Serving Survivors of Torture: Attending to Vicarious Trauma and Enhancing Vicarious Resilience

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S. Megan Berthold, Ph.D., LCSW
Ana Deutsch, MFT
(213) 747-4944
mberthold@ptvla.org; adeutsch@ptvla.org
Learning Objectives

1. Define vicarious trauma according to the research and identify at least three factors that may contribute to vicarious trauma in those who serve torture survivors

2. Define vicarious resilience according to the research and identify at least three factors that empower and promote the well-being of trauma professionals

3. Describe key components of a self-care plan
Why study Vicarious Trauma, Vicarious Resilience & self-care?

- Because we matter (quality of life)

- We often prioritize the needs of our clients over our own needs

- What is the alternative to self-care?

- Vicarious trauma can be harmful to us….and to our loved ones, colleagues/agency and our clients
Why study VT, VR & self-care (cont.)

- At risk of engaging in incompetent or unethical professional behavior (unconsciously)

- Can prevent or address vicarious trauma

- Awareness of the possibility of vicarious resilience may make it easier to achieve

- Bringing conscious attention to vicarious resilience may strengthen it
Vicarious trauma and resilience . . .

- are both seen as natural and normal processes that can develop in the context of trauma work; and

- can simultaneously occur in any given trauma clinician
CS-CF Model

Professional Quality of Life

- Compassion Satisfaction
- Compassion Fatigue
  - Burnout
  - Secondary Trauma

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Compassion Satisfaction
(related to vicarious resilience)

- The positive aspects of helping
  - Pleasure and satisfaction derived from working in helping, care giving systems

- May be related to
  - Providing care
  - The system
  - Work with colleagues
  - Beliefs about self
  - Altruism

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Compassion Fatigue

- The negative aspects of helping
- The negative aspects of working in helping systems may be related to
  - Providing care
  - The system
  - Work with colleagues
  - Beliefs about self
- Burnout
- Work-related trauma

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Burnout and STS: Co Travelers

- **Burnout**
  - Work-related hopelessness and feelings of inefficacy

- **Secondary Traumatic Stress (STS)**
  - Work-related secondary exposure to extremely or traumatically stressful events

- **Both share negative affect**
  - Burnout is about being worn out
  - STS is about being afraid

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What is vicarious or secondary traumatic stress (VT)?

- A transformation of the helper’s inner experience, resulting from empathic engagement with clients’ trauma material.
- May mirror symptoms of PTSD & depression experienced by those who were directly traumatized.
- Can emerge suddenly (sometimes called “compassion fatigue”).
- Sense of powerlessness and disruption.
Vicarious trauma . . .

- usually develops over time – a cumulative result of helping many clients in challenging circumstances.

- It can, however, develop quickly when a professional responds to a case that is especially traumatic or challenging for them.

- The symptoms of secondary traumatic stress may have a rapid onset associated with a particular traumatic event.
Vicarious Trauma (cont.). . .

- can affect our cognitive schemas, views of self & the world, belief systems, sense of safety/trust/control, sense of independence & self-esteem, ability to be emotionally intimate with others

- ability to empathize is critical for doing this work, but if we over-empathize without appropriate boundaries it may put us at risk for vicarious trauma
Signs and Symptoms of Vicarious Traumatization

General changes:
- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal; ability to trust
- Increased sensitivity to violence
- Sense of personal safety and control
- Cynicism
- Generalized despair and hopelessness
- Nightmares

(from Saakvitne & Pearlman, 1996)
Signs and Symptoms (continued)

Specific changes:

- Disrupted frame of reference
- Changes in identity, world view, spirituality
- Diminished self capacities
- Disrupted psychological needs and cognitive schemas
- Alterations in sensory experiences (intrusive imagery, dissociation, depersonalization)

(from Saakvitne & Pearlman, 1996)
Contributing Factors (for VT)

The situation:

- Nature of the work
- Nature of the clientele
- Cumulative exposure to trauma material
- Organizational context
- Social and cultural context

(from Saakvitne & Pearlman, 1996)
Contributing Factors for VT (cont.)

The individual:
- Personal history
- Personality and defensive style
- Coping style
- Current life context
- Training and professional history
- Supervision
- Personal therapy

(from Saakvitne & Pearlman, 1996)
Outcome is interaction between factors

- unique result for each individual based on their profile of contributing factors

- Weingarten (2003) hypothesizes that those trauma therapists who are aware of the meaning of the violent events experienced by their clients but who find themselves helpless to take action or without any path for taking constructive action are the most at risk for developing vicarious trauma.
Theoretical Foundation for Vicarious Trauma

- According to Saakvitne & Pearlman, vicarious trauma as a concept is based on Constructivist Self Development Theory (incorporates psychoanalytic, cognitive development & social learning theory with constructivist thinking; also stresses importance of the person’s cultural, social and developmental contexts)

- a personality theory that explains how the development of self is affected by one or more traumatic events and their context
Vicarious trauma is not inevitable nor does it have to last forever

- Vicarious trauma can be very disruptive and distressing
- Rare to develop full-blown vicarious trauma
- Vicarious trauma can be prevented
- It can be addressed and overcome
- One can achieve vicarious transformation as well
Measuring CS & CF: The *Professional Quality of Life Scale (ProQOL)*

- The ProQOL is free from website
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
  - Burnout
  - Secondary Trauma

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The Secondary Traumatic Stress Scale (STSC)

Developed to measure STS (or VT) symptoms in social workers and other helping professionals associated with their indirect exposure to the traumatic experiences of the survivors they work with:

- Intrusion
- Avoidance and numbing
- Arousal

(17 items, self-administered, strong psychometric properties)

Literature related to vicarious trauma


- The National Center for PTSD’s PILOTS database is a great source for traumatic stress literature: http://www.ptsd.va.gov/professional/pilots-database/pilots-db.asp


What is vicarious resilience (VR)?

- a relatively new concept
- developed by Hernandez, Gangsei & Engstrom (2007)
- based on their research with psychotherapists who treated victims of political violence
- further developed in their research with torture treatment clinicians (Engstrom, Hernandez & Gangsei, 2008)
VR builds on concept of Resiliency

- Resilience is frequently described as a defense mechanism that makes it possible for people to thrive when confronted by adversity.

- Survivors of trauma are able to survive through their strategies of coping and by relying on successful adaptive processes that are developmental and relational in nature.
Literature related to vicarious resilience


Vicarious Resilience (VR)…

- is the process of clinicians learning about overcoming adversity from the trauma survivors they work with

- the resulting positive transformation and empowerment in those clinicians through their empathic engagement with the stories of trauma and resilience of their clients (like VT but in a positive healing direction)
“Life has not been easy for us
The war has brought us and
our families untold
suffering
But the suffering has not
broken our spirits
It has only strengthened our
resolve to succeed at life as
we start over
Again.”
Factors that appear to contribute to the development of vicarious resilience

- the nature and extent of the clinician’s connection with their client’s growth, resilience and pain
- empathic attunement with their client
- core empathic capacities (i.e., tolerance, resistance, endurance, capacity)

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
VR in torture tx professionals: Positive change in perspectives on world/own lives

- more appreciative of the freedom in their own life
- take things less for granted
- put their own problems into perspective and see them as less severe and manageable
- feel stronger and more motivated for life
- feel more hopeful, focus more on positive things in their own life, and reframe things so that they were able to see the positive aspects of a given experience that they used to view as negative

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
Their work with torture survivors...

- connected them with a network of supportive colleagues with shared values and commitments

- strengthened their professional motivation

- found a way to contribute professionally to speak out against human rights violations and provide therapeutic services to survivors

Engstrom, Hernandez & Gangsei (2008); Hernandez, Gangsei & Engstrom (2007)
Clinicians felt:

- more efficacious in their work & reenergized
- more committed to continuing their work with survivors of torture
- Engstrom, Hernandez and Gangsei (2008) suggest that clinicians who experienced a positive re-evaluating and revaluing of their work may be less at risk for developing job-related exhaustion and burnout
Self-Care

**Definition of self-care:** “ability to engage in human rights work without sacrificing other important parts of one life. The ability to maintain a positive attitude towards the work despite challenges. Self-care can also be understood as a practitioner’s right to be well, safe, and fulfilled.”

New Tactics on-line tactical dialogue on Self-Care for activists (Sept 2010). Can still contribute to dialogue and see resources related to self-care at:

Self-Care Self-Assessment

Assessment Worksheet covers:
(1) physical self-care;
(2) psychological self-care;
(3) emotional self-care;
(4) spiritual self-care; and
(5) workplace or professional self-care


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

____ Let others know different aspects of you
____ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
____ Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
____ Practice receiving from others
____ Be curious
____ Say “no” to extra responsibilities sometimes
____ Other:

**Emotional Self-Care**

____ Spend time with others whose company you enjoy
____ Stay in contact with important people in your life
____ Give yourself affirmations, praise yourself
____ Love yourself
____ Re-read favorite books, re-watch favorite movies
____ Identify comforting activities, objects, people, relationships, places and seek them out
____ Allow yourself to cry
____ Find things that make you laugh
____ Express your outrage in social action, letters and donations, marches, protests
____ Play with children
____ Other:

**Spiritual Self-Care**

____ Make time for reflection
____ Spend time with nature
____ Find a spiritual connection or community
____ Be open to inspiration
____ Cherish your optimism and hope
____ Be aware of nonmaterial aspects of life
____ Try at times not to be in charge or the expert
____ Be open to not knowing

Identify what in meaningful to you and notice its place in your life

Meditate

Pray

Sing

Spend time with children

Have experiences of awe

Contribute to causes in which you believe

Read inspirational literature (talks, music, etc.)

Other:

Workplace or Professional Self-Care

Take a break during the workday (e.g., lunch)

Take time to chat with co-workers

Make quiet time to complete tasks

Identify projects or tasks that are exciting and rewarding

Set limits with your clients and colleagues

Balance your caseload so that no one day or part of a day is “too much”

Arrange your workspace so it is comfortable and comforting

Get regular supervision or consultation

Negotiate for your needs (benefits, pay raise)

Have a peer support group

Develop a non-trauma area of professional interest

Other:

Balance

Strive for balance within your work-life and workday

Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization. Sandvitsa, Pearls and Staff of TBI/CAAP (Norton, 1996)
What gets in the way of self-care?

- Knowledge of importance of self-care vs. implementation
- Lack of proactive plan/actions to implement self-care
Strategies for self-care

A comprehensive multi-pronged approach:

- **Personal life:**
  1. physical
  2. psychological/emotional
  3. behavioral
  4. interpersonal
  5. spiritual

- **Workplace/Professional life**
- **Balance**
- **Personal and professional awareness and regulation**
Intervention strategies for each realm of the helper’s life:

Professional:
- Supervision/consultation
- Scheduling: client load and distribution
- Balance and variety of tasks
- Education: giving and receiving
- Work space

(from Saakvitne & Pearlman, 1996)
Interventions (cont.)

Organizational:

- Support from colleagues
- Work relationships (with peers & org. leaders)
- Forums to address issue
- Supervision availability
- Respect for staff and clients
- Resources: mental health benefits, space, time

(from Saakvitne & Pearlman, 1996)
Workplace/agency strategies:

- Principles of safety and empowerment
- Normalize countertransference, secondary stress and burnout reactions
- Open communication
- Multidisciplinary case conferences – exchange ideas/info, give support, decrease professional isolation
- Weekly supervision sessions
- Mentoring of new professionals
- Varied work duties; work-free periods
- Support for continuing education
Interventions (cont.)

Personal:
- Making personal life a priority
- Personal psychotherapy
- Leisure activities: physical, creative, spontaneous, relaxation
- Spiritual well-being
- Nurture all aspects of yourself: emotional, physical, spiritual, interpersonal, creative, artistic
- Attention to health

(from Saakvitne & Pearlman, 1996)
Interventions (cont.)

In all realms:
- Mindfulness and self-awareness
- Self-nurturance
- Balance: work, play, rest
- Meaning and connection

(from Saakvitne & Pearlman, 1996)
Making a personal commitment to oneself and one’s work

Why?

- because I hurt
- because I matter
- because my clients matter
- because the work I do matters
- because the profession matters
- because I must
Making a personal commitment to oneself and one’s work

How?

- not alone; get a buddy or a group
- one day at a time; positive outlets
- do something in each realm
- one change at a time; be realistic
- increase mindfulness and acceptance
- make time/space for what you love to do
- don’t forget and don’t give up
- anticipate obstacles; prevention plan
Next Steps

- In my personal life my next step is:

- In my professional life my next step is:

- In my organization my next step is:

  I am making a commitment to myself to take these steps.