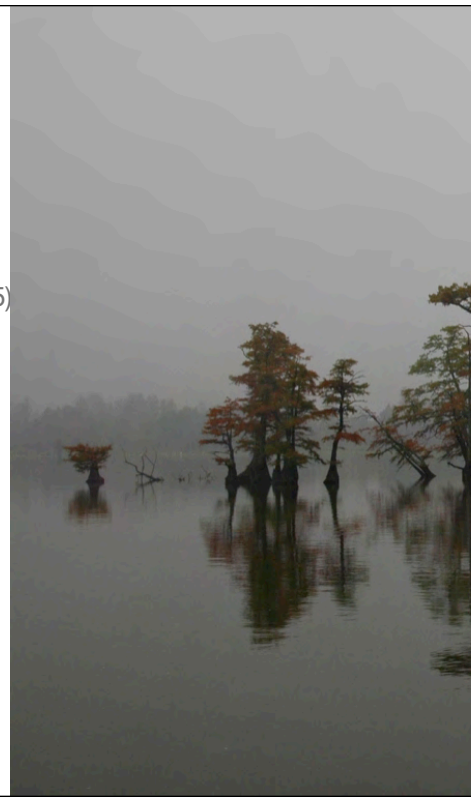


More than Bubble Baths...



- “Vicarious Trauma”(McCann & Pearlman, 1995)
- “Secondary Trauma” (Stamm, 1995)
- “Compassion Fatigue” (Figley, 1995)



Compassion Fatigue: Helper Tendencies

- **1. Avoid- Empathic Withdrawal**

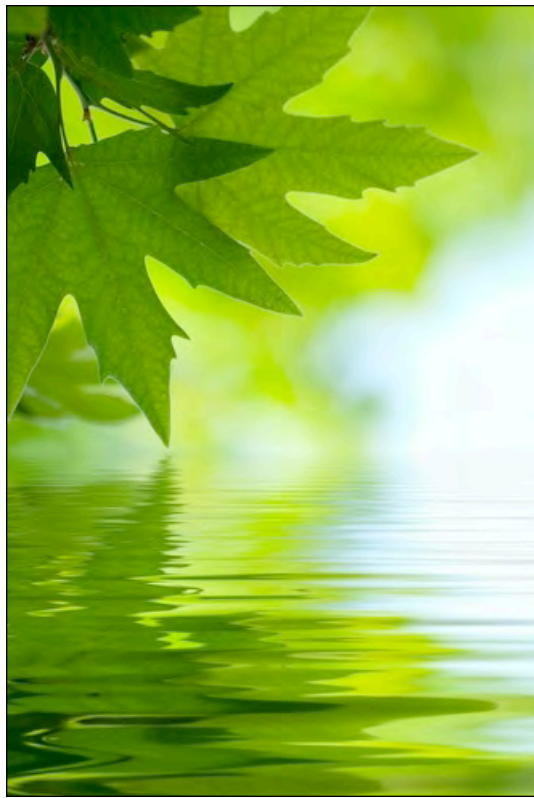
- Fear, Anxiety or Empathic Distress
- Rigid, Authoritarian or Controlling Behaviour

- **2. Overidentify- Empathic Enmeshment**

- Overwhelmed, Despairing Emotions
- May adopt role of Rescuer: Take over Agenda

- (Courtois, 1988; Figley, 1995; Herman, 1988)





- *“Those who work with the suffering suffer themselves because of the work.”*

(Figley, Treating Compassion Fatigue, 1997)

- *“It is an ethical imperative. We have an obligation to our clients - as well as to ourselves, our colleagues, and our loved ones - not to be damaged by the work we do.”*

(Saakvitne & Pearlman, Transforming the Pain, 1996)

Vicarious Trauma

- **Signs**

- Low Energy, Feeling Depleted;
- Withdrawal, Difficulty Listening to Accounts, Emotional Numbing;
- Irritability, Hopelessness;
- Nightmares, Intrusive Imagery;
- Changes in Views, Cynicism

- (Iliffe & Steed, 2000; Ortlepp & Friedman, 2002; Regehr & Cadell, 1999; Schauben & Frazier, 1995)

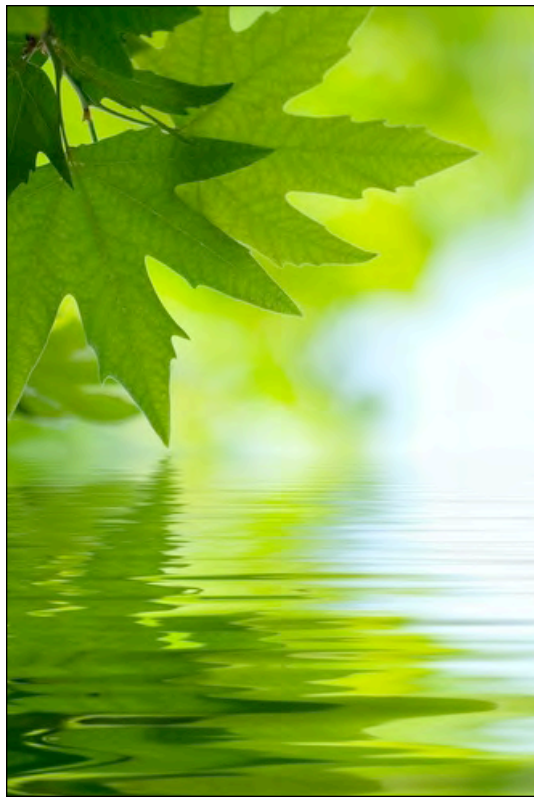




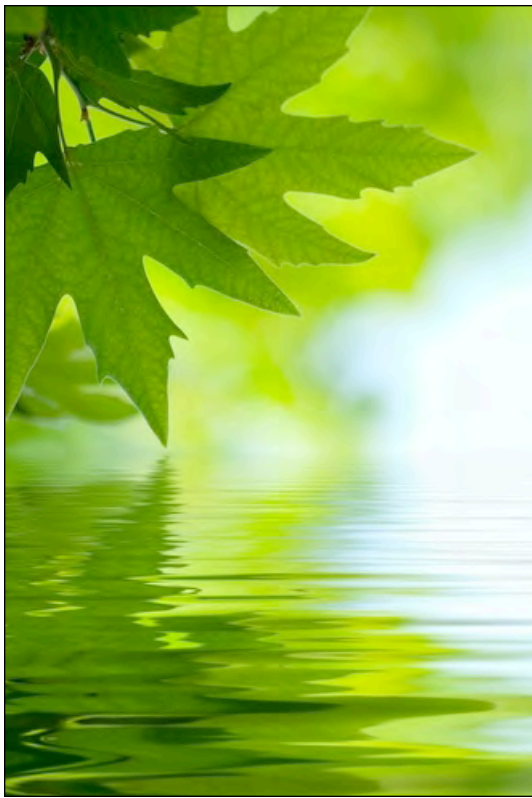
- ***Contributing Factors***

- Nature of Work/Caseloads;
- Cumulative Exposure;
- Organizational Context;
- Social Context/Support;
- Personal History;
- Coping Style;
- Supervision/Perceive Self as Adequately Trained

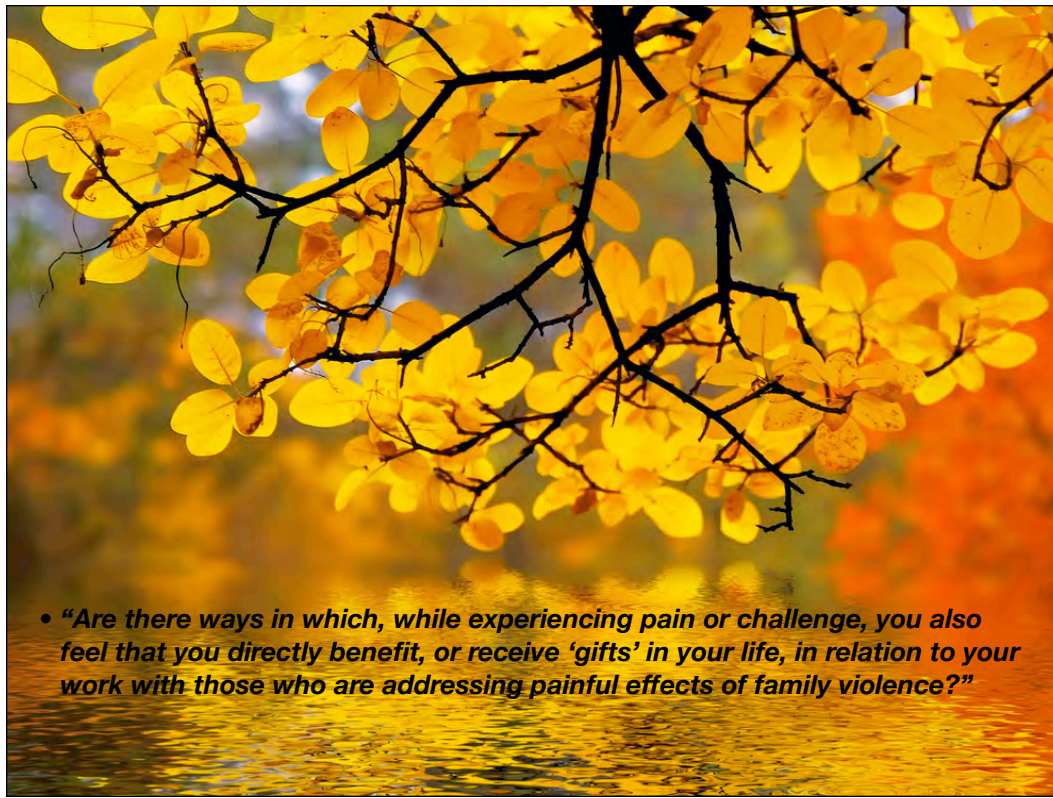
- (Bober & Regehr, 2006; Jenkins & Baird, 2002; Ortlepp & Friedman, 2002; Pearlman & Maclan, 1995; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995)



- *“(W)hen addressing the distress of colleagues, we have focused on the use of individual coping strategies, implying that those who feel traumatized may not be balancing life and work adequately and may not be making effective use of leisure, self-care, or supervision... ..(And yet), the primary predictor of trauma scores is hours per week spent working with traumatized people, the solution seems more structural than individual. (It is perhaps time that efforts) shift from education to advocacy for improved and safer working conditions.” Bober & Regehr, p.8, 2006*



- “The ways in which we understand workers’ distress or sadness will have differing effects on our work, our lives, and on the lives of those individuals who consult with us...”
- *...How can we take care so that the ways in which we understand our experience of therapeutic work honour the multiple contributions that individuals who consult with us make to our lives and work?” Mann, p.21, 2006*



- *“Are there ways in which, while experiencing pain or challenge, you also feel that you directly benefit, or receive ‘gifts’ in your life, in relation to your work with those who are addressing painful effects of family violence?”*



- 1. Complete the Questionnaire.
- 2. Circle any Items that you feel would Benefit You to Change.
- 3. Prioritize 1-2 Items that you would like to Focus on Changing



Consider...

- Potential Organizational/
Program/Policy Changes
- What/Who Sustains You?
- Health Practices
- Connections with Others
- Humour & Play
- Spiritual Practices
- Setting Limits
- Creative Practices
- Your Competencies &
Contributions



To Sustain Ourselves...

- Engage in Supervision & Training
- Advocate for Improved Workplace Conditions
- Develop & Sustain Self-Empathy
- Recognize Signs of Compassion Fatigue
- Monitor/Limit Caseloads
- Normalize Own Reactions
- Create Helpful Meaning - Challenge Negative Beliefs
- Create and Nurture Community
- Engage in Social Activism/Reform
- Engage in Replenishing Activities



• **4. Share “Top Priority” in Small Group, and Explore:**

- *What is a 1st Step that You could take toward this Change this Week?*
- *How Confident are You that You will Take this Step?*
- *What would Assist You in feeling More Ready & Able to Commit to this Step?*



