

# Identifying vicarious trauma in staff

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# Trauma informed care

Being trauma informed means  
understanding how trauma affects the person  
and  
knowing effective ways to respond to someone  
who has experienced it.

(Marcal,S & Trifoso,S. 2017).

# Trauma informed care

- Recognition that that behaviours that challenge and psychological problems could be related to trauma exposure.
- Involves seeking to understand the connection between presenting problems and the person's past trauma history
- Early and rigorous assessment where consideration is given to the risk of trauma in peoples lives.

# Trauma Informed Services

Services that are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans.

# Trauma Informed Services

- Valuing the service user in all aspects of care
- Neutral, objective and supportive language

# Trauma Informed Services

- Awareness/training on re-traumatizing practices (i.e. Restraint)
- Least restrictive
- Services that are open to outside parties: e.g. advocacy

# Trauma Informed Services

- Individualized and flexible care/support plans
- Recognition that coercive interventions cause traumatization and re-traumatization and are to be avoided
- Training and supervision in the assessment, support and treatment of people with trauma histories

# Supervision, training and staff support

- Working with victims of trauma can have a profound impact on those supporting them.
  - Partners
  - Relatives
  - Neighbours
  - Social & health care workers



# Impact on Staff

Working with trauma victims may cause

“profound psychological effects... that can become disruptive & painful & can persist for months or years.”

McCann & Pearlman, (1990) *Journal of Traumatic Stress*, 133-149

# Impact on staff

“inner experience is negatively transformed through empathic engagement with clients’ traumatic material.”

(Pearlman & Sackvitne, 1995)

“the continued exposure to the darkest aspects of the human condition can produce symptoms strikingly similar to post traumatic symptoms in patients.”

(Blair & Ramones, 1998)

# Impact on staff

The way you work and engage with clients who have been traumatised places you at risk of

**vicarious traumatization**

# Vicarious Traumatization

Empathic engagement with traumatized clients may involve the worker being exposed to graphic details including re-enactment of (acting out) the trauma

- In the here & now
- Across time (Week in week out)
- Across service users

# Monitor your own feelings

When with traumatised service users we need to monitor our own feelings, fantasies and reactions in response to the client's material.

How we feel may tell us about how they feel or the impact they have on others.

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# Vicarious Traumatization

## Verbal description

- Clients give verbal descriptions of traumatic events to you

## Acting out

- Client acts out the event

# Past Affective Empathy

- We empathically engage with the material
- We connect with the overwhelming feelings of an abused client to assist the survivor in connecting with and understanding their abuse in a developmental context.

# Vicarious Traumatization

- Our inner experience is transformed as a result of empathic engagement



# Vicarious traumatization over time

## **General Signs and symptoms to look out for in you and your staff**

- No time or energy
- Disconnection from loved ones
- Social withdrawal
- Increased sensitivity to violence
- Cynicism
- Generalised despair and hopelessness
- Nightmares

(Saakvitne & Pearlman, 1996)

# Vicarious traumatization over time

## **Specific Changes**

- Disrupted frame of reference Changes in identity, world view, spirituality
- Diminished self capabilities
- Impaired ego resources
- Disrupted psychological needs and schemas
- Intrusive imagery, dissociation, depersonalization

(Saakvitne & Pearlman, 1996)

# Issues related to our own feelings

- Needs particular attention especially for staff whom have a past history of trauma.
- The importance of containment and concealment (physical and emotional).
- Who is feeling anxiety (the client or the staff member?)
- How do we monitor vicarious trauma over time?

# Conclusions

- We need to consider that challenging behaviour may be the outcome of a wide range of factors
- One factor is trauma
- TIC is about embedding this understanding in our service systems
- When trauma is a factor we need to consider the impact of the clients trauma on individual staff and staff teams
- Service managers need to be aware of the particular impact of working with traumatised clients on staff

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