

### **The Foundations for Understanding Vicarious Trauma**

- ⌘ One of two discussions
- ⌘ Today will focus on the conceptual foundations for understanding and managing vicarious trauma
- ⌘ Next month we will discuss management strategies

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### **Vicarious Trauma**

- ⌘ Ten years or so focus on fact that caring has a cost
- ⌘ Runs counter to the myth of the super helper
- ⌘ Always giving, always on duty, never ending service
- ⌘ To sustain a career we need to think about how to manage the work

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### **A Room with Many doors**

- ⌘ Counter-transference
- ⌘ Transference
- ⌘ Empathetic engagement
- ⌘ Empathetic strain (vicarious trauma)
- ⌘ Burn Out
- ⌘ Ethics

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## Child Abuse Work

- ⌘ Relationship
- ⌘ Observation
- ⌘ Listening
- ⌘ Strong emotions
- ⌘ Painful material
- ⌘ Powerful events with significant consequences

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## Counter transference Greenson (1992)

Counter transference is a phenomenon in the relationship between the patient and the therapist in which the therapist's reaction to the patient parallels the patient's transference reactions to the therapist, it is the counterpart to the patient's transference reaction. ***To be more specific, counter-transference is an inappropriate reaction of the therapist to the patient.*** The inappropriateness stems from the fact that something in the patient has remobilized some unconscious neurotic conflict in the psychoanalyst of therapist.

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## Identifying Counter transference (adopted from Greenson, 74)

- ⌘ Requires multiple steps/questions:
  - ☑ First, experience reaction in ourselves
  - ☑ Second, ask: what stimulus (trigger) in client set this off?
  - ☑ Third, ask: is the response appropriate to the stimulus?

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⌘ Ask of oneself:

- ☒ What am I now aware of in terms of feelings, impulses, and thoughts regarding the patient?
- ☒ Is what I am thinking and feeling in keeping with the patient's material or behavior?
- ☒ Is my intended intervention appropriate to the patient's need or more for my own needs?
- ☒ Am I behaving, feeling, thinking, experiencing differently with this client? What is different?

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**Empathy**

- ⌘ mode of perceiving by vicariously experiencing the state of another
- ⌘ feeling into another person
- ⌘ not sympathy
- ⌘ first a nonverbal process, then verbalized
- ⌘ taking inward
- ⌘ always degrees of "as if"

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**Empathy**

- ⌘ Is it necessary to have a similar experience?
- ⌘ Feeling, sensing, experiencing then observing self doing that

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## Skills of empathy

- ⌘ capacity vary
- ⌘ experience of being empathized with
- ⌘ flexible ego boundaries
- ⌘ ability distinguish self and others
- ⌘ emotional stability

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## Common obstacles to empathy

What kind of clients or client problems do you find it difficult to be empathic with?

What aspects of your work or personal life most interfere with being empathic?

How can you tell when you are having difficulty being empathic?

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## Traumatic Transference

In the transference, the patient misunderstands the present in terms of the past and in stead of remembering the past, s/he strives, without recognizing the nature of his actions, to relive the past and to live it more satisfactorily than he did in the past. He transfers the past attitude to the present. Fenichel

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## **Burn out**

⌘ To wear out, to fail or become exhausted by excessive demands on energy, resources, and strengths.

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## **Research**

- ⌘ Poor health, fatigue, sleep problems, somatic complaints
- ⌘ Emotional symptoms, e.g. anxiety, guilt, depression, irritability
- ⌘ Behavior problems, e.g. substance abuse, over eating, work related behaviors such as tardiness, poor performance
- ⌘ Interpersonal problems, negative impact on family life
- ⌘ Negative attitudes

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## **Factors associated with Burn Out**

- ⌘ role conflicts
- ⌘ role ambiguity
- ⌘ lack contingent rewards
- ⌘ non-contingent punishment

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## More factors

- ⌘ emotional climate of work place
- ⌘ worker-supervisor problems
- ⌘ nature of work relationships
- ⌘ lack training
- ⌘ institutional disregard for needs of workers

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## Vicarious Trauma

- ⌘ Result and process of empathetic engagement
- ⌘ Cumulative impact of traumatic counter transferences
- ⌘ Profound disruptions of scheme, emotions, and other psychological processes
- ⌘ Distinguish from burn out

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## Vicarious Trauma/Empathetic Strain Checklist

- ⌘ Recurrent and intrusive distressing recollections
- ⌘ Dreams
- ⌘ Visions, fantasies, images
- ⌘ intense psychological distress when thinking or hearing about trauma
- ⌘ Physiological response about or when hearing trauma material
- ⌘ Efforts to avoid reminders
- ⌘ Symptoms of increased arousal
- ⌘ Somatic complaints

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⌘ General numbness or unresponsiveness including any of the following:

- ☒ Difficulty with sleep
- ☒ Irritability or outbursts of anger
- ☒ Difficulty concentrating
- ☒ Hypervigilance
- ☒ Exaggerated startle response
- ☒ Generalized anxiety or tension
- ☒ Fatigue

⌘ Agitation

⌘ Inattention, drowsiness

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⌘ Anxiety or fear

⌘ Detachment, denial, or avoidance

⌘ Numbing

⌘ Horror, disgust, dread, or loathing

⌘ Confusion, feeling overwhelmed or overloaded

⌘ Guilt, shame, embarrassment

⌘ Detachment

⌘ Over identification

⌘ Forgetting, lapses of attention

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## Limited research

⌘ measures poor

⌘ some studies link to lack training, supervision

⌘ time on job

⌘ no data on link to personal history

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**Questions?**

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