Vicarious trauma in public health workers: Role of social workers in prevention

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Abstract---Aim: This study explores the prevalence and prevention of vicarious trauma among public health workers, particularly focusing on mental health professionals exposed to second-hand trauma through client interactions. Methods: The research employs a literature review and qualitative assessments, utilizing tools such as the Vicarious Trauma Scale (VTS) to evaluate subjective distress among mental health providers. Key studies were analyzed to determine symptom prevalence and the impact of vicarious trauma on professional efficacy. Results: Findings indicate that approximately 15% of mental health professionals reported high levels of vicarious trauma, especially exacerbated by the COVID-19 pandemic. Symptoms often mirror those of PTSD but are characterized by emotional, cognitive, and spiritual distress stemming from repeated exposure to clients' traumatic experiences. Conclusion: Vicarious trauma poses significant risks to mental health providers' well-being, impacting their effectiveness and the quality of care they deliver. Immediate interventions, including self-care strategies and professional support, are essential for mitigating long-term effects. Social workers play a vital role in addressing these challenges by providing assessment, support, education, and advocacy for trauma-informed practices.

Keywords---vicarious trauma, public health workers, mental health professionals, PTSD, intervention, social workers.

Introduction

Vicarious trauma, a concept originating from constructivist self-development theory, refers to detrimental alterations in both emotional and cognitive domains that arise from encountering second-hand traumatic content among mental health professionals. [1–3] Although distinct from post-traumatic stress disorder

(PTSD), vicarious trauma manifests symptoms similar to PTSD, such as re-experiencing traumatic events, avoidance behaviors, and depressive moods. [3] The extent of exposure to traumatized individuals is a critical predictor of vicarious trauma incidence. [4–6] The characteristics, manifestation, and enduring effects of vicarious trauma differ from other psychological repercussions experienced by mental health providers. [7–9] Specifically, vicarious trauma evolves over a prolonged period due to incremental exposure to clients' traumatic narratives, contrasting with secondary trauma, which can occur within a much shorter time frame.10 The alterations linked to vicarious trauma tend to be more enduring and can lead to detrimental impacts on various aspects of identity, self-image, spirituality, and worldview. [7–9] These conditions may be perceived as typical responses to repeated encounters with clients' distressing experiences, potentially resulting in diminished motivation, effectiveness, and empathy.[10–12] Such changes pose risks due to their adverse effects on providers' well-being, self-worth, relationships, safety, and trust, ultimately influencing the quality of care that clients receive.[10,13].

Responses to trauma

Vicarious trauma should be distinguished from other trauma forms experienced by those frequently exposed to traumatic content. Mental health practitioners who engage with traumatic memories and symptomatology may face emotional, cognitive, and spiritual distress as a result. Various terms describe this phenomenon, including secondary traumatic stress, emotional burnout, post-traumatic stress, and vicarious trauma. Post-traumatic stress refers to the emergence of anxiety and stress symptoms following exposure to a traumatic event (American Psychiatric Association).[14] Individuals who interact with those suffering from post-traumatic stress may encounter challenges associated with secondary traumatic stress and potentially vicarious trauma. Although these terms are often used interchangeably, they differ in their impact on mental health professionals. Unlike vicarious trauma, secondary traumatic stress is not exclusive to mental health workers; anyone in close contact with a trauma survivor may experience it.[15] Secondary traumatic stress is characterized as the emotional response that arises when an individual hears about another's firsthand trauma experiences (Bober & Regehr, 2005). The symptoms of secondary traumatic stress resemble those of PTSD but may not be as enduring.[16] Similarly, compassion fatigue can be conflated with secondary trauma and vicarious trauma, arising from interactions with trauma survivors, such as providing long-term care for a loved one.[17] Burnout, on the other hand, denotes prolonged physical and psychological exhaustion related to one's work and does not replicate PTSD symptoms. [8] However, sustained stressful working conditions have been shown to exacerbate nurse fatigue and burnout, contributing to high turnover rates, which may increase susceptibility to vicarious trauma.[18]

Common symptoms of vicarious trauma

Mental health providers often fail to recognize symptoms of vicarious trauma due to the nature of their roles. When working with patients who have endured trauma, it is common for these providers to discuss treatment options, often

without acknowledging that they may be experiencing similar symptoms due to vicarious trauma.[19]; Bober & Regehr, 2005. [20] Emotional manifestations of vicarious trauma can include prolonged feelings of grief, anxiety, or sadness.[13] Some individuals may experience irritability or anger towards others, while others may find themselves frequently distracted, feeling unsafe, or experiencing shifts in mood or humor. Behavioral symptoms may encompass feelings of isolation, increased consumption of alcohol or substances, or changes in eating and sleep patterns.6 Some may engage in risky behaviors or struggle to delineate work from personal life, potentially leading to increased workloads. Physiological symptoms may manifest as frequent headaches, unexplained rashes, ulcers, or heartburn.[13] Cognitive symptoms may present as cynicism, negativity, difficulties in concentration, or memory issues. At times, a clinician may find trauma constantly occupying their thoughts, impacting daily activities, personal relationships, and professional interactions. [6] Spiritually, these symptoms may result in a diminished sense of hope, a loss of purpose, and an overall disconnection from others. [20,21] Providers may experience a loss of direction, feelings of unworthiness or guilt, and a sense of diminished love. [20,21].

Implications and Risks Associated with Vicarious Trauma

Mental health care providers, including psychiatrists, psychologists, psychiatric nurse practitioners, counselors, and therapists, are trained professionals who face the risk of experiencing vicarious trauma. Those who work consistently with trauma-affected clients are at heightened risk due to ongoing emotional engagement and continuous exposure to patients' traumatic experiences. [7,21–23] Vicarious trauma is more complex than secondary traumatic stress, as it delves into the dynamics occurring within trauma counseling contexts.[19]; Bober & Regehr, 2005. [20] The symptoms of vicarious trauma can be challenging to identify because they involve cognitive distortions and alterations in fundamental belief systems.[19]; Bober & Regehr, 2005. [20] Core beliefs may encompass self-perception, the ability to recognize and maintain a nurturing inner connection with oneself and others, self-awareness, and the use of cognitive and social skills for relationship maintenance, as well as fundamental psychological needs such as trust, safety, control, esteem, and intimacy, alongside perceptions of memory and adaptation to distressing experiences. [24] Given that these core beliefs can be negatively impacted, vicarious trauma may have profound long-term effects on the ability of mental health providers to deliver effective therapeutic services. [20] Additionally, if providers avoid addressing their trauma-related triggers during patient interactions, the effectiveness of therapy may be compromised.

COVID-19 and Vicarious Trauma

Throughout the COVID-19 pandemic, many individuals have faced stressors and traumatic experiences, including financial difficulties, academic challenges, and the loss of loved ones. [25] Mental health care providers have also navigated uncertainties in their work and personal relationships while remaining exposed to the traumatic experiences of their patients. [26] A recent study (Aafies-van Doorn et al., 2012) found that providers experienced levels of vicarious trauma similar to those reported in prior research. [27] Approximately 15% of mental health care providers reported high levels of vicarious trauma during the COVID-19 pandemic

(Aafies-van Doorn et al., 2012). The pandemic's additional stressors likely exacerbate symptoms of vicarious trauma, underscoring the urgent need for effective interventions.

Vicarious Trauma Scale

Vicarious trauma has been examined using various assessment tools, including The Trauma and Attachment Belief Scale (TABS) and PTSD symptom checklists. [7,15,28,29] Due to a scarcity of dedicated assessment methods and the overlapping characteristics with secondary traumatic stress and compassion fatigue, most symptom assessments for vicarious trauma have relied on PTSD symptom checklists.[15,28–30] The Vicarious Trauma Scale (VTS) was specifically designed to evaluate the subjective distress experienced by professionals counseling traumatized clients. [31] This eight-item scale demonstrates good reliability (Cronbach's α = 0.88) and employs a seven-point Likert-type scale, where one indicates strong disagreement and seven indicates strong agreement. The VTS was initially validated with a sample of criminal attorneys and shows promise for applicability in other professional groups. [7,32] However, research on the VTS remains limited, and its use has not been widespread.

Vicarious trauma shares symptoms with PTSD but is characterized by second-hand exposure and re-experiencing traumatic material relayed by patients or clients. [3] Research indicates that gradual, prolonged exposure to traumatic events can lead to enduring negative changes in both affective and cognitive domains. [7–9,20] For mental health care providers, findings suggest exposure to traumatic themes is prevalent across various professional roles. Factor analysis has confirmed a strong likelihood of encountering vicarious trauma, indicating that, during patient interactions, the risk of experiencing vicarious distress is substantial. The Vicarious Trauma Scale (VTS) assesses whether providers encounter traumatizing or distressing material, which can exacerbate vicarious trauma. For instance, providers may feel distressed when listening to traumatic narratives, dwell on distressing material outside of work, and struggle to process the content shared by patients. Such experiences can lead to adverse effects, including diminished motivation, empathy, and increased feelings of helplessness.[10–12]

It is also possible that reviewing the scale items could trigger vicarious distress symptoms in providers, as recalling specific patient interactions may negatively impact their mood. Given that vicarious trauma can skew one's worldview towards negativity and hopelessness, rather than fostering a positive outlook, recognizing these symptoms is crucial for timely intervention. [8,9] Mental health providers, who offer support to individuals facing emotional, physical, psychological, and sexual trauma, are particularly vulnerable to developing vicarious trauma. Those with a personal trauma history face an even greater risk of triggering responses that could hinder their recovery and overall psychological health. [34]. Providers must discern when to seek professional assistance, as timely interventions can mitigate long-term repercussions. Recommended strategies include: self-monitoring for signs of vicarious trauma, maintaining a healthy work-life balance to support physical and mental well-being, setting realistic goals and responsibilities, empowering patients with resources rather

than assuming their recovery duties, balancing caseloads with a mix of less traumatized patients, engaging in peer support and buddy systems, taking breaks in environments devoid of trauma-related stimuli, seeking social support from colleagues and family, and pursuing individual therapy when necessary. [34,35,36]

Role of Social Workers

Social workers play a crucial role in addressing vicarious trauma among mental health care providers, especially in the context of trauma-informed care. Their main roles include:

1. **Assessment and Identification**: Social workers are trained to recognize signs of vicarious trauma in themselves and others. They can conduct assessments to identify the symptoms and impacts of vicarious trauma on mental health professionals, facilitating timely intervention.
2. **Support and Counseling**: Social workers provide emotional support and counseling to colleagues experiencing vicarious trauma. They can create a safe space for professionals to express their feelings, share experiences, and process trauma-related stress.
3. **Education and Training**: Social workers can develop and deliver training programs focused on vicarious trauma awareness and prevention. This includes educating mental health providers about the symptoms, risks, and strategies for self-care, fostering resilience and awareness.
4. **Advocacy for Self-Care**: Social workers advocate for the importance of self-care among mental health professionals. They can promote practices that enhance well-being, such as regular supervision, peer support, and taking breaks from work-related stressors.
5. **Implementation of Trauma-Informed Practices**: Social workers can guide the integration of trauma-informed care practices within organizations. This involves creating an environment that recognizes the impact of trauma on both clients and providers, promoting policies that support mental health.
6. **Resource Provision**: Social workers can connect mental health professionals with resources for further support, including workshops, therapy options, and community resources that address vicarious trauma.
7. **Crisis Intervention**: In cases where vicarious trauma leads to significant distress or impairment, social workers can provide crisis intervention services, helping individuals manage their symptoms and regain functioning.
8. **Promotion of Healthy Work Environments**: Social workers can work within organizations to advocate for healthy work environments that prioritize mental health, including policies that address workload management, adequate supervision, and access to support services.
9. **Research and Evaluation**: Social workers can engage in research to better understand the prevalence and impact of vicarious trauma within their professions. They can contribute to the development of assessment tools and interventions tailored to specific work settings.
10. **Building Community and Peer Support**: Social workers can facilitate peer support groups or networks for mental health providers to share

experiences and coping strategies. This communal approach helps reduce isolation and fosters a supportive professional culture.

Through these roles, social workers contribute significantly to the well-being of mental health providers and the overall effectiveness of trauma-informed care.

Conclusion

In summary, vicarious trauma represents a significant and often overlooked challenge for mental health professionals who engage with clients' traumatic narratives. While the symptoms may overlap with those of PTSD, vicarious trauma is distinct in its gradual development and long-term implications, affecting not only providers' mental health but also their capacity to deliver effective care. The study highlights that exposure to traumatic themes is common across various roles within the mental health sector, necessitating a proactive approach to identification and intervention. The impact of vicarious trauma is profound, influencing providers' emotional states, cognitive frameworks, and interpersonal relationships. It can lead to a decline in motivation, empathy, and overall job satisfaction, ultimately compromising client care quality. Given the additional stressors introduced by events such as the COVID-19 pandemic, which have heightened the risk of vicarious trauma, the urgency for systematic support and preventive measures is clear. Social workers are pivotal in mitigating these effects, leveraging their training to recognize signs of vicarious trauma and provide necessary support and resources. Their role encompasses assessment, education, advocacy for self-care, and the promotion of trauma-informed practices within health care settings. By fostering resilience among providers and creating supportive environments, social workers enhance the well-being of mental health professionals, thereby indirectly benefiting the clients they serve. Addressing vicarious trauma through comprehensive strategies is essential for sustaining a healthy workforce in public health.

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