

## Professional Development: The International Journal of Continuing Social Work Education

# The Impact of Vicarious Trauma Exposure on the Professional Sustainability of Trauma Therapists: A Qualitative Analysis of Neuro Affecctive Relational Model (NARM) Therapists

Journal:	Professional Development: The International Journal of Continuing Social Work Education
Article Title:	The Impact of Vicarious Trauma Exposure on the Professional Sustainabil-ity of Trauma Therapists: A Qualitative Analysis of Neuro Affective Relational Model (NARM) Therapists
Author(s):	Vasquez
Volume and Issue Number:	Vol.27 No.2
Manuscript ID:	272047
Page Number:	13
Year:	2024

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social and Behavioral Research.

Professional Development: The International Journal of Continuing Social Work Education is published two times a year (Spring and Winter) by the Center for Social and Behavioral Research at 1923 San Jacinto, D3500 Austin, TX 78712. Our website at www.profdevjournal.org contains additional information regarding submission of publications and subscriptions.

Copyright © by The University of Texas at Austin's School of Social Work's Center for Social and Behavioral Research. All rights reserved. Printed in the U.S.A.

ISSN: 1097-4911

URL: www.profdevjournal.org

Email: www.profdevjournal.org/contact

Vasquez

#### Abstract

This study explored professional sustainability from the perspective of Neuro Affective Relational Model (NARM)-trained trauma therapists exposed to vicarious trauma. Research shows trauma training can counter the effects of vicarious trauma on therapists. The participants in this study are licensed therapists who completed NARM training, a therapeutic model that supports therapists' work with complex trauma. Four themes emerged from this study: the therapists feel supported in their work, experience increased confidence, more effective work, and more enjoyable work. The outcomes of this study demonstrate that trauma trainings can both prepare therapists and promote sustainability despite the exposure to vicarious trauma.

#### Introduction

Research demonstrates that trauma therapists, and individuals working with trauma survivors, are highly likely to experience vicarious trauma. Vicarious trauma is the resulting experience that professionals face after hearing the stories of trauma survivors' repeatedly (American Counseling Association, 2021). Vicarious trauma is characterized by the witnessing of and reaction to the intensity of working with traumatized individuals (American Counseling Association, 2021). Beckerman and Wozniak (2018) found that therapists and counselors within the domestic violence field experienced emotions and symptoms that mirrored those of their clients. Other studies have found similar implications, including an increase in stress, depression, and anxiety for professionals (Beckerman & Wozniak, 2018; Branson, 2019; Greenberg, 2020; Hopwood et al.,

2019; McNellie & Rose, 2021; Molnar et al., 2020; Rauvola et al., 2019). Another symptom of vicarious trauma that is frequently noted in the research is the occurrence of a changed worldview for these professionals (Beckerman & Wozniak 2018; Branson, 2019; Hopwood et al., 2019; Molnar et al., 2020). Vicarious trauma becomes nearly inevitable for trauma professionals, but studies show that with the proper techniques and training, vicarious trauma as well as its effects can be significantly reduced. (Beckerman & Wozniak, 2018; Rauvola et al., 2019; Sayer et al., 2023).

Trauma theory seeks to explain trauma through the different ways that trauma exists (Saylor Foundation, n.d.). In trauma theory, there is an emphasis on the testimonies of survivors and the effects that they have on themselves and their worldview (Saylor Foundation, n.d.). The expanding research on trauma theory addresses complex trauma (Rochefort et al., 2023). Complex trauma refers to exposure to traumatic events in childhood that have lasting impacts on an individual (NCTSN, 2021). Trauma therapists are exposed to the complex trauma of clients throughout the survivor's testimony during treatment. The recounting of complex trauma that survivors have faced is one way that vicarious trauma can start to develop within trauma therapists.

Even though research has shown that trauma therapists are highly likely to experience vicarious trauma, it has also been found that it can be preventable, or at least reduced. Molnar et al. (2020) suggest that while there may not be a pinpointed intervention to prevent vicarious trauma, there are steps that can be taken that have been shown to reduce symptoms and the severity of vicarious trauma (Beckerman & Wozniak, 2018). It is

Jennifer Vasquez, PhD, LCSW-S, Assistant Professor at The School of Social Work, Texas State University,

possible that with training and certain care techniques, vicarious trauma can be reduced in trauma therapists (Beckerman & Wozniak, 2018; Molnar et al., 2020). Henning et al. (2022) also suggest that training pertaining specifically to trauma is necessary for the benefit of both the clients and the professionals. Trauma training increases a therapist's ability to assist their clients but also equips therapists themselves (Henning et al., 2022; Sayer et al., 2023). When trauma therapists are better trained and highly equipped to deal with trauma, it can reduce the impacts of vicarious trauma on them personally and thus make their work more sustainable.

#### **Literature Review**

#### The Neuro– Affective Relational Model The Neuro Affective Relational Model (NARM) was introduced by Dr. Laurence Heller in 2012 with the publication of the book Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship (Heller & LaPierre, 2012). NARM is a therapeutic model that was created to address complex developmental trauma that occurs during childhood and is carried into adulthood (NARM Training Institute, n.d.). NARM has a unique method that addresses trauma through somatic experience using a relational model. NARM practitioners guide clients through mind and body techniques that allow them to adapt to new survival strategies and regain connection with themselves as well as the world around them. NARM has been a breakthrough method of therapeutic practice (NARM Training Institute, n.d.).

#### **Trauma Theory**

The recent addition of Complex Post Traumatic Stress Disorder (C-PTSD) to the International Classification of Diseases (ICD -11) can be described as a shift in morality that legitimizes trauma survivors in their testimonies. Trauma theory reflects on the survivor's experience, so the recognition of C- PTSD can be revolutionary and was a profound moment for trauma theory (Rochefort et al., 2023). Trauma theory seeks to explain the trauma that victims experience and provide support for trauma-related fields.

#### **Complex Trauma**

The understanding of complex trauma has been evolving since the seminal work of Judith Herman (1992) was first published over thirty years ago. Advances in trauma theory have identified that distinct criterion exist which differentiate Complex Post Traumatic Stress Disorder (C-PTSD) from Post-Traumatic Stress Disorder (PTSD). These criteria have been recognized by the World Health Organization and elucidated by diagnostic criteria published in the International Statistical Classification of Diseases and Related Health Problems (ICD-11). The groundbreaking work and research in the field of trauma by Dr. Daniel Siegel, Dr. Bessel Van der Kolk, Dr. Peter Levine, and Dr. Lawrence Heller has expanded the understanding of trauma immensely. The C-PTSD diagnosis and the assessment tool endorsed for use in the diagnosis of C-PTSD have legitimized the field of complex trauma. The need for research and evaluation of treatment modalities designed to address developmental trauma has been established (Karatzias et al., 2016).

#### **Reducing Vicarious Trauma**

The emergence of new research has shown that there are proven ways that professionals can reduce the effects of vicarious trauma in their work (Beckerman & Wozniak, 2018; Greenberg, 2020; Henning et al., 2022). Through the utilization of certain techniques, self-care methods, and educational methods, trauma professionals can experience fulfillment and protection from their workplace exposure to vicarious trauma. By having a proactive approach to well-being, trauma therapists are creating sustainable practices for themselves. Trainings are one way that therapists can be proactive with their well-being and make their work more enjoyable. Trauma trainings can both prepare therapists and promote sustainability despite the exposure to vicarious trauma.

#### **Research Design**

This study utilized the Interpretive Phenomenological Analysis (IPA) research method to investigate the impact of NARMtrained trauma therapists' exposure to vicarious trauma on professional sustainability. This study aimed to develop a cohesive description of the common experiences of NARM-trained therapists. Through use of the IPA research design, the interviewer delved into the lived experience of the participants. IPA utilizes fewer participants and short interview schedules to uncover a smaller number of themes, focusing on depth rather than breadth or generalizability (Creswell & Poth, 2018).

#### Procedures

After securing IRB approval, the researcher solicited participants for this research study via an e-mail sent to trauma therapists in the United States who completed the NARM training in the last five years. Licensed NARM Therapists, with a minimum of two years of experience were invited to participate in this voluntary research study with no exclusionary criteria, no incentives for participating, and no consequences for not participating. A purposive, convenience sample of 13 participants was selected. The researcher interviewed the NARM Therapist participants using a semistructured interview guide and an open-ended question formula. The interviews gathered demographic data and inquired about the lived experience of trauma therapists who were trained in NARM. NARM Therapists' experiences of professional sustainability in the context of exposure to vicarious trauma were recorded in the interviews.

After completion of the interviews, the researcher transcribed the interviews. The interviews were analyzed using NVivo 12

software, coded, and prepared for thematic analysis. The researcher identified themes from the interview transcriptions and selected quotes that expressed the identified themes to tell the story of the participants. These themes and quotes were used to give voice to the NARM-trained trauma therapists as they related their experiences with the NARM model. Participants shared from the point of view of an insider deeply familiar with the phenomenon of professional sustainability in the context of exposure to vicarious trauma of NARM-trained trauma therapists being studied. The use of quotes from the participants in their own words allowed the themes to be described directly by the experts in the subject with firsthand experience. Sensitivity to context was approached through familiarity with the model and participants, deep exploration of related literature, as well as development of the interview guide in consultation with a subject expert.

Commitment and rigor were addressed by an in-depth study of and close adherence to the theory and method of IPA. The researcher engaged intensively with the phenomenon and selected a purposive, homogenous sample of NARM Therapists, reflecting the ideographic nature of the IPA model. Rigor was further demonstrated by the multiple processes of reading and rereading the transcript, thorough analysis, and interpretation to reveal the phenomenon from the descriptive accounts of the interview participants, told through the participants' narrative using their own words.

In the IPA tradition, the researcher must have a true and deep understanding of the participants' lived experiences for the stories of the participants to make sense interpretively (Alase, 2017). As a NARM Therapist and training assistant, the researcher was familiar with the NARM model and had a unique perspective of and insight into the experiences of the participants in this study. The perceptions of the interview participants were identified through the process of IPA data collection and analysis.

#### **Data Analysis**

The data analysis plan incorporated a seven-step method described to identify the core themes and excerpts that best convey the experience of the participants in relation to the phenomenon (Charlick et al., 2016). Using the framework for IPA research as a guidebook to support validity and rigor, the seven data analysis steps-reading and rereading, initial noting, developing emerging themes, searching for connections across emergent themes, moving to the next case, looking for patterns across cases, and taking interpretations to deeper levels-as outlined in IPA were followed and repeated until themes naturally arose from the text. These seven steps supported the researcher in their ability to make sense of the experience of the study participants as well as gain a deeper under-

#### Table 1

standing of the phenomenon under investigation in the study.

#### Sample

The 13 participants for this study were Licensed Therapists consisting of four Social Workers, four Professional Counselors, three Marriage and Family Therapists, and two Psychologists who completed the 150-hour NARM training. Participants ranged from 31 -70 years old, with one participant between 31-40 years old, six participants between 41-50, four participants 51-60, and two participants 61-70 years old. Three participants were from the West coast, four were from the Southwest, and six were from the Midwest. Eleven participants identified as Caucasian, one Southern European/Ashkenazy, and one participant reported race as other, unspecified. Two of the participants were male and 11 were female. Participants' years of experience as a trauma therapist range from 6 to 37

Demographics				
Characteristics	<i>n</i> = 13	%		
Race/Ethnicity				
Caucasian (not Hispanic)	11	84.6		
Southern European/Ashkanazy	1	7.6		
Other (not specified)	1	7.6		
Age				
31–40	1	7.6		
41–50	6	46.2		
51–60	4	30.7		
61–70	2	15.3		
Gender				
Male	2	15.3		
Female	11	84.6		
Region				
West coast	3	23.1		
Southwest	4	30.7		
Midwest	6	46.2		
Years of Experience				
1–10	3	23.1		
11–20	8	61.5		
21–30	1	7.6		
31–40	1	7.6		

years of experience. Participants' years of experience as a NARM Therapist range from 2 to 8 years of experience. While data concerning the demographics of NARM training participants as a whole are unavailable, the breakdown among participants in the areas of profession, age, and gender appears to closely mirror that of NARM Therapists, which is a primarily female, diverse representation from across the Psychotherapy professions.

#### Themes

The study revealed four themes that represent the phenomenon of the impact of NARM on exposure to vicarious trauma and professional sustainability from the perspective of NARM Therapists (as shown in Appendix A). These themes represent the elements of the NARM model that NARMtrained trauma therapists reported most support their professional sustainability.

#### **Theme One: More Effective Work**

More effective work was identified as a key theme expressing the impact of NARM from the perspective of NARM Therapists. One study participant shared, "I've worked with a lot of clients who in one session, say that in this session, they've had more change than in 15 years of doing talk therapy previously." Another participant described, "NARM really deepens my ability to do much more effective work." The theme of more effective work expresses the therapists' experience of the effectiveness of their therapeutic work when using the NARM model with clients. NARM Therapists in this study overwhelmingly expressed that their clinical work was more effective when using the NARM model.

This theme was described more consistently throughout the interviews than any other theme. One study participant described, "NARM really helps to give me more effective ways of engaging with those substantial kinds of more depth-full changes in peoples' lives." Examples of the effectiveness of the work was explained as:

People feel more three dimensional, they feel words like 'I feel like I'm growing up' or someone said recently, 'I feel like I only had like two colors in the past I could choose from, now I have a whole palette of colors I can choose from, like, different ways people explain coming into their full humanity, their human experience.

Another example of how NARM work is effective with clients who have experienced trauma was described as:

I have a client who maybe I've been working with for about a year, maybe a little less than a year and what I've noticed with this client is that they have increased capacity to be more connected to themselves. You know, when we first started working together, they had a lot of judgments around tearfulness and grief and ... perceived those emotions as weak. And now they're really comfortable, they can access those emotions with much less judgment than they had before. I had a session with them yesterday and they had said to me that in 30 years of therapy, they had never had a therapist support them to feel their anger and their grief up until our work together. And they notice such a shift within their life because of that.

Another participant shared how NARM has increased their effectiveness as a trauma therapist and how that has impacted both them and their clients:

Before the NARM training, I had a lot of compassion fatigue, I would feel exhausted after a day's work, a week's work. I would carry thoughts of my clients all week, and you're just wondering how that they're doing. I sometimes had reoccurring thoughts of the trauma that they experienced. And I had concerns if I was helping them enough, second-guessing my capacity to support them through the work that they were doing – second guessing is a little bit strong, but always wondering if I should be taking other trainings, what other trainings could I get. I knew I was helping them to some degree but won-

dering what I could do better, or how I could work harder. And since the NARM training, I have way less of all of that. I actually don't carry thoughts or worries about my clients after the session. I know that the work is effective, it feels really satisfying. Other study participants summarized the effectiveness of the work, reporting, "My experience is that NARM gets to the core a lot quicker" and "Not only is the modality effective, but it also supports me in being able to do the work and sustain it" and "I feel like the work I'm doing is effective, it gives me a certain degree of job satisfaction that I didn't have in all my other trainings," and simply, "I feel like the work I'm doing is effective." One participant explained:

I think I've become more effective as a therapist as a result of NARM. I think my clients have derived more benefits from working with me as a result of it. It also helps with my professional persona because I've become known as a NARM Therapist, and it seems like NARM is a model that has become popular and so more clients are finding me, so my practice has expanded and that's been welcomed... But yeah, it's nice to know that clients want to work with me, it's also good for my self-esteem, it reinforces my sense that I'm making a positive contribution, and it's motivating.

Study participants described both their own experience of increased effectiveness as a therapist and their experience of witnessing the effectiveness of the NARM model with their clients. One study participant explained their experience of the effectiveness of their NARM work with clients:

I feel like NARM, for me, gives me a framework and it feels both more organized for myself, in terms of what I'm doing amidst trauma because trauma is so disorganizing, so it's really organizing for me as a therapist, and I'm just seeing it be effective. I'm understanding things with clients differently and I'm seeing it be effective with them.

Another study participant explained their own experience of increased effectiveness,

"NARM allowed me to feel more confident and believe that I can be effective in supporting people and working on healing their developmental trauma." Increased effectiveness as a NARM-trained trauma therapist was the most significant finding impacting the professional quality of life expressed by NARMtrained trauma therapists in this study.

#### Theme Two: Enjoying their Work

Another theme that emerged, which demonstrates the impact of NARM from the perspective of NARM Therapists, is the theme of NARM-trained trauma therapists enjoying their work. A study participant explained, "I really enjoy it when I see NARM clients on my schedule, I'm very excited." Enjoying the work reflects the way NARMtrained trauma therapists experience their work when using the NARM model. Another participant reflected, "I feel more joy in the work and in my life personally." The second most significant theme among NARM Therapists when discussing their professional quality of life since becoming a NARM Therapist, is that they enjoy their work since completing the NARM training. One study participant described:

It invigorates me more, it uplifts....I find it more exciting and uplifting and invigorating, because I'm not walking away from a session with this big brick on my back, like, 'Oh, my God, what am I going to do,' So it's more fun. I know there are several people in the NARM community that I really, really look up to. And their case loads are really big, and you can tell their life force is fully intact, because they're not exhausted by this work. They're just freed up.

Another study participant explained: I think before being trained in NARM I felt such a personal responsibility to fix people that I was burning myself out. Actually, yeah, as I think about it— I've been trained in NARM for so long, I forget who I was before now. But as I reflect back, I remember thinking, like, I picked the wrong profession, or this might not be for me, and because I was so exhausted trying to fix people. And I think after NARM, I actually really enjoy the work now.

Another study participant related their enjoyment of the work, stating: My work is much more fulfilling and satisfying, being a NARM-trained therapist, it's deeply satisfying to know that I have supported someone or helped someone in a way that has the capacity to change their lives. You know, sometimes I feel like I would do this for free. I mean, it's so much fun, and then they pay me at the end. I think it's just— I can't believe it that I actually have come to a career and a modality that is so deeply satisfying that it doesn't even feel like work a lot of the time.

The impact that NARM has on trauma therapists' enjoyment of their work was a significant factor that impacted professional sustainability amidst exposure to vicarious trauma as reported by the NARM-trained trauma therapists.

#### **Theme Three: Support for Therapists**

The support that NARM provides for the therapist was an additional theme that NARM Therapists described as key to understanding the impact of NARM from the perspective of NARM Therapists. One participant shared how they have felt supported as a NARM-trained trauma therapist: I've remained engaged in the community, and so there are a lot of intentional ways the NARM community and Institute have created support for those in this community and so it seems different than other trainings, in my opinion, what I've noticed is that, you know, there are ways to stay engaged, such as the inner circle, the podcast, the consultation groups, the continued training, and it just seems like they are relational to me, that's how I take them in. I know not everyone will have the same experience. They don't feel corporate, they feel more like connecting, and it feels to me like there's an intention to set up community, and I really value that.

Another participant explained more about

how NARM supports therapists: The NARM Training Institute is kind of fashioned after these early psychoanalytic institutes that were created in Europe and then came over to the United States. And the idea of them at the time-it was a new science, I mean, psychotherapy was a new thing and so people would come together in these societies or these Institutes—they use to call them societies—and there were a few different levels of what they would do. So, one of them was just to support each other; people were going off and doing this work and just having a place to come back and share it with each other and learn from each other and support each other. It was really important in the early stages of developing psychoanalysis. So that was one piece of it and the other piece is training, they would come together to do training from more senior trainers, they get ongoing consultation. In those days, we don't do this now, but in those days, they would also be doing ongoing therapy from some of the trainers as well, because at that point, psychoanalysis, they realized how important it was for the therapist to also undergo their own psychoanalysis. So, it also was a social kind of, they would have social events, they would bring in lectures, all that kind of stuff. So that is the idea, it's part of the mission of the NARM Training Institute to.... We're all on these islands nowadays, like the United States is so fragmented, and there's just not a lot of support. And I think that's why people come to these trainings and feel so supported and excited about it, because we're coming together to support each other in a different way.

A participant summarized how NARM has been supportive:

There's no way I could have worked with this population, and the number of people I'm working with prior to NARM. So, not only is the modality effective, but it also supports me in being able to do the work and sustain it.

Another participant described how NARM provided support as a trauma therapist: Prior to working through the NARM model, I had so much compassion fatigue, it was pretty significant, enough that I wanted to leave the field at one point, and I think I probably had some vicarious trauma quite honestly, and doing my own work, and working through the NARM lens, that's not there anymore. And that is really powerful, I don't have to tell you or anyone, working with trauma is a difficult choice, and using NARM has allowed me to really stay in it without being in it in a way that's impacting my myself and my ability to be there and be present.

Another therapist explained, I believe NARM is not only a model for helping other people heal, but I think there's an emphasis on supporting the therapist. I don't know how you can support healing if the emphasis isn't on both the therapist and the client.

Another therapist described the impact of NARM on their professional quality of life: I was able to learn NARM because they have a sophisticated training program in terms of the experientials and the case consultations, and having that as a support, it's like that supportive system helps me be more supportive with clients and feel less burdened.

The support NARM provides for therapists was a significant factor expressed by NARM-trained trauma therapists as impactful to their experience of professional quality of life.

#### **Theme Four: Increased Confidence**

Another theme that emerged was the increased confidence NARM-trained trauma therapists experience in their work. A participant described it as: I feel a sense of freedom. I feel like I have been given a lens and tools and interventions and a way of being that allows me to just provide something to the person in front of me that really feels different than any other modality I've ever been trained in or used or use. Honestly, I feel like I've been given the keys to the kingdom, like, I've got just even the contracting and the consent and the intentionality. It's hard to put into words how much... I feel empowered, I feel like, honestly, it's brought my own sense of agency more online, like, I got this because especially with the complex PTSD, and the tangential, and now I've got the contract and I can always bring them back to you know, our patients and clients and even my virtual private practice, it's like, the level of disorganization is high so I've got this thread now I can use to keep us on track and it's allowed more spaciousness and confidence in my ability. NARM, you know, just the curiosity and inquiry, slowing everything down, you know, and it's just been a freeing way to approach this field and the craft in a different way, a more spacious way.

Increased confidence represents the way that NARM-trained trauma therapists feel better prepared and able to address the complex needs of the trauma survivors they serve in their practice using the NARM model. One study participant described:

I feel more confident in my ability to manage unpredictable situations and just kind of show up as who I am, and just feel confidence that I can handle this, and I know how to ask for help if I need to. And I think before, I would maybe just try to solve things by myself, and like internally process them and come up with a solution, but now I'm better at delegating and asking for support and being vulnerable in professional settings, which I was probably less comfortable with before. I mean, I would always be authentic and I'm good at being vulnerable if I feel like I'm in control. But now I feel like I can just show up not being in control and being vulnerable and ask for support. I think that's pretty powerful because I don't need to figure it all out on my own. And I think that's the essence of being in relationship is that you aren't alone. Or you don't need to be alone if you don't want to be. And so, I think I just feel more settled and confident in the different roles that I have in my professional life and personal life. And I think that is due to a lot of the work I've done with NARM in my own consultations and learning and just practicing the model and my own self exploration and curiosity.

The Impact of Vicarious Trauma Exposure on the Professional Sustainability of Trauma Therapists

Another participant explained: It's been really beneficial. So, certainly, my confidence has increased significantly, maybe even dramatically as a therapist. Like I said, I think it is a coherent model and I think there's a cogency that comes with the language of it, that allows me to dialogue with other therapists, both within the NARM community and outside of it, in a way where I can articulate a stance and it feels pretty internally organized.

Other study participants related, "It just allowed me to feel more confident and believe that I can be effective in supporting people and working on healing their developmental trauma"; "After becoming a NARM-trained therapist, I just feel so much more confident and competent"; "Since the NARM training, I noticed that I feel a lot more confident"; "It really helped me a lot to feel much more confident and comfortable in working with complex trauma"; and "Yeah, confidence, I feel a lot more confident." Another participant described the impact NARM has had on their confidence professionally:

It gives me more of an informed understanding of why I'm using the interventions that I'm using. I'm not just pulling them randomly to do something for the client, they're coming from a place where I feel pretty confident why I'm using them, because I've really spent time being connected to myself throughout the process." NARM-trained trauma therapists expressed that they experienced an increased confidence in their professional abilities following the NARM training. This increased confidence positively impacted their professional sustainability.

The theory that the NARM training serves to support the trauma therapists' professional sustainability was supported by NARM Therapists during the interviews. Using the framework for IPA research as a guidebook to support validity and rigor, the steps outlined in IPA were followed and repeated until four themes naturally arose from the text. The researcher used the words of the participants to illustrate how the themes organically expressed themselves in the study. The themes are key to revealing how NARM supports trauma therapists' professional sustainability from the perspective of NARM Therapists were increased confidence, support for the therapist, more effective work, and more enjoyable work. Study participants shared detailed and meaningful examples from their client work to illustrate how they have witnessed the impact of NARM on professional sustainability amidst exposure to vicarious trauma.

#### Discussion

## The Lived Experiences of NARM Trauma Therapists

This study used IPA to understand how NARM-trained trauma therapists experience professional sustainability amidst exposure to vicarious trauma. Out of this analysis, four themes emerged. This investigation revealed that NARM-trained trauma therapists experience professional sustainability in four unique ways that consistently arose from interviews with NARM-trained trauma therapists in this study. NARM-trained trauma therapists engage in more effective work after completing the NARM training. Trauma therapists who have completed the NARM training report enjoying their work. NARMtrained trauma therapists explain support for therapists as a key factor in their professional sustainability while experiencing exposure to vicarious trauma. Trauma therapists describe increased confidence after completing the NARM training, which enhances their experience of professional sustainability. These four themes emerged as central to the experience of professional sustainability among NARM-trained trauma therapists exposed to vicarious trauma. The results of this manuscript demonstrate how the NARM traumaspecific training directly supports the professional sustainability of trauma therapists. Trauma therapists experiencing support for their work, more effective work, greater enjoyment of their work, and increased confidence in their work has a direct impact on the health, wellbeing, and quality of life of trauma therapists.

NARM is a trauma-specific training that prepares trauma therapists to provide effective psychotherapy services to survivors of complex trauma. Using treatment modalities that are effective in the treatment of PTSD when treating C-PTSD ignores the components that make C-PTSD a separate and unique diagnosis. Failure to address these criteria in the treatment plan contributes to the lack of effectiveness in the treatment, prolonging the therapists' exposure to vicarious trauma. The NARM training educates therapists on the intricacies of complex trauma and provides a therapeutic model which has been specifically designed to address C-PTSD.

The impact of training and education specifically developed to address complex trauma is evident in the NARM-trained trauma therapists studied in this research. NARM-trained trauma therapists are less impacted by exposure to vicarious trauma in their work. They described their work as enjoyable and effective. They discussed feeling confident in their work. They related experiencing greater professional support than they had prior to participating in the NARM training. The deeper understanding of the dynamics in complex trauma they receive in the NARM training and the skills they develop for addressing complex trauma while using the NARM model serve to support them in their work with trauma survivors. This support leads to a career in trauma therapy that is more sustainable by providing support to counter the impact of exposure to vicarious trauma. Implications to the social work profession include reinforcing previous research which suggests trauma training provides needed support for trauma therapists, outlining how a particular trauma training provides such support, and demonstrating the experience of trauma therapists who have completed the NARM training. Social work leaders may consider providing such training for their staff who are exposed to vicarious trauma to foster a more supportive environment. Social workers who work directly with clients who have experienced trauma may consider NARM trauma training to invest in a more sustainable career. Social work educators may consider training students and emerging professionals about the impact of vicarious trauma when providing trauma therapy as well as the research which supports trauma specific training, such as NARM, as a resource to counter the negative effects of vicarious trauma and enhance professional sustainability.

#### Limitations

A limitation in this study was that the researcher was a NARM Therapist and NARM training assistant, which could potentially impact what participants shared in the interviews. This potential bias was mitigated by the researcher strictly adhering to the IPA model. IPA acknowledges that the research is an interaction between the researcher and the participants.

Researchers are an acknowledged part of the research process in IPA. This study addressed this issue directly using reflexivity and bracketing to acknowledge the role of the researcher in the study and minimize the involvement of the researcher's preexisting beliefs and goals for the study prior to data analysis.

Another limitation was limited diversity among participants in terms of gender, race, and ethnicity. Additionally, a limitation was that due to the geographic location of participants across the United States, as well as social distancing restrictions resulting from the COVID-19 global pandemic, all interviews were conducted remotely. The Impact of Vicarious Trauma Exposure on the Professional Sustainability of Trauma Therapists

#### References

- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. International Journal of Education and Literacy Studies, 5(2), 9–19. doi:https:// doi.org/10.7575/aiac.ijels.v.5n2p.9 American Counseling Association. (2021). Vicarious trauma. https:// www.counseling.org/docs/defaultsource/trauma-disaster/fact-sheet-9--vicarious-trauma.pdf Beckerman, N. & Wozniak, D. (2018). Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support. Social Work in Mental Health, 16(4), 470–490. https:// doi.org/10.1080/15332985.2018.14257 95
- Branson, D.C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. Traumatology, 25 (1), 2–10. https://doi.org/10.1037/ trm0000161
- Charlick, S., Pincombe, J., McKellar, L., & Fielder, A. (2016). Making sense of
- participant experiences: Interpretative phenomenological analysis in midwifery
- research. International Journal of Doctoral Studies, 11, 205–216.
- https://doi.org/10.28945/3486
- Creswell, J. W. and Poth, C. N. (2018). Qualitative inquiry and research design choosing
- among five approaches. (4th ed.). Sage.
- Greenberg, T.M. (2020). Vicarious trauma and self care for the trauma therapist. In:Treating Complex Trauma. Springer,191–211. https://doi.org/10.1007/978 -3-030-45285-8 10
- Heller, L. & LaPierre, A. (2012). Healing developmental trauma: How early trauma affects
- self-regulation, self-image, and the capacity for relationship. North Atlantic Books.
- Herman, J. L. (1992). Trauma and recovery. Basic Books.

- Henning, J.A., Brand, B., & Courtois, C.A. (2022). Graduate training and certification in trauma treatment for clinical practitioners. Training and Education in Professional Psychology, 16(4), 362-375. https://doi.org/10.1037/tep0000326
- Hopwood, T.L., Schutte, N.S., & Loi, N.M. (2019). Stress responses to secondary trauma: Compassion fatigue and anticipatory traumatic reaction among youth workers. The Social Science Journal, 56 (3), 337-348. https://doi.org/10.1016/ j.soscij.2018.08.008
- Karatzias, T., Shevlin, M., Fyvie, C., Hyland, P., Efthymiadou, E., Wilson, D., Roberts,
- N., Bisson, J. I., Brewin, C. R., & Cloitre, M. (2016). Evidence of distinct profiles
- of posttraumatic stress disorder (PTSD) and complex posttraumatic stress
- disorder (CPTSD) based on the new ICD-11 trauma questionnaire (ICD-TQ),
- Journal of Affective Disorders, 207, 181– 187. https://doi.org/10.1016/ j.jad.2016.09.032
- McNellie, N., & Rose, J. (2021). Vicarious trauma in therapists: A metaethnographic review. Behavioral and Cognitive Psychotherapy, 49(4), 426-440. doi:10.1017/S1352465820000776
- Molnar, B., Meeker, S., Manners, K., Tieszen, L., Kalergis, K., Fine, J., Hallinan, S., Wolfe, J., & Wells, M. (2020). Vicarious traumatization among child welfare and child protection professionals: A systematic review. Child Abuse and Neglect, 110(3).https:// doi.org/10.1016/j.chiabu.2020.104679
- NARM Training Institute. (n.d.). What is NARM? https://narmtraining.com/whatis-narm/?kuid=0ef5b663-c455-4db7-9ac9-752df660404f&kref=https%3A% 2F%2Fnarmtraining.com%2F
- National Child Traumatic Stress Network. (2021). Complex trauma. https:// www.nctsn.org/what-is-child-trauma/ trauma-types/complextrauma#:~:text=Complex%20trauma% 20describes%20both% 20children's,term%20effects%20of% 20this%20exposure.

Professional Development: The International Journal of Continuing Social Work Education

- Rauvola, R.S., Vega, D.M., & Lavigne, K.N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. Occupational Health Science, 3, 297-336. https:// doi.org/10.1007/s41542-019-00045-1
- Rochefort, C., Paradis, A., Rivard, M., & Dewar, M. (2023). Siblings of individuals with intellectual disabilities or autism: A scoping review using trauma theory. Journal of Child and Family Studies, 32, 3482-3500. https:// doi.org/10.1007/s10826-023-02589-x
- Sayer, N., Wiltsey Stirman, S., Rosen, C., Kehle-Forbes, S., Spoont, M., Eftekhari, A., Chard, K., Kaplan, A., & Nelson, D. (2023). The role of therapy delivery and clinic organizational factors in explaining therapists effects for trauma-focused psychotherapies in the Veterans Health Administration. Journal of Consulting and Clinical Psychology, 91 (11), 665-679. https://doi.org/10.1037/ ccp0000832
- Saylor Foundation. (n.d.). Trauma theory. https://resources.saylor.org/ wwwresources/archived/site/wpcontent/uploads/2012/08/ENGL301-Trauma-Theory.pdf

The Impact of Vicarious Trauma Exposure on the Professional Sustainability of Trauma Therapists

Appendix A. Table of Themes		
Emergent themes	Original transcript	
More Effective Work	"I've worked with a lot of clients who in one session, say that in this session, they've had more change than in 15 years of doing talk therapy previously." "NARM really deepens my ability to do much more effective work." "I feel like the work I'm doing is effective, it gives me a certain de- gree of job satisfaction that I didn't have in all my other trainings"	
Enjoying their Work	"I really enjoy it when I see NARM clients on my schedule, I'm very	
	excited." "My work is much more fulfilling and satisfying, being a NARM- trained therapist, it's deeply satisfying to know that I have supported someone or helped someone in a way that has the capacity to change their lives. You know, sometimes I feel like I would do this for free. I mean, it's so much fun, and then they pay me at the end. I think it's just—I can't believe it that I actually have come to a career and a modality that is so deeply satisfying that it doesn't even feel like work a lot of the time."	
	"I think before being trained in NARM I felt such a personal respon- sibility to fix people that I was burning myself out. Actually, yeah, as I think about it—I've been trained in NARM for so long, I forget who I was before now. But as I reflect back, I remember thinking, like, I picked the wrong profession, or this might not be for me, and be- cause I was so exhausted trying to fix people. And I think after NARM, I actually really enjoy the work now."	
Support for the Therapist	"There's no way I could have worked with this population, and the number of people I'm working with, prior to NARM. So, not only is the modality effective, but it also supports me in being able to do the work and sustain it." "I believe NARM is not only a model for helping other people heal, but I think there's an emphasis on supporting the therapist. I don't know how you can support healing if the emphasis isn't on both the therapist and the client." "I've remained engaged in the community, and so there's a lot of intentional ways the NARM community and Institute has created support for those in this community and so it seems different than other trainings, in my opinion, what I've noticed is that, you know, there's ways to stay engaged, such as the inner circle, the podcast, the consultation groups, the continued training, and it just seems like they are relational to me, that's how I take them in. I know not every- one will have the same experience. They don't feel corporate, they feel more like connecting, and it feels to me like there's an intention to set up community, and I really value that."	
Increased Confidence	"It's been really beneficial. So, certainly, my confidence has in- creased significantly, maybe even dramatically as a therapist." "It just allowed me to feel more confident and believe that I can be effective in supporting people and working on healing their develop- mental trauma." "After becoming a NARM-trained therapist, I just feel so much more confident and competent." "Since the NARM training, I noticed that I feel a lot more confident." "It really helped me a lot to feel much more confident and comforta- ble in working with complex trauma."	

### APPENDICES Appendix A: Table of Themes