Addressing Vicarious Trauma and Secondary Traumatic Stress in Professional Counselors

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Introduction

• Professional counselors can now diagnose posttraumatic stress disorder (PTSD) when clients report experiencing real or extreme exposure to a traumatic event. (APA, 2013).
• This expanded understanding of PTSD supports evidence for the related concepts of Secondary Traumatic Stress (STS) and Vicarious Trauma (VT).
• Professional counselors may experience PTSD-related symptoms in the form of STS or VT.
• It is important to educate professional counselors, supervisors, and counselor educators about ways in which STS and VT can be identified and addressed.

Objectives

• To review the DSM-5 criteria for posttraumatic stress disorder (PTSD) and the implications for counselors, counselor educators, and supervisors.
• To provide definitions of Secondary Traumatic Stress (STS) and Vicarious Trauma (VT) and explain the implications for clients and their counselors.
• To provide an overview of evidence-based interventions for PTSD, STS, and VT for use in the classroom, supervision sessions, and counseling sessions.

Definitions of related constructs in the trauma literature are a point of contention (Stamm, 1997).

STS

Secondary traumatic stress (STS) is a stress reaction/reflex response associated with hearing distressful narratives, empathizing with these narratives, and seeking to help heal the trauma narratives (Figley, 1999; Butler, Carelli, & Janowski, 2006).

STS in counselors can parallel trauma-related stress symptoms experienced by clients such as hyper vigilance, difficulties concentrating and being present, and feeling irritable, on edge, disconnected, and anxious. (Saakvitne & Kranen, 2006; Bride, 2004; Figley, 1999; Killian, 2008).

Relational Terms Differentiated: Countertransference, Burnout, Compassion Fatigue, and Moral Injury

Countertransference is the projection (outward reaction) of a counselor’s inner world experience (emotional reaction) to a client (Figley, 1995; Gelso & Hayes, 2007).

Burnout is the psychological and emotional exhaustion experienced from the accumulation of STS (Saakvitne & Pearlman, 1995; McCauley & Pearlman, 1996; Killian, 2008; Moulden & Firestone, 2007).

Compassion fatigue is described as deeply felt state of emotional and physical exhaustion characterized by a noticeable diminish in one’s ability to feel compassion or empathy for others and results from prolonged and repeated exposure to distressful narratives of any nature, not just trauma (Figley, 1995; Mathieu, 2007).

Moral injury occurs when an individual’s behavior breaks one’s own moral and ethical values. – Might be associated with an increased likelihood of the development of PTSD (Maguen, 2009). – Can also be caused by witnessing transgressions of others. (APA, 2013)

Evidence-Based Practices and Prevention

Many of the treatment modalities considered to be best practice in the treatment of PTSD in clients are suitable for the treatment of STS and VT in professional counselors.

• Cognitive-Behavioral Therapies:
  - Cognitive Processing Therapy (CPT; Lancaster, Teeters, Gross, & Back, 2016)
  - Prolonged Exposure (PE; Lancaster et al.)
  - Stress Inoculation Therapy (SIT)

• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

• Creative Arts Therapy

A traumatic habit that allows individuals to explore trauma schemas through their own metaphors (Kress, Paylo, & Stargell, 2018).

• Drawing, singing, dancing, painting, sculpting, writing, etc.

• Meaning can be made using a CBCT framework if appropriate.

• Eye Movement Desensitization and Reprocessing (EMDR)

• Requires Certification

• Client focuses on small, repetitive parts of a trauma while accessing the neural trauma network through lateral external stimuli

• Lateral eye movements common external stimuli.

• Tapping and noise also used as external stimuli

• Patient-centered Modalities

• SSRI's (especially Lancaster & Killian)

• Should only be used in conjunction with therapy

Implications for Counselors, Supervisors, and Counselor Educators

The expanded criteria for PTSD offered by APA (2013) support the idea that STS and VT are related to traditional PTSD.

• STS and VT are very common in military personnel, first responders, therapists, and others who are repeatedly exposed to traumatic details of traumatic events.

• Some argue that PTSD should also be diagnosable for trauma that are not necessarily life-threatening (e.g., physical or emotional abuse), especially if the stimulus occurs repeatedly across time (Brener & Scott, 2015).

• Protective factors for PTSD/STSS includes psychosocial protection, a sense of coherence, better social adjustment/support, and general wellness (Pearlman & Saakvitne, 1995; Yuan et al., 2011).

• Protective factors specifically for professional counselors include engaging in qualified supervision, seeing a personal therapist, maintaining a healthy balance between one’s work and personal life, and committing to a plan of personal well-being.

• Counselor educators and supervisors should train professional counselors to approach their work through a trauma-informed framework.

• Counselors should engage in continuing education to stay abreast of the most recent research and practice.

• STS and VT should be broached in counselor education and supervisory settings.

• Counselor educators and supervisors should monitor for VT and refer students/supervisors to their own wellness plans or mental health counseling as needed.

• Counselors, supervisors, and counselor educators can model preventative wellness practices for our clients, especially those who are regularly exposed to traumatic events through their own work engagements.

“You Can’t Pour From An Empty Cup”

-Dr. Susan Buda, M.D.

Selected Preventative Wellness Techniques

Professional counselors who prioritize personal and professional wellness is key to not being susceptible to burnout.

• Be aware of the ebb and flow of stress.

• Practice a spirit of gratitude, and be kind to yourself…daily.

• Learn how to move slowly when possible and practice slow breathing.

• Use your five senses, breath, and subtle physical movements to re-connect mind-body-emotion (in daily activities and intentional wellness time).

• Journal. Teach you thoughts, feelings, and behaviors.

• Have a plant in your office.

• Establish a routine.

• Do one thing at a time; try to avoid multitasking.

• Establish meaningful social support.

• Let go of what you cannot control.

• Seek individual therapy for any unfinished business.

• Maintain a strong, social support system.

• Read fiction, disappear into a book store or library.

• Schedule time for massage, yoga, and other means of being in your body.

• Prepare your own doctor, dental, etc. appointments.

• Name your own emotions, as often as you can.

• Identify regular opportunities to disconnect from media.

• Set goals for yourself outside of the profession.

• Say kind things about and to yourself.

• Cuddle with animals as often as you can.

• Develop a mindful breathing habit.

• Treat yourself to some essential oils. Breathe.

*See Handbook for inclusive list.

Selected References


