What About the Helper?

Navigating Burnout, Compassion Fatigue, and Secondary Trauma

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Learning Objectives

1
- Following this session, attendees will be able to describe similarities and differences between burnout, compassion fatigue, and secondary trauma

2
- Following this session, attendees will be able to identify one or more factors that contribute to and protect against burnout, compassion fatigue, and secondary trauma

3
- Following this session, attendees will be able to apply at least one strategy to enhance personal wellness

Introductions & About Me

With a partner:

- Which campus are you from?

- What is your role?

- How do you see burnout, compassion fatigue, and secondary trauma showing up in your work?

Agenda

- Understanding burnout, compassion fatigue, and secondary trauma
- Risk & protective factors
- Personal and organizational prevention strategies
- Vicarious posttraumatic growth
- Q&A

Foundational Concepts

Understanding burnout, compassion fatigue, and secondary trauma

Defining Terms

Compassion Fatigue

- The physical, emotional, and psychological impact of helping others, in part through trauma exposure
- Difficulty accessing empathy

Burnout

- Physical, emotional, and psychological exhaustion
- Decreased motivation
- Lowered performance
- Negative attitudes toward oneself and others

Secondary Trauma

- Indirect trauma exposure
- Occurs through hearing about trauma from others or belonging to a group impacted by a trauma

Vicarious Trauma

- Changes to values and beliefs as a result of secondary trauma exposure
- Often involves a "profound" shift in worldview

Overlapping Symptoms

- Decreased sense of personal and professional accomplishment
- Physical symptoms (nausea, headaches, sleep disturbances)
- Changes in boundaries (too loose and/or too rigid)
- Physical, psychological, and emotional exhaustion
- Mood changes (irritability, depressed mood)
- Decreased productivity

Bober & Regehr, 2006; Bourassa, 2012; Caringi et al., 2017; Choi, 2011; Cieslak et al., 2013; Dagan et al., 2015; Deaton et al., 2021; Furlonger & Taylor, 2013; Harling et al., 2020; Sutton et al., 2021

Compassion Fatigue Symptoms

- Difficulty connecting with other people's experiences (i.e., decreased empathy)

- Frustration with students/clients

- Feeling helpless in face of student/client suffering

- Sense of overwhelm in light of client/student problems & tasks of caring for them

- Feeling stuck

Burnout Symptoms

- Working harder & a sense of the need to prove yourself

- Neglecting your own needs (social, emotional, physical)

- Increased interpersonal conflicts (professional & personal)

- Irritability

- Decreased productivity, often despite working more hours

Secondary Trauma Symptoms

- Cynicism

- Irritability or despair

- Re-experiencing (i.e., ruminating on events you heard about from students)

- Intrusive symptoms (i.e., intrusive thoughts of trauma you heard about, nightmares, etc.)

- Avoidance of people or activities

- Persistent anger or sadness

- Feelings of guilt and shame

Vicarious Trauma Symptoms

- Changes to worldview resulting from trauma exposure

- Over-involvement with specific students/clients

- Feelings of self-doubt, shame, and guilt

- Avoiding listening to traumatic experiences from students/clients

- Difficulty maintaining professional boundaries

- Preoccupation with thoughts of clients/students outside of work situations

Think-Pair-Share

Which of these symptoms seem the easiest to recognize in others?

How might they be characterized by colleagues?

What monitoring strategies can you use to notice them in yourself?

Understanding Risk

Risk & protective factors at personal and organizational levels

Prevalence

Mental health professionals providing direct client care appear to be exposed to traumatic themes at similar rates that are greater than the general population (Jiminez et al., 2021)

Estimates range, but between 40 and 85% of helping professionals have experiences with compassion fatigue, vicarious trauma, secondary trauma, or high trauma exposure (Institute for Public Health, 2012)

Across studies, nearly half of mental health professionals surveyed at a given time score in the "high" range for burnout symptoms (O'Connor et al., 2018)

Personal Risk Factors

Personal history of trauma

Social isolation

Gender (women)

Exposure to disturbing media

Lack of professional self-efficacy

Bober & Regehr, 2006; Bourassa, 2012; Caringi et al., 2017; Choi, 2011; Cieslak et al., 2013; Dagan et al., 2015; Deaton et al., 2021; Furlonger & Taylor, 2013; Harling et al., 2020; Sutton et al., 2021

Organizational Risk Factors

Number of hours per work counseling

Number of hours per week counseling trauma survivors specifically

Number of trauma cases on workload

High load of administrative work

Higher case load

High productivity expectations

Lack of supervision

Work-related stressors

Bober & Regehr, 2006; Bourassa, 2012; Caringi et al., 2017; Choi, 2011; Cieslak et al., 2013; Dagan et al., 2015; Deaton et al., 2021; Furlonger & Taylor, 2013; Harling et al., 2020; Sutton et al., 2021

Personal Protective Factors

Strong social supports

Clarity in role

Self-efficacy

Effective coping

Proactive self-care strategies

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Organizational Protective Factors

Supportive coworkers

Autonomy and independence in workplace

Working in teams

Job sharing

Access to strategic information

Diversity in caseload

Variety of professional responsibilities

Training opportunities

Monitoring caseload

Bober & Regehr, 2006; Bourassa, 2012; Caringi et al., 2017; Choi, 2011; Cieslak et al., 2013; Dagan et al., 2015; Deaton et al., 2021; Furlonger & Taylor, 2013; Harling et al., 2020; Sutton et al., 2021

Prevention Approaches

Organizational and personal strategies for prevention and recovery

Personal Prevention Approaches

- Build effective coping and self-care strategies

- Work-life boundaries (time especially)

- Bracketing rituals and practices

- Seek supervision and personal counseling

- Make changes to caseload (i.e., reduce trauma cases, stop taking new clients)

- Seek role clarity & diversify professional work

- Engage social supports, including peer relationships

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Organizational Approaches

- Access to supportive, flexible leadership
- Openness to reducing trauma exposure
- Ongoing professional education
- Timely and good quality supervision, especially after trauma exposure
- Greater autonomy over work behaviors and schedules
- Reducing hours working directly with traumatized individuals**

*__while ensuring those individuals still receive services_

Bober & Regehr, 2006; Bourassa, 2012; Caringi et al., 2017; Choi, 2011; Cieslak et al., 2013; Dagan et al., 2015; Deaton et al., 2021; Furlonger & Taylor, 2013; Harling et al., 2020; Sutton et al., 2021

What can YOU do?

- Offer professional development specific to working with trauma

- Provide supportive supervision & receive it yourself

- Connect staff with professional resources (i.e., EAP, [Employee Wellness Resources](#))

- Be open to creative solutions to reduce workload, caseload, and trauma exposure

- Clear and transparent communication

- Attend to your own wellness

Assessing Burnout/CF/VT

For Directors/Staff

- Informal discussions with staff and colleagues
- Developing needs assessments & work climate surveys

- **Specific instruments:** Vicarious Trauma Scale (Vrklevski & Franklin, 2008); Secondary Traumatic Stress Scale (STSS; Bride et al., 2004); Compassion Fatigue Self-Test (Portnoy, 1996); Maslach Burnout Inventory (Maslach et al., 1981)

For Administrative Leadership

- Engage with multiple levels (i.e., directors, associate/assistant directors, staff) directly
- Exploring impact of policies on staff wellness
- Examining work climate to indirectly understand risk
- Anonymous surveys
- Invite proposed solutions alongside exploring problems

What is Feasible?

- What might be challenges for implementing organizational solutions, as suggested on previous slides?

- What might be challenges about recommending personal strategies for prevention and recovery?

- How do we balance our responsibilities as helping professionals alongside our need to attend to our own needs?

More Hope

Vicarious posttraumatic growth and recovery
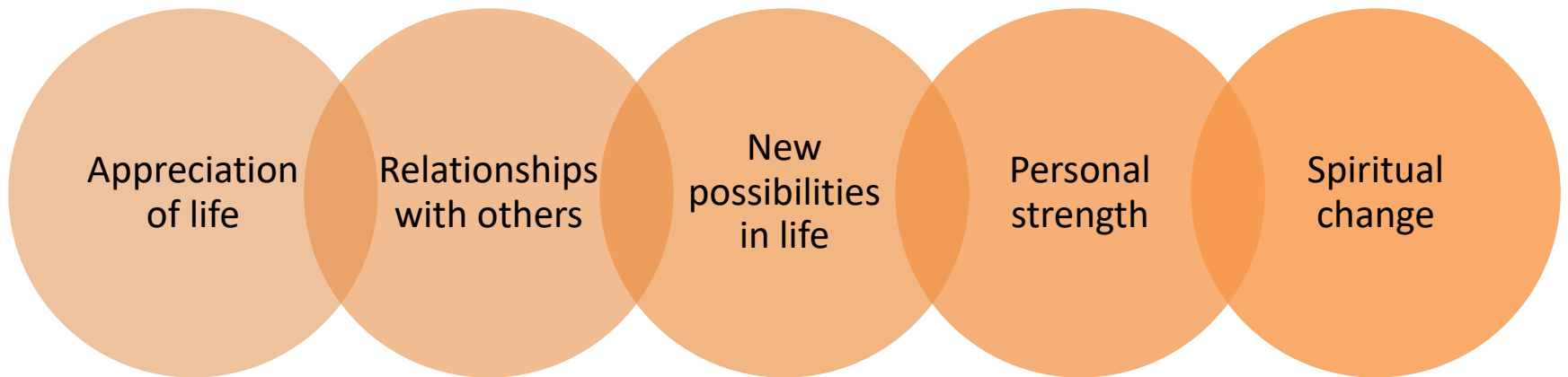
What is Posttraumatic Growth?

Posttraumatic Growth (PTG)

- Positive psychological changes experiences as a result of the struggle with traumatic or highly challenging life circumstances (Tedeschi & Calhoun, 2004)

Vicarious Posttraumatic Growth (VPTG)

- Positive emotions and cognitive shifts toward self-actualization after exposure to secondary or vicarious trauma (Arnold et al., 2005; Cohen & Collins, 2013)

Components of PTG

Appreciation of life · Relationships with others · New possibilities in life · Personal strength · Spiritual change

(Tedeschi & Calhoun, 2004)

Vicarious PTG

Experiences of VPTG

- Noticing growth in self

- Experiencing work as making a difference

- Finding own way to process trauma work

- Experiencing personal strengths

- Willingness to be more expressive in relationships

- Sense of gratitude

Enabling Factors

- Social support

- Self-care

- Meaning-making

- Empathy

Bartoskova, 2017; Brockhouse et al., 2011; Deaton et al., 2021

That's Great… How Do I Do It?

- Connecting with others
  - Especially colleagues/peers!
- Seek personal counseling
- Engage meaning-making
- Set boundaries
- Allow yourself to feel before you try to heal

Thank You!

Questions?
Comments?

Contact me:
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