Vicarious Trauma and Resilience

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What is Vicarious Trauma?

Defining Vicarious Trauma

- **A traumatic reaction to specific client presented information**
- **Occurs with those who work with trauma survivors**
- **Often sudden onset of symptoms**
- **May begin to experience symptoms that mirror PTSD**
- **When the sense of ineffectiveness is dominant and the clinician's sense of efficacy is challenged.**

Defining Vicarious Trauma (cont'd)

- **"Vicarious traumatization refers to the cumulative transformative effect on the helper working with survivors of traumatic life events."**

(Saakvitine & Pearlman, 1996)

Defining Vicarious Trauma (cont'd)

The VT concept has been referred to by several different names…

- **Secondary trauma**
- **Secondary traumatic stress**
- **Compassion fatigue**
- **Indirect trauma**
- **Traumatic countertransference**

Vicarious Trauma (VT)/Traumatic Countertransference (TC)

- **"Trauma is contagious. In the role of witness to disaster or atrocity, the therapist at times is emotionally overwhelmed. She experiences, to a lesser degree, the same terror, rage, and despair as the patient. This phenomena is known as *traumatic countertransference* or *vicarious traumatization*."**

  (Judith Herman, 1992)

- **"Traumatic countertransference includes the entire range of the therapist's emotional reactions to the survivor and to the traumatic event itself."**

  (Judith Herman, 1992)

Vicarious Trauma (VT)/Traumatic Countertransference (TC) (cont'd)

How are the concepts of Burnout and Countertransference different from VT and TC?

- **Countertransference: identification of the therapist's repressed feelings that were triggered by their client's experiences, emotions, or problems, etc.**
- **Burnout: exhaustion of physical or emotional strength usually as a result of prolonged stress or frustration.**
  - **Can occur in any profession**
  - **Progressive as a result of emotional exhaustion**
  - **More related to work hours, work environment, etc.**

How does VT impact us as professionals?

Impact of Vicarious Trauma

- **50 % of professionals who work with trauma patients report feeling distressed**

- **30 % of trauma psychotherapists report experiencing "extreme distress."**

(see Brady et al., 1999; Figley, 1995; Kohlenberg et al., 2006; Pearlman & Mac Ian, 1995; Pope & Feldman-Summers, 1992).

Impact of Vicarious Trauma

How are we impacted by working with trauma survivors? (cognitive schemas in our brains actually change)

- **Feelings of vulnerability and fear**
- **Difficulty trusting**
- **A changed view of the world**

- **Examples……?**

RISKS OF WORKING IN THE FIELD OF TRAUMA

Risks of Trauma Work

Why are we at such risk for vicarious trauma?

- **Difficult to work with those who are not trusting**
- **Societal/cultural views of victims**
- **Lack of acknowledgement of trauma by society (i.e., marginalized or disenfranchised populations)**
- **Not always a part of education or training**
- **Limited personal and/or professional support**
- **Lack of coping skills (due to feeling overwhelmed)**
- **Personal trauma history**

- **Ideas…….?**

Vicarious Trauma (VT) Risk Factors

Characteristics of the CLIENT

- **Working with patients or others who are hostile and threatening**
- **Work with clients who may relate traumatic stories of human cruelty and intense suffering**
  - **Graphic details of the trauma**
  - **Ongoing risk of further revictimization**

(Meichenbaum, 2007)

Vicarious Trauma (VT) Risk Factors

Characteristics of the HELPER

- **Personal victimization history that is unresolved – issues of shame, guilt, anxiety, anger, etc.**
- **Lack of experience**
- **Cumulative effects of trauma and other stressors**
- **Excessive demands from self, others, or work situation**
- **Unrealistic expectations around recovery of patients**

(Meichenbaum, 2007)

Vicarious Trauma (VT) Risk Factors

Characteristics of the JOB/WORK SETTING

- **Large caseloads**
- **Large percentage of clientele who have trauma experience and suffer PTSD**
- **Cumulative exposure to traumatized clients**
- **Professional isolation**
- **Cultural clash between clients and agency**
- **Barriers to helper seeking help – concerns about confidentiality, fear of stigmatization**

(Meichenbaum, 2007)

HOW DO YOU RATE?

Self-Assessment Symptoms Checklist

- **Professional Quality of Life (PROQOL) Scale**: Compassion Satisfaction and Fatigue Self-Test for Helpers (B. Stamm, 2009-2011)

- **Self-Care Assessment** (Saakvitne, Pearlman, & Staff of TSI/CAAP, 1996)

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

_____ Eat regularly (e.g. breakfast, lunch and dinner)
_____ Eat healthy
_____ Exercise
_____ Get regular medical care for prevention
_____ Get medical care when needed
_____ Take time off when needed
_____ Get massages
_____ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
_____ Take time to be sexual—with yourself, with a partner
_____ Get enough sleep
_____ Wear clothes you like
_____ Take vacations
_____ Take day trips or mini-vacations
_____ Make time away from telephones
_____ Other:

Psychological Self-Care

_____ Make time for self-reflection
_____ Have your own personal psychotherapy
_____ Write in a journal
_____ Read literature that is unrelated to work
_____ Do something at which you are not expert or in charge
_____ Decrease stress in your life

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

SIGNS & SYMPTOMS

Signs and Symptoms of VT

- **Nervousness and anxiety**
- **Anger and irritability**
- **Mood Swings**
- **Flashbacks**
- **Difficulty concentrating**
- **Lowered self-esteem**
- **Feeling less trusting of others and the world**
- **Withdrawing from others**
- **Changes in appetite, sleep or other habits**
- **Physical changes**
- **Depression**
- **Similar to signs of PTSD**

Vicarious Trauma (VT) Common "FEELING" Signs

- **Feel overwhelmed, emotionally drained, exhausted, overloaded, and burnt out**
- **Feel angry, enraged, and sad about client's victimization; these feelings may linger**
- **Feel loss of pleasure, apathetic, depressed, despairing that anything can improve**
- **Overly involved emotionally with clients**
- **Feel isolated, detached, rejected by colleagues**
- **Experience feelings of self-doubt**

(Meichenbaum, 2007)

Vicarious Trauma (VT) Common "COGNITION" Signs

- **Preoccupied with thoughts of clients outside of work**
- **Loss of hope**
- **Question competence and experience low job satisfaction**
- **Challenge basic beliefs of safety, trust, intimacy and control. Feel heightened sense of vulnerability and personal threats.**

(Meichenbaum, 2007)

Vicarious Trauma (VT) Common "BEHAVIOR" Signs

- **May experience symptoms similar to those seen in clients**
- **Avoid listening to client's story of traumatic experiences**
- **Struggle to maintain professional boundaries with the client**

(Meichenbaum, 2007)

Vicarious Trauma (VT) Common "ORGANIZATIONAL" Signs

- **High job turnover**
- **Low morale**
- **Absenteeism**
- **Organizational contagion**

(Meichenbaum, 2007)

WAYS TO COPE

Vicarious Trauma (VT) Ways To Cope

General Guidelines

- **Manage VT rather than totally avoid it**
- **Emphasize early identification to reduce the long-term negative impact of VT**
- **Interventions need to be multi-leveled and should NOT be left up to the individual**
- **Nurture Awareness, Balance, and Connections (ABCs)**

(Meichenbaum, 2007)

The ABC's of Self Care

- **Awareness** – self awareness and self-reflection, acknowledge
- **Balance** – trauma work is not our whole lives, maintain healthy boundaries with personal/professional life
- **Connect** – share positive connections with others, seek supportive relationships with peers and friends

- **Examples……?**

SELF-CARE/ PERSONAL SUPPORT

Self-Care…What's That?

What can individuals do to support themselves?

- **Make personal life a priority**
- **Personal psychotherapy**
- **Leisure activities**
- **Spiritual well being**
- **Nurture yourself**
- **Pay attention to your own health**
- **Did someone say "Spa Day"…**

What do you do to take care of yourself?

Vicarious Trauma (VT)
Ways To Cope (cont'd)

Individual Level – Practice Self-Care

- **Increase your self-observations**
- **Remember you are not alone**
- **Normalize your responses**
- **Take time off – have fun – PLAY!**

(Meichenbaum, 2007)

PEER SUPPORT

Vicarious Trauma (VT)
Ways To Cope (cont'd)

Peer & Collegial Level - Helper Initiated Activities

- **Assess social support network**
- **Provide support, but don't overdo it**
- **Engage in "debriefing" – Develop informal opportunities to connect**
- **Participate in agency building or community building activities**
- **Continue to learn more**

(Meichenbaum, 2007)

AGENCY SUPPORT

What Can Agencies Do To Support Staff?

- **Supervision/consultation**
- **Forums to discuss Vicarious Trauma**
- **Flexible scheduling of clients**
- **Balance and Variety of Tasks**
- **Manage boundaries**
- **Education**
- **Respect/Input into decisions**
- **Environment**
- **Benefits-Mental Health Benefits, Vacation Time, Raises (i.e., 26 sessions of psychotherapy/psychiatric appointments per year)**

- *What does your agency do to support you?*

WHY DON'T WE DO MORE TO PREVENT VICARIOUS TRAUMA?

TRAUMA STEWARDSHIP

What is Trauma Stewardship?

A daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experienced by humans, other living beings, or our planet itself. By developing the deep sense of awareness needed to care for ourselves while caring for others and the world around us, we can greatly enhance our potential to work for change, ethically and with integrity, for generations to come.

van Dernoot Lipsky, 2009

3 Levels of Trauma Stewardship

Personal Dynamics –

(i.e., the overlap between personal and professional worlds)

"We can sustain our work with trauma only if we combine our capacity for empathy with a dedication to personal insight and mindfulness."

van Dernoot Lipsky, 2009

3 Levels of Trauma Stewardship (cont'd)

Organizational Tendencies –

"when people perceive their organizations to be supportive, they experience lower levels of vicarious trauma."

Jansen, 2004

3 Levels of Trauma Stewardship (cont'd)

Societal Forces –

"…individuals, and even entire cultures, build up elaborate defenses in order to keep these stark realities out of conscious awareness."

van der Kolk & McFarlane, 1996

Stress-Resistant Persons

Share traits of…

- **A sense of personal control**
- **Pursuit of personally meaningful tasks**
- **Healthy lifestyle choices**
- **Social support**

van der Kolk, 1986

Warning Signs of a Trauma Exposure Response

- **Feeling helpless and hopeless**
- **A sense that one can never do enough**
- **Hypervigilance**
- **Diminished creativity**
- **Inability to embrace complexity**
- **Minimizing**
- **Chronic exhaustion / physical ailments**
- **Inability to listen / deliberate avoidance**

Warning Signs of a Trauma Exposure Response (cont'd)

- **Dissociative moments**
- **Sense of persecution**
- **Guilt**
- **Fear**
- **Anger and cynicism**
- **Inability to empathize**
- **Numbing**
- **Addictions**
- **Grandiosity: an inflated sense of importance related to one's work**

5 Directions of Trauma Stewardship

North – Creating Space for inquiry

- **Why am I doing what I'm doing?**
- **Is trauma mastery a factor for me?**
- **Is this working for me?**

EAST – Choosing our Focus

- **Where am I putting my focus?**
- **What is my plan B?**

5 Directions of Trauma Stewardship (cont'd)

SOUTH – Building compassion and community

- **Creating a microculture**
- **Practicing compassion for myself and others**
- **What can I do for large-scale systemic change?**

WEST – Finding balance

- **Engaging with our lives outside of work**
- **Moving energy through**

FIFTH DIRECTION – A daily practice of centering ourselves

DISCUSSION

Discussion of Vicarious Trauma

Just as each person experiences trauma differently, each therapist experiences vicarious trauma differently

- **What types of cases are most difficult for you? (Give a short case example)**
- **What signs of vicarious trauma did you or do you recognize looking back?**
- **How did/do they impact your professional and personal life? (Large or small group discussion)**

If your compassion does not include yourself, it is incomplete.

The Buddha

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Specializations

Trauma Responses in:

Children with Trauma/Abuse Exposure

Child Witnesses to Violence

Law Enforcement Personnel

First Responders