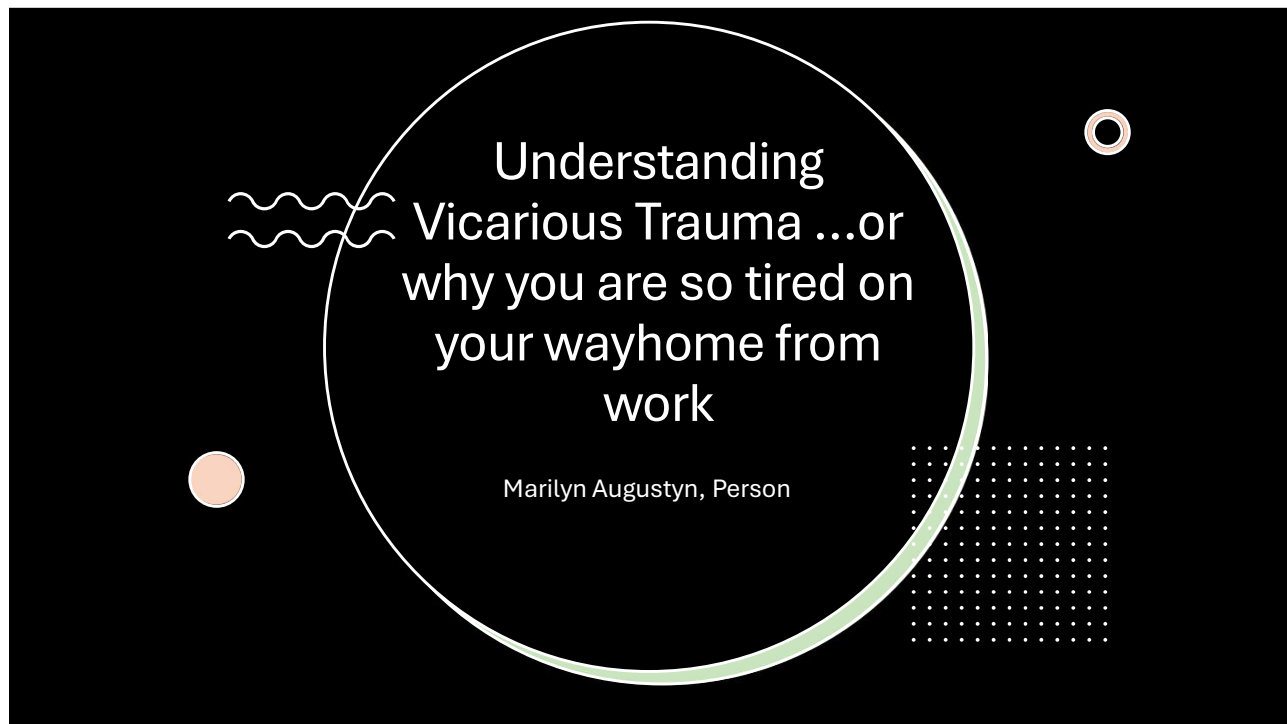




1

Understanding
Impact, Protecting
Ourselves, and
Staying Present

Pediatric clinicians routinely witness children's pain, fear, and family distress.

Emotional proximity is part of good care, but it also creates vulnerability.

Vicarious trauma can quietly accumulate and affect clinical judgment, empathy, and well-being.

Naming it reduces stigma and opens the door to prevention.

2

What is vicarious trauma?

A transformation in the clinician's inner **experience** resulting from empathetic engagement with others' trauma.

Not burnout (exhaustion) and not compassion fatigue (empathy depletion), though they can overlap.

Alters worldview, sense of safety, trust, and meaning.

Particularly relevant in pediatrics because children's suffering is uniquely activating.

3

Why pediatric clinicians are especially at risk?

Exposure to child abuse, neglect, medical trauma, chronic illness, and family crises.

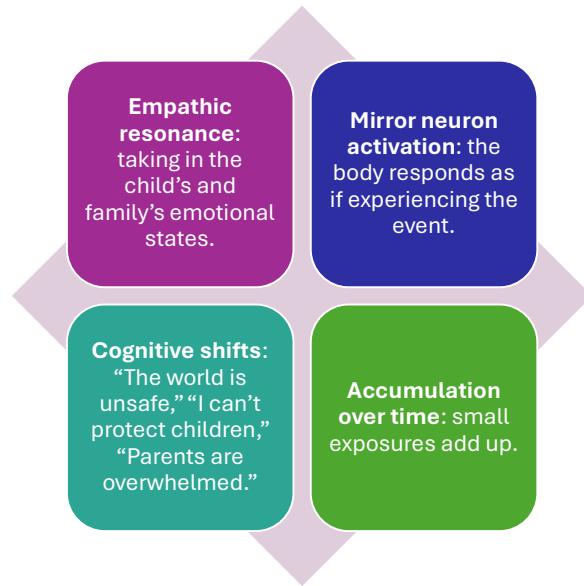
High emotional attunement required for developmental and behavioral care.

Repeated encounters with distressed parents.

Professional identity often tied to protecting children, intensifying emotional load.

4

Mechanisms of vicarious trauma



5

Signs and Symptoms



INTRUSIVE IMAGES OR
PERSISTENT WORRY
ABOUT SPECIFIC
PATIENTS.



HEIGHTENED STARTLE,
IRRITABILITY, OR
EMOTIONAL NUMBING.



AVOIDANCE OF CERTAIN
CLINICAL SITUATIONS.



DIFFICULTY FEELING
EFFECTIVE OR
CONNECTED.



CHANGES IN
WORLDVIEW (E.G.,
MISTRUST, PESSIMISM).



SOMATIC SYMPTOMS:
HEADACHES, FATIGUE,
SLEEP DISRUPTION.

6

Impact on clinical care



REDUCED CAPACITY FOR
ATTUNEMENT AND
CURIOSITY.



OVER-IDENTIFICATION
WITH CERTAIN FAMILIES
OR WITHDRAWAL FROM
OTHERS.



INCREASED ERRORS OR
DECREASED PATIENCE.



DIFFICULTY MAINTAINING
BOUNDARIES.



RISK OF MORAL DISTRESS
AND PROFESSIONAL
ISOLATION.

7

Systemic contributors

High patient volume and limited time for emotional processing.

Inadequate staffing or supervision.

Organizational cultures that valorize self-sacrifice.

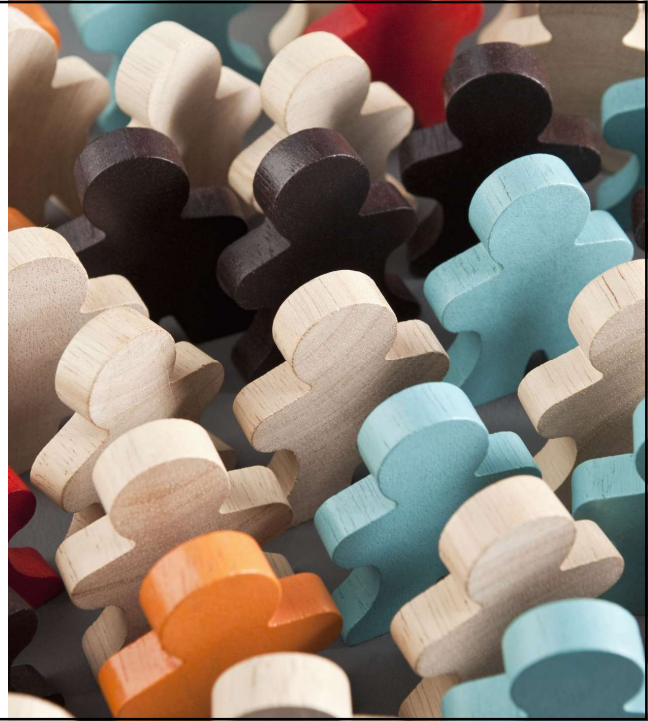
Lack of reflective spaces or peer support.

Documentation and administrative burdens that erode meaning.

8

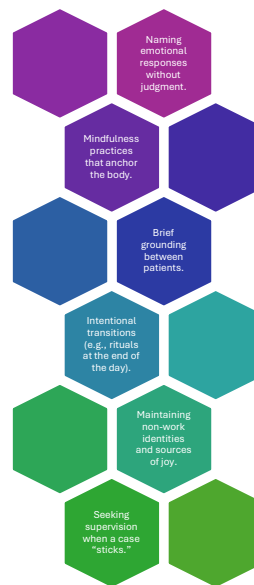
Protective factors

- Supportive team culture with psychological safety.
- Regular reflective practice (individual or group).
- Clear role boundaries and shared responsibility.
- Trauma-informed organizational leadership.
- Access to supervision or consultation for emotionally complex cases.



9

Evidence Based strategies for individuals



10

Evidence based strategies for teams



11

Role of connection



VICARIOUS TRAUMA THRIVES IN ISOLATION.



CONNECTION—FEELING SEEN, KNOWN, AND HELD IN MIND—BUFFERS STRESS.

12

*Being Held in
Another's Mind*
by Jeree Pawl,
Ph.D.

- Babies develop a sense of safety and continuity when caregivers **hold them in mind**, even when physically absent.
- This internalized sense of being known supports emotional regulation and resilience.
- When caregivers are inconsistent or absent, children feel “unheld,” leading to anxiety and loss of continuity.

13

*Being Held in
Another's Mind* by
Jeree Pawl, Ph.D.

- “They are born looking for us.”
- “She carries it with her... this sense of nurturance, of the parents' presence even in absence.”
- “To be held in another's mind is a precious thing. Equally precious is to hold another in one's own.”
- Highlight how deeply humans depend on feeling known and remembered.

14

“Who Holds You in Mind?”

- Think of one person—past or present—who reliably “held you in mind.”
- Recall a moment when you felt seen or understood by them.
- Notice what happens in your body as you remember this.
- Now bring to mind one child or family you hold in mind today.
- Acknowledge the reciprocity: caring for others requires being cared for.



15

“Who Holds You in Mind?”

- What is one small practice you can commit to this week that helps you feel held, connected, or grounded?

16