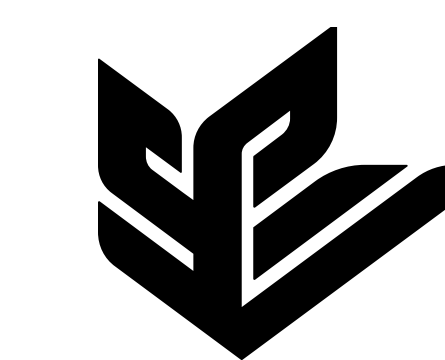


Telehealth and secondary trauma: A study proposal for the exploration of the compounded impacts of secondary trauma via telehealth on therapists



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ABSTRACT

- During the COVID-19 pandemic, there has been a steep increase in conducting therapy via telehealth. Past studies have examined the impacts of secondary trauma on therapists conducting sessions in-person. The current study proposal aims to compare symptoms of vicarious trauma, measured by the Secondary Traumatic Stress Scale (STSS), between conducting therapy via telehealth versus in-person therapy. As the use of telehealth counseling increases, so do the compounded impacts of secondary trauma on therapists during a pandemic and the need for further preventative care for therapists as they continue to provide care and services to the public.

INTRODUCTION

- This study examines COVID-19 and therapists' unfolding response to transitioning to online therapy and the challenges they faced in response to adapting to telehealth and providing therapy to their clients effectively. We know that in the field of mental health therapy, therapists are just as vulnerable to secondary trauma as anyone else. During COVID-19 there was an increase in exposure to secondary trauma based on the finding by Aafjes-van Doorn et al., 2020, as the data showed that therapists did experience moderate levels of professional self-doubt and predictors of subsequent resilience. The concept of resilience involves cognitive, social, and physical skills that we develop.
- As COVID-19 continued to ravage the world during this time, therapists continued to enhance their current skills for resilience in adapting to stressful situations, especially working directly with traumatized individuals on a regular basis. As part of their job, therapists listen to these graphic descriptions of horrific events, bearing witness to the psychological aftermath. For therapists, signing out of teletherapy once a session has ended does not mean for them that they have completely mentally and emotionally transitioned away from the psychological stress encountered during sessions with many clients.
- Considering the current continuation of the COVID-19 pandemic, our study explores the evolving impacts of transitioning to telehealth therapy for therapists, the repetitive exposure to secondary trauma, and explores the way that therapists can receive additional support to reduce the increased stress of adapting to a pandemic and telehealth services.

PRIMARY AIM AND HYPOTHESES

- Is there a difference in the impacts of secondary traumatic stress (STS) for therapists who transitioned to exclusively telehealth and/or telephone sessions with at least 90% of their sessions with clients for at least 6 consecutive months of the COVID-19 pandemic conducted therapy exclusively in-person?
- We hypothesize that therapists will be more vulnerable to the effects of secondary trauma, and therefore, more negatively impacted when conducting therapy via telehealth or telephone when compared to therapists who see clients exclusively in person. Specifically, we hypothesize that therapists in the United States who conducted at least 90% of sessions with clients via telehealth or telephone for at least 6 consecutive months will report higher scores on the Secondary Traumatic Stress Scale (which examines intrusion, avoidance, and arousal symptoms) when compared to scores reported by therapists seeing clients in-person using the same scale.

METHODS

Participants

- The sample will be taken from 20 mental health facilities in the King County area. The participants will be selected if they meet the criteria of having conducted 6 months of consecutive telehealth or in-person exclusively. The selected will also need to have full licensure and associates, and this includes interns.

Procedures

- Within this study, those who meet the criteria will receive a random identification number with a group indicator attached [e.g., telehealth (treatment) or in-person (control)], after which 40 participants total will be selected through pseudo randomization (20 participants from each group). All 40 participants will complete the STSS electronically on the same day.

MEASURES

- The Secondary Traumatic Stress Scale is a 17-item instrument that examines the impacts of secondary trauma through three subscales of symptoms: intrusion (items: 2, 3, 6, 10, 13), avoidance (items: 1, 5, 7, 9, 12, 14, 17), and arousal (items: 4, 8, 11, 15, 16). Scoring will be obtained by summing the frequency for each subscale, in addition to the total STSS scale. There is no reverse scoring.

RESULTS

- We will analyze this data by performing a t-test to compare differences in scores of the STSS between groups. We expect that we will find a significant percentage of therapists who are vulnerable to the effects of secondary trauma, who conducted at least 90% of sessions with clients via telehealth or telephone for six or more consecutive months.

Discussion

Social Implications

- This study addresses the psychological symptoms that mental health providers experience known as secondary trauma, through the firsthand account of the client's narrative of a traumatic event.

Clinical Implications

- Our study aimed to further examine therapists' unfolding response to COVID-19 regulations and telehealth guidelines, and the impact it had on their ability to adapt fully to online virtual platforms. With COVID-19 still being active in most regions, therapists continue to face challenges such as providing clinical care virtually. We hope to support further studies that will work to provide services to mental health clinicians who experience repetitive exposure to secondary trauma.

Implications for Future Research

- Future research is needed, despite that research indicating that many mental health care providers do experience symptoms of vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout, there still seems to be limited research. All in all, there is much to be researched, especially more so now since the impact of COVID-19 and therapist's resilience in the face of post-traumatic stress in response to COVID-19 and telehealth services.