

## **Running on Empty**

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Contributing Writers**

As mental health professionals, we are exposed to hundreds, maybe thousands of difficult stories throughout the course of our careers. In a typical day we may bear witness to profoundly disturbing details from a client dealing with trauma, then we may help our colleagues debrief their client stories either during formal supervision or over coffee or around the proverbial water cooler. We may also be asked to audit client files with a great deal of traumatic content. To add insult to injury, some of us have a spouse in the same field, and spend our evenings talking shop and sharing painful and disturbing stories. In addition to all this, many of us use our “off duty” time to sit on community mental health boards and volunteer for organisations that also deal with issues like poverty, abuse, and profound loss.

At the end of the day, where does all of this information go? How do we do this work without being deeply affected by what we hear, or conversely without shutting down and being unmoved by what we have heard?

### **An occupational hazard**

These important questions have led researchers such as Charles Figley, Beth Stamm and Laurie Pearlman to explore the impact of the work of helping on helpers themselves. Pearlman and colleagues have coined the word “Vicarious Trauma” which refers to a negative transformation that takes place in the helper as a result of a cumulative exposure to traumatic stories. (Pearlman, 1995) Charles Figley uses the term Compassion Fatigue (CF) to describe what he calls “the cost of caring”: the deep emotional erosion that occurs within helpers over time. (Figley, 1995). He has called Compassion Fatigue “a disorder that affects those who do their work well” (Figley, 1995). Dr Figley and Beth Stamm have developed a Compassion Fatigue self-test that can be taken online to assess one’s own level of CF: [www.isu.edu/~bhstamm/tests.htm](http://www.isu.edu/~bhstamm/tests.htm).

This research shows two important findings: First, that vicarious trauma and compassion fatigue are occupational hazards, and are therefore inevitable consequences of the work we do. And secondly, that these are eminently treatable problems, providing we recognise the signs and symptoms early and that the level of intervention is appropriate to the level of compassion fatigue present in the helper.

### **What does Compassion Fatigue look like?**

The impact of absorbing all of this traumatic material is subtle and insidious. We don’t carry a geiger counter that warns: “your level of traumatic content is being exceeded: take a three week holiday now”. CF can look like depression, or like PTSD, because it is in

fact a very specialised form of secondary traumatic stress with symptoms such as intrusive images, difficulty separating home life from work life, insomnia, anxiety, irritability and depression. Additionally, helpers may become dispirited and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment.

The key to transforming compassion fatigue is to gain a better understanding of our own warning signs and to develop realistic and effective strategies to enhance self-care and foster a life beyond our work.

### **The Continuum of our Compassion Fatigue**

As Compassion Fatigue consultants, we offer training, counselling and coaching to helpers across the country. During our workshops, we have heard the stories of hundreds of resilient therapists, nurses, midwives, personal support workers, correctional workers, ministers, physicians, psychologists, social workers and students in these professions. What we have discovered through these conversations with helpers is that CF exists on a continuum, meaning that at various times in our careers, we may be more immune to its damaging effects and at other times feel very beaten down by it. Within an agency, there will be, at any one time, helpers who are feeling well and fulfilled in their work, a majority of people feeling some symptoms and a few people feeling like there is no other answer available to them but to leave the profession.

### **Strategies to Transform CF**

There are many simple and effective strategies that helpers can implement to protect themselves from compassion fatigue.

First, by openly discussing and recognizing compassion fatigue in the workplace, helpers can normalise this problem for one another. They can also work towards 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.

On the personal front, helpers need to carefully and honestly assess their life situation: Is there a balance between nourishing and depleting activities in their lives? Do they have access to regular exercise, non-work interests, personal debriefing? Are they caregivers to everyone or have they shut down and cannot give any more when they go home? Are they relying on alcohol, food, gambling, shopping to de-stress? Helpers must recognise that theirs is highly specialised work and their home lives must reflect this.

Helpers need to take an honest look at their current level of compassion fatigue. It may be necessary to seek the help of a trained mental health professional to deal with the most severe symptoms and concurrent depression that may arise from CF.

When we discuss CF in workshops, people nod in unison when we note that our clients have not done this to us on purpose, nor do we in any way advocate silencing our clients or suggesting to them that they not tell us their stories.

We believe that helpers are capable of thriving rather than just barely staying afloat. We also firmly believe that it is part of our ethical responsibility as counsellors to make sure that we take stock of our own level of Compassion Fatigue and take steps to look after ourselves, so that we can continue to do the work we love without being damaged by it.

### **Treating Compassion Fatigue**

In addition to the strategies described above, there are effective treatment modalities available to helpers with more severe compassion fatigue. Compassion fatigue counselling needs to focus on a combination of screening and treating depression and secondary traumatic stress as well as developing an early detection system for preventing relapse. The focus is also on assessing work/life balance and developing strategies to deal with difficult case loads and repeated exposure to traumatic material. We recommend reading Charles Figley, Beth Stamm and Saakvitne's books for more information on this.

Compassion Fatigue Specialists Eric Gentry and Anna Baranowsky developed the Accelerated Recovery Program (ARP) a five session treatment and training module that teaches helpers to treat compassion fatigue in others and develop resiliency skills for themselves. If you would like to read a detailed description of this model, visit their website at:

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Robin and Françoise are both certified mental health counsellors and members of the Canadian Counselling Association. They are also both Compassion Fatigue Specialists and have worked as therapists and conference facilitators for over 15 years. Robin currently works as a counsellor at Queen's University Health, Counselling and Disability Services. Françoise works in private practice with individuals who have experienced trauma as well as couples.

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**Recommended Self-Care books for Clinical Counsellors:**

Borysenko, J. (2003) Inner peace for busy people: 52 simple strategies for transforming your life.

Fanning, P. & Mitchener, H. (2001) The 50 best ways to simplify your life

Jeffers, S. (1987) Feel the fear and do it anyway.

O'Hanlon, B. (1999) Do one thing different: 10 simple ways to change your life.

Posen, D. (2003) Little book of stress relief.

Richardson, C. (1998) Take time for your life.

SARK, (2004) Making your creative dreams real: a plan for procrastinators, perfectionists, busy people, avoiders, and people who would rather sleep all day.

Weiss, L. (2004) Therapist's Guide to Self-care.