Transference & Counter-Transference

• Clinicians who conduct physical and psychological evaluations should be aware of the potential emotional reactions that evaluations of severe trauma may elicit in the interviewee and interviewer.

• These emotional reactions are known as transference and counter-transference.
Transference

• The feelings a survivor has towards the clinician that relate to past experiences but which are misunderstood as directed towards the clinician personally

• The evaluator’s questions may be experienced as:
  • forced exposure akin to an interrogation
  • sign of mistrust or doubt on the part of the examiner

• The evaluator may be perceived as:
  • voyeuristic and sadistic motivations
  • as a person in a position of authority (in a positive or negative sense)
  • the interview situation may be perceived as resembling more strongly the torture situation
  • being on the side of the enemy
Counter-Transference

• The clinian’s should also be aware of his/her potential personal reactions, feelings that might influence the interviewer’s perceptions and judgments.
Counter-Transference

• The clinician’s personal reactions: feelings that might influence perceptions and judgments

• Common counter-transference reactions include:
  • Avoidance, withdrawal, defensive indifference,
  • Disillusionment, helplessness, hopelessness and over-identification,
  • Omnipotence and grandiosity in the form of feeling like a savior, the great expert on trauma or the last hope of the survivor,
  • Feelings of insecurity, feelings of guilt, excessive rage toward torturers and persecutors or toward the individual
Possible Effects of Counter-Transferrence Reactions

• Underestimating the severity of the consequences of torture
• Forgetting some details
• Leading to disbelief regarding the veracity of the alleged torture
• Failure to establish the necessary empathic approach
• Over-identification with the torture survivor
• Vicarious traumatisation, burn-out
• Difficulty in maintaining objectivity
Vicarious Trauma → Burnout

- Transformation of the worker’s inner experience as a result of empathic engagement with clients and their trauma material (Pearlman & Saakvitne, 1995)

- Syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment

- Occurs among individuals who work with people in some capacity (Maslach, Jackson, & Leiter, 1996)
Signs & Symptoms of Burnout

• Apathy
• Feeling of hopelessness
• Rapid exhaustion
• Disillusionment
• Melancholy
• Forgetfulness
• Experiencing work as a heavy burden

• Alienated, impersonal, uncaring and cynical attitude towards clients
• Tendency to blame oneself
• Feeling of failure
• Irritability
Characteristics of Vicarious Trauma

• Cumulative
• Inevitable
• Developmental
• Modifiable
Professionals at Risk?

- Lawyers, judges
- Health care workers
- Police officers/soldiers
- Social workers
- Emergency and humanitarian workers
- Care givers
- Interpreters
- Journalists
- HR investigators/researchers

Note: family members, friends, & associates of trauma survivors also at risk
Areas of Impact

• Personal Well-Being
  o Physical
  o Psychological (thoughts, emotions, behavior)
  o Sense of meaning & purpose
  o Beliefs & attitudes, spirituality/faith

• Interpersonal Relationships
  o Family, friends, co-workers

• Professional
  o Work performance & job satisfaction
Risk Factors

• Personal trauma history & current life circumstances

• Personality, work style & coping style

• Professional role, work setting, and exposure

• Inadequate work & social support

• Lack of supervision/training on trauma and its effects

• Working in cultures characterized by self-neglect, toughing it out, risk-taking, and denial of personal needs

• Lack of systematic attention to self-care
Signs & Symptoms of Vicarious Trauma

• Physical
• Cognitive
• Affective
• Behavioral
• Frame of reference
Signs & Symptoms of Vicarious Trauma

• Signs and symptoms parallel direct trauma
  o PTSD, anxiety, depression, social withdrawal, emotional liability, aggression, greater sensitivity to violence, somatic symptoms, sleep disturbances, cynicism, changes in trust, self-esteem, intimacy and control
  o Alterations in sensory experiences (intrusive imagery, dissociation, depersonalization)

• Counter-transference (clinician’s personal reactions):
  o Avoidance, withdrawal, defensive indifference, omnipotence
  o Disillusionment, helplessness, hopelessness and over-identification with client
  o Anger, fear, guilt, shame, denial of client trauma
Behavior and Relationship Signs of Vicarious Trauma

• Difficulty setting boundaries and separating work from personal life
• Feeling like you never have time or energy for yourself
• Feeling disconnected from loved ones
• Increased conflict in relationships
• General social withdrawal
• Irritable, intolerant, agitated, impatient, needy, and/or moody
• Increased dependencies or addictions
• Sexual difficulties
• Impulsivity
Changes in World View or Frame of Reference in Vicarious Trauma

- **Changes in beliefs**: i.e. regarding safety, control, trust, esteem, and intimacy that may influence thoughts of vulnerability and mistrust
- **Changes in identity**: as a professional, friend or family member
- **Changes in spirituality**: meaning, purpose, causality, connection, hope, and faith, often in the form of questioning prior beliefs and the meaning and purpose in life and can result in hopelessness, and cynicism
Preventing Burnout and Vicarious Traumatization

- Self care
- Solid professional training in diagnosis and (psycho)therapy
- Therapeutic self-awareness
- Regular self-examination by collegial and external supervision
- Limiting caseload
- Continuing education and learning about new concepts in trauma
- Opportunities for research and training sabbaticals
- Balance between empathy and a proper professional distance
- Social recognition for caregivers
- Alliance with medical mainstream and academic medicine
Self-Care

• Three ways to change the impact of a situation
  • Change the situation
  • Change our attitude towards the situation
  • Health-promoting behavior
Individual Strategies Self-Care

- Physical
- Psychological
- Emotional
- Spiritual
- Workplace/Professional
The ABCs of Self-Care

• **Awareness**
  • Know that vicarious trauma is predictable, cumulative and has negative consequences
  • Know your needs, your strengths and your limits
  • Identify the signs and symptoms of vicarious trauma in yourself
  • Mindfulness: purposeful, nonjudgmental attention

• **Balance**
  • Work, personal/family life, rest/pleasurable activities

• **Connection**
  • Maintain supportive relationships with your colleagues, friends, family, community and your faith
Self-Care: Working Protectively

• How you think about your work plays a big role in helping keep you healthy and balanced

• Important questions to answer
  • Why do you do this work?
  • Do you know what you’re doing in your work and why?
  • How do you measure success in your work?
  • What can you control in your work?
  • What are the costs and rewards of this work, and how are you personally changing?
Making a Personal Commitment to Self-Care: How?

• Work with others – a colleague or a group

• One day at a time

• One change at a time

• Use a variety of self care strategies

• Increase consciousness and self acceptance

• Don’t forget and don’t give up
Coping with & Transforming Vicarious Trauma

• **Coping with**: “Good coping strategies are things that help you take care of yourself – especially things that help you *escape, rest,* and *play*.”

• **Transforming**: “At the deepest level, *transforming* vicarious trauma means identifying ways to nurture a sense of meaning and hope.”
Make an Action Plan

• List your risk factors for vicarious trauma (personal factors current situation, cultural context)
• List any signs or symptoms of vicarious trauma that you are experiencing
• List what you can do to cope better with these symptoms & transform your vicarious trauma on a deeper level
• Identify obstacles that may interfere with your ability to cope with and transform your vicarious trauma
• What might you to do overcome the obstacles you identified?
Organizational Strategies

• A team culture of self and group care
• Planning and working for the long haul
• Creating a safe environment to express feelings
• Valuing socializing, fun and humor
• Education and workshops -vicarious trauma-
• Ensuring some non-trauma component of work
Vicarious Resilience

- **Resilience**: the ability to bounce back, to recover quickly from illness, change or misfortune
- **Vicarious Resilience**: the experience of empowerment deriving from exposure to the resilience of trauma survivors with whom we work
In Other Words... Vicarious Resilience Means

- Conscious recognition and celebration of the successes and satisfactions of our work
- We draw strength from the human capacity for healing by our exposure to our clients’ abilities to go forward in life after torture and loss