Burn-Out, Compassion Fatigue, Secondary Trauma and Self-Care

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Outline

► Burn Out
► Compassion Fatigue
► Secondary Traumatization
► Self-Care
Why Is this Important?

► These issues can impact any professional who “cares” for a living: nurses, welfare workers, police, therapists, etc.

► Depending on the research, therapist factors ALONE are responsible for approximately 25% of therapy outcomes
  ▪ Personal Abilities
  ▪ Dedication
  ▪ Level of Training
  ▪ Overall efficacy

► Burn out, Compassion Fatigue, etc., are different than temporary loss of efficacy due to negative life events

► The three terms are often used interchangeably but tap into separate constructs
Burnout: Defined

“"A condition of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients" (Pines & Maslach, 1978)

“"A state of physical, emotional, and mental exhaustion" (Pines and Aronson, 1988)

“"A significant and clinically relevant depletion or loss of coping resources, of professional motivation, of self-esteem and adequacy, of social and peer support and of a positive outlook on life" (Campagne, 2012)

Not like depression (inward focus), instead it’s outward focused
Burn Out

- Occupational boredom $\rightarrow$ disenchantment (professional demotivation) $\rightarrow$ burnout (Campagne, 2012)
- Happens slowly over time
- Burnout is highly correlated with emotional exhaustion—which is more important than stress
- Disenchantment: being overwhelmed with stress of the job and feeling that you are not impacting the client positively
Thus burnout is connected to work conditions like long hours, overwhelming work load, poor pay, lack of professional achievement or satisfaction.

Feel unable to give as much emotionally, attitude is increasingly negative about clients, feel negatively towards themselves, and feel unhappy about their job accomplishments (Lloyd & King, 2004).

Common response is change jobs or leave the profession.
Conditions that Lead to Burnout

► Long hours and/or working in agency settings
► Working with clients with more severe problems or chronic mental illness
► Absence of meaning/purpose
► Supervision dissatisfaction
► Often worse for those working in the public sector
► Lack of evaluation/feedback on performance
► Task ambiguity
Burnout’s Results

- Desire to escape
- Seeking distraction or arousal
- More likely in work environments with a perceived lack of control
- Absence of meaning/purpose
- Men have higher overall burnout and higher levels of depersonalization
What Management and Work Places Can Do to Decrease Burn Out For “Caretakers”

- Decide on guidelines for total hours worked even if they are salaried
- Cap caseloads
- Create clear guidelines for task completion (decrease ambiguity of tasks)
- Do NOT change policies/procedures/schedules, etc., without discussion and clear preparation
- Look at other ways to “compensate” and energize workers if pay scale is lower than national standards
- Eliminate “chaos” and embrace proactivity
More of What Management and Work Places Can Do to Decrease Burn Out For “Caretakers”

► Give regular individual “praise” to workers who meet standards (Caution: Do NOT make it a competition**)
► Be clear about agency/work place goals/values and tie your praise to those goals
► Encourage professional growth through structures such as “Lunch and Learn” or an informal colleague get together
► Get worker feedback about supervisors—Watch this pattern closely
► Workplaces with happy workers: have autonomy, have adequate “tools”/space to get the job done, receive praise for what they do right, form support/friendships at work, can grow at their job, receive ongoing training, can impact the work environment, have flexibility, encourage life balance
Compassion Fatigue Defined

- Reactions of the first responder/therapist due to overexposure to the suffering of the client
- Cumulative effects over time
- First Responders/Therapists absorb the clients pain which leads to impacts professionally and personally (Berzoff & Kita, 2010)
Compassion Fatigue

- Impacted by work with clients where compassion/empathy are the tools of the trade
- Greater risk when working with trauma survivors
- Female and younger trauma workers more likely to show signs, more burnout
- NOT countertransference
Compassion/Burnout Overlap

- In one study, working conditions, mindfulness, use of coping strategies, and compassion satisfaction accounted for 31.1% of the variance in compassion fatigue and 66.9% of the variance in burnout.
- Longer in the field, less burnout, however this may be exacerbated for younger workers as working conditions are factored in.
- Can be explained by emotional contagion.
- More susceptible if practitioner has a history of trauma, however other research indicates this group has more personal, positive growth.
Symptoms of Compassion Fatigue

- Lower self-esteem
- Apathy
- Poor concentration
- Perfectionism/rigidity
- Negativity, irritability
- Anxiety, guilt, anger, fear, sadness
- Overwhelmed, drained, powerless
- Lapses in empathy
Compassion Satisfaction

► Seeing the positive impact from interventions in clients’ lives
► Professional pleasure resulting from contributing to the well-being of clients
► Strengths perspective
► According to Harr (2013), its more likely with:
  ▪ Supportive administration
  ▪ Supportive supervision
  ▪ Supportive team mentality
  ▪ Supportive agency environment
Secondary Traumatization: Defined

▶ “Pervasive cognitive and emotional changes in meaning and sense of self to the (First Responder) therapist” (Campagne, 2012)

▶ Secondary Traumatic Stress, Vicarious traumatization

▶ Reexperiencing, increased arousal, avoidance symptoms—the typical PTSD reactions from exposure to traumatic material
Secondary Trauma and PTSD

- Qualifies for a diagnosis of PTSD in DSM 5
- May have a slow onset from Compassion Fatigue to Secondary Trauma OR may have distinct onset due to working a particular CI
- Therapists who share the same communal disaster as those they treat may be at greater risk—potentially primary and secondary trauma exposure
Secondary Trauma—What to Watch

- Symptoms that do not resolve within 4 weeks:
  - Intrusion: thoughts, dreams, flashbacks, distress at cues/reminders
  - Avoidance: thoughts/memories/feelings, people/places/conversations, etc
  - Cognitions/moods: negative beliefs/thoughts/moods, blame, anhedonia, detachment
  - Arousal/reactivity: irritable, angry, hypervigilence, concentration/memory issues, sleep problems
Tests

- Maslach Burnout Inventory—Burnout (emotional exhaustion, depersonalization, personal accomplishment)
- CFST--Compassion Fatigue Self Test (compassion fatigue and burnout)
- ProQoOL—Professional Quality of Life (Compassion Satisfaction, Burnout, Secondary Traumatic Stress)
- STSS--Secondary Traumatic Stress Scale
- Apps: Provider Resilience
Self-Care

- Recognition of amount of self-care needed is commensurate with the type of cases treated
- Emotion-focused coping = lower levels of burnout (Thompson, Amatea, & Thompson, 2014).
- Maladaptive coping: substance use, denial, distraction, self-blame
- Ongoing: cannot expect yourself to stop/start when needed—easier to increase/decrease dependent on the stress level
- Taking time to sustain relationships and practice self care equals less compassion fatigue (Stamm, 2002)
- Self care should be ongoing and INCREASED when needed
Self-Care Basics
Instrumental Interventions

► Professional health
  ▪ Professional training
  ▪ Professional boundaries
  ▪ Case load balance

► Physical health
  ▪ Exercise
  ▪ Eating right
  ▪ Sleep

► Psychological health
  ▪ Social support/peer monitoring/supervision (lack of supervisor support heightened burnout Maslach et al., 2001)
  ▪ Share your stress
Self-Care Basics

Emotion-Centered Interventions

► Compassion satisfaction
  ▪ Pleasure from doing your job well

► Mindfulness attitudes
  ▪ Being present in your own life and work

► Spirituality

► Taking a flexible stance to counter rigidity/control

► Post-traumatic Growth--Satisfaction in overcoming the challenge. Changes your:
  ▪ Perception of self (survivor, self-reliant, vulnerability as a strength)
  ▪ Interpersonal relationships (emotionally available, compassionate)
  ▪ Philosophy of life (making meaning, appreciation)
More Ideas—Self-Care

► Accept feedback from identified support system
  - Set up, ahead of time, a contingency plan with peers should you notice you are in the grey zone
► Accept occasional “failures” in therapy
► Find work that is congruent with who you are as a person
► Find meaning in what you do: the activity is significant and important thus ameliorates the tediousness of repetition
► Protect your “off” time: energy vampires
Self-Care, cont.

- Regular vacations
- Setting boundaries separating work and private life
- Striving for a balance between work and “life”
- Personal therapy (less burnout)
- Give your brain a break
- Laugh!!
Your Challenge

► Make a list
► Set a goal
► Pick one thing you believe (at 90% or more certainty) you will be able to sustain for three weeks
► Do it!
► Then pick another....
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