Introduction

The following is a collection of tidbits about compassion fatigue. It is not comprehensive in nature, and is only provided as an adjunct to what you already know about it. There is a good chance there will not be any new information, but hopefully it will serve as a reminder, that all of us who do therapy, counseling, work in healthcare, or any other helping profession is at risk for compassion fatigue. ALL OF US!!!!!

You might want to begin with a thorough evaluation of where you stand on the continuum towards compassion fatigue / STS (Secondary Traumatic Stress)

http://www.psychink.com/inteam.htm and click Compassion Fatigue Self Testing. This is a very long assessment process, but very accurate and informative.

My story:

I did not dream of being a "Certified Trauma Specialist", I sort of ended up as one, either by synchronicity, or pure divine intervention. My first professional exposure to trauma was working in an emergency department, as a nurse, dealing with physical trauma. I found myself being drawn to the families of the patients even more than the patient's themselves. I became very close to the whole emergency responder community, including paramedics, firefighters, law enforcement and other ED nurses.

I began to see and experience some of the inherent job risks we all shared, like being exposed to critical incidents; so I became trained in "critical incident stress management" (CISM) so I could maintain , my own health and the health of my peers and colleagues.

Simultaneously with that I was drawn to respond to the recovery process of hurricane Andrew in Homestead Florida. That experience changed me forever. I joined a Disaster response team, and then assisted in several more disasters.

I became fascinated with the "mind body connections" I was observing in my patients. I saw patterns of health and death that were somewhat confusing to me. (ie why did some really critically ill terminal people get better, and why did some patients with minor illness end up dying?)

I also became saddened by the burnout, the depression, the abuse, and the generalized dysfunction of my peers and colleagues. All of them too stubborn to go for help.

So I decided to go back to school to learn more about the mind body connection and to figure out how I could help my buddies and coworkers, stay in law enforcement, stay in EMS, stay in nursing and stay sane. After more than twenty years invested in critical care nursing, I completely switched specialties, and became licensed as a psychiatric nurse practitioner.

I thought I needed to have a separate job, while I built a practice and gained experience. So I took a job at the local woman's shelter as their "Sexual Assault Program

Coordinator". Very quickly I had to become an expert in abuse, trauma, and sexual assault.

What I was not prepared for, as a new graduate, and novice therapist was the onslaught of patients to my private practice from the emergency responder community because they knew me and trusted me. I had to become an expert in trauma, compassion fatigue and working with high functioning professionals, very quickly.

Without realizing it, and thankfully, I began to attract high quality professionals to work in my practice. (I owned it.) And it was through those mature therapists and the psychiatrist that worked there that I was able to process through my own potential for burnout, compassion fatigue and vicarious trauma. To them I will be forever grateful for the supervision, support, wisdom and collegiality.

The disaster team I was on was deployed to 911 to assist in the recovery work of ground zero, (including my husband). I was then given the incredible opportunity to work with some of the team as they dealt with their reactions to what they experienced in NYC.

But the ultimate exposure to my vulnerabilities as a therapist occurred when my community was devastated by "Hurricane Charley". The house I was in during the storm was severely damaged: (lost the roof) during 170 mph wind. And although my home survived, my office building was damaged (lost the roof there too). We had no water or electricity for 2 weeks. I literally saw clients sitting on the front steps of my roofless building until we could get a tarp on the roof, a generator, and some basic safety.

I went into the situation with an attitude of: I AM NOT GOING TO GET COMPASSION FATIGUE. I am going to do it all the right way, I am going to take care of my self, and I am going to be fine. And for the most part, I did a lot of the right things. I would have never admitted to being burned out, even as I sold the business over a year later, and moved to the north Georgia Mountains. I took a year off from work, while I wrote a book and got my doctorate in natural health. (not because I was "burned out" I naively thought, but because…….well those reasons really aren't important. I <u>was</u> suffering from compassion fatigue and burnout.

Once I became <u>aware</u> that I was experiencing compassion fatigue and burnout, the suffering stopped, and the healing began. I came to understand, that for me they were two distinct entities. The burnout was directly related to running a business that had become quite large, and trying to be a therapist too. The compassion fatigue was related to the hurricane stories on top of nine years of listening to horrific abuse stories.

Much of what I know is experiential, taught to me by my clients, and taught to me by hurricane Charlie. I will include those pieces of information, but mostly I want to share with you what the experts, and the science of compassion fatigue tells us.

Resources:

Internet:

The Chronicle, 3/8/2002: How Compassion Fatigue Can Overwhelm Charity Workers -- and What to Do About It
http://www.philanthropy.com/jobs/2002/03/21/20020321-974239.htm

Secondary trauma of compassion fatigue in caretaker and helping professions
http://www.ace-network.com/cfspotlight.htm

Compassion Fatigue
http://home.earthlink.net/~hopefull/TC_compassion_fatigue.htm

Self care guidelines:
http://www.traumatologyacademy.org/SelfCareStandards.htm

Professional organizations and other resources
http://www.icisf.org International Critical Incident Stress Foundation
http://www.atss.info Association of Traumatic Stress Specialists
http://www.corporatecrisis.net/home.html Corporate Crisis Management
http://www.compassionunlimited.com Welcome to Compassion Unlimited, Inc.
http://www.tir.org/metapsy/tirfaq.htm#whatistir FAQ for Practitioners Interested in Using TIR
http://www.greencross.org Click here: Green Cross Foundation
http://mailer.fsu.edu/~cfigley/TraumatologyInstitute.html Charles Figley (the father of compassion fatigue)
http://www.giftfromwithin.org/html/articles.html Traumatic Stress and PTSD Articles

Definitions: (my own) Each author describes these topics a little different. Sometimes compassion fatigue, burnout, vicarious trauma and secondary traumatic stress are used interchangeably; sometimes the connotation is a little different. This is just my opinion, based on experience.

Critical incident: Any event that has the potential to overwhelm or impact an individual physically, mentally, emotionally, behaviorally, or spiritually.
Critical Incident Stress: Is a NORMAL reaction to a critical incident. (the incident being abnormal)
Critical Incident Stress Management: is multidimensional process of managing those reactions, for the purpose of preventing PTSD, and improving ones ability to remain in their current profession. It involves ventilation, validation, and education. It can also involve both formal debriefing processes, informal diffusions, and other educative and supportive interventions.
Compassion Fatigue: is a process where an individual feels for another in such a way, that they begin to feel tired. This usually involves empathy, compassion and caring, and begins to affect the health of the person doing the helping.
Burnout: A severe state of exhaustion or lack of energy, that is usually brought on by unreasonable work expectations, (of yourself or from others) or environmental work related stress.
Vicarious Trauma: Experiencing trauma through the stories, and observations of another.

Secondary Trauma: Experiencing a trauma indirectly.
Secondary Traumatic Stress: The reaction a person has when they hear stories, or experience trauma vicariously.
Secondary Traumatic Stress Disorder (STSD): This occurs when the vicarious traumatic reactions or the secondary traumatic reactions produce similar symptoms to PTSD, like avoidance, arousal and intrusive reliving of the event.
Burnout and STSD can have psychiatric pathological implications

There are many many many good books on this subject. These are the ones I was drawn to, resonate with and have on hand. I have randomly selected information form each, to try to give you an overview of the issue of compassion fatigue / vicarious trauma etc.

Book One (Thorough overview for the clinician)
Secondary Traumatic Stress: Self Care Issues for Clinicians, Researchers, and Educators, 1999, Edited by B Hudnall Stamm, Sidran Press, Baltimore, MD

-Compassion Fatigue can be described as "soul weariness"
-Compassion Fatigue is a process, not an event, not a diagnoses, not an experience.
- We are not masters of compassion fatigue; so respect it, work with it, and transform it."
-ST (secondary trauma) challenges our beliefs. If we take the time to reorganize our beliefs, we can transform the fatigue into energy. If we don't take the time to reorganize our beliefs, it becomes more difficult to reorganize as the brain gets caught up into the stress of it.
-Compassion fatigue / Secondary trauma have a faster onset, and faster recovery than burnout. Burnout is more insidious, and more difficult to recognize and harder to reverse.
-STSD (Secondary Traumatic stress disorder) is similar to PTSD (Post Traumatic Stress Disorder) in its presentation, but typically, is of earlier onset and shorter duration. If symptoms go on for longer than a month or so, then PTSD needs to be considered. The longer the neural pathways continue to function in a "reliving, hyper arousal, intrusive, avoidance manner", the more permanent and chronic the effects will be on the brain.
-People can be traumatized without actually experiencing harm or being threatened by harm.
-60-66% of therapists have experienced some sort of trauma in their life time.
(The kind of trauma that would put them at risk for PTSD)
-Risk factors for vicarious traumatic (VT) / secondary traumatic (ST) reactions are: Childhood trauma, being blindsided, poor affect tolerance, fragile sense of self, rigid inflexible world view, underdeveloped spirituality, and poor or absent interpersonal relationships.
-Effective interventions include: Individualized self care, vacations (travel has the tendency to expand one's world view),exercise, socialization with quality people, emotional support form peers, pleasure reading, learning professionally, workshops, spiritual development and supervision.
-It's as important to give supervision, as it is getting supervision. Giving supervision allows you to stay in touch with what you know and why you love being a therapist. It gives you a sense of compassion satisfaction which will balance any compassion fatigue.

-Talking to your intimate partner is a good intervention. It is suggested that you learn to talk about your feelings, without revealing the situation, or violating confidentiality. In other words, it is not enough to say to a partner: "I had a bad day", but instead say: "I felt really helpless today, and was overwhelmed with how my patient's story made me feel."
-The feelings of helplessness can be softened, by acknowledging that we are responsible to our clients, but we are NOT responsible for the client.
-The most common beliefs that can be challenged by VT trauma are: Safety, Trust, Esteem, Intimacy, and Control.
-Safety: "This could have been me", "This could have been my daughter."
-Trust: After a pilot error plane crash one could loose trust in someone else's competence. Or after hearing a story of a pastor who molested a child, you can loose trust in your former world view or in those you may have blindly trusted before. Or sometimes, you just stop trusting your own instincts. (Especially when you are blindsided)
-Esteem: Esteem of others is affected when you begin to look at every human being as being a potential threat to you. Self esteem is affected when you begin to doubt our ability to handle what is being presented to you.
-Intimacy: Hearing stories of horror affect your ability to want to engage in small talk. On the opposite end of the continuum is the person who wants to do nothing but small talk because of their avoidance of wanting to be alone, with the feelings they might have, and are avoiding.
-Control: The more helpless one feels at work, the more control that person will seek out in other situations.
-EARLY INTERVENTION is a must.
-Interventions need to be individualized. Go with what works for you.
-All professionals who are at risk for VT should have a well defined ethical attitude about VT. The three major components are: 1. Awareness of the risk for VT, with a plan for ongoing interventions, so that one can continue to do this work. 2. Should never try to do this work alone. Having a relationship with and regular contact with another colleague who knows you well enough to know when something is wrong. 3. Having an ethical duty to self care. He has 25 interventions to deal with the effect of VT (page 242-243) like: supervision, clarifying ones meaning and purpose in life, attend workshops, play, laugh, be creative, pursue spiritual avenues, journal dream, limit numbers of exposure to trauma patients, if possible, utilize healthy self soothing, knowing your limitations, taking care of your body through nutrition, exercise, rest and relaxation, be ok with the gray area, and always maintain hope.

Book Two (Great neurophysiologic explanations)
Help for the Helper: Self Care Strategies for Managing Burnout and Stress, 2006, Babette Rothschild with Marjorie Rand, W.W. Norton & Co., New York.
-Empathy is the ability to experience what another person experienced.
-All emotions are contagious. (both the positive ones and the negative ones.)
-CF (compassion fatigue) detection: Self awareness, Body awareness, Common sense.
-CF management: Balance empathy with enjoyment, regulate ANS arousal (autonomic nervous system), promote clear thinking.

-1990's, research began to look at the role of mirror neurons in the brain and their association with CF. There is some speculation that the contagiousness of laughter and yawning may be connected to the function of the mirror neuron. There is a mimicking response observed, that may be triggered by these mirror neurons. The mirror neurons reflect the activity of someone else's brain cells.
-This research continues into this century, and it is proposed that empathy is no longer just a cognitive / emotional response, but a physical somatic response
-Emotions in general, usually have a observable physical manifestation: (ie a smile or a frown). They are now studying the physical manifestation of empathy, and can see through use of video taping, how therapist, take on the postures, and body manifestations of their clients, thus putting them at risk for owning the same feelings of pain.
-Now the good news is, that physical mimicking can work both ways. When the therapist is finished feeling, the empathy for the client, and is ready (and it is appropriate,) the therapist can send back to the client empowerment energy / attitude, which is mimicked subconsciously and then they begin to feel less helpless.
-Body AWARENESS is a major therapeutic tool in VT prevention and intervention.
-Please note however that calmness and relaxation are not always synonymous. Calmness can be faked, relaxation is more genuine.
-The same is true with muscle tone and muscle tension. Muscle tension will put you at risk for VT, Muscle tone, will reduce your risk.
-The better you know yourself, the quicker you will know when something is wrong. This refers to your body.
-The more aware you are of your internal physical gauges, the more you will be aware of your external world.
-The closer you are to a person; the more you will mimic them. Listening to a heavy duty story, might lead you to change how directly you are facing your clients, or how close you are to them.
-It is important not to take on your client's pain, any longer than the session. Use rituals to close out your session. You may want to use some symbolic trinket representing the pain of your client, and when they leave, drop it into a pretty box.
-Its ok to empathize with your client, but try not to identify with them. Identifying with them, sets you up for personalization of their tragedy. You are right it could have happened to you, and maybe it almost happened to you, or something similar happened to you, but this particular story did not happen to you, so don't own it.
-Between each client use rituals to disconnect from them. Open a window, get a drink (warm is better), go to restroom, pray, stretch, tone muscles etc.
-Do the same kinds of things at the end of the day, so that you don't take home your patients or you work. Exercise after work, change clothes, read something fun, etc.

Book Three **(Excellent resource for practical tools and interventions)**
Trauma Practice, Tools for Stabilization and Recovery, 2005, Anna B. Baranowsky, J. Eric Gentry, D. Franklin Schultz, Hogrefe, Cambridge, MA
–Early comments on compassion fatigue came from Carl Jung in 1907 as he commented on counter transference. He was concerned that participating in the patient's darkly painful fantasy world of traumatic images would have deleterious effects for the therapist.

-Other studies on the effects of psychotherapy on the therapist surfaced in the 70's, a few more in the 80's and grew in numbers in the nineties.
-Research on Burnout became popular in the 70's.
-But the psychological effects of traumas have been studied and described for over 150 years. (Especially in the areas of shell shock, and combat fatigue). It was not formally recognized until the 1980's and the whole field of traumatology was not really recognized until the 1990's.
-Also in the 1990's research specifically on the therapist reactions to listening to traumatic stories from their patients began to accumulate. That is when the words vicarious trauma, secondary trauma an compassion fatigue became familiar
-Trauma is registered in two places: There is a quick path to the amygdala which wsill trigger the fight or flight sympathetic nervous system (SNS) response. The slower pathway goes to the thalamus which relays information to the neo cortex for processing. If the information is found to be non-threatening, then the process will be shut down or reversed with the parasympathetic nervous system. (PNS) What that looks like in real life is what you feel when you come across something that looks like a snake. You jump, and are afraid, and then the higher brain says it is a stick, and you begin to calm and walk by it.
-There is a very powerful mechanism which will block that inhibitory process, and that is the presence of stress hormones like cortisol. So when a normal fear reaction is triggered, and there is high stress levels, the parasympathetic nervous system has trouble shutting down the adrenal process of the fight or flight, and the person remains in a hyper arousal state. And although they are safe, they don't feel safe, and in this state of fear, very little cognitive restructuring can occur.
-There are three necessary factors to trauma recovery: Relaxation, (reducing the SNS response and activating the PNS response), Reciprocal inhibition, (the ability to find relaxation in the presence of the exposure to the trauma or to the reliving o the trauma) Cognitive restructuring, (Finding the resolution though belief systems or finding meaning and purpose in the trauma.)
-There is a 5 session copyrighted accelerated intervention for VT / CF called "ARP" Accelerated Recovery Program.
-There is also a 17 hour "Training as treatment program" that is based on and includes the ARP protocol, which addresses intentionality, connection, self soothing / anxiety reduction, self care, a narrative, feelings and self supervision.
- Intentionality is the acceptance and recognition of VT, CF symptoms with a commitment to deal with them. It addresses the avoidance and denial that is often associated with VT / CF. It also is about developing a mission statement and goals that drive the individual personally and professional towards resiliency, and mature care giving.
-Connection to people and peers forces a person, to get through their fear that they are weird or crazy, into a realization that that this is a normal response to abnormal exposure to trauma, even if it through hearing the stories of trauma. This also supports self disclosures, and reduces the need for secrets, and closed off, compartmentalized fragmented feelings. Ongoing prevention of CF requires the discussion of any fear, shame, guilt, intrusive material or secrets with peers and colleagues.

-Self soothing / anxiety reduction is the hallmark of maturity. Being able to live in a state of "non anxious presence" (NAP) is key to managing future potential crises and traumas. NAP is not something that can be mastered in one session, but is something that needs to be practiced and used when life is not traumatic. It is a technique used to facilitate the PNS, so that we may stay relaxed and calm. Good gauge of a NAP is a relaxed pelvic floor. Being in this state allows one to be empathetic, compassionate and bear witness as a spectator. It is about relaxed mindfulness and comfort in ones own body.
-Self care is the ability to refuel and refill in healthy individualized ways. Therapeutic outcomes are impacted by the relationship between the client and therapist almost more than anything else. That relationship is not going to be optimal if the therapist doesn't have a satisfying life outside, of work, and expects the majority of their needs to be met in the work environment. A satisfied, person with a full grateful life can, by example, can offer hope and options to anyone coming for treatment.
-A narrative involves a time line of events and experience that led a person into the care giving profession, as well as a timeline and description of the events that led up to any experience or feeling of CF / VT. It is also about knowing and being able to describe what drives your professional style and approach.
-Feelings that surface during your narrative need to be dealt with in some format that capitalizes on reciprocal inhibition. (Simultaneously inducing relaxation response as memories of pain, trauma and stress are re-lived.) EMDR, (Eye movement dissociation and reprogramming), NLP (neuro linguistic programming) Anchoring techniques and TIR (Trauma Incident Reduction) are all great for that. But any method that uses exposure / relaxation is good too.
-Self supervision can be done, using both a self created perfect letter from a supervisor, (the letter you really want to get) compared and contrasted with the letter, that you think you actually deserve. The healing comes from the resolution and coming together of the two.
-Exercise is the single most important factor in the CF prevention program
-CF is simply an opportunity to grow.
-CF prevention includes: being informed, and knowledgeable about the real risk of CF, exercise, teaching friends, loved ones and colleagues on how to support you, developing the ability to find comfort and support in something bigger than yourself, balance professional life with a fun, meaningful, joyful personal life, developing an artistic, and or sporting outlet, being kind to yourself, seek short term treatment of any unresolved issues or symptoms, complete a compassion fatigue resiliency plan.

Book Four Has excellent case examples, good assessment tools, good worksheets and good theory basis. You read this book a if you were in a workshop with the authors.
Transforming the Pain: A workbook on Vicarious Traumatization. (For helping professionals who work with traumatized clients.) 1996, Karen W. Saakvitne, Laurie Anne Perlman and the staff of the Traumatic Stress Institute / Center for adult & Adolescent Psychotherapy LLC, A Norton Professional Book, New York.
-As we open up our heart to the stories of devastation, or betrayal, our cherished beliefs are challenged and we are changed forever.
-Vulnerability to VT is unavoidable if you remain empathetic.

-Counter transference and compassion fatigue are very distinct constructs, but impact one another.
-Symptoms of compassion fatigue: no energy or time for oneself, disconnection from loved ones, social withdrawal, increased sensitivity to violence, cynicism, despair, prolonged sadness, hopelessness, sleep disturbances., decrease self esteem, alterations in sensory experiences, changes in identity etc.
-Transforming VT by self care, and transforming negative beliefs into positive ones.
-Thee necessary components to good mental health when dealing with trauma patients: Awareness, Balance and Connection.
-Awareness of own needs, own emotions, own body, own resource and strengths, own limitations. To be aware on this level it requires time, and quiet.
-Balance between work, play and rest. Balance between mind, body and spirit.
-Connection to others breaks the silence of unacknowledged inner pain.
-VT is also an organizational issue, in that it can lead to poor clinical performance, high turnover, absenteeism and decreased cohesiveness.

Book Five **Comes with a great DVD, to learn some body healing techniques.**
Breath of Relief: Transforming Compassion Fatigue into Flow, 2005, Karl LaRowe, Acanthus Publishing, USA
-The Chinese symbol for "crisis" includes ones that represent danger and one that represent opportunity. CF, if not met with awareness and intervention can lead to danger, or it can be an opportunity to re evaluate your beliefs and find new meaning and purpose in life.
-There seem to be a correlation between the increase in terror in the world and a decrease in helper professions, like nursing.
-There are many dichotomies in trauma work. You can be exhausted, but can't sleep. You can have no energy or have hypo manic energy. You can have a mind that shuts down and can't focus, or a mind that won't shut off.
-Traumas, primary or secondary can "Freeze" memory into the cell. The goal in trauma healing is to get the memory un frozen and moving into a flow.
-Healer warrior approach to trauma combines martial arts concepts with research and science for enhanced profound care giving.
-Before you can offer healing to others, you must address self honesty, personal responsibility, suspend judgment and attachment to unhealthy or useless beliefs, and learn to express oneself based on the trust of ones own tuition.
Freud says we repeat behavior rather than remember them. We draw to ourselves, behaviors that will allow us to repeat feelings we have for the purpose of resolution. Once we remember that this is what happened, then we can consciously work through and resolved those feelings without repeating the circumstances. In Trauma work, we often react to our clients, without realizing that we are reliving an old event. Once we realize we are reacting to the old event, we can have a new reaction to the current event that will be more about health and healing. Counter transference is repeating not remembering. You can have similar issues to our client and work with them, if you are remembering, not repeating.
-In helper professions, especially the medical profession, there is a strong need to be right, a strong need to fix. When what we are doing is not working, then we begin to

fight for being right, and in that fight ,we become tense and set ourselves up for traumatic reactions.
-That tension and stress in general can also lead to Cardio vascular disease, Muscular Skeletal disorders, work place injuries, Gastro intestinal problems and immune dysfunction.
-When that stress is addressed, studies have shown a decrease in medication errors (by 50%) and a decrease in malpractice claims (by 70%).
-VT affects the individual on 6 levels: Sense of self, world view, spiritually, affect tolerance, interpersonal relationships and imagery system of memory.
-Believes we don't get burned out, but burned up. He believes that stress and VT, can cause blockages in our energy flow, and when the energy flow, or the chi is blocked, then illness will occur and we "burn up"
-His healing focus is on opening up the flow. He believes that you can take on more stress, more painful stories, more traumas if you keep the flow going. As the negative energy comes in your just keep it in the flow, and release it as you choose.
-The opposite of flow and flexible, is blocked and rigid. A major risk factor is a blocked mind set. (I remember a client who stayed in her bedroom 7 days a week, except to come to her apt with me. I began to get frustrated that I was doing nothing to help her. So I went to supervision with my psychiatrist. He asked if she was suicidal, disheveled, lost weight or missed any of her apts.? I said no. Then he asked me a profound question. "What is wrong with her staying in her bedroom for 24/7? Right now all she needs is her connection with you. Right now there is no reason to come out of the bedroom." That day I realized the importance of becoming flexible in my thinking, and ….
I also learned the value of being. I didn't need to DO anything for her. I just needed to be available to her for a connection. Several months later she came out of her bedroom and began to return to her normal level of function.)
-If you don't take care of stress and burnout, you run the risk of greater deterioration. (If stress and burnout are like cholesterol is to the artery, then depression is like a heart attack with devastating results.)
-Albert Einstein said that energy and matter are interchangeable, so then energy and information are interchangeable. Based on that logic, then when we take in negative information,…pain….. it affects out energy in a negative way. So much so that our brains have a hard time understanding it or even processing it.
-Our hearts however are 5000 times more powerful than our brains. (we know this because we can measure the electromagnetic field of both)
-The Chinese and Indians have known this for centuries, and use the heart for healing.
-We assist our patients on a regular basis to open their heart, but often forget to keep our hearts open.
-When we shut down or heart, and can no longer feel compassion, we have just lost our greatest tool in healing our clients. The best way to open ones heart is to begin by loving oneself fully and completely,
_When our heart shuts down, our body stops listening to our mind, and our mind stops listening to or body.
-To get things open, and to get the flow moving, one must move, and breathe and move and breathe together.

-Most professionals, or intelligent people will freely agree that movement, and breath are integral part of health. But in reality few of those who admit to its usefulness actually use those interventions.

Other personal comments:

-Trauma patients instinctively know if you can handle their pain. And if you can, they will show up.
-It is ok to connect and be completely with your client in the moment. But be sure you know how to disconnect between clients.(Using rituals if necessary) Saving notes and calls or documentation to another day or time.. prolongs the disconnect process.
-Risk factors: unresolved childhood trauma, accumulative stress in other parts of your life, numbers of trauma patients you see, being blindsided, having a rigid mind, , poor affect tolerance, image of self wrapped up in your job / profession, rigid inflexible world view, underdeveloped spirituality, and poor or absent interpersonal relationships, need to be right, muscle tension, heart guarding, undeveloped body awareness, lack of balance between work, play, and relaxation and loss of connection to the meaning and purpose of your job.
-Red flags: If you find yourself saying or thinking: "How can I enjoy life, with so many people suffering?" "If I can't console you, then I must be a failure or a bad therapist" "Is she on the schedule again?" If you find yourself getting, cynical, or sarcastic.
If you find yourself being annoyed or even enraged on a regular basis by your clients.
If you stop feeling anything, when you hear the stories of pain or when your brain goes blank, or when you can't shut it down. When all you want to do is sleep, and when you can never sleep. When you can't tell the difference between hunger and a craving. When your soul becomes weary. When you fake fun. When you make a comment, cry or fly off the handle, and don't know where it came from.
YOU ARE NOT CRAZY!!!!! You are having a "Normal reaction to abnormal events"
-It is ok to isolate and withdraw into a cave for the purpose of healing, but its not ok to do that long-term or for the purpose of living that way permanently..
75% or more of our clients have been traumatized so you will hear stories, and you will be blindsided by the power of the stories from time to time, and if you are a good therapist you will experience vicarious trauma reactions.
-The brain can not differentiate between same and similar. Your client's stories may be similar to yours, but they are not yours. They are similar, not the same
-Be sure you have time in your day to feel your feelings, not just talk about them or intellectualize them. To release or transform them you actually have to feel them.
-Listen to your body: Your symptoms may surface mentally, emotionally, behaviorally, spiritually or physically. But the memory of your feelings, the VT will always be stored in your body. So listen to it first.
-Feed your body with good nutrition, exercise, water, and sleep, feed your mind with learning, and pleasure, feed your soul with joy, pleasure and gratitude.
-Memory is in the cells of the body, it not just in the brain.
Four great sources of information are the face / forehead, the neck / shoulders, the depth and type of breathing and the pelvic floor.
-You will not be able to do this job well for long without physical release through movement, exercise and breathe. Listen to the body, breathe, move, andlisten to the body.

-Healing is possible. Be open to all modalities, Traditional and non traditional.

Love what you do, and do what you love, and when you stop loving it, stop doing it.

BE AWARE:
Do you love what you do?
Are you making a difference?
Do you feel good about your life at work and out of work?
Are you growing and learning new ways of thinking feeling, doing and being?
Are you connected to yourself, to others and to a benevolent higher power?
Are you angry, sad, frustrated, or empty or are you grateful, satisfied and full?
Are you actively using self care to manage your stress?
Are you doing anything to open you flow, and your heart?
Are you moving, exercising being active?
Are you drinking plenty of water?

What is happening with your face, forehead and eyes?
What is happening with your neck and shoulders?
How are you breathing?
How is your pelvic floor?

Is your light still shining or are you burned out…?