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Vicarious Trauma and the Impact of Child Trauma Treatment on the Therapist

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Abstract

Mental health clinicians who treat childhood trauma are impacted in a variety of ways by this challenging work. These therapists bear witness to, contain and intervene with countless stories of childhood trauma, including abuse, neglect and other traumatic and adverse childhood experiences that children endure. Therapists who treat childhood trauma are continually engaging with unthinkable events that negatively impact the hearts, bodies, minds and overall functioning of youth. A possible consequence of childhood trauma treatment is for the therapist to experience vicarious trauma. This brief paper outlines the causes of vicarious trauma as well as steps clinicians can take to reduce the severity and frequency of experiencing vicarious trauma.

Keywords: Vicarious trauma • Childhood trauma treatment • Burnout

Introduction

The term Vicarious Trauma (VT) was coined in 1990 and refers to negative alteration in the inner experience of a trauma therapist resulting from their empathic engagement with clients who have experienced trauma [1,2]. Vicarious trauma adversely impacts both the therapist's professional and personal functioning and has been referred to as the "cost of caring" [3]. Therapists experiencing VT have their fundamental beliefs about themselves, others and the world negatively changed due to the indirect trauma of listening to the traumatic stories and suffering of their clients. Due to the intense nature of the work of child trauma therapists, VT is considered an "occupational hazard" of trauma treatment, with a "when" rather than an "if" of occurrence. Child trauma therapists are especially susceptible to the effects of VT due to the vulnerable nature of the youth they treat and the disturbing ways these youth have been mistreated. Trauma therapists should be aware of the warning signs and symptoms of VT, take steps to minimize VT and also make focused efforts to reduce the impact of VT.

Vicarious trauma

The Vicarious trauma has been associated with multiple terms including compassion fatigue [3], secondary traumatic stress [4] and burnout [5], but can be differentiated from each of these terms. The occurrence of VT is complex and nonlinear due to the client's traumatic material interacting with the potential trauma history of the therapist as well as the therapist's cumulative exposure to traumatic clinical material. As child trauma therapist, many of the empirically supported treatments, such as trauma-focused cognitive behavioral therapy [6], involve repeated exposure to the child's trauma narrative, increasing the likelihood that the therapist may experience VT. An example of vicarious trauma is a child trauma therapist becoming overprotective of their own children, hypervigilant of their children's safety despite no identified risk, fearing they will become a victim of child sexual abuse. Another example of vicarious trauma is a heterosexual female clinician treating children exposed to intimate partner violence becomes skeptical of men and their motives in her romantic relationships. Child trauma clinicians may have nightmares with direct or indirect content of their client's traumatic experiences which are distressing to the clinician and negatively impact their sleep. The empathic engagement with a client's suffering puts therapists at risk for VT.

Signs and symptoms of vicarious trauma

Each clinician will likely experience different effects of VT, with negative reactions affecting both personal and professional functioning [7]. Clinicians experiencing VT may experience negative impact on their mental and physical health including: Feeling emotionally numb or withdrawn, having trouble regulating and managing emotions, experiencing excessive worry about their safety or the safety of loved ones, Post-Traumatic Stress Disorder (PTSD) symptoms and comprised immune system functioning and medically unexplained physical health problems [2]. Also, therapists impacted by VT may have changes in cognitions such as a thinking the future is hopeless and life is meaningless, believing they are inefficacious and helpless, and that the world is generally a dangerous place [8].

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Additionally, the traumatic material of their clients may become fused with the therapist's own memories resulting in therapists over time experiencing their client's trauma as their own [1]. Relational changes may also result from VT including avoiding intimacy, mistrust of others resulting in withdrawal from friends and family and increased interpersonal conflicts [1].

In addition to personal consequences of VT, the child trauma therapist may have their professional work negatively impacted affecting the quality of care they provide to their clients. Therapists experiencing VT may have low motivation, avoid clinical work, disengage from clients, become inflexible and become less effective with their clients [4].

Minimizing vicarious trauma

There are numerous recommendations to mitigate the negative impact of trauma treatment on the therapist which can result in minimizing the effects of VT. Therapists can take specific steps, both personally and professionally, to reduce the risk of vicarious trauma. First, therapists need to be aware of the signs and symptoms of VT in order to be cognizant of how their trauma treatment is impacting them and employ self-assessment for VT. The Vicarious Trauma Toolkit, developed by the Office of Victims of Crime [9], is a resource for organizations that provide trauma intervention to become more vicarious trauma-informed. The Toolkit provides numerous on-line tools to address the impact of vicarious trauma on those who provide trauma treatment, focusing on the need for organizations to sustain staff through vicarious-trauma informed policies and practices that extend beyond the individual provider's responsibility for self-care [9]. These practices include education for trauma treatment providers about the inevitable occurrence of VT as well as resources to conduct ongoing assessment of VT risk and symptoms. Another professional recommendation to minimize the risk of VT is to ensure that the clinician providing trauma treatment is well trained in evidenced based trauma interventions [3]. When a therapist is more efficacious in their trauma interventions, it can assist in mitigating the risk for VT and instilling hope in positive change for child trauma survivors. Trauma-informed supervision can also reduce the level of VT experienced by child trauma treatment trainees and even more experienced clinicians [10]. Trauma-informed supervision includes knowledge of trauma and how it impacts clients and core tents of trauma-informed care. Trauma-informed supervision may also include implementing a vicarious trauma prevention plan to anticipate these impacts. Additionally, if the child trauma clinician is part of a trauma treatment team, there are opportunities for ongoing support and consultation with other clinicians engaging in this challenging work [1]. Private practice therapists may be at increased risk for VT if they lack specialized trauma training and also do not have the opportunity for ongoing consultation, resulting in professional isolation. Another professional modification to minimize VT is to diversity clinicians' caseload, so they are not saturated with trauma survivors [3].

In addition to the professional measures to limit and possibly prevent VT, clinicians can integrate measures into their personal lives that may minimize the effects of VT. Maintaining a work/life balance that includes self-care activities, including connecting with others, can assist with decreasing VT risk [2]. Social support can be a protective factor against VT [1]. Stress management and intentional decompression routines that engage the senses can also help buffer against the effects of VT. Cultivating awareness of the common signs and symptoms of VT can assist clinicians in recognizing that adjustments need to be made in the clinician's professional and/or personal life to mitigate the impact of VT. Additionally, therapists can seek out their own therapy if VT continues to be challenge or is triggered by their own trauma history [7].

Conclusion

The deleterious effects of VT for child trauma therapists can be comprehensive and damaging personally and professionally. Empathic engagement with trauma survivors can result in a variety of negative changes to the therapist's emotional functioning, cognitive schemas, relationships, and clinical work. Trauma therapists should be aware of the common warning signs and symptoms of VT in order to self-assess and take steps to minimize VT risk. A combination of organizational strategies, professional modifications, work-life balance and therapist's self-care can aid in reducing the risk of VT.

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