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Time of therapeutic experience and secondary traumatic stress in psychologists dedicated to clinical practice

Tiempo de experiencia terapéutica y estrés traumático secundario en psicólogos dedicados a la práctica clínica

María Vergara-Álvarez[1], Lorena Cudris-Torres[2*], Jorge Navarro-Obeid[3,], Jorge Armando Niño-Vega[4], Stefano Vinaccia Alpi[5], Wilson Arrubla Hoyos[6], María Vivas-Domínguez[7], Valmore Bermúdez[8]

SUMMARY

Objective: *To determine the relationship between the time of therapeutic experience and secondary traumatic stress in psychologists dedicated to clinical practice in Colombia.* **Material and methods:** *Positivist paradigm, quantitative approach, correlational, non-experimental, and cross-sectional design. Information was collected through a personal data characterization questionnaire and the short compassion fatigue scale. The sample consisted of 108 psychologists dedicated to clinical practice whose ages ranged from 25 to 50 years old. Seventy-two percent were female, while 28 % were male. Python, numpy, and matplotlib libraries were used for data analysis through the Google Collaboratory environment. Using these tools, descriptive data set analyses were performed and Spearman's correlation coefficient and Ordinary Least Squares OLS regressor were applied to review the correlational component.* **Results:** *It was found that the time of therapeutic experience was related to the variable of secondary traumatic stress (0.227).* **Conclusions:** *As practitioners gain more experience in the clinical field, they may be more exposed to and potentially affected by anxious symptoms, depressive symptoms, attention and concentration difficulties, sleep problems, startle responses, and irritability.*

Keywords: *Therapeutic experience, secondary traumatic stress. Psychotherapists, clinical psychology.*

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ORCID: 0000-0001-9600-2956[1]
ORCID: 0000-0002-3120-4757[2*]
ORCID: 0000-0003-2160-5220[3]
ORCID: 0000-0001-7803-5535[4]
ORCID: 0000-0001-5169-0871[5]
ORCID: 0000-0001-7119-7603[6]
ORCID: 0000-0002-6766-5010[7]
ORCID: 0000-0003-1880-8887[8]

[1]Universidad Nacional Abierta y a Distancia, Corozal, Colombia. E-mail: maria.vergara@unad.edu.co
[2]Universidad de la Costa, Barranquilla, Colombia. E-mail: lcudris3@cuc.edu.co
[3]Corporación Universitaria del Caribe CECAR. Sincelejo, Colombia. E-mail: Jorge.navarroo@cecar.edu.co
[4]Universidad Pedagógica y Tecnológica de Colombia. Duitama, Colombia. E-mail: jorgearmando.nino@uptc.edu.co
[5]Universidad del Sinú. Montería, Colombia. E-mail: vinalpi47@hotmail.com
[6]Universidad Nacional Abierta y a Distancia. Corozal, Colombia. E-mail: wilson.arrubla@unad.edu.co
[7]Universidad Nacional Abierta y a Distancia. Corozal, Colombia. E-mail: maria.vivas@unad.edu.co
[8]Centro de Investigaciones en Ciencias de la Vida, Universidad Simón Bolívar. Barranquilla, Colombia. E-mail: valmore.bermudez@unisimon.edu.co

*Corresponding author: Lorena Cudris-Torres, Profesor Titular 3, Departamento de Ciencias Sociales, Universidad de la Costa. E-mail: lcudris3@cuc.edu.co

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RESUMEN

Objetivo: *Determinar la relación entre el tiempo de experiencia terapéutica y el estrés traumático secundario en psicólogos dedicados a la práctica clínica en Colombia.* **Materiales y métodos:** *Paradigma positivista, de enfoque cuantitativo, tipo correlacional, diseño no experimental y de corte transversal. La recolección de información se llevó a cabo a través de un cuestionario de caracterización de datos personales y la escala corta de fatiga por compasión. La muestra estuvo constituida por 108 psicólogos dedicados al ejercicio clínico cuyas edades oscilaron entre los 25 y los 50 años de edad. El 72 % fueron de sexo femenino, mientras que el 28 % masculino. Para el análisis de los datos se emplearon las bibliotecas de Python, numpy y matplotlib, a través del entorno Google Colaboratory. Utilizando estas herramientas, se realizaron análisis descriptivos del conjunto de datos y se aplicó el coeficiente de correlación de Spearman y el regresor Ordinary Least Squares OLS para la revisión del componente correlacional.* **Resultados:** *Se encontró que el tiempo de experiencia terapéutica se relacionó con la variable de estrés traumático secundario (0.227).* **Conclusiones:** *A medida que los profesionales adquieren más experiencia en el campo clínico, pueden estar más expuestos y potencialmente afectados por síntomas ansiosos, depresivos, dificultades de atención y concentración, problemas para dormir, respuestas de sobresalto e irritabilidad.*

Palabras clave: *Experiencia terapéutica, estrés traumático secundario, psicoterapeutas, psicología clínica.*

INTRODUCTION

In psychotherapy, the therapist is one of the fundamental and essential variables within the process. Regardless of the theoretical orientation and the time of experience, the psychotherapist is a key factor within the treatment and is the one who, outside of the patient himself, affects the psychotherapy, either due to his personality, sensitivity, or even his capacity (1). In this sense, the therapist provides the essential basic foundations to strengthen the relationship and start towards the selection of the most optimal treatment, a situation that, to a certain extent, will depend on the integrity, personality, maturity, enthusiasm, and emotional stability of the professional in question (2). Suppose the therapist has a penetrating capacity and adequate emotional and personal maturity. In that case, he will considerably facilitate the process of psychological development in his patients. Still, suppose, on the contrary, he does not possess a level of integrity and personal integration mature enough to cope with such situations and serve as a guide to other people. In that case, he will probably hinder his patients' search for profound and individual achievements.

In line with this, the psychotherapist continues to be very human, full of discouragement, weaknesses, and fears, and his vulnerability gives credibility to what he offers (3). However, these professionals are people who have acquired feelings of resolution and coping with the idea of death; personal wounds serve to inform them of the problems of those who consult them and give them greater empathy, sensitivity, and understanding in this regard. Therefore, it is still very important that, despite the potential value of the human vulnerabilities of the psychotherapist, he has a considerably advanced level of emotional stability, self-regulation, and integrity so that he is not greatly affected by the therapeutic practice and serves as a guide to the client to reach his personal development.

Among the problems that affect helping professionals, such as psychotherapists, is secondary traumatic stress (STS) (4-5), which is characterized by being a quite natural consequence of care between two people, one of whom has been initially traumatized and the other affected by the traumatic experiences of the first. In this sense, pioneering authors on the subject, such as Figley (5), explain that it is a syndrome that is almost identical to post-traumatic stress disorder (PTSD); the difference is that secondary traumatic stress impacts those who are emotionally affected by another person's trauma (6).

Secondary traumatic stress is a condition of secondary stress that can be experienced when a person learns about a traumatic event that has happened to another person rather than experiencing the trauma themselves and is amplified when the person attempts to support the person who has experienced it (7). In this way, Figley (5) describes secondary traumatic stress as the natural consequent behaviors and

emotions that result from knowing about a traumatic event experienced by a loved one, i.e. it refers to the stress that results from wanting to help a traumatized or suffering person. In general, secondary traumatic stress (STS) is a type of stress that occurs when a person is exposed to other people's traumatic experiences, such as witnessing or hearing about traumatic events. It is also known as vicarious trauma and is linked to compassion fatigue (8).

On the other hand, although it is difficult to determine the specific indecency between the time of therapeutic experience and secondary traumatic stress in psychologists, in recent years, several studies seem to indicate that it is a problem with quite high incidences. Some studies suggest that between 8 % and 20 % of mental health professionals suffer from STS, but the number of investigations that evaluate this problem in psychologists is limited (9).

Koenig et al. (10) studied the relationship between compassion fatigue, humor, burnout, secondary traumatic stress, and compassion satisfaction. The methodology consisted of a survey of 189 medical staff participants, including physicians, nurses, and clinical psychologists. Participants completed scales measuring compassion, workplace humor, and professional quality of life. Results showed that self-enhancing humor and affiliative humor were positively related, while self-defeating humor was negatively related to compassion satisfaction. Burnout and secondary traumatic stress were negatively associated with self-enhancing humor and positively related to self-defeating humor. Compassion moderates the relationship between affiliative humor and secondary traumatic stress. The study suggests that encouraging coping strategies based on adaptive humor and raising awareness about negative humor strategies could increase healthcare providers' quality of life. Furthermore, compassion is a valuable personal resource positively related to compassion satisfaction and facilitates the relationship between affiliative humor and low secondary traumatic stress.

García et al. (11) analyzed variations in secondary traumatic stress in 159 American psychologists and the frequency of engagement in self-care practices among different religious identity groups. The study employed a non-experimental exploratory cross-sectional design using Stamm's Professional Quality of Life (ProQOL-5) scale to measure the level of STS. One-way between-subject analysis of variance (ANOVA), Pearson correlation, and multiple regressions were used to analyze the data. The study compared mean ProQOL-5 scores and frequency of engagement in spiritually based self-care practices of American psychologists who reported belonging to one of three religious identity groups: religious, non-religious but spiritual, and non-religious. The results of this study suggest that American psychologists experienced minimal levels of compassion fatigue and that the frequency of their participation in spiritually based self-care was not associated with this level of emotional functioning. Although it was outside the scope of this study, participants endorsed high levels of satisfaction with their work. Similarly, the study found that 8-20 % of mental health providers struggle with secondary traumatic stress, and non-religious but spiritual psychologists endorsed the symptoms more than religious and non-religious psychologists. However, the overall sample endorsed low levels of compassion fatigue. Finally, the frequency of participation in spiritually based self-care practices did not affect participants' STS.

Similarly, Rozmiarek and Crepeau-Hobson (12) conducted a qualitative study to examine compassion fatigue in educational psychologists following crisis intervention work with students. Data was collected through interviews with eight school psychologists to discuss their experiences related to crisis response and the impact this work has on them. Analyses revealed five major themes, including indications of compassion fatigue, personal factors, professional factors and resources, crisis factors, and benefits of providing crisis intervention. Findings indicated that all participants experienced some level of compassion fatigue, with secondary traumatic stress symptoms being the most frequent concern observed. Responding to many crises, responding to high-severity crises, having a personal trauma history, and having other duties were associated with the level of compassion fatigue. Guerra and Pereda (13) compared the levels of secondary traumatic stress of psychologists from centers

specializing in the care of victims of child abuse and sexual abuse and psychologists from broader work contexts. The participants were 259 professionals, of which 190 were women and 69 were men. The results indicated that psychologists who treated victims of child abuse or mistreatment presented high levels of post-traumatic stress.

In this sense, it is inevitable to avoid the strong impact caused by treating patients with depressive or anxious problems or with suicide attempts since it implies a considerable risk for the therapist because the psychotherapy professional is a person who works with another person and who is constantly exposed to being affected by what the patient makes visible in therapy in the exercise of the professional framework, that is to say that if the patients' consultation is full of hopelessness, sadness and considerable pain, this will probably become an emotional burden for the therapist (14). Although prevalence rates may vary between professions and geographic locations, a Canadian study reported that 43 % of helping professionals had moderate levels of secondary traumatic stress (15).

Finally, the topic of mental health in psychotherapists is a very understudied research topic in psychotherapy and clinical psychology, which has traditionally focused almost exclusively on psychotherapy patients rather than psychotherapists themselves (16). However, providing psychotherapy is related to multidimensional psychological distress and a constant requirement for empathy and compassion, both of which present a significant risk for emotional problems among clinical psychologists engaged in psychotherapy.

Based on the evidence, the main purpose of this study was to determine the relationship between the time of therapeutic experience and secondary traumatic stress in psychologists dedicated to clinical practice in Colombia.

MATERIALS AND METHODS

The study design was a positivist paradigm, quantitative approach, correlational type, non-experimental, and cross-sectional design. The population consisted of 108 psychologists dedicated to clinical practice whose ages ranged between 25 and 53, with a mean (M) = 34.52 and a standard deviation (SD) = 7.42. Of this sample, 72 % were female, while 28 % were male. Regarding marital status, 69 % were married, 20 % were single, 9 % were in a free union, and 1 % were divorced and widowed. As for the socioeconomic stratum, 66 % belong to sStratum Three, 17 % to Stratum Two, 15 % to sStratum Four, 2 % to sStratum Five, and only 1 % to Stratum One. This indicates that most participants are in a middle stratum. Regarding the participants' training level, the results show that 39 % have only undergraduate studies while 63 % have postgraduate studies, of which 38 % are specialists and 25 % have master's studies (Table 1).

Table 1. Sociodemographic characteristics of the population

Characteristics	%
Marital status	
Singles	20
Married	69
Civil union	9
Divorced	1
Widower	1
Social Strata	
1	1
2	17
3	66
4	15
5	2
Academic Training	
Professional Career	39
Specialization	38
Master	25

The exclusion criteria were that psychologists dedicated to clinical practice had no diagnosed psychological disorder and resided in departments other than Sucre and Atlántico. The inclusion criteria included that participants were currently working as clinical psychologists and/or psychotherapists and agreed to participate in the study by signing a voluntary informed consent.

Data collection instrument

Characterization questionnaire: This questionnaire sought to inquire about the participants' personal information, such as sex, marital status, age, level of education, socioeconomic status, and years of experience in clinical practice. Likewise, it inquired about having been exposed to a personal traumatic event and whether they had any diagnosed pathology.

The Compassion Fatigue Short Scale is a 13-item self-administered questionnaire consisting of two subscales: a scale assessing secondary trauma through 5 items and a burnout scale composed of 8 items. According to Adams et al. (17), Cronbach's alpha of the subscales ranges between 0.80 and 0.90, demonstrating internal reliability. For this study, the short compassion fatigue scale was first translated into Spanish by a professional translator and then reaffirmed by a native speaker, whereby discrepancies between the English and Spanish versions were assessed by a panel of experts, including psychologists and professional translators. Differences gradually narrowed through an iterative revision process.

Data analysis

The Python libraries numpy and matplotlib were used for data analysis through the Google Collaboratory environment. Using these tools, descriptive data set analyses were performed and the Spearman correlation coefficient and the Ordinary Least Squares (OLS) regressor were applied to review the correlational component.

Ethical aspects

Ethical considerations were considered regarding collecting information under Resolution 8430 of 1993 of the Ministry of Health and Law 1090 of 2006, which regulates the practice of Psychology in Colombia. That is, ethical aspects were considered to guarantee voluntary participation and confidentiality of the information.

RESULTS

The results regarding years of experience in the clinical field show that 66.7 % of the samples of participating psychotherapists have between 1 and 5 years of experience. In comparison, only 9.1 % have more than 12 years of experience. Table 2 and Figure 1 provide detailed information on this subject.

Table 2. Therapeutic experience.

Years of experience in the clinical field	Percentage
1-5 years	66.7
6-10 years	33.2
12-16 years	9.1

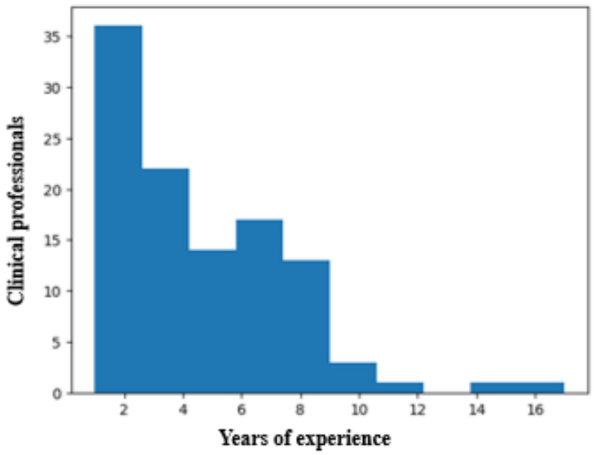

Figure 1. Experience in the clinical field.

The assessment of secondary traumatic stress carried out using the short scale of compassion fatigue suggests that it is at a moderate level. This indicates that the participants of this study have been exposed to situations that could generate a certain degree of emotional impact related to clinical work and caring for people in vulnerable situations (Figure 2).

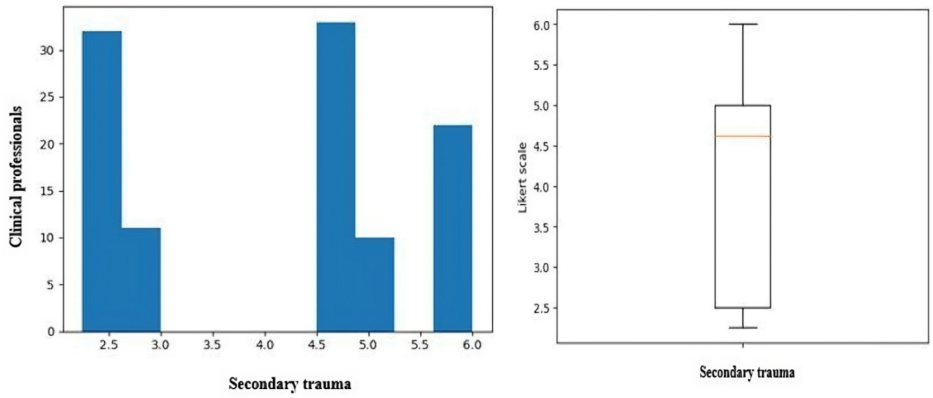

Figure 2. Secondary trauma in clinical psychologists.

To determine the relationship between the time of therapeutic experience and secondary traumatic stress in psychologists dedicated to clinical practice in Colombia, an analysis was carried out using the Spearman correlation coefficient. The results of the correlation between the years of experience in the clinical field and secondary trauma indicated a moderate positive correlation (0.227). This could imply that as professionals gain more experience in the clinical field, they may be more exposed to and potentially affected by secondary trauma (Table 3).

Table 3. Variable correlations

Variables	Years of therapeutic experience
Secondary trauma	0.227

DISCUSSION

The objective of this study was to determine the relationship between the time of therapeutic experience and secondary traumatic stress in psychologists dedicated to clinical practice in Colombia. The results showed significant positive relationships between the time of therapeutic expertise and the appearance of secondary traumatic stress, which are related to what was expressed by Adams et al. (17) and Simón et al. (18), who show the emotional impact suffered by mental health professionals who care for individuals who have suffered some traumatic experience. These effects are manifested in depressive symptoms, sleep problems, frustration, and irritability, and that increase with years of therapeutic experience. Likewise, the results are consistent with what Figley (5) expressed regarding the risk that prolonged contact with individuals who have been victims of traumatic events, such as victims of sexual abuse, produces for the therapist. This is because the professional must use empathy as a skill in the therapeutic space to generate containment and support, which could lead to an over-identification with the victim and the professional, developing what the author calls empathy stress.

Similarly, Ortiz-Viveros et al. (19) consider that the constant exposure of psychotherapists to stress factors in their patients exposes them to a greater extent to suffer physical and emotional discomforts associated with stress and burnout syndrome due to the emotional involvement required to work with people who suffer considerable discomforts that affect their relational spheres, so they assume that, the longer the exposure time in professional practice, the

greater the risk of suffering symptoms associated with chronic stress if the therapist does not have the skills that allow him to identify, confront and resolve those situations that can generate job burnout and exhaustion (20).

Contrary to this, Betta et al. (21) attribute the appearance of secondary traumatic stress in psychotherapists to external factors such as the modality of professional practice, that is, the isolation and the lack of a work team with which to carry out recreational activities during working hours, typical of professionals who practice private clinical practice, causes professionals not to adopt self-care behaviors that protect them from developing traumatic and depressive symptoms. Other authors indicate that the presence of STS symptoms is due to personal variables of the therapist, such as their methodology for working (22,23) or having been a victim of traumatic experiences that are associated with the knowledge of the consultant. Follette et al. (24) consider that more than the time of exposure of psychotherapists to the consultant's stressful event, the professional's own coping resources, and personal stress levels influence the appearance of compassion stress. Likewise, Guerra et al. (13) consider it important to analyze the type of problems professionals address within their clinical practice as a factor in the appearance of STS. Given this, the authors show higher rates of symptoms associated with chronic stress in professionals whose treatments are directed towards victims of sexual abuse, especially in the elderly population and in children, generating cognitive distortions related to their safety and confidence.

The above shows that, although several studies have been carried out on secondary stress, few review the implications or consequences of this phenomenon on the psychotherapist and the patient. In Latin America, to date, according to the records found, no formal institutional programs or protocols have been established aimed at reducing the impact that inevitably generates continued exposure to emotionally stressful and demanding situations, which is why the need to carry out constant interventions in those professionals who assist people in vulnerable situations is evident, through self-care behaviors that allow reducing the levels of STS in clinical psychologists (21).

Bearing in mind that the prolonged therapeutic approach to patients with significant clinical symptomatology generates depressive symptoms, sleep problems, frustration, and irritability in the psychologists who deal with the cases, which represents an emotional risk, it is important to encourage self-care strategies in these professionals, both their own and in the place where they work, thus seeking an individual balance that has an impact on self-care and the environment, based on daily actions to benefit the well-being and mental health of the psychology professional.

Therefore, self-care is a protective factor of mental health in professional practice, aimed at promoting promotion and prevention actions based on self-reflection and resilience skills in search of psychological well-being, quality of life, and mental health. These skills are developed from protective factors such as promotion, prevention, and resilience mediated by the processes of mental health literacy and self-care; the academic programs of psychology in the country must address literacy in self-care through training programs and the development of these skills as a preventive measure for the care of the professional who is immersed in this world of vulnerability and human suffering, in clinical practice. Finally, it can be understood that self-care is an ethical responsibility intrinsic to professional work, which is why it is conceived that ethics cannot only be part of the deontological manual but must be a practical exercise with which to measure one's daily actions in search of personal fulfillment and excellence in professional practice.

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