

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

January 19, 2011

A decorative horizontal bar with a textured background. On the left, there are several autumn leaves in shades of yellow, orange, and green. In the center, a small brown bird is perched on a branch. On the right, there are more leaves and a small cluster of yellow flowers. The bar has a soft gradient from light yellow on the left to light purple on the right.

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# 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.)

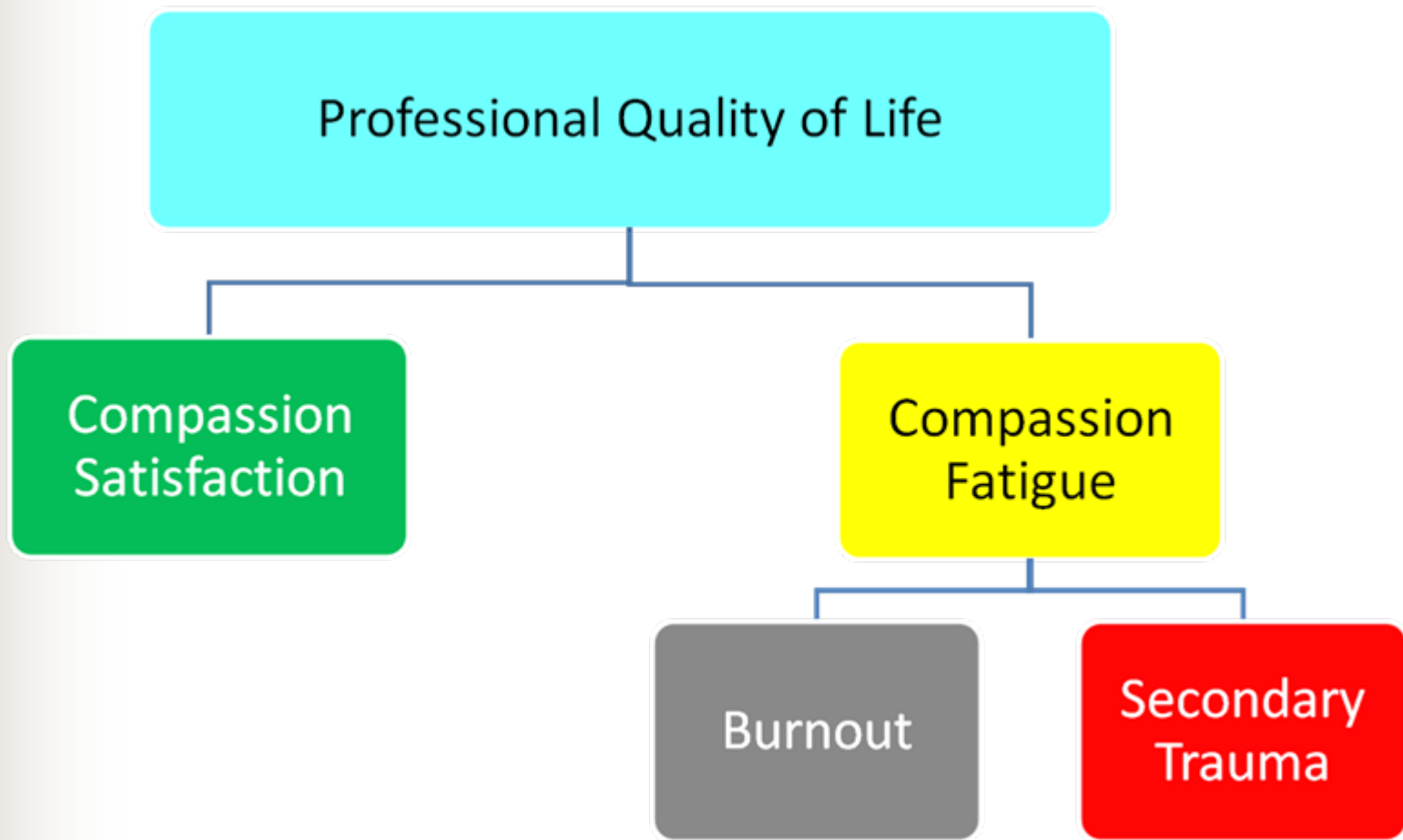
- At risk of engaging in incompetent or unethical professional behavior (unconsciously)
- Can prevent or address vicarious trauma
- Awareness of the possibility of vicarious resilience may make it easier to achieve
- Bringing conscious attention to vicarious resilience may strengthen it



# 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







# 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



# 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





# 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



# 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



IRCT

(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

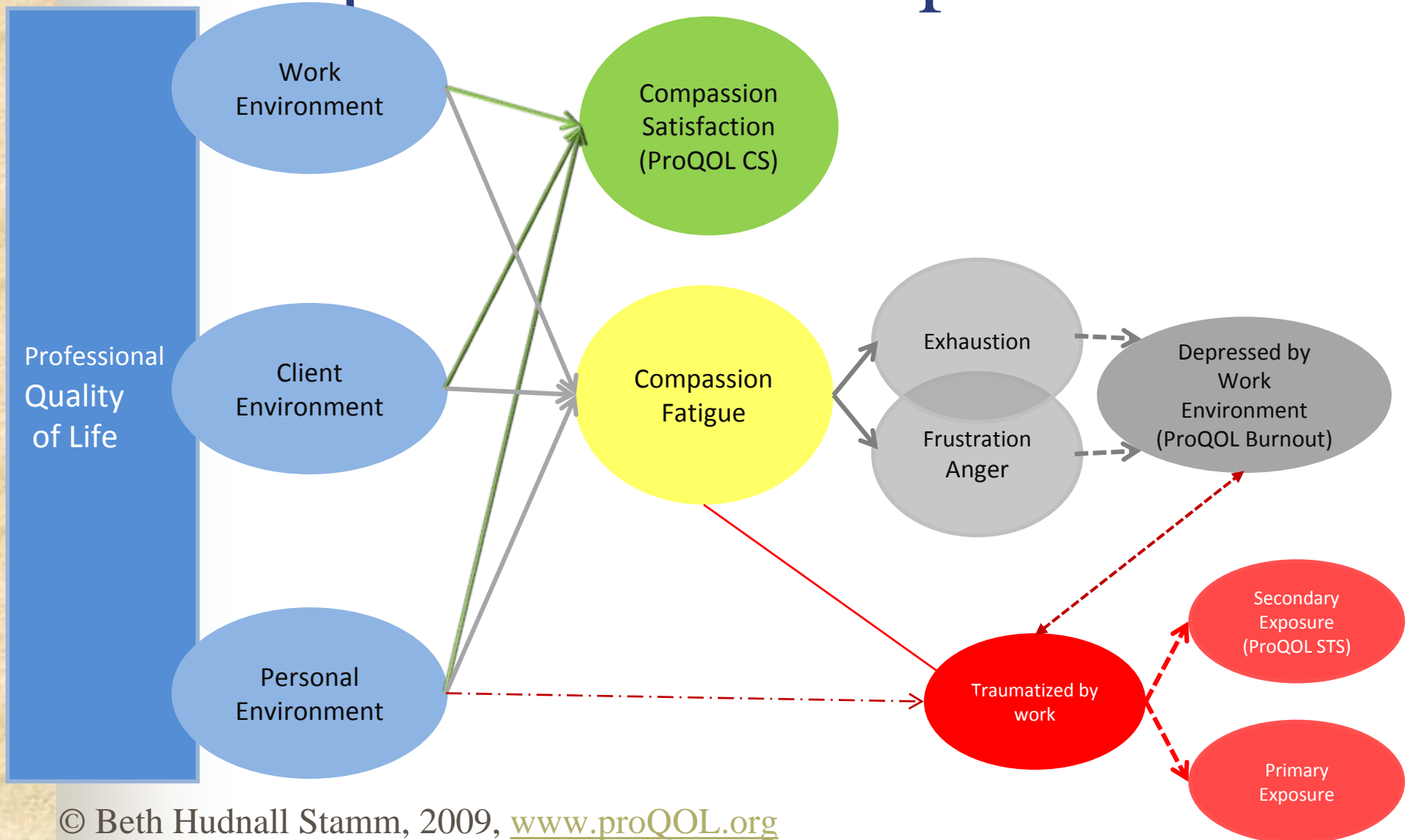


# Vicarious trauma is not inevitable nor does it have to last forever

- 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



# Complex Relationships







# 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



# 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

- **Comprehensive bibliography compiled by Beth Hudnall Stamm:** Stamm, B.H. (2010, November). Comprehensive Bibliography Of The Effect Of Caring For Those Who Have Experienced Extremely Stressful Events and Suffering. [www.proqol.org](http://www.proqol.org).
- 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>



Baker EK. *Caring for ourselves: A therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association; 2003.


Figley CR (ed). *Compassion fatigue: Coping with traumatic stress disorder in those who treat the traumatized*. New York, NY: Bruner/Mazel; 1995.

Figley CR, Kleber R. Beyond the “victim:” Secondary traumatic stress. In: Kleber RJ, Figley CR (eds). *Beyond trauma: Cultural and Societal dynamics*. New York: Plenum Press; 1995: 75-98.

Lustig SL, Delucchi K, Teenakoon L, Kaul B, Marks DL, Slavin D. Burnout and stress among United States Immigration Judges. 13 *Bender's Immigration Bulletin* 22. 2008:22-30.

Lustig SL, Karnik N, Delucchi K, Teenakoon L, Kaul B, Marks DL, Slavin D. Inside the Judges' Chambers: Narrative Responses from the National Association of Immigration Judges Stress and Burnout Survey. *Georgetown Immigration Law Journal*. 2009; 23(1):57-83.





McCann I, Pearlman L. Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *J of Traumatic Stress*. 1990;3(1):131-149.

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Pearlman LA, Caringi J. Living and working self-reflectively to address vicarious trauma. In: Courtois CA, Ford JD (eds). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press; 2009: 202-224.

Piwowarczyk L, Ignatius S, Crosby S, Grodin M, Heeren T, Sharma A. Secondary trauma in asylum lawyers. *Bender's Immigration Bulletin*. 2009;3:263-269.



Saakvitne KW, Pearlman LA, & Staff of TSI/CAAP. *Transforming the pain: A workbook on vicarious traumatization*. New York: Norton; 1996.

Saakvitne KW, Tennen H, Affleck G. Exploring thriving in the context of clinical trauma theory: Constructivist self development theory. *Journal of Social Issues*. 1998;54(2); 279-299.

Stamm BH (ed). *Secondary traumatic stress: Self-care issues for clinicians, researchers, & educators*. 2nd ed. Lutherville, MD: Sidran Press; 1999.

Stamm BH, Figley CR. Advances in the Theory of Compassion Satisfaction and Fatigue and its Measurement with the ProQOL 5. *International Society for Traumatic Stress Studies* annual conference. Atlanta, GA; 2009; Nov.

Weingarten K. *Common shock: Witnessing violence every day*. New York: Penguin Group; 2003.





# 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

- Engstrom, D., Hernandez, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology*, 14(3), 13-21.
- Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46, 229-241.

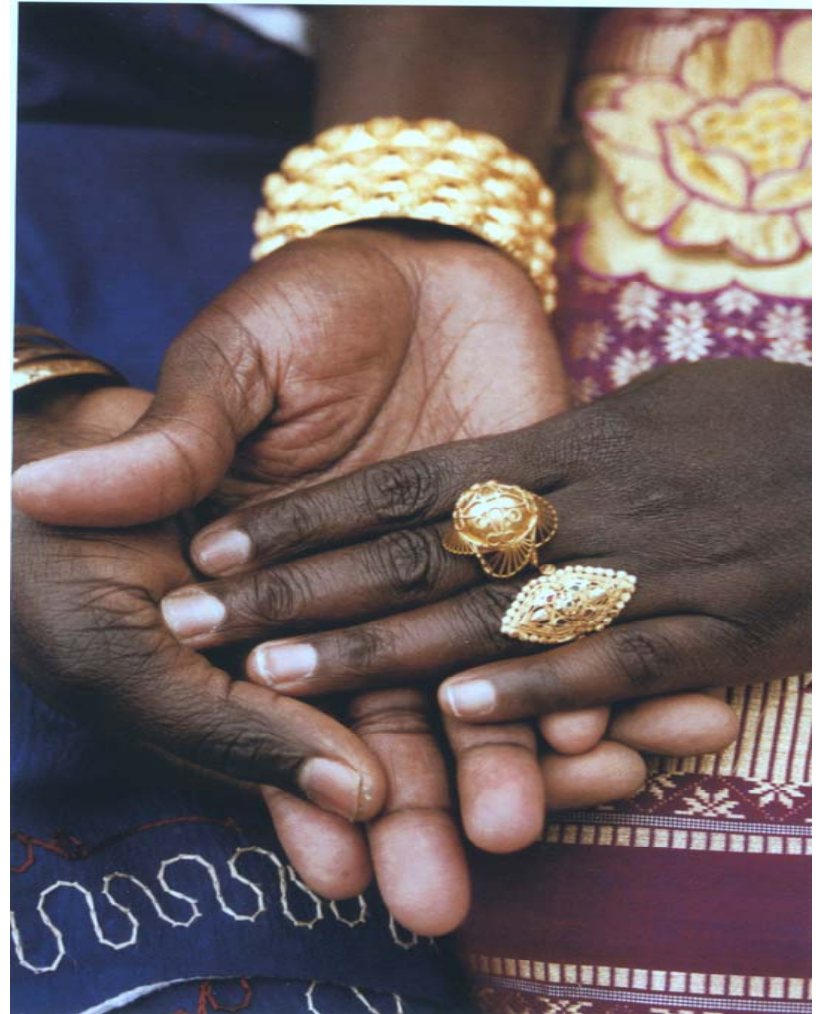


## Vicarious Resilience (VR)...

- 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)





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# 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





## 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









# Torture Clinicians Empowered

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**



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# 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:

<http://www.newtactics.org/en/blog/new-tactics/self-care>





# 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

[http://www.ballarat.edu.au/aasp/student/sds/self\\_care\\_assess.shtml](http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml)

Saakvitne KW, Pearlman LA, & Staff of TSI/CAAP.

*Transforming the pain: A workbook on vicarious traumatization.*

New York: Norton; 1996.

## 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



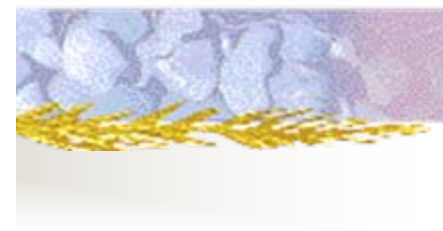
- \_\_\_ Let others know different aspects of you
- \_\_\_ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- \_\_\_ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- \_\_\_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

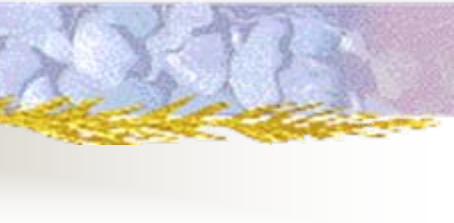
### **Emotional Self-Care**

- \_\_\_ 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-view 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 is 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 work space 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



# 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.