

CARE FOR THE CAREGIVER: COMPASSION FATIGUE

– THE COST OF CARING

Offering PFA following a disaster almost inevitably exposes you to individuals suffering from primary trauma – they have been directly exposed to traumatic events. Victims who were trapped in a building or who witnessed its collapse are both examples of primary trauma.

Those working with survivors of primary trauma, including PFA providers, may experience secondary trauma. This is trauma that arises from exposure to the impacts of the event(s) on others. Secondary trauma may be experienced by family members (though arguably, the death or serious injury of a family member would constitute primary trauma), sometimes even in subsequent generations (e.g., children of holocaust survivors). Counsellors working with the survivors of abuse or disaster may experience secondary trauma, through their contact with the victims of primary trauma.

We have already discussed the psychosocial impact of disaster (i.e., primary trauma) on survivors. While some of the same reactions may occur following secondary trauma, there are some potential differences, as well.

Burnout. Burnout refers to emotional exhaustion, depersonalization (the “drone”), and reduced personal accomplishments as a result of chronic emotional workplace strain. Overworking in an environment perceived to be non-supportive and dealing with distressed individuals face-to-face could contribute to burnout. In short, trying to do too much with insufficient resources may lead to such feelings.

While the experience of burnout is a common one, there are strategies to help cope with its impact. Increased peer cohesion, recognition of accomplishments, autonomy, and involvement in decision-making are inversely correlated with burnout. Access to resources and perceived support have also been found to be protective factors.

Countertransference. This is a Freudian concept that refers to the feelings, positive or negative, that the counsellor or therapist develops for the client based on your own past. These are triggers by which “old scars and injuries are rubbed anew.” In short, countertransference is when your “stuff” starts to influence the way you feel about your clients. Symptoms may include many of those we see with primary trauma, as well as over-identification with victims or intolerance of others.

In order to address countertransference, it is important to recognize your own issues, and be prepared to refer the client to someone else, or at least get some supervision in your dealings with that person. **As a rule of thumb, if something is said or done in a session (by you or your client) that you can’t imagine telling anyone, tell someone!**

Vicarious Traumatization. This concept is similar to countertransference except that it does not depend on your own unresolved “stuff,” but still results in an over-identification with the client. In short, listening to traumatic stories, particularly by caring individuals,

takes its toll. In addition to the effects of primary trauma, vicarious traumatization can result in issues involving trust, safety, power, independence, esteem, and intimacy. It can also provoke full-blown PTSD in some listeners/observers. Difficulties may be compounded by the belief that “good counsellors” should be able to cope.

As with countertransference, the counsellor dealing with vicarious traumatization should consider referring or obtaining supervision in their dealings with the client(s). Recognizing the misconception that counsellors should hear of trauma and remain unaffected is also important. Maintaining healthy boundaries is essential (more on this later).

Compassion Fatigue. Compassion fatigue is different from burnout (doing too much with too little) or vicarious traumatization (over-identification with clients), and is a normal response by an empathic listener to the stories of victims of primary trauma. Symptoms may include shame, intrusive imagery, somatic complaints, and disruption of activities of daily living (ADLs), increased cynicism, and survivor guilt (which may interfere with seeking help).

Care for the caregiver. “Don’t wait ‘til you’re thirsty before you start digging the well.” Self-care cannot start too soon. A study by the St Paul Marine Insurance Company revealed that stress at work is strongly related to employee burnout, health problems, and compromised job performance. A lack of teamwork or support was cited as the main contributing factor to these difficulties. **Compared to personal life problems, those caused by one’s job are more potent.** Major life stressors like death of a loved one, divorce, or financial difficulties, do not compare in the long term with the negative impact of stress from one’s job.

The St Paul Marine Insurance Company study also found that the most potent remedy to workplace stress is balance in life. **Balance enhances employee health, morale, and performance.** Balance includes having a supportive network of friends and family outside of work, engaging in fun activities outside of work, and being able to relax at the end of the workday.

Solutions:

- Awareness that by virtue of the caring nature of PFA providers, we are at risk of compassion fatigue.
- Permission to not feel that you must do your job and be unaffected by it – know that it will affect you, positively or negatively, but deal with it.
- Seek support – professional and peer support, whether for supervisory or personal purposes, can be invaluable.
- Talk with colleagues, friends, and family – most frequent form of coping.

Dos AND Don'ts:

- DO stay calm and stay positive.
- DO take control of those things within your control (e.g., exercise, nutrition, water, spiritual practices, sleep, routine).
- DO engage in at least one meaningful conversation per day.
- DO develop a self-care plan.
- DO maintain your sense of humour.
- DO make balance a priority in your life.
- DON'T neglect the basics.
- DON'T make big decisions at a time of crisis.
- DON'T look for a quick fix.
- DON'T take responsibility for things beyond your control (e.g., integration of the overall response following a disaster).

Boundaries – A Final Word

None of us is immune to the effects of disaster and trauma. Maslow's identified needs of love and affection can be powerful. Transference can and does occur, with clients discovering and expressing attraction for their counsellors; countertransference can also be a reality, with our discovering feelings (good and bad) for our clients. So far, no rules have been broken. However, if you begin to act on these feelings, you are in a position to do great harm to your client, and possibly affect your professional reputation irreversibly.

If you find yourself becoming attracted to a client, making personal comments about their appearance, asking personal questions not relevant to their care, disclosing personal details about yourself, showing up at funerals or hospitals **uninvited**, or in any other way intruding upon their personal lives, STOP! Let a supervisor know that you're developing these feelings. There is no shame in having them and there should be no stigma in discussing them. Remember, while developing such feelings may be a normal reaction to an abnormal situation, acting upon them is not. As stated above, **if something is said or done in a session (by you or your client) that you can't imagine telling anyone, tell someone!**