

Compassion Fatigue, Burnout and Vicarious Trauma

A Queensland Program of Assistance
to Survivors of Torture and Trauma
(QPASTT) Guidebook

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QPASTT

Queensland program of assistance
to survivors of torture and trauma

This guidebook has been produced as a result of repeated requests for assistance and support from other agencies, institutions and professionals who are working with refugees and asylum seekers.

It is intended to be a resource for people who are affected by the stories and experiences of the refugee and asylum seekers who they work with. It is part of QPASTT's commitment to supporting the broader community to welcome refugees and asylum seekers into Queensland and Australia. It is also recognition that as much as working with survivors of refugee trauma is deeply rewarding, uplifting and inspiring, it can also be emotionally, psychologically and physically challenging. We hope that you find this guidebook useful to navigate some of the more challenging aspects of this work.

A note about language: In writing this guide we have used some generic terms of worker and client. This is meant to distinguish between the person in the helping role, whether that is paid or unpaid, and the client who is the person in the role of being assisted or helped. The material in this guide is of broad use and application to anyone who is helping asylum seekers or refugees, whether you are a teacher, a pastor, a community member, a health worker, a case manager or a volunteer at a food pantry! The more people that can warmly and genuinely welcome asylum seekers and refugees into our community, who are healthy enough to be a calm, consistent and reliable source of support, the better. As a specialist agency, QPASTT is dedicated to promoting mental well-being within refugee and asylum seeker communities, and this commitment extends to optimizing the mental health and well-being of those in support or helping roles in the community.

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1. Introduction to Compassion Fatigue, Burnout and Vicarious Trauma

Being involved in emotionally demanding situations over a long period may cause physical, emotional and mental exhaustion known as burnout or compassion fatigue.

Being exposed to another person's trauma history may cause vicarious trauma. *Vicarious trauma* happens because as social beings we empathise with others and this can cause us to have a sense of 'feeling their pain'. This deep connection to understand another person's traumatic experiences can when left unrecognized and untreated result in depression, anxiety, despair, alienation from self/others, inability to work, or inability to experience enjoyment. While these reactions can occur suddenly, generally vicarious trauma occurs over prolonged exposure to the trauma of others.

The extent of vicarious trauma experienced differs from person to person, but on the whole, being emotionally impacted by engaging with the experiences of survivors of torture and trauma is a very normal and natural reaction. It doesn't mean you are an inadequate person who is not "tough enough". The degree to which vicarious trauma is experienced can depend on personality type, protective factors, life experience including own trauma or similar, the appropriateness of work/life balance, methods of processing the change in your understanding of the world, and your ability to monitor the way in which your experience is impacting on you (McNab 2010; Etherington 2009; Rothschild 2006; Barrington & Shakespeare-Finch, 2013).

It is also possible to experience vicarious resilience or vicarious post-traumatic growth – a sense of greater personal strength or courage through working with another who against all odds, has triumphed over their circumstances.

Some Definitions:

There can be confusion about terminology in the context of compassion fatigue, burnout and vicarious trauma. Some of the more important terms have been defined by Rothschild (2006):

- **Compassion Fatigue.** (Figley 1995). Anyone who suffers as a result of serving in a helping capacity.
- **Burnout.** This term is for a more extreme circumstance. It describes anyone whose health is suffering or whose outlook on life has turned negative because of the impact of the overload of their work.
- **Primary Traumatization.** The impact of a traumatic incident on the obvious victim of that incident. This includes any of those who have been directly affected by a traumatic incident(s) including loss of a close relative or friend in such circumstances.
- **Secondary Traumatization.**
(i) Family members and close associates who suffer from their loved one's trauma as a result of the closeness of that relationship.

(ii)Helpers who are eyewitnesses to the incident they are supposed to mediate and who become overwhelmed by what they see and hear in person. This is not vicarious but a direct experience of witnessing.

- **Vicarious Traumatization.** Helpers impacted by working or volunteering with traumatised individuals can experience vicarious trauma as a result of empathically resonating with what those you are helping have told you about their experiences. Vicarious trauma is when your sense of yourself, your sense of relationships with other people and your sense of the world is negatively transformed. You may also have similar physiological effects or symptoms as the traumatised person such as poor sleep and nightmares, intrusive thoughts, signs of anxiety such as being alert for danger, easily startled, heart racing, a fear of things going wrong and feeling generally more unsafe.

Because of the complex interaction of work and life factors, the effects of viewing or hearing distressing things can vary from individual to individual. For example, someone who works with survivors of trauma and who has also experienced earlier traumatic events (that are not yet resolved) and/or who has had loved ones in similar traumatic situations is likely to have a very different reaction than someone whose life has been more secure or stable. Also, it is useful to understand that early life trauma may take the form of cumulative severe stress, not just a specific identifiable trauma event.

For those of us who are exposed to asylum seekers and refugees for the first time, it is often a shock to learn what repeated intentional harm people have experienced at the hands of others. The systemic challenges that asylum seekers face in Australia is also shocking to learn about and for some Australians deeply shameful.

For those who have been doing this work for an extended period of time and/or with a high number of clients, there can be a point at which you feel dragged down or burdened by the continued exposure to human suffering. This cumulative effect is also a contributor to vicarious trauma.

In keeping with our commitment with human rights at QPASTT, we consider that these personal reactions are to be expected, as intentional human suffering is not something that we should accept in our communities and societies.

2. Summary of Risk Factors for Compassion Fatigue, Burnout and Vicarious Trauma

Due to the complexity of work and life events and circumstances, there is not one universal, comprehensive list of what can put you at risk of compassion fatigue, burnout or vicarious trauma. There are, however some common characteristics of what can increase the risk of experiencing these negative impacts of working or volunteering with survivors of trauma:

- Experiences of your own personal trauma
- Unrealistic expectations of yourself
- Inability or unwillingness to attend to self-care
- Inability to recognize that you are being affected by the work and taking some preventative self-care action
- Too high demands from others and/or the situation
- Lack of resources and time
- Lack of control over work
- Lack of support and acknowledgement from higher management or organisational supports

(References: McCann & Pearlman 1990; Killian, 2008; Cohen & Collens, 2013; Barrington & Shakespeare-Finch 2014).

For many of us, at least some of the above is likely to be a real challenge. This means that it will be beneficial to take some steps to address these challenges and protect yourself.

3. Manifestations: How this complex interplay of life and work experience may manifest.

To be able to protect ourselves from the unique, inner and personal effects of vicarious trauma we have to build on our self-awareness and ability to understand how we are affected by our work. Here are two models which may help you identify ways in which your behaviour and thoughts have changed as a result of being exposed to trauma survivors' experiences.

I. Counter Transference reactions and empathetic strain

Wilson and Lindy (1994) have a typology of the range of reactions that a worker may experience when working with survivors of trauma. They use the term *empathic strain*. Wilson and Lindy define empathy as the ability to bear witness to the client's experiences without minimising, dismissing or negating in any way and where attention to the client's experience is met with a deep integrity of spirit/presence. So empathy is an essential component of helping roles. They also note that in work with traumatised people, empathy is more at risk of being strained than in other work with non-traumatised populations. They use the framework of *counter transference reaction* (CTR), a psychological term which in a general sense is understood to mean the worker's reactions to what they are hearing from and seeing in the people they are working with. There are a couple of things to note here:

- Wilson and Lindy emphasise that empathic strain cannot be escaped in this work. It is part of the nature of the work and the condition of being human when exposed again and again to traumatic stories and traumatised clients.
- How a worker will react when empathy is strained will vary depending on the individual and their personal and professional life experience. They also emphasise that it may only arise from time to time or in very specific ways within the work with a client.
- A worker may react in a variety of ways depending on the circumstances. In their research they observed a range of reactions in therapists to the material/client need confronted with, and discovered two types of counter transference reactions. Within each type there are two variations.

See on the next page the outline of CTR reactive styles.

Counter Transference Reactive (CTR) Styles to Trauma Work

Type of Reaction

Normative

(Universal, Objective, Indigenous Reactions)

Empathic Disequilibrium

Uncertainty

Vulnerability

Unmodulated Affect

Empathic Withdrawal

Blank Screen façade

Intellectualisation

Misperception of Dynamics

Type 2 CTR

(Overidentification)

Empathic Enmeshment

Loss of Boundaries

Over involvement

Reciprocal Dependency

Type 1 CTR

(Avoidance)

Empathic Repression

Withdrawal

Denial

Distancing

Personalised

(Particular, Subjective, Idiosyncratic Reactions)

Reactive style of therapist From: Wilson J and Lindy J (eds) (1994) Counter Transference in the treatment of PTSD. Guilford Press.

Modes of Empathic Strain in Counter Transference Reactions (CTRs)

These four states fall under two types of reactions: Over-identification and avoidance.

One type of overidentification can include **empathic enmeshment**. This response by the helper is generally more likely to include being frightened, over protective, guilty and feeling excessive responsibility. The helper may feel a strong desire to “rescue” the client which the helper often defends, or explain as assisting the client/s despite leading to over dependence and halting recovery.

Another overidentification type is **empathic disequilibrium**. This response is a reaction to the helper being exposed to multiple traumas and impossible choices. The helper's world view is shattered. The helper's defences fail causing uncertainty, vulnerability and intense emotional reactions. This can lead to fatigue, despondence and despair. It is recommended that this response type is to be addressed through rest, recuperation, limiting exposure to traumatic material and support.

Avoidance type of reaction can include **empathic withdrawal**. The helper may feel disbelief and denial about the trauma that the client has experienced. The helper is likely to isolate themselves, withdraw and distance themselves in order to preserve their world view that life is decent and just. This response can be addressed best through education about trauma, vicarious trauma and Post Traumatic Stress Disorder.

The second avoidance type reaction is **empathic repression**. In this situation, the helper is likely to have suffered and continue to be suffering from their own related traumatic experiences. There is probably an overlap between the ongoing work being undertaken by the helper with the client, and an area of the helper's 'trauma wound'. In repressing their own trauma the helper also tends to deny or distance themselves from the client's trauma and does not appreciate its significance. This response requires personal therapy and supervision.

II. "Over involvement to under involvement continuum"

This continuum is another way that demonstrates the way in which we may react to trauma survivors where we may either pull away from (distance) or move in too closely (enmesh) to the client. Over periods of time, depending what is happening in our personal lives, wider society and the lives of those we are close to, it is quite natural to move across areas of the continuum. Again, the point is to be aware of it and understand how it is impacting on our work, our behaviour and how we think and feel.

This over involvement to under involvement continuum is shown on the next page and provides a different way of observing a person's way of relating to work with traumatised people. This continuum identifies qualities that are desirable as they guard against burnout and vicarious trauma and also shows behaviours/attitudes which increase the risk of negative work impacts. The centre two columns show the "ideal range" of behaviour.

Over-involvement to Under-involvement Continuum



Toward Working with Survivors

Moving Away from Working with Survivors

“Crusader” approach	Wanting to know more	Observing faculty	Preoccupation with efficiency
Doing it all oneself	Empathy	Professional detachment	Cynicism
Trying to fix everything	Responsibility for one’s behaviour and the reaction of others	Maintaining boundaries	Minimising contact
Excessive responsibility for peoples’ feelings	Developing strategies	Variety of professional activities	No responsibility for people’s reactions
	Advocacy for intervention		Insufficient allowance for problems
			Displacement onto other issues

Ideal range

Individual Self- Reflection Exercise

Take five minutes to reflect on Wilson and Lindy’s typology on empathic strain and the over involvement to under involvement continuum.

Have you observed any of these reactions in yourself or colleagues?

What conditions precipitated this?

Remember these are all common reactions to working with traumatised people and it is important not to judge yourself or others for their responses. The more important thing is to pay attention and address your own needs so that you can help others in a healthy way to the best of your ability!

Babette Rothschild (2006) has developed a range of strategies to put a ‘healthy’ distance between yourself and the trauma survivor/s you are working with, while still being empathetically engaged. You can read more about her work in the book “Help for the Helper” which is listed in the further resources section at the end of this guide.

Rothschild (2006) describes how we mimic or mirror others’ posture, facial expression and muscle tension/relaxation. These muscular responses have a direct relationship to the nervous system. This is a natural part of being human and is the origin of empathy, the ability to resonate with another’s experience, a skill essential in survival and critical in being effective in any human service.

Rothschild proposes that when we work with traumatised people, our nervous systems through this resonance are affected. Often this is unconscious and it is not until later in the day we wonder why we’re restless, nervous, have aches and tension in shoulders and muscles.

Bringing awareness to one’s physiology and developing skills to manage this response, that is, making it conscious, is one way to assist in reducing the effects on yourself.

Un-mirroring Exercises (Rothschild, 2006, pg 91-94)

- I. In your next couple of interactions with refugees or asylum seekers you are working with, pay attention to your own body posture and breathing pattern. Stay alert for times when you drift in to patterns that mimic the other. Occasionally, consciously change one aspect of your position, your breathing, or your expression. Notice if you feel differently and whether there is any change in the other person. Generally, the more you stay in touch with yourself and consciously avoid mimicking stress/distress responses as the more at ease you are, those you are interacting with will also feel.
- II. Un-mirroring can be a challenge in the beginning as it is another thing to pay attention to. It can be very helpful to practice this with a friend, family member or colleague:
 - a. Designate one as client and one as worker.
 - b. The client tells a story with a mildly negative emotional charge. It can be real or made up. Do not use a trauma or any highly emotionally charged experience.
 - c. The worker listens and consciously mirrors the worker’s posture, facial expression and breathing, and notices what happens in her/his own body, emotions, and thoughts.
 - d. Next the worker evaluates what he/she must do to un-mirror:
 - i. Change posture?
 - ii. Change breathing?
 - iii. Tense up or relax? Where?
 - iv. Change position? How?
 - v. What else? Feel free to be creative.
 - e. The worker then shifts between mirroring and unmirroring, taking a minute or two with each. Both worker and client notice changes in their own body and emotions as the worker shifts.

- f. Let go of the roles, say your own name and two ways you're different than the role.
Discuss what happened

A list of ways to un-mirror:

- Sit up straight.
- Cross or uncross legs.
- Change breathing.
- Take a drink.
- Write some notes.
- Stretch.
- Visit restroom.
- Tense specific muscles to increase muscle tone and sense of strength and then relax.
- Move around
- Blink eyes.
- Take a deep breath.
- Exhale.

Preliminary research (2003) conducted by Babette Rothschild and her colleague Maggie Shriffrar and Emerald Jane Turner in a pilot helper training course discovered that participants found the following skills and interventions particularly useful:

- Remembering to ask myself how I need to look after myself with each client
- Being mindful of clients "hitching a ride" home with me at the end of the day.
- Paying attention to how I dress with clients. (this refers to dress as an expression of the effect the client/student is having on you).
- Being aware that I have a choice in how much my client's feelings do or do not impact on me. Having more choices of how to be with a client.
- Maintaining a feeling for my edges (skin boundaries).
- Becoming better at judging when one needs to lower one's arousal, and when it is better to stay with it yet contain it.
- A good session doesn't mean that I must suffer along with my client.
- Becoming more efficient (through awareness and practice of these strategies) without losing empathy.

4. Key Factors in the Care of Oneself

Almost everyone has heard about the term *self-care* and there are many activities that can fall into the category of caring for yourself. Each person is unique and you will need to spend some time exploring the activities that are 'healing' or restorative for you. Some people like to be alone whereas others need fun and the company of others. The key aspects of self-care are:

- Maintain a personal life away from work
- Identify 'healing' activities
- Maintain and build a sense of humour
- Have realistic expectations of yourself and others

In addition to self-care, organisations have a responsibility to provide some support for those who are engaging in paid or unpaid work with survivors of trauma. This is referred to as *organisational-care*. Some of the basic aspects of organisational-care include:

- provide supervision – a space to debrief and get constructive ideas for your work
- promote work/life balance through reasonable workloads and work expectations
- ensure a safe and comfortable physical environment
- ensure adequate resources to complete the work required
- promote an atmosphere of respect and collegial support

Self-care vs. Transformation

You can do all the self-care in the world and take advantage of all the organisational-care opportunities provided and still feel burdened, deeply saddened and without hope. That is because reducing your daily stress won't necessarily enable you to process the way being exposed to trauma changes how you understand the world and your place in it. The term transformation refers to actively exploring and working through the negative beliefs, feelings of despair and loss of meaning that can result from trauma exposure. Helpers also need to find a way to make meaning and sense out of their experience. Victor Frankel wrote about his observations of a World War II concentration camp that has since become a global best seller entitled Mans' Search for Meaning. He wrote:

“The primary motive of human beings is to find meaning and value in their lives, having a strong sense of meaning is essential to surviving trauma and suffering” *Victor Frankel (1969)*

The making of meaning is the opposite of the erosion or negation of meaning that results for from vicarious trauma. Meaning can be found in simple activities and often includes existential awareness here and now. To really engage in meaning-making, it is important to accept that you are in a process of change and allow for this transformation.

As is the case for trauma survivors, healing and recovery occur through the process of making meaning and through this, finding purpose and motivation for life. The same goes for those who work with traumatised people; it is a parallel process. Meaning-making can occur in many ways and as is the case with self-care, you will need to find the methods and inspirations that suit you. This could include:

- Reflection and self-exploration
- Art, creative and expressive pursuits
- Engaging in positive and constructive community activities or projects, including social change projects or campaigns
- Discussion and exploration of the human experience beyond what you are witnessing
- Faith or spiritual practice

For many workers at QPASTT, in order to balance exposure to the difficulties that clients have experienced, it is also important to focus on the multiple ways that people have shown their strength, tenacity, compassion, generosity and growth in the face of adversity. It is essential to remember that we are in the presence of trauma *survivors*.

This Work...

Exhilarating

And exhausting

drives me up a wall

and open doors I never imagined

lays bare a wide range of emotions

yet leaves me feeling numb beyond belief

provides tremendous satisfaction

and leaves me feeling profoundly helpless

evokes genuine empathy

and provokes a fearsome intolerance within me

puts me in touch with deep suffering

and points me toward greater wholeness

brings me face to face with many poverties

and enriches me encounter by encounter

renews my hope

and leaves me grasping for faith

enables me to envision a future

but with no ability to control it

breaks me apart emotionally

and breaks me open spiritually

leaves me wounded

and heals me

Kraybill, Ken. (2002) *Renewal and Resiliency in Our Work* in *Healing Hands* Vol.6 No.2, February 2002.

5. Vicarious Growth and Compassion Satisfaction

Despite the emphasis on the negative impacts of working with trauma survivors and the importance of taking care of yourself in this space, there are tremendous benefits to this experience as well.

By choosing to work with and support the lives of refugees and asylum seekers, you are choosing to make a statement and a commitment to compassion and humanity. You are choosing to make the world kinder, more compassionate and more accepting of others. In doing so you are opening up to the rich experience of more deeply knowing what it is to be alive in this multicultural society; the diverse range of ways in which people survive and thrive; the seemingly infinite range of world views.

There are an increasing number of studies which document what trauma workers identify as being the positive benefit of their work experience:

- Deeper understanding of the world, suffering and humanity's capacity to overcome adversity
- Greater sense of meaning
- Renewed, enriched and/or changed spirituality
- Greater value and appreciation of relationships
- Greater degree of compassion
- Greater understanding of various cultures
- Greater sense of fulfilment, purpose or pleasure

(Barrington & Shakespeare-Finch, 2013; Gibbons, Murphy, & Joseph, 2011; Splevins, Cohen, Joseph, Murray, & Bowley, 2010;).

Workers have also described feeling a sense of increased personal strength; psychological growth and empowerment (as a consequence of listening to client accounts of resilience); perseverance and growth (Hernandez, Gangsei, & Engstrom, 2007 and 2015). Clinical supervisors have described the importance of ensuring that trauma counsellors pay attention to even the small glimmers of growth, change and resilience in their client trauma recovery and in themselves. These signs of growth are precious and need to be celebrated, and help sustain hope in the work.

Overall, vicarious post-traumatic growth can be experienced as an enrichment of your inter-personal relationships, self-perception, and life philosophy.

6. Further resources

QPASTT offers vicarious trauma training each year. This is an interactive training where you can practice a range of strategies and exercises. See the QPASTT website for more details of this training www.qpastt.org.au.

Further reading:

Cohen, K., & Collens, P. (2013). *The Impact of Trauma Work on Trauma Workers: A Metasynthesis on Vicarious Trauma and Vicarious Posttraumatic Growth*. Psychological Trauma: Theory, Research, Practice, and Policy, 5(6), 570–580.

Figley, C. (1995) Compassion Fatigue. New York: Brunner/Mazel

Lipsky, L. v. D., & Burk, C., (2009). Trauma stewardship: An everyday guide to caring for self while caring for others. San Francisco, Calif.: Berrett-Koehler Publishers.

Rothschild, Babette with Majorie Rand (2006) Help for the Helper, Self Care Strategies for Managing Burnout and Stress. Norton

Wilson, J. & Lindy, J. (1994) Countertransference in the treatment of PTSD. Guildford Press: New York.

Short films:

Beyond the Cliff. TEDx lecture by Laura van Dernoot Lipsky
<https://youtu.be/uOzDGrcvmus>

Vicarious trauma – helping hurts. Short film by Headington Institute
<https://www.youtube.com/watch?v=K-aAOLM5oSY>

Useful websites:

Trauma Stewardship Institute
<http://traumastewardship.com/>

Headington Institute
<http://www.headington-institute.org/>

Living Well – vicarious trauma webpage
<https://www.livingwell.org.au/professionals/confronting-vicarious-trauma/>