Chapter 9

Addressing CF and VT: Strategies

> The question is *not* whether stress will appear and take a toll on those working as clinicians. Instead, it is to what extent professionals take the essential steps to appreciate, limit and learn from this very stress to continue—and even deepen their personal lives and roles as helpers and healers.
>
> **—Robert J. Wicks**
> *The Resilient Clinician*, p. 14

In this chapter, you are invited to:

- Identify strategies to mitigate your own compassion fatigue (CF) and vicarious traumatization (VT) on three levels: professional, organizational, and personal

Preventing Compassion Fatigue: Is it Possible?

There is much debate among CF researchers about the notion of *prevention*. Personally, I don't think that there is really such a thing as CF and VT prevention—I do not believe that you can work in this field for any length of time without being profoundly impacted by the stories you hear and gradually depleted by the work (unless you see only one client per week and spend the rest of your time doing yoga and meditation!).

However, I do think that CF and VT can be mitigated, transformed, and treated and that there are ways to replenish ourselves so that we can have a long and rewarding career. These are solvable problems providing we recognize the signs and symptoms early and that the intervention is appropriate to the level of CF and/or VT present in the helper.

What Has Been Found to Help Reduce Compassion Fatigue?

Research in the field shows that the following key strategies have been found to reduce compassion fatigue and vicarious trauma in helping professionals:

- Strong social support both at home and at work
- Increased self-awareness
- Good self-care
- Better work/life balance
- Job satisfaction
- Rebalancing caseload and workload reduction
- Limiting trauma inputs (see Chapter 11)
- Accessing coaching, counseling, and good clinical supervision as needed
- Attending regular professional development and ongoing training

Saakvitne and Pearlman[1] suggest that strategies and solutions can be implemented on three levels: *professional*, *organizational*, and *personal*. In addition, I believe that changes need to occur on a broader societal level with more funding to healthcare and social services, a greater recognition of the work that we do, and improved salaries and working conditions for helping professionals. Figure 9.1 provides a visual guide of Saakvitne and Pearlman's model for implementing strategies both at home and at work.

Professional and Organizational Strategies[2]

There are many simple and effective organizational and professional strategies that helpers can implement to protect themselves from compassion fatigue. First, by openly discussing and *acknowledging* that compassion fatigue occurs in the workplace, helpers can normalize this problem for one another. They can also work toward developing a supportive work environment that will encourage proper *debriefing*, regular breaks, mental health days, *peer support*, assessing and changing workloads, improved access to further professional development, and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives.

Research has shown that *working part-time*, or only seeing clients or patients part-time and doing other activities during the rest of the workday, can be a very

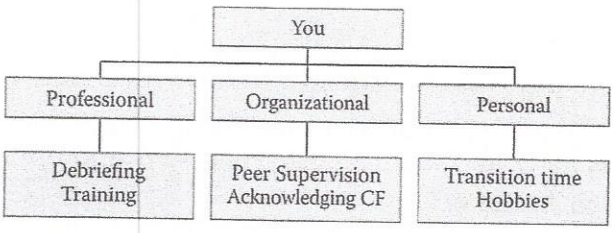

Figure 9.1 The three levels of strategies and solutions.

effective method to mitigate the impact of compassion fatigue. This can mean actually working part-time or working two different jobs: for example, working as a counselor 3 days a week and in a bookstore 2 days per week or splitting your job 50/50 between direct patient care and some other work at the same agency. You could, for example, job share a front-line position with someone and spend the other half of your time doing education and training or program development. This not only reduces your exposure to difficult client stories, it also gives you an opportunity to replenish yourself.

> *I have been blessed with the ability to make changes in my life. Six months ago I left my full-time position and dropped to part-time. It was the biggest decision I have had to make in my life, but I feel transformed. I had been living in the red zone for a long time. I know that I made the right decision for myself and my family and also for those I care for in my place of employment. I feel like a better nurse as well as a better mother. I have a beautiful 3-year-old boy at home. I look around at my colleagues and I see so much suffering and depleted, lifeless personalities. I want to help them. I want to be the positive person who can make a change. I am not sure how to apply this to my work environment, but I will definitely attempt to do so. Change terrifies so many, but the little changes can make a big difference.*
>
> **—Megan Price, registered practical nurse, long-term care facility**

Continuing education and *adequate training* have also been shown to be extremely protective for helpers. Adequate training refers to specific skill acquisition that helpers need to master to do their work effectively and with confidence. As discussed earlier, many of us are often asked to do work that is outside the

RECOMMENDED READING

GOING DOWN TO 80% CAN MAKE A BIG DIFFERENCE TO YOUR WELL-BEING.

Research shows that working 4 days per week instead of 5 does not lead to a major difference, if any, in take-home pay. Having that extra day off might allow you to run errands, rest, exercise, and catch up on life.

I invite you to read more on this topic:

A brief description of this strategy can be found in Patrick Fanning's book *50 Best Ways to Simplify Your Life.*

For a more thorough exploration of this and related concepts, I recommend reading *Your Money or Your Life: Transforming Your Relationship With Money and Achieving Financial Independence,* third edition, revised for the 21st century, by Joe Dominguez and Vicki Robin (2008).

A SIDEBAR ABOUT TRAUMA WORK

When I present to a large audience of helping professionals, I often ask for a show of hands of who in the room is a trauma counselor or a trauma worker. Unless I am at a trauma conference, very few people raise their hands. I then ask for a show of hands of who in the room has received trauma training. Again very few hands normally go up. Finally, I ask for everyone in the room who works with clients who have experienced trauma to raise their hands and usually a large majority of the participants raise their hands! If we work with trauma survivors, we need more tools to deal with the trauma.

scope of the formal training we have received in our trade. We "learn by doing" and can at times feel that we are flying by the seat of our pants. Helpers with severe compassion fatigue often speak of feeling de-skilled and incompetent. Another obstacle has to do with diminished resources, particularly in small communities. In rural areas, a helping professional may end up wearing many hats that push the limits of their areas of competence. In addition, *ongoing professional development* and skill building is imperative throughout our careers as helpers. Researchers in the field of CF and VT have identified that attending regular professional training is one of the best ways for helpers to stay renewed and healthy. There are of course several benefits to this: connecting with peers, taking time off work, and building on your clinical skills.

Identify an area of expertise that you want to hone. If you are not able to travel to workshops, consider taking online courses. CPR and first aid are techniques that require recertification on a regular basis. Why should we not do the same with other clinical techniques that we use in our work?

More work needs to be done to parse out details: What are the key resiliency factors? How many hours a week of direct client care is optimal? What debriefing methods have proven to be the most effective? Hopefully, researchers will soon bring us some more answers.

Personal Strategies

Improved self-care is the cornerstone of mitigating the impact of compassion fatigue. This may seem obvious, but many helpers tend to put their needs last and feel guilty for taking extra time out of their busy schedules to exercise, meditate, or have a massage. On the personal front, you need to carefully and honestly assess your life situation: Is there a balance between nourishing and depleting activities in your life? Do you have access to regular exercise, nonwork interests, personal debriefing? Are you a caregiver to everyone, or have you shut down and cannot give any more when you go home? Are you relying on alcohol,

food, gambling, shopping to de-stress? We must recognize that ours is highly specialized work and our home lives must reflect this.

As discussed in Chapter 6, *having access to good social support*, both at home and at work is highly protective.

A helper's own history of abuse will make them more vulnerable to VT. Accessing regular counseling and supervision can help counterbalance this vulnerability.

Self-Awareness

> When we keep ourselves numbed out on adrenaline or overworking or cynicism, we don't have an accurate internal gauge of ourselves and our needs.
>
> **—Laura van Dernoot Lipsky[3]**

Earlier in this book, I referred to Dr. Gabor Maté's work *When the Body Says No*. I highly recommend reading this powerful book on the connection between chronic stress and illness. One of the key messages in Dr. Maté's work is on the importance of self-awareness—not just being aware of our current feelings, actions, and reactions but also being aware of the dynamics from our past that influence the everyday choices we make. Dr. Maté also emphasizes the importance of gaining an understanding and awareness of how we deal with anger, hurt, and resentment. In my clinical training, I often heard the saying that depression is "anger turned inward." Given the incontrovertible evidence we now have of the connection between our physical health and our emotional states, imagine what happens to our immune system when we push our emotions away? (Please read his book for a far more eloquent explanation of this phenomenon.)

What Does Self-Awareness Actually Mean?

Self-awareness means being in tune with your stress signals. Do you have a good sense of how your body communicates to you when it is overwhelmed? Do you get sick as soon as you go on vacation, develop hives, get a migraine when you are stressed? Many of us live in state of permanent overload and are dimly aware of it. What happens when you feel angry? Do you explode or do you swallow your rage? Where in your body do you feel your anger?

Self-awareness also means being aware of how your past influences your current life and work choices—why did you choose to go into this field and not another? Did you pick this profession because of a trauma or loss you experienced in your own life? Were you already a helper in your family of origin? Are you the go-to person in your personal life? Do you feel empty or unimportant

unless you are in a helping role? Self-awareness also means understanding how your own childhood history affects your reactions to your clients' stories (this is also known as *countertransference*).

Are you aware of the ways in which you sabotage your self-care (by saying yes to requests you don't have time for, by taking on more responsibilities, by drinking excessively, by canceling a therapy appointment, etc.)?

Two Important Principles for Staying Afloat

Eric Gentry, compassion fatigue scholar and co-developer of the Accelerated Recovery Program (ARP) for helpers with compassion fatigue, wrote a powerful article in 2002 called "Compassion Fatigue: The Crucible of Transformation."[4] I highly recommend that you read it.

In this article, Gentry offers two important principles that are critical to remaining healthy in the face of the challenges of our work:

> These two important principles, which have become the underlying goals for our work in the area of compassion fatigue, are: (1) the development and maintenance of intentionality, through a non-anxious presence, in both personal and professional spheres of life, and (2) the development and maintenance of self-validation, especially self-validated caregiving. We have found, in our own practices and with the caregivers that we have treated, that when these principles are followed not only do negative symptoms diminish, but also quality of life is significantly enhanced and refreshed as new perspectives and horizons begin to open.[5]

Let us highlight the two key concepts from that paragraph: "(1) the development and maintenance of intentionality, through a non-anxious presence, in both personal and professional spheres of life, and (2) the development and maintenance of self-validation, especially self-validated caregiving." What does this mean exactly?

A non-anxious presence refers to the ability to be in the room with the client's pain and suffering and be able to express empathy and compassion without taking on the client's suffering. In both the personal and the professional realm, it is about mindfulness, the ability to notice and control your physical symptoms of stress and anxiety, and your breathing. It is a concept that is explored in depth by Babette Rothschild, author of *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. We will talk about Rothschild's work in a later section.

Self-validated caregiving refers to self-care that is guilt-free, self-care that is prioritized as a means of remaining healthy in this line of work. These two concepts form the foundation of compassion fatigue protection, which we will discuss in more detail in the following chapters.

TRANSITIONING FROM WORK TO HOME[6]

Do you have a transition ritual when you leave work?

Do you have a transition time between work and home? Do you have a 20-minute walk through a beautiful park, or are you stuck in traffic for 2 hours? Do you walk in the door to kids fighting, or do you walk into a peaceful home?

Some helpers change clothes when they get home, go for a run, sing in the car, meditate, and so forth. Others acknowledge that they don't do anything: they may even come home and go straight back to their laptops to continue working.

Helpers have told us that one of their best strategies involved a transition ritual of some kind: putting on cozy clothes when getting home and mindfully putting their work clothes "away" as in putting the day away as well, having a 10-minute quiet period to shift gears, or going for a run. One workshop participant said that she had been really missing going bird watching, but that her current life with young children did not allow for this. She then told us that her new strategy would be the following: From now on, when she got home from work, instead of going into the house right away, she would stay outside for an extra 10 minutes, watching the activity in her birdfeeders.

Do you have a transition ritual? If not, can you think of something you could start implementing in your daily routine?

MAKING IT PERSONAL HOMEWORK

DEVELOPING A COMPASSION FATIGUE PROTECTION TOOLKIT FOR YOURSELF

In my workshops, I encourage helpers to design a toolkit that will reflect their own reality and that will integrate their life circumstances and work challenges. This is a very individual process—your self-care strategies may not work for your neighbor and vice versa. Here are some key questions to ask yourself to begin the process:

What would go in my CF protection toolkit?
What are my warning signs—on a scale of 1 to 10, what is a 4 for me? What is a 9?
Scheduling a regular check-in, every week. When will it take place?
What things do I have control over?
What things do I not have control over?
What *stress relief* strategies do I enjoy? Examples of stress relief are taking a bath, sleeping well, or going for a massage.

What *stress reduction* strategies work for me? Stress reduction means cutting back on things in our life that are stressful (switching to part-time work, changing jobs, reworking your caseload, etc.).

What *stress resiliency* strategies can I use? Resiliency strategies are relaxation methods that we develop and practice regularly, such as meditation, yoga, or breathing exercises.[7]

RECOMMENDED READING

To read more on the concepts discussed in this chapter, I recommend:

Gabor Maté. (2003). *When the Body Says No: The Cost of Hidden Stress*. Toronto: Random House.

Gentry, E. (2002). Compassion fatigue: A crucible of transformation. *Journal of Trauma Practice, 1*(3/4), 37–61.

Morgenstern, J. (2004). *Never check email in the morning and other unexpected strategies for making your work life work*. New York: Fireside.

Lillie Weiss. (2004). *The Therapist's Guide to Self-Care*. New York: Brunner-Routledge.

Timothy Ferriss. (2009). *The 4-Hour Workweek*. New York: Random House.

Endnotes

1. Saakvitne, K.W., Pearlman, L.A., & the staff of the Traumatic Stress Institute (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W.W. Norton.
2. This section is adapted from an article entitled "Running on Empty," originally published in the Spring 2007 issue of *Rehab & Community Care Medicine*. Mathieu, Françoise. (2007). Running on empty: Compassion fatigue in health professionals. *Rehab & Community Care Medicine*, Spring 2007.
3. van Dernoot Lipsky, L. & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco: Berrett-Koehler. p. 131.
4. Gentry, E.J. (2002). Compassion fatigue: The crucible of transformation. *Journal of Trauma Practice, 1*(3/4), 37–61.
5. Gentry, Eric. (2002).
6. Saakvitne, K.W., Pearlman, L.A., & staff. (1996).
7. Thank you to Robin Cameron for the concepts of stress relief, reduction, and resiliency.