NORMAL RESPONSES TO TRAUMA:  
EFFECTS ON PSYCHOLOGISTS and SELF CARE

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BACKGROUND

The terrorist attacks of September 11, 2001, the unsettled circumstances and continued uncertainty about war abroad, and the risk of terrorist threats at home continue to powerfully affect psychologists. Some of the ongoing realities include:

♦ Ambiguity about what is or may be occurring, accompanied by…
♦ Acute and/or long term anxiety,
♦ The potential threat creates an ongoing and perhaps chronic stressor. This can lead to alterations in our:
  ♦ Sense of personal identity
  ♦ World view
  ♦ Spirituality
  ♦ Sense of meaning
♦ Experiencing for the first time since the Civil War, terrorism on our own soil,
♦ Knowledge that people hate us enough to die to stop our way of life. We are the stereotyped objects of projection, demonized as a nation and a people.
♦ Normal responses to trauma include alterations in the following:
  ♦ Beliefs in safety, trust and control
  ♦ Self-esteem and ability to engage in intimate or close interpersonal relationships
  ♦ Cognitive processes, particularly perception and memory, including the possibility of intrusive imagery, distractibility

Our work as psychologists since 9/11 has required both the extraordinary and the usual:

♦ Meeting the needs of clients has demanded resilience
  (See ACCA Resilience Fact Sheet)
♦ We and our clients have shared the reality of this experience, even though our professional roles have not changed. (See Shared Trauma Fact Sheet)

NORMAL RESPONSES OF PSYCHOLOGISTS*
An expectation that we will take care of others, managing increased demands for longer hours, different kinds of work than we are accustomed to doing (consultations, debriefing in a situation with role ambiguity unlike our normal working setting)

♦ A tendency to believe that because we are psychologically sophisticated, we will not experience the fears/distress/vulnerability of others.

♦ An ideal that if we do experience distress, no one should know about it or it is shameful

♦ Increased fears and sense of vulnerability of family and friends may increase our sense of demand and feeling that there is nowhere to let down our guard.

♦ A possibility that we will attempt to avoid the distress by working even harder, avoiding social interaction or peer engagement and/or overusing alcohol or other addictive behaviors.

♦ New and different trauma experiences (deaths, airplane accidents) must be processed through the lens of our experience of 9/11/01

♦ Actual events and ongoing terroristic threats may mean that our work lacks the experience of closure and/or that our experience is one of chronic stress.

♦ Teaching or supervising students or trainees may require attending to their distress of working as novices under these changed circumstances

♦ Our work may be affected by, as demonstrated by the following:
  - changing responses to our clients (projection and countertransference, cognitive restrictions or narrowing of our focus of response),
  - fearfulness of responsibilities while feeling increasingly responsible,
  - the risk of avoiding the realities of the traumatic events or overfocusing on them;
  - the risk of distancing from the pain, loss and rage in the client’s experience because it is so painful for us (Pearlman & Saakvitne, 1995).

SELF CARE

Psychologists’ self-care strategies are particularly important in responding to trauma and practicing in a changed world. As Pearlman (1999) states: “We recommend that therapists do for themselves the self-nurturing, self-building things they would have their clients do” (p. 62).

It may be particularly hard for psychologists to acknowledge vulnerability or ask for help. Psychologists’ identity as caretakers may make it uncomfortable or threatening to share the stress or distress created by this work. Below are several areas of self care …

Assess Your Need for Self Care

♦ It is surprisingly easy to overlook paying attention to one’s own mood, images, thoughts and perceptions to determine the effects of stress in our work.

♦ Several assessment devices that may be helpful are:
♦ The Compassion Satisfaction/Fatigue Self Test for Psychotherapists. This instrument, developed in conjunction with Charles Figley’s research, and is designed to help therapists differentiate between burnout and secondary traumatic stress (66 items). It is available at http://mailer.fsu.edu/~cfigley/satfat.htm. At this website are scoring directions, psychometric information, and links to related resources.

♦ Three Assessment Tools recently released by NIH (Norris, 2001). They are intended to assess the effects of 9/11/01 on participants in ongoing research studies, and include 1) Assessment of Exposure to the Events; 2) Loss of Psychosocial Resources; 3) PCL-T (PTSD Checklist-terror) [DSM-IV] with one-item overall stress measure. These could be helpful for reviewing the extent of exposure and effect of clients as well as oneself as a way of determining the need for paying particular attention to self-care.

♦ A series of self-assessment worksheets on stress and vicarious traumatization, as well as a thorough self care assessment device are available in Transforming the Pain: A Workbook on Vicarious Traumatization (Saakvitne & Pearlman, 1996). This work has been developed with the Staff of the Traumatic Stress Institute and is useful for ourselves and/or for interventions with others.

Balance Your Professional Life by…

♦ Managing your case load (trauma survivors and non-survivors, age, gender, chronic and acute cases)
♦ Varying the type of work (intersperse therapy with supervision, meetings, breaks, and balance clinical and non-clinical work (research, teaching, supervision)
♦ Arranging some time for self-care during the day (lunch, a phone call, attend to stress in our bodies with breathing, yoga, stretching or taking a walk). (Pearlman, 1999).

♦ Increasing knowledge through continuing education (APAs Subcommittee on Psychology’s Response to Terrorism has included continuing education on coping with stress and trauma as one of its priorities).

Attend to ecosystemic factors, including:

♦ family needs and expectations,
♦ effects of our cultural and ethnic context, including spirituality, and
♦ the way in which organizational structure and processes of our work are helping or hindering our well being.

Maintain Consultation with a Buddy or a Professional Peer Group

Consultation can provide: resources and tangible aid, clarification through careful, nonjudgmental listening, correcting distortions in the therapist’s perceptions, provide reframing perspectives on the stress reactions and provide empathic attunement to the therapist affected by secondary traumatic stress. (Catherall, 1999).
The objectives of consultation include, respecting individuality of each person’s way of coping and mastering the situation, reframing and normalizing disturbing images, thought and feelings, and empowering psychologists to be active agents in our own self care. Consultation groups must be cautious to prevent avoiding or distancing from an affected peer as a defense against our own experience of vulnerability.

If you are developing or participating in a consultation/support group for psychologists, the following variables describing the environment of such a group may be helpful:

♦ The stressors are accepted as real and legitimate.
♦ The problem is viewed as a problem for the entire group and not as a problem that is limited to the individual.
♦ The general approach to the problem is to seek solutions, not to assign blame.
♦ There is a high level of tolerance for individual disturbance.
♦ Support is expressed clearly, directly, and abundantly in the form of praise, commitment, and affection.
♦ Communication is open and effective; there are few sanctions against what can be said. The quality of communication is good and messages are clear and direct.
♦ There is a high degree of cohesion
♦ There is considerable flexibility of roles and individuals are not rigidly restricted from assuming different roles.
♦ Resources—material, social, and institutional—are utilized efficiently.
♦ There is no subculture of violence (emotional outbursts are not a form of violence).
♦ There is no substance abuse. (Figley, in Catherall, 1999, p. 85).

* Material for this fact sheet is drawn from extensive research on the effects of psychological work with trauma survivors developed in other contexts with multiple types of trauma. It is assumed that the basic concepts and understandings can be applied to the trauma and posttraumatic stress disorders incurred in the wake of the September 11, 2001 events and their effects on psychologists. Below is a brief list of significant works related to normal responses of psychologists and key aspects of self care.

Resources


The summary of this research on disaster victims is available, along with the three-part assessment tool from the Office of Behavioral and Social Science Research (OBSSR) of NIH can be found at: http://obssr.od.nih.gov/activities/911/attack.htm.


