

Please use this time to complete the ProQOL for your own reference during the presentation.

[https://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score.pdf](https://www.proqol.org/uploads/ProQOL_5_English_Self-Score.pdf)

# Understanding the Risks of Trauma Exposure and Increasing Resilience in Graduate Students



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# Today's Plan



- Definitions of important concepts
- The challenges: Graduate school stressors PLUS exposure to traumatic material
- What helps reduce negative effects
- Ways to self-monitor

## Vicarious Traumatization

- Negative changes to therapists' cognitions about themselves, others, and the world
- A result of exposure to the traumatic material of clients
- Cumulative process over the course of a career, specific to professionals

## Secondary Traumatic Stress

- Symptoms mimic PTSD, but the helper has not been exposed to a traumatic event
- Refers to exposure to the trauma experiences of others

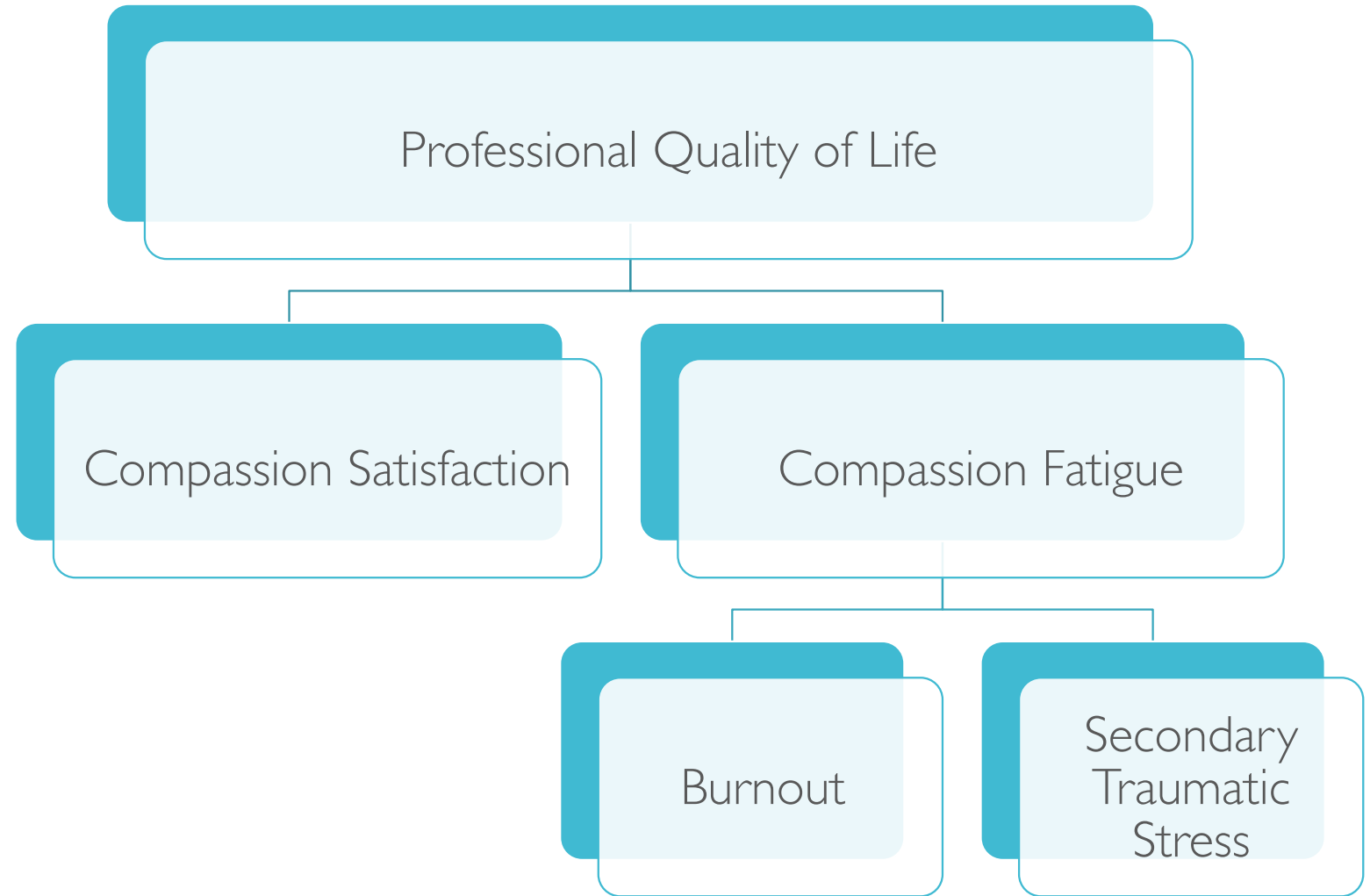
# Burnout

- Work-related feelings of hopelessness, difficulty coping, and/or declining performance
- These negative feelings usually have a gradual onset
- Sometimes associated with a very high workload or a non-supportive work environment

Compassion  
Fatigue

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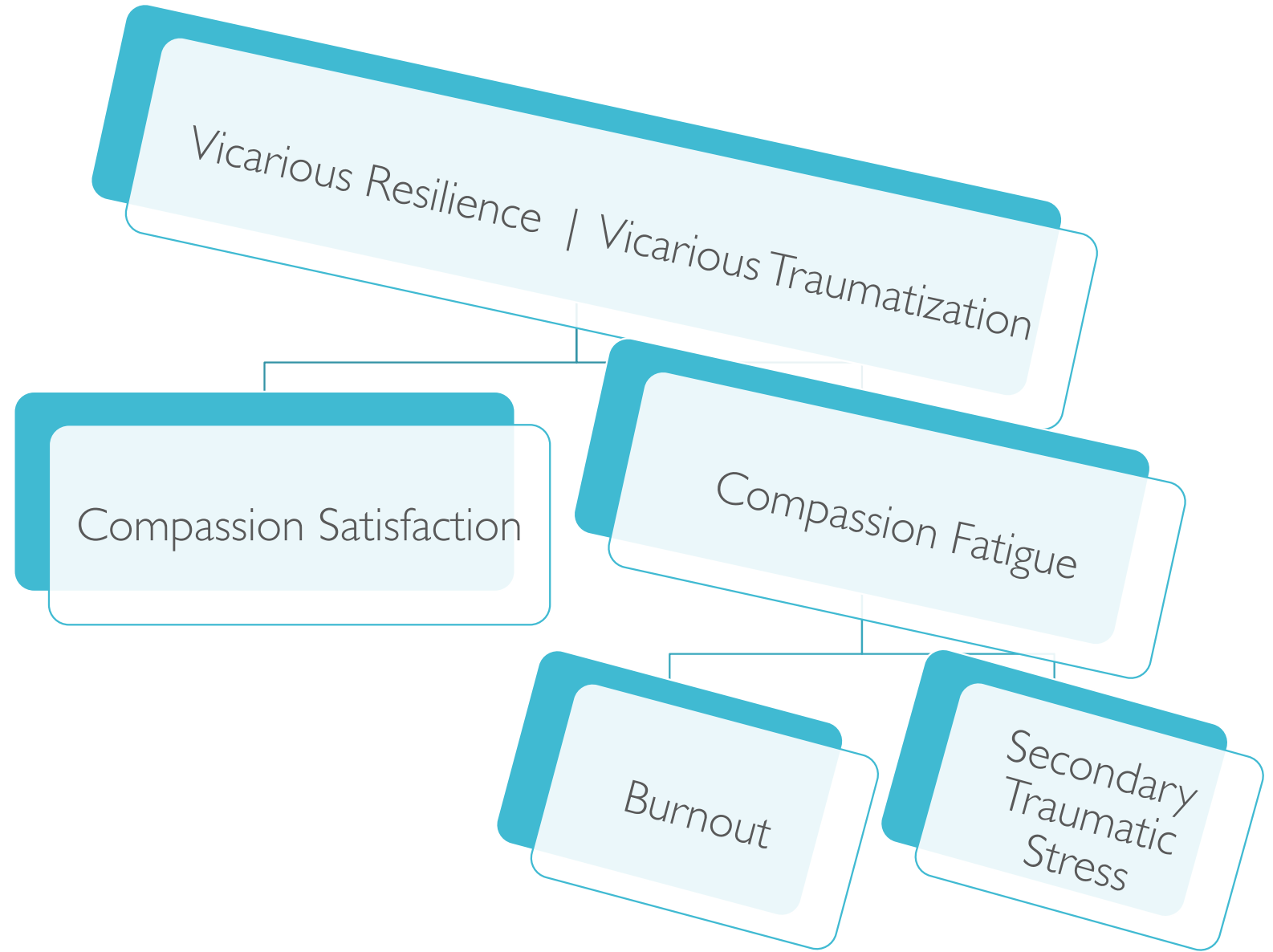
Compassion  
Satisfaction



(Stamm, 2010)

Compassion  
Fatigue

Compassion  
Satisfaction





Compassion  
Fatigue

Compassion  
Satisfaction



(Stamm, 2010)



# The Challenges (aka Stressors)

- Time demands
  - Performance demands
  - Ethical challenges
  - Role switching
  - Financial pressures
  - Self-doubt
  - Anxiety
  - Burnout
  - Lack of perceived support from supervisors/mentors
- Health issues
  - Lack of social support
  - Privacy concerns
  - For some, transitioning into adulthood while managing grad school
  - Discrimination (higher for racial/ethnic minorities)

(Butler et al., 2017; El-Ghoroury et al., 2012; Michalos et al., 2016)



# The Outcomes

## **El-Ghoroury et al. (2012):**

- Over 70% of students reported a stressor since beginning graduate work that kept them from functioning optimally
- 28% reported discouragement or hopelessness as a barrier to seeking out resources for coping

## **Butler et al. (2017):**

- 42% reported a decline in health since beginning their program
- 50% reported a decrease in efforts at self care during the program
- 20% were high or severe on STS scores
- Average to high scores on Compassion Satisfaction



## Plus Trauma: Defense style & Trauma Training

### Adams & Riggs, 2008:

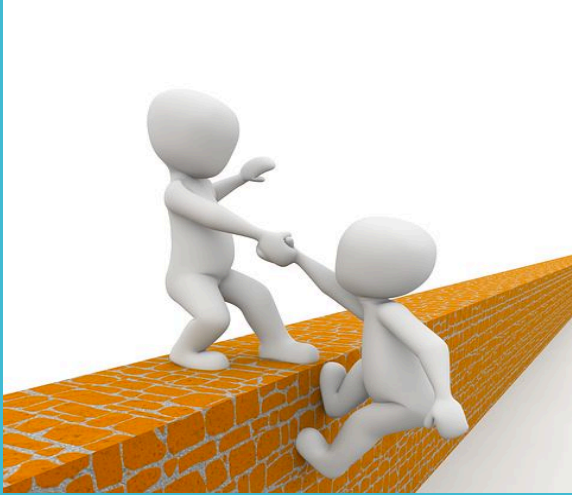
- Trainees with an adaptive defense style (42%) consistently reported the lowest levels of vicarious trauma symptoms.
- An adaptive defense style seems to be a protective factor against vicarious trauma symptoms regardless of a history of personal trauma history.
- Over half of the sample reported a self-sacrificing defense style, which was associated with significantly higher levels of trauma symptomatology than the adaptive style.
- Among student therapists with a trauma history, a self-sacrificing defense style was even more problematic.



## Plus Trauma: Defense style & Trauma Training

### Adams & Riggs, 2008:

- 25% of the sample reported working with trauma clients with no prior formal training related to trauma
- Deficits in trauma-specific training are associated with increased vicarious trauma symptoms independent of defense style.
- No significant differences were noted between students with no trauma-specific training and students with minimal training



What helps?

- Strong supervision around counter-transference issues to increase student trainees' awareness of defenses
- Personal psychotherapy to increase self-awareness
- Semester-long courses on trauma or multiple intensive courses



## Plus Trauma: Field Work

### **Craig & Sprang, 2010:**

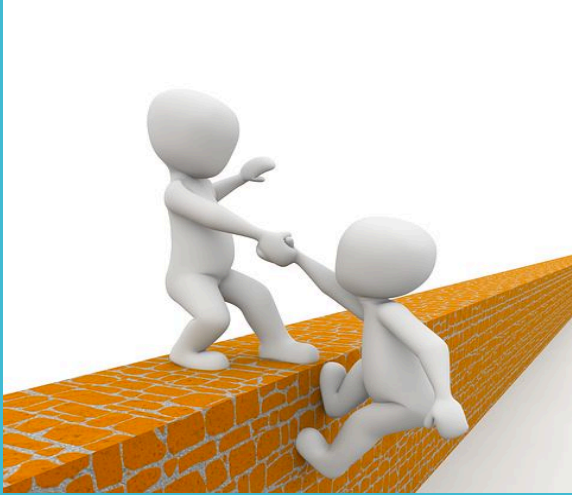
- Burnout was related to younger age, high % of PTSD cases, working as an inpatient clinician, and not using evidence based practices
- Compassion satisfaction was related to more years of experience and use of EBPs

### **Gottesman, 2008:**

- Higher total number of hours providing trauma-focused therapy during practicum was a significant predictor of secondary traumatic stress symptoms

### **Butler et al., 2017:**

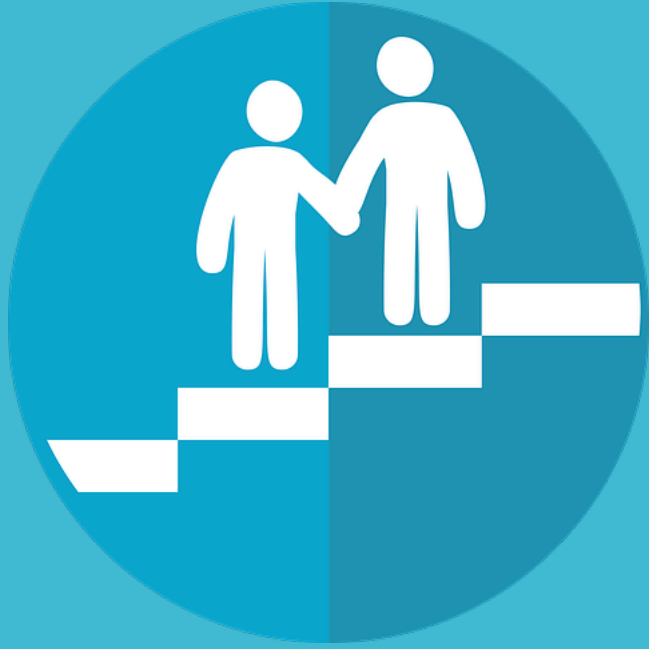
- Field work stress more related to retraumatization than coursework stress



What helps?

- Learn and use evidence based treatments for traumatized clients
- Be proactive about limiting the number of trauma clients on your caseload





## Supervision

- Promotion of information regarding trauma
- Insights into countertransference reactions that contribute to VT
- Higher quality provided more protection against STS than higher quantity (Michalos, 2016)
- Ethnic/racial minorities sought out supervision as a means of coping significantly more often than did White students (El-Ghoroury et al., 2012)
- NCTSN Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool

<https://www.nctsn.org/resources/secondary-traumatic-stress-core-competencies-in-trauma-informed-supervision-self-rating-tool>

# Self Care

## Social support, social support, social support...

Butler et al. (2017):

- SC importance: extremely or very (90%)  
moderately (9%) and little (1%)
- SC effort during the program: increased (26%)  
no change (24%)  
decreased (50%)
- Decreased SC effort was a predictor of higher burnout and STS scores
- Increased SC effort was predictive of higher CS scores and reduced the odds of a decline in health status by 2/3



# Vicarious Resilience

(Hernandez, 2010; Edelkott, 2016; Hernandez-Wolfe, 2018)



## Elements of Vicarious Resilience:

- \* changes in life goals and perspectives
- \* client-inspired hopes
- \* an increased self-awareness
- \* self-care practices
- \* an increased capacity for resourcefulness
- \* an increased recognition of the clients' spirituality as a therapeutic resource
- \* an awareness of how the power and privilege of the therapist are related to the client's social status
- \* an increased capacity, on the part of the therapist, for being attentive to the victim's narratives.

(Hernandez-Wolfe, 2018)

The following questions explore how clients have affected the therapists because of their capacity to overcome adversity:

- What challenges have you witnessed your clients overcoming in the therapeutic process?
- What did your client stimulate in you that you want to nurture and expand?

In examining how you may have been positively impacted by your clients' ways of coping with adversity, do you:

- Have any thoughts about how your perception of yourself may have been changed by your clients' resilience?
- Feel that your general outlook on the world has changed in some way?
- Identify any impact in your own views about spirituality?
- Have any thoughts about how your views on trauma work may have been positively impacted by your clients' resilience?
- Have any thoughts about how the ways you take care of yourself have been impacted by your clients' resilience?

Finally, we ask:

If you were to consider that ethnicity, class, sexual orientation, religion, gender—theirs as well as your own—play a role in shaping your experience, how would they do so?

# Takeaways



## Regularly:

- Use the ProQOL to monitor your levels of burnout, secondary traumatic stress, and compassion satisfaction.
- Use the Vicarious Resilience training questions to reflect on your work.

## What helps:

- High quality supervision
- Personal psychotherapy
- In-depth training on trauma
- Field work grounded in evidence-based practices
- Limiting the number of PTSD cases on your caseload
- Sustain or increase self care efforts
- Prioritize social support

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