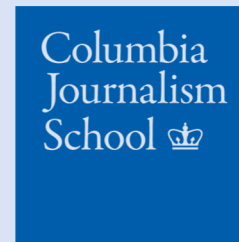


# Psychological Safety in Journalism

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

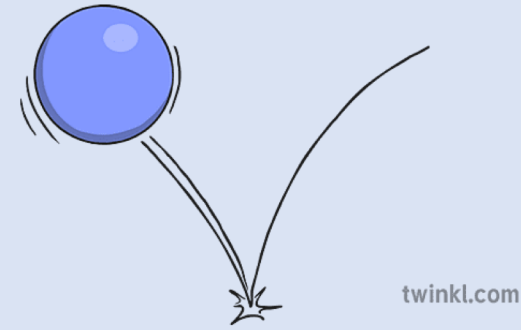
- **Direct** – personal witness, present at scene
- **Vicarious** – empathic engagement with traumatized sources & communities
- **Secondary** – graphic imagery in professional context
- **External** - threats, abuse, harassment
- **Moral** – breach of our moral compass
- **Cumulative** – career-long 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



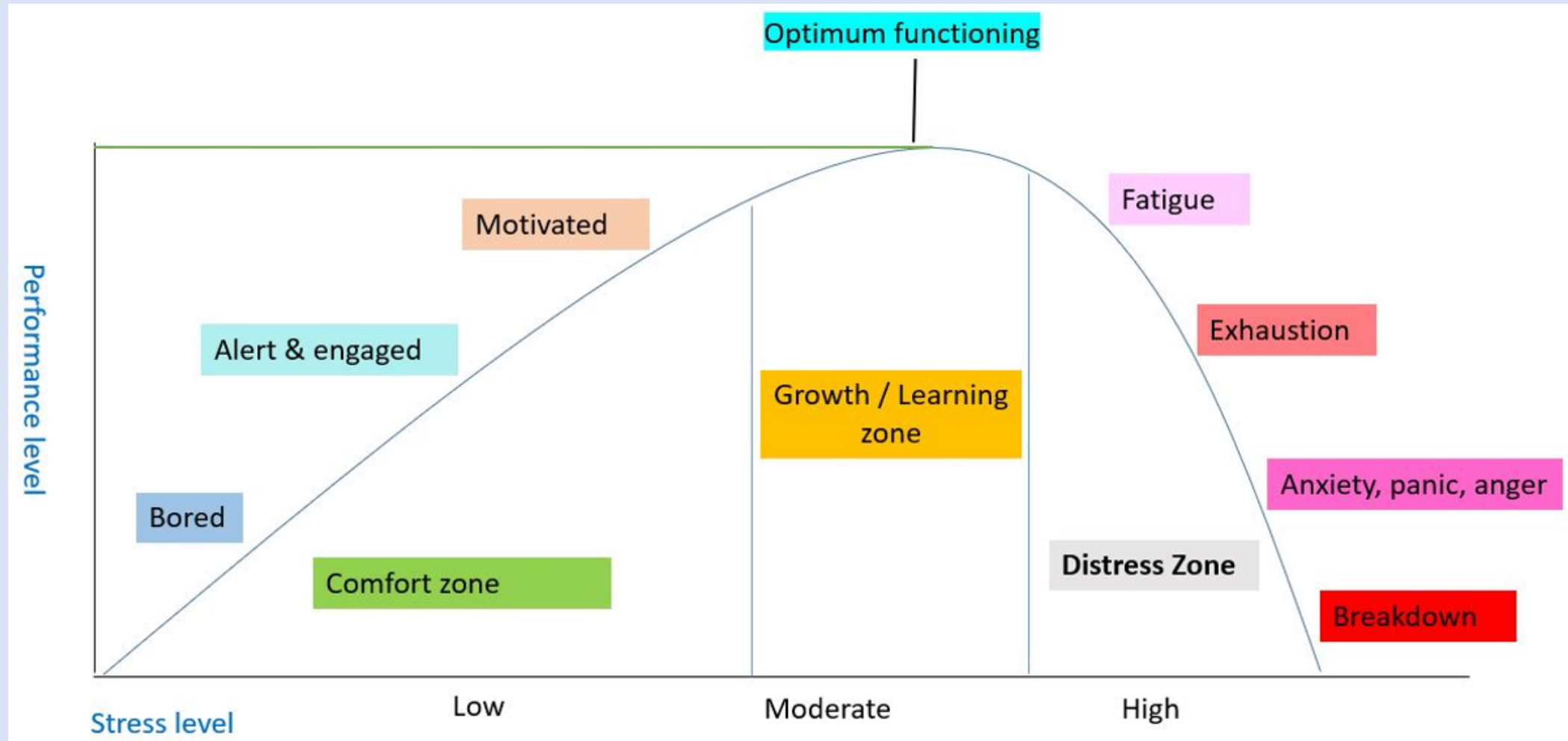
- Trauma exposure in journalism higher than in the general population but PTSD rates comparatively low.
- Majority of journalists return to their equilibrium and are fine
- Craft, ethics and colleagues all protective factors.
- **BUT** psychological injury distinctly toxic to journalists when it does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

Trauma and stress affect our  
*biopsychosocial* functioning

(But they are not the same thing!)



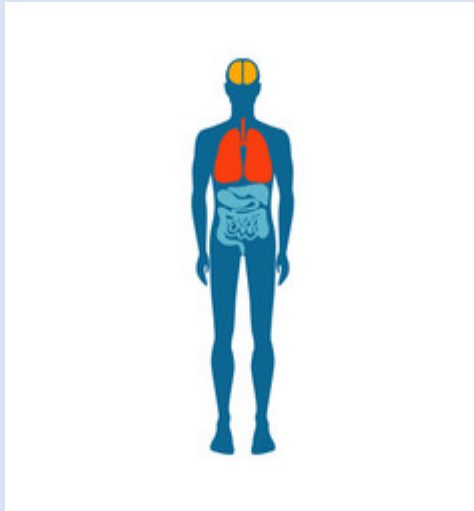
# QUICK REVIEW: JOURNALISM STRESS and FUNCTIONING



# STRESS, TRAUMA & BURNOUT INTERACTION



# BIO



Wired to  
survive

# PSYCHO



Wired to  
make  
meaning

# SOCIAL



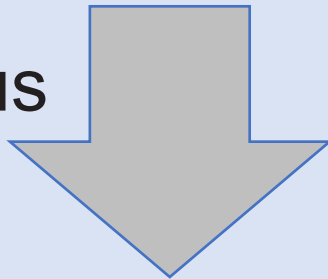
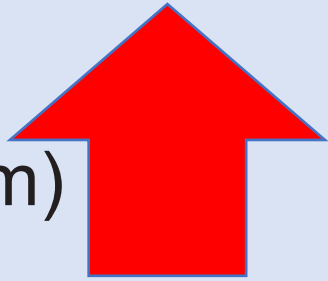
Wired to  
attach

# First, let's understand the trauma reaction

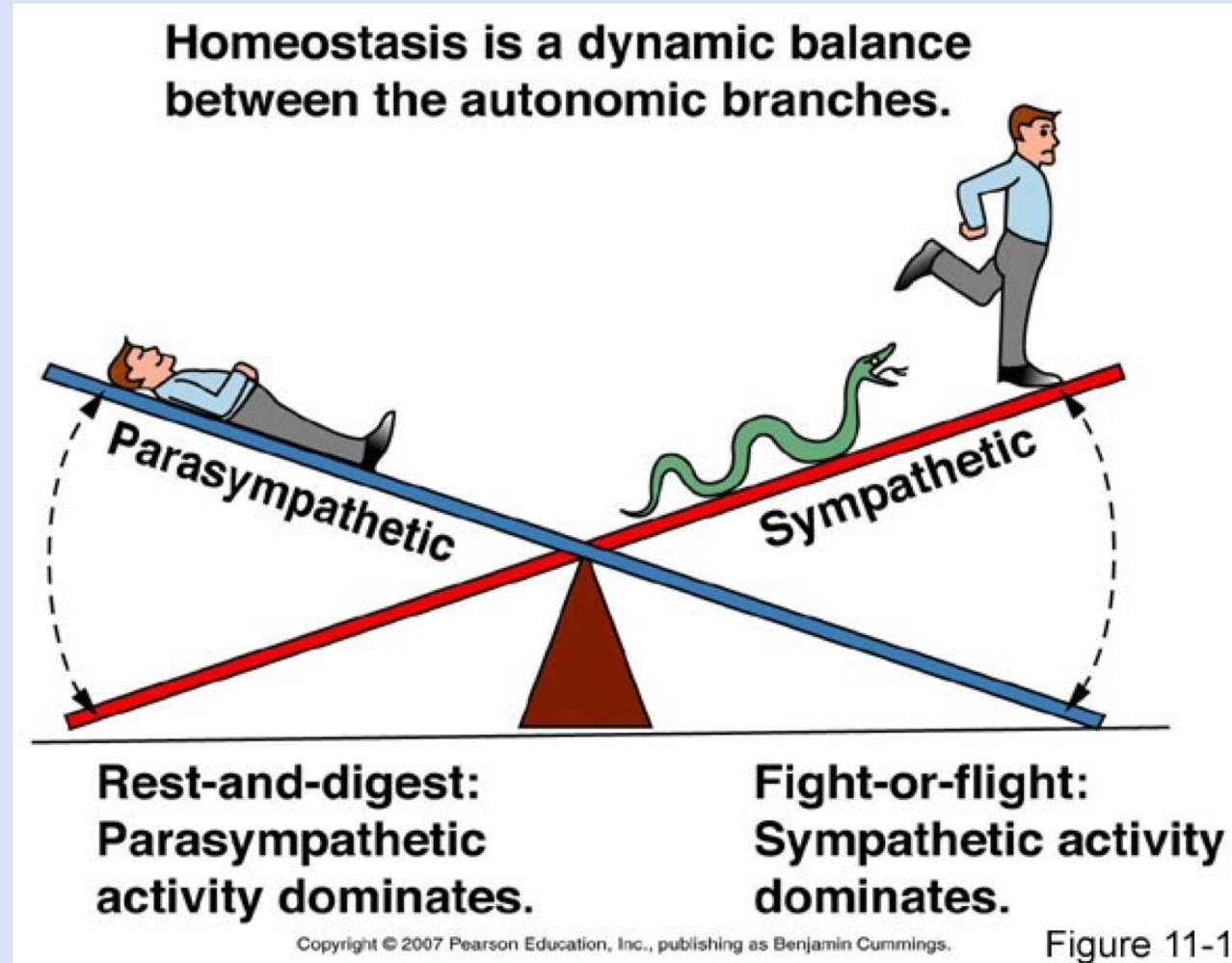
What happens when we are under threat?

# 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?





# 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

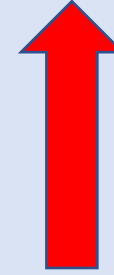
# Signs of stress/trauma reactions:

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

# 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

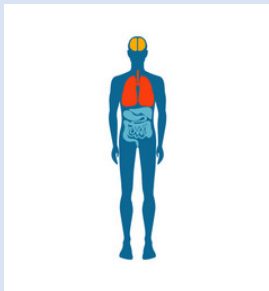
Attend



Tend

# *Attending to yourself in each domain:*

## **BIO**



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

## **PSYCHO**



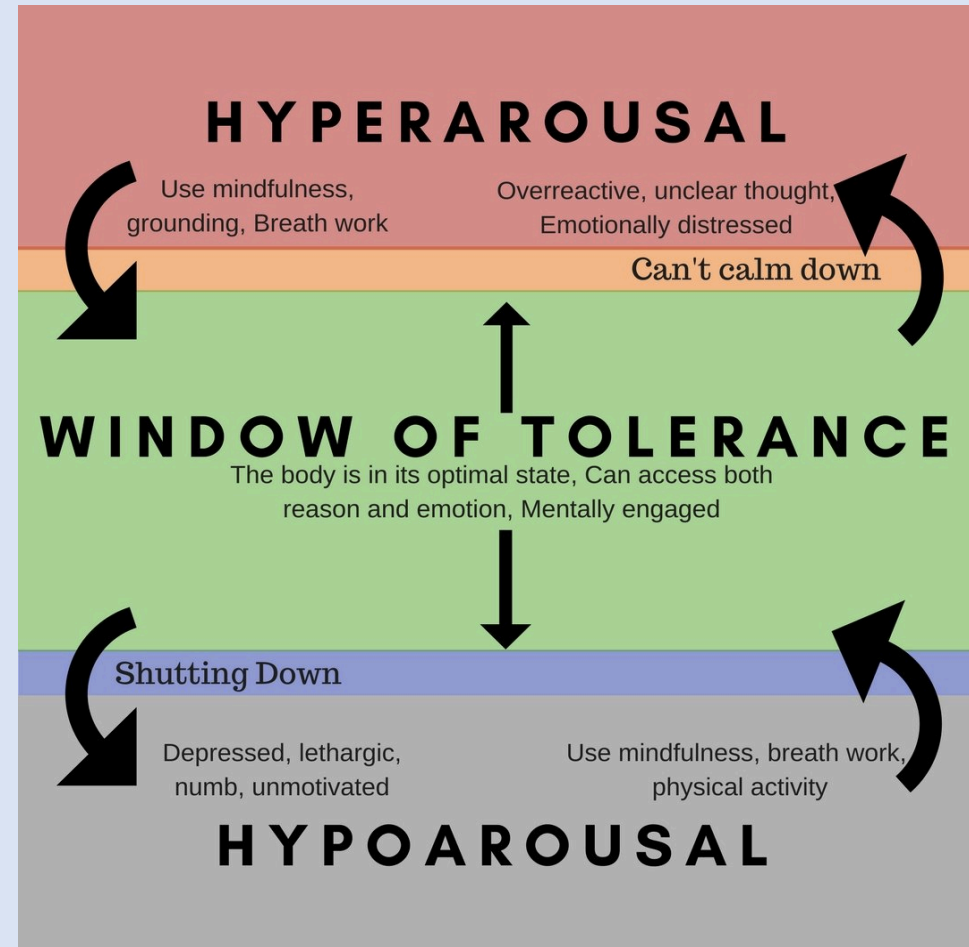
What am I telling myself right now?  
What feelings can I identify? NOTICE  
self-attack

## **SOCIAL**



What am I doing with other people? Am I reaching out or isolating?

# Recognizing where you are in your “window of tolerance”





# Putting the tools to work in the field

Building a practice for covering trauma

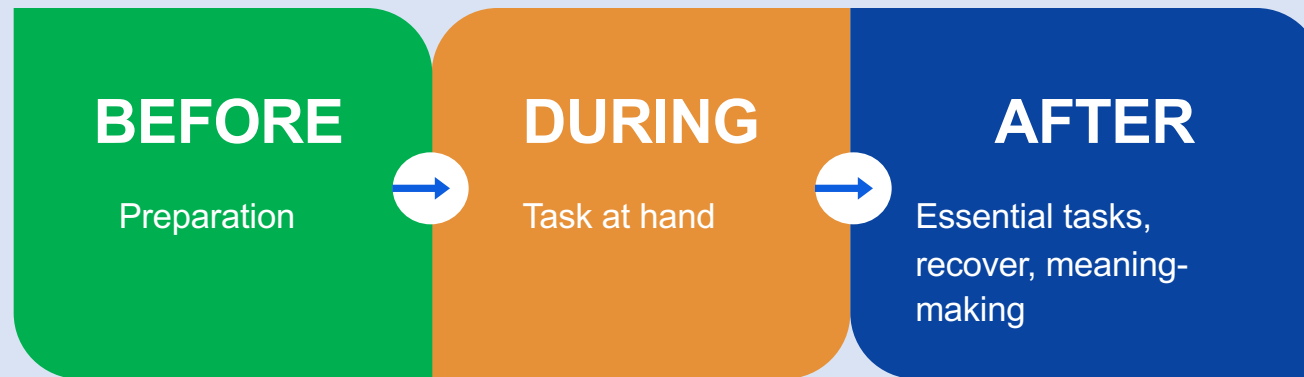


You are anticipating a  
difficult story

How would you prepare?

# Phases of self-care when facing an assignment

(Adapted from Cait McMahon, Dart)



# RISK ASSESSMENT BEFORE AN ASSIGNMENT



# 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
- 
- <https://www.nytimes.com/2020/08/06/well/mind/five-minute-coronavirus-stress-resets.html>

# 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

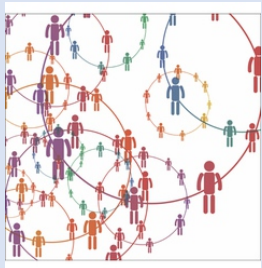
## Being a good colleague

# Expect variation in stress reactions

- Over time
- Over a day...over a shift
- And...across your team
- Think of ripples

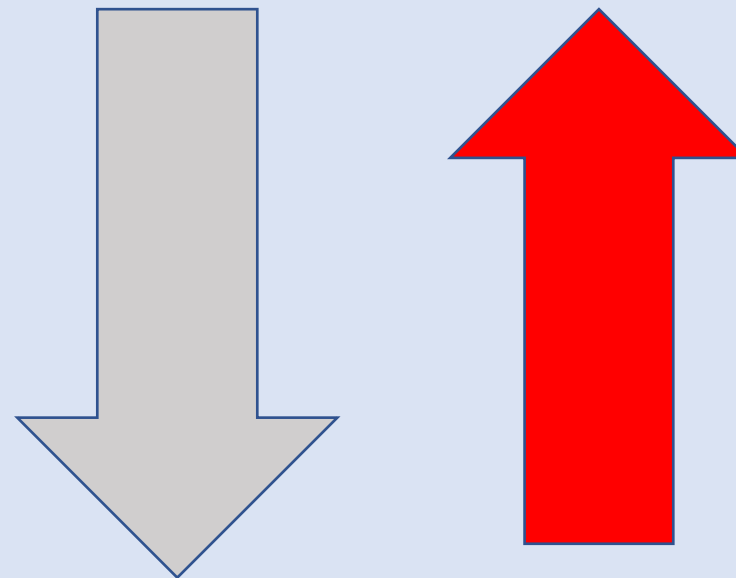


How do you know when a  
colleague is having a hard time?



# 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).*

# SOCIAL SUPPORT THAT WORKS POST TRAUMA

Construct	Definition	Application
<b>Emotional</b>	Expressions of empathy, trust and caring	Provide hope and a listening ear
<b>Instrumental</b>	Tangible aid and service	Practical assistance and support – e.g., driving someone to the doctor
<b>Informational</b>	Advice, suggestions, and information	Offering suggestions based on similar experiences. Offering information based on trauma informed practice and where to get help
<b>Appraisal</b>	Information that is useful for self-evaluation	Reminding colleague of what they have done before to cope and manage similar situations. Brainstorming with them what has previously worked for them

# What can I do for my own wellbeing?

Pick one thing in each category

 <b>BIO</b>	 <b>PSYCHO</b>	 <b>SOCIAL</b>

# 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
- APPS: [https://www.nytimes.com/2020/06/16/smarter-living/how-to-find-a-meditation-app-for-you.html?algo=identity&fallback=false&imp\\_id=231307567&action=click&module=Smarter%20Living&pgtype=Homepage](https://www.nytimes.com/2020/06/16/smarter-living/how-to-find-a-meditation-app-for-you.html?algo=identity&fallback=false&imp_id=231307567&action=click&module=Smarter%20Living&pgtype=Homepage)
- STRESS RESETS: <https://www.nytimes.com/2020/08/06/well/mind/five-minute-coronavirus-stress-resets.html?action=click&auth=login-email&login=email&module=Editors%20Picks&pgtype=Homepage>

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