

Selected Predictive Factors of Secondary Traumatic Stress among Psychotherapists in Nairobi and Nakuru Counties of Kenya

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Abstract

A review of trauma literature indicates that engaging in therapeutic work with trauma victims can and does, impact on the therapists. Most studies have focused on the victims and not psychotherapists. This study focused on psychotherapists primarily engaged in therapy with clients and examined selected predictive factors of secondary traumatic stress (STS) among psychotherapists in the counties of Nairobi and Nakuru. The study was descriptive in approach and utilized the survey research design. A total of 302 psychotherapists were randomly sampled from Kenya Counseling and psychological Association (KCPA)-An umbrella body of therapists in Kenya that has approximately 50% of all practicing psychotherapists. A questionnaire was used to establish selected predictive factors. Predictor variables were derived from literature. A pilot study was conducted in Uasin Gishu County. Data was collected and analyzed using Descriptive statistics that included frequency tables, percentages, standard deviations and means and inferential statistics chi square test. Results indicated that age, years counseling, marital status, education level, exposure to traumatic material, and social support had a significant relationship with STS. History of trauma, unresolved trauma, supervision, debriefing and empathy yielded mixed results. . Analysis of the data was done by the use of Statistical Package for Social Sciences (SPSS) version 18.0.

Key words: predictive factors, secondary traumatic stress

Introduction

In the recent past Kenya has experienced many traumatic events such as grenade

attacks, Westgate mall attack, Mathare slum land slide, Sinai village petrol tragedy among others. In all these cases psychotherapists empathically engage with their clients' traumatic recollections, they sometimes experience strong emotional reactions, such as fear, helplessness, grief or rage. These reactions may reflect secondary traumatic stress, with such risk elevated by their personal experiences of stress during and following trauma work (predictive factors). They may therefore engage in behaviours that impede the therapeutic process and interventions crucial for client recovery. Literature on STS highlights several predictive factors responsible for the development of STS. Key among them is the trauma workers level of exposure to traumatic material (Cornille & Meyers, 1999; Dutton & Rubinstein, 1995; Figley, 1995). Gender is also indicated in literature predictive of STS. Research done by Breslau & Antony, (2007) reveals that for men, the presence of a prior trauma, did not significantly impact the development of PTSD following exposure to later trauma. For women, however, the probability of developing PTSD following trauma was impacted by the presence of a prior trauma history. The psychotherapist's level of education was confirmed to be related to STS, that is those with less than a master's degree were more vulnerable (Arvey & Uhlemann, 1996). The age of the therapists is noted too as a factor in two of the research studies. Arvey and Uhlemann (2002) study on STS among trauma counselors and Munroe (1991) study on the therapists' traumatization from exposure to clients with combat related PTSD. Both studies indicate that those who were younger were more vulnerable. The number of traumatized clients in the therapist's caseload and discussion of trauma work in one's own personal therapy are also predictive factors of STS (Creamer & Liddle, 1995). In sub Sahara Africa more specifically in post genocide Rwanda and even in Somali, Ethiopia, Sierra Leone, Sudan, and Congo which have experienced traumatic incidences, most reports have focused on victims and not therapists. It is reported that only four studies have investigated Post traumatic stress disorder in the aftermath of Rwandan genocide (Neugebauer, 2008). In Kenya, specifically in Nairobi and Nakuru counties. No studies have investigated predictive factors of Secondary traumatic stress among psychotherapists. From the foregoing it is indicative that a study of selected predictive factors of STS among psychotherapists in the counties of Nairobi and Nakuru of Kenya is necessary.

Statement of the Problem

Kenya has experienced many traumatic events such as grenade attacks, Westgate mall attack, Mathare slum land slide, Sinai village petrol tragedy among others. In all these cases psychotherapists empathically engage with their clients' traumatic recollections, they sometimes experience strong emotional reactions, such as fear, helplessness, grief or rage. These reactions may reflect secondary traumatic stress, with such risk elevated by their personal experiences of stress during and following trauma work (predictive factors). They may therefore engage in behaviours that impedes the therapeutic process and interventions crucial for client recovery. A study of predictive factors of secondary traumatic stress for psychotherapists is not only warranted but also essential to the viability of the profession and the future,

Purpose of study

The purpose of the study is to examine selected predictive factors of secondary traumatic stress among psychotherapists in Nakuru and Nairobi counties of Kenya

Objective of study

To establish selected factors (Demographic characteristics, Empathy and Exposure, History of trauma, Unresolved trauma, predicting STS among psychotherapists in Nairobi and Nakuru counties of Kenya:

Methodology

This study was descriptive in approach and utilized the survey design. The study was conducted in Nairobi and Nakuru Counties. An accessible population of 752 members in the two counties took part in the study. The sample was determined by the use of the formula indicated by Kathuri and Pals (1993). The sample size of 302 practicing psychotherapists were randomly sampled from Kenya Counselors Association data base. Nakuru County had 150 practicing psychotherapists and Nairobi County 602 practicing psychotherapists. Proportionate sampling was used to identify respondents and enable researcher get a representative sample from each county. Nakuru County therefore had 60 respondents and Nairobi 242 respondents. A questionnaire was used to collect data from the psychotherapists and interview schedule was used to collect data from supervisors who were considered key informants by virtue of the fact that they oversee the professional clinical work of psychotherapists. A pilot study was conducted in Eldoret county of Kenya and Cronbach's alpha method was used to determine internal consistency of the items. A reliability coefficient of 0.70 and above was considered desirable for consistency levels as noted by Frankel and Wallen(2000). In this study a reliability coefficient of 0.91 was obtained which according to Coolican (2001) and Mugenda(2003) is considered a high degree of reliability.

Results and discussion

Demographic characteristics

Several demographic characteristics were looked at namely marital status, gender, number of years practicing, education level and age. Study found out that 54 % of the married respondents had mild to little or no STS compared to 43.8 % of the single. 41.3% of singles have high to severe STS compared to 36.1% of the married. Therefore, marital status can be recognized as a predictive factor of STS. 55.6% of respondents with bachelors' degree have mild to little STS, followed by those with diploma level of education. More than half of respondents (66.7%) with high school qualifications had high to severe STS. It is clear from the study that a higher education level is a buffer against STS. Results from the current study suggest that fewer years of experience is a contributing factor to STS symptom severity. Those with more years (11-15) of counseling had mild to little STS (73.1 %) while those with 5 or less years had high to severe STS (40.8). Majority of respondents age range 25-30 have mild to little or no STS (56.7), followed closely by age 31-40 (51.7%), 41-50 (51.7%). Apparently age 51+ happens to have high to severe STS (42.5%)

followed by age 19-24 (40%) indicating that those very young and those very old are more vulnerable to STS. Study established too that men have mild to little or no STS (62. 7%) compared to females (48. 7). Women again have high to severe STS (39. 8) compared to males at (26. 8%). It would therefore be overly simplistic to look at gender as a predictive factor for STS without looking at other factors such as nature of client trauma.

Exposure

Table 1 No of hours spent doing trauma work per day

No of hours spent	Nakuru		Nairobi		Total	
	n	%	N	%	n	%
0-10 hrs	40	75. 5	153	65. 7	193	67. 5
11-20hrs	8	15. 5	43	18. 5	51	17. 8
21-30hrs	4	7. 5	21	9. 0	25	8. 7
31-40 hrs	1	1. 9	12	5. 2	13	4. 5
41-50hrs	0	0. 0	4	1. 7	4	1. 4
Total	53		233		286	
Mean=11. 53 SD=10. 85						
No of clients seen per day	Nakuru		Nairobi		Total	
	N	%	N	%	n	%
0-5	39	68. 4	175	76. 4	214	74. 8
6-10	12	21. 1	50	21. 8	62	21. 7
11+ clients	6	10. 5	4	1. 7	10	3. 5
Total	57		229		286	
Mean=4. 34 SD=3. 387						
Average Monthly case load	Nakuru		Nairobi		Total	
	Freq	%	Freq	%	freq	%
0-50	48	85. 7	201	86. 3	249	86. 2
51-100	5	8. 9	18	7. 7	23	8. 0
101-150	0	0. 0	5	2. 1	5	1. 7
151+	3	5. 4	9	3. 9	12	4. 2
Total	56		233		289	
Mean=33. 70 SD=51. 1635						

Majority of therapists n=193(65. 7%) spent 0-10 hrs doing trauma work with clients. The mean score was 11. 53 and standard deviation 10. 85. More hours predictive of STS. Findings on number of clients seen per day shows that n=214(74. 8%) saw 0-5 clients per day this is very high with mean score of 4. 38 and standard deviation of 3. 387. Number of clients seen per day is therefore predictive of STS The exposure variable on monthly case load shows n=249(86. 2%) of the therapists had between 0-50 clients in a month. With mean of 33. 70 and standard deviation of 51. 1635. Monthly Caseload is therefore predictive of STS.

Empathy**Table: 2** Empathy

Empathy	P prevalence of Sts		Yes	No	T Total
I I try to understand my clients better by imagining how things look from their perspective	Little or no STS	Count	81	3	84
	Mild STS	Count	71	1	72
	Moderate STS	Count	33	1	34
	High STS	Count	32	1	33
	Severe STS	Count	77	1	78
	Total	Count	294	7	301
$\chi^2 = 1.355$ df = 4 $p = 0.852$					
	STS prevalence		Yes	No	Total
I am able to recognize the pain of clients during therapy	Little or no STS	Count	80	4	84
	Mild STS	Count	72	0	72
	Moderate STS	Count	34	0	34
	High STS	Count	28	5	33
	Severe STS	Count	68	10	78
	Total	Count	282	19	301
$\chi^2 = 17.430$ df = 4 $p = 0.002$					
i am often quite touched by the things that i see or hear happen to my clients	Little or no STS	Count	64	20	84
	Mild STS	Count	57	15	72
	Moderate STS	Count	34	0	34
	High STS	Count	28	5	33
	Severe STS	Count	72	6	78
	Total	Count	255	46	301
$\chi^2 = 16.036$ df = 4 $p = 0.003$					
I convey genuineness, unconditional positive regard and respect to trauma clients	Little or no STS	Count	80	4	84
	Mild STS	Count	72	0	72
	Moderate STS	Count	33	1	34
	High STS	Count	32	1	33
	Severe STS	Count	76	2	78
T Total			293	8	301
$\chi^2 = 3.434$ df = 4 $p = 0.488$					
I am motivated to respond to my clients	Little or no STS	Count	78	6	84
	Mild STS	Count	67	5	72
	Moderate STS	Count	32	2	34
	High STS	Count	30	3	33
	Severe STS	Count	72	6	78
T Total		Count	279	22	301
$\chi^2 = 0.291$ df = 4 $p = 0.990$					

Table shows that across the five variables of empathy, there was no significant difference between STS prevalence and trying to understand clients better by

imagining how things look from their perspective. There was also no significant relationship between therapists conveying genuineness, unconditional positive regard and respect to trauma clients and prevalence of STS further there was no significant relationship between a therapists being motivated to respond to client and prevalence of STS. There was however a significant relationship between STS prevalence and being able to recognize the pain of client during therapy. There was also a significant relationship between those therapists who are often quite touched by the things that they see or hear happen to their clients and prevalence of STS.

History of trauma

Table 5: Experienced kidnapping and traumatic accident a cross STS prevalence

Prior to trauma work have you experienced kidnapping					
			Yes	No	Total
STS prevalence	Little or no STS	Count	14	70	84
	Mild STS	Count	8	64	72
	Moderate STS	Count	2	32	34
	High STS	Count	6	27	33
	Severe STS	Count	3	75	78
Total		Count	33(11.0%)	268(89.0%)	301
$\chi^2 = 9.509$ df = 4 $p = 0.050$					
Prior to trauma work have you witnessed traumatic accident					
STS prevalence	Little or no STS	Count	52	32	84
	Mild STS	Count	45	27	72
	Moderate STS	Count	12	22	34
	High STS	Count	20	13	33
	Severe STS	Count	35	43	78
Total		Count	164 (54.5%)	137 (45.5%)	301
$\chi^2 = 12.185$ df = 4 $p = 0.016$					

Across the 8 variables of history of trauma only two showed a significant difference the rest showed no significant difference between them and STS prevalence. First, there was a significant difference in STS prevalence among the therapists who had had kidnapping experience prior to trauma work. For the therapists who had had such experience, majority had little or no STS (n=14) while for those that had not had such experience majority (n=75) had severe STS. Second, there was also a significant difference in STS prevalence among the people who had witnessed traumatic accident prior to trauma work. For those that had witnessed such accident, majority (n=52) had little or no STS while for those that had not witnessed such accident majority (n=43) had severe STS. These two variables are therefore predictive of STS.

Table 6: Experienced sexual trauma, serious injury, divorce, trauma of another, actual death and violence across STS prevalence

Prior to trauma work experienced sexual trauma					
			Yes	No	Total
STS prevalence	Little or no STS	Count	20	64	84
	Mild STS	Count	12	60	72
	Moderate STS	Count	6	28	34
	High STS	Count	13	20	33
	Severe STS	Count	15	63	78
Total		Count	21. 9%; N=66	78. 1%; N=235	301
$\chi^2 = 7. 914$ df = 4 $p = 0. 095$					
Prior to trauma work experienced serious injury/threat of serious injury					
STS Prevalence	Little or no STS	Count	29	55	84
	Mild STS	Count	25	47	72
	Moderate STS	Count	11	23	34
	High STS	Count	16	17	33
	Severe STS	Count	37	41	78
Total		Count	118(39. 2%)	183(60. 8%)	301
$\chi^2 = 5. 459$ df = 4 $p = 0. 243$					
Prior to trauma work experienced divorce or separation					
STS prevalence	Little or no STS	Count	26	58	84
	Mild STS	Count	21	51	72
	Moderate STS	Count	9	25	34
	High STS	Count	15	18	33
	Severe STS	Count	24	54	78
Total		Count	95 (31. 6%)	206 (68. 4%)	301
$\chi^2 = 3. 585$ df = 4 $p = 0. 465$					
Prior to trauma work experienced learning of a traumatic event suffered by close friend					
STS prevalence	Little or no STS	Count	64	20	84
	Mild STS	Count	60	12	72
	Moderate STS	Count	28	6	34
	High STS	Count	27	6	33
	Severe STS	Count	64	14	78
Total		Count	243 (80. 7%)	58(19. 3%)	301
$\chi^2 = 1. 597$ df = 4 $p = 0. 809$					
Prior to trauma work witnessed actual death					
STS prevalence	Little or no STS	Count	35	49	84
	Mild STS	Count	35	37	72
	Moderate STS	Count	24	10	34
	High STS	Count	18	15	33
	Severe STS	Count	37	41	78

	Total	Count	149 (49. 5%)	152 (50. 5%)	301
$\chi^2 = 8.602$ df = 4 $p = 0.072$					
Prior to trauma work witnessed violence or threat with a weapon					
STS prevalence	Little or no STS	Count	51	33	84
	Mild STS	Count	49	23	72
	Moderate STS	Count	21	13	34
	High STS	Count	16	17	33
	Severe STS	Count	48	30	78
	Total	Count	185 (61. 5%)	116(38. 5%)	301
$\chi^2 = 3.689$ df = 4 $p = 0.450$					

There was no significant difference between prevalence of STS and the six variables of history of trauma as indicated in table 6 above. First, there was no significant difference between having experienced sexual trauma prior to trauma work and prevalence of STS,. Second, no significant difference was noted between prevalence of STS and having experienced serious injury/threat of serious injury prior to trauma worker. Third, there was no significant difference between having experienced divorce/separation and prevalence of STS. Fourth, there was also no significant difference between having experienced traumatic event suffered by a close friend and STS prevalence. . Fifth, there was also no significant difference between having experienced actual death and prevalence of STS. Finally, there was no significant difference between Witnessed violence or threat with a weapon and prevalence of STS. . It therefore clear from the findings of this study that history of trauma is not predictive of STS prevalence except for two variables; kidnapping experience prior to trauma work and having witnessed traumatic event prior to trauma work.

Unresolved personal trauma

Table 10: Unresolved personal trauma across STS prevalence

Do you receive debriefing sessions?					
			Yes	No	Total
STS prevalence	Little or no STS	Count	47	37	84
	Mild STS	Count	57	15	72
	Moderate STS	Count	22	12	34
	High STS	Count	19	14	33
	Severe STS	Count	33	45	78
	Total		178 (59. 1%)	123(40. 9%)	301
$\chi^2 = 21.917$ df = 4 $p = 0.001$					
Do you receive supervision sessions?					
STS prevalence	Little or no STS	Count	68	16	84
	Mild STS	Count	61	11	72
	Moderate STS	Count	19	15	34

	High STS	Count	23	10	33
	Severe STS	Count	45	33	78
	Total	Count	216 (71. 8%)	85 (28. 2%)	301
$\chi^2 = 21.389$ df = 4 $p = 0.001$					

Table 10 suggests that there was no significant difference between two variables of unresolved trauma: receiving debriefing and receiving supervision. This indicates that debriefing and supervision are not a predictive factor of STS.

Table 11 Attending personal therapy across STS prevalence

			Do you attend personal therapy sessions?		
			Yes	No	Total
STS prevalence	Little or no STS	Count	59	25	84
	Mild STS	Count	53	19	72
	Moderate STS	Count	20	14	34
	High STS	Count	27	6	33
	Severe STS	Count	50	28	78
	Total		209(69. 4%)	92(30. 6%)	301
$\chi^2 = 5.851$ df = 4 $p = 0.211$					

There was however a significant difference between prevalence of STS and attending personal therapy. This indicates that personal therapy is a predictor of STS symptoms.

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