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Vicarious Trauma and Compassion Fatigue – The Cost of Caring

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Aims

- Examine Vicarious Trauma ('VT') & Compassion Fatigue ('CF') characteristics;
- Identify any characteristics we may be experiencing;
- Reflect on how we may be unconsciously defending against VT or CF with the people we work with;
- Briefly highlight the ethical importance of developing a tailored care plan

No one who, like me, conjures up the most evil of those half-tamed demons that inhabit the human beast, and seeks to wrestle with them, can expect to come through the struggle unscathed.” Sigmund Freud

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” Rachel Naomi Remen.

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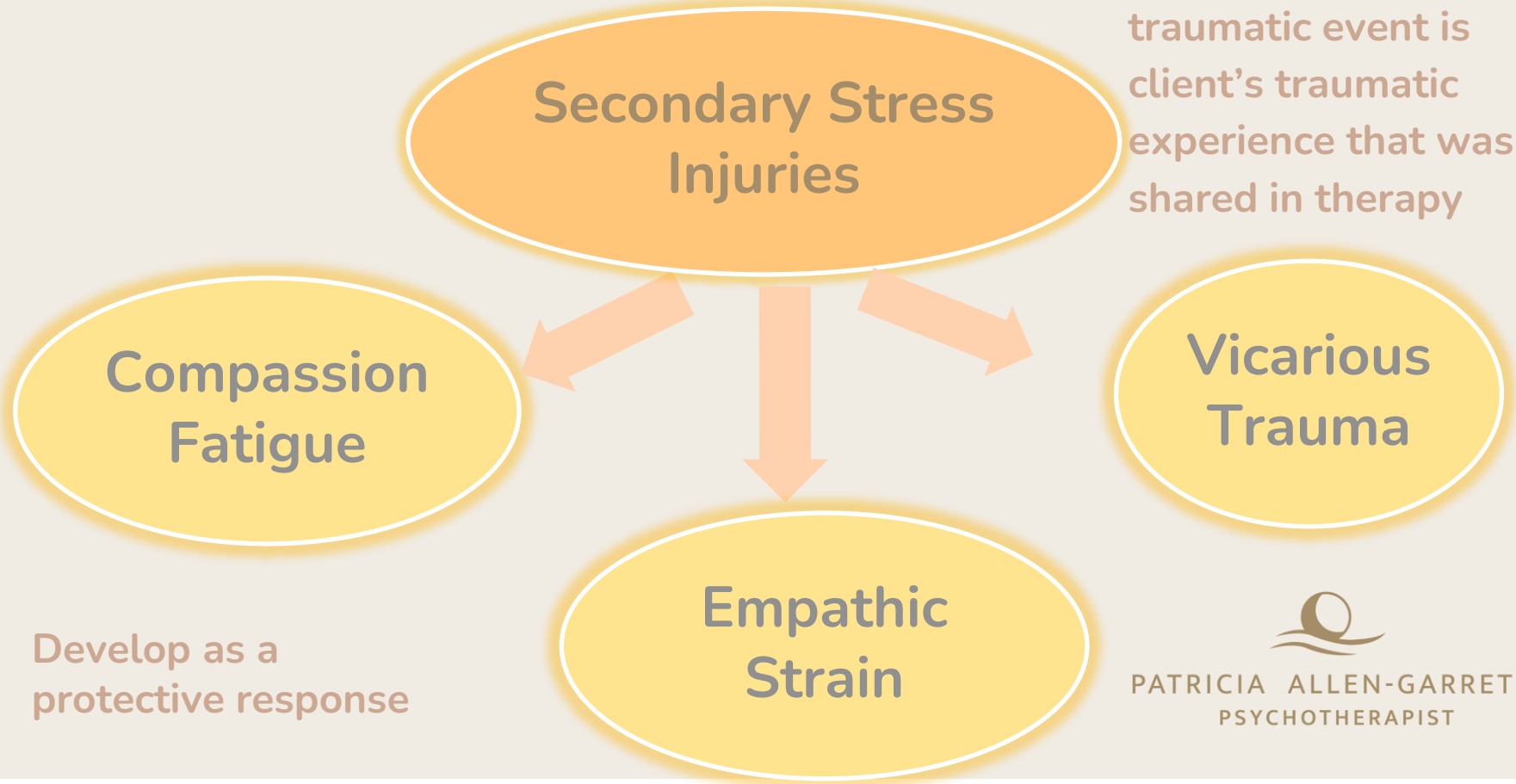
Overview

Parallel PTS symptoms: traumatic event is client's traumatic experience that was shared in therapy



Develop as a protective response

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Differences Between The Terms - Mathieu 2012

- “CF: The profound emotional & physical erosion that takes place when helpers are unable to refuel and regenerate.

- VT: The transformation of our view of the world due to cumulative exposure to traumatic images and stories. This is accompanied by intrusive thoughts and imagery & difficulty ridding ourselves of the traumatic experiences recounted by our clients.

- Burnout: The stress & frustration caused by the workplace - having poor pay, unrealistic demands, heavy workload, heavy shifts, poor management & inadequate supervision. It can happen in any occupation. Burnout does not necessarily mean that our view of the world has been damaged or that we have lost the ability to feel compassion for others.”

- 1 vs the other

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Compassion Fatigue/Empathic Strain

- “A state of tension & pre-occupation with traumatised patients by re-experiencing traumatic events, avoidance/numbing of reminders, and persistent arousal (e.g. anxiety) associated with the patient” (Figley, 2002)

- The emotional residue which remains after exposure to working with those suffering the consequences of overwhelming & often unchanging problems

- Risk Factors: Caseload high in intractable problems, trauma-content or crisis

- The added element of compassion which we often apply in our work is also a factor. Koerner (1993) viewed compassion as “based on a passionate connection. . . passion moves one beyond feeling and emoting toward social action aimed at relieving the pain of others”

- Strong component of numbing/de-sensitising (including at home) or being far too engaged and having strong emotions with/for the client

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Characteristics of CF

- Paradoxically characterised by pulling away from or moving too far towards
- Reduced ability to feel empathy towards clients
- De-sensitising to pain/suffering experienced by clients
- Over-rescuing of the client
- Blaming client for therapist's own symptoms
- Reduced ability to feel empathy towards own family
- Isolating from friends/family
- Feeling helpless and/or de-skilled
- Taking on greater workload (often to test our ability to cope)
- Denial of vulnerability – often avoid seeking supervision or any sort of help/support
- Increase in mistakes
- Lowered frustration tolerance/outbursts of anger or rage
- Diminished sense of purpose/enjoyment with career
- Loss of hope
- Dissociating

Vicarious Traumatisation

- “The negative transformation in the self of the helper that comes about as a result of empathic engagement with survivors’ trauma material and a sense of responsibility or commitment to help’ (McCann and Pearlman, 1990)

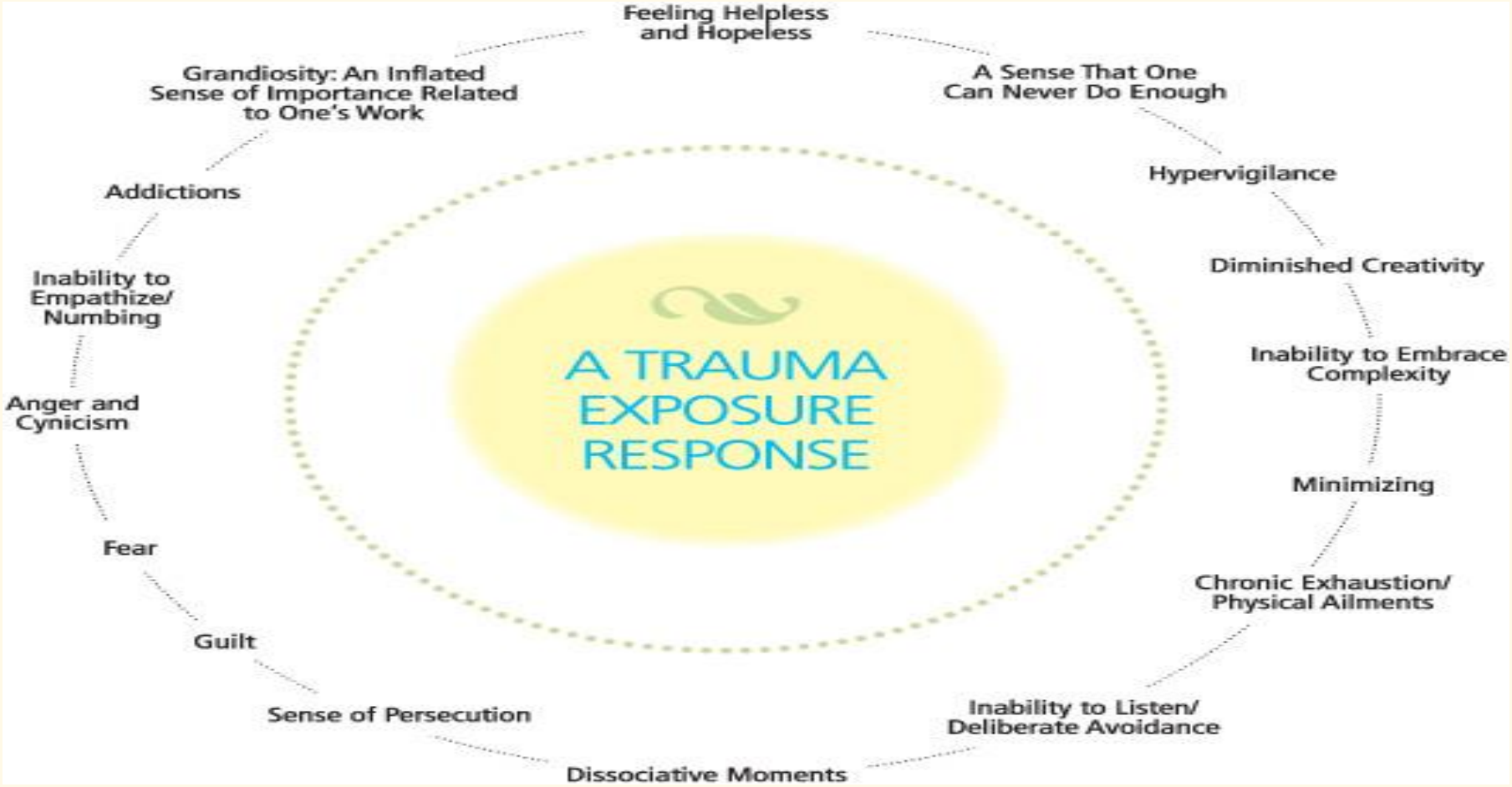
- The practitioner is a witness to the survivor’s experience, and is touched by their helplessness, terror, confusion, anger, grief, and despair

- Over time the survivor’s traumatic material begins to affect the practitioner’s worldview, emotional and psychological needs, their belief systems, and cognitions

- As a result of vicarious traumatisation, our fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material

Characteristics of VT

- Shift in worldview, beliefs about others, the world & meaning in life
- Perceptive/assumptive world disturbances (i.e. seeing the world in terms of victims & perpetrators)
- Lingering feelings of anger, rage & sadness re client's victimisation
- Anxiety
- Sadness & grief
- Confusion
- Bystander feelings of guilt/shame
- Reduced boundaries with clients
- Becoming fearful of what client has to say
- Irritability
- Hyper-vigilance/feelings of unsafety
- Concerned that enough is not being done for the traumatised person
- Feeling trapped by work
- Reduction in being able to maintain a positive sense of self
- Being less able to modulate own emotions
- Cynicism, negativity, loss of hope



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Other Ways Of Unconsciously Defending Against CF & VT In The Therapy Room

We may:

- Become sceptical of the truth of the person's account
- Share in the person's helplessness & lose sight of their strengths
- Become judgemental of the person's coping strategies
- Rationalise the atrocity
- Doubt our own professional competence and ability
- Fake interest/Fake listening
- Feel numb/avoidant prior to seeing the client
- Constantly be reminded of our own traumatic stories when listening to certain clients and zone out
- In response to the helplessness in the person, the practitioner may assume the role of 'rescuer', further disempowering the person

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The Silencing Response Flags – Baranowski Gentry & Baranowsky

- Changing the subject
- Avoiding the topic
- Providing pat answers
- Minimising client distress
- Wishing/suggesting the client should just “get over it”
- Moving client on in their story
- Being angry/sarcastic with client
- Using humour to change/minimise the subject
- Blaming person for their experiences
- Difficulty paying attention

“The point at which we may notice our ability to listen becoming compromised is the point at which the Silencing Response has weakened our clinical efficacy” Gentry, Baranowsky & Dunning,1997

Reflections Around The Silencing Response Flags

- Do I currently have or have I had clients whose stories I find difficult to listen to?
- What is so difficult for me to hear that I may be defending against?
- Where do the difficult and complex stories I face in work go at the end of my work day?

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So Why Is Self-Care/Balance Important?

- So we can develop “the ability to maintain our physical, emotional, and mental well-being while responding compassionately to people who are suffering.” Compassion Resilience Toolkit.

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Planning Some Things For Your Self-Care - Support, Support, Support!!! (Salzer, 2002)

- **Emotional:** Typically from a partner, family member, close friend. Elements are: love, care, empathy, acceptance and understanding
- **Informational:** Typically from peers, colleagues, supervisor. Elements are: access to knowledge, information & skills
- **Instrumental:** Tangible help. Elements are: good job conditions, having access to resources and equipment, things that help you to get things done e.g. IT, etc
- **Companion:** This happens when we feel connected to people often through leisure activities and interests.

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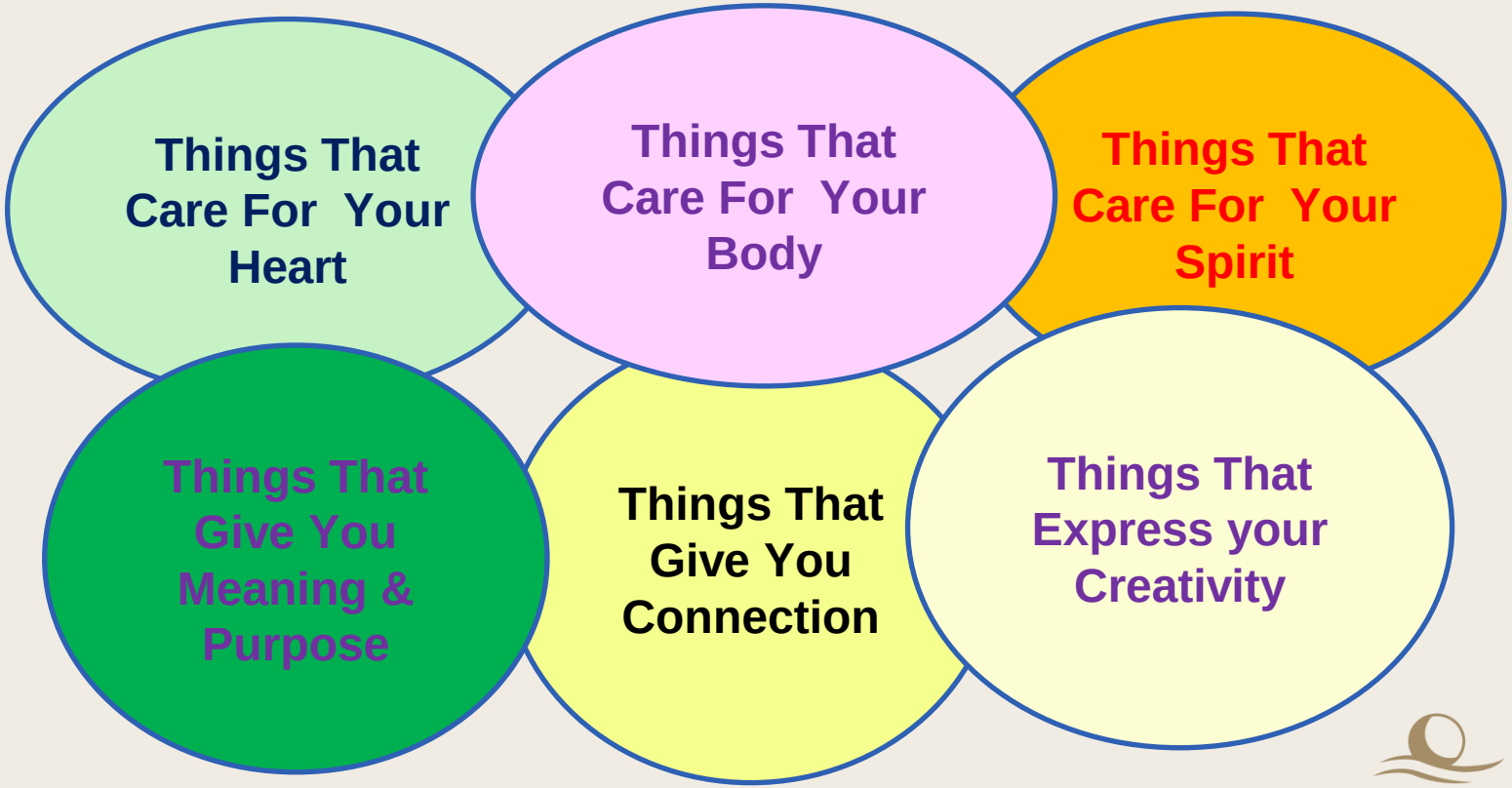
Planning Your Self-Care – Some Things to Consider



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