A Mixed-Methods Approach
Investigating Cognitive Changes in Vicarious Trauma within Trainees and Experienced Therapists

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Outline
• Background
• Research aims
• Method
• Key findings
• Discussion & future directions
• Time for questions

What is Vicarious Trauma?
• Empathic engagement with client trauma
• Differences with secondary traumatic stress
• Changes in therapists’ identity: frame of reference, self-capacities, psychological schemas & ego resources
• 5 key schemas: control, esteem, intimacy, trust & safety
• Effects – poor professional judgements, anxiety, substance misuse and physical health problems

Theory: Constructivist Self-Development
• Integration of psychoanalytic and cognitive-developmental learning theories
• Identifies areas of the self which are impacted by disrupted belief systems following exposure to trauma
• Cumulative – more exposure, more risk of VT
• Pervasive – impacts all areas of therapists’ life
• People construct reality using cognitive schemas – develop through experience
• Assimilation & accommodation

Research Evidence
• Previous research has found more support for the symptoms – secondary traumatic stress – than belief change
• Inconsistencies between studies – qualitative research has found more indicators of the belief changes consistent with CSDT
• Problems with quantitative measures – Trauma & Attachment Beliefs Scale

Vicarious Posttraumatic Growth
• Qualitative studies have also found positive impacts
• New possibilities, improved relationships, appreciation of life, personal resilience, spiritual change and improved clinical skills

What is Vicarious Trauma?

Theory: Constructivist Self-Development
**Research Aims**

- Explore evidence for belief changes in line with the 5 areas outlined by CSDT in trainee and qualified therapists
- Do therapists construe their current self more similarly to traumatised clients than to self before training?
- Triangulate data – do existing quantitative measures demonstrate similar findings to qualitative data from the same sample?

**Method**

- 10 trainee clinical psychologists & 10 qualified mental health professionals – Lincolnshire, Leicestershire, Sheffield and Nottinghamshire
- Repertory grids – personal construct psychology
- Mixed-methods – interviews and psychometrics
- Directive Content Analysis
- Euclidean Distances

**Results – Repertory Grids**

- Opposite to hypothesis – evidence of vicarious posttraumatic growth
- Smallest Euclidean distance = ‘self now’ and ‘client struggling with trauma’ – least similar
- Largest Euclidean distance = ‘self now’ and ‘client with posttraumatic growth’ – most similar

**Results – Directive Content Analysis**

- Positive and negative beliefs co-occur
- One area showed equal VT and vicarious posttraumatic growth – self-control
- Others showed more VT for both groups – other-control, self and other-safety, other-trust
- Some showed more growth for both groups – self-esteem and self-intimacy
- Trainees showed more areas affected by VT
- Qualified more areas with growth

**Results – Synthesis**

- No indication of VT on TABS but some areas affected in qualitative analysis.
- Differences between trainees and qualified – mild STS vs below threshold, more belief areas in interview data showing VT for trainees
- Spearman’s correlations – TABS and Euclidean distance, TABS and positive/negative codes – problematic results – lack of consistency
- Seems VT and PTG are not mutually exclusive – can occur in parallel
- Process of meaning-making and normalisation may buffer against distress
Discussion

- First study triangulating qualitative and quantitative data in British Trainees & Qualified Therapists
- Evidence found for all CDT belief areas but some more frequent
- Limitations: small sample, differences between groups, self-selection bias

Future Directions

- Longitudinal research
- Quantitative measure development
- Replicate findings in larger samples
- Factors linked to resilience

Thank you for your time any questions please?

References


