Psychological Effects of Trauma Work and Strategies for Enhancing Wellness

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Program Outline

I. Psychological effects of trauma work
   a. Negative
   b. Positive

II. Self-Assessment

III. Resources: Selected Measures

IV. Discussion
   a. Reflective Practice
   b. Self Care

V. Resources: Strategies & Wellness Models

VI. Resources: Literature
Potential Psychological Effects of Trauma Work

- **Negative Effects:**
  - Burnout
  - Compassion fatigue/Secondary Traumatic Stress
  - Vicarious Trauma

- **Countertransference**

- **Positive Effects:**
  - Compassion Satisfaction
  - Vicarious Post traumatic Growth
  - Vicarious Resilience
Burnout

- No one definition
- General syndrome of physical and mental exhaustion that builds up over time through working in a draining environment (Collins & Long, 2003)
- Examples: physical sxms such as fatigue, emotional sxms such as irritability, behavioral sxms such as pessimism, work-related sxms such as tardiness, interpersonal sxms such as withdrawal & dehumanization
- Maslach et al. (1996) defines burnout components as: emotional exhaustion, depersonalization, reduced personal accomplishment
- Often results in hopelessness and difficulties in job performance (Stamm, 2005)
Compassion Fatigue/
Secondary Traumatic Stress

- “The natural and consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 10).
- compassion fatigue/STS usually has a quick onset, and includes psychological distress, cognitive changes, behavioral and physical symptoms, and relational difficulties (Collins & Long, 2003; Figley, 1999)
- some view STS as the same as PTSD except exposure is through another individual
Vicarious Trauma
(McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995)

- “transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the client’s traumatic material” (Pearlman & Saakvitne, 1995, p. 31)

- may include identity alterations, changes in beliefs (e.g., safety, trust, intimacy, control) or worldview
Countertransference

- counselor’s emotional reaction toward client or client material (e.g., over-identification, caretaking role) as a result of the counselor’s own experiences
- *Traumatic counter transference*- range of emotional reactions to client and trauma such as helplessness (rescue role), feeling powerful, anger, mourning, guilt (Herman, 1992)
- *Recognized (+)*: help understand & identify dynamics of client’s experience (Walker, 2004)
- *Unrecognized (-)*: potentially damaging to treatment process and/or client (Walker, 2004)
- empathic identification or countertransference reactions towards individuals who have experienced a trauma may cause empathic strain and dysregulation of affect which may lead to “traumatoid states” such as compassion fatigue, STS, and vicarious trauma (Wilson & Thomas, 2004, p. 175)
Compassion Satisfaction

- fulfillment or pleasure gained from assisting other individuals and the feeling of having done your job well (DePanfilis, 2006; Stamm, 2002, 2005)

- CF/STS and Burnout often negatively related to compassion satisfaction; however potential to co-exist (LaFauci Schutt & Marotta, 2011)
Posttraumatic Growth

“positive psychological change experienced as a result of the struggle with highly challenging circumstances” (Tedeschi & Calhoun, 2004, p. 1)

Examples: enhanced relationships, view of self, changes in life philosophy

Growth areas:
- relating to others
- personal strength
- appreciation for life
- spiritual change
PTG/Vicarious Posttraumatic Growth

- Research examining PTG & VPTG in clinicians (e.g., Arnold et al., 2005; Barrington & Shakespeare-Finch, 2013; Bauwens & Tosone, 2010; Tosone, 2011)

- *Vicarious Posttraumatic Growth* necessitates exposure to client’s growth following trauma (Cohen & Collens, 2013)

- PTG may include increased value of work, increased compassion in clinical relationships, protection of personal time (Tosone, 2011)

- VPTG may include increased empathy, tolerance, appreciation for resilience, spiritual reflection (Arnold et al., 2005), positive schema changes & becoming involved in social justice issues (Cohen & Collens, 2013)
Vicarious Resilience
(Hernández, Engstrom, & Gangsei, 2007, 2010)

- “characterized by a unique and positive effect that transforms therapists in response to client trauma survivors’ own resiliency” (2007, p. 237)
  - Examples: reflection on self healing, reevaluation of personal challenges, increased hope, and awareness of community healing

- meaning-making (+) and changes in counselor following exposure to client’s resilience in coping with trauma (2010)
Resources: Selected Measures

- **Burnout, Secondary Traumatic Stress, & Compassion Satisfaction**
  - *Professional Quality of Life Scale (ProQOL Version 5)* (Stamm, 2009); [www.proqol.org](http://www.proqol.org)
  - Burnout and Secondary Traumatic Stress conceptualized as components of Compassion Fatigue (Stamm, 2010)
  - SELF ASSESSMENT ACTIVITY

- **Vicarious Trauma**
  - *Trauma and Attachment Belief Scale* (Pearlman, 2003)
  - Assesses beliefs in safety, trust, esteem, intimacy, control

- **Posttraumatic Growth**
  - *Posttraumatic Growth Inventory* (Tedeschi & Calhoun, 1996)
  - *PTGI Short Form* (Cann, Calhoun, Tedeschi, Taku, Vishnevsky, Triplett, & Danhauer, 2010)
  - Factors: new possibilities, relating to others, personal strength, spiritual change, appreciation of life

- **Others**
  - *Clinicians’ Trauma Reaction Survey* (Thomas & Wilson, 1996; Thomas, 1998): intrusive preoccupation with trauma, avoidance & detachment, over-involvement & identification, professional alienation, professional role satisfaction
  - *Secondary Traumatic Stress Scale* (Bride et al., 2004): intrusion, avoidance, & arousal
Discussion

- Reflective Practice Discussion

- Self-care
  - What works
  - Challenges
Top 5 career sustaining behaviors of counselors (Lawson, 2007)

- Maintain sense of humor
- Spend time with partner/family
- Maintain balance between professional & personal lives
- Maintain self-awareness
- Maintain sense of control over work responsibilities
Self Care & Resilience Building
(LaFauci Schutt, 2011)

- Know yourself: signs of being “unbalanced”, identify personal and professional goals
- Reframe balance into integration - consider how aspects of our personal and professional lives interact and support our growth
- Schedule time for family, friends, fitness- find ways to combine if time is scarce
- Cost-benefit analysis of new task or responsibility: review goals, current responsibilities, and effect of time with family & friends
- Schedule activities to balance out the heaviness of clinical work: exercise, pleasure reading, mindfulness or meditation
- Use mentors and colleagues
- Learning what works for you may be a period of trial and error as you move through various career and family life cycle stages
- Set boundaries in terms of both clinical practice and personal commitments
- Engage in ongoing reflection, supervision, or consultation
Resources: Strategies and Wellness Models

BASIC ID (Lazarus, 2000)
- Behaviors, Emotions, Sensations, Cognitions, Interpersonal, Biological

Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992)
- **Spirituality
- Self-Direction: sense of self worth, sense of control, realistic beliefs, emotional awareness, problem solving & creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, cultural identity
- Work
- Leisure
- Friendship
- Love

Indivisible Self (Myers & Sweeney, 2005)
- Essential Self (e.g., spirituality, self care, identity), Creative Self, Coping Self, Social Self, Physical Self
- Self interacts with local, global, institutional, chronometrical contexts
Resources: Literature


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