

# Taking Care of Self Handling Job Stress and Coping with Daily Trauma

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## Definition of Trauma

- Trauma can generally be defined as an exposure to a situation in which a person is confronted with an event that involves actual or threatened death or serious injury, or a threat to self or **others'** physical well-being (American Psychological Association, 2000).
- Clients reactions to traumas are typically intense fear, helplessness, or horror. As a result of the trauma, the person may experience severe anxiety or arousal that was not present prior to the trauma. (APA, 2000).

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## Vicarious Trauma

- 1990 -McCann and Pearlman first identified the phenomena of vicarious trauma (VT).
- Definition:
  - A cumulative transformative effect upon a therapist resulting from empathic engagement with traumatized clients.

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## Vicarious Trauma

- Various terms have been used to describe the stress resulting from helping a traumatized person, including “secondary traumatic stress,” “compassion fatigue,” (Figley, 1995, 1999) and “vicarious traumatization/trauma” (Pearlman & Saakvitne, 1995; Schauben & Frazier). Wilson and Lindy (1994) describe this experience as a form of posttraumatic stress disorder (PTSD) among therapists, who without direct exposure to a traumatic event will display symptoms almost identical to those of PTSD.

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## Vicarious Trauma

- Vicarious trauma has been defined as “the transformation that occurs in the inner experience of the therapist (or worker) that comes about as a result of empathic engagement with the clients’ trauma material (Pearlman & Saakvitne, 1995)

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## Vicarious Trauma

- Herman (1997) referred to this personal response as traumatic countertransference, from which the therapist experiences the same terror, rage, and anguish as the patient, albeit to a lesser degree.

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### Effects of Vicarious Trauma

- Clinical traumatic engagements can have deleterious effects on the therapist, including:

physical, emotional and cognitive symptoms similar to those of their traumatized clients.

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### Effects of Vicarious Trauma

- Pearlman & Saakvitne, 1995
  - Vicarious trauma involves a profound change in the core aspects of the therapist's self.
  - These changes involve disruption in the cognitive schemas of counselor's identity, memory system, and belief systems

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### Effects Vicarious Trauma

- Physiological symptoms that resemble posttraumatic stress reactions, which may manifest themselves either in the form of intrusive symptoms, such as flashbacks, nightmares, and obsessive thoughts, or in the form of constrictive symptoms, such as numbing and dissociation (Beaton & Murphy, 1995).

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### Literature Concerns for Vicarious Trauma

- Harrison and Westwood (2009) write that there is a consensus in the literature that a paucity of empirical evidence on the definitive factors that may contribute to Vicarious Trauma, and the practices that prevent or ameliorate its harmful effects exists.

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### Literature Concerns for Vicarious Trauma

- Of equal importance is an understanding of what protects and sustains clinicians in their work with traumatized populations (Harrison & Westwood, 2009).

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### Vicarious Trauma: Distinct from Countertransference

- The key is whether the changes in the therapist are destructive. It depends largely on the extent to which the clinician is able to engage their own process of integration and transformation of the clients' material.

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### Countertransference Vicarious Trauma

- Countertransference refers to a counselor's emotional reaction to a client as a result of personal life experiences
- Vicarious Trauma is a direct reaction to traumatic client material and is not a reaction to past personal life experiences.

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### Secondary Traumatic Stress (STS)

- Figley (1995) posits that it's the cost for caring for others in emotional pain.
- It's a syndrome of sympathy that parallels those of Post Traumatic Stress Disorder (PTSD).
- It's a natural, treatable and preventable consequence of empathic engagement with suffering people.
- Figley popularized the term Compassion Fatigue used to described burn out among nurses.
- Compassion Fatigue and STS are used interchangeably

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### Vicarious Trauma and Secondary Traumatic Stress One in the Same

- Factors include
- The number of traumatized clients in a therapists case load appears to be a factor related to development of STS
- Younger clinicians those with less than a masters degree were found to be more vulnerable. (See Adams & Riggs, 2008).
- Research was inclusive (or contradictory ) with regard to personal history of trauma (Avery, 2001).

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Harrison & Westwood's (2009)  
research findings

- Sample of 6 exemplarily clinicians engaged in protective practices that mitigate risks of Vicarious Trauma
- Nine major findings

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Countering Isolation  
Professional, Personal and Spiritual

Supervision as Relational Healing

- Regardless if it takes place within an informal peer group, an organizational setting, or as a paid consultation, **supervision** can assist in decreasing isolation. **Supervision** may even diminish feelings of shame about VT symptoms. **Supervision** can enhance self-awareness and the ability to self-monitor.

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Countering Isolation

- Training, Professional development, and Organizational support.
  - These practices anchor one in a professional community, which decreases isolation, anxiety, and despair that can arise when clinicians feel solely responsible for redress of daunting and highly distressing experiences of the client.

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## Countering Isolation

- Diversity of professional roles.
  - Diversity expands a professional’s role and puts them into contact with a larger community, thus allowing for a sense of interconnection and renewed hope.
  - (i.e., some combination of direct practice, teaching, supervision, etc.).

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## Countering Isolation

- **Personal Community**
  - The ability to maintain a balance and to separate work from personal life.
  - The ability to look for and have relationships outside professional domains for levity and joy, to counterbalance or expand the restricted and skewed perspective on life that they otherwise risk developing based on the frequent and repeated stories of suffering and cruelty to which they are exposed to at work.

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## Mindful Awareness: Integrated Practice of Spirituality

- Includes curiosity and holistic awareness of one’s experience in relation to both external and internal environments.
- Here-and-now thinking to help stay calmly focused and grounded, allows one to be less reactive and engage with greater equanimity.
- Mindfulness practice allows for connection between mind, body, and spirit.

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Consciously Expanding Perspectives to Embrace Complexity

- Consciously challenge negative cognitions to expand perspectives when caught in despair.
- Embracing cognitive complexity, tolerate ambiguity, and simultaneously hold multiple perspectives so that one can accept the inevitability of pain and suffering as well as life's potential for beauty, joy and growth.
- The ability to recognize that positive growth does not diminish or efface agonizing pain; rather, pain and positive transformation coexist.

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Active Optimism

- The belief that people can heal is central to a positive disposition, which envelops and underlies the phenomena of clinicians who manage well in their work with clients who have experienced serious traumatic events.
- Approach problems as solvable. When the scope of the problem is too large, look at what small part can be addressed, which may take the form of advocacy or self-talk to let go of anger and dwell in acceptance

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Active Optimism

- Use heightened self-awareness to recognize how work is affecting you.
- Consciously develop a plan or personalized set of strategies to counter VT.
- Create time and space for self-care practices to restore balance in life.
- Purposefully develop strategies to separate work and personal life.
- Consciously seek out opportunities for laughter or to take in beauty and pleasure in life.

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Holistic Self-Care

- Walking the talk.
- Attend to:
  - Physical (e.g., healthy diet, ample sleep, holding and being held).
  - Mental ( e.g., training, continuing education, mindful awareness).
  - Spiritual (e.g., meditation, creating meaning and purpose).
  - Emotional (e.g., personal therapy, trusting relationships, laughter and joy, release or redirection of anger).

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Maintain Clear Boundaries and  
Honoring Limits

- Hold realistic expectations of self, others, and the world, and do not confuse the ideal with the actual or the likely.
- Recognize that change unfolds slowly, in small increments, and that large scale change is a community rather than an individual responsibility.
- Maintain clear boundaries with regard to the distinction between empathy and sympathy.

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Boundaries and Limits

- Maintain firm interpersonal boundaries that are sufficiently permeable to allow intimate connections within the context of present-oriented professional relationship “with the person here and now”, without losing personal perspective.
- Differentiate between your own worldview and those of traumatized clients with whom you empathize.

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Exquisite Empathy

- Clinicians who maintain clarity about interpersonal boundaries are able to get very close without fusing or confusing the client’s story, experience, and perspectives with their own, this exquisite kind of empathic attunement is nourishing for therapist.
- For many clinicians the ability to establish a deep, intimate, therapeutic alliance based upon presence, heartfelt concern, and love is an important aspect of well-being and professional satisfaction for many clinicians.

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Professional Satisfaction

- Organizational cultures and managerial styles that value therapist expertise and afford practitioners greater professional autonomy further contribute to professional satisfaction

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Creating Meaning

- Recognize the importance of the ability to create or perceive meaning, regardless whether through belief in an ultimate universal goodness, an elusive transcendent greater purpose, a commitment to family, work, and/or community building, or a sense of interconnection with the efforts of others in continuity over time.
- The capacity and process of making meaning beyond concrete events helps to contextualize and reduce the threat of trauma (van der Kolk & McFarlane, 1996).

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