The Resilient clinician in times of crises

Part I – Secondary Trauma

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ELF 2022

Wisla, Poland

Vicarious trauma for the disciples

- Luke 23: 10-11

10 The chief priests and the scribes stood by vehemently accusing him. 11 Even
Herod with his soldiers treated him with contempt and mocked him; then he put an
elegant robe on him and sent him back to Pilate. 12 That same day Herod and Pilate
became friends with each other; before this they had been enemies.

- v. 33-37

32 Two others also, who were criminals, were led away to be put to death with him.
33 When they came to the place that is called The Skull, they crucified Jesus[e] there
with the criminals, one on his right and one on his left. [[34 Then Jesus said, “Father,
forgive them, for they do not know what they are doing.”]][f] And they cast lots to
divide his clothing. 35 And the people stood by watching, but the leaders scoffed at
him, saying, “He saved others; let him save himself if he is the Messiah[g] of God, his
chosen one!” 36 The soldiers also mocked him, coming up and offering him sour
wine 37 and saying, “If you are the King of the Jews, save yourself!”

Witnessing death

44 It was now about noon, and darkness came over the whole land[l]
until three in the afternoon, 45 while the sun's light failed,[m] and the
curtain of the temple was torn in two. 46 Then Jesus, crying out with a
loud voice, said, "Father, into your hands I commend my spirit." Having
said this, he breathed his last. 47 When the centurion saw what had
taken place, he praised God and said, "Certainly this man was
innocent."[n] 48 And when all the crowds who had gathered there for
this spectacle saw what had taken place, they returned home, beating
their breasts. 49 But all his acquaintances, including the women who
had followed him from Galilee, stood at a distance watching these
things.

Concern for loved ones: Phil 2:25ff

25 Still, I think it necessary to send to you Epaphroditus—my brother
and coworker and fellow soldier, your messenger and minister to my
need, 26 for he has been longing for all of you and has been distressed
because you heard that he was ill. 27 He was indeed so ill that he nearly
died. But God had mercy on him, and not only on him but on me also,
so that I would not have one sorrow after another. 28 I am the more
eager to send him, therefore, in order that you may rejoice at seeing
him again and that I may be less anxious. 29 Welcome him, then, in the
Lord with all joy, and honor such people, 30 because he came close to
death for the work of Christ, risking his life to make up for those
services that you could not give me.

Paul's many trials: 2 Corinthians 11:16-33	
I have worked harder	Once adrift at sea for over 24 hours
Put in prison more	Long journeys
Whipped times without number	Faced dangers from rivers, robbers, own people (Jews and Gentiles)
Faced death again and again	Faced dangers in cities, deserts, on the seas
5 different times Jewish leaders gave 39 lashes	Faced dangers from men proclaiming to be believers (but not)
3 times beaten with rods	Sleepless nights
Once stoned	Hunger and thirst without relief
3 times shipwrecked	Shivered in the cold without enough clothe
	Burden for the church (Daily ministry)

What is secondary or vicarious trauma?

Secondary Traumatic Stress (STS) is associated with your work related, secondary exposure to extremely or traumatically stressful events.

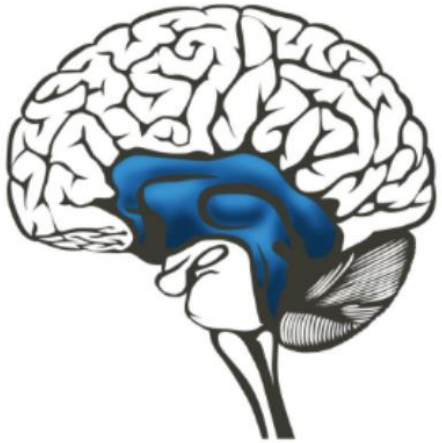
It is often immediate and mirrors client's response

Neurological States

Survival State

BRAIN STEM

Survival State represents the base level of Brain State, and asks the question, "*Am I safe?*" The only way to sooth the Survival State is through the creation of *Safety*.



Emotional State

LIMBIC SYSTEM

This Brain State represents mid-level functionality and asks the question, *"Am I loved?"* The only way to sooth an upset emotional state is through *Connection*.

Executive State

PREFRONTAL LOBES

The Executive State represents the optimal state for problem-solving and learning. This Brain State asks the question, *"What can I learn from this?"*

Old Self v. New Self

- Can we have neurological, relational regeneration without conversion?

- How do we understand healing and ‘natural law’ as seen in science

New Neurological life (Eph 4:17-32)?

- [17] Therefore, I say this and testify in the Lord: You should **no longer walk as the Gentiles do, in the futility of their thoughts.** [18] They are darkened in their understanding, excluded from the life of God, because of the ignorance that is in them and because of the hardness of their hearts. [19] They became callous and gave themselves over to promiscuity for the practice of every kind of impurity with a desire for more and more. [Limbic: IMPULSIVITY]
- [20] But that is not how you came to know Christ, [21] assuming you heard about him and were taught by him, as the truth is in Jesus, [22] to take off your former way of life, the old self that is corrupted by deceitful desires, [23] to be renewed in the spirit of your minds, [mPfc: executive functioning] [24] and to put on the new self, the one created according to God's likeness in righteousness and purity of the truth.
- [25] Therefore, putting away lying, speak the truth, each one to his neighbor, because we are members of one another. [26] Be angry and do not sin. Don't let the sun go down on your anger, [27] and don't give the devil an opportunity. [28] Let the thief no longer steal. Instead, he is to do honest work with his own hands, so that he has something to share with anyone in need. [29] No foul language should come from your mouth, but only what is good for building up someone in need, so that it gives grace to those who hear. [30] And don't grieve God's Holy Spirit. You were sealed by him for the day of redemption. [31] Let all bitterness, anger and wrath, shouting and slander be removed from you, along with all malice. [32] **And be kind and compassionate to one another, forgiving one another, just as God also forgave you in Christ.**

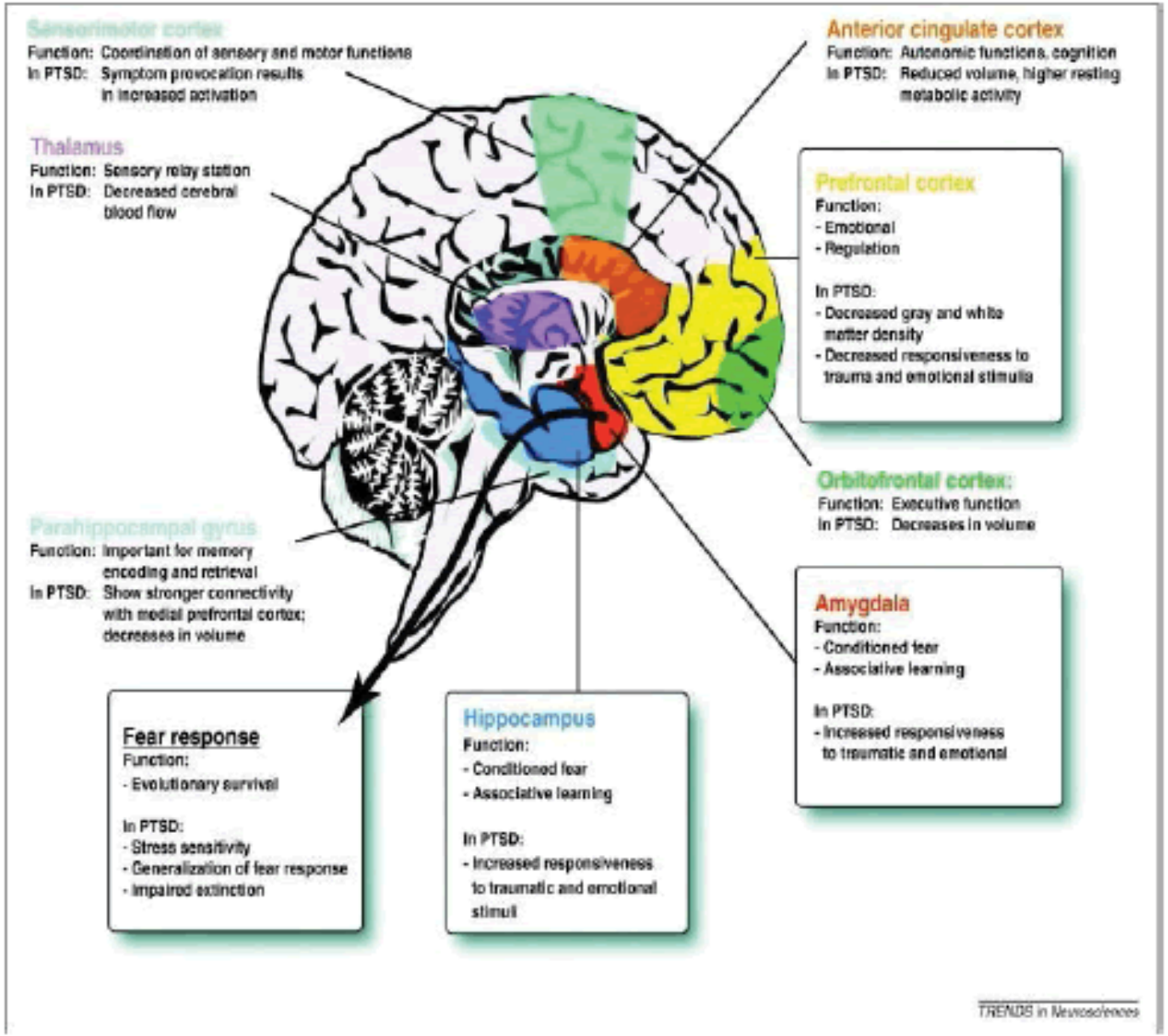
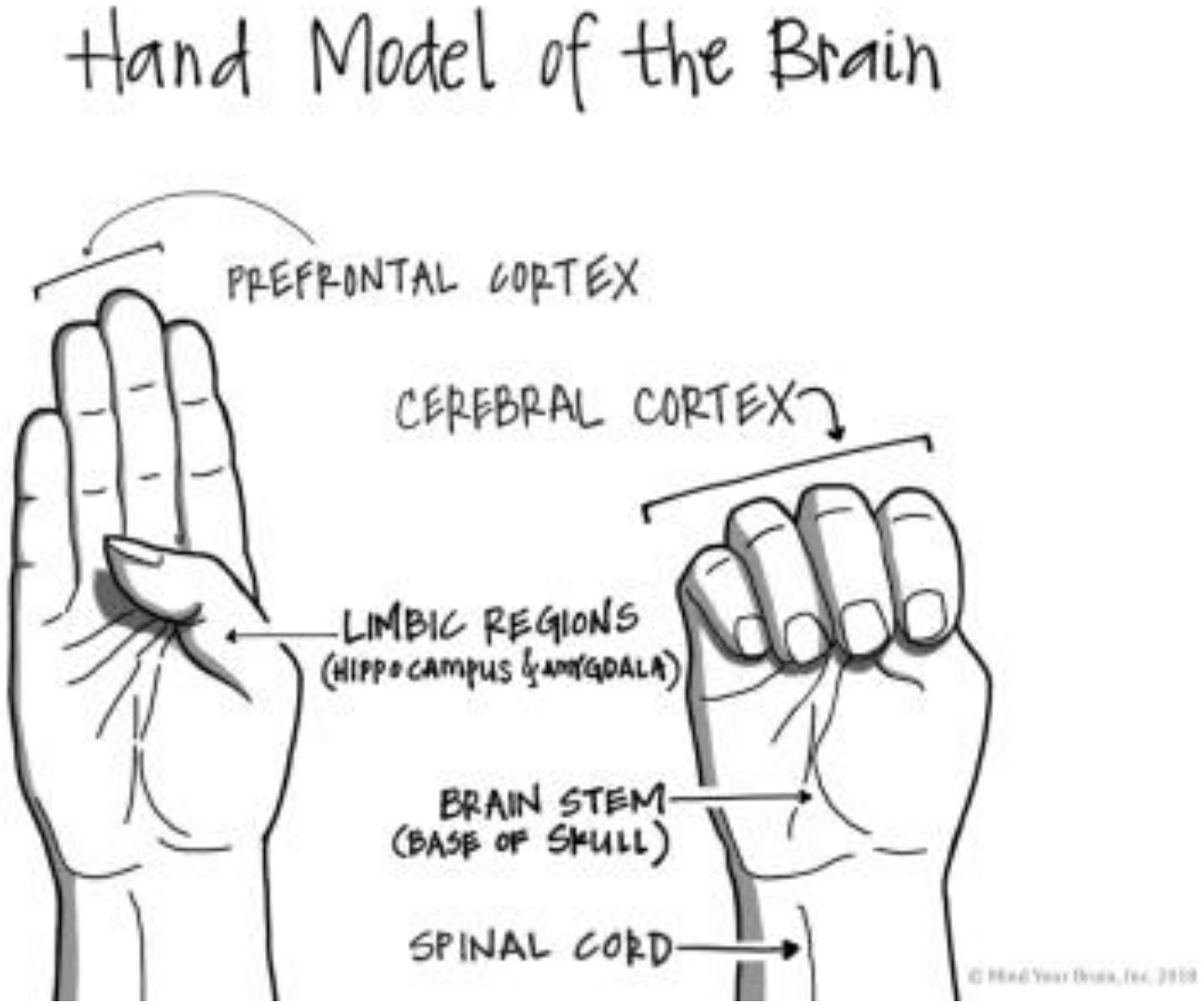


Figure 2) *PTSD relevant brain areas, functionality and PTSD impairment*

Brain region & response

Brain	Response
Hippocampus	Inability to terminate stress response Indiscriminate between safe/unsafe
Amygdala	Hyper responsiveness – might misperceive threat
mPFC	Decreased executive functioning to exert inhibitory control
Sensorimotor Cortex	Hyperarousal, reactivity

Siegal, D. (1999) The developing mind: How relationships and the brain shape who we are.



Secondary Traumatic Stress

Burnout	Vicarious Trauma, Compassion Fatigue	Secondary Trauma, Indirect Trauma
Cumulative, usually over long period of time	Cumulative with symptoms that are unique to each service provider	Immediate and mirrors client/patient trauma
Predictable	Less predictable	Less predictable
Work dissatisfaction	Life dissatisfaction	Life dissatisfaction
Evident in work environment	Permeates work and home	Permeates work and home
Related to work environment conditions	Related to empathic relationship with multiple client's/patient's trauma experiences	Related to empathic relationship with one client's/patient's trauma experience
Can lead to health problems	Can lead to health problems	Can lead to health problems
Feel under pressure	Feel out of control	Feel out of control
Lack of motivation and/or energy	Symptoms of post-traumatic stress disorder	Symptoms of post-traumatic stress disorder similar to client/patient
No evidence of triggers	May have triggers that are unique to practitioner	Often have triggers that are similar to the client's/patient's triggers
Remedy is time away from work (vacation, stress leave) to recharge or positive change in work environment (this might mean a new job)	Remedy is treatment of self, similar to trauma treatment	Remedy is treatment of self, similar to trauma treatment

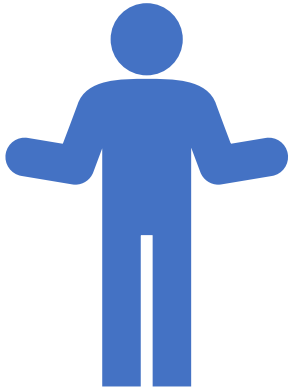
Examples

- You may repeatedly hear stories about the traumatic things that happen to other people.
- If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is **primary**.
- However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure.

Family Effects

- Family member not traumatized but living with someone who has been.
- WWII vet … startled sleep response
  - Family ‘learns’ to be cautious and adaptive
  - Can be exhausting and foster vigilance for family members.

Discussion



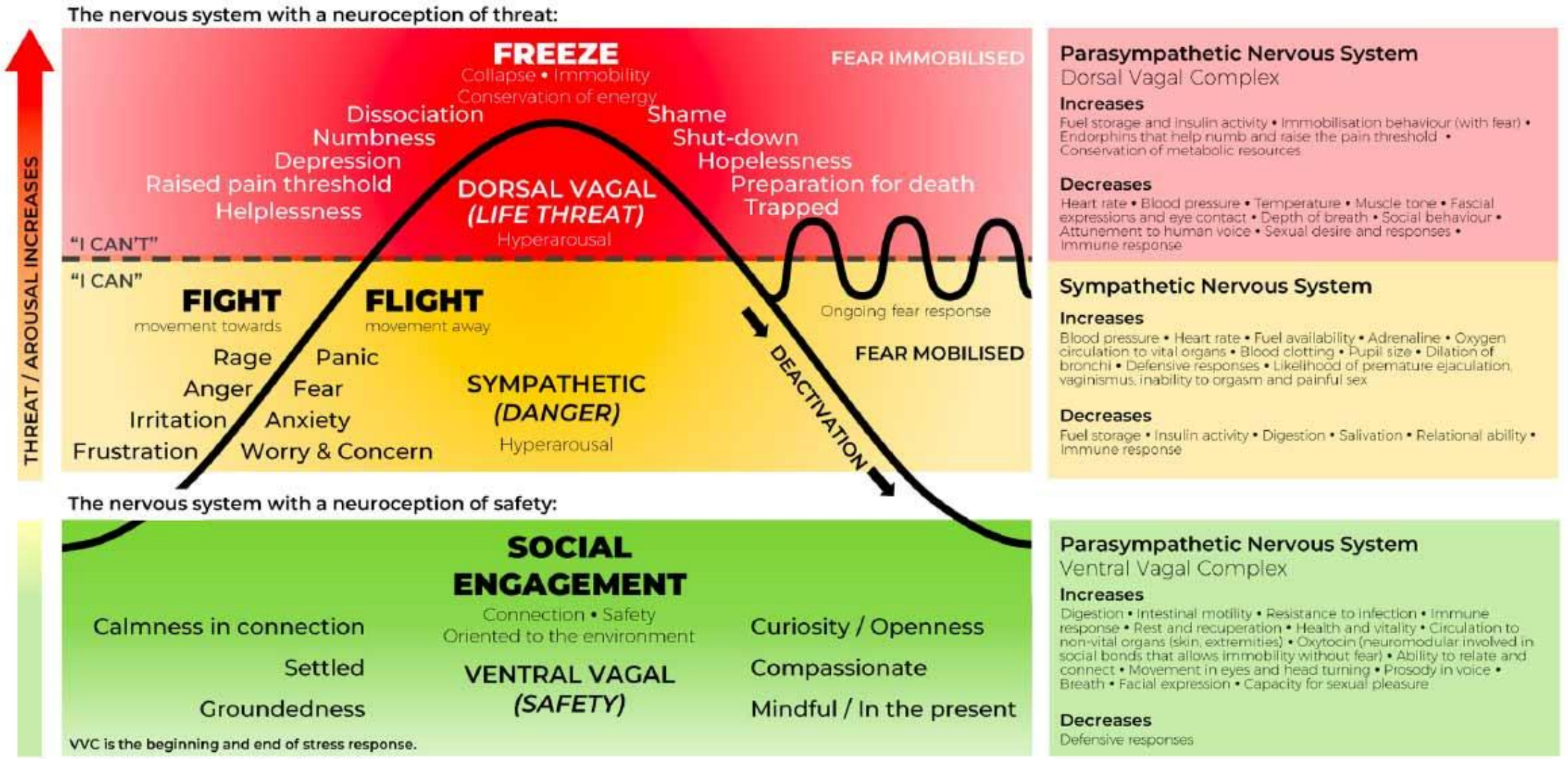
What stories have been (for you or others you work with) difficult to hear?

What have you noticed about your functioning, reactivity, response?

Symptoms

- Developing symptoms/problems due to exposure to other's trauma is somewhat rare but does happen
- The symptoms of STS are usually rapid in onset and associated with a particular event.
- They may include:
  - being afraid,
  - having difficulty sleeping,
  - nightmares
  - having images of the upsetting event pop into your mind, or
  - avoiding things that remind you of the event.

NERVOUS SYSTEM MAP



Case: Preventing Burnout

Before Ms. V decided to apply for admission to a Master's in Marriage & Family Therapy (MFT) graduate program, she reflected on whether this was a good choice for her or not. She had heard stories about therapists who burned out. Professionals, once passionate about their work with runaway teens or domestic violence victims, had become disillusioned and exhausted and had lost their passion and energy for their work. This gave Ms. V pause and made her worried. She was nervous about entering a profession that seemed to pose a high risk for burning out, but she was raised in a family where she was encouraged to pursue a career that she was passionate about and was surrounded by examples of family who remained energized and fulfilled in their work after many years. Ms. V was told that she had many options open. She had not had any significant contact with therapist up until then, and she was not sure if this would be a career she loved. She did know, however, that many jobs were definitely a poor match for her abilities and interests.

Ultimately, Ms. V decided to give MFTa try and applied to Wheaton graduate school. Before she applied, however, she developed a plan and commitment to herself that served her well over more than two decades in the field. Her plan was to check in with herself often about how she was feeling and functioning in relation to work and life in general. Ms. V vowed that if she ever found that she was starting to burn out, she would make a change by switching the population she worked with or changing her role and duties; she could leave clinical work altogether and do policy- or community-based advocacy, or she could combine clinical work with research and policy work. Ms. V was relieved to know that the options within the profession were many. Just knowing that she had options and the power and ability to be in control of her choices and work life made a huge difference. Over the years, she made several changes in her work setting, role(s), and the populations served. Ms. V is pleased to report that she has successfully avoided burning out.

Reflection Questions

- Do you check in with yourself regularly to assess how you are feeling and functioning at work and in other realms of your life?
- Are there particular aspects of your work to which you feel you are well suited? What are those and why?
- Are there particular populations, issues, settings, or roles that you think may be difficult for you to work with or in? Why or why not?
- Is there anything that you have found to be helpful in preventing you from burning out in your work?
- Do you have a burnout prevention plan in place? If so, what is it? If not, what would the first step be to develop one?

Case: Early Indications

Ms. V's first job after graduating with her MFT degree was as a trainer of paraprofessional refugee counselors in a first asylum camp for Vietnamese boat people on an isolated island in the Philippines. When she arrived, she found that she had the most mental health training of anyone on the island. The Filipino non-profit she worked for had psychiatrists on call for consultation by phone and would fly a psychiatrist in for several days every two months to assess and prescribe medications. There were very few telephones on the island, and Ms. V had to borrow another agency's phone to make a call. Often, the connection was poor, and it was hard to communicate with the psychiatrist. Ms. V had a caseload of more than 100 clients who had fled Vietnam by boat and had experienced multiple traumas. Many of the clients were suffering from severe mental health problems, and some faced ongoing violence. Ms. V found herself working with multiple cases of trauma with both the perpetrator(s) and victim(s) at the same time. She only had access to peer supervision, with only sporadic access to a more senior, experienced supervisor when they visited the island.

Within several months, Ms. V's sleep became routinely disrupted. She began to have frequent nightmares. When she examined her nightmares, she realized that they were not her own—they were those of her clients, especially those who had experienced atrocities on the high seas during their escapes from Vietnam. The nightmares were filled with images of Ms. V hanging on to driftwood, watching helplessly as her loved ones lost strength and drowned in front of her. She also saw images of herself being attacked by pirates at sea, shot, and left for dead in a pile of dead bodies, and pretending to be dead until the pirates left. She had a recurrent nightmare of watching her brother murdered by others on the boat and seeing them eat his corpse in order to stay alive.

Instead of becoming alarmed at this development, however, her anticipatory work prior to starting the MFT program (vowing to check in regularly with how she was feeling and functioning) proved protective and reassuring. Her approach was to view these nightmares as fortuitous, because it gave her the opportunity to develop and implement a prevention plan and recognize the importance of taking care of herself and creating balance in her life very early in her career. More than two decades later, she is still working with trauma survivors. Her role has evolved and expanded and the population she works with is different (survivors of state-sponsored torture from all over the world—no longer restricted solely to Southeast Asian refugees). She also reports that she no longer has the nightmares of her clients.

Reflection Questions

- Have you ever developed nightmares that include images from your clients' traumatic experiences or themes related to these experiences?
- Have you experienced other signs or symptoms of vicarious trauma?
- Are there particular settings or situations that tend to trigger your vicarious trauma reactions? If so, what are these?
- How does spiritual discipline and spiritual community affect your sense of calling and understanding of suffering?
- Have you switched populations, work settings, or professional roles as a result of developing symptoms of vicarious traumatic stress?
- How do you address your vicarious trauma reactions?
- Have your efforts been successful?
- Are there things you would like to try differently to address these reactions or, in general, to take care of yourself?


Questions