

*“Self-care begins with
Self”*

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What is Compassion Fatigue

- Figley (2002) used the term to describe the “cost of caring”.
- The range of adverse effects on caregivers due to their work with traumatized individuals (p.2).
- Compassion fatigue may potentially affect professionals in any field who come into contact with people affected by extreme emotional pain or trauma.

Trauma

Trauma can be defined as an exposure to a situation in which a person is confronted with an event that involves actual or threatened death or serious injury, or a threat to self or others' physical well-being

Traumatic Event

- An experience that causes physical, emotional, psychological distress or harm to an individual or to those close to an individual.
- It is an event that is perceived and experienced as a threat to one's safety or the stability of one's world.

Secondary Traumatic Stress (STS)

- Not yet defined in the DSM IV, but may be in the next edition
- Also called secondary victimization, co-victimization, secondary survivor, vicarious trauma
- Originally studied in context of families of war veterans as “contagion” effects of PTSD
- USA Disasters such as Vietnam, the Oklahoma bombing, 9-11, and natural disasters (hurricanes) have created conditions where responders are traumatized by their work with victims, and this has led to a new field of study.

Post traumatic stress and secondary traumatic stress involves three symptom clusters:

- Intrusion (intrusive thoughts, images and sensations)
- Avoidance (of people, places, things and experience that elicit memories of the traumatic memories)
- Negative arousal (hypervigilance, sleep disturbances, irritability, startle reactions, anxiety)

(American Psychiatric Association, 2000).

Vicarious Trauma

- A process rather than a event
- Occurs without warning, over time and through repeated exposure to the verbal descriptions of all forms of life altering events in the lives of clients.
- Involves alteration of therapists worldview, belief system (schema)
- Vicarious trauma is specific to work with trauma victims

Burnout

- A state of mental, emotional and physical exhaustion
- Caused by long term involvement with difficult situations or clients and by conditions of inadequate resources
- Emerges gradually
- Can be remedied quickly through a change of circumstances (quitting a job)

Work or organizational climate can be sources of burnout:

- Work overload
- Lack of control
- Insufficient reward
- Unfairness
- Breakdown of community
- Value conflict

Signs of compassion fatigue

- Affected counsellors may begin to take on symptoms or perspectives of their clients, such as:
 - Intrusive imagery (flashbacks of the event)
 - Nightmares and sleep problems
 - Depression, or anxiety
 - Emotional numbness or dissociation

Signs of Compassion Fatigue

- Intrusive images of other people's trauma (intrusive symptoms)
- Obsession with a client or his/her situation
- Emotional numbness or dissociation (avoidance symptoms)
- Irrational fears and increased anxiety (arousal symptoms)
- Feeling professionally ineffective

“The Silencing Response”

A sign of CF- Avoidance

- Changing the subject
- Avoiding the topic
- Providing pat answers
- Minimizing
- Use humour to change or minimize the subject
- Using anger or sarcasm with clients
- (Baranowsky, 2002)
- Fear what the client has to say
- Faking interest or listening
- Fearing you will not be able to help
- Blaming clients for their experiences
- Not believing clients

Assessing Compassion Fatigue

- The Compassion Satisfaction and Compassion Fatigue Self Test was developed to measure burnout, compassion fatigue as well as the protective factor, compassion satisfaction (Stamm, 2002)
- Various self assessment tools are available on-line

What does this mean for counsellors?

Counsellors are often in contact with victims of trauma:

- Abuse disclosures (physical, sexual or emotional)
- Sudden death
- Car accidents
- Suicide attempts or completions
- Sexual assault victims
- Victims of domestic violence/crime
- Tragic events school response teams
- Community/international critical incidents
- School violence (ie, Columbine, Taber)

Ethical Implications

- To ensure ethical boundaries and self care standards are maintained, counsellors must be aware of the signs of compassion fatigue, not only in themselves but in their colleagues as well
- Many counsellors are reluctant to admit that a problem exists or to seek treatment, but it is ethically required to do so.

Ethical Implications

- “To protect ourselves, our clients and our profession, we have an ethical imperative to acknowledge and address vicarious trauma” (Pearlman and Saakvitne, 1995)
- Because the empathic potential of the counsellor can become deeply affected, all further work is potentially undermined

The Need for Awareness

- All helping professions may be at risk for compassion fatigue
- There is limited information available in the mainstream about the effects of working with victims or emotionally wounded people
- More awareness is required for people to know the potential risks to self that can result from the work

Self-Awareness is the cornerstone of self-care

- Body Awareness
- Cognitive Awareness
- Awareness of risk factors
- Awareness of current circumstances
- Awareness of individual self care needs

Body Awareness

- Research on empathy and empathic awareness
- Body reactions to stress
- Autonomic Nervous System (where do you store your stress?)
- Boundaries

Empathy

- Rogers (1951) defined empathy as the ability to feel the client's feelings, and considered empathy to be a “necessary and sufficient condition” for successful counselling.
- Counsellor training programs train students to mirror their client's body posture to provide conditions suited for developing trust and to allow their clients to feel understood.

Empathic Engagement

- The emotional connection with the therapist to the client
- Therapist may feel the client's emotional reaction and thus risk experiencing the trauma, becoming traumatized vicariously
- As therapists face the reality of hardship, loss and tragedy daily via their supportive involvement with others, they are confronted with the potential for loss in their own lives and those they love.

Empathic awareness

- Unfortunately, what counsellors most often do not learn about is how this process of empathic engagement may be involved in the transmission of negative emotion between the client and the counsellor (Rothschild, 2006).
- All emotion is contagious through the process of empathy, which is rooted in the body and brain
- Emotional boundaries can be strengthened to protect ourselves (Putting on your armor, unmirroring exercises)

Awareness of Risk factors

- History of personal trauma in the therapist
- New to the work of counselling
- Working without clinical supervision or peer supervision
- Working with traumatized children
- Difficult personal circumstances (under stress)
- Loss
- Poor self awareness or insight

Wounded Healers

- Many counsellors/therapists come into the field with their own history of traumatic experiences
- Hearing reports by clients of traumatic events, losses or dangerous experiences can activate memories
- Helpers who are also 'survivors' must be extremely careful in attending to their own healing and self care needs

Awareness of current circumstances

- Life stressors
- Work environment/Clients
- Health issues
- Personal vulnerability

Protective Factors

- Spirituality
- Humour
- Good support system
- Resiliency
- Strong self awareness
- Well developed sense of limits of counselling, personal boundaries, and self care needs

Getting Help

- Seeking personal therapy is important for helpers with trauma histories or with signs of STS
- 60% of therapists reported having a trauma history (Pearlman & Mac Ian, 1995)
- 90% of psychotherapists have experienced personal therapy (Mahoney, 1997)
- Seeking personal therapy needs to be viewed as a sign of strength, not weakness

Awareness of Individual Self-Care Needs

- Each person responds and deals with stress differently
- Self-care must be personalized, not ‘one size fits all’
- Assess areas of vulnerability and develop appropriate self-care plans to strengthen your ‘soft spots’

Prevention

- The foundation of prevention or risk reduction lies in a comprehensive system of self care

Self care must be viewed as a necessity, not a luxury

Prevention or risk reduction

Preventative programs, procedures and strategies can occur on three levels:

- Organizational
- Professional Group
- Individual

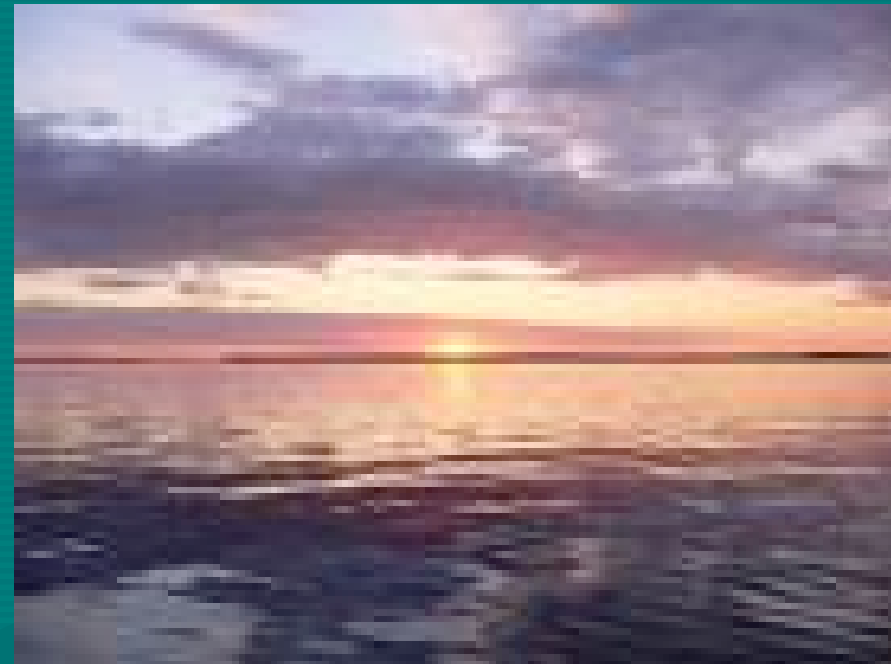
ABC's of Vicarious Trauma

(Pearlman & Saakvitne, 1995)

- **Awareness** (of risk, of self, of risk factors)
- **Balance** (8 hours work, 8 hours play, 8 hours rest), balance of work roles and personal roles.
- **Connection** (with others, with nature, with spirit)

Personal Self Care

- Physical care includes exercise, nutrition, body work, massage, sufficient sleep
- Social/Interpersonal care includes connection with others, support network, social activism
- Getting Help



Personal Self Care

- Maintaining balance
- Maintaining boundaries
- Relaxation
- Contact with nature
- Creative expression
- Skill development
- Self awareness
- Journaling

Spiritual Self-care

- Spirituality/connection/consciousness
- Practicing being in the present moment
- Alert attention
- Be with the client
- Meditation and stillness

Professional Self Care

- Diversify work roles/clients/tasks
- Awareness in-session, between sessions
- Transition rituals
- Take breaks, time off, vacations
- Setting and keeping boundaries

Boundaries

Boundaries provide the necessary structure to ensure separation between client and counsellor.

“It is always better for the client that we protect ourselves and not let ourselves be injured or overwhelmed by them or their feelings”

(Pearlman & Saakvitne, 1995, p.385)

Professional Self Care

- Peer support programs (regular connection with professional peers doing similar work)
- Clinical supervision or consultation
- Formalized Self care plans (and ways to ensure accountability)
- On-going professional training

Clinical Supervision

- An intensive, interpersonal, focused relationship, in which the supervisor helps the counsellor as he or she learns to apply a wider variety of assessment and counselling methods to increasingly difficult cases Sutton and Page (1994).

The focus of clinical supervision is on:

- counsellor self awareness and growth
- focus on skill enhancement
- professional identity development
- case conceptualization

Treatment

Accelerated Recovery Program (ARP)

- Similar treatment as PTSD
- Assessment
- Anxiety management strategies
- Narrative therapy (telling the stories)
- Exposure therapies (desensitization)
- Cognitive re-structuring

The limits of helping

- When we mistake our client's needs for mandates about our responsibility, we are at greater risk of vicarious trauma" (Pearlman & Saakvitne, 1995, p. 386)
- We must be realistic about our limits and the limits of helping
- It is healthy to remind ourselves and our clients of our human limitations

Focus on Meaning

- Why do we do this work?
- Talk about and celebrate the rewards, the successes
- Recognize how our clients are changed by our relationship with them and how we are changed by our relationship with them
- HOPE builds resiliency!

Growth is experienced when one
learns that she is
capable of not only providing
support, but of receiving it as well

(Figley, 2002)

Bibliography

- Cruchfield, L. B., & Borders, L. D. (1997). Impact of two clinical peer supervision models on practicing school counsellors. *Journal of Counseling and Development, 75*(3), 219-230.
- Figley, C. R. (Ed.). (2002). *Treating compassion fatigue* (1st ed.). New York: Brunner-Routledge
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors* (1st ed.). New York: Norton.
- Rogers, C. R. (1951). *Client-centered therapy: It's current practice, implications and theory*. Boston: Houghton Mifflin.
- Rothschild, B. (2002). *Help for the helper*. New York: W. W. Norton.
- Stamm, B. H. (Ed.). (1999). *Secondary traumatic stress: Self care issues for clinicians, researchers and educators* (2nd ed.). Lutherville, USA: The Sidran Press.
- Sutton Jr, J. M., & Page, B. J. (1994). Post-degree clinical supervision of school counselors. *School Counselor, 42*(1; 1), 32.
- Yassen, J. (1995). Preventing secondary traumatic stress disorder. In Figley, Charles R. (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder* (1st ed., pp. 178-208). New York: Brunner/Mazel.