

When Compassion Hurts: An Introduction to Vicarious Trauma and Resilience

Dr Angela Dixon
Senior Clinical Psychologist
Psychological Medicine
Children's Hospital Westmead

"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."

(Remen, 2006)



Work-related trauma exposure

DIRECT exposure to trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

INDIRECT exposure to trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

What is Vicarious Trauma (VT)?

- Pearlman & Saakvitne, 1995
- A transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material

What is Secondary Traumatic Stress (STS)?

- Figley (1995)
- a form of PTSD (DSM 5)
- results from professionals being psychologically overwhelmed by their desire to provide assistance and comfort to their observations of trauma and suffering.
- applies to professionals who witness trauma **but do not develop an ongoing empathic relationship**
- STS acute vs. VT cumulative

What is Compassion fatigue (CF)

- the "cost of caring" for others in emotional pain (Figley, 1982).
- refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate
- changes in our ability to feel empathy and compassion for our clients
- (doesn't include the profound shift in world view that occurs with VT).

What is Burnout?

- term coined in early 1980s
- physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.
- (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).

Couple of examples

- If my job as an administrative assistant to a parole officer is to read the files of violent sex offenders, I may be secondarily traumatized and deeply disturbed by the content of what I read. This may, in turn, affect my sex life, my feelings of safety for my children or my ability to watch television (**Vicarious Trauma**). However, I may not necessarily feel too tired to talk to my friend who is going through a difficult time at home, and I may not find that this has caused me to feel deeply exhausted in my interaction with colleagues. But then again I may experience all of the above (**Vicarious Trauma and Compassion Fatigue**).

If I work as a nurse in paediatric palliative care, helping children who are dying of cancer, I may feel incredibly drained, fatigued, unable to give any more and/or unable to stop thinking about my patients when I go home (**Compassion Fatigue**). I may also find that I have become very preoccupied with death, dying and end of life issues. Over time, these may affect my world view and beliefs about ageing, cancer or similar issues (**Vicarious Trauma**).

What are some of the signs of VT, STS and CF?

Trauma reactions:

- *intrusive reactions*: dreams/nightmares, flashbacks, obsessive thoughts, physiological reactions and other persistent re-experiencing of the traumatic event;
- *avoidant reactions*: general numbing in responsiveness and avoidance (particularly of things related to the traumatic material); and
- *hyper-arousal reactions*: hyper-vigilance and difficulty concentrating.

Also...

- anxiety;
- depression;
- de-personalisation;
- feeling overwhelmed by anger, fear, grief, despair, shame, guilt;
- increased irritability;
- feeling of reduced personal accomplishment;
- procrastination;
- low self-esteem;
- sleeping problems
- having no time or energy for self or others;
- increased feelings of cynicism, sadness or seriousness;
- increased sensitivity to violence and other forms of abuse, e.g., when watching television or a film;
- avoiding situations perceived as potentially dangerous;
- disruptions in interpersonal relationships;
- substance abuse.

And...

VT changes in 'cognitive schema', e.g.,

- feeling that the world is no longer a 'safe place' (for themselves and/or others);
- feeling helpless in regard to taking care of themselves or others;
- feeling their personal freedom is limited;
- feelings of alienation (that their work sets them apart from others).

Compassion Fatigue and Vicarious Trauma are much more complicated than just being tired and overworked. They are often caused by a conflict between our deepest values and the work that we are required to do, a phenomenon which is called moral distress.

Clinical implications

- poor decision making,
- apathy toward clinical work resulting in poor client care,
- anger and/or cynicism toward clients struggling with trauma aftermath,
- development of self-imposed importance in a client's case,
- blurring of professional and personal boundaries

Who is at risk?

...anyone who has extended contact with trauma victims or traumatic material is at risk of vicarious traumatization (Wasco & Campbell, 2002).

Prevalence

- Methodological issues
- Prevalence in:
 - First responders
 - Social Work/Mental Health/Victim Service Providers
 - Other related professional or volunteer groups

Prevalence among First Responders

- e.g., fire services, law enforcement, emergency medical services & other professions related to personnel first on an emergency rescue scene
- measure PTSD, though no studies delineate between direct & secondary trauma
 - Berger et al. (2012) - 28 studies over 45 years, 20,424 rescuers from 14 countries, full PTSD 10% (vs 4.4% general pop)
 - Thormar et al. (2010) - reported higher rates (24–46%),
 - Maslow et al., (2015) - 16,488 WTC rescue workers 4 - 53%
 - Bourke & Craun (2014) - 25% of 600 ICAC personnel

Prevalence among Mental Health/Social Work/Victim Services Providers

- Hensel, Ruiz, Finney, and Dewa (2015) meta-analysis:
 - 34% among child protective service workers (Bride, Jones, & Macmaster, 2007)
 - 15.2% among licensed social workers (Bride, 2007)
 - 21% STS prevalence in a national sample of social workers treating survivors of family or sexual violence (Choi, 2011)
 - 19.2% STS or mental health providers working with military patients (Cieslak et al., 2013)
- 40.9% of licensed clinical social workers met criteria for PTSD (Bogstrand et al., 2016)
- CF prevalence of 50% in 363 child protection workers (Conrad & Kellar-Gunther, 2006)

- qualitative transcriptionists (Kiyimba & O'Reilly 2016)
- medical examiner office employees (Coleman et al 2016)
- health sciences librarians (Becker & McCrillis, 2015)
- para-professionals working w/ refugees (Lusk & Terrazas 2015)
- spoken-language interpreters, (Mehus & Becher 2016)
- alcohol & other drug workers (Ewer et al, 2015)
- emergency medical consultants (Dasan, et al. 2015)
- child life specialists (Fisackerly et al., 2016)
- asylum evaluators (Mishori, Mujawar, & Ravi 2014)
- military psychologists (Johnson et al., 2014)
- telephone & online counselors (Furlonger & Taylor 2013)
- psychotherapists (Želeskov-Đorić, Hedrih, & Đorić 2012)
- attorneys & their administrative support staff (Levin et al. 2011)
- marriage & family therapists (Negash & Sahin, 2011)
- jurors (Robertson, Davies, & Nettleingham, 2009)
- animal caregivers (Figley & Roop, 2006)

Risk and Resiliency Factors

- **Empathic engagement with clients' experience of trauma**
- "the psychological capacity to identify and understand another person's psychological state of being"

(Figley, 1995)

Risk and Resiliency Factors



Risk factors - Organisational

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role

Bonach and Heckert, 2012; Slattery and Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille and Meyers, 1999

Learning to recognise your warning signs

Physical: What part of your body lets you know when you are headed for trouble? Do you have recurrent physical symptoms and when they manifest themselves, do you ignore, medicate or slow down?

Behavioural Signs: Increased anger, tearfulness, watching excessive amounts of TV/spending too much time online, increased use of alcohol or drugs, compulsive shopping, binge eating, watching high trauma media as entertainment

Emotional/Psychological Signs: Feeling emotionally exhausted, depression, guilt, a sense of hopelessness, a reduced ability to feel empathy towards clients or family/friends. A sense of resentment towards demands being put on you at work and at home.

Take stock

Identify your **top three** most frequent warning signs. Are they all physical, emotional or behavioural or do you see a mixture of signs from each category?

Would you say that you are currently in the **Green** (healthy), **Yellow** (warning sign) or **Red** zone with your overall functioning?

Now, ask a loved one or close colleague to share with you what they think your "Big Three" warning signs are, at home and at work.

See also: <https://www.tendacademy.ca/signs-and-symptoms-of-compassion-fatigue-and-vicarious-trauma/>

Saakvitne & Pearlman, 1996

Acknowledging the Positive

Compassion Satisfaction
Vicarious Transformation



What is Compassion Satisfaction (CS)?

- Sprang, Clark, & Whitt- Woosley (2007); Stamm & Figley (1996)
- the positive aspects of helping
- the sense of reward, efficacy, and competence one feels in one's role as a helping professional

What is Vicarious Transformation?

- **vicarious posttraumatic growth** (Arnold, Calhoun, Tedeschi & Cann, 2005)
- **vicarious resilience** (Hernandez, Gansei & Engstrom, 2007).
- a positive transformation in one's worldview and spirituality in response to helping others live through trauma
- **vicarious transformation** is an ongoing, intentional process by the worker that results in a deepened sense of connection with others, a greater appreciation of one's life, and a greater sense of meaning and hope.
- vicarious transformation is a process, not an endpoint or outcome.

Vicarious transformation

"the process of integrating a larger understanding of the human condition and humanity as a result of facing the truth and impact of traumatic events... a positive transformation in the self of the therapist or other trauma worker that comes about through empathetic engagement with the traumatized people we attempt to assist, their courage and their struggles, their losses and sorrow, and active engagement with the changes in ourselves that come about in response to that work, our VT."
(Pearlman and Saavitne)

Contributing factors

- the nature and extent of the clinician's connection with their client's growth, resilience and pain
- empathic attunement with their client
- core empathic capacities (i.e., tolerance, resistance, endurance, capacity)

Impact of vicarious resilience

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

How do we facilitate this transformation?

- Build capacity to be curious and open.
- Get support to stay regulated in the midst of the unknown.
- Be honest with yourself and get to know well your own signs of trouble.
- Be honest with yourself and celebrate and use your strengths.
- Risk connecting with others, asking questions and learning about how others grow.
- Take good care of yourself and let others help you.

Resiliency Planning

- Individual, personally
 - where to put your energy to increase your resilience
- Organizational planning
 - Responsibility for finding ways to maximize the positive aspects and reduce the negative aspects of helping



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Self-care is foundational to building resilience

"Fill your own cup first; give away only what's left over"

"To thine own self be nice"

~ Robin Shapiro, trauma therapist

What is self-care?

Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.

It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.'

(World Health Organization, 1998)

Measuring CS & CF: The Professional Quality of Life Scale (ProQOL)

- The ProQOL is free
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
 - Burnout
 - Secondary Trauma



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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, (2002) Renewal and Resiliency in Our Work in Healing Hands



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