



THE COST OF CARING

RECOGNIZING & RESPONDING TO THE FATIGUE OF BEING A
HELPING PROFESSIONAL

Tiffany Conroy, LISW
05.03.2021



TIFFANY CONROY, LISW

Trauma Therapist in Chicago (2011-2016)

Injury & Violence Prevention & IDPH (2016-2020)

Private Practice Therapy (2020 - Present)

Independent Consulting & Training (2020 - Present)



SECTIONS

01.

SETTING THE STAGE

02.

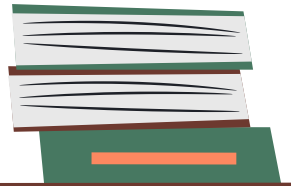
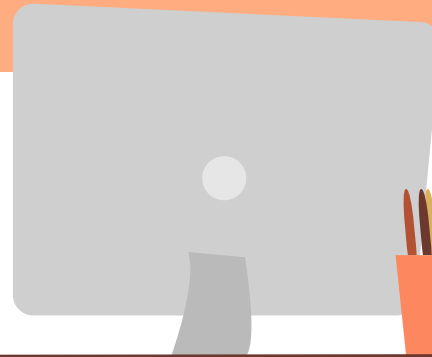
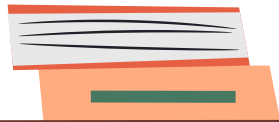
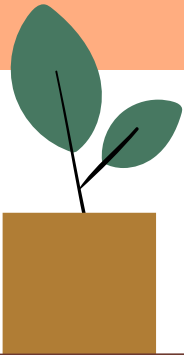
THE COST OF CARING

03.

ORGANIZATIONAL HEALTH

04.

WRAP UP & QUESTIONS



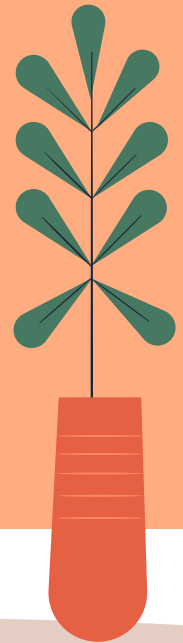
BEFORE WE GET STARTED

- Please take care of yourself. Step out or check out as you need to (please come back if you can)
- Respect confidentiality
- Violence and trauma are prevalent, so assume that there are survivors among us (because there are!)



01.

SETTING THE STAGE



“Deal with the stress so you can be well enough to deal with the stressor.”

- *Burnout: The Secret to Unlocking the Stress Cycle* by Emily Nagoski, PhD & Amelia Nagoski, DMA



02.

THE COST OF CARING





BURNOUT

STRESS AND
FRUSTRATION CAUSED
BY THE WORKPLACE
(SAAKVINE & PEARLMAN, 1996)



COMPASSION FATIGUE

THE DEEP EMOTIONAL
AND PHYSICAL
WEARING DOWN THAT
TAKES PLACE WHEN
HELPING
PROFESSIONALS ARE
UNABLE TO REFUEL
AND RENEW
(FIGLEY, 1995)



VICARIOUS TRAUMA

PROFOUND NEGATIVE
CHANGES IN OUR
WORLDVIEW DUE TO
THE EXPOSURE OF
TRAUMATIC CONTENT
OF CLIENTS

(SAAKVINE & PEARLMAN, 1996)



SECONDARY TRAUMATIC STRESS

RESULT OF BEING A
WITNESS TO A
TRAUMATIC EVENT OR
SERIES OF TRAUMATIC
EVENTS, WHICH CAN
LEAD TO PTSD-LIKE
SYMPTOMS

(FIGLEY, 1995)

PROCESS OF THE COST OF CARING

TRAUMA INPUTS

PREVENTION
OR THRESHOLD
REACHED

INTERVENTION OR
ATTRITION

COMPASSION SATISFACTION

Compassion Satisfaction is a positive benefit that one receives from direct interaction with individuals who are suffering or traumatized.



PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never **2=Rarely** **3=Sometimes** **4=Often** **5=Very Often**

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If your score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

“Before starting your workday, take a moment to literally stop in your tracks and ask yourself, **“Why am I doing what I am doing?”** After you hear your answer, remind yourself, gently, that you are making a choice to do this work. Take a deep breath; breathe in both the responsibility & the freedom in this acknowledgement.”

– van Dernoot Lipsky, L. *Trauma Stewardship* (2009)



[HOME](#)[BACKGROUND](#)[BOOKS](#)[TEND TRAINING](#)[CONFERENCE](#)[SPEAKING](#)[RESOURCE](#)[LOG IN](#) ▼

BACKGROUND

At TEND we offer resources and training to address the complex needs of high stress, trauma-exposed workplaces. We TEND to everyone on the team – front line workers, supervisors and managers and support staff, all of whom need concrete, evidence-informed tools and strategies to empower them and their organizations. We want to help you be healthy, effective and engaged.

TEND training is available in multiple formats to ensure:

1. **Accessibility:** Training formats designed to service individuals and groups either online or in-person.
2. **Sustainability:** Training and resources designed to maximize the sustainability within organizations.

Check out our [TEND Training](#) and find out how we can TEND to you and your organization.

Meet the Team



Françoise Mathieu, M.Ed., CCC., RP

Specialist in High-Stress Workplaces
Executive Director, TEND

LOW IMPACT DEBRIEFING: THE STEPS



1. SELF AWARENESS

Have you ever shocked or horrified friends or family with a work story that you thought was benign or even funny? Helping Professionals can become desensitized to the trauma and loss that they are exposed to daily. Be aware of the stories you tell and the level of detail you provide when telling a story. Are all the details really necessary? Can you give a "Coles notes" or abbreviated version?



2. FAIR WARNING

If you had to call your sister to tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Allow your listener to prepare and brace themselves by starting with "I would like to debrief a difficult situation with you and the story involves traumatic content."



3. CONSENT

Once you have warned the listener, then ask for consent. This can be as simple as something like: "I would like to debrief something with you, is this a good time?" or "I heard something really hard today, could I talk to you



4. LIMITED DISCLOSURE

Once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed. You may end up not needing to share the most

"When Helping Professionals hear and see difficult things, a normal reaction is to want to debrief with someone, the problem is that we are often debriefing ourselves all over each other..."

*Françoise Mathieu,
M.Ed., CCC., RP,
Co-Executive Director,
TEND*

03.

ORGANIZATIONAL HEALTH



“As trainers, educators, and supervisors, we want to protect therapists from compassion fatigue, enhance their resilience, and help professions deliver quality mental health interventions, but to achieve these goals, we may need to shift paradigms, moving our focus away from individualistic efforts at education and training and toward a more systematic approach of advocacy for healthier working conditions.” – [Killian, K.D., 2008](#)



ORGANIZATIONAL HEALTH IN TRAUMA EXPOSED

SETTINGS

...the varied and often complicated factors that affect the capacity and performance of an organization. Work hours, type of work, stress levels, budgets, workload, turnover and so many other factors all have an impact on the health of an organization.

At the very core of this is the health of each individual including: how they feel about their jobs, how they perform them, how committed they are to their roles and how their jobs are affecting them personally.



[Source: The TEND Academy](#)

WHAT CAN ORGANIZATIONS DO?

Basic considerations to lessen risk of CF/VT

- Adequate salary & time off for *all* staff
- Sufficient orientation, professional training, and management supervision for staff to feel competent & supported in their jobs
- Plan for staff safety (including security trainings & briefing on security protocols)
- Access to medical & mental health support services including: health care, information/training about the psychological hazards of the work and effective self-care, access to good confidential counseling support as needed
- Support for families around issues such as child care, separation, and relocation

Organization Culture & Work Roles

- Encouraging connections, morale, and relationships
- Encouraging communication and staff contributions

WHAT CAN MANAGERS DO?

- Understand the psychological impact of helping work
- **Set a good example by the way that you care about yourself**
- Especially during times of increased pressure or crises, look for ways to help keep staff challenges in perspective
- Express concern about the general well-being of your staff and not just the quality of work they're doing
- Make sure that staff suggestions & feedback about their jobs & organization are heard and valued (even if they won't result in tangible change in near future)
- Do not say or do things what would stigmatize staff who are struggling with CF/VT or other stress or trauma-related issues
- Strive to stay positive whenever possible, and to praise and acknowledge effort & results whenever possible

GUIDELINES FROM OFFICE FOR VICTIMS OF CRIME

1. Management & Supervision
2. **Personnel Policies & Procedures**
3. Employee Empowerment & Work Environment
4. Training & Professional Development

Hiring Policies

- Educate applicants on VT to ensure they are aware of the potential risks of the work
- Incorporate questions about VT into interview to assess knowledge and awareness

Evaluation

- Assess negative impact of VT across organization and implement strategies to reduce the impact
 - Informal or Formal
 - [ProQOL](#) (Professional Quality of Life Scale) or [STSS](#) (Secondary Traumatic Stress Scale)
- Regularly administer employee evals and include questions about VT

REFLECTIVE SUPERVISION

A collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth. (Shahnoon-Shanok, 1991)



REFLECTIVE VS. ADMINISTRATIVE SUPERVISION

- **ADMINISTRATIVE SUPERVISION:** primary goal is accountability (hiring, orientation, guidance, monitoring & evaluating)
- **REFLECTIVE SUPERVISION:** primary goal is staff development (mentoring, coaching, nurturing & containing)

REFLECTIVE SUPERVISION

The overall aim is to improve practice & thereby increase quality of services

Program or agency has the opportunity to transform itself to become a:

Learning organization, where open communication and idea development can flow in several directions, not merely from the top down...The changes required will not be only in organizations, but in ourselves as well...organizations work the way they work, ultimately, because of *how we think and how we interact*. Only by changing how we think can we change deeply embedded policies and practices. Only by changing how we interact can shared visions, shared interactions, and new capacities for coordinated action be established. (Senge, 1990, p. XIV, italics in original)



REFLECTIVE SUPERVISION

3 KEY ELEMENTS

REFLECTION

Stepping back to consider the work from multiple perspectives

COLLABORATION

Respectful, mutual exchange that relies on full participation of supervisor & supervisee

REGULARITY

Predictable routines & sufficient frequency to create interpersonal safety



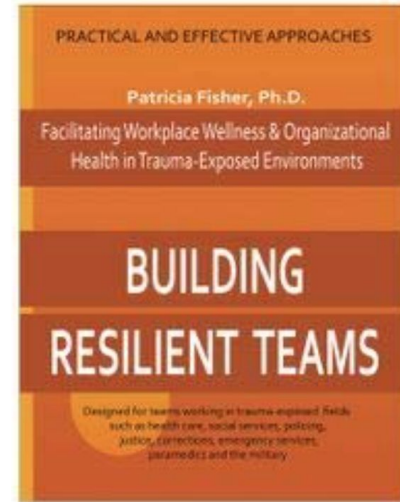
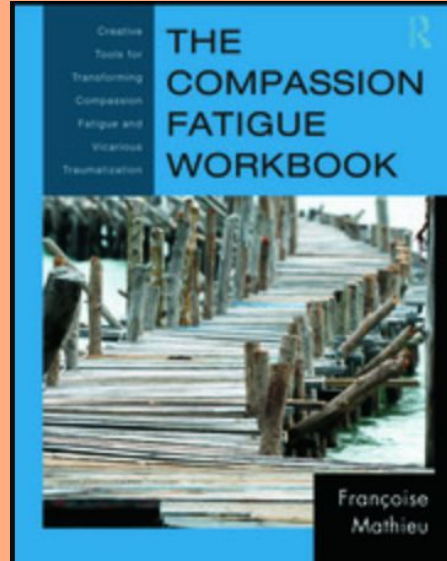
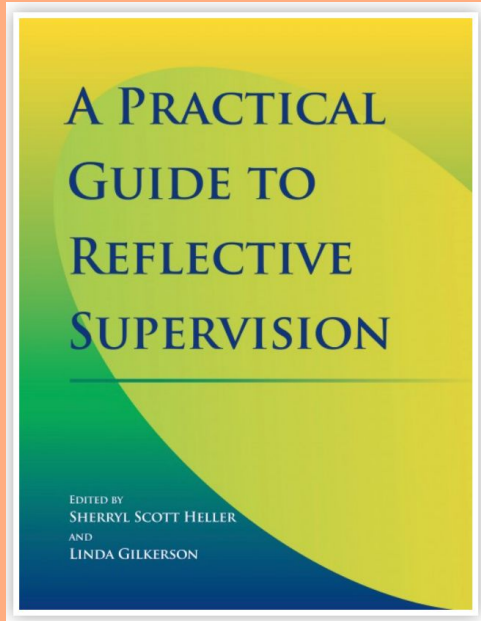
04.

WRAP UP & QUESTIONS



“Actual caring requires time and emotional labor. When clinicians are bolstered by self-care practices and supported by administrative practices, they are energized by their work, not burned out by it.” [-Laurie Barkin, RN, MS](#)





THANKS!

tiffany@tiffanyconroy.com

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