



Short communication

The road less traveled and beyond: Working with severe trauma and preventing burnout



Ioanna Katsounari

Social Work Department, Frederick University, 7, Y. Frederickou Str., Pallouriotisa, Nicosia 1036, Cyprus

ARTICLE INFO

Article history:

Received 25 June 2015

Accepted 13 October 2015

Keywords:

Survivors of torture

Clinical work

Trauma

Burnout

ABSTRACT

Working with severe trauma in the clinical field predisposes the clinician to the possible vulnerabilities caused by burnout. Clinicians working in this field, may feel overwhelmed, become symptomatic, and experience disruptions in their professional and personal relationships due to burnout. These reactions can be minimized and prevented if the clinician applies adaptive ways of coping with burnout. This paper offers practical advice on how to counteract burnout in professionals working in the helping professions, and specifically with survivors of severe traumatic experiences.

© 2015 The Author. Published by Elsevier GmbH. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

I have been working with survivors of torture since 2004, first as a trainee in Clinical Psychology and afterwards as the Supervising Psychologist in a rehabilitation program for survivors of torture. When I began therapeutic work with survivors during my training in the United States, I remember my genuine urge to immerse myself in the tortured world of my clients – a world dominated by terror, silent humiliation, and visible pain. During the first years of working in this area, my determination to continue was sustained by the exceptional will of survivors to heal and their ability to bounce back from their haunting pasts. As a trainee, I recall other fellow professionals discussing burnout, and while its signs were visible to me, my youthful drive and interest in this cause did not allow me to fully comprehend what burnout entails. After years of practice in this field, I personally experienced and witnessed in fellow colleagues the burnout caused when working with humans who have survived the most extreme and darkest experiences that any human being can envision. After completing my studies, I moved back to my native country of Cyprus, where I had the opportunity to continue the clinical work in a program developed for the rehabilitation of survivors of torture. Since then I worked therapeutically with many survivors of torture and also supervised other clinicians who work in this area.

Trauma survivors bring to the therapist both their profound woundedness and their survival skills. Therapists working with survivors of trauma may feel overwhelmed, become symptomatic, or experience disruptions in their therapeutic, professional, or personal relationships unless their own reactions to such clients and

their stories are understood (Garland, 2002). The world of torture survivors is unique, as their past experiences are beyond the limits of any normal human experience. As their stories gradually unfold in the therapy room, the clinician becomes a witness to harrowing stories of human cruelty and evil. Clinicians are confronted with questions such as: “How can any human being do this to another human being?,” “How can I trust anyone again?,” “Why this has happened to me?” These questions can be addressed with the survivor in rational terms, but unfortunately cannot be answered on an emotional level. The survivors’ struggle to regain their dignity and trust in others is a long and arduous process. The psychological world of trauma can be described as trying to drive a car while you press the brake and gas at the same time. Flashbacks and nightmares resuscitate the story, which the survivor tries to escape, while a constant sense of threat transforms the world into a permanent enemy (Garland, 2002). The clinician needs to become the “holding vessel” of all the hate, anger, fear and sadness expressed by the survivors, while often becoming the target of all these feelings. There are many times that clients vent out their hate and anger toward the world to their therapist. Negative transference where the therapist finds him or herself in the role of the perpetrator is particularly hard on therapists working with trauma victims (Pross, 2006). Processing these feelings with a neutral stance requires a tremendous amount of energy and clinical skill. Research indicates that trauma therapists who advocate and practice working through traumatic events with their clients show less compassion fatigue, burnout, and distress than therapists who do not (Deighton, Gurriss, & Traue, 2007).

The domino effect that the current financial crisis is having on all aspects of society has created a harsh reality for vulnerable groups,

E-mail address: jkatsounari@yahoo.com

<http://dx.doi.org/10.1016/j.burn.2015.10.002>

2213-0586/© 2015 The Author. Published by Elsevier GmbH. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

including asylum seekers, who receive even less attention. Financial crisis has not only created even greater gaps at service delivery toward this population, but also has brought up the issue of asylum as a major political issue and the regurgitation of many misconceptions about this group and their status in European societies (Winter, 2011). Furthermore, torture survivors in the asylum process are often refused international protection based on negative credibility assessments. Therapists also feel incredibly demoralized when trauma clients receive a rejection letter to their asylum application, especially after months of preparatory work with survivors in order to tell their story to asylum authorities. The therapist in this case has to confront with the client the possibility of deportation, a harsh reality which causes the re-emergence of the symptoms. Frequently, apathy and disinterest appear in helpers in the midst of their professional careers if they cease to continue their professional education, and instead fall into the familiar rut of routine. This is a further cause of burnout that has rarely been mentioned in the literature (Hawkins & Shohet, 2007).

The high dropout rate of torture survivors must also be considered when working with this group. A range of reasons responsible for the high dropout of torture survivors is likely to include a lack of resources, such as transport to reach the centers, and changes in their life circumstances (such as moving to a different town, finding employment). It is also likely that some survivors may leave treatment when they feel that they have made sufficient recovery, or because they feel that the treatment is not meeting their needs (Winter, 2011).

Finally, commonly, clinicians working with torture survivors are managing large case loads with limited access to space, equipment, technical and emotional support. In addition, medical and psychological care of torture survivors often takes place in difficult social, political, and economic contexts, which has an impact on clinicians. Rebuilding the life of someone whose dignity has been destroyed requires a considerable amount of time, and as a result long-term material, medical, social and psychological support must be granted to these individuals. The strong level of responsibility therapists feel for their traumatized clients may hide an emotional strain and may lead to burnout (Holmqvist & Andersen, 2003).

Due to the aforementioned challenges in working with survivors of torture, clinicians need to stay active throughout their career in order to combat burnout. Thus, the following suggestions derive from my own experience as a clinician and clinical supervisor, as well as leader in peer support groups.

1. Theme 1: Create a support network

Bond with fellow colleagues. Sustaining a shared sense of purpose and unity is essential in organizations whose main purpose is to work with trauma survivors. This can be achieved by sharing activities with colleagues in and outside the workplace. One example is to have on the schedule a shared time where staff can eat lunch together or socialize after work. The group can also plan shared activities based on the interests of staff members.

Peer support. Clinicians need to have an opportunity to discuss feelings, which arise during therapeutic work with survivors, as well as the implication of these feelings in the management of their cases. In addition, secondary trauma is a common response to chronic and severe trauma, which needs to be addressed both in one-to-one supervision and peer support sessions.

Network with other professionals. Working with trauma survivors can cause the therapist to feel lonely and utterly challenged. Often professionals express the feeling that what they offer is much more than the rewards they derive from this type of work. Discussing the reasons you chose to work with trauma with other professionals in

your field can lessen the fatigue and adds a sense of purpose and meaning in your work.

2. Theme 2: Be as versatile as you can

Change many hats during your working career. Working with severe trauma for many years can lead to feeling stagnant in your clinical work. Thus, it helps if different duties and responsibilities are allocated to colleagues working in this context. Changing roles and tasks will make clinicians feel positively challenged and renewed. For example, it was personally invigorating when after many years of working with survivors of torture, I was asked to supervise students and new clinicians who recently began work with trauma survivors. The opportunity to pass on my knowledge and experience to young clinicians was rejuvenating and empowering. Other opportunities can involve becoming involved in new program development, to raise funds for existing programs, and to network with other professionals and organizations. A work environment must be created that encourages flexibility and creativity, and that promotes continuing education and qualification, e.g., in the form of sabbaticals for research projects and publication (Pross, 2006). For example, many colleagues at centers for traumatized refugees have reduced their hours in recent years and set up offices in which they also treat less ill clients.

Extend and renew your knowledge and skills. Professionals working within this field need to be constantly provided the opportunity to extend and renew their knowledge base and clinical skills. Thus, it is important that staff members are encouraged to come in contact with current research and approaches in the area of trauma. Because trauma work has become one of the most important areas of intervention in community work, there is always a host of new knowledge and approaches to share with other professionals. Engaging in learning will make professionals feel helpful and increase their engagement with this type of work.

3. Theme 3: Take care of your own self first

Heal from your own traumas first. Many professionals who are drawn to work with trauma survivors do it because of personal experiences, which in turn motivate them to help others with similar experiences. In psychoanalytic literature, this is called repetition compulsion which is translated to an urge to 'repeat' the trauma by exposing oneself to similar experiences. Kleinman (1988) calls secondarily-traumatized therapists "wounded healers." These are people who, through their own traumatic experiences, possess a greater capacity for empathy; however, their need to heal others helps them avoid contact with their own unprocessed traumas. My experience as a supervisor is that many professionals have not adequately worked through their own issues before engaging in work with survivors. This often leads to secondary trauma and early burnout as professionals cannot handle the tremendous pain and suffering of others and can put into jeopardy the clinical process.

Have a balanced personal life. Working with trauma survivors is at the same time a very demanding as well as fulfilling job. One important pre-requisite for sustaining interest and energy in this work is to have a balanced personal life. This means that you feel loved and cared for, valued and nurtured through your personal relationships. Furthermore, while conflict is part of human relationships and often necessary in order to reach a new state of equilibrium, harmony in personal relationships is essential when dealing with the often chaotic worlds of traumatized clients.

Pick your favorite way to exercise. Psychotherapy requires a constant state of careful attention and attunement to clients as they unveil their painful past. The high empathy demands imposed

on the clinician who works with trauma inflicts additional stress to specific parts of the body such as the neck, shoulders, and back. Many professionals complain about headaches and chronic migraines. Releasing the tension from these body parts gives the opportunity for repressed feelings accumulated during therapeutic work to be released, refuels energy, and provides a sense of well-being.

Take regular breaks. Trauma workers need to grasp the urgent need for time away from work, in order to be able to recharge energy levels for a sustained focus at work. This entails engaging in activities that you enjoy on a regular basis and escaping from the usual work routine as often as possible. For some people this means coming closer to nature, traveling to other countries, or participating in groups and activities that are not related to this type of work.

4. Theme 4: Become your own advocate

Advocate for your own rights. Most professionals who choose to work in the humanitarian field do so because they feel passionate about human rights and serving the underserved. Organizations that serve these populations often struggle with funding and organizational issues. As a result, staff members often work overtime and are reimbursed less for service provision. Pross (2006) claims that one cause of burnout in helpers who work with traumatized people is their low level of social recognition, especially in the professional establishment. Such recognition, expressed in such practical things as job positions, titles and salaries, nevertheless plays a major role in the psychological health of the helper. It is therefore important to sustain the feeling that you can advocate for your rights as a human being and worker. This can in return make you feel more empowered to empower your clients to fight for their own rights.

Choose your volunteer activities. Volunteering is important in the humanitarian field as it gives the opportunity to reach out to people in need, who do not have access to services. However, it is important to remember that carrying a heavy load of voluntary work can lead to early burnout. Therefore, it is important to choose your volunteer

activities carefully in order to closely match your goals, but also to focus on dedicating your extra time to what is more important for you.

5. Theme 5: Look at the glass as half full

Focus on the positive change observed in your clients. This entails moving away from pathology and focusing on the resiliency and strengths discovered in your clients during clinical work. Even in the midst of adversity, human beings show a remarkable ability to adapt and move forward. Keep notes on the positive attributes and changes observed in your clients after each session and post them in your office to view during stressful times.

Try not to dwell in misery. Although the world is far from being a perfect place, trying not to focus on the negative aspects of life is important, especially since clients bring their own hopelessness and despair into clinical work. Thus, it is essential to avoid reading stories about human difficulties, or watching TV news and movies that depict negative aspects of human life. The clinician can actively seek positivity, like reading positive newspaper or magazine articles. It is important to remind ourselves that there is plenty of joy and happiness to be gained from little things in life.

References

- Deighton, R. M., Gurriss, N., & Traue, H. (2007). Factors affecting burnout and compassion fatigue in psychotherapists treating torture survivors: Is the therapist's attitude to working through trauma relevant? *Journal of Traumatic Stress, 20*(1), 63–75.
- Garland, C. (2002). *Understanding trauma: A psychoanalytic approach*. New York, NY: Karnac Books.
- Hawkins, P., & Shohet, R. (2007). *Supervision in the helping professions* (3rd ed.). UK: Open University Press.
- Holmqvist, R., & Andersen, K. (2003). Therapists' reactions to treatment of survivors of political torture. *Professional Psychology: Research and Practice, 34*(3), 294–300.
- Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. US: Basic Books.
- Pross, C. (2006). Burnout, vicarious traumatization and its prevention. *Torture, 16*(1), 1–9.
- Winter, A. M. (2011). Social services: Effective practices in serving survivors of torture. *Torture, 21*, 48–55.