

## 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<sup>1</sup>
- 5 key schemas: control, esteem, intimacy, trust & safety
- Effects – poor professional judgements<sup>2</sup>, anxiety, substance misuse and physical health problems<sup>3</sup>



### 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<sup>4</sup>
- 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<sup>5</sup>
- Inconsistencies between studies – qualitative research has found more indicators of the belief changes consistent with CSDT<sup>6,7,8</sup>
- Problems with quantitative measures – Trauma & Attachment Beliefs Scale<sup>9</sup>

### 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<sup>6,7,8</sup>



## 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

Factor	Total Frequency coded – Trainee Clinical Psychologists	Total Frequency coded – Qualified Psychological Therapists
Self-control +	18	11
Self-control -	18	14
PTG or VT?	Equal	Equal
Other-control +	17	12
Other-control -	21	11
PTG or VT?	Vicarious Trauma	Vicarious Trauma
Self-esteem +	24	40
Self-esteem -	4	2
PTG or VT?	Posttraumatic Growth	Posttraumatic Growth
Other-esteem +	13	26
Other-esteem -	18	16
PTG or VT?	Equal	Posttraumatic Growth
Self-intimacy +	18	18
Self-intimacy -	2	4
PTG or VT?	Posttraumatic Growth	Posttraumatic Growth
Other-intimacy +	27	28
Other-intimacy -	28	28
PTG or VT?	Equal	Posttraumatic Growth
Self-safety +	2	2
Self-safety -	6	4
PTG or VT?	Vicarious Trauma	Vicarious Trauma
Other-safety +	1	0
Other-safety -	8	30
PTG or VT?	Vicarious Trauma	Vicarious Trauma
Self-trust +	6	14
Self-trust -	14	14
PTG or VT?	Vicarious Trauma	Posttraumatic Growth
Other-trust +	0	0
Other-trust -	7	13
PTG or VT?	Vicarious Trauma	Vicarious Trauma

## 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 CSDT 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

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