Compassion Fatigue and Self-care for Home Visitors

Home visitation workers across Alberta provide important support services to families intended to foster healthy child development and promote positive parent-child interaction. Many workers enjoy the good feelings that come from successfully building a trusting relationship with a family and seeing improvement resulting from their involvement. However, many families have encountered extensive stress, loss, conflict, trauma or other mental health issues. Dealing with families who have suffered is draining and a difficult aspect of a home visitor’s work.

Research describes how helping professionals can be affected by exposure to other people’s emotional pain and or trauma. Compassion fatigue, secondary traumatic stress (Figley, 1995) and vicarious trauma (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995) have been used to describe a range of adverse effects seen in helping professionals.

Compassion fatigue
Compassion fatigue shares many features of post-traumatic stress disorder (PTSD). But, in compassion fatigue (secondary traumatic stress), the trauma is not experienced as a victim, but rather through secondary exposure to a victim’s story or experience.

The signs of PTSD involve three symptom clusters: intrusio (intrusive thoughts, images and sensations), avoidance (of people, places, things and experiences that elicit memories of the traumatic event) and negative arousal (hypervigilance, sleep disturbances, irritability, startle reactions, anxiety) (American Psychiatric Association, 2000).

Helpers suffering from compassion fatigue may begin to notice they

- are not emotionally available to themselves or to the important people in their personal lives, as though their compassion is all used up
- suffer from emotional numbness
- have increased fear and anxiety, or feelings of disconnection from themselves and others

Burnout

Burnout is a common term related to the concept of compassion fatigue, but refers specifically to a state of physical, mental and emotional exhaustion, or dissatisfaction with one’s work situation, usually emerging gradually under conditions of too many demands and inadequate resources (Valent, 2002). People who experience burnout may also suffer from compassion fatigue; however, the experience of burnout may have more to do with the external working conditions, while compassion fatigue may be a more permanent alteration existing within the individual. One’s experience of burnout may be altered by a change in circumstances (i.e., quitting a job), whereas compassion fatigue and vicarious trauma do not disappear simply by changing circumstances (Figley, 2002).
Risk reduction
Although certain authors believe that compassion fatigue and vicarious trauma are the inevitable result of working closely with the emotional pain of others (Pearlman & Saakvitne, 1995; Yassen, 1995), many self-care strategies are helpful. It is important that self-care be the responsibility of the helping professional supported in various ways by the organization. Prevention begins with awareness: training staff to recognize the signs of occupational stress and developing professional and personal self-care strategies.

Professional self-care
Professional self-care means maintaining balance and healthy connections in one’s work life. Workers can pace the work day to include breaks, connect with colleagues and being mindful to refocus on self (Pearlman & Saakvitne, 1995). Setting limits is an important aspect of professional self-care, as many helpers typically do not know how to say “no.” As a result, they become overloaded with increasing activities.

Boundaries are another key aspect of professional self-care (Pearlman & Mac Ian, 1995; Yassen, 1995). Setting time, personal and professional boundaries help ensure a healthy separation between counsellor and client. Emotional boundaries are also important. Research shows that mirror neurons in the brain may transmit emotion between people and contribute to secondary traumatic stress. Individuals can learn ways to regulate their emotional boundaries when empathically ‘connecting’ with clients (Rothschild, 2006).

Research points to the need for peer support and clinical supervision as critical aspects of professional self-care (Crutchfield & Borders, 1997; Norcross, 2000). Peer support occurs when counsellors have the opportunity to give and receive support from colleagues who are involved in similar work tasks (Monroe, 1999; Yassen, 1995). Peer support networks should devote a portion of time focusing on the benefits of work, as a sense of purpose and meaning may protect helpers from stress and burnout (Pearlman & Saakvitne, 1995). Taking inventory of the success stories in our efforts to enrich the lives of others is an important practice that can contribute to the resiliency of workers.

Clinical supervision is a structured set of activities focused on counsellor self-awareness and growth, skill enhancement, professional identity development, case conceptualization or other aspects of the role (Crutchfield & Borders, 1997).

Personal self-care
A well-developed system of personal self-care is critical for all people working in stressful situations. Physical self-care is comprised of proper exercise, nutrition and sufficient sleep, and may also include body work such massage and other healing therapies. Psychological self-care strategies include self-nurturing activities, relaxation, creative expression, skill development and use of laughter (Pearlman & Saakvitne, 1995).

Spirituality is another key aspect of
personal self-care that may take many different forms: prayer, meditation, religion, contact with nature, and mindfulness through full engagement in the present moment (Kabat-Zinn, 1990).

Personal self-care also includes the need for connection with others. This may include evaluating and improving one’s personal support network, and perhaps most importantly, getting professional therapy when needed (Norcross, 2000; Pearlman & Saakvitne, 1995). Many counsellors enter the helping field with a history of trauma themselves, and those with a personal history are more at risk for negative effects from their work (Pearlman & Mac Ian, 1995). Creating an atmosphere that views seeking counselling as a healthy sign, rather than a sign of weakness or incompetence, may improve the health of individuals and the wellness of the organization.

For many helping professionals, self-care does not come naturally. We must take active measures to overcome our tendencies to focus primarily on the needs of others, and to learn how to self-nurture and be more open to receiving care ourselves.

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References for Compassion Fatigue and Self-care


"Ensuring the Quality, Accountability and Sustainability of Home Visitation Programs"

Research and Practice, 26(6), 558–565.


