Self-Care: How can psychotherapists continue to practice in Complex Trauma therapy without suffering from professional burnout?

A Research Paper

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Abstract

How are you doing?...How are you holding up? *Self-care* is essential to psychotherapists, especially those practitioners who work primarily with clients who are survivors of complex trauma. This paper reports on potential answers to the question: *How can psychotherapists continue to practice in Complex Trauma therapy without suffering from professional burnout?*

This report reviews current literature, and provides a summary of findings gathered from primary qualitative research, conducted by the writer. It identifies and examines many of the most stressful components of working with complex trauma. This paper also reveals many of the self-care practices utilized by psychotherapy professionals. Lastly, this report narrows it down to the top three most helpful self-care practices used by professionals to date. It is the hope of this writer, that the findings reported in this research paper will add to the body of knowledge designed to provide help and assistance for practitioners seeking to live and work in a balanced, healthy way.
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Self-Care: How can psychotherapists continue to practice in Complex Trauma therapy without suffering from professional burnout?

For twenty years my wife Patti has been practicing as a Licensed Psychologist here in the state of Minnesota. Within the last thirteen years, Patti Miller, M.A., L.P., has specialized in the treatment of clients who are survivors of complex trauma. More recently, Patti and Co-Clinical Director, Dawn McClelland, PHD, L.P., opened Midwest Center for Trauma and Emotional Healing, to specialize in the treatment of psychological trauma, including complex trauma.

Year after year I would observe my wife go in and out of the grips of professional burnout. It was amazing to me that she had not just survived, but rather, thrived so successfully for all those years. Due to client/therapist confidentiality, I was never privy to any of her clients stories. I could however, ask Patti how she was doing...how she was holding up, and I would do just that on a regular basis. It was her answer to these questions that helped me start to formulate just how important it was for the therapist to practice self-care.

Research shows that developing and maintaining a strong therapeutic relationship is of the utmost importance for treatment success when working with challenging clients, such as those with complex trauma. Such a relationship inevitably involves listening to, and to some degree absorbing, the pain associated with the individual, family, or group's suffering (Morresette, 2004; Rothschild & Rand, 2006). The chronic day-to-day exposure to clients and the distress they experience may become emotionally taxing on psychotherapists or other helping professionals, resulting in the experience of conditions known as secondary traumatic stress, vicarious trauma, compassion fatigue, or ultimately, professional burnout (Newell, 2010). Other contributing factors could include the therapist feeling undertrained, under educated, lacking in experience or just plain not knowing what to do. Given these factors, the therapist can
be grossly unprepared. It would be like sending a knight to a jousting match without his armor. The chances of survival are slim-to-none!

Repeating, intrusive thoughts can haunt the therapist. What was heard in session could result in the loss of sleep, restless sleep and/or nightmares. Conscious worry about a client's self harm behaviors, suicidal and/or homicidal ideation and empathizing with clients experiences are all symptoms that, left untreated, can be quite destructive. Who cares for the therapist? Under these working conditions, it is no surprise that professional burnout is too often the final chapter on what could have been a long and satisfying helping career.

**Purpose of the Study**

The purpose of this study is to provide insight and guidance to psychotherapists who are new in the helping field and to those who are long standing, seasoned professionals, specifically those working with complex trauma.

**Significance of the Study**

Professional burnout can occur slowly and insidiously if one does not take steps to prevent it. This study will identify the symptoms that can lead to professional burnout. It will also examine, in depth, what is being done by complex trauma professionals, to ward off the crippling and sometime career-killing effects of professional burnout.

**Definition of Terms**

1. *Axis-I, Diagnosis of Complex Trauma Include:* Post Traumatic Stress Disorder (PTSD), Dissociative Disorder Not Otherwise Specified (DDNOS), Dissociative Identity Disorder (DID). Other common diagnoses that accompany complex trauma include; mood disorders, and chemical dependency (DSM-IV-TR, 2000). [Side note: *Schizophrenia* is a common Axis-I *misdiagnosis* of those suffering from Complex Trauma].
2. **Axis-II Diagnosis of Complex Trauma Include:** Anxiety and Depression, Bi-Polar, Chemical Abuse, Eating Disorders, and Personality Challenges/Disorders, and Dissociative Identity Disorder (DID) where the degree of dissociation is often on a continuum which would include one or more of the following: Loss of memory, loss of the ability to feel things emotionally and physically (DSM-IV-TR, 2000).

3. **Compassion Fatigue:** Is best defined as a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout. It is the overall experience of emotional and physical fatigue that social service professionals experience due to the chronic use of empathy when treating patients who are suffering in some way (Figley, 2002b; Rothschild & Rand, 2006).

4. **Complex Trauma:** Ongoing, systematic and/or random abuse, torture and neglect, that persists for a significant period of time (years). Where the person's entire physiology and personality get organized around their experiences of being unsafe and anticipating being hurt and/or their life threatened (Ogden, Minton & Pain, 2006).

5. **Empathy:** The capacity to think and feel oneself into the inner life of another person (Clark, 2007).

6. **Physiology:** All systems from head to toe - the brain, body, nervous system, all systems physical and psychological, that make up a human being (Ogden, Minton & Paink, 2006).

7. **Professional Burnout:** A state of physical, emotional, psychological, and spiritual exhaustion resulting from chronic exposure to (or practice with) populations that are vulnerable or suffering (Pines & Anderson, 1998).

8. **Psychological Trauma:** The unique individual experience of an event, a series of events, or a set of enduring conditions, in which the individual's ability to integrate his or her
emotional experience is overwhelmed (i.e. their ability to stay present, understand what is happening, integrate the feelings, and make sense of the experience) (Saakvitne et al, 2000).

9. **Secondary Traumatic Stress**: The natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995).

10. **Symptoms Common with Complex Trauma**: Flashbacks, Nightmares, Avoidance, Intense Anxiety and Fear, Body Pain and Discomfort, Deregulated Eating and Sleeping Patterns resulting in an inability to do life (Kurtz, 1990).


**Literature Review**

**Introduction**

Most behavioral health professionals (psychotherapists) who work with traumatized clients face many difficult challenges. Continuous and prolonged exposure when working with a myriad of trauma related stressors experienced by their clients, can lead to vicarious trauma, compassion fatigue, and professional burnout. How can psychotherapists continue to practice in trauma therapy without burning out? The answer to this question is significant to psychotherapists interested in building and maintaining a healthy personal life and practice. This literature review will examine a variety of research studies that address the link that trauma treatment has with practitioner burnout and what can be done to prevent it. The cause of professional burnout among psychotherapists who specialize in complex trauma, will also be
examined, along with a review of burnout prevention coping strategies. The review also explores the link (if any) that working in a private practice versus a clinic and/or hospital environment has on the psychotherapists ability to prevent professional burnout.

**A Progressive Process**

The actual process of burning out is best described as a progressive state occurring cumulatively over time with contributing factors related to both the individual, the populations served, and the organization (Maslach, 2001, 2003a; 2003b). Burnout is conceptualized as a multidimensional or meta-construct, with three distinct domains: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997). Each can contribute to the other leading to professional burnout.

Complacency, sarcastic thoughts and/or comments directed at a client, skipping appointments, the erosion of record keeping quality; this is a short list of symptoms from which a practitioner may suffer when beginning to experience professional burnout. These and other symptoms do not suddenly appear. Usually, these symptoms are a slow progression to the point that the practitioner may eventually dread going to work. Left unchecked, the practitioner may want to check out all together; have suicidal thoughts, or at best, find it increasingly difficult to do their day-to-day lives.

**Environmental Factors**

Factors contributing to professional burnout may occur at the individual, organizational, or client levels (or in combination). The single largest risk factor for developing professional burnout is human service work in general. The emotional expectations involved with human service work, such as requirements to either repress or display emotions routinely, as well as the
chronic use of empathy, are strongly associated with the experience of professional burnout (Maslach, Shaufeli, & Leiter, 2001; Maslach & Leiter, 1997). As many direct practitioners work within bureaucratic environments such as psychotherapy clinics and hospitals, the organization plays a key role in the professional burnout process. Organizational factors shown to contribute to professional burnout include (Voss Horrell, 2011: Barak, Nissly, & Levin, 2001):

- caseload imbalance (heavy load of complex trauma clients)
- large caseload size (number of patients)
- provider autonomy in patient choice and scheduling
- low number of like providers within the organization
- lack of control or influence over agency policy and procedures
- low availability of peer, supervisory, and support staff
- unfairness in organization structure and discipline (office politics)

Clinicians in a private practice setting, report that the primary predictor of vicarious trauma (and/or burnout) was the number of hours spent working with traumatized clients. Additional contributing factors include (Voss Horrell, 2011):

- theoretical orientation
- training (lack of)
- supervision (lack of)
- personal trauma history
- spiritual/religious views
- self-care activities (lack of)
- years of experience in trauma treatment (lack of)
- use of manualized treatments
• working in a rural area

A common thread leading to provider burnout found in both organizational and private practice environments is the combination of caseload size and imbalance. For clinicians currently in trauma practice, there are additional risk factors that can contribute to professional burnout.

Based on the results of a study done by Donald Lerias, Michael Byrne and others, it has been suggested that practitioners with a preexisting anxiety disorder, mood disorder, or personal trauma history (particularly child abuse and neglect), may be at greater risk of experiencing these conditions (Lerias & Byrne, 2003; Dunkley & Whelan, 2006; Gardell & Harris, 2003).

The individual use of maladaptive coping skills in response to trauma work is another significant factor. Symptoms such as suppression of emotions, distancing from clients, and reenacting of abuse dynamics, are identified warning signs for conditions of professional burnout (Dunkley & Whelan, 2006; Farrell & Turpin, 2003; Schauben & Frazier, 1995). Professional burnout is a progressive process that can be effected both positively and negatively by the environment the psychotherapist works in. However, several coping strategies have been identified to help stop the progression of professional burnout.

Coping Strategies

What Works Best

According to a recent study conducted by the American Psychological Association (APA), the number one factor stressing practicing psychologists is their inability to strike a balance between work and home life. The top five stressors identified by the survey were (Martin, 2010):

• Trying to achieve work-life balance (cited by 72 percent of respondents)
• Dealing with insurance and managed care (68 percent)
• Concerns about their patients' safety (63 percent)
• Family issues (61 percent)
• Professional burnout and compassion fatigue (59 percent)

When asked whether they were currently experiencing stress, 51 percent of participants said yes. When asked whether they told anyone about their stress, 43 percent said no. Interestingly enough, these same survey respondents reported that when they are stressed, many do know how to tap into a variety of coping strategies. While work-life balance was their top stressor, 96 percent said "maintaining balance between personal and professional lives" was their most effective coping response. Other coping strategies cited by respondents include (Martin, 2010):

• Seeking support from friends and peers (95 percent)
• Talking to a colleague (94 percent)
• Participating in hobbies (91 percent)
• Increases exercise (89 percent)
• Receiving psychotherapy or counseling (64 percent)

The survey was sent by mail to 5,000 practitioners, most of whom provide direct psychological services. The APA got a response rate of 16 percent. This researcher was not able to obtain the original study, so many questions regarding respondent demographics and focused areas of practice (i.e. trauma clients or others), remain unanswered. However, this researcher included their study because professional burnout and compassion fatigue made it in as being one of the top five stressors. The list of coping strategies provided in Martin's article include strategies listed by other prominent researchers committed to the study of self-care. According to their research, a number of coping strategies that have shown to be effective are included in the
following list. These strategies are considered to be the most often used preventive measures implemented by the clinician (Voss Horrell, 2011):

- Balance caseload with a variety of clients
- Awareness of posttraumatic stress disorder (PTSD) symptoms in self
- Nurture one's spiritual self
- Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
- Participate in professional development activities and continuing education

The implementation of second-hand trauma coping strategies are vital to the prevention of professional burnout. Seeking support from friends and peers and talking to a colleague rank high on the list. Others that ranked next to the top include, continuing education, balanced caseload with a variety of clients, an awareness of posttraumatic stress disorder (PTSD) symptoms in self, and nurturing one's spiritual self. The environment, including geographic location and type of practice (private, clinic and/or hospital) can also lend to the increase or decrease of burnout among practitioners.

**The Psychotherapeutic Environment**

**Private Practice**

The environment in which the psychotherapist works plays an active role in their mental health outcome (Voss Horrell, 2011). Psychotherapists working in a well connected private practice located near a major city, usually have supervision, peer, and referral, resources well within reach. In contrast, practitioners working in private practice in rural locations are more likely to suffer from professional burnout than those in highly metropolitan settings. According to the President's New Freedom Commission on Mental Health (2003):
...rural areas endure "chronic shortages" of mental health professionals and that rural residents tend to seek mental health services later in the course of their illnesses, with more persistent and disabling symptoms, and require more intensive treatment. (p. 51)

Limited resources, geographical isolation, few colleagues (limited peer support), and highly demanding caseloads create a "perfect storm" of burnout among rural practitioners. For those practicing in such environments, preventative measures must be taken (Sprang, 2007).

**Clinics and/or Hospitals**

Specialty clinics such as those that treat specific traumas linked to service members of the Afghanistan (Operation Enduring Freedom [OEF] and Iraq (Operation Iraqi Freedom [OIF]) conflicts, must offer a variety of preventative measures for their clinicians. For example, there are a number of things administrators have to consider when determining caseload sizes of clinicians working with OEF/OIF veterans. A myriad of therapies are often prescribed with this population ranging from weekly appointments for PTSD, dialectical behavior therapy, etc. Organizational support for encouraging a diversity of professional roles is an important protection against vicarious trauma and professional burnout (Harris & Westwood, 2009).

Supporting staff involvement in committee leadership, training endeavors, as well as research and teaching are recommended. Clinical case conferences, peer-support meetings, or regular supervision, even for licensed professionals, is also a recommended practice (McCann & Pearlman, 1990). These supporting services enable clinicians to work through challenging and/or painful clinical experiences regularly while at work. It also normalizes clinician responses to challenging cases and decreases the chances of the helping professional becoming isolated.

Interviews with trauma clinicians indicate that having this outlet available at work diminishes the shame of experiencing vicarious trauma symptoms (Harris & Westwood, 2009).
Understandably, to accomplish the provision of a balanced workweek, clinicians' caseload expectations would need to be proportionally modified (Voss Horrell, 2011). The following list suggests preventative measures a clinic and/or hospital can take to help protect clinicians' against vicarious trauma, professional burnout, and compassion fatigue (Voss Horrell, 2011):

- Reduced clinicians' caseload size
- Divide responsibility for trauma patients between multiple providers
- Allow clinicians autonomy in scheduling
- Provide appropriate resources (e.g., manuals, test materials, etc.)
- Provide support staff to manage administrative issues
- Encourage discussion and healthy debate among team members
- Offer peer-support groups for staff
- Provide supervision opportunities for all clinicians (regardless of licensure)
- Encourage diversity in staff responsibilities (e.g., supervision, research, etc.)
- Provide opportunities for staff development
- Regularly reward staff success
- Encourage intake interviews prior to clinician assignment

**Self-Compassion**

A large body of research supports the claim that the counseling profession can have a deteriorating effect on its practitioners across their career span. Much research has been done throughout recent years resulting in a vast amount of literature on the importance of therapist self-care. One aspect of therapist self-care that is beginning to emerge is the construct of self-compassion (Patsiopoulos, 2011).

Although recommendations have been made regarding the usefulness of practicing self-
compassion to promote therapist wellness and to alleviate work related stress (Barnett, 2007; Mahoney, 2005), there remain few research studies that have investigated how psychotherapists employ self-compassion in their practice (Patsiopoulos, 2011). As Spienza and Bugental (2000) point out:

Many of us have never really learned how to take the time to care and to nourish ourselves having been trained to believe this would be selfish or that there is no time for this when there is so much else to handle. Nor have most psychologists taken the time to develop compassion for themselves, and their own wounds. (p. 459)

Understanding how self-compassion is utilized in practice is of importance to the body of knowledge on therapist self-care and has the potential to contribute new information on practices that may be of benefit to the helping profession (Patsiopoulos, 2011). Neff (2003a), a pioneer in the area of self-compassion, offers the following definition of self-compassion from a Buddhist framework:

...being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience. (p. 224)

A recent study, by Ariadne T. Patsiopoulos and Marla J. Buchanan out of the University of British Columbia, focused on self-compassion by way of a narrative inquiry. The researchers wondered how the practice of self-compassion assisted psychotherapists on a daily basis and whether they used it to buffer the effects of work-related stress. The question was raised: How do experienced counselors practice self compassion? The participants were 15 white
counselors who practice in Canada. The following table shows the participant response rates on narrative themes and categories (Patsiopoulos & Buchanan, 2011):

<table>
<thead>
<tr>
<th>Themes</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counselors' Stances in Session:</strong></td>
<td></td>
</tr>
<tr>
<td>Stance of acceptance (...acceptance of one's humanness and limitations)</td>
<td>10/15</td>
</tr>
<tr>
<td>Stance of not knowing (...curiosity, &quot;with a beginners mind&quot;)</td>
<td>8/15</td>
</tr>
<tr>
<td>Compassionately attending to inner dialogue (...self-criticism, self doubt)</td>
<td>10/15</td>
</tr>
<tr>
<td>Being mindful of present experience (...aware of one's emotions when triggered)</td>
<td>5/15</td>
</tr>
<tr>
<td>Making time for self (...scheduling breaks, taking pressure off self)</td>
<td>7/15</td>
</tr>
<tr>
<td>Being genuine about one's fallibility (...self-forgiveness, courage to be imperfect)</td>
<td>7/15</td>
</tr>
<tr>
<td><strong>Workplace Relational Ways of Being:</strong></td>
<td></td>
</tr>
<tr>
<td>Participating on a compassionate and caring work team (...sensitive to each other)</td>
<td>9/11*</td>
</tr>
<tr>
<td>Speaking the truth to self and others (...quality of genuineness in the therapist)</td>
<td>7/11*</td>
</tr>
<tr>
<td><strong>Finding that Balance Through Self-Care Strategies</strong></td>
<td>13/15</td>
</tr>
<tr>
<td>(* Eleven participants counsel within an organization and four in private practice)</td>
<td></td>
</tr>
</tbody>
</table>

The hopes of Patsiopoulos and Buchanan (2011), were that the practice of self-compassion by psychotherapists will facilitate compassionate and healing workplace environments, in which counselors care for themselves and each other, while providing quality client care.

**Self-Compassion in the Workplace**

Support for the practice of self-compassion in the workplace falls under two categories according to Patsiopoulos and Buchanan (2011): (a) participating on a compassionate and caring work team, and (b) speaking the truth to self and others. As one participant remarked,
"Practicing self-compassion at my work goes beyond my person. I would say that the whole agency, by being sensitive to each other, is practicing self-compassion" (p. 304).

Speaking the truth to self and others includes being accountable for one's actions and mistakes. It also involves asking others to be accountable for theirs, being attuned to one's needs and concerns, and communicating them assertively. Speaking the truth was also often illustrated as developing and asserting boundaries, using nonjudgmental language, and taking action on behalf of self and others (or discerning to take no action and letting go of a concern) in difficult work situations (Patsiopoulos, 2011).

Whether implemented by management in a clinic and/or hospital setting or self directed by those in private practice, the research revealed several measures that can be taken to reduce the incidence of vicarious trauma, compassion fatigue, and professional burnout. Suggested measures that ranked high among the studies to prevent from professional burnout were clinicians control over their own schedule and access to peer support. Participating on a compassionate and caring work team and speaking the truth to self and others coupled with mutual accountability, allow for psychotherapists to practice self-compassion in the workplace.

**Summary**

Although it is relatively new to the arena of coping strategy awareness, the utilization of self-compassion to promote therapist wellness and to alleviate work related stress has shown to have a positive impact on the prevention of burnout. General knowledge tells us that it is not good for people to be alone: people need people. Just as clients reach out and make appointments to see their psychotherapist when they are wrestling with an issue in their life, psychotherapists must also be able to reach out to other psychotherapists to receive help and
encouragement, free of shame and judgment, when struggling and/or conflicted with professional and personal concerns.

Results from many of the research studies presented in this literature review, give strong evidence to the contention that left unchecked and unattended, heavy caseloads focused on the treatment of trauma, put the psychotherapist on the fast track toward professional burnout. Regardless of the work environment, whether it be a private practice, clinic and/or hospital setting, psychotherapists must engage with each other by way of education, peer consultation, supervision and support, to protect themselves from burnout so that they can remain vibrant and effective in their profession. For many psychotherapists, professional burnout can mean the end of a career. However, as the research has proven, the path toward professional burnout is littered with warning signs. Psychotherapists who work with trauma have reported diminished hope, increased cynicism and pessimism, emotional hardening, and exhaustion (Sheehy Carmel, 2009). Receiving psychotherapy or counseling, seeking support from friends and peers and/or talking to a colleague are proven measures that can be taken by psychotherapists to prevent professional burnout.

The importance of a strong, well-rounded, supportive team in a clinical and/or hospital environment, that is devoted to self-care and self-compassion in the work place, cannot be emphasized enough as a protection for maintaining healthy clinicians. Psychotherapists in private practice, especially those who work in rural settings, need to take extra measures to assure that they are protected. Active involvement in a peer group, supervision, physical exercise, and education, are all ways that the private practitioner can increase their chances of providing quality client care and enjoying a long and satisfying career.
Primary Qualitative Research Methodology

Project Design

The original design of this project was to be a 60 minute, video documentary. The plan was to film five practitioners, who work with complex trauma clients, actually involved in doing one of their self-care practices. An interview was to be filmed while each subject was either running, sailing, riding horses, or doing yoga, etc. With cameras rolling, the subject would share with the viewer the benefits they receive from caring for themselves, as well as the consequences they may have experienced when not attentive to self-care.

Two days before shooting the first interview, my Camera-Man and Co-Director experienced an unexpected death in his family. We agreed that the documentary could not proceed at this time. The research project was redesigned to utilize a 20 item questionnaire. The questionnaire was designed to create a "funneling-effect" of self-care information in which the respondent would first respond to broad self-care related questions which would narrow their focus down to revealing the top three most useful practices.

Target Population

Respondents targeted to conduct the survey were practitioners who work with complex trauma clients. An attempt was also made to get a sampling of those who practice in a variety of work environments. This attempt was made to more closely match the method used in the Literature Review to examine the link (if any) that working in private practice versus a clinic and/or hospital setting has on the psychotherapists ability to prevent professional burnout.

Project Development

Sample size was bumped up to ten respondents. Two men and eight women. This study was to be considered a primary *qualitative* examination of the practitioner population. The
sample size is by no means representative of the actual United States population of practitioners working with complex trauma clients. It does however, fit into the gender formula of practitioners working with this client population. According to a 2005 study conducted by the Sensorimotor Psychotherapy Institute, in the United States, one out of five psychotherapists who work with complex trauma clients, are male.

**Description of Project Implementation**

**Questionnaire Development**

Prior to its implementation, the questionnaire went through three revisions. The first came after Patti Miller looked it over. Her thirteen years of experience with the complex trauma client population proved to be most valuable. The next came after my internship supervisor, Dr. Dawn McClelland, provided a second close examination. Her input helped refine and simplify the design direction and terminology used in the survey. The final revision came after receiving much thoughtful advice from several of Miller and McClelland’s colleagues at a gathering for trauma treatment psychotherapists. Not only did they provide valuable feed-back, but several expressed that they were pleased with the topic and volunteered to be part of the study.

**Respondent Selection**

Respondents were prequalified prior to being asked to participate in the study. Willing participants were required to have worked with complex trauma clients at least three hours per week for at least three years. Only those who were viewed by their peers as being highly competent and well trained, were selected. Miller and McClelland were most helpful with this prequalifying process as well. These professionals have a combined 40 years of experience with
complex trauma and are well connected to this tight community of practitioners nationally. Those not recruited at the organized gathering were contacted by phone, text and/or email.

**Distribution of the Survey Instrument**

Each respondent indicated their willingness to participate in the study by giving this researcher their mailing address. A packet containing four items was sent to them immediately. Each packet contained the following:

- Instruction Sheet
- Authorization Form
- Self-Care Research Questionnaire
- Self-addressed Stamped Envelope

The instruction sheet described the following five-step process:

- Read the *Authorization Form*. If you agree with what the form communicates and continue to want to participate in this study, please sign and date the form.

- Complete the 20 question *Self-Care Research Questionnaire*. Should you run out of room to write your answer on the lines provided following to the question, please feel free to write on the back of the page.

- Look back through the questionnaire to make sure that you have thoroughly answered each of the 20 questions.

- Place your *signed* and *dated* Authorization Form along with your *completed* Self-Care Research Questionnaire, into the postage paid envelope provided.

- Please place the sealed packet in the mail within *seven days* from the time that you received this information.
Attachments

A copy of the Instruction sheet, Authorization Form, and Self-Care Questionnaire can be found following the reference portion of this paper.

Summary of Outcome

What Was Learned From the Data

Eight out of ten respondents have worked with the complex trauma survivor population for 13 years or more. However, all ten take self-care seriously. One respondent put it this way, "I may have been like the majority and did, at times throughout my career, suffer from the severe affects of burnout. As a result, self-care is now my top priority." Question number ten, in the Self-Care Questionnaire, asked respondents to put a check-mark by all those self-care practices, listed below, that they engage in to prevent themselves from burning out.

- Engage in leisure activities outside of work
- Balance your caseload with a variety of clients
- Create a strong support system outside of work
- Be aware of posttraumatic stress disorder symptoms in self
- Seek therapy
- Seek support from other colleagues
- Nurture one's spiritual self
- Seek supervision
- Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
- Participate in professional development activities and continuing education
- Maintain good physical health (e.g., sleep, exercise, healthy eating)
The majority put a check mark by nine out of the eleven listed self-care practices. *Seek therapy* was the only listed self-care practice that was checked by less than half (four) of the respondents. Two respondents checked the "Other(s)" category, one wrote in; "*Strong spiritual practice/meditation.*" The other wrote, "*Engage in healthy emotional personal relationships.*"

Over half of the respondents indicated that they engage in self-care practices daily. The remaining said that they do self-care three times per week or as needed. Clearly the practice of self-care is at a priority to those practitioners surveyed. The fact that the majority of them have practiced for 13 years or more in the complex trauma arena, is a testament to how well it works.

Why are these professionals so adamant about practicing self-care? Question 12 in the Self-Care Questionnaire, asked respondents to indicate from their own personal experience what they believe to be the most stressful components of working with complex trauma.

- _____ Empathizing with your clients experiences
- _____ Feeling undereducated/lacking in experience/not knowing what to do
- _____ Chronic client suicidal ideation
- _____ Chronic client homicidal ideation
- _____ Client self harm behaviors
- _____ Intrusive thoughts of what you have heard during sessions
- _____ Other: ____________________________________________________ (please indicate)

More than half of the respondents put a check by *Empathizing with your clients experiences* and *Intrusive thoughts of what you have heard during sessions*.

For question 17 on the Self-Care Questionnaire, respondents were again asked to look at reviewing the list, respondents were asked to write what they believe to be the top-three self-care
practices utilized by the majority of those who work with the complex trauma population. More than half wrote in, "Seek supervision" and "Seek support from other colleagues." There was a tie for the third spot. Five out of ten respondents wrote the following for this third spot: "Engage in leisure activities outside of work" and "Create a strong support system outside of work." This writer was interested to discover that the majority of respondents were close to predicting what would result in a majority selection of their most helpful top-three self-care practices.

**Compare and Contrast Primary Qualitative Survey Data to Literature Review**

Findings from the primary qualitative study did not stray too far from what was reported in the literature review. Both the qualitative study and literature review agree that heavy complex trauma client caseloads put the psychotherapist on the fast-track toward professional burnout. The majority of respondents in the qualitative study attended to themselves by not scheduling more than 15 hours per week in session with complex trauma clients. Along with keeping caseloads low, both studies also indicated that keeping a variety of different types of client need in the caseload alleviated the chances of professional burnout.

The qualitative study only looked at psychotherapists in private practice. The literature review considered professionals in hospital and/or clinic settings as well as private practice. However, regardless of the work environment, both studies provided proof that practitioners must engage with each other to support one another. Each study looked at a variety of ways that engaging with each other can be accomplished, whether it be through supervision, peer consultation, or continued education.

Research has shown that self-compassion when recognized privately and in the workplace, is a vital tool when used toward achieving successful self-care. Many of the benefits of self-compassion were well documented in the literature review. The qualitative study did not
cover self-compassion as a topic of study. Many efforts were taken to provide a brief yet thorough qualitative study. In an effort to achieve that goal, this researcher chose not to include self-compassion as a topic for further study.

**Personal Evaluation of the Project**

As researcher and writer, I have gained a greater appreciation for self-care. Had I not done this study, I, like so many before me, would likely have traded time I could have wisely used to care for myself, in exchange for a larger caseload. I better understand that if I do not care for myself, I will be ineffective with my clients. Everything that I have worked so hard to improve and develop, even the joy I receive from helping others, would be gone.

It would have been fun for me if this study were done as a filmed documentary, but I can only believe that it was not meant to be, at least for now. I truly believe that everything happens for a reason. Perhaps for me this study did not happen because of the time I may not have had to really do the project well. Or maybe it was because I planned to bankroll the entire project. By not doing it now, it may have saved me from large, unknown, hidden costs. I may never know.

I do know that this study has introduced me to some very talented, caring, and compassionate professionals. I am richer for having done this project, that is for sure. I believe that as a result of what I have learned through this process, I will be a better armed, equipped and effective Marriage and Family Therapist.

**How Project Could Be Improved Based On the Outcome**

None of the ten who participated in the primary qualitative study on self-care were currently practicing in an environment other than their private practice. Therefore, the research does not examine whether those who work in a hospital and/or clinic environment experience self-care any differently than respondents who work in private practice.
Although more information is being gathered on the benefits of self-compassion, the research was not able to shed any additional light on the subject except for what was illustrated in the literature review.

**Future Plans for use of the Project**

As mentioned, the original method of gathering self-care data was to produce a documentary featuring on-camera interviews with practitioners while they were actually participating in one of their favorite self-care practices. Plans to do just that are already in the works. Travel'n Light Films is a non-profit documentary film production company of which this writer is the Co-founder and Executive Director. This study has served as a foundational spring board to help launch our commitment of producing content for the helping professions that will educate, and encourage. Once the funding is raised, our first film of this kind will be entitled, "Helping Professions, Part One: Who cares for those who care for us?" Key information from this study, results from both the literature review and the primary qualitative research, will provide the foundation from which the documentaries story of "Who cares for those who care for us?" will be based. Travel'n Light Films is planning a three-part series on topics embracing helping professionals from psychotherapists to medical professionals to our emergency response and rescue teams of professionals.

**Summary and Conclusion**

The old saying still rings true; "No one is an island." Practitioners who have tried to be more self reliant are performing without a safety net. As one respondent put it, "Eventually you will fall and it hurts." It is more than likely that all professionals in helping fields, not limited to just those working with complex trauma clients, could benefit greatly from what this study has revealed. Caring for yourself is not a selfish act. On the contrary, caring for one's self is a
giving and, to a large degree, selfless act. It is for the good of everyone that caregivers care first for themselves.

The research has shown that practitioners who engage in self-care at the very least, on an as needed basis, give proof to the fact that they will not likely suffer from the incapacitating effects of professional burnout. The odds are greater that those committed to the self-care practices discussed in this report, will enjoy a long and rewarding career.

What were the top three self-care practices based on this researcher's study? According to the primary qualitative research presented in this paper, the top three most helpful self-care practices support the notion that psychotherapists are wise to seek the company of others. The top three are: (1) Support from other colleagues, (2) Strong support system outside of work, and (3) Balanced caseload.
References


Attachments

- Self-Care Research Questionnaire
- Authorization Form
- Instruction Sheet

(Please see the following pages to review each item listed above)
Self-Care

Research Questionnaire

Survey Description and Purpose: Thank you for your willingness to complete this survey. The survey is designed to help provide a better understanding of what can lead to professional burnout. It is also designed to help provide information on what psychotherapists, who work with complex trauma clients, are doing to care for themselves in their effort to prevent suffering from professional burnout. The results of this survey will add to the body of knowledge designed to provide help and assistance for practitioners seeking to live and work in a balanced, healthy way. Please complete this survey in its entirety. Only completed surveys will be included in the study.

A) Please begin by answering the following demographic questions:

1. What work environment do you most often do your practice:
   
   _____ Private Practice
   _____ Clinic and/or Hospital
   _____ Other _____________________________________ (Please indicate)

2. How long have you worked with the complex trauma survivors population? (Check one)
   
   _____ 1 to 3 years
   _____ 4 to 6 years
   _____ 7 to 9 years
   _____ 10 to 12 years
   _____ 13 years or more

3. What is your gender? (Circle one)
   
   Male
   Female

4. What is your current age range? (Check one)
   
   _____ 18 to 25
   _____ 26 to 33
   _____ 34 to 40
   _____ 41 to 49
   _____ 50 to 59
   _____ 60 to 69
   _____ 70 or older
5. What is your degree and area of specialization? (i.e., psychologist, therapist, social worker) (Please write on the line below)

____________________________________________________________________________

6. On average, how many hours per week do you spend in clinical contact with the complex trauma survivors client population? (Please check one)
   ___ 1 to 5 hrs./week
   ___ 6 to 10 hrs./week
   ___ 11 to 15 hrs./week
   ___ 16 to 20 hrs./week
   ___ 21 hrs./week, or more

B) The remaining questions pertain to self-care; please answer them thoroughly:

7. Based on the DSM-IV or DSM-IV-TR, what type(s) of complex trauma do you work with most often? (Please list on the lines below)
   __________________________________________________________________________
   __________________________________________________________________________

8. In your opinion, what is the major cause of burnout in your field? (Please write below)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

9. Based on your own experience, how many face-to-face clinical hours can you work per-week and still feel balanced? (Please write your answer on the line below)
   _____ hr(s)

10. Put a check-mark by all those self-care practices listed below, that you engage in to prevent yourself from burning out?
    ___ Engage in leisure activities outside of work
    ___ Balance your caseload with a variety of clients
    ___ Create a strong support system outside of work
    ___ Be aware of posttraumatic stress disorder symptoms in self
    ___ Seek therapy
    ___ Seek support from other colleagues
    ___ Nurture one's spiritual self
    ___ Seek supervision
    ___ Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
    ___ Participate in professional development activities and continuing education
    ___ Maintain good physical health (e.g., sleep, exercise, healthy eating)
11. How often do you engage in your self-care practice(s)? (Please circle one)
   - Daily
   - Three times per week
   - Once per week
   - Twice per month
   - Once per month
   - Once every six months
   - As needed

12. From your own personal experience, what are the most stressful components of working with complex trauma? (Please check all that apply)
   - _____ Empathizing with your clients' experiences
   - _____ Feeling undereducated/lacking in experience/not knowing what to do
   - _____ Chronic client suicidal ideation
   - _____ Chronic client homicidal ideation
   - _____ Client self-harm behaviors
   - _____ Intrusive thoughts of what you have heard during sessions(s)
   - _____ Other: ____________________________________________ (please indicate)

13. If you checked three or more from the items listed above please rank them. (Put a 1 next to the component that is the most stressful for you. Put a 2 next to the second most stressful component for you. Put a 3 next to the third most stressful component for you. And so on)
   - _____ Empathizing with your clients' experiences
   - _____ Feeling undereducated/lacking in experience/not knowing what to do
   - _____ Chronic client suicidal ideation
   - _____ Chronic client homicidal ideation
   - _____ Client self-harm behaviors
   - _____ Intrusive thoughts of what you have heard during sessions(s)
   - _____ Other: ____________________________________________ (please indicate)

14. On a 1 to 5 scale, where 1 is least valuable to you and 5 is the most valuable to you, please rate each of the self-care practices listed below. (Rate each by circling a number on the 1-5 scale)
   - 1 - 2 - 3 - 4 - 5 / Engage in leisure activities outside of work
   - 1 - 2 - 3 - 4 - 5 / Balance your caseload with a variety of clients
   - 1 - 2 - 3 - 4 - 5 / Create a strong support system outside of work
   - 1 - 2 - 3 - 4 - 5 / Be aware of posttraumatic stress disorder symptoms in self
Least valuable for you / Most valuable for you, continued:

1 - 2 - 3 - 4 - 5 / Seek therapy
1 - 2 - 3 - 4 - 5 / Seek support from other colleagues
1 - 2 - 3 - 4 - 5 / Nurture one's spiritual self
1 - 2 - 3 - 4 - 5 / Seek supervision
1 - 2 - 3 - 4 - 5 / Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
1 - 2 - 3 - 4 - 5 / Participate in professional development activities and continuing education
1 - 2 - 3 - 4 - 5 / Maintain good physical health (e.g., sleep, exercise, healthy eating)
1 - 2 - 3 - 4 - 5 / Other(s)_______________________________________________

15. On a 1 to 5 scale, where 1 is least accessible to you and 5 is the most accessible to you, please rate each of the self-care practices listed below. (Rate each by circling a # on the 1-5 scale)

1 - 2 - 3 - 4 - 5 / Engage in leisure activities outside of work
1 - 2 - 3 - 4 - 5 / Balance your caseload with a variety of clients
1 - 2 - 3 - 4 - 5 / Create a strong support system outside of work
1 - 2 - 3 - 4 - 5 / Be aware of posttraumatic stress disorder symptoms in self
1 - 2 - 3 - 4 - 5 / Seek therapy
1 - 2 - 3 - 4 - 5 / Seek support from other colleagues
1 - 2 - 3 - 4 - 5 / Nurture one's spiritual self
1 - 2 - 3 - 4 - 5 / Seek supervision
1 - 2 - 3 - 4 - 5 / Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
1 - 2 - 3 - 4 - 5 / Participate in professional development activities and continuing education
1 - 2 - 3 - 4 - 5 / Maintain good physical health (e.g., sleep, exercise, healthy eating)
1 - 2 - 3 - 4 - 5 / Other(s)_______________________________________________

16. On a 1 to 5 scale, where 1 is least easy for you to use and 5 is the most easy for you to use, please rate each of the self-care practices listed below. (Rate by circling a # on the 1-5 scale)

1 - 2 - 3 - 4 - 5 / Engage in leisure activities outside of work
1 - 2 - 3 - 4 - 5 / Balance your caseload with a variety of clients
1 - 2 - 3 - 4 - 5 / Create a strong support system outside of work
1 - 2 - 3 - 4 - 5 / Be aware of posttraumatic stress disorder systems in self
1 - 2 - 3 - 4 - 5 / Seek therapy
1 - 2 - 3 - 4 - 5 / Seek support from other colleagues
1 - 2 - 3 - 4 - 5 / Nurture one's spiritual self
1 - 2 - 3 - 4 - 5 / Seek supervision
1 - 2 - 3 - 4 - 5 / Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
17. From the list above, write what you believe to be the top-three self-care practices utilized by the majority of those who work with the complex trauma population:

1) ________________________________________________________________

2) ________________________________________________________________

3) ________________________________________________________________

18. From the list in question 16, write down your personal top-three, self-care practices:

1) ________________________________________________________________

2) ________________________________________________________________

3) ________________________________________________________________

19. Compare what you recorded as the top-three self-care practices in questions 17 and 18. If they differ, why? (Please write your answer on the lines below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

20. On a 1 to 5 scale, where 1 is least helpful and 5 is most helpful, how would you rate your top-three self-care practices? (Please list them again on the lines below and rate them by circling a number on the 1-5 scale)

1) ________________________________________________________________ 1 - 2 - 3 - 4 - 5

2) ________________________________________________________________ 1 - 2 - 3 - 4 - 5

3) ________________________________________________________________ 1 - 2 - 3 - 4 - 5

This concludes the survey. Please look over your responses to assure that you have thoroughly answered each question. Thank you for your participation!
Authorization Form

(Self-Care Research Study)

I ______________________, (Please Print Full Name) understand that I am participating in a research study that is being conducted by Daniel Miller as part of his Masters Project through Adler Graduate School.

I understand that this is a blind study and therefore, in no way will I be identified as a participant in this study.

I understand that the results of this study will be added to the body of knowledge designed to provide help and assistance for practitioners seeking to live and work in a balanced, healthy way.

_________________________________________ Signature  _________________Date
Instructions
(Self-Care Research Study)

Thank you for your willingness to participate in this Self-Care research study. *Please complete the following within seven days from the time you received this packet.* Please follow these instructions in the order that they are presented:

- Read the Authorization Form. If you agree with what the form communicates and continue to want to participate in this study, please sign and date the form.

- Complete the 20 question Self-Care Research Questionnaire. Should you run out of room to write your answer on the lines provided following to the question, please feel free to write on the back of the page.

- Look back through the questionnaire to make sure that you have thoroughly answered each of the 20 questions.

- Place your signed and dated Authorization Form along with your completed Self-Care Research Questionnaire, into the postage paid envelope provided.

- Please place the sealed packet in the mail within seven days from the time that you received this information.

Thank you for your participation. I very much appreciate your interest in helping me with my Masters Project!

Sincerely,

Daniel R. Miller
612-309-4265
fjammer@gmail.com