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Summary
Indirect Trauma and Indirect Resilience in Mental Health Professionals: An Ethical Perspective and Recommendations for Practice

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The aim that is tried to be achieved with ethical rules is to guide the psychologist to make ethical decisions regardless of working conditions (Nagy, 2019). APA core ethical principles (2017) 1. Beneficence and nonmaleficence; 2. fidelity and responsibility; 3. integrity; 4. justice; 5. Respect for people's rights and dignity. The ongoing guidelines in the regulation are basically shaped based on these ethical principles. The Turkish Psychological Association (TPD) (2004) Ethics Regulation was also created based on the APA Ethics regulation and specified the professional ethical framework that psychologists in Turkey should comply with.

A variety of therapeutic issues can be the object of ethical dilemmas for mental health professionals. In this review article, the concepts of indirect trauma and indirect resilience that can be experienced by mental health professionals working in the field of trauma, especially therapists, will be explained and the possible ethical consequences of the reflection of these concepts in practice will be discussed.

Indirect Trauma

Primary trauma is a difficult event that includes physical or psychological injuries as a result of personal exposure or witnessing the event (Bhagwagar, 2022). For professionals who work with trauma intensely, this experience can cause an indirect trauma. McCann and Pearlman (1990) observed that the cognitive schemas of professionals working with traumatized individuals in the areas of life, relationships and self-confidence, security and intimacy became negative and introduced the concept of "vicarious traumatization". Although there are slight nuance differences between the terminologies (vicarious traumatization, secondary traumatic stress, compassion fatigue) to define this indirect trauma, they are used interchangeably and there is still no consensus among their definitions (Sprang et al., 2019). For this reason, in this review, in line with what Knight (2013) and Tarshis and Baird (2019) put forward, in this review, the diversified effects of trauma experienced by professionals as a result of indirect exposure to trauma, as a framework concept "indirect trauma" will be named.

Indirect Trauma and Therapy

As studies indicated, mental health professionals who are indirectly exposed to trauma may experience intrusive thoughts and re-experiencing, increased arousal, avoidance, and sleep problems about the traumatic experience of the individual they support (Bride et al., 2009; Kahil & Palabıyıkoğlu, 2018). If this situation is not handled properly, this indirect exposure can result in secondary traumatic stress disorder (Yassen, 1995). As a result of this, the problem of professional competence, blurring of professional boundaries and neglect of self-care may appear as a problem in practice and ethics (Iqbal, 2015).

Indirect Resilience

The therapist can experience personal and professional growth by witnessing and being inspired by the client's resilience process. In addition to the possible negative consequences of trauma, positive changes can be seen among individuals who are exposed to the traumatic event. Positive psychological change that occurs as a result of difficult living conditions is conceptualized as post-traumatic growth (Tedeschi & Calhoun, 2004). On the other hand, mental health professionals who ob-

serve positive changes in individuals directly exposed to trauma in a supportive relationship, depending on these experiences; can experience positive personal changes in areas such as self-perception, interpersonal relationships, and philosophy of life (Hernandez-Wolfe et al., 2015). These positive psychological changes are called "vicarious post-traumatic growth" (Arnold et al., 2005). Compassion satisfaction and vicarious resilience are terminologies that are also used to explain positive change experienced by mental health professionals when working with trauma (Hernández et al., 2007; Stamm, 2010; Stamm, 2012). In this article, the positive effects that the therapist may experience while working with trauma will be referred to as "indirect resilience" in order to avoid possible conceptual ambiguity.

Indirect Resilience and Therapy

The therapists' experience of indirect growth is associated with the following factors: The therapist's increased awareness and attention to the experience of the traumatized individual, his understanding of using the client's spirituality as a therapeutic resource, knowledge and empathy about cultures and social statuses, an increased sense of self-efficacy when working with trauma, increased self-efficacy, awareness and self-care practices, increased hope as a reflection of the client's healing power on the therapist, changes in the therapist's life purpose and goals, an increase in the ability to focus on the client (Killian et al.2017). In this context, it can be argued that the indirect resilience of the therapist may be effective in providing a professionally competent service.

Indirect Trauma and Indirect Resilience from the Professional Ethics Framework

Studies emphasize the importance of educating therapists regarding indirect trauma and indirect resilience (Iqbal, 2015; Hernandez-Wolfe, 2015). Therapists have to be aware of and take precautions against any risks for both themselves and their clients (APA, 2017). One of the basic principles of both APA (2017) and TPD (2004) is "beneficence and nonmaleficence". These symptoms, which can affect the way the therapist provides services, may reduce the benefit for the client and cause harm to the client in the long run by failing to consider the most benefit of the client. On the other hand, when experiencing an indirect trauma, the therapist may not be able to properly analyze the process she/he is going through. Common indirect trauma symptoms such as hopelessness, withdrawal, loss of boundaries (Bhagwagar, 2022) can affect the therapist's objective evaluation process. However, professional ethical regulations mark the importance of consulting an expert on ethical problems when necessary" (APA, 2017). Pearlman (1996) also underlines the importance of regular supervision while working with trauma. In such a case, it can be argued that the therapist's failure to take precautions against possible risks, as well as not noticing the situation and not consulting a specialist for a possible possibility, can create an ethical problem.

Another important factor underlined by studies; while working with trauma, the therapist's abundance of professional knowledge and skills increases the therapist's resilience, while her/his weakness increases the risk of indirect trauma (Tominaga et al., 2020). Ethical rules clearly underline that psychologists should be competent for the service they provide and maintain this competency (APA, 2017; TPD, 2014). For this reason, the therapist should develop her/his equipment for working with trauma and try to provide the best service to her/his client by following the current developments in the field.

When the therapist neglects self-care; they may experience situations such as disrespect for their clients and their practices (being late for sessions, etc.), making more mistakes, loss of energy, having anxiety and fear, using their work to cover up unhappiness, pain and discontent, loss of interest (decreased commitment to life and work, etc.) (Pope and Vasquez, 2016). As mentioned, neglect of self-care, which is also associated with indirect trauma, can affect the quality of services of the therapist in this sense. In this context, the fact that the therapist is not aware of these risks and does not take care of her/himself constitutes an ethical violation of the principle of beneficence and nonmaleficence (APA, 2017). In addition, if a therapist does not develop her/his resources to develop indirect resilience, it can be regarded as an ethical violation based on current knowledge (Iqbal, 2015).

The context in which the therapist works can also be associated with experiencing indirect trauma. Working in an environment where the therapist cannot share the workload can cause burnout (Bhagwagar, 2022). However, the institution may not offer the resources (a multi-disciplinary team, support services, etc.) that will facilitate the process for the therapist. In such a case, it can be thought that the therapist's risk of experiencing indirect trauma will increase. In addition, ethical rules for psychologists underline that experts should be stimulating and correcting each other when they see possible ethical problems (APA, 2017; Pope, Vasquez, 2016). An organizational deficiency in the institution where they work may pave the way for ethical violations, both with the unsupportive atmosphere it may create on the therapist and by causing disruption in the supervisory mechanism within the team. As a result, the therapist does not

pay attention to the effects of indirect trauma, does not take appropriate steps to minimize the effects of indirect trauma, and does not use these elements within the organizational framework. Failure to plan how to implement it may result in ethical violations.

Recommendations for Experts in the Framework of Indirect Trauma and Indirect Resilience

Stamm (2010) explained that the quality of professional life is affected by both the positive and negative aspects of the specialist's practice. The effects of indirect trauma on the mental health professional and their practices can make the specialist open to ethical difficulties (Iqbal., 2015). On the other hand, it can be thought that indirect resilience may contribute to the therapist providing a more ethical service. In this respect, it seems as an ethical responsibility for experts to obtain or activate resources that will support indirect resilience, as well as prevent indirect trauma or produce solutions when they realize its possible effects.

When the effects of indirect trauma such as social withdrawal, insecurity, emotional isolation, increased arousal, avoidance and sleep problems are not noticed by professionals in a timely manner, it can cause various professional competence problems and blurring of professional boundaries (Bride et al., 2009; Iqbal, 2015; Kahil and Palabıyıkoğlu, 2018). These effects, which may be caused by indirect trauma on the mental health professional, occur gradually and over time (Iqbal, 2015). For this reason, it is important for the specialist to be aware of the risks she/he may experience while working with trauma, to monitor her/himself in the process and to activate support resources when necessary. In addition, while the specialist's low self-care and low social support levels were associated with post-traumatic stress; high humor, self-care, and social support are associated with the expert's indirect resilience (Manning-Jones et al., 2016). Presenting the impact of developing knowledge and skills on indirect resilience while working with trauma (Tominaga et al., 2020) highlights the internal and external sources of support that the therapist can mobilize in the process. In order to be protected from the possible effects of indirect trauma and to strengthen their own resilience in the process, it is recommended that the specialist receive adequate training on working with trauma, work in cooperation with other mental health professionals, and regularly monitor their own experiences (American Psychological Association, 2005). Focusing on indirect resilience in the training and supervision of therapists is also stated as a preventive measure (Hernandez-Wolfe, 2015). Dealing with the strengths of clients, therapists, and the therapeutic process can open up new, more inclusive avenues for change.

As a result, focusing on both the effects of indirect trauma and indirect resilience seems to be integrally important in supporting the physical and mental health of trauma professionals (Hernandez-Wolfe & Pilar, 2018). In this way, it can be ensured that experts make preventive decisions for the future and possible ethical problems are resolved. Some appropriate interventions to achieve this include: self-monitoring for signs of indirect trauma, maintaining a healthy work and life balance that contributes to general physical and mental well-being, setting and pursuing realistic goals and responsibilities in work and personal life, training and supervision support. To be able to take a break when necessary, to get away from an environment that may remind the trauma, to get social support from colleagues or family members, or to apply for individual therapy if necessary (American Counseling Association. 2017). Pope and Vasquez (2016) underline that it is important for therapists to develop strategies for self-care in order to prevent a possible burnout and explain these methods as follows: creating a more active life (opening areas to relax and exercising during the day); allocating time for interests (making music, reading books, etc.), creating a professional support network and receiving regular supervision support, working in collaboration with different professions (legal consultancy, accountant, physicians, etc.); to get away from the existing stress sources in life, if possible, and to balance the workload. In this way, a therapist might minimize the risk of indirect trauma and mitigate indirect resilience as an ethical responsibility.