your supervisor, and I know that you are coming to tell me a traumatic story, I will be prepared to hear this information (for more on this read Babette Rothschild's newest book Help for the Helper, where she explores the concept of trauma exposure and helper preparedness)

3) Consent
Once you have given warning, you need to ask for consent. This can be as simple as saying: "I need to debrief something with you, is this a good time?" or "I heard something really hard today, and I could really use a debrief, could I talk to you about it?" The listener then has a chance to decline, or to qualify what they are able/ready to hear. For example, if you are my work colleague I may say to you: "I have 15 minutes and I can hear some of your story, but would you be able to tell me what happened without any of the gory details?" or "Is this about children (or whatever your trigger is)? If it's about children then I'm probably the wrong person to talk to, but otherwise I'm fine to hear it."

4) Low Impact Disclosure
Now that you have received consent from your colleague, you can decide how much to turn the Tap on (I know this isn't proper English, but it will do for the time being). Imagine that you are telling a story starting with the outer circle of the story (ie the least traumatic information) and you are slowly moving in toward the core (the very traumatic information) at a gradual pace. You may, in the end,

need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

Questions to ask yourself before you share graphic details:

Is this conversation a:
Debriefing?
Case consultation?
Fireside chat?
Work lunch?
Parking lot chat?
Children's soccer game (don't laugh, it's been done)
Xmas party?
Pillow talk?
Other…

Is the listener:
Aware that you are about to share graphic details?
Able to control the flow of what you are about to share with them?

If it is a case consultation or a debriefing:
Has the listener been informed that it is a debriefing, or are you sitting in their office chatting about your day? Have you given them fair warning?

How much detail is enough? How much is too much?

If this is a staff meeting or a case conference, is sharing the graphic detail necessary to the discussion? Sometimes it is, often it is not. Eg: discussing a child being removed from the home, you may need to say "The child suffered severe neglect and some physical abuse at the hands of his mother" and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion. Don't assume you need to disclose all the details right away.

Final words: I would particularly recommend applying this approach to all conversations we have. In social settings, even if it's a work dinner or something with all trauma workers, think to yourself; is this too much trauma information to share?

Some additional suggestions:
Experiment with Low Impact Disclosure (LID) and see whether you can still feel properly debriefed without giving all the gory details. You may find that at times you do need to disclose all the details which is an important process in staying healthy as helpers. And at other times you may find that you did not need this.

Have an educational session followed by conversation at your workplace about this concept.

Low Impact Disclosure is a simple and easy CF prevention strategy. It aims to sensitize helpers to the impact that sharing graphic details can have on themselves and their colleagues.

I will write more on this concept in the weeks to come, and I welcome your thoughts and comments.

Posted by Françoise Mathieu, M.Ed. CCC. Compassion Fatigue Specialist at 9:45 AM 0 comments
Labels: contagion, Debriefing, Low Impact Disclosure, vicarious trauma