

Vicarious Traumatization (*Cindy's Notes*)

General symptoms from therapist, 1st responder, ER personnel, etc. is Compassion Fatigue or Burnout; Vicarious Traumatization is more Specific to a particular story or narrative of a smaller number of clients, or even one.

-What is it and who gets it.

Risk factors

- You are in a grief process yourself or otherwise more vulnerable than usual.
- You highly identify with the client; they have a similar story they look like you did at a certain age, they grew up in circumstances like you etc.
- The client looks like or reminds you of someone you love and/or lost.
- You have strong countertransference with the client even if negative.
- You have past diagnosis of PTSD.
- You are highly visual and "see" the client's experiences as they share and describe.
- You are highly empathic in general (most therapists are).
- You have poor self care and a lack of balance in your life.
- You have nowhere to debrief, get case consultation or support.

In early 90's slogged through, inched through the "working through" of trauma
-Tremendous relief as somatic and mind/body modalities of EMDR, IFS, brainspotting, somatic experiencing evolved.

- If we have been through trauma, struggled and worked through our own, we're more resilient and also at times more vulnerable.

Delicate balance of boundaries and empathy;
Removed, authoritarian, arrogant OR Empathy, listening, walking through VS.
Falling in, rescuing, getting lost etc.

We came into this work because of our sensitivity, empathic abilities, and innate kindness etc. Truthfully, most of us unconsciously were hoping for a little VICARIOUS healing as we came into this work.

How can we utilize that gift, honor our own needs, and not build a wall around our heart? Research says reason most people don't return after 1-2 sessions- due to a BREACH OF EMPATHY; the therapist failed to convey warmth or caring. After 30 plus years I still believe most people are good. They come through my office door every day. When we sit down with our clients, and engage in this process, we "know" whether we are where we need to be or whether we are not. The body tells the truth.

Examples

Client in 90s involved in The Monarch project
Project Paperclip
Simon Weisenthal
Panic Attack (the boys)

* Waking up with client's nightmare of her perpetrator realizing she felt that every single day.



How do we prevent vicarious traumatization?

NOT:

- * "Hey, I have good news. You don't have to talk about it" We must ask who this is for, us or them? Easy to send the message - what you experienced is so "bad" even your therapist can't hear it. We must walk with them each step of the way.
- * Jumping to "you need to forgive" or otherwise hurrying clients.
- * Label clients so we can detach.

Risk factors of VT

- * Being a human who is capable of empathy (90-95 %) (As well as previous list)

Bessel van Der Kolk - Healing trauma is Content Oriented - the story matters because they matter.

Symptoms

- Thinking excessively about client when not working with them/negatively or parental
- Avoidance (of phone calls-even from family)/isolation
- Compulsive behaviors increase
- Sleep issues (too much or too little) nightmares; *nightmares which are actually the client's experiences/we must digest the experience as well as our own
- Cynicism, sarcasm, anger
- Depression/apathy
- Flashbacks
- Hyper-vigilance
- Startle Reflex
- Intrusive feelings/horrific
- Images and numbing
- Constricted affect (smaller range)
- Panic Attacks
- Somatic Symptoms, especially gastrointestinal
- Withdrawal of Empathy
- Isolation
- Not answering phone, even for those we are close to
- Pushing "forgiveness" and overly advising clients
- Feeling "blank" and helpless
- Depression
- Change in world view
- Spiritual void
- Trauma is encoded differently
- No concept of time
- Brain works from bottom up not top down -Body takes directive from limbic brain not rational brain
- Levine's
- Fight - anger
- Flight - fear
- Default: Freeze/Appease
- Incomplete circuitry

How it happens:



The Brain/Body

Fight/Flight/Freeze. Helpless. Encodes more deeply and sets up for repetition and learned helplessness. Physiology tells you how you're encoding; rapid pulse suggests encoding their story as trauma in your brain. Breathing rate. Leaning forward.

Symptoms are indications of something not seen

- We sit still while we listen
- What happens during trauma?
- Broca's area
- Breathing shallow
- Heart rate/pulse quickens
- Adrenaline
- Getting angry "for" client
- Countertransference may suggest you're already at risk
- Feeling numb or not being affected may still mean you're repressing/dissociating

To Help Prevent VT:

- Don't LEAN IN / bring your energy to your own center.
- Breath in connected and circular way.
- Leave the "pictures" and return to client in room.
- Balance time with all clients.
- Use a team approach.
- Bring in client's support systems (family, spouse, friends) and teach them how to support.
- Read fiction (not just Self Help and mental health topics). Distraction doesn't fix it though.
- Healing VT must be content related for clinician too.
- Laugh (watch comedy).
- Do your own Work. Remember why you came into field (i.d. your own actual experiences).
- Check distress levels on your own timeline.
- Check SUDS/distress levels on particular clients and stories.
- Identify those you can't see and stick to it! It's not a weakness but what we owe our clients and ourselves.
- Remind yourself of what you can control and can't (nothing).
- Keep boundaries (not on call).
- Movement (bilateral).
- Recognize Enactment (with certain clients); we heal from within, not through enactment!
- SUDS out your personal timeline!
- Keep learning new modalities that allow us to be present with the modality "between".
- Draw your somatization chart of your body. Where are you carrying emotion or symptoms?
- See client strengths not just the wounded parts.

Acknowledge vicarious resilience, growth, opportunities this work brings.

- Are you getting restorative (4th stage sleep)
- Immunity
- Inflammation
- Dopamine
- Serotonin
- Norepinephrine

