

## Risk Factors for Workplace Fatigue- Vicarious Trauma

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The accompanying video explores the phenomenon of vicarious trauma, its impact on occupational therapists (OTs) and possible preventative strategies. Vicarious trauma refers to the changes to the “psychological, physical and spiritual well-being” of individuals who work with victims of trauma (1). Occupational therapists may have clients who are referred specifically for trauma related events such as abuse or military deployment or clients may reveal traumatic events during the course of treatment for other, apparently routine, needs such as hip pain or flexor tendon injury. OTs are often exposed to traumatic incidents through their clients’ narratives. Although the incident did not happen to that OT personally, she/he may be deeply affected by what the client has gone through. The effects of these upsetting client interactions are cumulative, and over time may begin to color the therapist’s view of the world (1,2). Some OTs experiencing vicarious trauma find themselves developing a cynical world view and begin to become distrusting of others. These changes negatively impact the individuals overall feeling of well-being and security (2,3) and interfere with professional, family and team relationships and communication. The OT may experience the hallmark symptoms of posttraumatic stress disorder. Chronically overwhelmed and fatigued therapists may adopt the client’s story as their own memory and may experience flashbacks, dreams and intrusive thoughts (3). These changes may be disruptive to sleep, and further compound insomnia and fatigue.(2)

Vicarious trauma is thought to be strongly related to forms of empathy (1), so all OTs are potentially at risk. Individuals who are new to the career may be at greater risk of vicarious trauma if they have not yet developed adequate coping skills (4). Individuals with little social support also have an elevated risk for developing vicarious trauma, as do those with personal trauma histories.(4)

Working with persons who have experienced trauma does not guarantee a practitioner will develop vicarious trauma. Strategies can be implemented at both the personal and organizational level to mitigate the risk and individuals with experience working with traumatized clients can act as mentors to advise other practitioners to ensure balance in their personal lives. Taking time for self-care and pleasurable activities is key (3). The restorative activities should provide an opportunity for escape, play and/or rest (2). Reflective activities, such as journaling, are also valuable because they allow the therapist to organize his/her thoughts and become aware of internal dialog (2,3). For example cognitive strategies can be employed so that negative thoughts and upsetting experiences can be re-framed (1,2). Some professionals who work with traumatized clients/patients find it valuable to get their own psychologist or counselor (3). This is something that most human resource/occupational health and safety departments of large organizations are involved in providing.

At the organizational level, scheduling should ensure that therapists have adequate time for rest and vacation (5). Management should also try to ensure a balanced and reasonable caseload. Variety in type of clients and responsibilities should be provided when possible (2,3,5). Finally, creating a culture where vicarious trauma is recognized and managed as a workplace hazard is important. Employers can demonstrate this through provided training, peer support and the opportunity for debrief is instrumental in decreasing the risk of VT(2-5).

## Resources

- Headington Institute: Offers information and free training to management and frontline staff. Dr. Pearlman (a leading researcher in vicarious trauma) has contributed writing and videos to this site.  
<http://www.headington-institute.org/topic-areas/125/trauma-and-critical-incidents/246/vicarious-trauma>
- “Vicarious trauma for front line service providers and parents”. This presentation was part of an initiative by the Government of Alberta and provides information specific to supporting with children who have experience trauma.  
\*YouTube: <https://www.youtube.com/watch?v=gP6iuoLjRAo>  
\*PDF version:  
<http://www.research4children.com/data/documents/WandaPolzinsPresentationVicariousTraumaforFrontLineServiceProvidersandParents.pdf>
- iMatter: “Self-Care for the Health Care Professional”. Provides “guidelines” on working with trauma and suggestions on self-care. The site also offers Peer Consultation™, online peer support. Although this is a paid service it may be useful to those working in remote areas.  
<http://www.imatterpsych.com/VicariousTrauma.htm>
- SAOT also offers networking and mentoring opportunities. Connect with other OTs working in trauma:  
<http://www.saot.ca>

## References

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- (3) McCann IL, Pearlman LA. Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims. J Trauma Stress 1990 01;3(1):131-149.
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- (5) Pearlman, L., & McKay, L. Vicarious trauma: What can the managers and organizations do? 2008; Available at: [http://www.headington-institute.org/files/vicarious-trauma-handout\\_for-managers\\_85189.pdf](http://www.headington-institute.org/files/vicarious-trauma-handout_for-managers_85189.pdf). Accessed October 13, 2014.