Because I Care: Preventing and Dealing with Burnout, Compassion Fatigue, and Vicarious Trauma

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Welcome!

Introductions
Outline

- Terminology
- Effects of Toxic Stressors
- Ethical Aspects
- Interventions
- Self Care Exercise
- Q & A
Terminology

- What is Burnout?
- What Constitute Compassion Fatigue?
- What is Consider Vicarious Trauma?
Terminology

- Burnout
- Compassion Fatigue
- Vicarious Trauma

The Three Toxic Stressors
Burnout

- Internal psychological experience
- Emotional exhaustion
- Physical exhaustion
- Spiritual exhaustion
- Attitude and behavioral exhaustion

(Paine as cited in James & Gilliland, 2013)
Compassion Fatigue

• A state of detachment

• A state of isolation

• A state of extreme tension

• Physical and emotional related symptoms

• Wanting to help, but have not energy to continue

(Lee, McCarthy-Veach, MacFarlane & Leroy, 2015)
Vicarious Trauma

• A process that could affect professionals working with trauma victims.

• It is also called secondary trauma. Different, but similar to, burnout and compassion fatigue.

• It can change the psychological, physical, and overall wellbeing of the professional.

(Pearlman & McKay, 2008)
Effects of the Three Toxic Stressors

- Diminishes patient/client care
- Reduces job satisfaction
- High job turnover
- Lack of energy and hope

(Lee, McCarthy-Veach, MacFarlane & Leroy, 2015)
Discussion

In your opinion, how do counselors deal with:

- Boundaries
- Balancing life & work
- Self-Awareness
- Self-Care
- Others?
Boundaries as a Protective Factor

“Boundaries counselors should use care with self-disclosure or any behaviors that may be experienced as intrusive by the client, including:

- Personal disclosures made for the counselor’s own gratification.
- Sexualized behavior with the client.
- Excessively intrusive questions or statements.
- Interrupting the client frequently.
- Violating the client’s personal space.
- Interpersonal touch, which might activate intrusive memories or dissociative reactions or be experienced as a boundary violation by the client.
- Being consistently late for appointments or allowing outside influences (such as telephone calls) to interrupt the client’s time in a counseling session.”

(Green Cross Academy of Traumatology as cited in SAMHSA, 2014, P. 189).
Ethical Aspect of Self-Care

“C.2.G. IMPAIRMENT
COUNSELORS MONITOR THEMSELVES FOR
SIGNS OF IMPAIRMENT FROM THEIR OWN
PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS
AND REFRAIN FROM OFFERING OR PROVIDING
PROFESSIONAL SERVICES WHEN IMPAIRED.
THEY SEEK ASSISTANCE FOR PROBLEMS THAT
REACH THE LEVEL OF PROFESSIONAL IMPAIRMENT,
AND, IF NECESSARY, THEY LIMIT,
SUSPEND, OR TERMINATE THEIR PROFESSIONAL
RESPONSIBILITIES UNTIL IT IS DETERMINED
THAT THEY MAY SAFELY RESUME THEIR
WORK. COUNSELORS ASSIST COLLEAGUES OR
SUPERVISORS IN RECOGNIZING THEIR OWN
PROFESSIONAL IMPAIRMENT AND PROVIDE
CONSULTATION AND ASSISTANCE WHEN WARRANTED
WITH COLLEAGUES OR SUPERVISORS
SHOWING SIGNS OF IMPAIRMENT AND
INTERVENE AS APPROPRIATE”

Ethical Standards of Self-Care

Standards of Self-Care

Standards of Humane Practice of Self-Care

Commitment to Self-Care

(SAMHSA, 2014)
Discussion

• In your opinion, what is the impact on clients when a counselor is impaired, yet continues to practice?

• What is the ethical obligation of peers when they are aware of a practicing counselor who is impaired?
Dealing with Burnout, Compassion Fatigue, & Vicarious Trauma

The "Three R" approach:

- Recognize - Identify Warning Signs
- Reverse - Undo The Damage
- Resilience - Develop Fortitude
Recognize - watch for warning signs:

- **Physical:** Increased exhaustion (tired even after resting); Increased physical ailments (headaches, backaches, illness); Insomnia.

- **Emotional:** Increased levels of Anger, Cynicism, Irritability, Resentment. Disconnect from Body/Emotions; Increased guilt; Increased feelings of "not good enough"; Feeling helpless / hopeless towards future.

- **Thoughts:** Lack of empathy towards a situation; Questioning abilities / impact; Rigid thinking; Jumping to conclusions; Intrusive images/thoughts related to the trauma.

- **Behavioral:** Increased absenteeism; Positive activities are now dreaded; Avoiding relationships, responsibilities & work; Increased behaviors of escape (food, substance abuse, caffeine, nicotine, shopping, TV viewing).

- **Relational:** Lack of separation between personal & professional time- always the helper in these roles; reduced personal life not connected to work; Increased isolation unless connected with work/profession; Hypervigilance with others safety.
Reverse: Undo The Damage

- Stress Management: Breathing, Exercising, Walking, Journaling; Reading; Spend time in nature.
- Develop & Utilize An External Support System: Engage Socially: Reach out to a colleague Have lunch with a friend. Connect with the people you love, that love you Friends & Family are important during difficulties Attend a conference.
- Therapy- Sometimes Therapist Need Therapists Wounded Healers vs. Healing Wounded.
Resilience - Developing Fortitude

Resilience Integrating Physical, Emotional & Spiritual Well Being:


- **Emotional**: Learn to set boundaries – don’t over extend yourself - say "No". Journal. Nurture your creative spirit - fun activities that have nothing to do with work. Unplug from technology for a little while. Bubbles. Coloring. Essential Oils. Take a vacation or “staycation”. Seek joy.


*MAKE A COMMITMENT TO YOUR OWN WHOLENESS!*
Reflection

“You, Yourself, As Much As Anybody In The Entire Universe, Deserve Your Love & Affection.”

~ Buddha
Self Care Exercise

https://www.youtube.com/watch?v=-sWnEWpS_fA
Any questions?
Resources for Counselors


http://www.nadta.org/membership/selfcare-for-therapists.html

http://www.counselingpsychology.org/self-care

References


