

“When It Hurts to Help a Child”

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Her career has spanned 25 years including medical social work and the child welfare sector. Rebecca is a Supervisor of a front line child protection team at the Children’s Aid Society of London and Middlesex and is a founding member of the Critical Incident Debriefing Team for CAS staff following traumatic work events. She is a provincial trainer for the Ontario Association of Children’s Aid Societies and teaches the curriculum on Wellness and Self Care. Rebecca has been working with Françoise

Mathieu as a consultant with Workshops for Helping Professionals and delivering workshops and seminars on the topics of Vicarious Trauma and Compassion Fatigue to helping professionals in a variety of social settings to balance the impact of the “Cost of Caring” for those in need.

It shouldn’t hurt to be a child. It shouldn’t hurt to help a child. But as therapists, child protection workers, medical staff, teachers and caregivers of children who have been traumatized; when children hurt; we hurt! So how do we care for ourselves while we struggle to make sense of the senseless acts of abuse, neglect, abandonment and disease which affect the children in our professional lives?

Police, firefighters, paramedics, and ER staff who respond to tragedy, horror and crisis on a daily basis, report that the hardest to handle are the traumas involving children. Critical Incident

Debriefing is often needed to help them with their personal emotions following these traumas.

Any professional working with children and families may be exposed to witnessing the lost innocence and vulnerability of traumatized children; children born to parents with addictions and mental illness; children who are neglected, abandoned, and abused by adults they should be able to trust; children who suffer from life threatening disease.

“As helpers, we can’t help but to take in some of the

emotional pain victims have left with us. As they release some of their pain, we take it in. By the end of the day, we've collected bits and pieces of their accounts of trauma, and they have become our own." (Nelson)

Post-Traumatic Stress Disorder, Vicarious Trauma, Compassion Fatigue and Burn-Out are all very real consequences of the work we do. Helping professionals, particularly those who work with children, are at highest risk of feeling the impact of these and paying a significant emotional price. It has become known as the "Cost of Caring". (Figley, 1982) Within the therapeutic community these terms are fast becoming the new buzz words. Agencies and organizations are seeing the rise in employees requesting a stress leave for emotional reasons and research is now confirming what we already know, that this work impacts us. (Regehr, 2002; Conrad & Keller-Guenther, 2006) Yet, there still remains a stigma and a culture of organizational silencing for practitioners who internalize their shame of feeling emotionally overwhelmed by the work that they do. (Morrison, 1995; Pryce & Pryce 2000)

Although similar, there are clear distinctions and a blurring among these definitions. As a clinician and supervisor in the field of child protection for the past 25 years, and a training

specialist delivering workshops on Vicarious Trauma, Compassion Fatigue, and Work/Life Balance, I have come to understand and describe the definitions as follows:

Post-Traumatic Stress Disorder (PTSD) is defined by the DSM IV as a diagnostic label for the constellation of emotional, behavioural and cognitive symptoms that may result from direct involvement in a traumatic experience. (APA, 1994) Symptoms vary for everyone, but commonly can include sleep disturbances, intrusive imagery, panic or anxiety, hyper-arousal, depression, fear, flash backs, etc.

Vicarious Trauma (or Secondary Trauma) affects a person who was not directly involved in a trauma, yet the symptoms are similar to those of trauma survivors. "Vicarious trauma is the experience of absorbing the sight, smell, sound, touch and feel of the stories told in detail by victims searching for a way to release their own pain." (Richardson, 2001) "Vicarious trauma occurs when the stories we hear from our clients transfer onto us in a way where we are secondarily traumatized and have difficulty ridding ourselves of the images and experiences they have shared with us." (Mathieu, 2009)

Compassion Fatigue has been described as the "Cost of Caring" for others in emotional and physical pain. (Figley, 1982) "It is cumulative in nature, occurs over time from the work and is often characterized by deep physical and emotional exhaustion and a

pronounced change in the helper's ability to feel empathy for their patients, their loved ones and their co-workers. It is marked by increased cynicism at work, a loss of enjoyment of our career, and eventually can transform into depression, secondary traumatic stress and stress-related illnesses. The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others". (Mathieu, 2007)

The distinction is this; it is possible to be exposed to just one single incident of graphic traumatic information in your role as helper, and be vicariously traumatized by it; not so with compassion fatigue. In fact you may never have heard a graphic trauma story, but have spent years working with children in poverty, despair, illness, or recurring grief, loss and systemic marginalization to feel the overwhelming sense of loss of hope and despair that is associated with compassion fatigue. Unfortunately, in the work that many of us do, we are usually exposed to both and the impact is profound.

Stress is any response (physical or emotional) to a real or perceived threat. The body is wired to go into the "fight or flight" response, when faced with acute danger. But the term *stress* (as we commonly use it) now refers to the administrative stress and demands of the daily work (deadlines, high case loads, lack of resources, etc) which also

causes our bodies to become hyper-aroused and in a constant state of "stress".

The neuro-science or psycho-biology of human stress is a fascinating area to study. The *Limbic System* of the brain, namely the Amygdala and the Hippocampus work in harmony as the body's "alarm system" to trigger the "fight or flight" survival stress reaction. Stress hormones, Cortisol and Adrenaline, are rapidly pumped throughout our bodies to prepare us to immediately react, which is a primal response if we need to outrun a violent attack (Rothschild, 2006; Figley, 1995; Mate, 2005). But our bodies stimulate the same physiological reactions (rapid heartbeat, shallow breathing, sweating palms, and weakness in extremities) to an "*emotional attack*". When being shouted at by an angry or distraught client, or when listening to the graphic disclosure of abuse by a child; it is not responsible to run away to protect oneself from hearing the difficult information. Instead of being able to *fight* or take *flight*, a professional can only *freeze*. As a result, stress hormones are absorbed rather than released.

This leaves unanswered questions regard the resulting impact: What happens to *toxic emotional energy* and accumulation of stress hormones day after day, week after week, and after years of this work? Where do these emotions go, at the end of the day, when we just want to go home? We give

the best of ourselves to the people we help at work. What is left of us for the people waiting for us at home? What do we have left for ourselves? What is left of ourselves?

Burn-Out is often described as the overwhelming and complete inability to cope with one's work or organizational environment. Often the term *burn-out* is mistakenly used to describe vicarious trauma or compassion fatigue. However, *burn-out* is simply a term used to describe physical and emotional exhaustion from prolonged stress, repetition and frustration from one's work. Any profession can experience burn-out; it is not unique to trauma work. You can be an accountant or work on the assembly line at an auto parts manufacturer and be *burned-out!* There is a simple solution to resolve *burn-out*; you simply change jobs. This is not the case with compassion fatigue, you have been changed on a much deeper emotional level, and changing jobs will not be enough to start the healing process.

In my role as a supervisor and trainer at Family and Children's Services, I find it important to prepare new Child Protection Workers for the toll the work may have on them personally, and teach them how to protect themselves from the impact of vicarious trauma, compassion fatigue and stress in the work. My personal experience as a new employee often comes to mind. After about a year of working in the field, and feeling the impact of the work, I checked

in with a more seasoned colleague. I asked him, "How do you do this work and not let it get to you?" He replied, "My secret is that I don't let it in! The day this work gets to me, is the day I get out of this job!" I took his advice and tried to distance myself emotionally, not getting too close to the children and families. I did everything I could to *leave the work at work* and not bring it home with me. About six months later this same colleague, with all his experience and strength, began arriving at work smelling of alcohol. It wasn't long before he left on stress leave.

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."
(Remen, 1996)

I realized that my colleague's advice was the exact opposite of what was needed in this work. The best advice is: This work *will* affect you; so how are you going to deal with it? It was this experience that led me to explore the area of vicarious trauma and compassion fatigue and to develop my own tools for dealing with the "cost of caring". I began to understand that it is easier said than done. It is not as simple as just leaving a brief case at the office, or not checking voicemails from home throughout the evening or weekend. One cannot disconnect the Amygdala and Hippocampus and stop

processing information attached to the emotions and images experienced during a day. It travels with you, and becomes part of who you are. It is necessary, then, to find ways to release this pain so that it does not manifest into your own.

The first step to maintaining wellness is to recognize the signs and symptoms associated with vicarious trauma and compassion fatigue. Normalizing and validating that you are experiencing the impact of the work is crucial. Too often service providers feel isolated and alone and begin to question their own competence. Symptoms may become evident in a number of different aspects of our personal and professional lives such as; physical, social, emotional, psychological and spiritual.

Physical: headaches; increased susceptibility to illness; teeth-grinding; loss of appetite; weight loss/gain; exhaustion

Social: problems in relationships; withdrawal from activities; increased use of alcohol/drugs; isolation

Emotional: irritability; intrusive imagery; sleep disturbances; cry easily; cannot cry; numbness; emotional irregularity

Psychological: anger; depression; cynicism; lack of empathy/compassion; feeling hopeless; avoidant

Spiritual: sense of safety/justice; meaning of life; sense of hopelessness; helplessness

Having survived vicarious trauma and compassion fatigue myself, I can attest to the fact that often our realization that the work has impacted us, is in hindsight, and hopefully not through crisis. The good news is that we can rebound, recover and heal from the negative impact of the work. The strategies are not expensive, not complicated or unavailable. The key is finding what works for you and developing strategies for self-care tailored to your work and life.

Several years ago, I met Francoise Mathieu a Compassion Fatigue Specialist, Psychotherapist and Clinical Counselor who developed "*The Compassion Fatigue Workbook*" which she delivers in workshops and seminars across Canada. I connected with her and her work immediately and have since become a consultant and trainer helping her to present this practical material.

Mathieu's Four Compassion Fatigue Strategies:

1. Take stock of stressors at home and work
2. Enhance self-care at home and work and improve work/life balance
3. Develop Compassion Fatigue reliance through relaxation and stress reduction techniques
4. Make a commitment to implement change

Obviously, this is a very simplified description of techniques which take

years to practice, implement and maintain. It is more important than ever for the caregivers of our most fragile and vulnerable members of society, our children, to care for themselves in the face of this very challenging work. To allow oneself to be overwhelmed, traumatized, stressed and victimized through the work we do; is avoidable collateral damage.

This issue cannot be addressed adequately within the scope of this article. Suffice it to say, that there is a growing wealth of knowledge and research on the topics of vicarious trauma and compassion fatigue which

can be easily accessed on-line today. Reading and attending workshops or seminars and connecting with others in the field are important steps in the healing process to normalize and validate one's experiences.

The most important message is to acknowledge that this work is hard, and it will affect each of us. Start to build a resilience tool box filled with supportive and restorative techniques to help preserve your emotional and psychological health so that you can continue in your career for a lifetime and not let it take the best of your life.

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