

Impact of Trauma Therapy on Clinicians

Psychological Impact

While it has been evidenced that providing psychological therapy to trauma populations can be a positive experience for clinicians (see Manning-Jones et al., 2015), working with individuals who have experienced distressing traumatic events can also have potentially adverse impacts on therapists if appropriate personal and professional safeguards are not in place (McClellan & Wade, 2003). Several of the well-documented negative consequences include the following:

- **Work-related burnout**
Burnout is a psychological response to chronic interpersonal stressors in the workplace. This generic sequela of stress is applicable to all forms of employment; however, the intense nature of trauma therapy means that this specialism can evoke high levels of stress in clinicians. Maslach and Leiter (2016) identify three key dimensions of burnout: 1) overwhelming exhaustion; 2) feelings of cynicism and detachment from the job; and 3) and a sense of ineffectiveness and lack of accomplishment.
- **Secondary traumatic stress**
Secondary traumatic stress (STS) occurs when symptoms of posttraumatic stress disorder (PTSD) manifest in clinicians due to exposure to their clients' trauma accounts in therapy. Whereas burnout reflects generic psychological distress that can develop gradually in reaction to work pressures, STS can emerge suddenly and the symptoms are nearly identical to PTSD, except that exposure to the trauma is indirect via the client (Figley, 1995).
- **Compassion fatigue**
Compassion fatigue is often conflated with secondary traumatic stress (Figley, 1995). Specifically, however, compassion fatigue refers to a reduce ability of a clinician to empathise or feel compassion for others in their care due to engaging with clients who have experienced traumatic events. It can result in a number of broader difficulties such as impaired concentration, helplessness, irritability, health difficulties, avoidance, and absenteeism (Figley, 2002).
- **Vicarious traumatisation**
Vicarious traumatisation refers to the long-term cumulative effect of engaging with clients who have experienced severe trauma (Pearlman & Saakvitne, 1995). This may involve the therapist developing symptoms of a number of mental health difficulties (e.g., PTSD, anxiety, depression), but also more profound changes in thinking and wider beliefs (e.g., loss of hope, cynicism, despair, helplessness, lack of safety).

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Prevention Strategies

Yassen (1995) developed an ecological model of prevention to mitigate the potential adverse effects of working with psychological trauma. Fig. 2 below outlines the individual factors (i.e., personal and professional strategies) and environmental factors (i.e., societal and work setting strategies) that can be effective in preventing these difficulties.

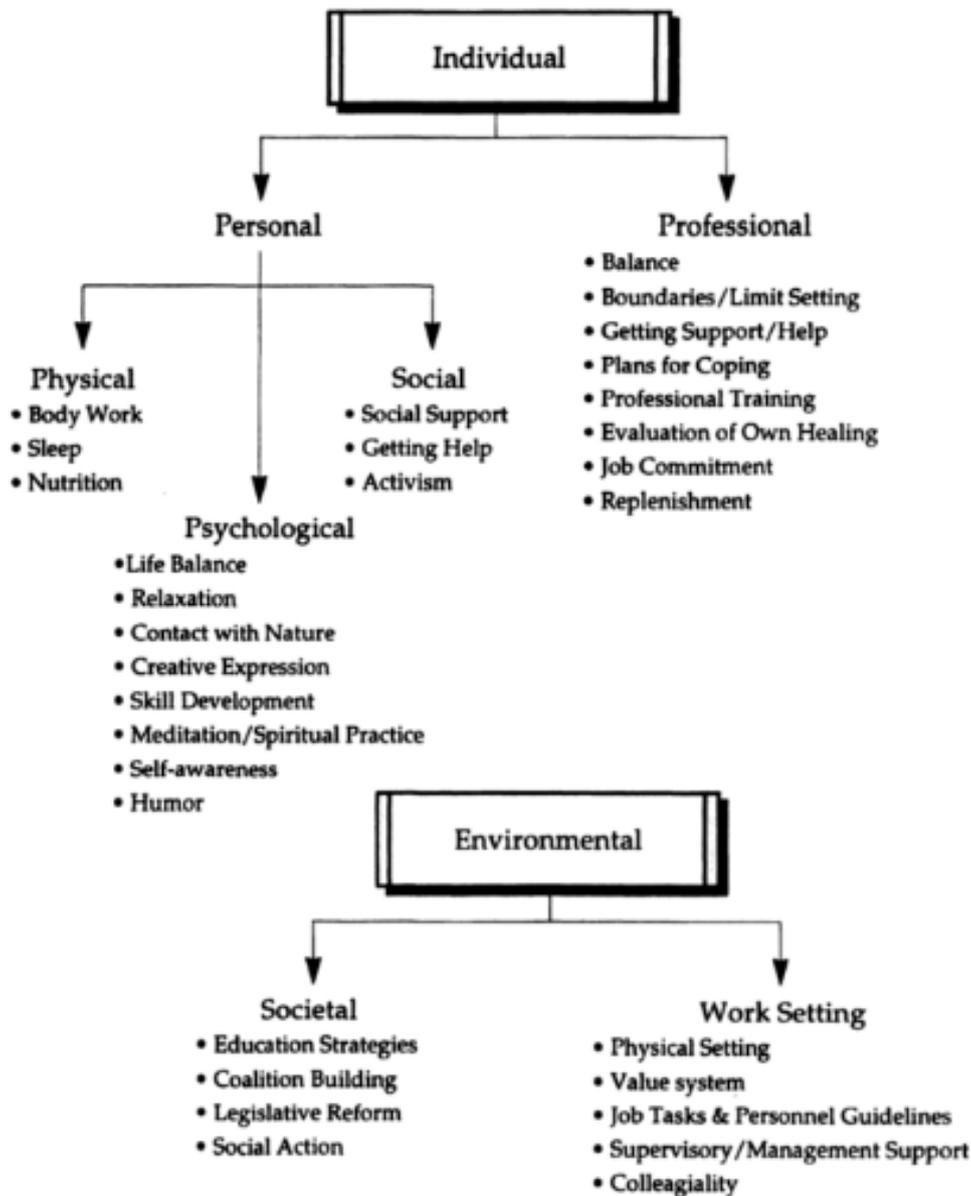


Figure 2. Ecological model for the prevention of STSD.