

Vicarious Traumatization

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Vicarious Trauma

McCann & Pearlman, 1990:

- A normal and inevitable stress reaction experienced by therapists and researchers who are exposed to disclosures of traumatic images and materials by clients and research participants, in which therapists or researchers experience enduring changes in the manner in which they view self, others and the world.

Three Key Elements of VT

- Repeated exposure to clients' traumatic experiences could cause a *shift* in the way that trauma counselors perceive themselves, others, and the world.
- VT characterizes the *cumulative* effects of working with survivors of traumatic events, such as rape, incest, child abuse and/or domestic violence on the therapist. The effect on workers intensifies over time and with multiple clients.
- VT is *pervasive*, affecting all areas of a therapist's life, including emotions, relationships and world perceptions.

Related Concepts

- Secondary Traumatic Stress
- Compassion Fatigue

Often times, these concepts are used or stated in the place of VT however; they are not the same.

Vicarious Trauma

Vicarious Trauma is repeated exposure to traumatic experiences. VT builds up over time and affects many areas of your life including personal relationships, work performance and one's perception of the world. Therapeutic intervention may be needed to reverse the effects of VT.

Secondary Trauma

Secondary Trauma can occur following one single event. During any kind of interaction between adult caregiver and a traumatized child or professional and client, Secondary Trauma can occur. This is not a cumulative effect, and it may or may not affect different areas of life.

Compassion Fatigue

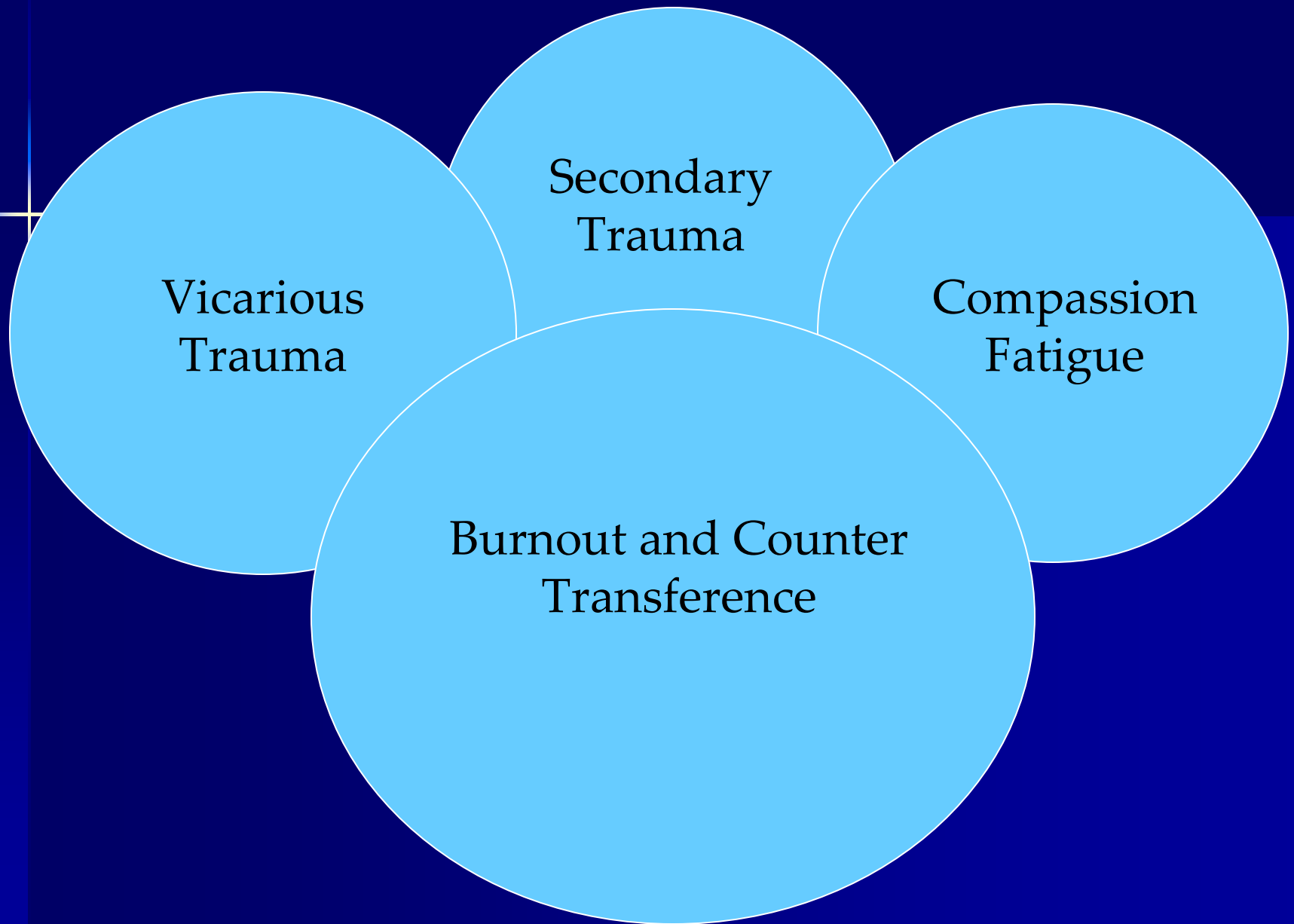
Compassion Fatigue is a state experience by those helping people in distress. It is an extreme state of tension and pre occupation with the suffering of those being helped to the degree that it becomes traumatizing for the helper.

Look Out For....

- Burnout: Burnout is the result of general psychological stress. One's physical environment, work hours or personal life can cause concrete stress. This differs from VT as VT is a reaction to specific, client presented information. It is possible to have burnout and VT at the same time.

Counter Transference

- Counter transference: A condition where the therapist, as a result of the therapy sessions, begins to transfer the therapist's own unconscious feelings to the patient.



Words of Wisdom

“The Expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Remen, *Kitchen Table
Wisdom*

Why Professionals Are at Risk for Developing Vicarious Trauma

Empathy – become vulnerable to internalize the child's or adult's trauma related pain.

Insufficient Recovery Time – listen to traumatic events over and over, 24/7, don't have time off to heal or distance away. Small stresses are cumulative and add up!

Unresolved Personal Trauma – have own trauma that is "reactivated" when talking with child, increased risk for internalizing.

Children are the most vulnerable members of society - young children are completely dependent on adults when maltreatment happens, which evokes strong reactions in a person who cares about children. Caregivers have an increased risk for strong emotional reactions.

Empathy Is the Key

Empathy is the ability to identify with another person, to understand and feel another person's pain and joy.

The cumulative impact of trauma clients' stories and reenactments can carry enormous emotional costs for therapists.

Vicarious trauma happens because you care about people who have been hurt.

When you identify with the pain of people who have endured terrible things, you bring their grief, fear, anger, and despair into your own awareness and experience.

Empathy Continued

- Vicarious trauma happens not only because you care about people who have been hurt, but because you feel committed or responsible to help.
- Your commitment and sense of responsibility can lead to high expectations and eventually contribute to your feeling burdened, overwhelmed, and perhaps hopeless.

Recognizing My Own VT

- Has VT affected my world view?
- Has VT affected my personal relationships?
- Has VT affected my sense of hope or meaning in life?

Physical Indicators

- Headaches
- Stomach aches
- Lethargy

Personal Indicators

- Self-isolation
- Cynicism
- Mood swings
- Irritability with spouse/family

Workplace Indicators

- Avoidance of certain clients
- Missed appointments
- Tardiness
- Lack of motivation

The Effects of VT

- Persistent feelings of fear and vulnerability to assault
- Difficulty trusting others
- Intrusive thoughts of violence
- Hopelessness regarding making a difference in clients' lives
- Cynical view of the world

How to Address VT

3 levels:

- I. Professional Life
- II. Organizational Level
- III. Personal Life

Professional Life

- Professional Connection
- Supervision and Consultation
- Advanced Training
- BALANCE

Organizational Level

- Organizational Support
- Networking with Other Therapists
- BOUNDARIES

Personal Life

- Creating Space to be Human
- Physical Activity
- Spirituality
- Social Activism
- Personal Therapy
- VT Consultation

Parallel Emotional Reactions

- Workers or foster parents may find themselves experiencing symptoms that mirror their clients, such as nightmares, dissociation, anger and other elements of PTSD.
- VT reactions to client-presented traumas are *normal and adaptive*.
- This is a painful, but *preventable* process for workers.

How Are You Taking Care Of Yourself?

- Do you have so much vacation time built up that you could never use it all?
- When was the last time you took the day off to relax?
- How do you “treat” yourself?
- Do you find yourself soothing or treating more often than you used to?

Inappropriate Methods of Soothing

- Over Eating
- Over Spending
- Co Dependent Relationships
- Alcohol/Drugs
- Inappropriate Sexual Outlets

Appropriate Methods of Soothing

- Relaxation
- Brief Meditation
- Exercise of Discipline
- Recognize that you have a choice and that it's ok to say NO.

Limit Your Exposure to Trauma

- If you are a foster parent, be careful not to take too many traumatized children into your home. If you are over-extended, you risk re-traumatizing them by not being able to meet their emotional needs.
- To be truly compassionate and helpful, learn and stick to your own limits about what you can and can not handle, not what (you think) others expect you to be able to handle.
- There is a preferred time and place to talk about past trauma (in therapy or during private time, not at church, school, or during family breakfast).

Finding Consultation

(information, advice, help and support)

- In my organization
- Among my colleagues
- In my personal life

Who? What kind of help?

Don't Wait Until You Can't Handle Any More

- If you are having problems get help **right away**.
- Be honest with yourself if the things your client's or children tell you are bothersome.
- When speaking with children, reinforce that abuse is **never** the child's fault, *and neither are your struggles with it.*

BEWARE of the “Yes, but...” Syndrome

- Have you been sitting in this training thinking that the advice is good for others, but **your** family or job has too many immediate needs to put your self-care first?
- Would you say “Yes, but...” if a doctor told you lifestyle changes would **save your health** and give you more years with your family?
- If you find yourself making excuses, ask people you trust to help you stay on track.

Processing This Difficult Work

What I Still Need...

Thanks, Thanks and More Thanks!

- Thanks for all the work you do everyday for children. Never minimize your importance and significance.
- Remember 100 years from now, it will not matter how much money was in my bank account, the type of house I lived in, or the kind of car I drove, but what will matter is that *I was important in the life of another.*

Conclusion

- Know what Vicarious Trauma is
- Know what symptoms/indicators to look for
- Know your limits
- Know your support system and use it
- Take advantage of all your resources

Resources

- APAC for support/training/answers to questions www.casapac.org
- ADAP for help with school issues www.adap.net
- ARC help for children with mental retardation www.thearc.org
- www.ChildTrauma.org
- www.CrisisCounseling.org
- The Traumatic Stress Institute (860) 644-2541
<http://www.tsicaap.com>
- The Traumatology Institute School of Social Work FSU (850)644-4751
<http://learningforlife.fsu.edu/traumatology>
- International Society for Traumatic Stress Studies (ISTSS) (847)480-9028
<http://www.istss.org>

Resources

- The Cost of Sharing: Secondary Traumatic Stress. David Conrad, LCSW. Vol. XVIII No. 3 The Secondary Trauma Prevention Project: sponsored by the Colorado Department of Human Resources. Fall 2004
- The Cost of Sharing: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families. Bruce D. Perry, M.D., Ph.D. The Child Trauma Academy. 2003
- Daddy, Are we going to have World War III? Understanding and Dealing with Secondary Trauma in Children. Michael G. Conner, Psy.D, Clinical, Medical & Family Psychologist. Published in the Family News, 2001
- Strategies for Reducing Secondary or Vicarious Trauma: Do they work? Ted Bober, MSW, Cheryl Regehr, PhD. Oxford University Press. December 30, 2005.
- C.R. Figley: Compassion fatigue: Coping with secondary traumatic stress in those who treat the traumatized
- David Conrad: Secondary Trauma and Foster Parents: Understanding its Impact and Taking Steps to Protect Them
- Marc Parent: Turning Stones: My Days and Nights with Children at Risk
- Rachel Remen: Kitchen Table Wisdom