Vicarious Trauma: Are You at Risk?

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Prevalence of Trauma Exposure

“Counselors in virtually all settings work with clients who are survivors of trauma” (Trippany, White Kress, & Wilcoxon, 2004, p. 31).

- Childhood sexual abuse
- Physical assault
- Natural disasters
- Domestic violence
- Combat
- School or work related violence
Definition

Trauma is “...an exposure to a situation in which a person is confronted with an event that involves actual or threatened death or serious injury, or a threat to self or others' physical well-being” (Trippany, White Kress, & Wilcoxonon, 2004, p. 31).
**Definition**

*Vicarious Trauma* refers to the counselors’ trauma reactions (responses) due to their exposure to clients’ traumatic experiences

- Exposure to traumatic accounts from clients over time
- Impacts one’s worldview or meaning
- Disruptions in schemas about self and others

(Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995)
What are your experiences of vicarious trauma?

How have you managed vicarious trauma?
Exposed! What’s the risk?

- Diminished effectiveness with client
- Increased need for self-care
- Personal context and culture influence response to vicarious trauma
- Ethical responsibility
Exposed! What to do?

- Consult with a co-worker or supervisor
- Acknowledgement that counselors (you) may experience vicarious trauma
- Educate yourself about vicarious trauma
- Review and redefine expectations around advocacy, client needs, & the counselor role
- Create and hold space for processing
Counselor Responses to Trauma: Personal

- Intrusive thoughts
- Challenges to spiritual or religious beliefs or faith
- Increased sense of personal vulnerability
- Fear or distrust
- Frustration, anger, or rage
- Cynicism or pessimism
- Empathic sharing of helplessness
- Intense feelings of incompetence or hopelessness
- Trouble sleeping or disturbing dreams

(Clarke, 2008)
Counselor Responses to Trauma: With Clients

- View client as victim
- Need to rescue
- Desire to fix the situation
- Distancing or loss of empathy
- Transference
- Counter-transference

(Clark, 2008; Trippany, White Kress, & Wilcoxon, 2004)
Case Study

Carrie, your client, is female, mid-twenties, high school graduate with some college, bi-racial, no disabilities, no stated religious/spiritual beliefs.

Carrie is at a point of transition in her life. She is considering going back to college, may move in with her boyfriend. She says she loves her job but that it also stresses her out.

Carrie has worked for 4 years as 911 dispatch. In session, she often details her experiences as a 911 operator. Over the phone, she has heard people being raped, children screaming, and gunshots. She has been on the phone with people and guided them through medical emergencies and escaping house fires. She has also been on the phone when individuals have completed a suicide or are in a serious accident.

She repeatedly tells you to be careful and be aware of your surroundings because bad things happen and it is only a matter of time before you are in an emergency situation. She reveals that last week she “broke down” at work and cried which she says she “never” does.
Case Study

• How do you relate to the scenario from your own personal or professional experience?

• What emotional response does working with Carrie evoke in you?

• Where are you naturally inclined as a clinician to go with this client?

• If you have thoughts of Carrie outside of work, how do you manage that? What does that mean for you?
Recognizing & Addressing Vicarious Trauma in Supervision

• Ethical obligation

• Helps counselor/supervisee recognize their own vulnerability, attend to self-care issues, and build support networks

• Be alert to changes in supervisee behavior or reactions

(Sommer, 2008; Sommer & Cox, 2006)
Trauma Sensitive Supervision

Supervisors work with supervisees to:

• Empower and validate

• Be collaborative partners in the counseling process

• Reclaim sense of agency

• View responses to trauma as healthy and adaptive

• Understand the larger social context of the individual

• Understands that relationship dynamics may be reenacted by the client in the counseling relationship

(Miehls, 2010)
Trauma Sensitive Supervision

Supervisors strive to:

• Attend to the conscious & unconscious aspects of treatment
• Build strong supervisory working alliance
• Directly address vicarious traumatization
• Normalize experiences
• Look for signs of stress and burnout

(Pearlman & Saakvitne, 1995; Sommer, 2008; Trippany, White Kress, Wilcoxon, 2004)
Mitigating Vicarious Trauma: Vicarious Resilience

Vicarious resilience is a process “characterized by a unique and positive effect that transforms therapists in response to client trauma survivor’s own resiliency” (Hernandez, Gangsei, & Engstrom, 2007, p. 237).

- Helps therapists find new meanings
- Assists therapists discover new ways to take care of themselves
- Recognition of vulnerability may increase compassion
- Strengthens therapist’s motivation

(Hernandez, Engstrom, & Gangsei, 2010)
Mitigating Vicarious Trauma: Strategies

- How supportive is the counseling site/work environment?
- Intrusive images are a normal part of processing trauma and need to be explored & expressed (Trippany, White Kress, Wilcoxon, 2004)
- Actively focus on self-care and bolstering support systems
- Allow sufficient time to process
- Supplement clinical training (Jordan, 2010)
- Work to clarify and modify goals, boundaries, roles, process /pace of change
Case Study

Julie, your supervisee, is a practicum student counselor. Julie was previously employed as a nanny to young children as well as adolescents. This experience has prompted Julie's interest in counseling children.

Two of Julie's clients, both under 9 years of age, have histories of sexual abuse. One of the clients is temporarily removed from the parents' custody due to neglect. Julie, normally energetic and talkative, is quieter in supervision this week. She comments on the clients' parents' lack of concern and effort to complete the required services to regain custody. Julie shares she is angry with them and wishes they could value her client. Julie says she would adopt her client if she could and then quickly adds she is joking. She has previously come into supervision with questions about theory and interventions for children, but now she seems cynical about the client finding support from the parents to deal with the abuse.
Case Study

• How would you respond to Julie’s marked change in demeanor?

• What questions would you ask?

• What challenges do you foresee in approaching Julie about this case?

• How do you relate to the scenario from your own personal or professional experience?
Implications for Counselors, Counselor Educators & Supervisors

• Need to actively examine marginality & privilege in own lives
• Explore both the positive and negative impacts of work with trauma survivors
• Incorporate information on crisis counseling and vicarious trauma into courses and supervision
• Practice self-care

(Hernandez, Gangsei, & Engstrom, 2007; Sommer, 2008)


References


Contact Information

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Additional Resource:
http://counseling.org/knowledge-center/trauma-disaster Fact Sheet#9