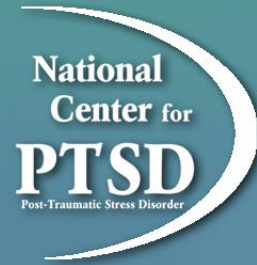


Vicarious Traumatization: Towards Recognition & Resilience-Building

**Fred D. Gusman, M.S.W.
National Center for PTSD
Director,
Education Division;
VISN 21 Co-Chair Mental Health Leadership**

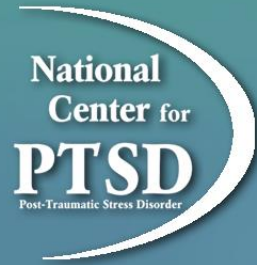
**Pamela J. Swales, Ph.D.
National Center for PTSD
Education Division**

Overview



- **Recognize Vicarious Traumatization (VT) and related concepts**
- **Describe how VT changes Basic Assumptions about self/others/world**
- **Recognize variables that increase risk of VT**
- **Recognize when VT is interfering with self or provision of care**
- **Identify methods to support/increase resilience and positive coping**

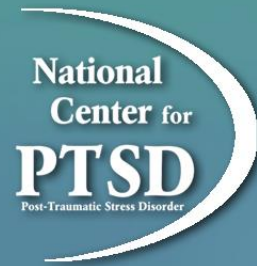
Traumatic Stress: Recognition



Major Terms:

- **Primary Traumatic Stress**
- **Secondary Traumatic Stress**
- **Vicarious Traumatization**
- **Compassion Fatigue**

1. Primary Traumatic Stress



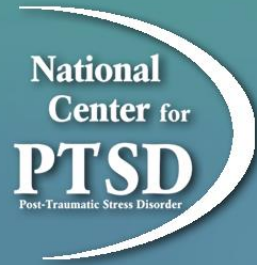
Direct exposure to, or witnessing of, extreme events and one is overwhelmed by the trauma

(Figley, 1992 at 1st ISTSS Conference)

Primary: Experience the Trauma



2. Secondary Traumatic Stress



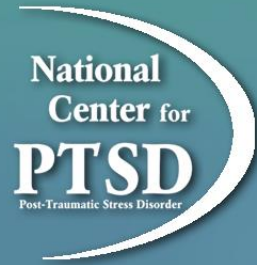
**Direct exposure to extreme events
directly experienced by another and one
is overwhelmed by the trauma**

(Figley & Kleber, 1995)

Secondary: Witness the Trauma



3. Vicarious Traumatization (VT)***



The phenomena of transmission of traumatic stress by bearing witness to the stories of traumatic events

(McCann & Pearlman, 1990)

***Vicarious traumatization can be experienced from once to numerous times

Vicarious: You Hear About the Trauma



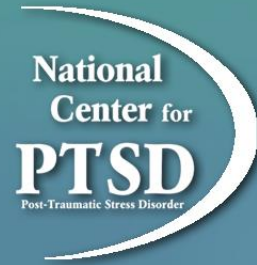
VT: Natural Process



VT is considered a NATURAL and inevitable response to spending significant time working with, or studying, trauma survivors

(Pearlman & Saakvitne, 1995)

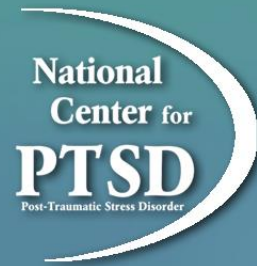
VT: Soul Weariness



There is a soul weariness that comes with caring. From doing business with the handiwork of fear. Sometimes it lives at the edges of one's life....at other times, it comes crashing in, overtaking one with its vivid images of another's terror with its profound demands for attention; nightmares, strange fears, and generalized hopelessness."

Beth Hudnall Stamm, Ph.D.

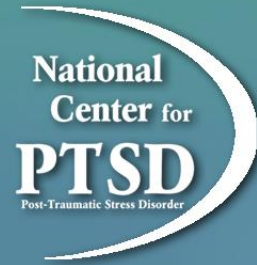
VT of the Provider: Definition



- **Vicarious traumatization :**
the transformative effect upon the provider of working with survivors of traumatic events...
- **A process through which the provider's inner experience is negatively transformed through empathic engagement with the client's trauma material**

(Pearlman & Saakvitne, 1995)

VT: What it Isn't



- **Countertransference:**
Process of overidentifying with the client or of meeting one's needs through the client (Corey, 1991)
- **Burnout:**
A state of physical, emotional, mental exhaustion caused by long term involvement in emotionally demanding situations

(Pines & Aronson, 1988)

4. Compassion Fatigue (CF): Cumulative Trauma

The **CUMULATIVE** (build up over time) of:

- **Primary Traumatic Stress**

(direct trauma experience of provider)

+

- **Secondary Traumatic Stress**

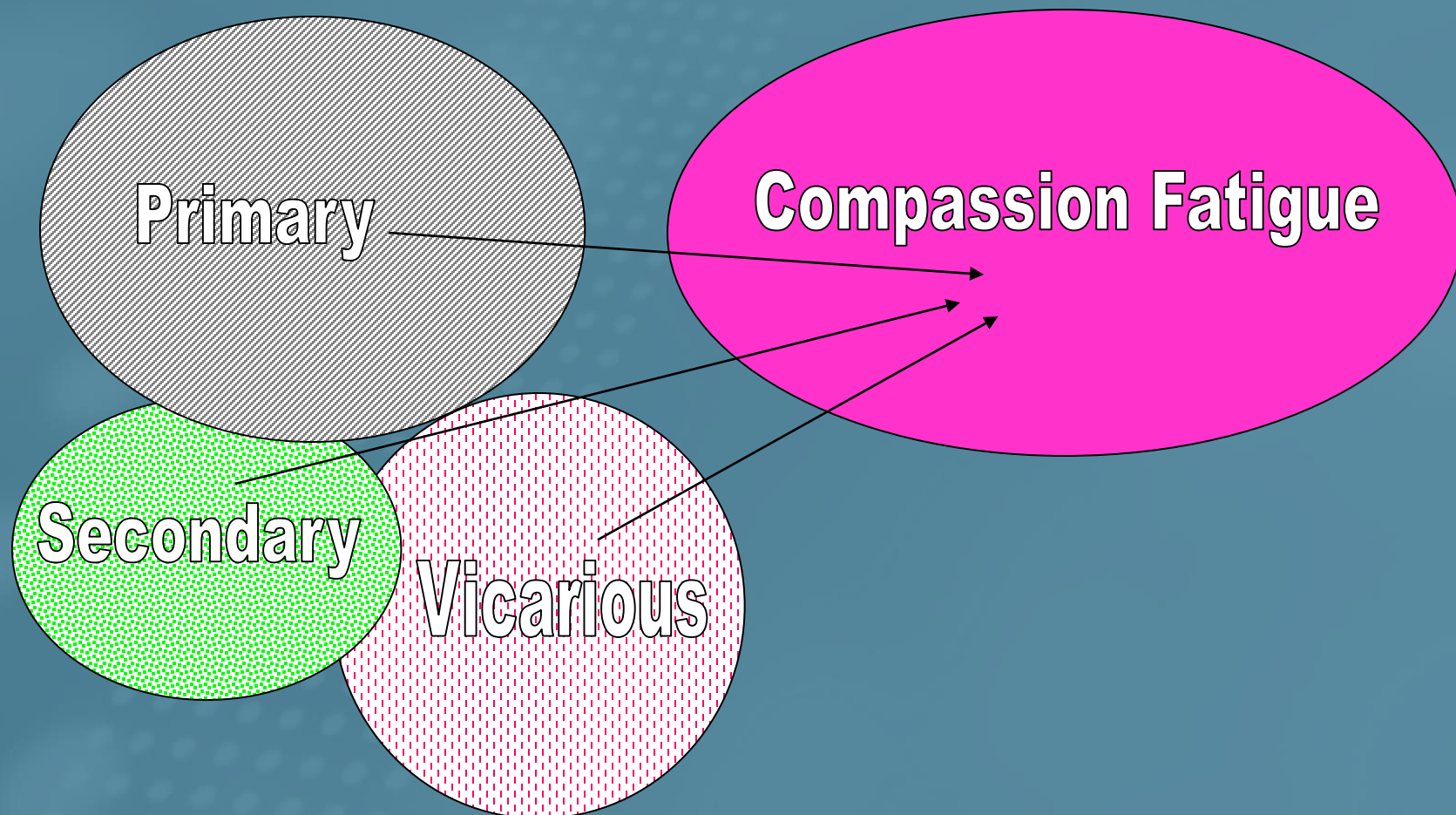
(direct witnessing of others' trauma)

+

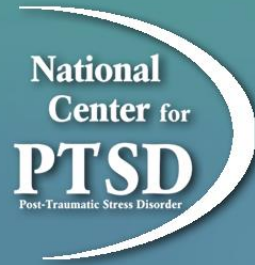
- **Vicarious Traumatization**

(bearing witness to others' trauma stories)

Traumatic Stress: Types



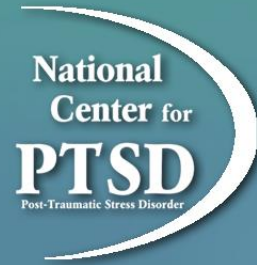
Compassion Fatigue: Symptoms



- **Preoccupation with clients' traumatic events**
- **Avoidance and numbing of events**
- **Increased negative arousal**
- **Lowered frustration tolerance**
- **Intrusive thoughts of clients' material**
- **Dread of working with certain clients**
- **Decrease in subjective sense of safety**
- **Feelings of therapeutic impotence**
- **Diminished sense of purpose**
- **Decreased functioning in a number of areas**

(Figley, 1996)

VT: Ecological Model of Trauma

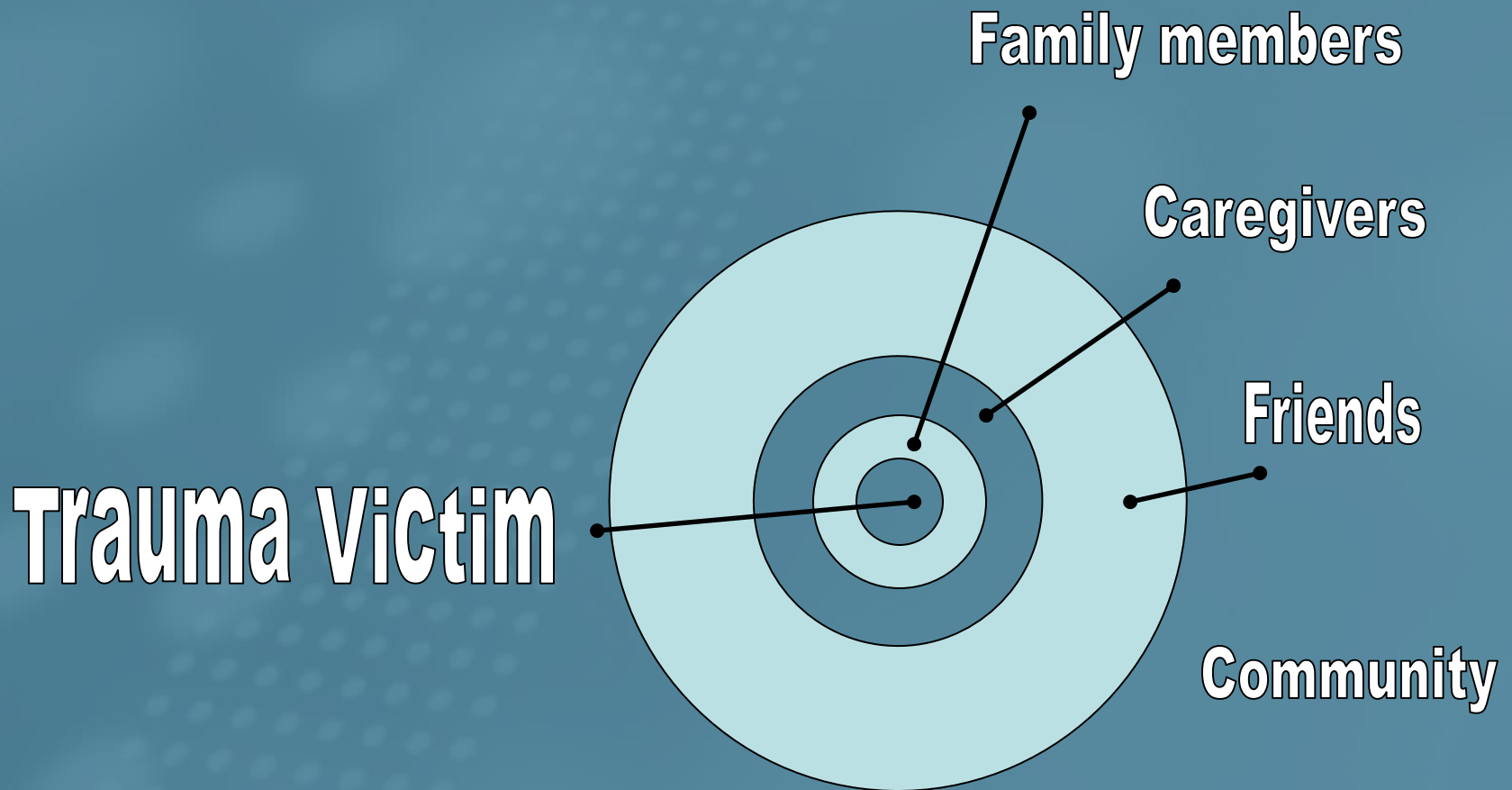


Traumatic events- great impact on the immediate survivors as well as those around them (Harvey (1996) –

Event acts like a “stone thrown into water”:

- Center = Immediate survivor/s
- Concentric rings (around the survivor/s) =
 - Family members
 - Caregiver
 - Friends
 - Community

VT: Like a Stone Thrown into Water

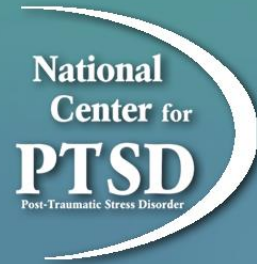


VT: Like a Stone Thrown into Water



- **Vicarious Traumatization:**
 - Those in rings CLOSEST to survivor likely to have greatest risk for developing secondary traumatic stress disorder or vicarious traumatization (Yassen, 1995)

VT: “The Intruder”



VT “Intrudes” on and disrupts- Four main areas of functioning:

- **Cognitive schemata**
- **Psychological needs**
- **Memory system**
- **World View/frame of reference**

(McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995)

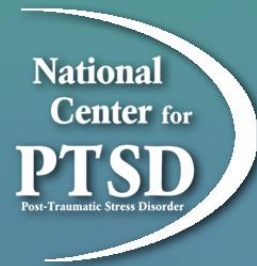
VT: “The Intruder”-1



Cognitive Schemata:

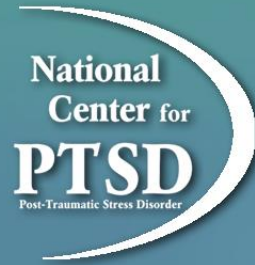
- Decreased:
 - trust
 - sense of safety
 - self-esteem
 - intimacy
 - connectedness to others
- Shattered frame of reference, world view
- Power issues

Common Cognitive Distortions



- **Catastrophizing (worst-case scenario)**
- **Minimizing (e.g. minimizing issues/situations)**
- **Discounting the Positive**
- **Dwelling on the negative**
- **All-or-Nothing thinking**
- **Mind reading (assuming you know)**
- **Self-blame**

VT: “The Intruder” -2



Psychological needs:

- Decreased self-worth
- Self-depreciation
- Hopelessness
- Helplessness

VT: “The Intruder” -3



Memory system:

- Internalization of clients’ memories
- Therapist may experience flashbacks of client’s material
- Dreams (similar to client’s material)
- Intrusive thoughts (of client’s material)
- Powerful emotional states upon reminders of traumatic material (e.g. sadness, anger)

VT: “The Intruder” -4



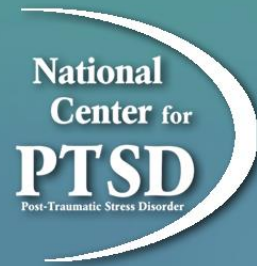
Frame of reference disrupted:

- Basic identity challenged
- Spirituality questioned
- World view may be shattered

VT: Contributing Factors-1

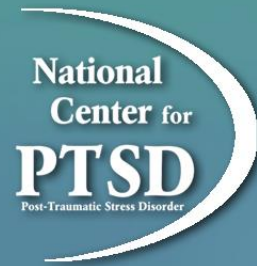
- **Proximity to the situation**
- **Relationship with the person(s) involved**
- **Element of surprise or shock**
- **Presence of interpersonal violence**
- **Having witnessed or experienced traumas, particularly--similar traumas in the past**
- **Unresolved personal issues**
- **Rekindling-subtle issues seep into therapy**

VT: Contributing Factors-2



- **Provider's Lack of:**
 - Skills
 - Knowledge base
 - Affect tolerance (self/others)
 - Understanding of ethical issues
 - Awareness of trauma's impact on self/others
 - Self-awareness
 - Professional identity
 - Administrative support
 - Competent supervision

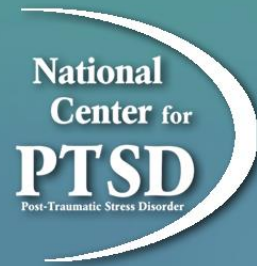
VT: Effects on Provider



The greater the percentage of trauma survivors in the provider's caseload, the greater the number VT symptoms reported

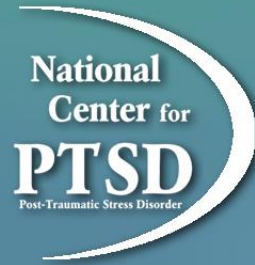
(Adams et al., 2001)

VT: Reactions/Symptoms



- **May appear soon after the event, or can be triggered at a later time by a reminder of the event (examples):**
 - Shock or disbelief
 - Irrational guilt/self-blame
 - Intrusive symptoms
 - Numbing and Avoidance
 - Increased hyperarousal
 - Irrational fear for the safety of loved ones
 - Feeling isolated and misunderstood
 - Low energy
 - Disrupted sleep/nightmares
 - Anger
 - Risk-taking/rule breaking

VT: Provider-Case Example #1



Mental Health Intern

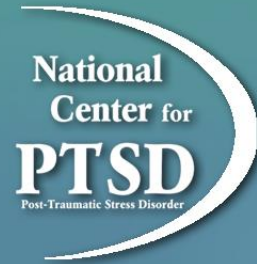
Provider's HX:

- Parents divorced
- Father : military; etoh
- Stoicism
- Setting:
 - VA Medical Center
 - Out-patient mental health services

Supervisor's observation:

“You treat etoh clients differently”

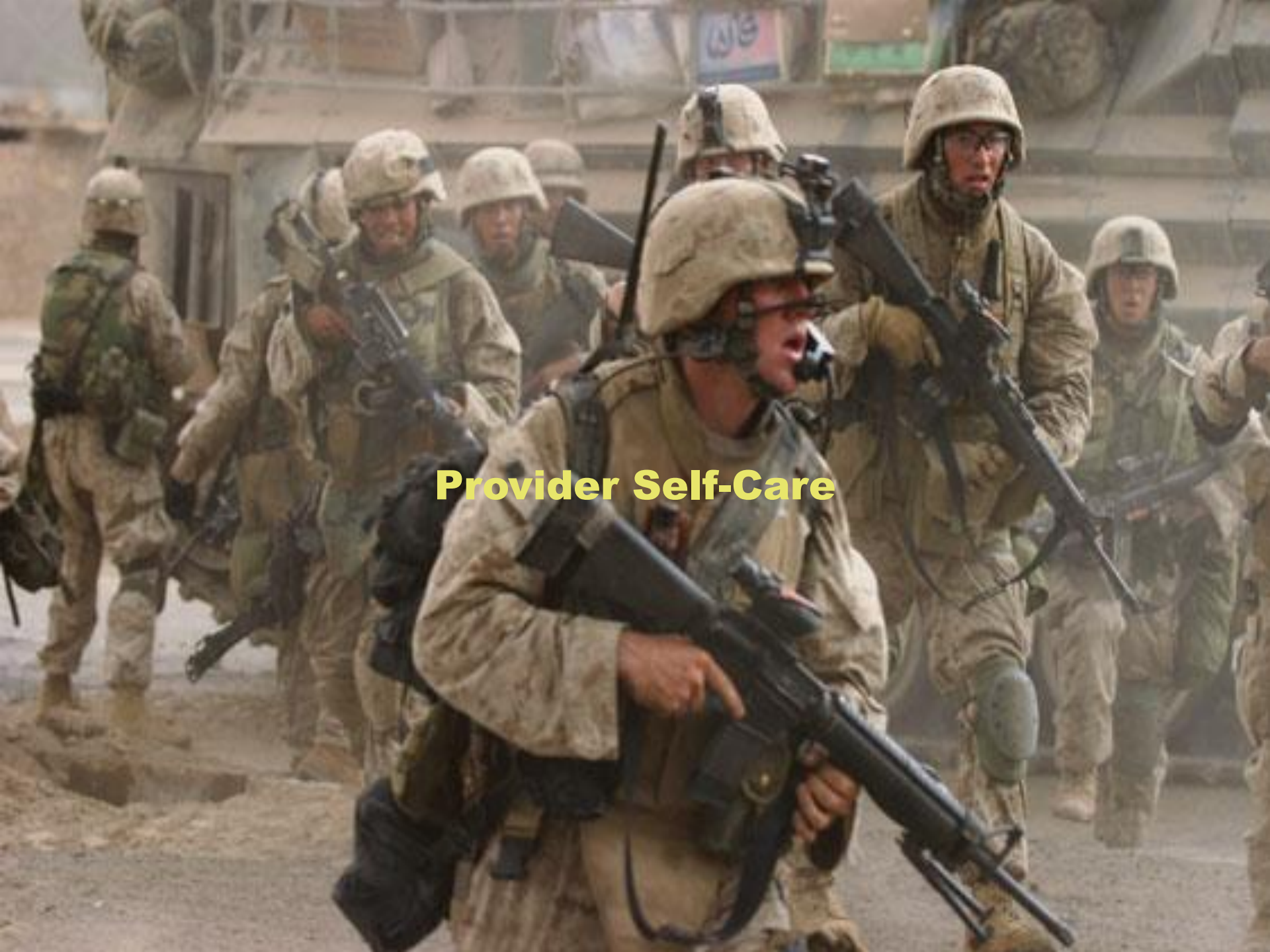
VT: Providers-Case Example #2



Workshop During Desert Storm

Anger workshop for therapists (mandatory)

- **Approx 30% of group were ANGRY**
- **Multiple issues:**
 - Felt they were abandoning patients
 - Felt abandoned by leadership
 - Underlying issues with authority figures
 - Many had symptoms of stress reactions



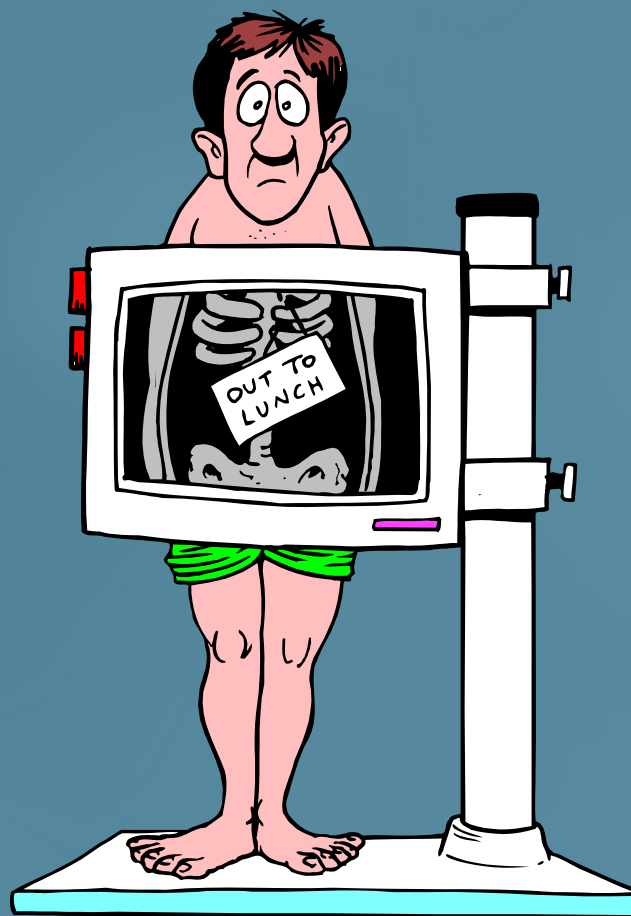
Provider Self-Care



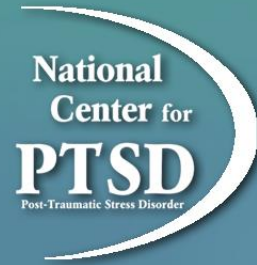
Perspectives/Reactions to Trauma are Unique

Risk/Resilience: Self-Assessment

How can I know if I am at risk for, or if I am experiencing VT or CF?



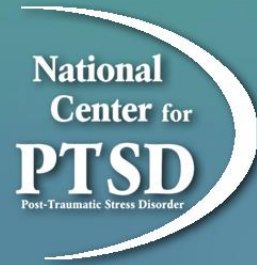
Risk/Resilience: Self-Assessment-1



Work:

- **Am I enjoying my work?**
- **Are there certain clients that are too stressful for me?**
- **How do I feel when I arrive at work?**
- **How do I feel when I leave work?**
- **Do I dream about work-related things?**
- **Do I over-identify with, or distance myself from certain clients?**

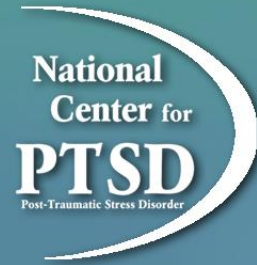
Risk/Resilience: Self-Assessment-2



Self-Care:

- **Have I noticed changes in my health?**
- **Have there been any changes in how I spend my leisure time?**
- **Am I: drinking, smoking, overeating, not getting enough sleep, etc?**
- **Is my body showing signs of stress?**

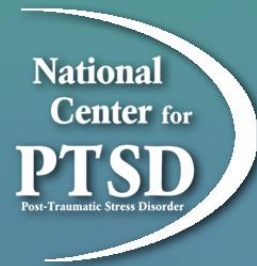
Risk/Resilience: Self-Assessment-3



Self-Capacities:

- **Has my sense of my-self changed?**
- **Do I feel worthwhile?**
- **How am I managing stress?**
- **Am I under stress?**
- **Am I making good life decisions?**
- **Should I be making big decisions right now?**
- **Do I separate my work and personal lives?**

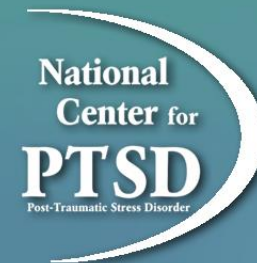
Risk/Resilience: Self-Assessment-4



Interpersonal Relationships:

- **Do I like/enjoy being with others?**
- **Do I spend meaningful time with my family?**
- **Do I feel close to others?**
- **Do I share myself more/less?**
- **Do I feel understood by others?**
- **Have I changed in the way I think/feel about others who are close to me?**

Resilience: Red Flags



- Overwhelmed
- Agitated/irritable/nervous/ “up tight”
- Isolated
- Depressed
- Lack of interest in things
- General negative attitude
- Problems falling/staying asleep
- Low energy
- Laying awake and worrying about things
- You’re not doing the things you like to do
- Work intrudes on home and personal life
- Feeling helpless/ like you can’t cope

Resilience-Personal



- **Awareness**
 - of one’s limits, emotions, resources
- **Balance**
 - among personal and professional activities
- **Connection**
 - to one’s inner self, to others, and to something “larger” (spiritual)
 - to others-breaks the silence of unacknowledged pain
 - offsets isolation
 - increases validation and hope

Resilience: Helpful Hints-1



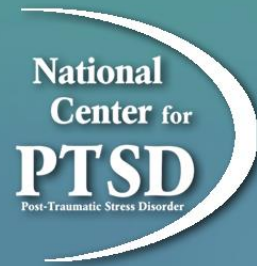
- **Acknowledge the trauma**
- **Maintain a normal schedule**
- **Create balance and separateness between work and personal lives**
- **Pay attention to basic/good self-care**
- **Do NOT “numb out” with “excesses”:**
 - alcohol/other substances
 - gambling, eating, shopping, TV, exercising
- **Minimize your exposure to traumatic stimuli**
 - This includes violent movies or TV news

Resilience: Helpful Hints-2



- **Engage in leisure activities**
- **Nurture aspects of yourself-health, creative, artistic, spiritual**
- **Know your own “red flags”**
- **“Debrief” about the event with colleagues**
- **If symptoms persist for more than a couple of weeks-see further assistance**
- **Consider personal counseling**

Resilience: Helpful Hints-3



- **Make connections/relationships**
- **Avoid seeing crises as insurmountable problems**
- **Accept that change is inevitable**
- **Set goals and actively move toward them**
- **Take decisive actions**
- **Look at problems as triggers for personal growth**
- **Nurture a positive self-view**
- **Don't blow things out of proportion**
- **Remember and use past coping, success, strengths**

(APA Task Force on Resilience, 2002)

Resilience: Professional




- **Know type of client who you can/cannot work with**
- **Refer certain clients**
- **Manage Caseload**
 - Lessen overall trauma load
 - Develop variety
 - Limit # and type of trauma clients
- **Continuing education**
- **Confide in a colleague**
- **Express emotions**
- **Seek support**
- **Obtain supervision**
- **Obtain consultation**
- **Take mental health break**

Resilience: Organizational



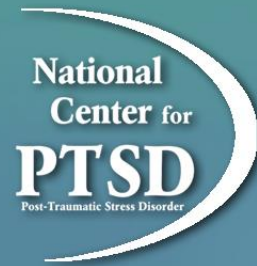
- **Reduce feelings of isolation**
- **Provide/offer**
 - Adequate funding, space, and supplies
 - Access to mental health benefits
 - Balanced/manageable caseloads
 - Inservice training to address VT/other topics
 - Acknowledgement/respect for clinician's task
 - An Atmosphere of encouragement and growth
 - Adequate resources
 - Safe physical space
- **Offer Release time**
- **Peer groups**
- **Support Informal socializing**

(Pearlman & Saaktvine, 1995)

The background of the slide is a grayscale photograph of two soldiers in silhouette, walking away from the camera through a thick, hazy atmosphere of dust or smoke. The soldier on the left is carrying a rifle. The overall mood is somber and gritty.

**Common Obstacles to Building Resilience:
Not recognizing problems
and
Not doing your own self-care**

Vicarious Traumatization: Summary



- **VT can be insidious**
- **VT can be a natural consequence of empathic listening**
- **“You are your equipment—maintain it.”**
- **Developing resiliency can support you—both personally and professionally**

