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LETTERS TO THE EDITOR

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Multiple Crises in the Work of a Trauma-Focused Therapist with Complex Post-Traumatic Stress Disorder

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Abstract

Background and Aim of Study: *Mental trauma and its consequences are among the most common and at the same time the most complex problems of modern clinical practice. This is especially true in areas affected by war. A trauma-focused therapist systematically immerses himself in narratives of extreme suffering: violence, losses, disasters, hostilities, etc. Sometimes he simultaneously faces his own professional burnout, secondary traumatization, and his own life crisis. Such professional influence inevitably creates a specific risk in the form of a multiple crisis, which has no analogs in other types of psychotherapeutic work.*
The aim of the study: to analyse the phenomenon of multiple crises in the work of a trauma-focused therapist with complex post-traumatic stress disorder and to offer practical recommendations for overcoming it.

Conclusions: *The multiple crises that trauma-focused therapists regularly face when working with complex post-traumatic stress disorder are not resolved either by hasty technicalisation according to the protocol or by compassionate attachment. Conscious self-compassion is a more effective mechanism of psychotherapeutic practice. It allows the therapist to regulate their own problems while maintaining the clinical structure of care. This preserves the effectiveness of psychotherapy while preventing professional decompensation.*

Keywords: *conscious self-compassion, trauma-focused psychotherapy, multiple crises, complex post-traumatic stress disorder.*

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Dear Editor,

Mental trauma and its consequences are among the most common and at the same time the most complex problems of modern clinical practice. This is especially relevant for areas affected by war. Recent mental health studies in Ukraine show that about 15.9–24.5% of the civilian population suffers from Post-Traumatic Stress Disorder (PTSD), and 7.6–13.5% meet the criteria for Complex Post-Traumatic Stress Disorder (CPTSD) (Barbieri et al., 2023; Karstoft et al., 2023).

The term “Complex Trauma” was introduced into clinical circulation by Herman (1992) to denote the consequences of prolonged, repeated traumatic exposure occurring in the context of interpersonal relationships (torture, military captivity, prolonged domestic violence, etc.). The trauma-focused therapist systematically immerses himself in narratives of extreme suffering: violence, loss, catastrophe, combat, etc.

In addition, sometimes, when working with CPTSD, he simultaneously faces his own professional burnout, secondary traumatization, and his own life crisis. Such professional exposure inevitably creates a specific risk

multiple crises, which have no analogs in other types of psychotherapeutic work.

The purpose of this study is to analyse the phenomenon of multiple crises in the work of a trauma-focused therapist with CPTSD and offer practical recommendations for overcoming it.

The work of a trauma-focused therapist with CPTSD remains one of the most debated topics in contemporary clinical psychotherapy (Ali et al., 2023; Halperin et al., 2024). He regularly faces a complex set of professional challenges that contribute to the decompensation of the specialist and include the following:

- Vicarious (secondary) traumatization – a psycho-emotional state that arises from deep empathy and constant immersion in someone else's traumatic memories (Willcott -Benoit & Cummings, 2024).
- Compassion fatigue – a state of physical and emotional exhaustion when a professional loses their ability to empathize due to a continuous stream of psychotraumatic stories (Ormiston, Nygaard & Apgar, 2022).
- Burnout syndrome, which manifests as emotional indifference, depersonalization, and decreased professional self-efficacy (Halperin et al., 2024).
- Shared traumatic reality – a phenomenon when the therapist finds himself together with the client in the same extreme conditions (war), experiencing simultaneously his own losses and the traumas of others (Ali et al., 2023).

Let us take a closer look. Therapists often use one of two problematic approaches in working with CPTSD: technification and compassionate attachment (Brown, 2021). Technification involves translating CPTSD experiences into a technical plane through the implementation of specialized psychological and physical exercises, shifting the focus from suffering (reliving the trauma) to physiological and cognitive tools (breathing techniques, diaries, phone apps, etc.) (Laugharne et al., 2023). The therapist randomly selects a target for processing, does not specify examples, does not summarize what he heard, but instead chooses the target intuitively or under the influence of the last phrase spoken. Outwardly, this looks like the use of exclusively symptomatic techniques (breathing, meditation, etc.) without a deep processing of the root causes.

Compassionate attachment is a therapeutic approach that involves acknowledging and validating the feelings of helplessness of the person with CPTSD, rather than trying to fix or force them to act immediately. This means for the therapist to be present with the pain, making it clear that these feelings are natural for the trauma, and creating a safe environment (Lee et al., 2026). The therapist carefully validates, avoids interrupting the client, and seeks underlying mechanisms. And in fact, he carries out reconstructive psychotherapy in conditions that require crisis. Outwardly, this looks like sensitivity and professional delicacy, but in reality, it is also an escape from anxiety and professional actions. A common mechanism unites both approaches. They are attempts by the therapist to cope with his own psycho-traumatization, and not with the client's situation.

In our opinion, it is more appropriate to use the approach of conscious self-compassion, an effective tool for working with CPTSD. It helps to reduce self-criticism, mitigate outbursts of anger, and overcome feelings of isolation. In addition, this approach, through its interconnected components, acts as a protective factor against distress and burnout in professionals (Neff, 2023). Conscious self-compassion includes mindfulness in the moment, awareness, and a sense of humanity. Mindfulness of the moment enables the therapist to hear themselves, notice their own bodily signals and the flow of self-critical thoughts, and find the right solution. Awareness for the therapist is expressed in the use of an internal position (I do what I can and that is enough). This frees up cognitive resources for specific clinical decisions. Humanity for the therapist consists of the internal recognition that the complexity of the client's situation is typical of a person when exposed to numerous circumstances (Brown, 2021).

In our opinion, the integration of the described approaches into specific psychotherapeutic activities could look as follows:

1. The therapist should notice his surge (wave) of empathy. He intentionally slows down and registers bodily (tightening in the chest), cognitive (chaos of thoughts), emotional (desire to end the session), and behavioral (selection of random phrases) signals.
2. The therapist performs an internal self-compassionate pause. For a few seconds, he activates one of the Mindful Self-Compassion practices, such as the Name-Acknowledge-Mitigate technique or the compassionate gesture (palm to chest). Such practices can be pre-established as resources in the preparation phase and used in the session as quick self-regulation tools.
3. The therapist validates the client's ignorance. Instead of pressing questions, he gives the client the right not to know (I understand you, really, etc.).
4. He invites the client to jointly formulate a request, internally or aloud (When are you at your worst? What bothers you first?).
5. Together with the client, the therapist creates a joint movement map and selects the first achievable goal (not the most important, but the most accessible). The therapist makes clinical decisions about the method and sequence.

Conclusions

Thus, the multiple crises that trauma-focused therapists regularly encounter when working with CPTSD are not resolved by hasty technical actions according to the protocol or by compassionate attachment. Conscious self-compassion is a more effective mechanism of psychotherapeutic practice. It allows the therapists to address their own problems while maintaining the clinical structure of care. It is also important to take into account the personal resources and innovative potential of today's professionals, which serve as a guarantee of operational effectiveness and ensure that objectives are achieved in a competitive environment (Melnyk & Pypenko, 2017). This preserves the effectiveness of

psychotherapy while preventing professional decompensation.

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Ethical Approval

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