Psychological Safety in Journalism

TRAUMA, STRESS AND RESILIENT NEWS TEAMS

OPC
October 2022
Agreements when talking about trauma

- Learning and sharing space: confidential, respectful
- Recognizing our own and each other’s histories and backgrounds: Taking care of ourselves and each other
- Recognizing privilege, spaces we occupy, lack of understanding
- Open and in good faith
Trauma-facing journalism

Outward facing tools: Sources, subjects, communities

Inward facing tools: Ourselves, Our teams
Reflection:

- Think of a time when a colleague seemed stressed.
  
  *What signs did you notice?*

- Think of a stressful professional moment that you experienced.
  
  *What helped?*
JOURNALISM IS A TRAUMA-FACING PROFESSION: HIGH DOSE and HIGH EXPOSURE

- Direct – personal witness, present at scene
- Vicarious – empathic engagement with traumatized sources & communities
- Secondary – graphic imagery in professional context
- External - threats, abuse, harassment
- Moral – breach of our moral compass
- Cumulative – career-long exposure
- Stories that interact with our personal history and identity
TRAUMA Exposure rates are HIGH among journalists

- 80-100% are exposed across studies
- 71% covered at least one story with traumatic content per month (Dadouch & Lilly, 2020)
- Threats, abuse and harassment can occur on almost any type of story
- Journalists are “part of their own story” frequently (COVID-19, race/gender/sexuality, community stories, etc.)
- Journalists underestimate the impact of work-related traumatic events
JOURNALISTS ARE RESILIENT

- Trauma exposure in journalism higher than in the general population but PTSD rates comparatively low.
- Majority of journalists return to their equilibrium and are fine
- Craft, ethics and colleagues all protective factors.
- **BUT** psychological injury distinctly toxic to journalists when it does happen.
Trauma and stress affect our biopsychosocial functioning

(But they are not the same thing!)
QUICK REVIEW: JOURNALISM STRESS and FUNCTIONING

- Optimum functioning
- Fatigue
- Exhaustion
- Anxiety, panic, anger
- Breakdown
- Comfort zone
- Bored
- Alert & engaged
- Growth / Learning zone

Performance level vs. Stress level

- Low
- Moderate
- High
STRESS, TRAUMA & BURNOUT INTERACTION

COVID fallout  Mass shooting  Personal trauma  Threats/online abuse

PERFECT STORM !!

Deadlines  Broken camera  Angry editor  Mortgage payments
<table>
<thead>
<tr>
<th>BIO</th>
<th>PSYCHO</th>
<th>SOCIAL</th>
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<tbody>
<tr>
<td>Wired to survive</td>
<td>Wired to make meaning</td>
<td>Wired to attach</td>
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DART CENTER FOR JOURNALISM & TRAUMA
First, let’s understand the trauma reaction

What happens when we are under threat?
Traumatic stress overwhelms the organism

- “Normal coping” stops working or doesn’t work as well
- Our nervous system activates to protect us:
  - UPROAR REACTIONS (Sympathetic nervous system)
  - SHUTDOWN REACTIONS (Parasympathetic nervous system)
A body under threat reacts: Autonomic Nervous System
As this fear cascade is occurring, the events are being encoded in memory...
PTSD – A disorder of memory and arousal

Remembering means being AFRAID

Why does talking about a trauma cause a survivor such discomfort?

Fear reaction gets linked to the trauma memory

Then memories trigger fear

Survivor then tries to avoid memories
PTSD is a biopsychosocial IMPRINT of a trauma reaction

- Intrusive remembering
- States of hyperarousal
- Avoidance or reminders/triggers and Numbing
- Negative thoughts and feelings about self/others
### Signs of stress/trauma reactions:

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<tr>
<th>BIO</th>
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<th>SOCIAL</th>
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<tbody>
<tr>
<td>Fatigue, sleep problems</td>
<td>Sadness, despair, anguish</td>
<td>Isolation</td>
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<tr>
<td>Trouble concentrating</td>
<td>Anxiety/Unease about the future</td>
<td>Irritability/Anger</td>
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<tr>
<td>Jumpy, edgy feeling</td>
<td>Changed meanings about the world</td>
<td>Withdrawing</td>
</tr>
<tr>
<td>Trouble breathing</td>
<td>Troubling thoughts, images</td>
<td>Feeling misunderstood</td>
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<tr>
<td>Headache, body aches, stomach distress</td>
<td>Dread/Sense of Foreboding</td>
<td>Feeling lonely</td>
</tr>
<tr>
<td>Feeling spacey, disconnected</td>
<td>Self attack</td>
<td>Anxious about contact with others</td>
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What about secondary traumatic stress?

- Indirect exposure to trauma through accounts of a traumatic events
- Subsequent revisiting of the story of suffering through thoughts and images
- Can result in a set of symptoms and reactions similar to PTSD
Secondary Traumatic Stress

- Symptoms
  - Nightmares
  - Irritability
  - Anger
  - Intrusive imagery
  - Numbness
  - Fatigue
  - Concentration problems
  - Isolation
  - Changed meanings about the world
Learning to pay attention to ourselves and each other
Attend

Tend
Attending to yourself in each domain:

**BIO**
What do I feel in my body right now? (tightness, pain, fatigue, unease)

**PSYCHO**
What am I telling myself right now? What feelings can I identify? NOTICE self-attack

**SOCIAL**
What am I doing with other people? Am I reaching out or isolating?
Recognizing where you are in your “window of tolerance”

- **HYPERAROUSAL**
  - Use mindfulness, grounding, Breath work
  - Overreactive, unclear thought, Emotionally distressed

- **WINDOW OF TOLERANCE**
  - The body is in its optimal state, Can access both reason and emotion, Mentally engaged

- **HYPOAROUSAL**
  - Depressed, lethargic, numb, unmotivated
  - Use mindfulness, breath work, physical activity

- **Shutting Down**
  - Can’t calm down
Putting the tools to work in the field

Building a practice for covering trauma
You are anticipating a difficult story

How would you prepare?
Phases of self-care when facing an assignment

(Adapted from Cait McMahon, Dart)
RISK ASSESSMENT BEFORE AN ASSIGNMENT

Wellbeing/Protection
- Supports in place
- Rested and healthy

Stress/Risk
- Fatigued/III
- Losses/Family challenges
- Unprepared

challenges
Before/During/After

BEFORE
• Risk assessment: “Do I have any vulnerabilities that need attending to or that make this project challenging?”
• “Cope ahead”
• Anticipate “hot spots”
• Think about your boundaries

DURING
• Focus on the task at hand
• Follow directions/protocols around you
• Use breathing/grounding/resourcing if needed
• HONOR YOUR BOUNDARIES
Fast body (bio) techniques to center you in the moment

• Grounding
• Breathing (4-4-4)
• Ice water on the face
• Fan/Breeze
• Toe to head clench and relax
• Hand on heart, hand on head

AFTER

• Focus on your body needs: rest, replenish, pleasure
• Reconnect with supportive friends, family or colleagues
• Check in with colleagues who may need a little support
• Notice if there are “hot spots”—sensory images causing you difficulty
• Notice your meaning-making (Is it compassionate or self-attacking?)
• How did it go for you? ASSESS boundaries.
Boundaries: Making them explicit

- Has there been a time that you have had to “relax” or “lift” a boundary? How did that go for you?

- What boundaries would you recommend to a freelancer starting out in terms of working with sources, subjects, and/or colleagues?
Taking this knowledge and turning towards our peers

Being a good colleague
Expect variation in stress reactions

- Over time
- Over a day...over a shift
- And...across your team
- Think of ripples
How do you know when a colleague is having a hard time?
Being a good colleague: Recognizing signs of distress

- Scheduling difficulties
- Sleep problems
- Poor communication
- Missed deadlines
- Irritability
- Discouraged tone
- Withdrawal
- Substance use/abuse
WHAT WORKS? : SOCIAL SUPPORT

- Lack of social support PREDICTS poor outcomes after trauma (physical, emotional)

- Social support - the belief, and actual experience of being cared for by others, and the feeling that others are there to share your life experiences - feeling they are there in times of need. Both receiving and giving social support has been found to enhance resilience. (Brown, Nesse, Vinokur, Smith, 2003).
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<thead>
<tr>
<th>Construct</th>
<th>Definition</th>
<th>Application</th>
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<tr>
<td>Emotional</td>
<td>Expressions of empathy, trust and caring</td>
<td>Provide hope and a listening ear</td>
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<td>Instrumental</td>
<td>Tangible aid and service</td>
<td>Practical assistance and support – e.g., driving someone to the doctor</td>
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<tr>
<td>Informational</td>
<td>Advice, suggestions, and information</td>
<td>Offering suggestions based on similar experiences.</td>
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<td>Offering information based on trauma informed practice and where to get help</td>
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<td>Appraisal</td>
<td>Information that is useful for self-evaluation</td>
<td>Reminding colleague of what they have done before to cope and manage similar situations. Brainstorming with them what has previously worked for them</td>
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What can I do for my own wellbeing?
Pick one thing in each category

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What about organizational support?
SOCIAL SUPPORT THROUGH OPERATIONAL DEBRIEFS

- What did we do right?
- What was challenging?
- What were the lessons learned? (limit personal blame)
- What can we do differently next time?
Making wellbeing an “active topic”

- Doesn’t have to be too personal
- How is remote work going?
- Can be a check-in on reactions to the work
- Have a conversation about boundaries
- Checking in on meaning making: *How do we feel about the product we created?*
- Building in time for pleasure/humor
REFERRING OUTWARD

- Don’t be afraid to discuss therapy: It works!
- Journalist Trauma Support Network - US: https://www.jtsn.org/dart-center
- How to use your journalism skills to find the right therapist for you - https://dartcenter.org/content/choosing-psychotherapist
- ISTSS Find a Clinician: https://istss.org/public-resources/find-a-clinician
References/Resources

- Dart Center for Journalism and Trauma [www.dartcenter.org](http://www.dartcenter.org)
  - Tragedies and Journalists Handbook
  - Handling Traumatic Imagery: Developing Your Own Standard Operating Procedure
  - Online Abuse: A Self-Defense Guide (in press, not for circulation)
  - Oso’s Mudslide: Five Journalists Speak

- Eyewitness Media Hub
  - Making Secondary Trauma a Primary Issue: A Study of Eyewitness Media and Vicarious Trauma on the Digital Frontline


Extra slides
Applying psychological first aid to our media environment
WHAT IS C.A.S.E.S?

- Adapted Psychological First Aid for the media profession
- A simple process that anybody can apply
- A process that does not need to be in order
- Most important part is to identify what the person needs (what type of social support) and to link them to other ongoing supports and resources

- C – Contact & Check in
- A - Assess
- S – Stabilize
- E – Educate
- S – Support and connection
C – Contact and check in

- Can be done via text, email or in person
  - How are things going?
    - “I see you have just done that tough story on a shooting and thought I would touch base and see how you are doing”
    - “I recently did a sexual abuse story and it shook me up, I see you have just done a similar one and I was wondering how you are doing?”
A - Assess type of social support needed

- What can I do to help right now?
- What can I do to assist you to finish this job?

- DOES YOUR COLLEAGUE NEED:
  - listening ear
  - a reminder of how they managed before
  - something practical like help to finish their copy
  - information to help them help themselves
S - Stabilize

- Listen for distress and changes in functioning
- How are the basics—eating, sleeping, coping
- IF acute—focus on immediate needs:
  - BREAK
  - MEDICAL CHECK-IN
  - SUPPORT PERSON AVAILABLE?
  - BREATHING/GROUNDING
E – Educate

- Share your knowledge
- Review biopsychosocial framework to help them assess themselves
- See if they use any breathing/mindfulness techniques--SHARE
- Help them focus on one thing they can control
- Help them focus on other times they got through something hard
S- Social support resources

- Ensure your colleague is not alone – especially if they live alone
- Link colleagues up to their natural supports –
  - family
  - friends
  - faith groups
  - exercise/recreation
  - offer resources for counselling/wellness