Vicarious traumatization and the call for universal precautions

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"Vicarious Trauma"—these are two words that you may or may not be familiar with as a registered nurse. I can assure you that once you read the following article, you may well find you know what it is, just not what it was called.

The student nurses in my forensic nursing courses have often undergone changes in their personal and professional lives because of their work with patients they have cared for in traumatic and/or violent incidents. Yet, information on vicarious trauma is often lacking in their curriculum.

Emergency nurses are hourly confronted with the traumatic histories of their patients, as they obtain the information needed to assess their patients and provide nursing care. It is not a question of "if" a nurse will be affected by vicarious trauma, but "when." Susan offers an overview of vicarious trauma and suggestions for reducing its impact on your life.

—Sheila Early

> *"I love my work, but lately I find it contaminating my personal life. I have nightmares about the horrible things I hear from clients, my sex life has deteriorated, I'm irritable and distractible, I'm afraid for my kids and tend to overprotect them and I don't trust anyone any more. I don't know what is happening to me." —A therapist (Evenson, 2004)*

In order to the halt the spread of infection, hand washing along with glove, mask and gown used as part of universal precautions, have been a part of training in any medical scenario. As health care providers, we have become quite accustomed to taking care of the physical. A neglected arena is the emotional one, especially for the caregiver. Spahn Nelson (1996) states:

> *"Many of us, especially those of us in a helping profession, are secondary witnesses to trauma almost everyday. As we listen to our clients tell about their trauma of incest, rape, domestic violence… we bear witness to their victimization. We listen, we support… we can't help but take in some of the emotional pain they have left with us."*

We have overlooked protecting ourselves from becoming "victims by extension" (Lynch, 1997).

In order to do this, we need to identify what the potential problem is, who it affects, why it happens, how to identify and treat it, and what we can do to prevent it, both personally and within our organizations.

Vicarious traumatization is known by many names—compassion fatigue, empathetic strain, secondary trauma and burnout. Commonly seen as a potential problem for those whose job it is to interact in an empathetic way with trauma survivors, such as health care providers, police officers, firefighters and counsellors, it can also affect the clergy, journalists, co-workers, and family members.

Many people can describe what vicarious traumatization is, but defining it is more problematic. Giardino, Datner, Asher, et al. (2003, p. 459) use Sandra L. Bloom's definition—"the cumulative transformative effect on the helper of working with survivors of traumatic life events." Richardson (2001, p. 7) cites Figley's observation—"the natural consequent behaviours and emotions resulting from knowing about a traumatizing event… (and) from helping or wanting to help a traumatized or suffering person." Essentially it is the result of being involved with victims of trauma and, in the process, there is a residual effect on the caregiver that leaves a lasting impression. Whether these effects are positive or negative will depend on what the caregiver's reaction is to this stimulus. A healthy response would be to connect with peers and an unhealthy one would be a change in thinking such as "all men are potential child molesters".

It is interesting to note that if the traumatic event is "perceived as natural and without malicious intent or manmade negligence" (Ater, 2003), there is less likely to be any stress reaction. Also, if a caregiver has a "history of trauma in their own background and if they extend themselves beyond the boundaries of good self-care or professional conduct" (Giardino et al., 2003, p. 459) there is increased risk of more severe vicarious traumatization.

While a few authors have indicated that there is no exact cause empirically defined, there is much discussion on the contributing factors. Work conditions play a significant role on the effect of vicarious traumatization on a person. This can include shift work, false alarms and unpredictability, especially for ambulance and firefighter staff. Another work condition that is an issue is the lack of closure for the caregiver, or the opportunity to know if they had made a difference in what they had done for the victim. Taking on too large a workload and overextending themselves is also a risk factor. Experience, both lack of and too much, will also increase the rate of vicarious traumatization, as will dealing with large numbers of traumatized children or people with dissociative disorders. And if a person neglects themselves physically—such as lack of sleep, proper nutrition, or exercise, or emotionally—lack of adequate socialization and relaxation, or spiritually—getting out of touch with themselves, their god and their view of themselves in the world, they are at greater risk for vicarious traumatization.

Warning signs are as varied as the people who experience them. Giardino et al. (2003, p. 336) list symptoms specific to vicarious traumatization as being:

> *"Disturbed frame of reference; Disrupted beliefs about other people and the world… (1) world is seen as a much more dangerous place, (2) caregiver may see other*

people as malevolent, evil, untrustworthy, exploitative or alienating, (3) maintaining a sense of hope and belief in the goodness of humanity is increasingly difficult; Psychologic areas affected are safety, trust, esteem, intimacy and control—(1) loss of secure sense of safety leads to increased fearfulness, heightened sense of personal vulnerability, excessive security concerns, behaviour directed at increasing security, and increased fear for the lives and safety of loved ones, (2) capacity to trust may be so impaired so that a belief develops that no one can be trusted. Trust in one's own judgment and perceptions can be negatively altered, (3) it becomes difficult to maintain a sense of self-esteem, particularly around areas of competence. It may also become difficult to maintain a sense of esteem about others, leading to a pervasive suspiciousness of other people's motivations and behavior, (4) problems with intimacy may develop, leading to difficulties in spending time alone; self-medication with food, alcohol, or drugs; engaging in compulsive behaviours (shopping, exercise, sex). These problems can also lead to isolation from others and withdrawal from relationships (family, friends, and professional colleagues), (5) the more control the caregiver feels has been lost, the more control he or she tries to exert over self and others. Efforts may also be made to narrow or restrict the scope of one's world in the hope of avoiding anything that may be experienced outside of one's control; Positive, as well as negative impacts are noted. Choices must be made to support positive, rather than negative transformational changes."

Evensen (2004, p. 5) notes that these symptoms "can emerge suddenly and without warning, are often disconnected from the real causes and can persist for years after working with clients." She also cites Figley (1995) that symptoms "include a sense of helplessness, confusion and isolation."

The International Critical Incident Stress Foundation, Inc. (2001) states, "Occasionally, the traumatic event is so painful that professional assistance may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself."

"Emotional distress is a natural and understandable outcome of working with those who have survived horrifying events. Accepting these responses as 'normal' allows for opportunity to explore these reactions without blame, shame or pathologizing" (Ruzek, 1993).

As with any good medical theme, Evensen (2004, p. 16) lists the mnemonic "Awareness, Balance and Connection" as the "ABCs of addressing trauma and transforming the helplessness."

Schenk (2004), a "psychotherapist who works extensively with therapists and health care providers and with survivors of trauma including torture, domestic violence and adult survivors of physical and sexual abuse", has some helpful strategies for dealing with vicarious traumatization:

- Remember to feel gratitude for the ability to work with clients on a deep and profound level, and to appreciate that this has resulted in a positive transformation in your life.
- Recognize that being impacted by your clients is an expected part of the work of a therapist.
- Maintain a solid commitment to managing the impact of exposure to your client's trauma material in your own life. It is your professional right and responsibility.
- Work from a strengths perspective, not a disease perspective.
- Pursue your own psychotherapy and consultation throughout your professional career.
- Find a healing practice that helps to bring meaning into your life (meditation, yoga, writing, art).
- Bring laughter into your life every opportunity you have.
- Evaluate what is truly meaningful in your life and pursue those activities that are the most meaningful and bring the most joy.
- Re-evaluate the role of spirituality in your life, however you define it.
- Recognize and acknowledge the gift you have in working with others, and allow yourself to feel what it means to your clients to have made such an impact.
- Periodically evaluate the work that you are doing, and your satisfaction with your work. Don't be afraid to make a change when needed.
- If a particular graphic accounting is upsetting to you, visualize the traumatic material moving through you, without impacting you. Replace a negative visual image with a positive image.
- Bring balance into every area of your life; strive for balance in all aspects of your personal and professional life.
- Assume as much control over your own work schedule as possible. Schedule breaks and lunches with colleagues.
- Take time for renewal with workshops, retreats, vacations.
- Avoid volunteer work that brings you too close to the work you do every day.
- When you take a walk, touch every leaf along the way.

Prevention should, ultimately, be our goal though, and it should include individual and organizational plans. Prevention strategies for caregivers (Giardino et al., 2003, p. 344–5) suggested are:

- Personal-Physical: engage in self-care behaviours, including proper diet and sleep; undertake physical activity, such as exercise and yoga.
- Personal-Psychologic: identify triggers that may cause you to experience vicarious traumatization; obtain therapy if personal issues and past traumas get in the way; know your limitations; keep the boundaries set for yourself and others; know your own level of tolerance; engage in recreational activities, e.g., listening to music, reading, spending time in nature; modify your work schedule to fit your personal life.
- Personal-Social: engage in social activities outside of work; garner emotional support from colleagues; garner emotional support from family and friends.
- Personal-Moral: adopt a philosophical or religious outlook and be reminded that you cannot take responsibility for the client's healing, but rather you must act as a midwife, guide, coach or mentor; clarify your own sense of meaning and purpose in life; connect with the larger sociopolitical framework and develop social activism skills.

- Professional: become knowledgeable about the effects of trauma on self and others; attempt to modify or diversify caseload; seek consultation on difficult cases; get supervision from someone who understands the dynamics and treatment of Post Traumatic Stress Disorder (PTSD); take breaks during workday; recognize that you are not alone in facing the stress of working traumatized clients—normalize your reactions; use team for support; maintain collegial on-the-job support, thus limiting the sense of isolation; understand the dynamics of traumatic re-enactment.
- Organizational/Work Setting: accept stressors as real and legitimate, impacting individuals and the group as a whole; work as a team; create a culture to counteract the effects of trauma; establish a clear value system within your organization; develop clarity about job tasks and personnel guidelines; obtain management/supervisory support; maximize collegiality; encourage democratic processes in decision making and conflict resolution; emphasize a leveled hierarchy; view problems as affecting the entire group, not just the individual; remember the general approach to the problem is to seek solutions, not to assign blame; expect a high level of tolerance for individual disturbance; communicate openly and effectively; expect a high degree of cohesion; expect considerable flexibility of roles; join with others to deal with organizational bullies; eliminate any subculture of violence and abuse.
- Societal: general public and professional education; community involvement; coalition building; legislative reform; social action.

Another important role of the leadership is debriefing the caregiver after contact with trauma. According to Potter, there are three phases. The first is the "Review Phase", which uses questions to have the caregiver think about and give feedback on their work, in an attempt to validate any reactions and provide guidance on handling those reactions. Examples of questions include "How did it go? How do you think you did? What 'ditzy' thing did you do? Is there anything you are worried about?" The second phase is the "Response Phase" and it is trying to draw out any reactions from the caregiver about "blaming themselves for something or worried they did something wrong". Using questions like "What did you say that you wished you hadn't? What didn't you say that you wished you had? How has this experience affected you? What is the hardest part of this experience for you?" Ultimately, the goal in this phase is to reassure the caregiver and give alternate solutions to any problem. The last phase is the "Remind Phase" with questions such as "Is there any follow up (that you need to do)? What are you going to do to take care of yourself in the next 24–48 hours? What will it take for you to ultimately 'let go' of this experience?" This is all in an effort to help with self-care. Some other activities suggested by Potter (2004) include:

> *"Follow-up phone calls to provide private processing time for each team member; journaling or reporting about lessons learned; other opportunities to talk with one another about their experiences in a structured way; an opportunity for the … team to report to others about their experience and what they learned…"*

It is by educating caregivers about what vicarious traumatization is that we can recognize and prevent it from occurring.

> *"It is clear that secondary traumatic stress is a predictable outcome of significant exposure to traumatized people. Therefore, any caregiving environment should anticipate the occurrence of vicarious traumatization and establish built-in 'hygienic' practices that can serve as antidotes to the spread of 'infection' within the organization" (Giardino et al., 2003, p. 467).*

So, much like a good hand washing technique, the caregiver needs to cleanse themselves through their self-care activities, such as talking to peers, doing something special for themselves or even avoiding the repeated assault of violence on their senses through different forms of media. And just like donning protective gear such as gloves, gowns and masks, the caregiver needs to become educated about vicarious traumatization in order to have the appropriate armour on. This could include identifying triggers, improving their ability to express themselves emotionally or evaluating and maintaining a healthy attitude about themselves, their purpose in the world and a realistic view of what they can realistically achieve.

> *"Every episode of violence—physical, emotional, sexual or social—must be viewed as a potentially lethal pathogen whose impact must be minimized if the environment is to become healthy" (Giardino et al., 2003, p. 467).*

To review, vicarious traumatization is the indirect reaction to a traumatic event experienced by those whose job it is to empathize with the survivor. The risk of this reaction is amplified if the caregiver has had previous trauma in their life, does not engage in self-care or is overextending themselves. The type of clinical environment will also play a role in this effect, particularly if the caseload involves children or those with dissociative disorders. Symptoms can be seen in every part of a person's life, in the physical realms, as well as the emotional, psychological, social and spiritual areas. To help the caregiver, good support from peers and management is essential. Psychotherapy may also be necessary. And, as always, prevention is the key. Knowledge of vicarious traumatization, its causes, effects and prevention techniques will be paramount in protecting the caregiver. There needs to be a personal and an organizational commitment to this effort. By employing modified universal precautions to vicarious traumatization, the effects can be dealt with effectively.

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Appendix 1

Recommended resources on vicarious trauma

(from Health Canada's *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* by Jan I. Richardson)

Figley, C.R. (Ed.). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner/Mazel, 1995.

Summary: This book was written to introduce the notion of secondary traumatic (or compassion) fatigue. Each chapter is organized with respect to three themes: describing the concept of compassion fatigue and its assessment, outlining methods of treatment, and identifying ways to prevent traumatic stress reactions. Information presented forms the basis for current views of compassion fatigue and illustrates the need for trauma professionals to be aware of compassion fatigue and develop effective ways of coping.

Pearlman, L. et al. *Vicarious Traumatization I: The Cost of Empathy; Vicarious Traumatization II: Transforming the Pain*. Ukiah, Calif.: Calvalcade Productions Inc., 1995.

Summary: Produced by the Traumatic Stress Institute, these videotapes summarize the institute's findings and observations concerning vicarious trauma. The vicarious trauma and the negative impact of trauma work on helpers." Transforming the pain" focuses on recognizing the symptoms of vicarious traumatization and provides strategies useful in reducing the negative effects of vicarious traumatization. In addition to providing factual information, the videotapes feature interviews with trauma therapists describing the impact of trauma work on their lives.

Saakvitne, K.W. & Pearlman, L.A. *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W.W. Norton & Company, 1996.

Summary: In response to workshop participants' requests, the authors have developed a workbook featuring worksheets and exercises to assist in reducing the negative effects of vicarious trauma. The book presents simple and easy-to-read charts, questionnaires to identify the symptoms of vicarious trauma, activities designed to assist in developing techniques, and strategies to prevent and cope with vicarious trauma. The activities are useful for anyone working with individuals who have been traumatized.

Stamm, B.H. (Ed.). *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators*. Lutherville, MD: Sidran Press, 1995.

Summary: The chapters written in this edited book were written by leading professionals in the field of secondary traumatic stress. The purpose of the book is to summarize current perspectives of secondary stress and present new directions for study. Because the authors were encouraged to choose their own topic, a wide array of information is presented, including ways to protect trauma workers, effects of stress on communication, and ethical issues associated with secondary traumatic stress.

Warren, E. & Toll, C. *The Stress Workbook.* London: Nicholas Breaky Publishing, 1997.
Summary: Based on their experience running stress workshops and training courses in many different organizations, the authors have developed a comprehensive and easy-to-use workbook to assist individuals, managers and organizations as a whole in reducing work-related stress. The signs of stress, as well as the impact of stress on both individuals and the workplace, are discussed. Various practical ways of achieving balance and reducing the negative effect of stress by turning it to your advantage are discussed. Ways in which management can help its employees to cope with job-related stress more effectively and thereby reduce stress in the organization are discussed.

Louden, J. *The Women's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life.* New York: Harper-Collins Publishers, 1992.
Summary: A comprehensive workbook with hundreds of suggestions for self-care, *The Women's Comfort Book* is intended to help the reader build a lifetime commitment to caring and nurturing the self. Self-care is essential, yet individuals rarely acknowledge its importance. However, as Louden notes, in order to nurture others, people need to build the necessary resources by comforting and caring for themselves. The book outlines how to identify one's self-needs, how to develop a self-care schedule, and how to begin to develop a positive view of one's self. A variety of suggestions for self-care are presented, ranging from establishing personal sanctuaries to becoming a "guru of play."

David Baldwin's Trauma Information Pages
http://www.trauma-pages.com/index.phtml
Summary: This is an informative and award-winning site on PTSD and related topics. According to the Canadian Traumatic Stress Network, "It is a huge resource, a labour of love, which we very much appreciate for its invaluable contents and fine organization. If you are ever looking for information on trauma or disaster, this should be your first step." The site is by David V. Baldwin, PhD, a psychologist based in Eugene, Oregon.
Email: dvb@trauma-pages.com

http://www.fsu.edu/~trauma/
Summary: Edited by Charles Figley, this site is an online journal. It contains the International Electronic Journal of Innovators in the Study of the Traumatization Process and Methods for Reducing or Eliminating Related Human Suffering.
Email: cfigley@garnet.acns.fsu.edu

Psychotherapy http://tsicaap.com/
Summary: This is the website of the Traumatic Stress Institute and describes the activities of the institute.