Working with complex trauma: The impact on the therapist

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Working with complex trauma the impact on the therapist

- Theoretical concepts which have been used over the years to explain the impact of this work on the therapist
- Traumatic Countertransference
- Vicarious Traumatisation
- Which therapists are most at risk?
- How can we protect ourselves from vicarious traumatisation?
How do we understand the impact on the therapist?

• **Burnout** (Fredenberger 1974)
  • “A psychological syndrome in response to chronic interpersonal stressors on the job” (Maslach & Leiter 2001)
  • Overwhelming exhaustion or feeling depleted of one’s emotional and physical resources
  • Feelings of cynicism and detachment about the job
  • A sense of ineffectiveness and lack of accomplishment
  • Causes – work overload, limited support, role conflict and role ambiguity
Secondary Traumatic Stress
(Figley, Stamm 1995)

• Secondary traumatic stress is a syndrome of symptoms nearly identical to PTSD in the therapist

• “the rather natural consequence of caring between two people, one of whom has been initially traumatised and the other who is affected by the first’s traumatic experiences”

• Compassion Fatigue
Countertransference

• Countertransference refers to the total emotional reaction of the therapist to the client in the therapy setting.

• This reaction is a function of many factors including the therapist’s own history and also the way the client relates to the therapist at any given time.
Countertransference

• The affective, ideational and physical responses a therapist has to her client, his clinical material, transference and re-enactments

• The therapist's conscious and unconscious defences against the affects, intrapsychic conflicts and associations aroused by the former

• McCann & Saakvatine 1995
Countertransference responses with trauma survivors

• Type 1 Countertransference response
  This includes avoidant, counterphobic and detachment responses

• Type 2 Countertransference response
  This includes overidentification with the client, enmeshment, loss of boundaries and rescuer responses

Wilson & Lindy (1994)
Vicarious Traumatisation

- Vicarious traumatisation refers to the cumulative transformative effects upon the trauma therapist of working with survivors of traumatic life events. In particular the pervasive effects of doing trauma therapy on the identity, world view, psychological needs, beliefs and memory system of the therapist.

McCann & Pearlman 1990
Vicarious Traumatisation

- Key functions of the self are affected by traumatic experiences and the survivor constantly has to make sense of these experiences.
- In the same way therapists are fundamentally changed as a result of working with survivors.
Vicarious Traumatisation

• Vicarious traumatisation is the negative transformation in the helper that results from **empathic engagement** with trauma survivors and their trauma material combined with a commitment to help them.

  Pearlman & Saakvitine (2009)
Vicarious traumatisation

• The theory suggests that negative change in the therapist comes about not only by means of engagement with the client’s material but also because of engagement with the particular ways that survivors of complex trauma relate to the therapist
How does vicarious traumatisation affect the therapist?

- **Frame of reference** – an inevitable change in his/her identity, world view and spirituality
- **Identity** – as a therapist, a man or a woman, sexual identity
- **World view** “In addition to suffering vicarious symptoms of PTSD, the therapist has to struggle with the same disruptions in relationships as the patient. Repeated exposure to stories of human rapacity and cruelty inevitably challenges the therapist’s basic faith. It also heightened her sense of personal vulnerability”

  Herman (1992)
How does vicarious traumatisation affect the therapist?

• Spirituality – hope, faith, joy, love, wonder, acceptance, forgiveness, gratitude & creativity

• “The components of spirituality include beliefs about non material aspects of experience, about meaning and hope about connection with something beyond ourselves”  
  
  Pearlman & Saakvatine (1995)
Trauma survivors model of self, others and the world

• Complex PTSD is the result of prolonged, interpersonal trauma where a victim is in a state of captivity under the domination of the perpetrator

• It is under these circumstances that the person develops their internal working models about the self, others and the world

• “One begins to understand the survivor’s malignant self-loathing, the deep mistrust of others and the templates for relational re-enactments that the survivor carries into their adult life” Herman 1992
The particular challenges for a therapist working with complex trauma

- Re-enactments
- Listening to graphic traumatic material
- Maintaining therapeutic boundaries
Trauma based countertransference roles

- Five common trauma based countertransference roles:
  - protector, rescuer, comforter, perpetrator or significant figure involved in the traumatic event

Lindy & Wilson (1994b)
Vicarious Traumatisation

- Vicarious traumatisation is a process that comes about through the therapist’s empathic engagement with the client and their traumatic material.
- Cognitive empathy – a cognitive understanding of what the client has been through.
- Affective empathy – which is feeling the client’s grief, intense anger etc.
- We can experience these types of empathy with either a past or present focus.

Pearlman & Saakvatine 1994
# Vicarious Traumatisation

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<th>Past focus Client as child</th>
<th>Present focus Client as adult</th>
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<tbody>
<tr>
<td><strong>Cognitive Empathy</strong></td>
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<tr>
<td><strong>Affective Empathy</strong></td>
<td>Empathising with feelings of client as child, therapist most vulnerable to VT</td>
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Which therapists are most at risk of being affected by trauma work?

- Novice therapists are more at risk than experienced ones (Gharamanlous & Brodbeck 2000, Pearlman & Maclan (1995) sexual assault counsellors, those newest reported most psychological difficulties including experiencing intrusions of the client’s trauma injury

- **Therapists with a personal trauma history**  
Which therapists are most at risk of being affected by trauma work?

- **Therapists with the most survivors on their caseload**  
  Schauben and Frazier 1995

- **Type of trauma work**
  Counsellors working in the areas of domestic violence, child abuse and torture had higher scores on the IES than colleagues not working with these populations  
  Bober & Regehr (2005)
Which therapists are most at risk of being affected by trauma work?

- ASPECTS OF THE ORGANISATION
- Trauma therapists working in an agency or organisation are more stressed than those working in independent practice
- Number of hours per week working with traumatised people  
  Bober & Regehr (2005)
- Work environment sources of burn out:
  work overload, lack of control, insufficient reward, unfairness, breakdown of community and value conflict  
  Maslach & Leiter (1997)
How can we protect ourselves from vicarious traumatisation?

- Recognise the early warning signs of VT in ourself and in our staff
- Supervision
- Peer support, team support
- Limit exposure to traumatic material
- Don’t visualise too much “apply the empathy breaks”
- Balance your day
How can we protect ourselves from vicarious traumatisation?

- Boundaries and limit setting
- Look after your body
- Personal therapy
- Spiritual life
- Involvement in strategic work to develop better trauma services/preventative work
- Worklife balance
How can we protect ourselves from vicarious traumatisation?

- “Probably the most important recommendation we make to colleagues about their personal lives is to have one”

Pearlman & Saakvitne 1995