

WHEN THE HELPER NEEDS HELP: UNDERSTANDING VICARIOUS TRAUMA AND COMPASSION FATIGUE

DR. RYAN STIVERS, PHD, LMFT

ABOUT ME

- PhD, Marriage and Family Therapy; Licensed Marriage and Family Therapist
- Certified Trauma Therapist, EMDR Trained, Certified Sex Addiction Therapist, Certified Multiple Addiction Therapist-Chemical Dependency
- Summit Family Therapy, LLC, Co-Owner
- UnityPoint Health – Methodist, Behavioral Health Clinician
- Assistant Professor and Faculty Advisor, Liberty University Online



TRAUMA

- An event is said to be traumatic when it “overwhelm(s) the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 1992, p. 33).
- “Crisis is defined as an internal response to an external hazardous event [that] involves a temporary loss of coping abilities” (Stone, 2009, p. 10).
- Bearing witness can come at a cost.

COMPASSION FATIGUE

- Charles Figley (1995) coined the phrase *compassion fatigue* and *secondary traumatic stress disorder*.
- Secondary traumatic stress (STS) is the direct result of hearing emotionally shocking material from clients.
- “[Helpers] who engage with the traumatic material of their clients may themselves begin to take on the same psychological and physiological reactions they see in their clients, including feelings of helplessness, anger, and fear” (Shelby, 2014, p. 87).

COMPASSION FATIGUE

- Loss of Empathy
- Depersonalization
- Loss of Respect
- Interface Issues (Negash & Sahin, 2011)

VICARIOUS TRAUMA

- Vicarious traumatization (VT) is a cognitive phenomenon that involves “harmful changes that occur in professionals’ view of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of their clients” (Shelby, 2014, p. 88).
- VT is manifested as a change in the helper’s sense of meaning and hope. The helper develops a pervasive sense of cynicism and pessimism towards life.
- A helper’s belief system can also be negatively impacted.

BURNOUT

- Burnout refers to the helpers response to his or her work environment.
- The helper perceives that his or her ability to change or take action is inhibited.
- “Burnout is a cumulative phenomenon whose signs include cynicism, workaholism, isolation, boredom, depletion, conflict, arrogance, and helplessness” (Shelby, 2014, p 86).

POTENTIAL SOURCES

- “Several work-related factors (e.g., high caseload demands, lack of supportive work environment, lack of supportive social network) have been found to impact the levels of each domain [i.e., CF, CS, and burnout]” (Killian, 2008).
- Clinicians with fewer years of experience are at more risk for compassion fatigue (Craig & Sprang, 2010; Sprang et al., 2007).
- Self of the Helper Issues (Negash & Sahin 2011)
 - Unresolved Personal Issues
 - Unrealistic Clinical Expectations

COPING STRATEGIES

- “Crisis work can be devastating to individuals physically, emotionally, and spiritually and, in the process, can compromise the effectiveness of those organizations whose missions place them at the front lines of human suffering” (Shelby, 2014, p. 89).
- Walsh defined resiliency as “the ability to withstand and rebound from crisis and prolonged adversity, strengthened and more resourceful.” (as cited in Shelby)
- Core elements of resilience include self-knowledge and insight, healthy coping, strong relationships, personal perspective and meaning, and a sense of hope.

COPING STRATEGIES

- Guided meditation, being around nature, exercise, interacting with pets, arts and crafts, and life-giving relationships as important avenues of self-care (Eastwood & Ecklund, 2008; Shelby, 2014).
- Among crisis workers, humor is commonly used to address powerful negative emotional responses to workplace stress (Shelby, 2014).
- Maintaining a work life balance (Matheson & Rosen, 2012).
- The Power of the Group (Shelby, 2014)
 - Positive Impact on developing Compassion Satisfaction
 - Decreases Compassion Fatigue

COPING STRATEGIES

- Kelly et al. (2015)
- 1 in 5 new nurses will leave the nursing profession due to CF.
- Meaningful recognition can help curtail turnover.
- The DAISY Award.

COPING STRATEGIES

- Organizational strategies (Shelby, 2014)
 - Ensuring appropriate supervision.
 - Providing a safe place to address compassion fatigue.
 - Offering support such as debriefings.
 - Managing caseloads.
 - Structuring employee benefits to include services that promote self-care.

COPING STRATEGIES

- Organizational Strategies (Macchi, Johnson & Durtschi, 2014)
 - Limiting case loads.
 - Providing additional time to complete documentation.
 - Increasing accessibility to resources and support.
 - Be mindful of newer clinicians.

COPING STRATEGIES

- Loma Linda University and Medical Center's Physician Vitality Program (Hernandez & Thomas, 2015)
 - Consultation with therapy team
 - Balint Group
 - Schwartz Center Rounds

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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THE PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

- Helps understand the positive and negative aspects of helping
- Not a “psychological test”
- Not a “medical test”
- Can be viewed as a screening for stress-related health problems

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THE PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

- Individual, personally
 - The ProQOL can help you plan where to put your energy to increase your resilience
- Organizational planning
 - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping
- Supportive Supervision
 - The ProQOL can be used as information for discussions