Strategies for vicarious trauma

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Vicarious Trauma and Compassion Fatigue

Professional Quality of Life, ProQOL 5.

The ProQOL 5 was an easy and short-timed instrument to respond to. Based on the responses and personal scores the results were given as follows:

- Compassion Satisfaction: <u>47 </u>High

- Burnout: <u>15 </u>Low

- Secondary Trauma Stress: <u>19 </u>Low

The obtained scores in this instrument revealed that in the subscale of Compassion Satisfaction indicated a 47 score, which means that there is a high level of satisfaction in deriving pleasure of being able to do my work, and perceive high level of pleasure in helping others through my work.

In the Burnout sub-scale indicated a 15 score, which means there is a low level of elements of compassion fatigue associated with feelings of hopelessness and difficulties in dealing with work or doing effectively my job.

On the other hand, the subscale of Secondary Traumatic Stress scored 19 points, which means there is a low possibility of developing problems due to the exposure to other's extreme or traumatic events is low, therefore, there is no real secondary exposure symptoms interference.

Two areas to prevent and avoid vicarious trauma.

Although, the overall results of this instrument indicated a very good handle of my professional quality of life, there is two areas where I believe there

should be preventive measure to avoid developing and suffering from vicarious trauma. And, even though, these subscales are under control, they are exposed and can create a mayor problem to me if they are unattended. These areas are burnout and compassion satisfaction. I selected compassion satisfaction because if the environment where I work is not adequate or not supportive (referring to the administrative system) or if the lack of personal or professional satisfaction provokes feelings of restlessness or not being productive then I begin to feel bored. There is no sense in working in a place where there is no meaning or being productive, therefore, there is not satisfaction in working. Then, I begin to have an internal struggle where I end up feeling negative effects, such as, hopelessness and difficulties in dealing with the lack of internal motivation and performing my job effectively. If there is no challenge and space for growth. The feeling that your effort is worth nothing or makes no difference it would push me to the limits.

Justification of two strategies to avoid vicarious trauma.

According to Bride, Radey & Figley (2007) in their investigation indicated that there is a high prevalence level of trauma exposure within the general population, social workers encounter high level of professional contact with traumatized clients. In their investigation the general population indicated that a lifetime prevalence of exposure to traumatic events was identified from a 40 percent to an 81 percent. Moreover, the clients from outpatient mental health reported within their information history of exposure to traumatic events, and these were from an 82 percent to a 94 percent; along with a 31 percent to a 42 percent classifying with criteria for Post-Traumatic Stress Disorder (Bride, Radey & Figley, 2007). According to Bride, Radey &

Figley (2007) and their findings clinicians should be spending more time in getting involved in leisure, self-care among other activities, such as spirituality activities, in order to enhance quality of life. Indeed, the need of disengagement strategies becomes one of the most important strategies in order to proceed in a positive manner (Figley, 1995). For example, setting the boundaries in your work environment, setting up rituals, such as utilizing music and humor or using motivational breaks during the day. Utilizing self-statements, such as, " it is not my problem or responsibilities, tomorrow will be another day, among others (Gerding, 2012). Furthermore, using strategies to gain a sense of productiveness and achievement, in which the clinician sets-up achievable standards goals, trust colleagues assessments, tolerance setbacks and make self-statements, such as under the circumstances I did my best or I can only do so much. Subsequently, you can also use the strategies for health and stress reduction, in which we can require adequate rest and relaxation, eat healthy and exercise (Figley, 1995). Last but not least of the strategies, you may build a sense of satisfaction by reviewing life and asking yourself " where am I now", " where do I start" and " where will I end my career". Procedure of desensitization of trauma, may be used in order to better access memory (Figley, 1995).

Controlled empathy influence the development of vicarious trauma.

The vicarious trauma syndrome can be developed by anyone in the helping field. It characterizes by a set of symptoms that uses controlled empathy while being exposed to listening or seeing traumatic events. Izzo & Carpell-Miller (2009) discussed in their article the importance of controlled empathy, these researchers explained that controlled empathy is being used as an

instrument to empower awareness around and it's the neurological process that contributes to the syndrome of vicarious trauma. For example, when a person is listening to a traumatic event, the brain and the body can be observed that it is not calm, they manifest non-verbal communication. The person listening is absorbing all type of shocking communication, nevertheless, their response is constrained and directed to aid the person who is in pain and suffering.

Although, there are two types of empathy, known as controlled empathy and automatic empathy, they are not the same because they have different neurological process in the brain. Controlled empathy process is simply automatic empathy interrupted, that affects the professionals physiological, cognitions, emotions and spiritual health (Hodges & Wegner, 1997; Izzo & Carpell-Miller, 2009). The brain pattern perceived by an activation of the visual cortex, as the listener hears the traumatic events he/she begins to visualize the events as if they are actual protagonists of the event (Hodges & Wegner, 1997; Izzo & Carpell-Miller, 2009). The process occurring in the brain at the present time is that the right hemisphere of the brain activates mirrors neurons, which automatically flow routing itself to the left side of the brain, but other brain chemicals hold them back. This process occurs internally and manifests in the behaviors' of the professionals, when she/he remains calm, cool and collected in front of the client.

Basically therapeutic empathy may develop a paradox, because the client wished to be understood, seen and accepted. Strategically controlling the attention of the client becomes essential within treatment process.

But, constant controlled empathy can also be hurtful provoking a counterintuitive for each and one of us. When a therapist recognizes that empathy hurts, the clients has been observed how their conflicts has affected them in all aspects, and also how these continue to play throughout the therapeutic relationship and the client's life. Once the therapist empathy seems to be compromised and getting in the way of treatment progress, therefore, therapist affective attunement begins to play a role in the present relationship. The therapist must recognize a disruption in the interpersonal process between the client and therapist, and addressing what has happened. The main therapeutic idea here is to change the therapeutic conversation from whatever issue was being addressed to focus on the immediate experience of engagement with the therapist. Otherwise, this disengagement can cause interpersonal disruption and trauma.

References

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