Working with Combat Trauma Clients  
Risk Factors and Self-Care for Practitioners

Psychologists who work with combat trauma survivors, including those who served in Iraq and Afghanistan, need to be aware of factors that may put them at risk of professional stress and impairment. Meanwhile, they should remain mindful of self-care.

The Need to Self-Monitor

Psychologists’ reactions to client stories of interpersonal violence can trigger feelings that range from numbness to rage, helplessness to excessive control, and over-identification to distancing and detachment. Some practitioners may cope with their feelings through maladaptive behaviors such as excessive alcohol consumption or overeating. Psychologists need to continually self-monitor their emotional and behavioral responses to working with trauma clients, paying particular attention to the following factors.

Therapists working with trauma survivors commonly experience a sense of over-identification with the client (Stamm, 1999). For example, a practitioner may feel anger toward the government after service members share harrowing experiences related to military combat. Over-identification with a client may be especially problematic for psychologists with prior military service and for those with a personal history of trauma. The result may be a blurring of boundaries between clients’ clinical issues and the psychologist’s own experiences.

Over-identification may interfere with a practitioner’s ability to remain objective and detached from the client’s problems and therapeutic needs. In such cases, a psychologist may unconsciously seek to meet his or her own personal needs through advice giving, self-disclosure and perhaps intentional contact with the client outside of therapy sessions. Therapists who over-identify often report ruminating about the client during the week and express strong feelings of concern or anger on behalf of the client (Figley, 2002).

Some practitioners can become caught up in the sensational aspects of the trauma work and push clients to recount details of their trauma past the point of healthy processing. This experience typically causes the client to feel unduly distressed and overwhelmed. Instead of effectively processing the event(s), the result may be client re-traumatization.

On the other hand, some practitioners may feel so distressed by the traumatic stories that they unconsciously distance themselves from their clients due to their own feelings of helplessness, avoidance, denial, guilt or shame. This distress may appear in therapy sessions as victim blaming or resistance to work on traumatic material. In these situations, therapists may even avoid seeking consultation with other therapists or supervisors about their trauma patients, further complicating the therapy and the psychologist’s own reactions.

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Self-Care Considerations

If these reactions occur frequently, the therapist may become burned out or develop “compassion fatigue” (Figley, 2003) from working with clients who have experienced traumatic life events. When a psychologist begins to notice any of these reactions, or other behaviors that may be interfering with therapeutic work — for example, forgetting or canceling appointments, loss of empathy, cynicism, rescue fantasies, feelings of helplessness, rage, disgust or grief — he or she could seek consultation from another mental health professional experienced in working with trauma. If consultation is not available, or if the disruptions are more severe, the therapist might consider seeking therapy to examine his or her reactions to the client and to address any personal problem(s), such as past history of trauma, that may be impairing the therapist’s effectiveness.

Talking about personal reactions to hearing trauma clients’ stories will help the practitioner to assimilate his or her experience from both an emotional and cognitive standpoint. Psychologists need to be able to feel their natural emotions related to hearing about traumatic experiences without having those reactions disrupt the course of therapy. Further, practitioners need to be able to examine their thoughts for any cognitive distortions such as over-generalization that may be triggered by the trauma-related information — for example, thinking that the world is an unsafe place.

Psychologists also should consider seeking consultation or personal therapy if working with clients is affecting their personal life in the following ways: disconnecting from friends and family; feeling numb; becoming more irritated or angry over little things; or being unable to leave work behind at the end of the day. Practitioners with little or no military experience of their own may wish to seek consultation from individuals who understand the military culture. Doing so enables the psychologist to be educated about the reality of the war experience and may improve his or her ability to relate to the client in a therapeutic manner.

Practitioners may find it helpful to take several steps to reduce the risk of impaired behavior:

▷ obtain adequate training in working with trauma survivors;
▷ maintain ongoing collaborative consultation with other mental health practitioners; and
▷ re-examine personal reactions to traumatic stimuli continually.

Additional Resources

The following references may provide helpful readings on this topic:


*This article was prepared by the APA Advisory Committee on Colleague Assistance.*

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**NPI Alert**

Practitioners are required to begin using their National Provider Identifier number (NPI) by May 23, 2008. Beyond having their insurance claims rejected, practitioners who fail to use their NPI as of this date also risk enforcement action. Additional information is available in the February 14, 2008 issue (Vol. 5, No. 2) of the *Practice Update* e-newsletter found at APAPractice.org.