



**STUDI  
COGNITIVI**  
Scuola di terapia cognitiva

# Monitoring self-care of trained psychotherapists who work with post traumatic and dissociative clients

Boldrini M.P., Chiappelli A., Fantinati M., Fanti P., Querci S., Sgambati S., Gualdi G., Bellardi C.  
Studi Cognitivi, Psychotherapy Training Institute and Research Center, Milan and Modena, Italy

## Introduction

This study wants to observe and detect beliefs, emotions and behaviors of trained psychotherapists, who work with post traumatic and dissociative clients, experienced middle and long, about the models of self-care (Figley, 1995;2002; Linley et. Al 2007), compared with a non-clinical population. The method involves the administration of questionnaires to a random sample of psychotherapists and a similar sample of random population, data analysis and reflection on what emerged. The tools used are essentially: SCL-90-R (Derogatis, 1994) IES-R (Weiss and Marmar, 1996) and especially the SMCS (scale models of self-care, A. Gonzalez et al., Italian translation Tagliavini G., Onofri G.A., 2012). These tools will be used to draw up a profile of the subjects in terms of symptoms, and then consider whether there are connections between their response to the SMCS and their mental state than the trauma (personal or vicar) and / or with respect to events in symptomatic act.

### Short-term Purposes

- First set up the Working Group (September 2015)
- To make arrangements for comparison: give tests , scoring and data analysis (January -March 2016)
- First results and reflections and draw preliminary conclusions (March 2016)

### Medium / long term Purposes

- Pursue in the data collection with both psychotherapists and with the non-clinical population (March-June 2016)
- Complete data scoring of all the questionnaires and pursue processing (June-August 2016);
- Presentation of results (September 2016)

### Long Term Challenges

- Establish a path of constant group for the study in time and for the evaluation of final results (2017)
- Hypothesize about the future a generalization of the data and conclusions involving other working psychotherapist's groups (from 2017)
- Dissemination of results (2017)

## Method

- Were recruited randomly psychotherapists experienced in the treatment of post traumatic stress and dissociative clients
- It was recruited randomly a population of non-clinical subjects
- Questionnaires were self-administered
- Data from the first collection are currently scoring

## Questionnaires

- ASQ, Feeney, 1994
- SCL 90-R, Derogatis, 1994
- SMCS ,Scale Models of Self-Care, A. Gonzalez et al., Italian translation Tagliavini G. , G. A. Onofri, 2012
- It was provided to the subjects also a form for biographical data

## Bibliography

- Boscarino, J.A., Figley, C.R., & Adams, R.E. (2004). Compassion Fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York social workers. *International Journal of Emergency Mental Health*, 6, 110.
- Brady, J.L., Guy, J.D., Poolestra, P.L., & Brokaw, B.F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse Survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30, 386-393.
- Bride, B.E. (2004). The impact of providing psychosocial services to traumatized populations. *Stress, Trauma, and Crisis: An International Journal*, 7, 1-18.
- Deighton, R.M., Gurrin, N., & Traue, H.C. (2007). Factors affecting Burnout and Compassion Fatigue in psychotherapists treating torture survivors: Is the therapist's attitude to working through trauma relevant? *Journal of Traumatic Stress*, 20, 63-75.
- Figley, C.R. (1995). *Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner-Mazel.
- Figley, C.R. (2002). *Treating Compassion Fatigue*. New York: Brunner-Routledge.
- Fothergill, A., Edwards, D., & Burnard, P. (2004). Stress, Burnout, coping and stress management in psychiatrists: findings from a systematic review. *International Journal of Social Psychiatry*, 50, 54-65.
- Jenkins, S.R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: a validation study. *Journal of Traumatic Stress*, 15, 423-432.
- Kassam-Adams, N. (1999). The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists. In B.H. Stamm (Ed), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (2nd ed.)*. Lutherville, MD: Sidran Press.
- Linley, P.A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology*, 26, 385-403.
- Lounsbury, C.J. (2006). Risk and protective factors of secondary traumatic stress in crisis counselors. *Dissertation Abstracts International*, 67, 2062.
- Maslach, C. (1982). *Burnout, the cost of caring*. Englewood Cliffs, NJ: Prentice Hall.
- Maslach, C. (2001). *The Truth About Burnout*. San Francisco: Jossey Bass.
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job Burnout. *Annual Review of Psychology*, 52, 397-422.
- McCann, I.L., & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
- Meyers, T. W., & Cornille, T. A. (2002). The trauma of working with traumatized children. In C.R. Figley (Ed), *Treating Compassion Fatigue (Vol. 24, pp. 39-55)*. New York: Brunner-Routledge. Sprang, G., Clark, J.J., & Whitt-Woosley, A. (2007). Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of Loss and Trauma*, 12, 259-280.
- Stamm, B.H. (2002). Measuring Compassion Satisfaction as well as fatigue: Developmental history of the Compassion Satisfaction and fatigue test. In C.R. Figley (Ed), *Treating Compassion Fatigue (pp. 107-119)*. New York: Brunner-Routledge.
- Stamm, B.H. (2005). *The professional quality of life scale: Compassion Satisfaction, Burnout, and Compassion Fatigue/secondary trauma scales*. Lutherville, MD: Sidran Press.
- Ursano, R.J., Fullerton, C.S., Tzu-Cheng, K., & Bhartiya, V.R. (1995). Longitudinal assessment of post-traumatic stress disorder and depression after exposure to traumatic death. *Journal of Nervous and Mental Disease*, 183, 36-42.

	M	N	%
Sex			
F	37		84,1
Tot	44		100,0
Occupations		N	%
clerk		11	25,0
psychotherapist		16	36,4
social worker		4	9,1
social worker/education		2	4,5
nurse		3	6,8
retired		2	4,5
bank clerk		1	2,3
worker		1	2,3
doctor		1	2,3
physiotherapist		1	2,3
education tutor		1	2,3
social worker/mental health		1	2,3
Tot		44	100,0

	N	%			
Psychotherapist					
no	30	68,2			
yes	14	31,8			
Tot	44	100,0			
	N	Mini	Max	Average	Std. Dev.
Age	44	27	67	40,32	9,712

At the moment we detect a discrete difficulties of recruiting subjects. Especially psychotherapists often refused to cooperate, who made questionnaires to date even showed an interest in relation to the results. In the recruitment of non-clinical population there are fewer problems, but surely you must try to make it more harmonious gathering of data by gender, age and educational level.

	Psicho.	N	Average	Std. Dev.	Std. Ave. Err.
IES_TOT	no	30	1,481818	,9715679	,1773832
IES_TOT	yes	14	,759740	,6236055	,1666656
SMCS_Care_self	no	30	57,2083	16,97070	3,09841
SMCS_Care_self	Yes	14	58,5536	19,78883	5,28879
SCL_DEP	No	30	,774359	,5601663	,1022719
SCL_DEP	Yes	14	,362637	,4438715	,1186296
SCL_ANX	No	30	,573	,4209	,0769
SCL_ANX	yes	14	,250	,2902	,0776

Test t di uguaglianza delle medie						
	i	df	Sig. (2-queue)	Dif. Between averages	Dif. Std. Err.	Confidence pause for the difference of 95%
						Inf. Sup.
IES_TOT	2,539	42	,015	,7220779	,2844131	,1481090 1,2960469
SMCS_Care_self	-.232	42	,817	-1,34624	5,79060	-13,03114 10,34067
SCL_DEP	2,414	42	,020	,4117216	,1705480	,0675419 7,59014
SCL_ANX	2,593	42	,013	,3233	,1247	,0717 5,790

Here we see that the values of the IES-R, depression and anxiety are significantly different and more in non-psychologists. There is no significant difference between psychologists and non psychologists to self-care.

Correlations					
		SMCS_Care_self	IES_TOT	SCL_DEP	SCL_ANX
SMCS_Care_self	Pearson's Corr.		1	-.072	-.283
	Sig. (2-queue)			,642	,063
	N		44	44	44
IES_TOT	Pearson's Corr.	-.072		1	,466*
	Sig. (2-queue)	,642			,001
	N	44	44	44	44
SCL_DEP	Pearson's Corr.	-.283	,466*		1
	Sig. (2-queue)	,063	,001		,000
	N	44	44	44	44
SCL_ANX	Pearson's Corr.	-.265	,611*	,905*	
	Sig. (2-queue)	,082	,000	,000	
	N	44	44	44	44

\*\* The correlation is significant at 0.01 (2-queue).

Here we see that the self-care does not correlate significantly with nothing, while the IES-R correlated with both depression with anxiety and depression correlates with anxiety.

## Conclusions , Discussion and Perspectives

- One aspect that catches the eye by analyzing the total sample (beyond the split between psychotherapists and not, according to the research objectives) is that 66% (29 of 44) of the total sample is still made up of people who, in addition to 14 psychotherapists, do jobs to care: social workers, educators, tutors, technical rehabilitation, doctor, physiotherapist, nurse.
- The clinical scales that significantly correlate with the IES-R show that the tests together can tell us something, but if self-care should be seen in more detail, perhaps just tells us (unfortunately) something about psychotherapists sample suffer from anxiety and depression, probably stressful and or traumatic events to which it is exposed, we can only speculate on the work context.
- With regard to the significant levels of anxiety and depression for both groups what most surprising is that the self – care does not show significant differences. For group psychotherapists believe is an important point because to think about!
- For the difference by gender, however perhaps this reflects the greater presence of women in some health and social occupations.
- Definitely a larger sample will tell who underestimates the care of what not clear from these data, we think, perhaps we hope that at least at the inner level of care therapists have a better score!
- Psychotherapist subjects show higher scores on IES than non psycho, that they are greater resources to handle stressful events, most strategies to deal with?
- Both among psychotherapists who do not have the highest standards of IES correlate with higher anxiety and depression scores, but who has more anxious and depressive symptoms that has fewer strategies / resources to manage at that time stressful events or otherwise?
- The difference is not in the self-care, recognition of their needs etc. between psychotherapists and not, what conclusions to draw?
- How to proceed? Complete scoring of individuals who have joined and increase the sample psychotherapists and not trying to harmonize it by gender, age, etc.
- Better check what specific aspects of the care of favor psychotherapists and compare them with those of the normal population. Do the same for the aspects of the care of both underestimate groups. Finally then try to draw profiles of psychotherapists more attentive to the self-care of and least careful, establish the differences between them could help increase our understanding of vicarious traumatization and find in future strategies to deal with its consequences on psychotherapists and other social and health workers.

Correspondence to: Gruppo Trauma , c/o Studi Cognitivi spa, Modena, Italy.

e-mail : [gruppotrauma@gmail.com](mailto:gruppotrauma@gmail.com)