



Vicarious Trauma: Impacts and Risks of Trauma Work on the Clinician

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What is Vicarious Trauma?

Vicarious traumatization is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences.



Trauma Therapist, How do you do it?

Making trauma work sustainable for the therapist
Outline of presentation

➤ Identifying Vicarious Trauma

- Differentiate the different types of VT
- Impacts on therapist and on therapy outcome
- Organizational vs Individual factors

➤ Prevention and Managing Vicarious Trauma

- Risk factors
- Protective measures
- Restorative strategies
- Best practices for before, during and after sessions
- What resources do we need

Some Data:

Caregivers:

- ▶ Most likely individuals to ignore their own needs
- ▶ 63% higher mortality rate than non-caregivers
- ▶ 1 in 5 provide 40+hr of support a week

As clinicians:

- ▶ We have the caring we do at work + caring we do for those we have at home
- ▶ Often doing much more than 40hr a week of caregiving

What is vicarious trauma?

Types of VT

- Secondary Traumatic Stress
- Empathic Distress; Compassion Fatigue
- Moral Injury
- Organizational – Systemic
- Individual – Isolation

Symptoms of VT

- Physical
- Emotional
- Cognitive
- Behavioral
- Spiritual
- Interpersonal

Risk Factors for VT

- Overwhelming workload
- Insufficient support
- Working with systems that perpetuate trauma
- Having a similar trauma history as the client



What is not Vicarious Trauma?

Does not alter inner experience

Countertransference-

- ▶ Emotional reaction to client
- ▶ Over identifying with client
- ▶ Meeting own needs through client

Burnout-

- ▶ Physical emotion mental exhaustion
- ▶ Chronic exposure to trauma stories, images or situations



Symptoms of Vicarious Trauma:



Physical:

Shock, sweating, heart rate, respiration difficulties, somatic reactions (aches and pains), dizzy, panic attacks, impaired immune system, intrusive imagery



Emotional:

Powerlessness, helplessness, anxiety, guilt, survivor guilt, anger/rage, numbness, fear, sadness, depression, hypersensitivity, emotional roller coaster, overwhelmed



Cognitive:

Diminished concentration, confusion, loss of meaning, decreased self-esteem, preoccupation with trauma, apathy, rigidity, disorientation, whirling, thoughts of harm to self or others, self-doubt, perfectionism, minimization



More Symptoms of Vicarious Trauma:



Behavioral

Clingy, impatient, irritable, withdrawn, moody, regressive, sleep disturbances, appetite changes, nightmares, hyper-vigilance, elevated startle response, substance use



Spiritual

Questioning meaning of life, loss of purpose, lack of self-satisfaction, pervasive hopelessness, anger at God, questioning religious beliefs

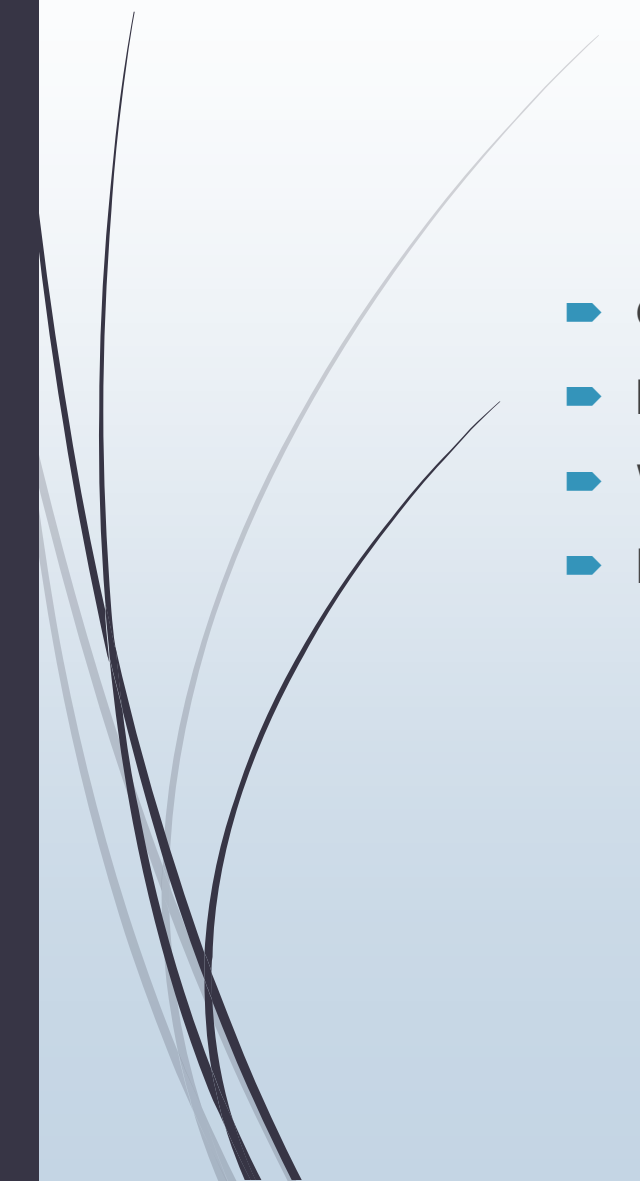


Interpersonal

Withdrawn, decreased interest in intimacy or sex, mistrust, isolation from friends, impact on parenting (protective, over-concerned, regressive), projective of anger or blame, intolerance, loneliness



Risk Factors for Vicarious Trauma

- 
- ▶ Overwhelming workload
 - ▶ Insufficient support
 - ▶ Working with systems that perpetuate trauma
 - ▶ Having a similar trauma history as the client



Zoom Fatigue

- ▶ Clients insecure about not seeing what you do beyond the screen
- ▶ Eye strain; need to keep eyes on same spot and the screen effect
- ▶ Challenges to create an energetic presence can lead to feeling incompetent
- ▶ Whole body moves less and can feel the strain
- ▶ Cumulative stress over time; exacerbated by pandemic stress



Resentment

- ▶ Felt when pushed past the breaking point or boundaries
- ▶ Can come with feelings of
 - Hopeless, Overwhelm, Anger, or Unappreciated.
- ▶ Have you ever felt you are doing things for the client when you would rather not?
 - Reduce fees?
 - Work earlier or later? Or on the weekend?
 - Give them extra time in session?
 - Add them into a full caseload?
- ▶ Try not to do more work than the client

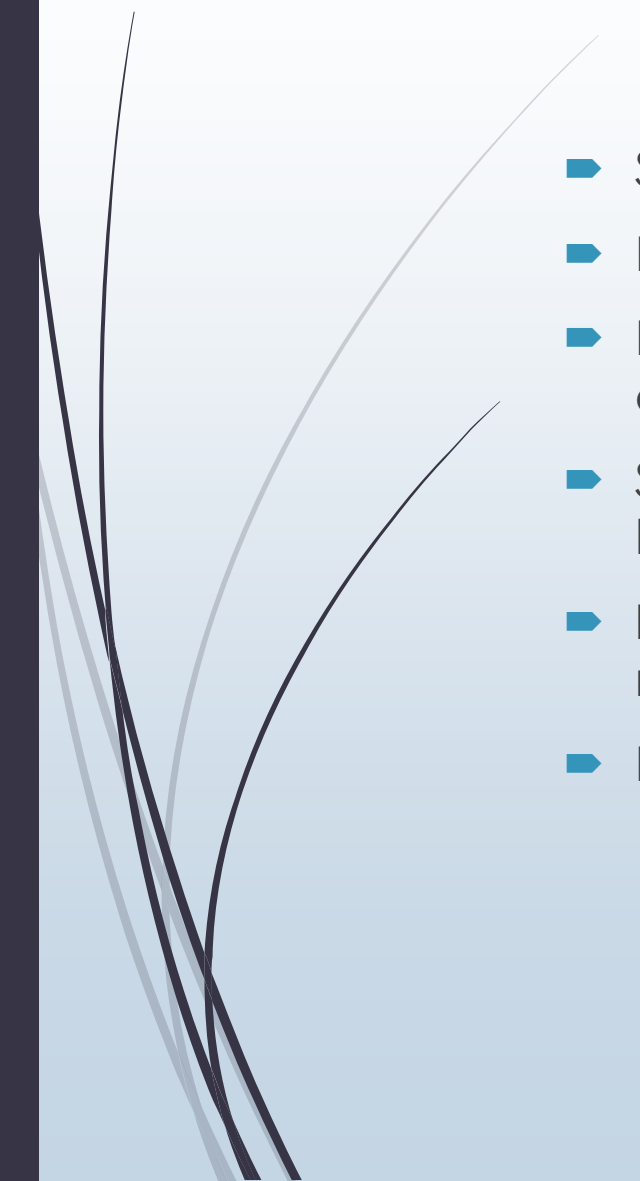


Yes, There is a Better Way!

There are steps to take
before, during, between and after a session.

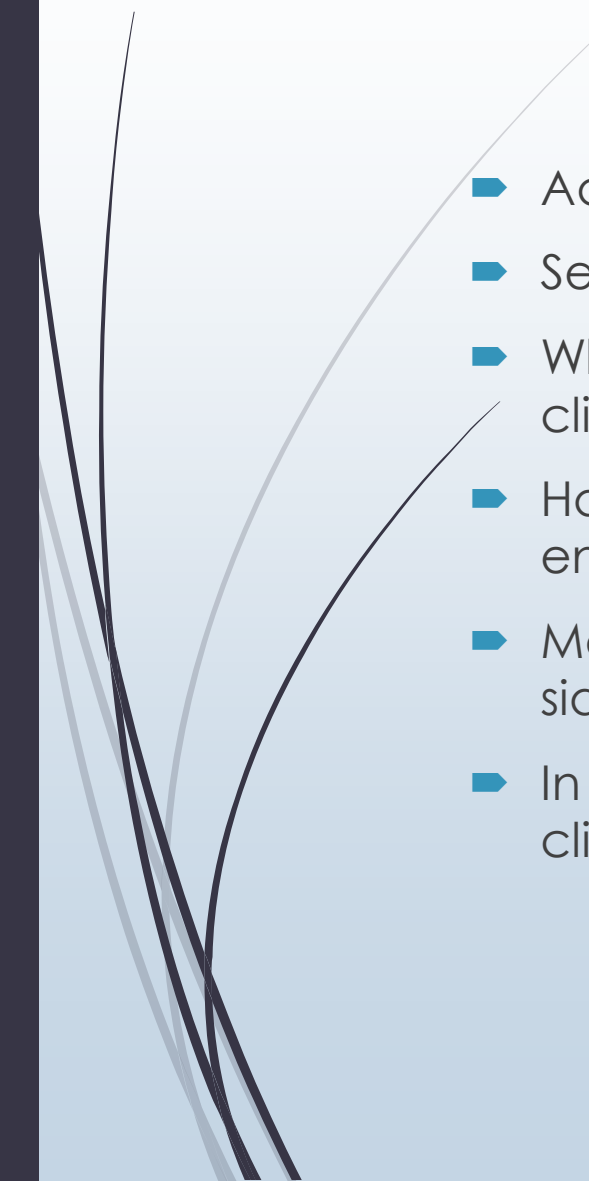


Before the Session:

- ▶ Setting up a sustainable practice is all about balance.
 - ▶ Balanced caseload, so one does not work only with intense trauma cases
 - ▶ Balance clinical work with advocacy, academia, training, supervisory work or other
 - ▶ Stagger schedule to allow space for grounding and basic self care between sessions
 - ▶ Include trauma informed supervision or consultation in the weekly or bi-monthly schedule
 - ▶ Have an ongoing hobby or interest that involves the body mindfully
- 




During the Session:

- Adopt a stance of “Lean in, but don’t fall in”.
 - Self differentiation:
 - When a clinician can feel empathy towards the client without absorbing the client’s trauma as one’s own.
 - Having a felt sense of boundary between client and therapist, while having an energetic sense of being “with” the client.
 - Maintaining a stance of awareness of their own inner experiences without getting sidetracked by it.
 - In the moment grounding, to stay present with the content and process of the client’s inner states.
- 



Between Sessions:

- 
- ▶ Yoga moves- standing, moving or sitting
 - ▶ Eye towelettes
 - ▶ Eye exercises; clockwise
 - ▶ Nutrition and fluid intake
 - ▶ Soothing nature scenes
 - ▶ Humor
 - ▶ Discussing these challenges openly with clients

After the Session:

- If VT does take over the therapist's system: TRIAGE
- Nature: Engaging tangibly in or with nature
- Movement: Releasing the stress energy out of your body through movements that active oxygen and blood flow.
- Bonus: Movement with Nature
- Hobby: Involvement and focus on an enjoyable activity unrelated to trauma work that involves the cognitive brain plus physical engagement/movement
- Social Engagement: Human interaction outside of career connections, that is safe and nurturing
- Wellness: Self care in the form of healthy sleep, nutrition, EFT tapping, massage, etc.
- Supervision: Get trauma informed supervision, where you can discuss and get support for your experiences of VT



Caring for Yourself Too:

- Belief - caring for self = selfish/contradicts professional values to care for others
- Societal value – to be good at everything = don't ask for help/weakness
- Coming here today was one thing you have already done for yourself
- Now plan in 1-2 more things this next week that you can do just for you...
- Remember they can be simple:
 - Watch your favorite program
 - Eat your favorite meal or dessert (healthy)
 - Be outside for a few minutes to soak up the sun and breath in the fresh air.
 - Hug the family pet
 - Call a friend
 - Use nice smelling soap in the shower to relax or invigorate you
 - Doodle or color



Words of Wisdom

- Realize your full potential.
- Realize that each caregiver is different and how we react or deal with our stressors is different.
- There is no right way to heal. But there are healthy ways to deal.
- Moving forward- one day at a time.
- Be realistic about what you can/cannot change
- Educate family/co-workers on VT
- Know the potential negative aspects of work.
- How to protect from, prepare for and recover from
- Don't just survive; thrive!



Practice...
and notice what happens to your own stress levels.

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Special Section: First Responders

A first responder is a person with specialized training who is among those responsible for going immediately to provide assistance at the scene of an emergency, such as an accident, natural disaster, or terrorism.

First Responders:

- ▶ EMT's
- ▶ Police Officers
- ▶ Fire Fighters
- ▶ 911 Dispatchers
- ▶ Emergency Room Doctors
- ▶ Hospital Nurses
- ▶ Forensic Specialists
- ▶ Funeral Workers
- ▶ Coroners
- ▶ Disaster Journalists



Risk Factors:

Micro Level:

- Job requires shutting down of emotions to provide emergency aid.
- Nature of job is constant attending to crises with insufficient or no time to process emotions.
- Bearing witness to horrifying scenes that most people don't witness creates a sense of being in "another existence".
- Expectations that they are "strong" and can handle it.
- Confidentiality of job leads to more isolation.
- Moral injury from the inability to save everyone.

Macro Level:

- These jobs are part of larger systems beyond the control of individuals.
- Systemic Oppression in those systems, both for the first responders and the individuals they serve.
- Scope of crises larger than individual's ability to help.
- View of impact on society or on planet, yet powerless to make large scale change.
- Impact can be denied by others who choose to disagree about reality
- Moral injury when policy of systems goes against values.

Symptoms of Vicarious trauma in first responders:

Psychological

- Recurrent Nightmares
- Hypervigilance
- Irritability
- Expecting disaster much of the time.
- Easily triggered
- May develop PTSD

Emotional

- Mental and emotional exhaustion
- Depression or Low energy
- Numbness of feeling emotions
- Unexpected emotional outbursts
- Cynicism in the greater good they do
- Contemplating quitting job

Social

- Difficulty getting along with others
- Feeling isolated and not understood
- Loss of interest in other activities
- Losing faith in the systems they work in
- Sense of despair
- May develop depression

Managing Vicarious trauma in first responders

Focus:

Focus on expert performance of task

- Focus on the here and now and the immediate positive outcome from the assistance.

Debrief:

Speak to someone professional who would understand

- Take time to talk to someone about the positive achievements and successes.

Balance:

Take breaks or mini-breaks from being on-duty

- Release stress through physical, mental and emotional immersion in a different activity.

The Peace Prayer

Lord, make me an instrument of your peace.

Where there is hatred, let me bring love.

Where there is offence, let me bring pardon.

Where there is discord, let me bring union.

Where there is error, let me bring truth.

Where there is doubt, let me bring faith.

Where there is despair, let me bring hope.

Where there is darkness, let me bring your light.

Where there is sadness, let me bring joy.

O Lord, grant that I may not so much seek

to be consoled as to console,

to be understood as to understand,

to be loved as to love,

for it is in giving that one receives,

it is in self-forgetting that one finds,

it is in forgiving that one is forgiven,

it is in dying that one awakens to eternal life.

References:

- Albott, C. S., Wozniak, J. R., McGlinch, B. P., Wall, M. H., Gold, B. S., & Vinogradov, S. (2020). Battle buddies: rapid deployment of a psychological resilience intervention for health care workers during the coronavirus disease 2019 pandemic. *Anesthesia and analgesia*.
- Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology*, 20(4), 296.
- Berzoff, J., & Kita, E. (2010). Compassion fatigue and countertransference: Two different concepts. *Clinical Social Work Journal*, 38(3), 341-349.
- Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and empathy. *Journal of Traumatic Stress*, 24(6), 735-742.
- Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570.
- Ellis, C., & Knight, K. E. (2018). Advancing a model of secondary trauma: consequences for victim service providers. *Journal of interpersonal violence*, 0886260518775161.
- Garber, D. (2020). *Counseling Needs of First Responders*.
- Greinacher, A., Derezza-Greeven, C., Herzog, W., & Nikendei, C. (2019). Secondary traumatization in first responders: a systematic review. *European journal of psychotraumatology*, 10(1), 1562840.

References, continued

- Helm, H. M. (2010). Managing vicarious trauma and compassion fatigue. Retrieved October, 6, 2010. Hinz, L. (2019). Beyond Self-Care for Helping Professionals: The Expressive Therapies Continuum and the life enrichment model. New York: Routledge.
- Lonn, M. R., & Haiyasoso, M. (2016). Helping counselors “stay in their chair”: Addressing vicarious trauma in supervision. VISTAS 2016.
- Ludick, M., & Figley, C. R. (2017). Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*, 23(1), 112.
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World psychiatry*, 15(2), 103-111.
- Molnar, B. E., Sprang, G., Killian, K. D., Gottfried, R., Emery, V., & Bride, B. E. (2017). Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology*, 23(2), 129.
- Rappaport, L. (2014). *Mindfulness and the Arts Therapies: Theory and practice*. London: Jessica Kingsley.
- Lewis-Schroeder, N. F., Kieran, K., Murphy, B. L., Wolff, J. D., Robinson, M. A., & Kaufman, M. L. (2018). Conceptualization, assessment, and treatment of traumatic stress in first responders: a review of critical issues. *Harvard review of psychiatry*, 26(4), 216.