

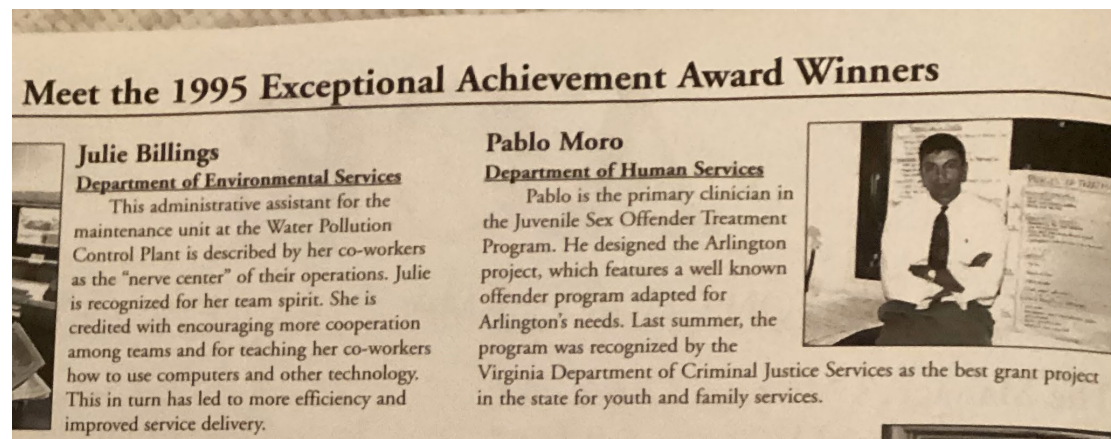
Building Personal and Professional Resilience: 20 plus years of working with Highly Vulnerable Populations

**Deepa Patel, CSOTP, LCSW
Co-Founder of Trauma and Hope**

THE HATS I WEAR

Trauma and Hope

- ❑ For profit agency that provides training, consultation, forensic and clinical evaluations and treatment services for high needs populations
 - ❑ CSOTP, LCSW, LPC, polygraph examiners, mentors, family support services, and outpatient therapy, groups
 - ❑ Our work in Virginia started as gang intervention, sex trafficking and sex offenders/ perpetrators of sex crimes/problem sexual behaviors and evolved to building education programs and serving 150-175 clients monthly.
 - ❑ Solely contract based (next slide will explain more)
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- ❑ **Adjunct Faculty at Marymount University-Forensic and Legal Psychology Graduate Program**



Clinical/Forensic Assessment and Treatment

Assessments/Evaluations
Human Trafficking
Psychosexual
Problem Sexual
Mental Health/Trauma
Gang Threat

Treatment Services
for adults, minors and families
addressing mental health
disorders by outpatient
services, family support
services, and mentoring/gang
intervention

Court Specific Contracts (over 25)

VA DCJS
DC Superior Court
DSS/DFS
Loudoun County
Fairfax County
Henrico County
Prince William

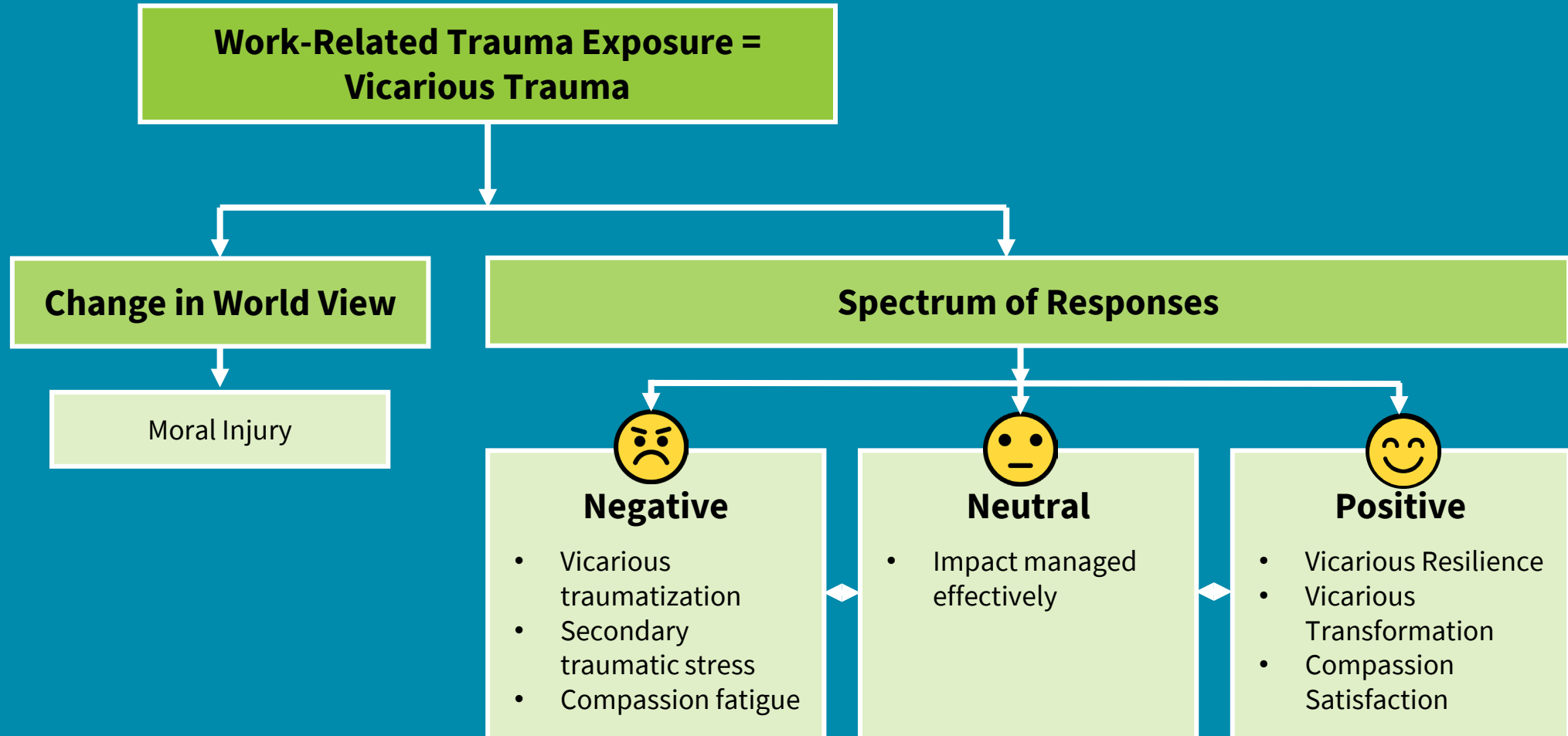
Consultation Services

Residential/Inpatient
Programs
Human Trafficking Task
Force/MDT
School Systems
Medical Systems
Local, state and federal LE

Training Services/SETTS

NCMEC
Dept. of Labor
VA State Police
DCJS
VOH (Zambia, Africa)
HSI (SETTS LE VA Beach)
County Governments
(Henrico, April 2025)
UMD_Medical

Vicarious Trauma Toolkit Model



Vicarious Trauma can occur from:

- You intervened, but they may not want the intervention;
- The time, energy, change in stories, criminal behaviors, risky behaviors, mistrust of professionals, etc.
- Complexity of human trafficking cases is diverse from gangs, intimate partners, businesses, family members, pimps,
- In this role, you navigate different functions from mental health, case management, safety planning, mediator, referring source, repeat in different systems
- The length of time from first contact to end can be lengthy
- Working with different agencies with different policies, missions, and understanding of the case

Cognitive and Psychological Impact

Complex cases can:

Alter perceptions and behaviors

1. Negative self-concept
2. Distrust
3. Connections in work and personal are amplified
4. Lack of motivation
5. False belief systems forming

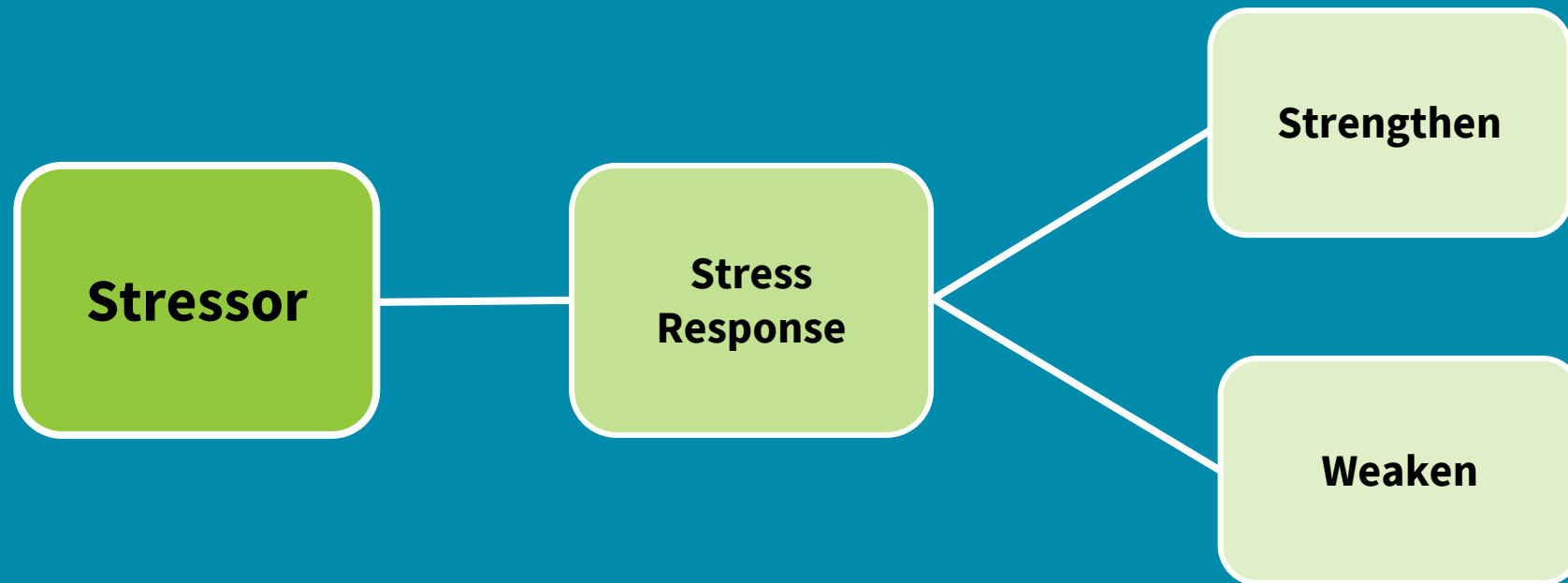
Functional Concerns

1. Family/Relationships
2. Substance
3. Work Performance
4. Persistent triggers/reminders
5. Mental Health/Isolation
6. Changes in our outlook

Stress

Stress is pressure exerted upon an object that can either strengthen or weaken it.

- Webster's Dictionary



Dissociation

A mental process that causes a person to disconnect from their thoughts, feelings, memories, or sense of identity.





Its Time for Change! Building Resilience

Early recognition and awareness

Restore a healthy balance in your life

Enhance self care skills

Step 1:

Self Reflective Inventory

Professional Quality of Life Scale

[ProQOL Measure](#) | [ProQOL](#)

Step 2:

Self Care

We must give ourself Grace

Micro and Macro Self Care Habits

- Take 3–5 minutes between difficult cases to decompress
- Practice intentional breathing before and after challenging sessions
- Ground yourself using the five senses
- Take brief movement breaks
- Eat Regularly/Drink Water
- I use the tools I practice (Havening, EMDR)
- Use brief mindfulness or centering exercises
- Appropriate use of HUMOR
- Identify when you are becoming emotionally activated
- Create a brief end-of-day transition ritual
- Maintain hobbies, connection, relationships
- BOUNDARIES
- Buddy System
- Establish manageable caseloads and realistic productivity expectations
- Develop formal staff wellness and secondary-trauma policies
- Provide regular clinical/forensic supervision and consultation
- Create documentation time
- Create procedures for critical-incident response
- Normalize Mental Health Support
- Develop team-based approaches rather than relying exclusively on individual clinicians
- Professional Quality of Life Scale for all employees

Step 3:

Language/Thoughts Matter

My Language Patterns Must Change:

From self-blame → professional responsibility

- **Instead of:** “I should have done more.” **Try:** I did what was reasonably within my role and capacity
- **Instead of:** “I failed this person.” **Try:** I contributed what I could; I cannot control every outcome
- **Instead of:** “I should have seen this coming.” **Try:** I did the best I could with the information available at the time

From rescuing → supporting

- **Instead of:** “I need to save them.” **Try:** My role is to support, assess, intervene, and connect—not rescue
- **Instead of:** “I have to fix this.” **Try:** I can help create conditions for change
- **Instead of:** “They need me.” **Try:** They need appropriate support, resources, and a system of care

From helplessness → realistic influence

- **Instead of:** “Nothing I do makes a difference.” **Try:** “I may not see the impact of my work immediately.”
- **Instead of:** “This situation is hopeless.” **Try:** “This situation is difficult, and there may still be opportunities for intervention.”
- **Instead of:** “There is nothing I can do.” **Try:** “What is one thing within my professional role that I can do?”

From over-identification → professional connection

- **Instead of:** I can't stop thinking about what happened to them **Try:** “Their experience affected me, but I can separate it after work
- **Instead of:** I feel their pain **Try:** “I can recognize their pain without carrying it as my own.”

My Thought Patterns Must Change:

All-or-nothing thinking

- “If I cannot help everyone, I am not helping anyone.” → **“Helping one person does not require me to help everyone.”**
- “The system is broken, so my work doesn't matter.” → **“Systems can be imperfect while individual interventions still matter.”**
- **Excessive responsibility**
- “Their outcome depends on me.” → **“I am responsible for my professional actions, not another person's choices or entire outcome.”**
- “If something goes wrong, I should have prevented it.” → **“Risk cannot always be eliminated; my responsibility is to identify, communicate, and respond appropriately.”**

Personalization

- “They are angry with me because I did something wrong.” → **“Their reaction may reflect their circumstances, trauma, expectations, or emotions rather than my worth or competence.”**
- “This client doesn't trust me, so I'm failing.” → **“Trust can take time, particularly for people with histories of betrayal or trauma.”**

Catastrophizing

- “This is going to end terribly.” → **“I don't know the outcome yet. I can focus on the information and decisions in front of me.”**
- “Things are getting worse and worse.” → **“There are challenges occurring right now. I can evaluate them one at a time.”**

My Thought Patterns Must Change:

Emotional reasoning

- “I feel exhausted, so I must be ineffective.” → **“Feeling exhausted tells me I need recovery; it does not define my professional competence.”**
- “I feel helpless, so there must be nothing I can do.” → **“Feeling helpless is a signal to pause and reassess, not proof that the situation is hopeless.”**

Overgeneralization

- “People never change.” → **“Change is difficult, variable, and individual.”**
- “Every case is going to become another crisis.” → **“This case is difficult; it does not predict every future case.”**

Compassion-fatigue cynicism

- “Nobody appreciates this work.” → **“This work can be difficult and underrecognized, while still being meaningful.”**
- “People just keep making the same bad choices.” → **“Behavior is influenced by many factors, and change often occurs gradually.”**
- “Why do I even bother?” → **“I need to determine whether I need rest, support, a boundary, or a change in how I am approaching the work.”**

Routine Self-Reflective Statements

- I am responsible for my role, not the entire outcome
- Support is not rescue
- Understanding is not excusing
- Boundaries protect my ability to remain compassionate
- I don't have to solve everything today
- Their trauma is not mine to absorb
- Their choices are not a measure of my effectiveness
- Rest is part of ethical practice
- I can be present without becoming consumed
- I can acknowledge injustice without allowing it to consume me
- I don't need to become numb to remain professional

Step 4:

Sustainability for 20+ Years

Building awareness is only a part of the solution.

Our plan includes:

Leadership and Mission

- Practices supported from management
- Prioritizing health and well being of those on the team
- Micro/Macro Self Care Practices
- Training and Education

Management, Supervision, and Work Environment

- Incorporate vicarious trauma in supervision, warning signs, and tools to support and align with the mission.
- Addressing vicarious trauma and building resiliency in the workplace and individual

Training and Professional Development

Promote best practices for our people to understand:

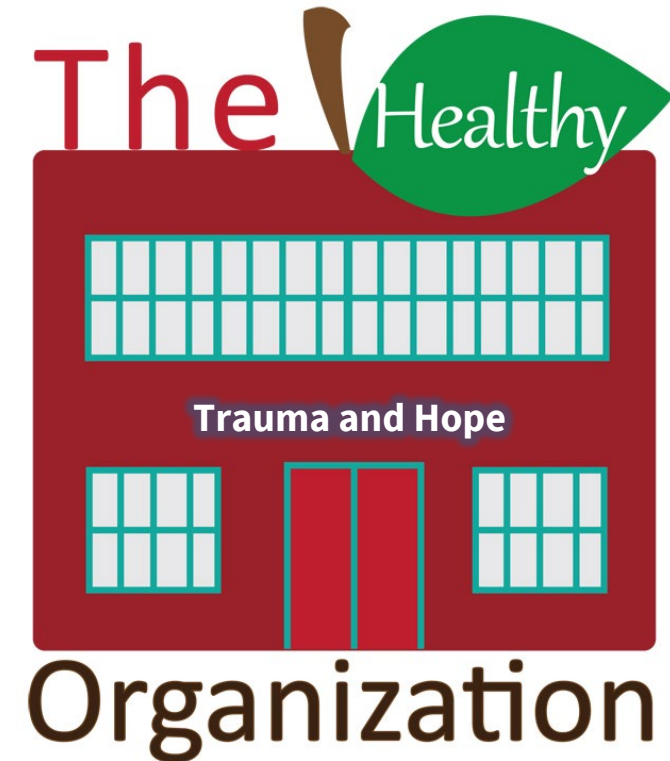
- Vicarious trauma
- Psychological impact
- Dissociation
- Positive interventions for professional growth

Staff Health and Wellness

- Provide ongoing tasks to promote individual and agency professional resilience
- Working in teams
- Building new experiences through advancing our training

Key Aspects of a Healthy Organization

- **Leadership and Mission**
 - Effective leadership, clarity, and alignment with mission
- **Management and Supervision**
 - Clear, respectful, quality, inclusive of VT
- **Employee Empowerment and Work Environment**
 - Promotes peer support, team effectiveness
- **Training and Professional Development**
 - Adequate, ongoing, inclusive of VT
- **Staff Health and Wellness**
 - Devotes priority and resources to sustaining practices



THANK YOU!!!!

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