

The Traumatic Stress Research Consortium (TSRC) at the Kinsey Institute, Indiana University

February 2022

The rewards and challenges of working with trauma

Trauma therapists do demanding work. They maintain a safe and steady presence while witnessing difficult stories and attending to clients whose nervous systems are often tuned to be in a heightened survival state. All this is done with a conviction that healing is possible. And, as we have learned through our therapist survey, trauma therapists are often trauma survivors themselves.

When we began to look at the data from the therapist survey, we were surprised and inspired by the sense of satisfaction and purpose that infuses the difficult work of trauma therapy. In this newsletter, we will explore some of the challenges and rewards of being a trauma professional, as well as ways that body-based cues may be able to help therapists bring awareness to their own work-related stress.

We are seeking hundreds of therapy clients for our survey. We invite you to help your clients share their experiences. Access the online survey: <https://www.traumascience.org/client-invitation-letter>



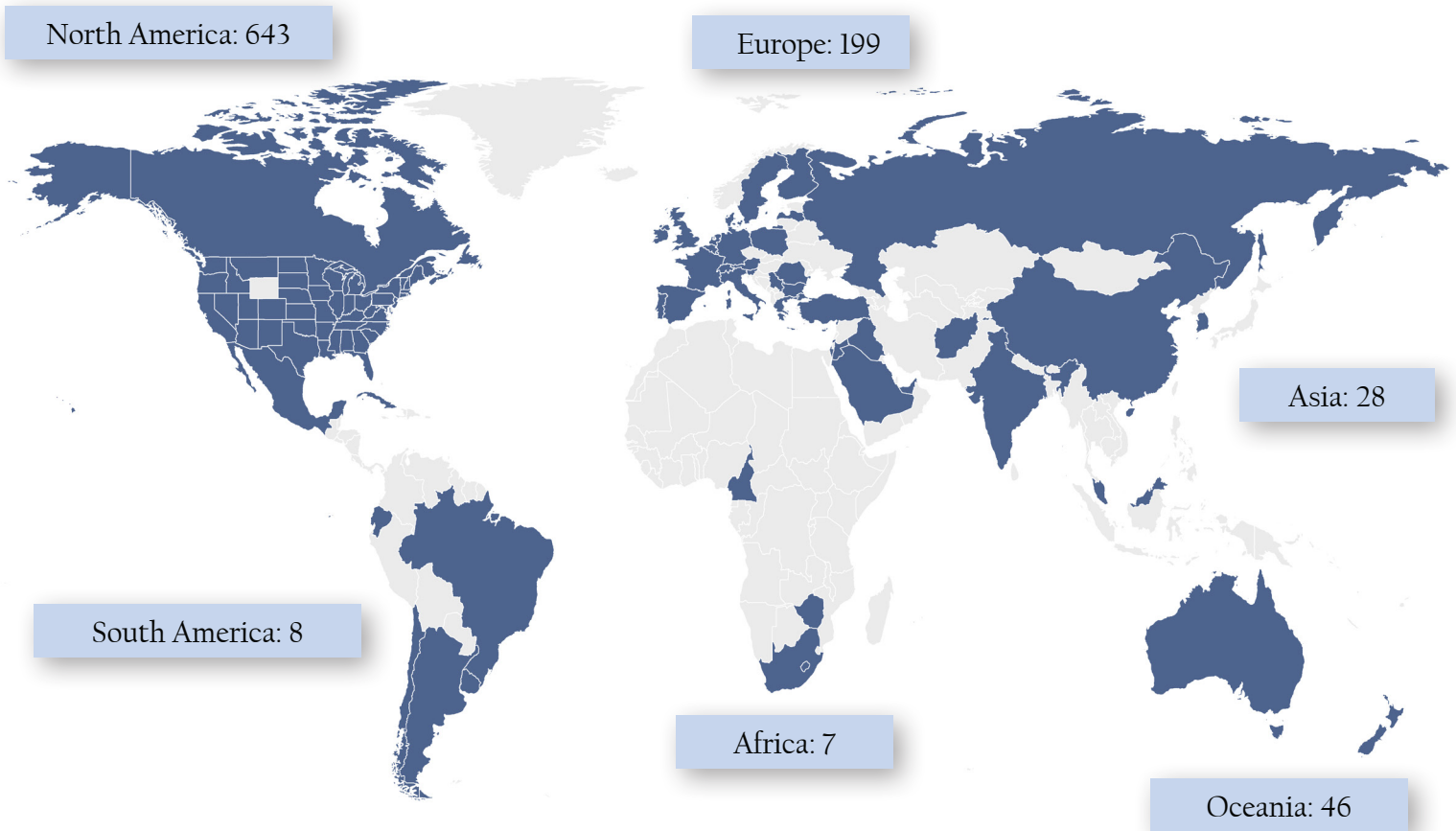
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TSRC Membership Update

Since launching in 2018, membership has grown to 940 trauma workers and continues to expand, with 157 new members joining in 2021. Two-thirds of our members are located in the US, with one-third spread over more than 50 different countries. The map below shows the locations of consortium members across the globe.

Member Numbers by Continent



Top Member Locations:

1. United States: 568
2. United Kingdom: 88
3. Canada: 71
4. Australia: 41
5. Italy: 19
6. Germany: 15
7. Switzerland: 9
8. Ireland: 9
9. Israel: 8
10. Greece: 8

Therapist Survey Overview

The goal of the therapist survey is to get to know the clinicians who are doing trauma work: their experiences, the clients they serve, and the methods they use. The survey spans a range of topics and includes questions about practice and training, professional quality of life, personal trauma experiences, body stress responses, and physical health.

All members who join the consortium are invited to participate. Since its launch in November 2018, 737 trauma workers have completed the survey. Findings are published in TSRC newsletters, which are archived on our webpage: <https://www.traumascience.org/newsletters>

We continue to explore the results as new clinicians complete the survey. Findings that were described in prior newsletters have stayed consistent, even as additional data have come in. The newsletters from spring and fall 2020 share results describing clinicians' reasons for choosing their profession, reasons leading to trauma work, therapy types offered, experience working with trauma and complex trauma, clients' presenting problems, clients' traumatic experiences, therapists' own experiences of maltreatment, and body stress reactions measured by the Body Perception Questionnaire (BPQ).

Survey at a Glance

Total responses = 737

Age:

Median = 51 years

Range = 25-80 years

80.6% Female

16.9% Male

2.5% Non-Binary

Clinicians work with these populations:

96.8% adults

58.7% adolescents

33.7% children

Clinicians provide these types of therapy:

94% individual therapy

42.2% couples therapy

36% group therapy

33.5% family therapy

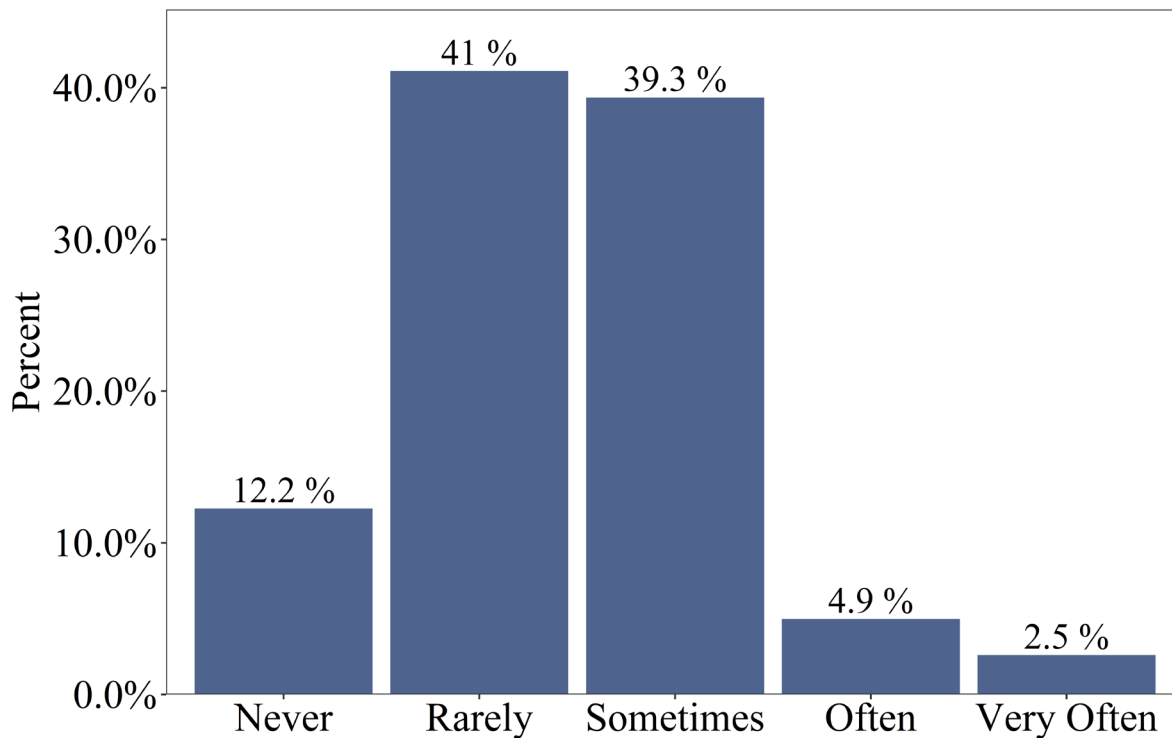
Professional quality of life among trauma therapists

In the therapist survey, we use the Professional Quality of Life questionnaire (ProQoL; Stamm, 2010) to better understand the triumphs and challenges that are part of trauma work. Below, we share some specific findings that further illuminate therapists' experiences.

Given that the vast majority of network members consider themselves trauma therapists, we were not surprised to see that many (46.7%)

are at least sometimes personally affected by their clients' traumatic stress. However, it was unexpected that just over half (53.2%) said they are never or rarely affected. As we continue to explore connections within the data, we will be looking for factors that may make it more or less likely for therapists to experience secondary traumatic stress.

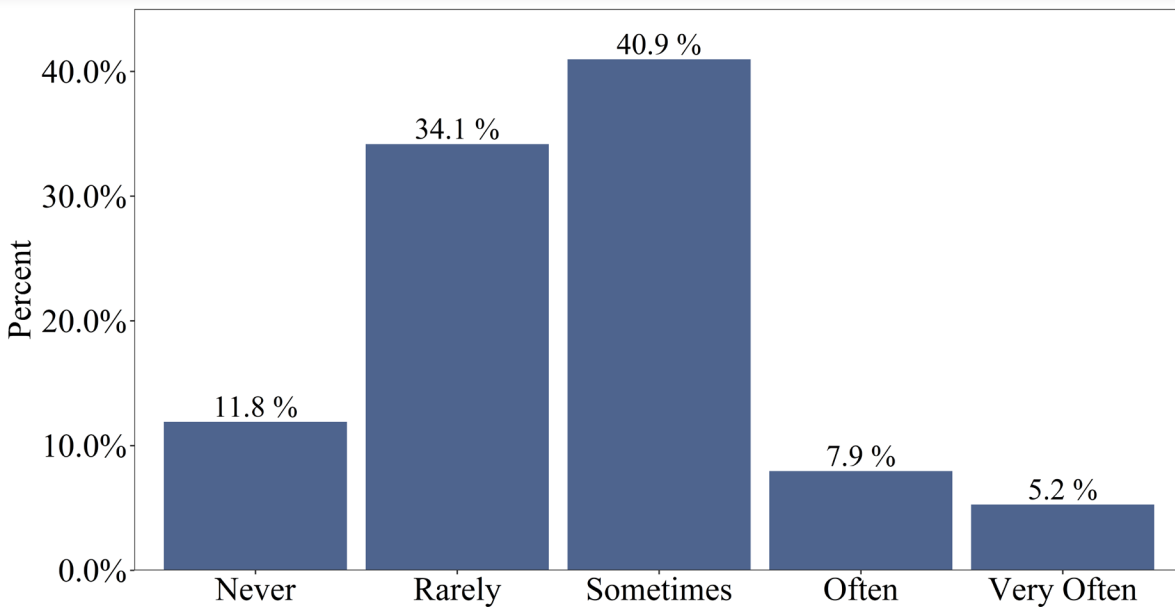
I think that I might have been affected by the traumatic stress of my client(s)



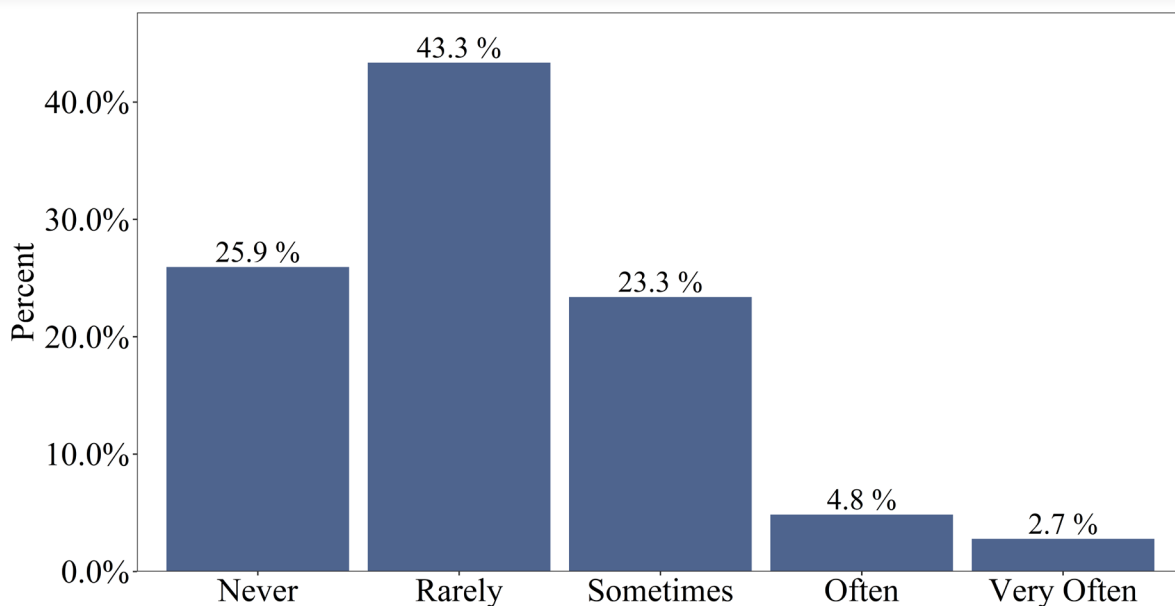
Although many clinicians said they never or only rarely feel worn out by work (45.9%), more than half (54%) say they at least sometimes feel that way. A greater majority (69.2%) say they never or rarely feel overwhelmed by their caseload, suggesting that therapists must have successful ways of managing or coping

with the demands of their work. In the upcoming revised version of the therapist survey, we will explore protective factors with new questions about common and effective strategies for coping and maintaining resilience in the face of burn out.

I feel worn out because of my work as a clinician/trauma worker



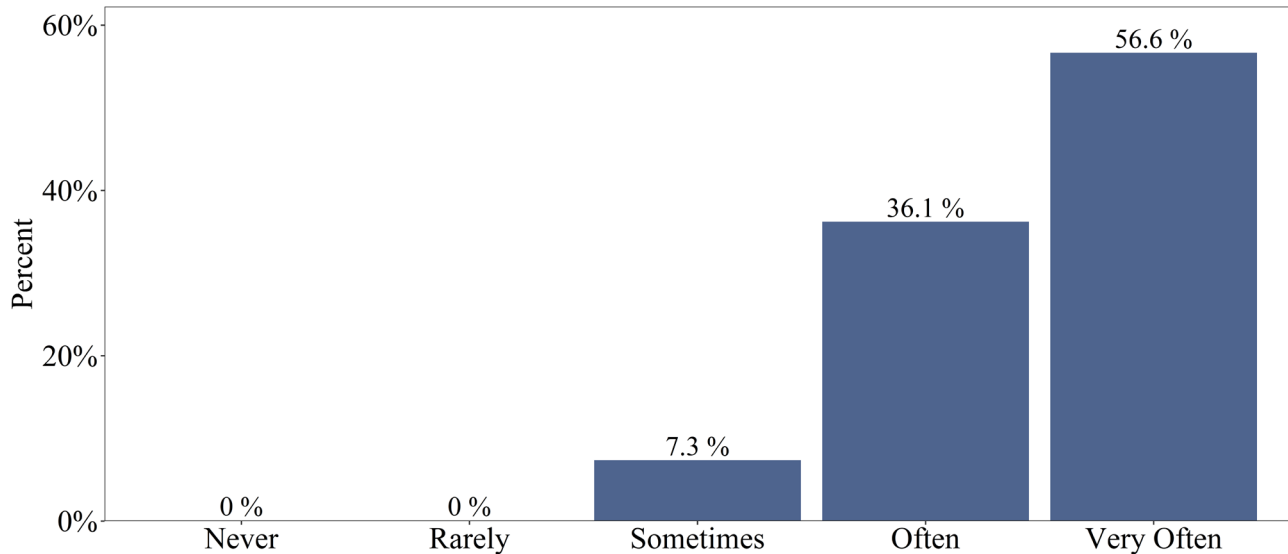
I feel overwhelmed because my caseload seems endless



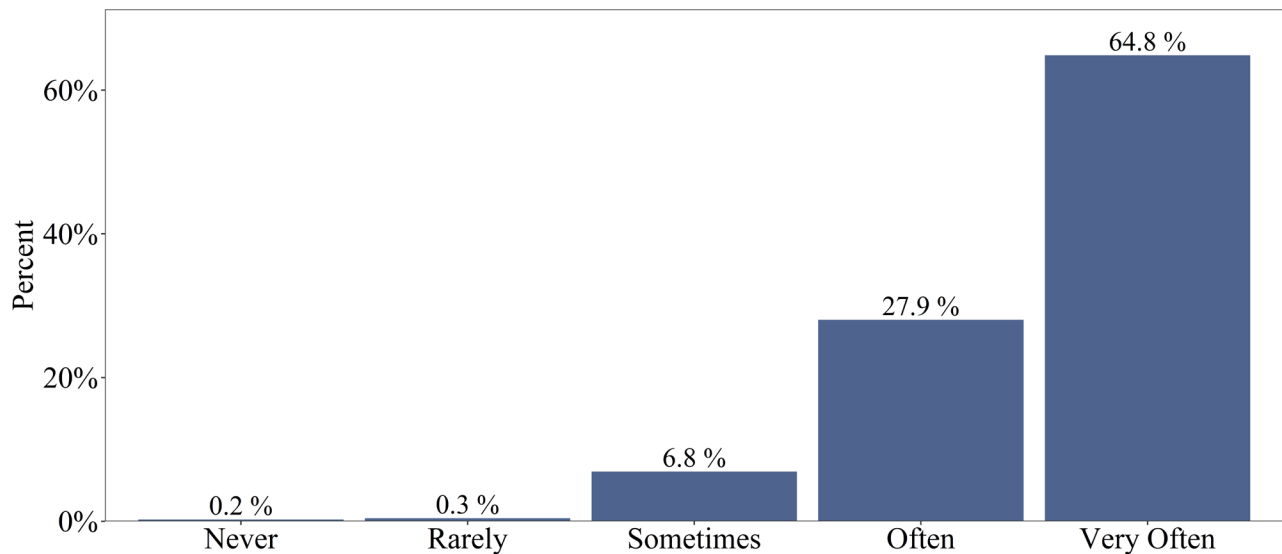
Despite challenges of secondary traumatic stress and burnout, therapists in general presented an optimistic view of their work. Almost all clinicians often or very often feel that

they can make a difference through their work (92.7%), that their work brings satisfaction (92.7%), and that they are proud of what they can do to help their clients (87.2%).

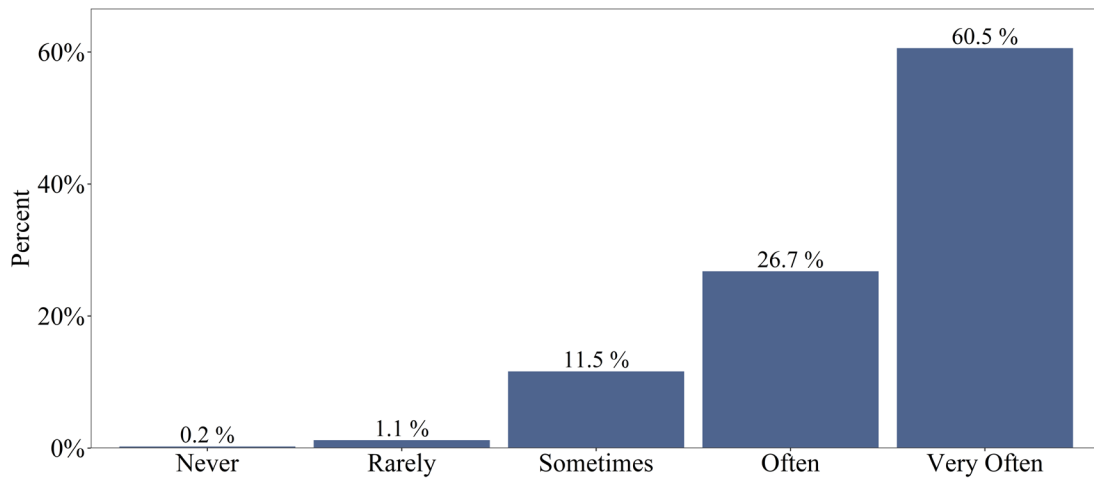
My work makes me feel satisfied



I believe I can make a difference through my work



I am proud of what I can do to help my clients



Above, we looked at what therapists said in response to questions about burnout and work satisfaction, and learned that in spite of the challenges associated with doing trauma work, trauma therapists report high levels of satisfac-

tion and sense of purpose. Next, we will explore how these measures of professional quality of life might show up in the level of body stress experienced by trauma therapists.

Clinician experiences and autonomic symptoms

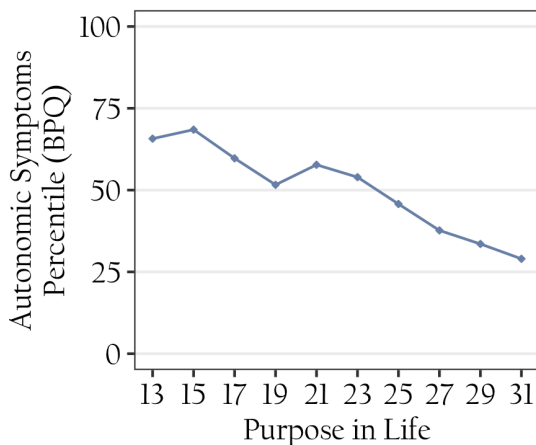
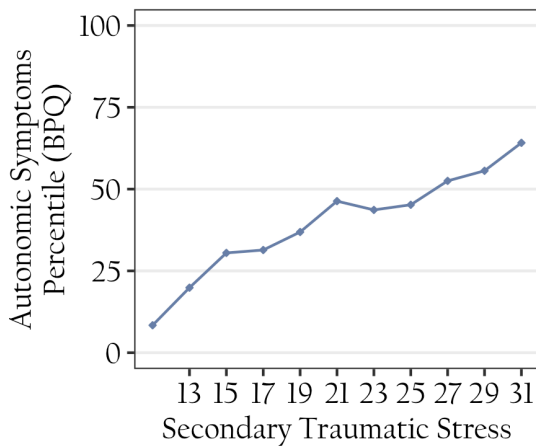
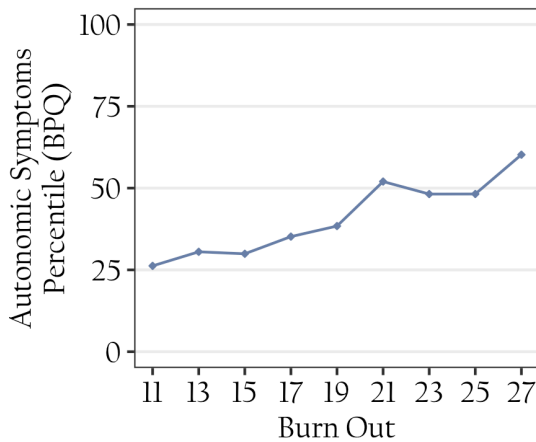
As part of the survey, clinicians were asked about their body's response to stress through the Body Perception Questionnaire.^{2,3} The BPQ is a standardized self-report measure that assesses how frequently they feel specific body stress reactions such as shortness of breath and digestive issues. Though each unique part of the body may have its own reason for activation, the parts are linked by the autonomic nervous system, a brain-body network that responds to everyday stress.

Combined scores from organs throughout the body provide a measure of autonomic stress response patterns. In our other studies, we have found that more autonomic symptoms reported on the Body Perception Questionnaire are associated with trauma history^{4,5}, post traumatic stress disorder (PTSD) symptoms⁵ and with sensor-based measures of autonomic function assessed in our laboratory at Indiana University.⁶

Example autonomic symptom questions on the Body Perception Questionnaire (BPQ):

	Never	Occasionally	Sometimes	Usually	Always
37. I gag when I eat	1	2	3	4	5
38. When I talk, I often feel I should cough or swallow the saliva in my mouth.	1	2	3	4	5
39. When I breathe, I feel like I cannot get enough oxygen .	1	2	3	4	5
43. I am constipated.	1	2	3	4	5
44. I have indigestion	1	2	3	4	5

In our analysis from the therapist survey, we found that more autonomic symptoms were related to greater levels of burnout and secondary traumatic stress. However, clinicians with a stronger sense of purpose reported fewer autonomic symptoms.⁷ These findings support the idea that mental experiences of burnout, secondary traumatic stress, and purpose in life are intertwined with the physical action of the body's stress responses.



In Summary

In general, professional quality of life is high among trauma workers in our survey. Almost all survey participants believe that their work can make a difference, feel their work brings satisfaction, and are proud of what they do. Many therapists are not overwhelmed by their caseloads. More than half said they are never or only rarely affected by their clients' traumatic stress.

These findings highlight that trauma therapists, many of whom have experienced trauma themselves, feel a strong sense of purpose. In spite of the occupational risks of secondary traumatic stress and burn out, there appear to be rich rewards that are part of helping to heal trauma. This suggests that many trauma therapists may have found effective ways to approach their work, set healthy boundaries, manage their workloads, and take care of themselves.

We can see in the data that higher levels of burnout show up as more body stress symptoms, while fewer body stress symptoms accompany a greater sense of purpose. This suggests that body stress symptoms can operate as a barometer for the stress load experienced by trauma therapists, providing a tool that therapists can use to gauge when adjustments are needed to invigorate professional resilience and return to a balanced internal state. We aim to learn more about how self-care strategies are used in practice by adding new questions to our therapist survey, which will be available to new network members later this year.

About the Consortium

The TSRC is an international group of clinicians and researchers studying the science of safety and connection. We are committed to furthering our understanding of the personal trajectories of trauma survivors, including mental and physical health, social wellbeing, resilience, and personal meaning.

Help grow our membership!

Invite your colleagues to join the TSRC network. Register at trauma@indiana.edu

Our Team

The TSRC is an international group of clinicians and researchers exploring the science of safety and connection



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Thank You to Our Donors

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Subscription Information

You are receiving this newsletter because you are an active member of the Traumatic Stress Research Consortium (TSRC). If you wish to unsubscribe, please follow the link at the bottom of the email you received from us.

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Email us at trauma@indiana.edu or learn more at <https://www.traumascience.org/>

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