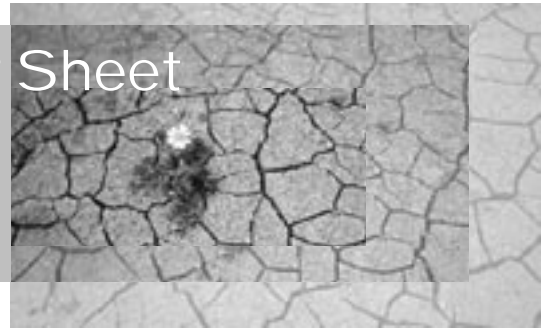




Fostering Resilience in Response to Terrorism Among Mental Health Workers

Fact Sheet



Resilience

Practicing psychologists and other helpers who are called upon to balance demands placed on them in their work with patients and clients against the demands in their own lives have faced more compelling challenges in the aftermath of 9-11. In a nation facing war and anxiety about additional terrorist activities, there are national feelings of fear, vulnerability, and uncertainty. Psychologists may find their own anxieties mirrored or increased by the concerns and feelings they hear expressed by their patients or clients. Providing psychological assistance during national crises involves listening to, witnessing, and responding empathically to clients' varied reactions to these events, their concerns for family and friends who are directly or indirectly affected, their anxiety about safety and the future, and their existential questions about the meaning of these events. Meeting these demands repeatedly and continuously requires tremendous resilience on the part of the psychologist. Resilience, or the ability to adapt to difficult, challenging, stressful, or traumatic life experiences, can be particularly important for the psychologist. It is an ongoing process that can be learned and developed. Resilience, which may also be known as protective factors, can be enhanced by several things—available social supports, self-awareness, the ability to provide self-care, and, for many, an ability to connect to something larger than themselves. This could include religious or spiritual activities, volunteerism, or an affirmation of humanitarian values.

Challenges at Times of National Crisis

When Clients Are in Crisis, They Often Need More From Therapists

- Clients in distress may request additional sessions or need increased telephone contacts.
- When clients' previous experiences of traumatic events are triggered, they may experience more symptoms or have more crises.
- When clients need more at a time when the therapist is managing personal reactions to a tragedy, the stress of professional work increases.

Therapists Must Manage Boundary Shifts and Issues of Disclosure

A unique aspect of a community trauma is the shift in therapeutic boundaries that may result.

- Clients know therapists have experienced an extremely stressful event; therapists have no choice about initial disclosure.

- Questions may arise about the therapist's well-being, experience, and family members, and therapists may have to make choices about disclosure and frame changes.
- Therapists may experience unusual countertransference, which can make it harder to track their personal responses to clients and their material, and recognize where personal reactions might interfere with clinical judgment.

In Times of National Crisis, Psychologists Are Asked To Help

At a time of national trauma, all psychologists may be seen as trauma experts and asked to respond, give information and advice, and intervene in communities.

- Psychologists may be asked to provide expertise as trauma experts when they are not trained in traumatic stress, and, thus, have to draw from their other competencies to address the crisis.
- Psychologists may have to examine the limits of their competence in the face of a great press to be trauma experts.
- Psychologists may be operating in new venues, e.g., public speaking, media interviews, group discussions, or Internet forums.

Many of these circumstances increase professional demands and stress on psychologists at a time of personal distress.

Different Types of Vulnerability to Traumatization

When both therapist and client share a traumatic event, the therapist can experience traumatization in both personal and professional realms.

On a personal level,

- Therapists may experience the direct effects of exposure to traumatic events as they perceived and experienced them. This is the experience of being directly in harm's way.
- Therapists may also experience traumatization secondarily by witnessing the traumatization of people with whom they have close or intimate relationships, such as family members, coworkers, friends, and neighbors.

On a professional level,

- Therapists can experience vicarious traumatization (VT)

The Fostering Resilience series is a product of the APA Task Force on Resilience in Response to Terrorism. Each fact sheet is designed as a resource for psychologists working to promote resilience among a variety of target populations.

Psychologists are encouraged to refer clients and members of the public to the APA Practice Directorate's online Help Center (www.APAHelpCenter.org) and such resources as The Road to Resilience (www.APAHelpCenter.org/resilience).



or secondary traumatic stress (STS). VT is defined as the transformation of a person's inner self as a result of the person's empathic engagement with traumatized clients in the context of a helping relationship. Secondary traumatic stress is defined in relation to direct, or primary, trauma, which refers to those directly in harm's way. Secondary trauma is not in the direct past, but exposure secondary to the primary victim. In some cases, the professional may experience symptoms similar to those they help.

- Many psychologists experience multiple levels of traumatization during times of national crises or disasters.

Vicarious Traumatization/Secondary Traumatic Stress

A therapist's vulnerability to vicarious traumatization is influenced by the interaction between the self of the therapist and his or her current clinical work. Contributing factors include:

- Each therapist's unique personal response determined by personal history, dynamics and defensive style, current life circumstances, as well as proximity and personal connection to the events and people involved in the tragedy
- The therapist's empathic engagement with each client's unique experience of the tragedy

For example, a therapist may become increasingly vulnerable when the therapist's clients:

- Report sources of anxiety the therapist had not yet thought about,
- Describe a known or imagined experience of a particular survivor or victim that was hitherto unknown to the therapist, or
- Use coping strategies that conflict with the therapist's own defenses or coincide with the therapist's greatest anxieties.

It is important to note that those working to assist in roles other than therapy may also experience VT or STS due to their helping people who are directly in harm's way. This could include all types of helpers, from those who are on-site at a disaster helping with any type of chore to those who provide health care to those who assist in gathering resources but may not be directly on-site.

Recognizing and Attending to Vicarious Traumatization and Secondary Traumatic Stress

Recognizing VT/STS

VT/STS affects the same general aspects of self that are affected by traumatic life events.

- *Self capacities:* Affect management, object constancy, self-worth
- *Frames of reference:* Identity, worldview, spirituality
- *Basic beliefs and psychological needs:* Safety, trust, esteem, intimacy, and control
- *Perception and memory:* Verbal, somatic, visual imagery, emotional, relational, and behavioral
- *Loss of hope and meaning:* Increased cynicism and pessimism; nihilism, existential despair
- *Some people find that they are very angry* about the event or at the perceived perpetrators.
- *In some cases, people may even experience symptoms* similar to those seen in post-traumatic stress disorder or depression.
- *The dangers of VT/STS* lie both in direct negative effects (intrusive imagery, disrupted beliefs) and in our defenses against pain (numbing, overgeneralized negative expectations, cynicism).

Coping With VT/STS

- *Self-assessment:* Ask yourself, "How am I doing?" What do I need? How have I changed? Discuss the questions and answers with a colleague, friend, or therapist.
- *Protect yourself:*
 - Be aware of your vulnerability and the negative consequences of your work,
 - Strive for balance, and
 - Maintain connection with others.
- *Address the stress of your work:*
 - Practice self-care,
 - Nurture yourself by focusing on sources of pleasure and joy, and
 - Allow yourself to escape when necessary.
- *Transform the negative impact of your work:*
 - Focus on finding meaning in your work and day-to-day activities,
 - Challenge negativity, and
 - Participate in community building activities, joining with others around a common purpose or value.

The Fostering Resilience series is a product of the APA Task Force on Resilience in Response to Terrorism. Each fact sheet is designed as a resource for psychologists working to promote resilience among a variety of target populations.

Psychologists are encouraged to refer clients and members of the public to the APA Practice Directorate's online Help Center (www.APAHelpCenter.org) and such resources as The Road to Resilience (www.APAHelpCenter.org/resilience).



- *Connect with yourself and with others:*
 - Pay attention to your inner experience,
 - Talk about it with others,
 - Do not work alone, and
 - Ask for support as well as offering it to others.

Risk and Protective Factors

What Do Therapists Need? Options for Support

- Work environments that acknowledge the reality of secondary or vicarious trauma and offer support for self-care and connection
- Forums for discussions about the work and its stresses
- A group with a focus on discussing and addressing vicarious traumatization
- A buddy system (Identify a colleague with whom you will discuss the work and its challenges.)
- Regular clinical consultation
- Personal psychotherapy
- Continuing education opportunities that address these topics
- Emotional release (opportunities to express strong feelings of grief, fear, anger, gratitude)
- Realistic expectations for selves
- Information

For more information on vicarious traumatization and the occupational hazards of psychological practice, contact the Board of Professional Affairs' Advisory Committee on Colleague Assistance for information sheets, bibliographies, and other materials.

What Are Common Responses?

Common responses to traumatic events in the life of the therapist include:

- Emotional reactivity (more or stronger feelings; unexpected emotions or reactions)
- Fear and anxiety (personal reactions to terror and threats that distract or inhibit)
- Fatigue (emotional and physical exhaustion or weariness)
- Sadness, grief, or depression (feeling low, mourning, spiritual malaise, or queries)

- Absences from clinical practice for personal need or professional demands, which can increase the stress of clinical work
- Intrusive imagery (reactions to the sound of planes or to the sight of towers)

All of these normal responses can influence professional work and must be recognized and understood in order to be addressed constructively. The extraordinary demands on psychologists during times of national crisis intensify the need for self-monitoring with an eye to self-care strategies that can help bolster professional resilience. It is important for mental health workers to understand that increased stress is a natural response to these circumstances and that the first step in managing this stress is careful attention to self-care.

One commonly used measure for gauging a practicing psychologist's professional quality of life, including secondary or vicarious trauma, burnout, and professional satisfaction, is the Professional Quality of Life Scales (ProQOL), which includes subscales for satisfaction, burnout, and trauma risks. This measure may be found at <http://www.isu.edu/~bhstamm/tests.htm>.

Additional Resources

Getting help when it is needed is an important aspect of taking care of oneself, and it can also contribute to resilience. In addition to turning to family members and friends for assistance, a person can take other helpful actions, including joining community support or self-help groups, reading books about how others have successfully managed hardships and challenges, and gathering related information on the Internet (though quality can vary by source).

One online resource that may be a good place to start is the **APA Help Center at www.APAHelpCenter.org**.

Authors

Karen W. Saakvitne, PhD; B. Hudnall Stamm, PhD
Senior Editor: Laura Barbanel, EdD

The text for this fact sheet is largely drawn from *Tapping Your Resilience in the Wake of Terrorism: Pointers for Practitioners* (<http://www.apa.org/practice/practitionerhelp.html>), developed by members of the APA Board of Professional Affairs' Advisory Committee on Colleague Assistance, including Chair Michael F. O'Connor, PhD, Nancy S. Elman, PhD, and Karen W. Saakvitne, PhD, PhD, and by Christopher J. McLaughlin, director of professional development demonstration projects for the APA Practice Directorate.

The Fostering Resilience series is a product of the APA Task Force on Resilience in Response to Terrorism. Each fact sheet is designed as a resource for psychologists working to promote resilience among a variety of target populations.

Psychologists are encouraged to refer clients and members of the public to the APA Practice Directorate's online Help Center (www.APAHelpCenter.org) and such resources as The Road to Resilience (www.APAHelpCenter.org/resilience).