

Psychological Trauma: Theory, Research, Practice, and Policy

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Psychotherapists' Vicarious Traumatization During the COVID-19 Pandemic

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During the COVID-19, psychotherapists are often exposed to traumatic material in their sessions, potentially leading to vicarious traumatization. We surveyed 339 therapists about their professional practices and experiences during the pandemic. Results showed that on average therapists experienced moderate levels of vicarious trauma, whereas about 15% experienced high levels of vicarious trauma. A higher level of vicarious trauma was associated with younger age, less clinical experience, and negative online treatment experiences. The results imply a need for personal and professional support for therapists working remotely amid a global health crisis.

Keywords: psychotherapist, vicarious trauma, COVID-19, pandemic

During the current COVID-19 pandemic, many people are exposed to intense stressors and traumatic experiences on a daily basis. The urgent global crisis does not affect only survivors (Xiao, Zhang, Kong, Li, & Yang, 2020). Therapists facing their own uncertainties and hardships during the COVID-19 crisis are also exposed to traumatic material from their clients. One expected consequence for therapists during the current pandemic is vicarious traumatization (VT), a cumulative and deleterious effect on therapists who empathically engage with traumatized clients (McCann & Pearlman, 1990).

Previous studies have shown that VT is associated with adverse mental health consequences, poorer relationship quality, and worldview (Molnar et al., 2017; Pearlman & Mac Ian, 1995). Subsequently, therapists' experience of VT can also have a negative impact on treatment effectiveness (Sexton, 1999). VT is often higher in younger therapists (Halevi & Idisis, 2018) and those with less training (Adams & Riggs, 2008). The experience of VT is especially impactful when therapist and client are simultaneously experiencing a disaster, such as in Hurricane Katrina (Culver, McKinney, & Paradise, 2011) or 9/11 (Boscarino, Figley, & Adams, 2004). This brief report describes the results of a survey study

of 339 therapists, their professional practices, and VT during the COVID-19 pandemic.

Method




Procedure

Psychotherapists were recruited via professional listservs, social media, and individual contacts. Psychotherapists (licensed or trainee) were eligible to participate if they had at least seen one client in remote sessions during the pandemic. After providing consent, therapists were directed to an online survey that included questions about professional and personal experiences during the pandemic, as well as standardized self-report measures. Of relevance to the present brief article, we report on the therapists' characteristics, their in-session experiences during the pandemic (e.g., tiredness, competence, confidence, sense of emotional connection, and strength of the therapeutic relationship), and their level of VT. The study was approved by Yeshiva University's Institutional Review Board.

Measures

VT was assessed with the Vicarious Trauma Survey (VTS; Vrkleviski & Franklin, 2008), a self-report measure of subjective distress levels associated with working with traumatized clients. The VTS is composed of eight items, rated from 1 (*strongly disagree*) to 7 (*strongly agree*). Examples include "My job involves exposure to distressing material and experiences" and "It is hard to stay positive and optimistic given some of the things I encounter in my work." The total VTS score is a sum of all responses, with higher scores indicating greater VT. The reliability (Cronbach's alpha = .88) and validity of the VTS has shown to be good (Aparicio, Michalopoulos, & Unick, 2013; Benuto, Singer, Cummings, & Ahrendt, 2018; Michalopoulos & Aparicio, 2012). In our sample the Cronbach's alpha = .84.

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Results

Of the total of 339 therapists who participated in the survey, most were women ($N = 249$; 73.5%) and from the United States ($N = 314$; 92.6%), and most identified as White ($N = 306$; 89.2%). Mean age was 55 years ($SD = 16.36$; range = 19–90), and on average, therapists had 15.5 years ($SD = 6.14$) of clinical experience. The therapists worked mostly with adult clients ($N = 331$; 96.5%), and the majority identified with the psychodynamic orientation ($N = 237$; 69.1%). See Table 1 for a more detailed description of the therapists' demographics.

The majority of therapists felt more tired in their sessions during the pandemic ($N = 257$; 74.9%) compared to before. Although most therapists' sense of competence ($N = 213$; 62.1%) and confidence ($N = 234$; 68.2%) in their professional skills had not changed since the start of the pandemic, one third now felt less competent ($N = 119$; 34.7%) than before the pandemic. Many therapists reported that the therapeutic relationship remained as strong as before ($N = 224$; 65.3%), and about half the sample reported that they could connect emotionally with their clients just like before the pandemic ($N = 164$; 47.8%). However, the other half of the sample felt they were less able to emotionally connect with their clients during the pandemic ($N = 144$; 43.0%).

Taken together, the average level of VT among our surveyed therapists was moderate ($M = 33.46$; 8.5%).¹ More specifically,

two thirds of therapists experienced a moderate level of VT ($N = 215$; 62.7%), whereas some experienced high VT ($N = 51$; 14.9%) or low levels of VT ($N = 73$; 21.3%) in their work during the pandemic. Younger therapists ($r = -.28$, $p < .001$), as well as those with less clinical experience ($r = -.12$, $p < .05$), reported higher levels of VT. VT did not differ based on client population (children, adolescents, adults, or older adults). VT was higher in therapists who experienced more distress in response to what they heard in sessions during the pandemic compared to sessions before ($r = .22$, $p < .001$).

Therapists who reported higher levels of VT during the pandemic felt more tired ($r = .16$, $p < .01$), less competent ($r = .21$, $p < .001$), and less confident ($r = .15$, $p < .01$) in their therapy sessions compared to how they felt before the pandemic. These therapists also reported a deterioration in their therapeutic work; they felt less emotionally connected to their clients ($r = .18$, $p < .001$) and reported a weaker therapeutic relationship ($r = .16$, $p < .01$) than previously.

Discussion

The findings of our therapist survey study suggest that their level of VT experiences during the pandemic was moderate and comparable to those in previous studies on other helping professionals (Michalopoulos & Aparicio, 2012). Notably, around 15% of therapists experienced high levels of VT during the COVID-19 pandemic. Younger age and less clinical experience were associated with higher VT, which was also in line with earlier findings (Pearlman & Mac Ian, 1995). Negative experiences during the pandemic, such as feeling more distressed, tired, less competent, and less confident, as well as feeling less connected with the client and having a weaker therapeutic alliance than before, were also associated with higher levels of VT.

Given the cross-sectional nature of this data, it is difficult to separate the role of VT from primary traumatic stress. Additionally, the move from in-person to remote therapy presents its own challenges to emotional connection (Békés & Aafjes-van Doorn, in press); it is difficult to determine the causal relationships between VT; the isolation required by the pandemic; and the personal experience of fatigue, decreased emotional connection, and weakened therapeutic relationship.

Regardless of causation, there is a need for personal and professional support, especially among the young therapists with less experience, to help ameliorate the challenges of working remotely amid a global health crisis. Peer consultation groups, personal therapy, and connecting with mentors and other colleagues may provide avenues of support for therapists during these difficult times (Carter & Barnett, 2014; Jordan, 2010). Future research is needed to explore individual differences associated with susceptibility to developing VT during therapy work in this crisis situation, as well as identify the mediating mechanisms that associate with various mental health symptoms and long-term consequences. The provision of training and supervision (Pearlman & Mac Ian, 1995), as well as increased social support, will be important to help therapists and their traumatized clients and avoid detrimental vi-

Table 1

Demographics and Professional Characteristics of Participating Therapists (N = 339)

Characteristic	<i>n</i>	%
Ethnicity		
White	306	89.2
Asian	13	3.8
Latinx	12	3.5
African American	5	1.5
American Indian or Alaska Native	3	0.9
Middle Eastern	3	0.9
Profession		
Clinical psychologist	162	47.2
Social worker	60	17.5
Medical doctor	57	16.6
Counseling psychologist	28	8.2
Other	33	9.6
Licensure status		
Licensed	310	90.4
Trainee	29	8.5
Client population^a		
Adults	331	96.5
Older adults	157	45.8
Adolescents	162	47.2
Children	90	26.2
Other	29	8.5
Theoretical orientation^a		
Psychodynamic	237	69.1
Psychoanalytic	190	55.4
Integrative	116	33.8
CBT	65	19.0
Humanistic	53	15.5
Systemic	45	13.1
Other	7	2.0

Note. CBT = cognitive-behavioral therapy.

^a Multiple answers per respondent were possible.

¹ On the VTS, scores 8–27 indicate low VT, 28–42 moderate VT, and 43–56 high VT (Vrklevski & Franklin, 2008).

carious effects of the COVID-19-related trauma in the weeks and months ahead (Michalopoulos & Aparicio, 2012).

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