

Episode 5 - Part 2

Transcript

00:00:08 Lydia

Hello, I'm Lydia and my pronouns. Are she her?

00:00:11 Carly

And I'm Carly and I go by she her. Welcome back to part two of our conversation with Lisa Nell and Dr. Karen Campbell about vicarious trauma.

00:00:20 Lydia

Since part one has been released, we have been overwhelmed with messages from you, the listener, about how you've been dealing with vicarious trauma, and for many of you, part one has helped me to recognize it in yourself. So, thank you so much for openly sharing your experiences.

00:00:34 Carly

In Part 2, we will hear more from Karen and Lisa about how we can all best look after ourselves. If you want to know more, you can access the help the helpers e-learning course at macmillan.org.uk/learning. If you need further support, then please see the episode description to find links to organizations who can help.

00:00:53 Lydia

This episode contains conversations about emotional trauma, which you may find upsetting or triggering. Listener discretion is advised.

00:01:03 Carly

So, Lisa, could you tell us a little bit more about empathy?

00:01:06 Lisa

Sure. So, empathy is absolutely key to this whole discussion. I mean, everyone's had the experience of going to a GP, and the difference between somebody who really listens with empathy and somebody who doesn't and actually it really makes you feel different and Maya Angelou, that you know People will forget what you said, what you did, but they won't forget how you made them feel. It's really, really key

and so understanding more about the neurobiology of empathy has been fascinating in all the vicarious trauma research and someone called Dan Siegel has got a really interesting explanation. Based on his research and others as well, which is that we've discovered that we've got these things called mirror neurons in the brain which actually help us to identify whether we are at risk in the environment. And so, for example, if somebody's walking down the corridor and they are eating a snicker and you find yourself 2 minutes later going, oh, quite hungry now that resonance has actually changed something in your body to make you feel hungry, which then actually enabled you to identify that that person was hungry. And that's if you then you know translate that to, you're connecting with somebody who's in distress or somebody who's suffering, or someone who's telling you something really traumatic that when you're feeling their pain, when they, you're listening to their story. Actually, it's changing something in our Physiology. It's not just a cognitive thing. We are actually getting a small bit of that same trauma in order to be able to recognize the trauma in the other person and that process is called interception. It's what we understand is the kind of neurological basis of empathy. And it's been there for thousands of years because actually being able to recognize what's happening in the environment, is it a threat? Do I need to kind of do something quickly? Is what has helped us to survive.

00:03:06 Lydia

I think that's a really great example because you know it's taking something as simple as you say, a Snickers bar. But we're sort of bringing it back to that. You know that much bigger topic of vicarious trauma and as I said before, sort of like normalising that that it.

It is normal to experience these things to other people. How can professionals maintain that balance between empathy, but also having that emotional distance to prevent the negative effects of vicarious trauma?

00:03:38 Lisa

That's such a good question. You know, if we if we take into account that people who come into helping roles are naturally empathic there's something about remembering our role in the relationship. As part of that process, having chance to offload, but like in the moment with somebody Actually connecting empathically with them we know makes a real difference and if people can think of it in terms of

kind of 1 foot in one foot out. Rather than both feet in. I don't know. Karen, what you think about that? Does that resonate? With your experience.

00:04:17 Karen

I think it's difficult because when you're in the moment. It's difficult to do that. I can do it more now with the experience that I've got. Definitely. For me, I had two feet in.

Do you know and that Lasted for quite a while so It's that it's quite difficult to See what kind of person you are.

00:04:44 Carly

You just listening to that, it sounds like such a tricky balance to find because as we've said, people who are in the healthcare professional roles, they're doing that because they are naturally more empathic and we know that showing empathy to the people that we're supporting Makes the difference, but then in turn that then opens us up to experiencing this and you can see how something like vicarious trauma can be so prevalent whether we recognize that's what it is, as it sounds like you're sharing your experience. Karen and Lydia, you you're not sure and you sit with it for a while or it means that you make a drastic change in your situation, actually It's yeah, it feels like a really tricky balance that one foot in one foot out.

00:05:40 Lisa

Yeah, it's difficult to describe because I mean, I can certainly resonate, Karen, with what you're saying about two feet. I felt I had two feet in this morning listening to the woman that I was listening to. And I I'm thinking back on that now and thinking, OK, so what did I do afterwards? Actually, I took a bit of time. I actually did a bit of breathing.

So, some of the kind of practical things that we can do in between and around sessions when we've had that experience, but it isn't always possible. Lydia, as you were saying, your kind of like full steam ahead all day. From the minute you arrive to the minute you leave. And that's where it comes back to, you know, raising more awareness within organizations. So that actually recognising things like small breaks between sessions is really worth the investment of the extra time because it's going to Help staff Stay well along with various other things.

00:06:39 Carly

Yes, I think that leads us on nicely to talking a bit more around actually steps that we can take if we recognise that we're experiencing this and we're feeling this in ourselves, so at least so I'll come to you. First, I'm interested to know what could you do if you Spot those signs and symptoms in yourself. How can you support yourself and what can you do?

00:07:07 Lisa

Sure. I think something that we are really passionate about saying is that actually there are things that we can do if we recognise it in ourselves and that feels sort of reactive. So, the more we can, and organizations can be proactive about building these things in actually the less likely somebody's going to be impacted or it's going to mitigate the impact over time. So, we've got kind of we've got the before and after and the same things that actually help to build resilience in the nervous system, which mitigates the impact of the work, also help us to recover.

00:07:50 Carly

I'm interested to know if there's anything people can use to help them with this.

00:07:53 Lisa

So, we've developed a framework for looking after ourselves, which has got 7 elements to it and sort of devised a tool that people can take away And then hopefully use as a guide for things to include in how we look after ourselves and build them in on a regular basis.

So, the seven elements are the ABCs and what we call the GRRS. The ABC Stand for Awareness, Balance, connection and compassion And the GRR's are grounding our energy releasing the stress chemicals that build up and recharging the feel-good chemicals.

So the first three elements of the ABC's were identified by Lorraine Pallman Several decades ago, and she said that if we if we do this, this is going to help mitigate the impact of Vicarious trauma, building up in our system, we tended to reframe that slightly by thinking of the ABC's, including the extra one that we added as a sort of Framework for building resilience So I'm going to talk a little bit more about Awareness to start with. So, developing more awareness is really important because it all starts with noticing. It starts with noticing what is going on for me, and often if we're disconnected from our bodies and we're just using our bodies as a taxi for our heads, then, we're not getting all the important information that our

bodies can tell us about what is going on and what we might need to do in order to be well, so developing, that's really important and a little bit later, maybe I'll talk about drivers because actually having awareness of our driver behaviours is also really important in terms of our awareness.

The other thing I guess is to be really aware of what are my own individual stress warning signs I get a little bit of vertigo. I know if I'm doing too much, you know, different people might get migraine or, you know, whatever it is. It's just to notice those things and then not just to power through, but to actually take the time we need. So that all comes within awareness and then balance, I guess it's a bit of a cliché really. I mean we've all heard the phrase work life balance for so long. I remember thinking, I don't even know what that means. It's weird. It's one of those things that became a bit meaningless from having heard it so often but to us, balance is all about is my workload sustainable. And if I really think about a week in my life, how much time do I really get for myself. And if work is tough, what small changes can I make just to get a little bit of space in between times?

So in the school based counselling service that I ran in Cornwall for many years, we were doing back to backs for students and what we noticed overtime was that actually the level of complexity and risk that people were bringing increased and we were being more and more in acted so what we did was negotiate with school to have a 10 minute break in between sessions, so even a break in between sessions or taking that little bit of time can make a difference to how we're impacted.

So, the first C stands for connection and this is especially important when it comes to VT because if we're carrying VT, we tend to withdraw. We tend to isolate ourselves.

So, if we're really ensuring that we've got good connections at work and that we're feeling supported at work, we've got good connections out of work. And again, we've got support. Then if we start to kind of feel the impact of our work and we are withdrawing from others then those support networks are going to be there when we need them most.

So, it's important for us to think about how is easy is it for me to express my feelings, you know, and can I express my feelings at work and at home? Who's there for me? Who do I feel safe to talk to? And can I reach out and ask for what I need? So those connections are really important in terms of a resilience framework. And then the second C, the one that we've added, is compassion. Because we can

know all those other things, but unless we're actually Practicing offering ourselves the same compassion that we're offering other people we probably won't do them Because there's always that kind of tendency to kind of do for others, but not, you know, we are at the bottom of our own To Do List.

It's always looking outwards and it's a practice, and actually it's interesting. We were in North Wales with some social workers a couple of weeks ago and so we said Ohh yeah, and actually one of the initiatives in our area at the moment is compassion based for staff Really encouraging people to kind of Notice when the critical inner voice is wagging its finger. It's like, why aren't you? Why can't you? What's wrong with you? And then taking a pause and saying actually I wouldn't speak to somebody else like that, wouldn't speak to anyone I cared about like that. So why am I speaking to myself like that.

00:13:24 Carly

And you mentioned there was a second part to the framework called the GRR's. Are you able to tell us a little bit more about that?

00:13:32 Lisa

The second part of the framework, the GRRs is something that we've added and feel pretty excited about and it's drawn from global research into all kinds of things that really Help us And above all, it's to do with the fact that we are walking pharmacies, so if we can like really grasp the idea that everything we do, the environment that we're in, is generating biochemicals, hormones that are affecting how we feel, then actually it can really help to do more of the stuff that makes us feel good and release the stuff that actually builds up in our nervous system, because there are ways of doing that. And so, the GRRs sort of encapsulate this and they stand for grounding our energy. Releasing the build up of stress chemicals in the body, adrenaline and cortisol, that sort of stay in us and also recharging the feel-good chemicals. So, the dose chemicals that stands for dopamine, oxytocin, serotonin and endorphins.

00:14:35 Lydia

Do you have any suggestions on how people can use this model practically?

00:14:40 Lisa

So, we need to ground our energy, find ways to kind of breathe regularly. Breath work is a big way. We can kind of like help the autonomic nervous system come back into balance again, come back into the Green Zone. The one bit of our autonomic nervous system that we can control So yoga and all those practices that have been there for kind of hundreds of years It's based on the fact that, you know, breath work is essential to health, so if we can like ground every time we go to the loo or kind of just you know Breathe a bit deeper into our bellies. That releases optimal amounts of oxytocin, serotonin into the bloodstream makes us feel good and then we feel centered. And then whoever we're with feels really safe because nervous systems are tuned. They Co regulate So grounding and then releasing the stress chemicals. It's fascinating, but you know, if we are doing aerobic activities So running, swimming, martial arts, anything like that, and anything that involves the breath as well, like singing, chanting, Laughter as well. They all help to release the buildup of adrenaline and cortisol in the system.

00:15:59 Karen

I would recommend Pilates hugely cause the breathing that you have to do in that and just walk out like I feel like I'm on a sleepy cloud, I think. Describe it. One of the things that does worry me about Healthcare professionals in general, though, and I've heard it quite a lot recently as I'm too busy, I'm just too busy to even contemplate that I've got this, so hopefully they'll have listened to your explanations and I think they're saying from the annual conference that UKONS was you have to be ridiculously kind to yourself, because actually there's only one of you and you have. You have to take care of yourself. There's no point in your health going down because you're trying to help other people.

00:16:56 Lydia

That's a really great insight, Karen. I think we all need to be more aware of our own self compassion. Going back to the GRR model, Lisa, are you able to tell us about the second R?

00:17:09 Lisa

The second R stands for recharging And just to say a little bit more about the dose chemicals, absolutely anything we do which boosts our feel-good chemicals, which include dopamine, oxytocin, serotonin and endorphins, is going to actually help our energy levels and help us to stay well and feel Good. So really that's so individual, you know it's about looking out what can boost our reward feelings of reward. So,

through dopamine, what can boost feeling connected through all the oxytocin and that's linked to our loved ones and friends and physical connection as well. And serotonin is something that we can get from so many natural sources, like being out in the sunshine, being out in nature. And there are lots of natural ways to boost that. And endorphins is probably the one we've all heard about mess. It's like that, feel good high we get after we've been for a run and that can actually become quite addictive You know, if we're, if we're doing regular exercise that gives us that high because it's the body's natural painkiller. So, it's always released when we've taken something to extreme. So, all of those are going to make a massive difference and help us feel good.

00:18:31 Carly

Lisa, you touched on a bit earlier about peer support and I wanted to know, I was interested to know what else could You do for a colleague if you perhaps spot that this is something that a colleague or a peer is feeling, how could you support them?

00:18:52 Lisa

That's such a good question, I think Knowing each other's drivers Is a good thing to do, so one of the organisations we worked with in Manchester really lovely people knew each other really well. Said OK, right. We're gonna get the drivers and the permissions for the drivers on the wall I'm gonna keep an eye out, so I know you're a people pleaser. I know you're a be strong and actually notice you know if you're. If you're a people pleaser and you've said yes to one more thing and you really should be going home, I'm going to say go home So I think that's one thing that we can do. Another lovely thing that we heard some years back, I think it was on A Ted talk by an A&E doctor and she said we need to practice the double Tap. So when we ask somebody how are you, how are you doing? How are you doing? And they go, I'm fine. And then everyone kind of moves on. You say no, actually you haven't seen yourself at the moment. How are you? And that might sound an obvious thing, but it's like we're all rushing past each other and fobbing each other off and being strong for each other because there's all that kind of moral pressure to kind of not let your Colleagues down and yeah, I think we're all quite guilty of that, aren't we? The brushing past, you know, nobody probably thinking ohh, nobody really cares how I'm feeling, but actually it's that talking. And as you said that connection, that human connection.

00:20:24 Lydia

Because probably a lot of the time, if you said to your colleague, actually I'm really struggling, you know that was difficult what we experienced last week. I imagine that they'd probably say me too. So I think knowing that you're not alone in that space is absolutely so important. The other thing that I wanted to ask about is how sort of friends and family or you know your loved ones, could support you. I know from my own experience I'd perhaps get home from work and be, you know, it's been a really tough day, perhaps be completely broken or you know really upset from what I've experienced and my partner might ask, you know, how can I help you? And I never really knew what to say to him because you just don't know. They haven't experienced it. They don't know what you've experienced. Perhaps they can't put themselves in that place. Do you have any advice for you know what people could ask of their loved ones?

00:21:23 Lisa

I mean, I think often people who are in our Roles find it hard to ask for whatever we need and I know that you're asking what can families do? I think it does start with us to be able to ask for what we need. And then beyond that, I think it's all it always comes back to compassion recognising that you know there's no smoke without fire, they have somebody in that place then that you know they need, they might need space or they might need a hug.

00:21:53 Karen

I was just good to say a cuddle. Yeah. I think for me, the difficulty for.

00:21:56 Lisa

Yeah. Cuddle, absolutely.

00:22:04 Karen

Your family, et cetera, is that it, but it depends what kind of characters they are as well, you know and you're not always going to get somebody that's supportive and the background to you coming home have and experience that, you know, a really bad day, etcetera for them to understand your world. It's quite difficult. So I wouldn't. I wouldn't want great expectation on the family and seeing you through these traumatic events. But also I think they need to sometimes understand that your behaviour might be a bit off that it might, you know, you might be a bit snippy or you might be something, but it's not them. It's not personal. And I think that that's the difficulty in relationships in general, isn't it? But in this situation you

might get that more often and people need to not take what's wrong with you personally as it were, but that's quite hard to train yourselves to do that as well. And quite a lot of healthcare professionals, I suppose, meet and marry other professions that are in that vicarious trauma space as well. So it is it's again, huge complexity is attached to that. I don't think there's a simple solution, but it does sound like a cuddle would be a good starting point, yeah.

00:23:33 Lisa

It's gotta be more than six seconds and then that Releases all the oxytocin into the bloodstream.

00:23:42 Lydia

That's good to know.

00:23:43 Carly

That that sounds lovely. And it sounds like something as simple as a hug is something that we can all do. So something really small and simple can make a big difference to someone.

00:23:55 Lisa

Yeah. And the other thing is that you know, the things that help my nervous system as a helper and also affect everyone in my family, so if I can share some of the things that I'm trying to do to kind of, you know, support myself, actually that's going to, you know, that's going to be helpful for them too. And like everyone can then be recognising it, doing it all together that makes Sense and you said in answer to the last question about having that how it starts with you and having that awareness and you mentioned awareness earlier as well, do you have any sort of tips on how people can perhaps?

00:24:34 Lydia

Develop that awareness. Is there anything that people can do sort of? I know it's obviously quite complex and it could be a very individual process, but are there any sort of starting tips, perhaps for people Who are wanting to develop?

00:24:49 Lisa

Yeah, and it can be. It can be so challenging, Lydia, if we're used to focusing out with and tuning in to other people's needs, actually even starting the process of

looking inward, you know, to kind of what's going on for me can be a real challenge. And I guess a lot of it comes back to our nervous system again, you know, we're hardwired at birth to kind of feel sad, angry, joyful, scared as part of how we survive in the world and that actually what happens is we grow older and especially if we've experienced a lot of difficult stuff, younger is like we learn to kind of like cut off from our bodies. So, we're just like, you know, we use our bodies as a taxi to carry our heads around and we're all in our heads so one of the things about that is kind of getting out of that game back into our bodies. If it feels safe to do, noticing what my feeling in my body, what's that telling me about what I need? I mean, I know if my fists I've suddenly noticed my fists are clenched, I'm angry about something. I might notice that feeling before I even know I'm angry about or if I've got a lump in my throat. I know I'm feeling sad about something, or I haven't been able to express something that I needed to and I'll be aware of the physical sensation first. So, I think it's one of the reasons things like mindfulness have taken off in, in recent years and we don't all have to be doing that. It's just about taking time on a regular basis to kind of stop and just kind of sit and breathe and notice what's going on inside of me.

00:26:22 Carly

So, you mentioned the importance of being aware of our own drivers earlier in the episode, and I'm interested if you're able to tell us a bit more about.

00:26:30 Lisa

These are our unconscious drivers, our behaviour patterns that formed in childhood from what was approved of by the important adults in our lives. And they were part of our conditions of worth, that's how we felt good. And they fall into five categories, so behaviours that were approved of would fall into, broadly speaking, be perfect, Pleasing others, Being strong, Trying hard or hurry up. Hurry up. You know, being speedy about everything. And I can say a little bit more about them as we go.

00:27:10 Carly

And are drivers ever a bad thing.

00:27:12 Lisa

The tricky thing about drivers is that they became really deeply ingrained and that's why we call them unconscious drivers. And that's why in the program for looking

after ourselves, we need to start noticing when our driver behaviours are getting in the way and The thing is, over years of practicing behaviours like being there for others the whole time at our own expense or staying up till 3:00 AM in the morning to finish something, when we really should have gone to bed at Midnight At the latest or Being strong for everybody, being everybody's rock and never feeling that we can be vulnerable or ask for what we need ourselves and that then became so much the norm that actually if we do the opposite of those things, we feel bad. Not only do we feel bad, but we can end up feeling shame and shame just makes us want to do the opposite. So, it kind of keeps us doing those same behaviours out of awareness very often. So, somebody will put something on your desk at the end of the day and if you're a people pleaser, you'll say Yeah Sure. You know I'll do it Other than OK, I'm going home now, and I'll do that first thing tomorrow and or somebody who and this is when we see a lot in the NHS, is that a driver of, like, be strong? It's like that feeling that we can't let our colleagues down, that we've got to keep turning up rain, hail or shine. You know, even with if we're on deaths, doorstep ourselves and the thing about drivers is that we feel good when people praise us for Playing them, but also the bad side of it is that it's turned into our inner critic. Our inner critic is that wagging finger that we talked about when we were looking at offering ourselves compass to counteract the voice in our heads, that's saying you ought to, or you should do, or why can't You.

00:29:05 Carly

So how do drivers manifest themselves in us as individuals?

00:29:09 Lisa

So we typically have two main drivers and they're still part of how we show up as adults And even though they may have helped us to get where we are, which is another reason we can be really reluctant to kind of let go of them or maybe not do them, our main drivers can be a big part of what can get in the way of looking after ourselves.

00:29:32 Carly

So, what can we do about our drivers?

00:29:36 Lisa

The most important thing with drivers is to recognise they're not A bad thing? They are part of who we are But if we're not aware of when we are falling into driver

behaviours that are getting in the way of us staying well then actually we need to practice noticing when we have said yes, when we should have gone Home or when we have actually stayed up too late doing something or when we're not able to ask what we need Because we don't think it's OK for us to have needs So the most important thing to do with drivers is to practice the permission messages So for example, the permission message for please others is it's OK to Please myself some other time And that can feel really unsafe Because our fear is that God, if I do something and somebody else has asked me to do something at the same time, I'll be seen as selfish. You know people won't like me anymore. Or if I say what I need and I'm a be strong, then actually people will see me as weak Or, you know, if I get anything wrong, if I feel something's not 100% perfect, that it's all wrong. It's all rubbish. So, we have to notice when those things are kicking in and practice offering ourselves the permission message and it comes back to that self-compassion. An example of this is we did a workshop for an incredible charity in Manchester called Mash, Manchester Action St. Health and they supported people who were involved in sex work in the city, and they were fantastic group of colleagues who had known one another for a long time. There was a real Sense of safety in the group and when we were exploring drivers together, they were saying, right, we're gonna get that grid, print it out, put it on the wall, we're going to share our main drivers with each other, and we're gonna help each other practice the permissions.

00:31:33 Carly

We've talked about quite a few things in here, some steps and some Tips that we can take and from both of your perspectives, Karen, I can come to you. You first. What would you say Would be your top really practical thing that someone can do to support themselves If they feel they're in this space.

00:31:58 Karen

I think one of the key things for me is to give yourself permission You've got to give yourself permission because you will be affected by your pay patients, but you need to recognise what resonates with your past experiences or the people that you love, because it's, it's that accumulation, but you just Is back to the be ridiculously kind to yourself and give yourself permission for feeling that way.

00:32:33 Carly

Thank you. And from you, Lisa.

00:32:33 Lisa

Yeah, I love that, Yeah, I really love that. It's very much along the same lines it's like if you can find ways to befriend your own nervous system Make friends with your nervous system. Become, you know more familiar with how you feel on the inside and what helps you feel good and do more of it And you know what you do when you're feeling impacted And as you said, Karen, give yourself permission then to take that space and whatever you might need that's going to help you Come Back into feeling safe inside again That, yeah, those things are key.

00:33:21 Carly

Thank you. And so we've spoken about the drivers question there as an example of a resource that people can access to as part of this, what other resources can people access in this space? Do you want to answer that Lisa

00:33:37 Lisa

Yeah, sure. So we've produced a little checklist for the framework, the ABC's and the GRR's, which have got some prompts which I know we'd be Really happy to share.

Obviously, the workshop itself is something that, you know, people can get time and space to kind of relate these things to themselves. So, I think the one thing we'd always want to avoid is just another Tool that kind of it seems a good idea at the time. And then I haven't got time to do it. So it's not just possible for people to kind of Maybe do it together with somebody else, you know, really connect with these things So when a lot of training sort of moved to digitalisation a few years ago, Mark and I worked really closely with the team at Macmillan to offer this training in digital form. So, to be able to access that would be a good thing.

00:34:40 Carly

That resource is a course that we have available to all health and social care professionals on the Macmillan Learning Hub, and it's called help for the help and that can be found on www.macmillan.org.uk learning.

00:35:00 Lydia

Karen, I was wondering, so thinking back to my own sort of nursing training over 10 years ago, I can't recall ever having sort of any Awareness, I suppose, or any sort of resources to help with sort of vicarious trauma, or how we can look after ourselves.

And I wonder if you're able to sort of give us an insight into perhaps what's happening in universities now if things have changed and if people are receiving more support.

00:35:33 Karen

It's funny you should ask that because it's something you know while we're talking and writing down from the perspective of when would be the best time to kind of fit this in the curriculum. We do teach a lot about communication skills with people. We probably have a lot of reflection touch points in nursing programs where people can talk about their experiences that they're having on the ward. But I have to say, and I think it's just because it's probably filtering through that it's maybe not something that we've thought all via in a preventative awareness. Do you know for people from the onset should be given this training as a kind of induction because I think if you don't know, you don't know and you won't know when it actually kind of hits you in the face, as it were. You know, because it's something that might happen or you'll perceive that it's happening very quickly to you, but actually it's been over a long period of time that it's been working up to it. And I think yes, it's definitely something where I'm thinking it would, it would be good to have that awareness. We talk a lot about emotional intelligence in nursing, which fits in with the empathy side of things. Recruitment possibly is different for nursing because they're trying to assess that quality, but so we are, as I said before, we are self-selecting for empathy, but we're not giving them that training. On the other side not saying that nobody does it, I just haven't come across it as such.

00:37:34 Lisa

Yeah, Karen, I want to pick up on something you said about there being more and more trauma informed practice training as well. So when we've been up three times to work with social care teams and education, various different sectors in Shetland Scotland seemed so much further ahead in many ways in terms of trauma informed practice, which is amazing, and it's right that we should be more, more trauma informed, you know, in our in the lens with which we're kind of approaching the people we're supporting. And what we've done is we've looked at how actually trauma, informed practice and trauma informed self-care, which is what this podcast is about, are two sides of the same coin but is actually, if we're looking after our own nervous system, then we've got a safe, nervous system for the people that we're working with. And that's massive. You know, does it, you know, if

I'm well, then I'm able to support and carry on doing the job I'm doing to the best of my ability and be the best I can be for me and my loved ones as well you.

00:38:41 Karen

And I think that's such an important message. And I don't think people know.

00:38:47 Karen

Actually, realise that we have to take care of ourselves, to care for everybody else And I think still now in 2024 and you know healthcare has been going for a long, long time that we still don't kind of get that message. You know that we have to look after ourselves.

00:39:11 Lydia

And to end the podcast. Today we have our regular feature, which is 3 questions that we ask of all of our guests. So Karen, if you could go back in time, what piece of advice would you give yourself?

00:39:26 Karen

I think I would give myself, do you know rather than taking that huge leap About coming out of a career that I loved and I could have found different ways to do it, or just to reach out to the colleagues that I had. Do you know to see really reality of what they were feeling as well. So I think they do things Is don't act quickly. Take your time again. It's back to give yourself space to see if you can recover first. It still might not be for you, but just give yourself time and Talk to your peers. Really. I think your peers would probably feel it Better than family and less family are informed as well. You know, so definitely a peer group.

00:40:25 Lisa

I never learned about vicarious trauma in my training, so I think I'd actually go back and say So if you want to keep doing this job, you've got to think of it like you're a marathon runner And actually being proactive in how you look after yourself And building in the things that are going to help your nervous system stay well and strong, then you can keep doing the job you love and keep well And justice completely reframe Looking after myself and do it from the get go.

00:41:03 Lydia

And what change would you like to see to improve the lives of people living with cancer?

00:41:07 Karen

I think there that I would come back to the health and social care people that are looking after them. I think they need the educational and emotional support to enable them to understand the science of emotions and care and again, as we've just spoken about, do you know if they're in a good state they can care for individuals affected by cancer better and then they just don't reach a crisis stage for them and then they're not in the service and helping cancer patients?

00:41:41 Lisa

Ah, I'm. I'm going to shoot for the moon here.OK. I would actually add the word body mind to the Oxford Dictionary So that we start, we get away from this mind body split that we recognize that the one that we are one thing And have a holistic view of health, both, you know, in in all the work we do but and also for ourselves. And that goes you know for families as well, families of people living with cancer and you know the families of, you know, our own families as helpers.

00:42:21 Lydia

And lastly, what would you like listeners to take away from this episode?

00:42:25 Karen

I think definitely don't measure yourself against people that you think are coping with the same group of patients as they might not be alright, you know. But it's just they might be feeling exactly like you inside, but you just you just can't see it and reach out if you're feeling and anything really that is feeling a wee bit overwhelming, or if your family have noticed that you're acting a bit differently, don't get defensive and maybe listen because they are the people that know you really well.

00:43:03 Lisa

I think probably off my list would be compassion, self-compassion, you know, looking after yourself is not selfish It is something that's essential to make the time for and to kind of ask for, ask for what you need And then that's actually going to be a win for everybody It might not feel it at the time, but it really will be.

00:43:29 Lydia

Thank you both. You've given us such huge insight into, I suppose, our own mental health, but also the mental health of others around us. I know that health and social care professionals out there listening to this will definitely resonate with a lot of the things that we've said. And I really hope that some of the bits of advice that you've given today can help people to be more self-aware, but also to look after themselves and to really help them with that self-compassion and putting themselves 1st and so thank you both so much for joining us on the Cancer Professionals podcast.

00:44:08 Lisa

Thank you, being a real pleasure, really. Thank you.

00:44:14 Carly

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00:44:32 Lydia

If you enjoyed this episode, follow us so you don't miss our next episode where we are joined by Daniel MONNERY and Claire Cadwallader to talk about advanced care planning and their award-winning service improvement project. This is the first episode in our exciting new collaboration with UKONS The UK Oncology Nursing Society going forward, you can expect to hear episodes in partnership with UKONS every other month.

00:44:56 Carly

We'd love you to rate our show and share with your colleagues. New episodes released on the first Wednesday of each month.

00:45:01 Lydia

I'm Lydia.

00:45:02 Carly

And I'm Carly and you have been listening to the Cancer Professionals Podcast by Macmillan Cancer Support.

