

Vicarious Trauma



This fact sheet summarises the Ask LOIS webinar on this topic, presented by Priscilla McCorrison, Accredited Mental Health Social Worker Specialist in Trauma caused by interpersonal violence on 19 August 2015. This webinar can be viewed for free at www.asklois.org.au/webinars/past-webinars.

What is vicarious trauma?

- Vicarious trauma has been “described as a transformation in a therapist (or other worker) as a result of working with clients’ traumatic experiences.” (Morrison, 2007)
- It is “the transformation that occurs in the inner experience of (the worker) that comes about as a result of the empathic engagement with client’s trauma material” (Pearlman & Saakvitne, 1995).
- “the profound negative changes in our worldview due to the exposure to traumatic content of clients” (Saakvine & Pearlman, 1996)
- It can lead to the worker experiencing the same kind of physiological symptoms that their traumatised clients experience such as hyper-arousal, intrusions and constrictive symptoms.
- There are different levels of vicarious trauma depending on the type and level of exposure to trauma.

Impact on workers and common trauma responses

- It can lead to the worker experiencing the same kind of physiological symptoms that their traumatised clients experience such as hyper-arousal, intrusions and constrictive symptoms.

Intrusive reactions	<i>avoidant reactions</i>	<i>hyper-arousal reactions</i>
dreams/nightmares, flashbacks, obsessive thoughts, physiological reactions and other persistent re-experiencing of the Traumatic event	general numbing in responsiveness feeling less alive or interested in your life and avoidance particularly of things related to the traumatic material	hyper-vigilance and difficulty concentrating, feeling angry, anxious, irritable, increased startle response

- Workers could experience changes to the way they view the world.
 - Feeling that the world is no longer a ‘safe place’ (for themselves and/or others);
 - Feeling helpless in regard to taking care of themselves or others;
 - Feeling their personal freedom is limited;
 - Feelings of alienation (their work separates them from others).(Morrison 2007)

Why does vicarious trauma happen?

- Measures of exposure to trauma and vicarious trauma have been found in clinical research to be related. (Bell, H, Kulkarani, S & Dalton, L, 2003)
- Exposure to trauma is the clearest predictor of vicarious traumatization. Related to this, ‘caseloads’, or the extent of trauma exposure, have been found to be predictive factors of vicarious traumatization.(Morrison, 2007)



How does vicarious trauma happen?

- “Empathy is made possible by a special group of nerve cells called mirror neurons, at various locations inside the brain. These special cells enable us to “mirror” emotions....
- The same neural systems get activated in a part of the cortex called the insula, which is part of the mirror neuron system, and in the emotional brain areas associated with the observed emotion.
- However, the amount of activation is slightly smaller for the “mirrored experience” than when the same emotion is experienced directly.” (“Terms of Empathy, Author: Thomas May- <http://www.g2conline.info/852>)

Using therapeutic strategies

- Compassion ...(is the) nonjudgmental awareness and appreciation of the predicament and suffering of others (and oneself), with the felt desire to relieve that suffering and increase well-being. Although a similar construct, *empathy*, entails expressed understanding and appreciation of the client’s experience and difficulties, compassion includes a positive emotional state, involving feelings of unconditional caring, kindness, and warmth that are directed to others regardless of the actual or presumed qualities or “lovability” of that person (Chapter 19 in C.K. Germer & R.D. Siegel (Eds.) (2012), *Compassion and wisdom in psychotherapy* (pp. 265-279). New York: Guilford)
- A **mindful stance** also allows the therapist to more clearly view expressed emotional pain as just emotional pain—not as intrinsically negative, nor as a trigger for countertransference, but rather as a process wherein the client can metabolize her or his history and ultimately experience reduced suffering (Briere & Scott, in press). In this sense, **the client’s pain is not perceived as “bad,”** and therefore the clinician is not impacted in the same way, nor is she or he **as likely to be vicariously traumatized.** In C.K. Germer & R.D. Siegel (Eds.) (2012), *Compassion and wisdom in psychotherapy* (pp. 265-279). New York: Guilford

Organisational strategies that reduce the effects of vicarious trauma

Recognise that VT is an occupational hazard when working with traumatised people	Support staff to engage in social change activities
Ensure staff are working from a trauma informed perspective	Provide and encourage clinical supervision and support
Help staff to get prepared for the work in supervision by considering scenarios that could be triggering	Monitoring and addressing impact of work that is known to be triggering e.g trauma children
Support staff safety and a safe work environment	Encourage diversity in the workload and clients
Support encourage and helpfully monitor self care	Support staff to engage in social change activities
Help staff to connect to people things that are meaningful to the worker	Create a culture to counteract the effects of trauma



Practising Self care

- “A study by UBC researchers on preventing vicarious trauma found protective factors such as: developing mindful self-awareness, active optimism, countering isolation and holistic self-care as important. (BCCEWH) 2013, pg 21
- To address vicarious trauma, it is suggested to pay attention to three key areas, known as the ABC’s:
 - Awareness of our needs, emotions, and limits (and boundaries)
 - Balance between our work, leisure time, and rest
 - Connection to ourselves, to others, and to something greater than ourselves (e.g., political action, actions and activities that inspire awe) BCCEWH

References

- ACSA (Adults Surviving Child Abuse) website: www.asca.org.au
- Genes to Cognition Online, *Mirror Neurons and Empathy*: www.g2conline.info/852
- Kezelman, C and Stavropoulos, P. (2012) *The Last Frontier. Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. Adults Surviving Child Abuse (ASCA)
- BC Centre for Excellence for Women’s Health (BCCEWH) (2013) *Trauma Informed Practice Guide, British Columbia, Canada* <http://bccewh.bc.ca/publications-resources/documents/TIP-Guide-May2013.pdf>
- Fallot, R and Harris, M. (2009) “Creating Cultures of Trauma- Informed Care (CCTIC): A Self-Assessment and Planning Protocol” in *Community Connections*