

Vicarious Trauma

*Secondary Traumatic
Stress in Behavioral
Health Providers: How
to Identify It and What
to Do About It*

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DISCLOSURE SLIDE

Shawn S. Sidhu writes Continuing Medical Education questions for the American Psychiatric Association journal *FOCUS* for which he receives royalties

Objectives

At the end of this presentation, participants will be able to:

1. Identify signs of compassion fatigue and burnout in themselves and colleagues.
2. Create an action plan to prevent compassion fatigue and burnout from occurring.
3. Create a treatment plan for compassion fatigue and burnout once identified.

Main References

“Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature.” *Journal of Nursing Scholarship*. 2016 Jun 28 [Epub ahead of print]

Impact of Vicarious Trauma on Work Performance and Satisfaction

What is Vicarious Trauma?

Other similar concepts include “Secondary Traumatic Stress” and “Compassion Fatigue”

Vicarious Trauma refers to the process by which behavioral health workers are exposed to the traumatic stories and experiences of their patients/clients

Secondary Traumatic Stress

Exposure to vicarious trauma which causes distress and could result in impairment in functioning, as would be expected in such conditions as Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD)

Compassion Fatigue

“Exposure to repeated interactions requiring high levels of empathic engagement with distressed clients (not necessarily trauma)”

Physical, emotional, and work-related symptoms

Impairs Functioning (ability to care for self and others)

Compassion Fatigue

Can be a **PRECURSOR** to
burnout

Burnout

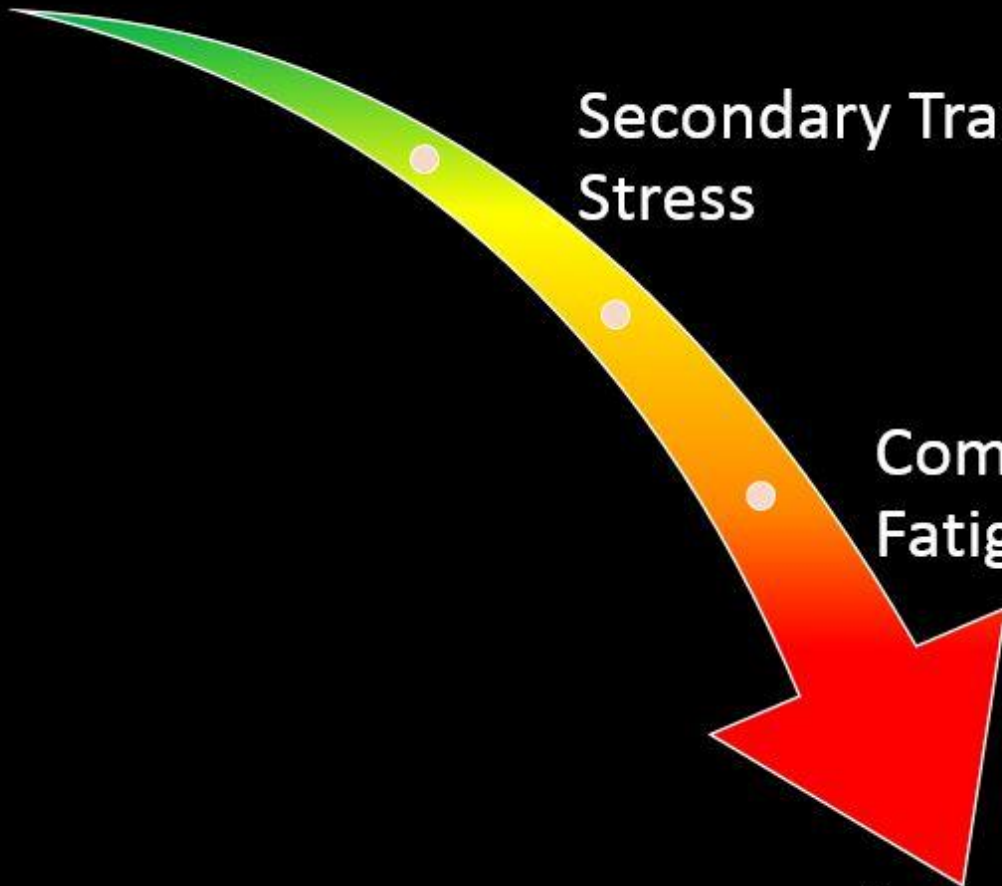
- (1) High Levels of Emotional Exhaustion,
- (2) High Levels of Depersonalization, and
- (3) Low Levels of Personal Accomplishment.

Vicarious
Trauma

Secondary Traumatic
Stress

Compassion
Fatigue

Burnout



Signs/Symptoms of Secondary Traumatic Stress

Being unable to get stories or images out of your mind after the session is over, including possibly nightmares or flashbacks

Feeling hypervigilant or like your own safety could be endangered

Feeling restless, keyed up, or on edge

Avoiding certain situations

Noticing an impact on mood or functioning

How Common is Secondary Traumatic Stress?

The vast majority of nurses working in emergency departments reported traumatic stress within the past week

At least 33% of this sample met full criteria for Secondary Traumatic Stress (Dominguez-Gomez and Rutledge 2009)

72% of trauma workers endorsed working with their own trauma therapist as “necessary or often justified” (Deighton et al. 2007)

Signs/Symptoms of Compassion Fatigue

Having greater difficulty maintaining the same degree of empathy over time

Feeling numb, detached, or indifferent

Feeling mentally, physically, and emotionally exhausted

Ultimately feeling powerless or like a failure

How Common is Compassion Fatigue and/or Burnout?

69% of physicians in Australia met criteria for burnout and 71% have a concern for their own health and well-being. 30% reported emotional exhaustion (Markwell and Wainer 2009)

50% of child protective services workers experience high or very high levels of compassion fatigue (Conrad and Kellar-Guenther 2006)

25-70% of medical interns report burnout (surgery highest)

Impact of Vicarious Trauma on Personal Health and Well-Being

*What Makes Us Good Doctors
May Hurt Us as Individuals*

What Makes Us Vulnerable as Health Professionals?

Culture of:

- Perfectionistic and Self-Sacrificial Altruism
- High Standards of Achievement, Delayed Gratification
- Multiple Generations of Physicians (multiple duty hour changes)
- Resistance to Seeking Self-Care
- “Disease Model” - recognizing something when it becomes a measurable problem, which is antithetical to prevention/wellness

Mental Health Impact of Burnout on Physicians

30% of medical students suffer from depression (*JAMA*)

Up to 30% of residents have depression

*Psychiatrists have the highest rates of depression among physicians.

*Specifically up to 73% of female Psychiatrists report a history of depression compared to 46% of other female physicians

Suicide

Suicide rate in male physicians is 40% higher than national average

Suicide rate in female physicians is 130% higher than national average

Substance Abuse

33% of medical students meet criteria for alcohol abuse/dependence

10 to 12% of physicians develop a substance use disorder at some point during their careers (14-26% of surgeons)

Divorce

24% lifetime divorce rate (actually lower than national average 40- 50%)

*Psychiatrists 51%, Surgeons 33%, 20-30% for all other specialties

10-20% higher divorce rate than general public

More likely to report unhappy marriages

What to Do About It

In a meta-analysis of 42 articles, *self-care* was the most significant preventative measure

Also helpful were finding effective emotional coping strategies and feeling a sense of control

Workplace educational programs have helped to improve awareness and increase prevention, recognition, and treatment

Self-Care

Talking to colleagues

Night-Time Routine/Time Away from Work

- Creative Outlets and Restorative Activities

- Avoid Re-Traumatization/Toxic Relationships

Regular Appointments (doctor, dentist, therapist, massage, chiropractor, etc.)

Exercise/Diet/Sleep

Religious/Spiritual Life

Vicarious Resilience and Vicarious Post-Traumatic Growth

Edelkott N, Engstrom DW, Hernandez-Wolfe P, et al.
“Vicarious Resilience: Complexities and Variations.”

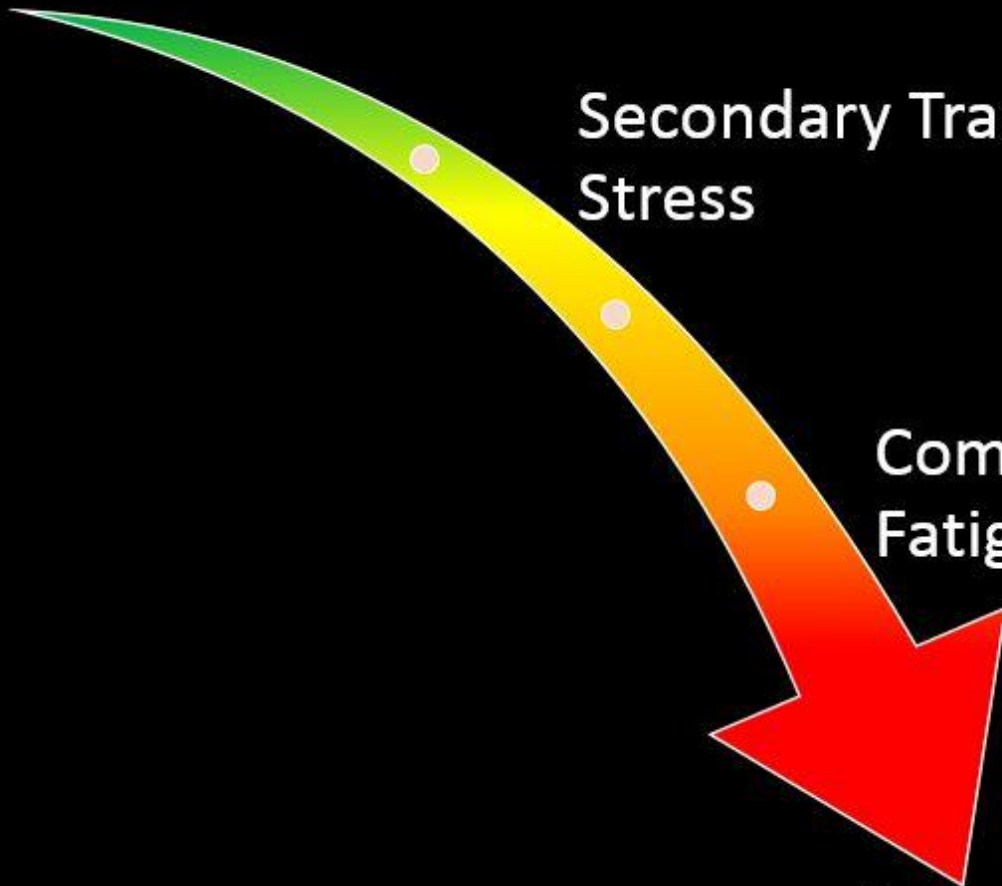
Work Environment: Teamwork and positive working relationships are preventive, whereas isolation and toxic relationships are a risk factor

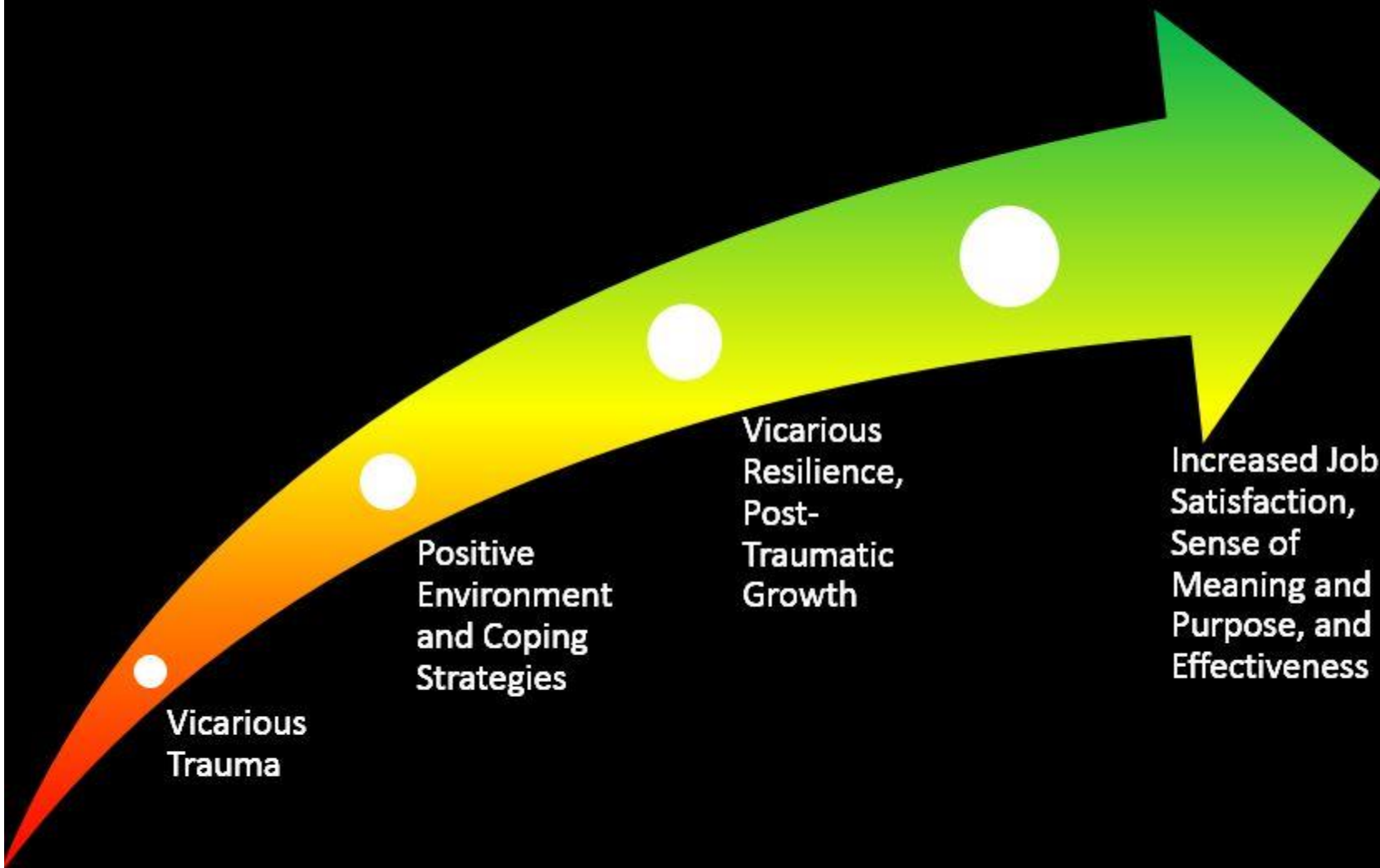
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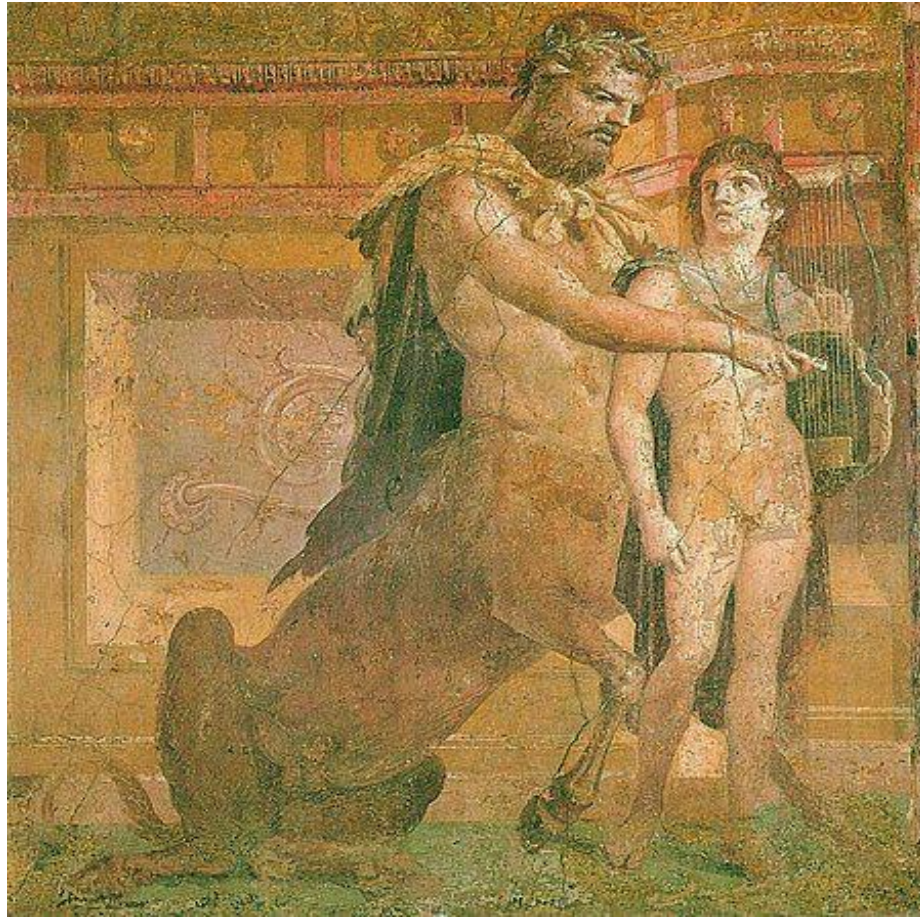
Compassion
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Burnout





Chiron Instructs Young Achilles



Carl Jung - The Wounded Healer

Based on the myth of Chiron – who despite being a master of healing was unable to heal himself in the end

74% of counselors and therapists have experienced one or more “wounding experience” leading to their career path (Barr 2006)

What to do with these wounds?

Quotes from Jung

“The therapist is consciously aware of his or her own personal wounds. These wounds may be activated in certain situations especially if the patient’s wounds are similar to his or her own. In this case, the patient’s wounds affect the therapist. The therapist then either consciously or unconsciously passes this awareness back to the patient, causing an unconscious relationship to take place (Transference/Counter-Transference)”

Jung mentioned the way to avoid this is the therapist having an awareness of his/her unconscious thoughts and behaviors

Quotes from Jung

“A good half of every therapeutic process that probes at all deeply consists in the doctor’s examining himself...it is his own hurt that gives a measure of his/her power to heal.”

Multiple Choice Questions

Useful Online Resource

<https://www.stepsforward.org/modules/improving-physician-resilience>