



# CARING FOR US

Dr. Todd Frye and Secure Counseling



“ONE CAN GIVE NOTHING WITHOUT GIVING ONESELF, THAT IS TO SAY RISKING ONESELF” JAMES BALDWIN 1963



# QUESTIONS

- Reflect for a minute on a story you have heard or something you have seen that you cannot forget?
- What was it about the experience that made such an impression on you?
- What sort of impact has that had on you relationally?

# WHAT IS COMPASSION FATIGUE?

- Compassion Fatigue
  - Is a form of burnout, often experienced by those who work as caregivers (Figley, 1995).
    - manifested after caring for those who have suffered or have suffered from a traumatic event/stress.
    - requirements to repress or display emotions routinely, as well as the chronic use of empathy can lead to fatigue.
  - It is also called Secondary Traumatic Stress
  - Carl Jung called it “countertransference”.

# DIFFERENCES BETWEEN BURNOUT AND COMPASSION FATIGUE

- Compassion Fatigue has a more rapid onset of symptoms
- Compassion Fatigue stems from secondary exposure to trauma or suffering
- Compassion Fatigue may not require a change of jobs where burnout might.

# SYMPTOMS OF COMPASSION FATIGUE

- Symptoms
  - Chronic physical and emotional exhaustion
  - Depersonalization
  - Feelings of inequity (unfairness, injustice)
  - Irritability (emotional reactivity)
  - Headaches
  - Weight loss
  - Negative feelings about work, life, and others
  - Self contempt
  - Low job satisfaction
  - Psychosomatic problems.

### Intrusive Symptoms

- Thoughts and images associated with client's traumatic experiences
- Obsessive and compulsive desire to help certain clients
- Client/work issues encroaching upon personal time
- Inability to "let go" of work-related matters
- Perception of survivors as fragile and needing the assistance of caregiver ("savior")
- Thoughts and feelings of inadequacy as a caregiver
- Sense of entitlement or special-ness
- Perception of the world in terms of victims and perpetrators
- Personal activities interrupted by work-related issues

### Avoidance Symptoms

- Silencing Response (avoiding hearing/witnessing client's traumatic material)
- Loss of enjoyment in activities/cessation of self care activities
- Loss of energy
- Loss of hope/sense of dread working with certain clients
- Loss of sense of competence/potency
- Isolation
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending, etc.)
- Relational dysfunction

### Arousal Symptoms

- Increased anxiety
- Impulsivity/reactivity
- Increased perception of demand/threat (in both job and environment)
- Increased frustration/anger
- Sleep disturbance
- Difficulty concentrating
- Change in weight/appetite
- Somatic symptoms



# ASSESSMENT & SHARING

# PERSONAL IMPACT

- Emotional Exhaustion
- Loss of Empathy
- Depersonalization (seeing others as less than human)
- Inaccurate Interpretations/Understanding
- Insensitive Pace
- Lack of Reciprocation
- Self Focused/Isolate

# RELATIONAL IMPACT

- **Relational Symptoms**

- Emotional Exhaustion
- Loss of Empathy
- Depersonalization (seeing others as less than human)
- Inaccurate Interpretations/Understanding
- Insensitive Pace
- Lack of Reciprocation
- Self Focused/Isolate

- **Relational Needs**

- Emotionally Engaged
- Empathic
- Valuing the unique experiences of partner
- Clear Communication
- Sensitivity
- Engagement
- Others Focused/Engaged

# PREVENTION/SELF CARE

- Preventative Measures
  - Self-awareness and self-monitoring
    - monitor sleep patterns, physical and emotional reactivity, and physical activities.
  - Reduce Case Loads
  - Enter into supervision or mentoring
  - Taking regular vacations
  - Educational retreats
  - Personal therapy
  - Spiritual Practices
  - Communicating with Family and Friends
  - Laughter and fun
  - Exercise
- AVOID STRESS, INCREASE RELAXATION, BE A PART OF A WORLD THAT DOES NOT MIRROR THAT OF THE CAREGIVING SETTING.

# PROCESS QUESTIONS

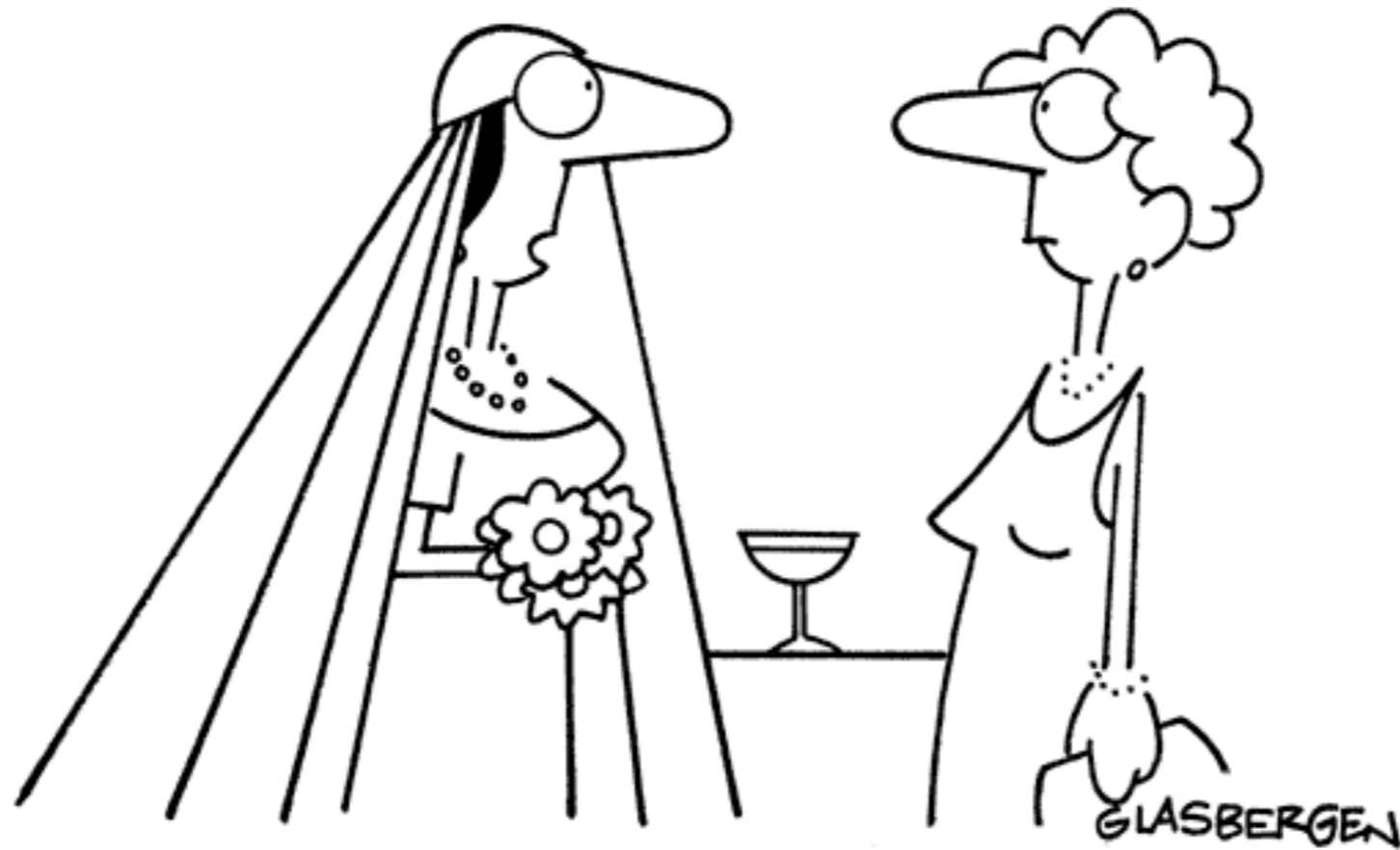
- What experiences have you heard or observed that have created some compassion fatigue?
- How has the caring role that you play positively and negatively influenced your relationship with your partner?
- What things do you currently do or would like to do to care for yourself better (both personally and in relationships)

PLENARY II  
RELATIONSHIPS  
A PLACE FOR THE FATIGUED

# RELATIONSHIPS

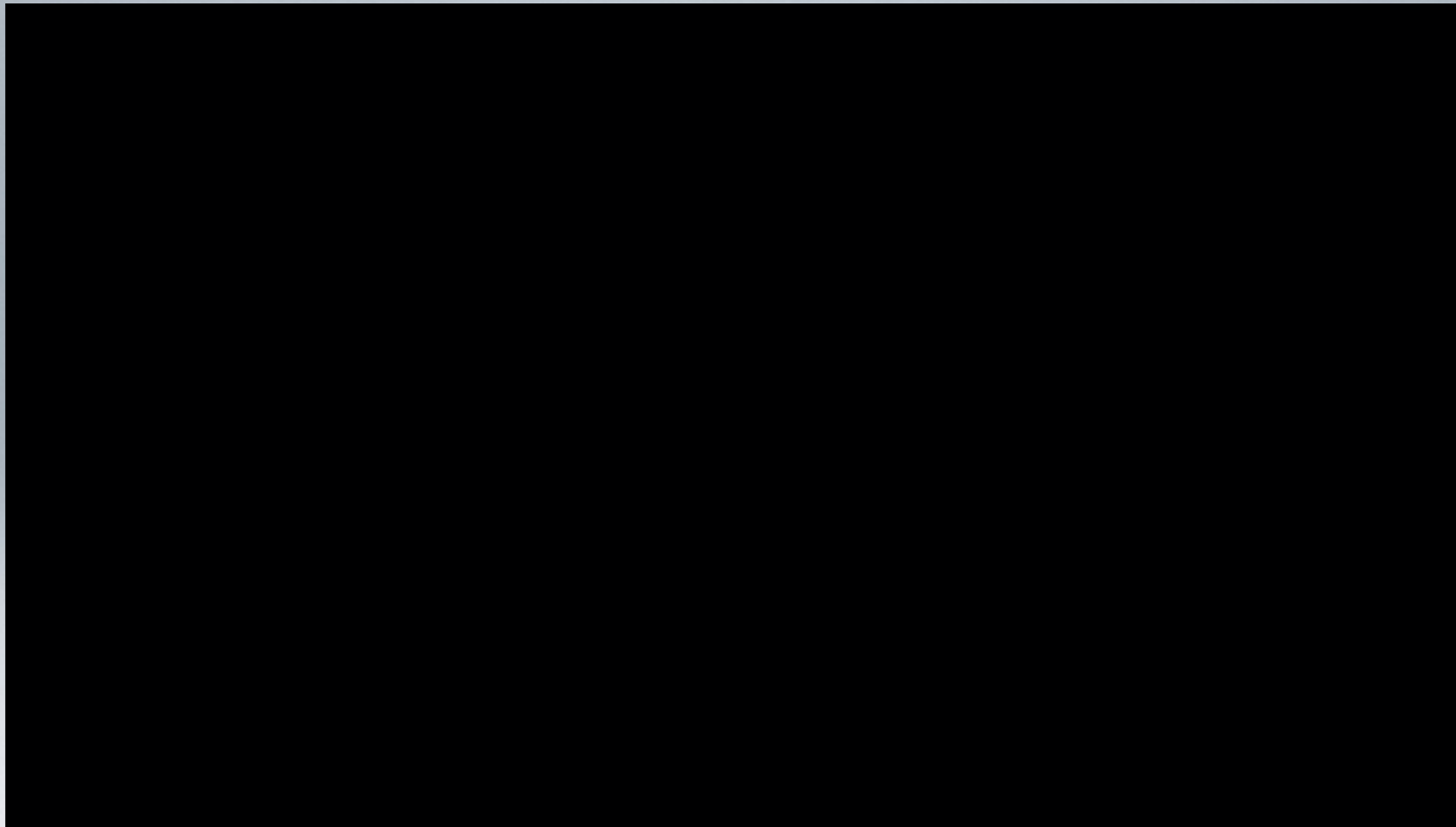
## A PLACE FOR THE FATIGUED

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**“I needed someone who would always love and adore me, always find me fascinating, someone to spoil me rotten and never leave. So I married myself!”**

# CONNECTION OUR NATURAL ANTIDOTE

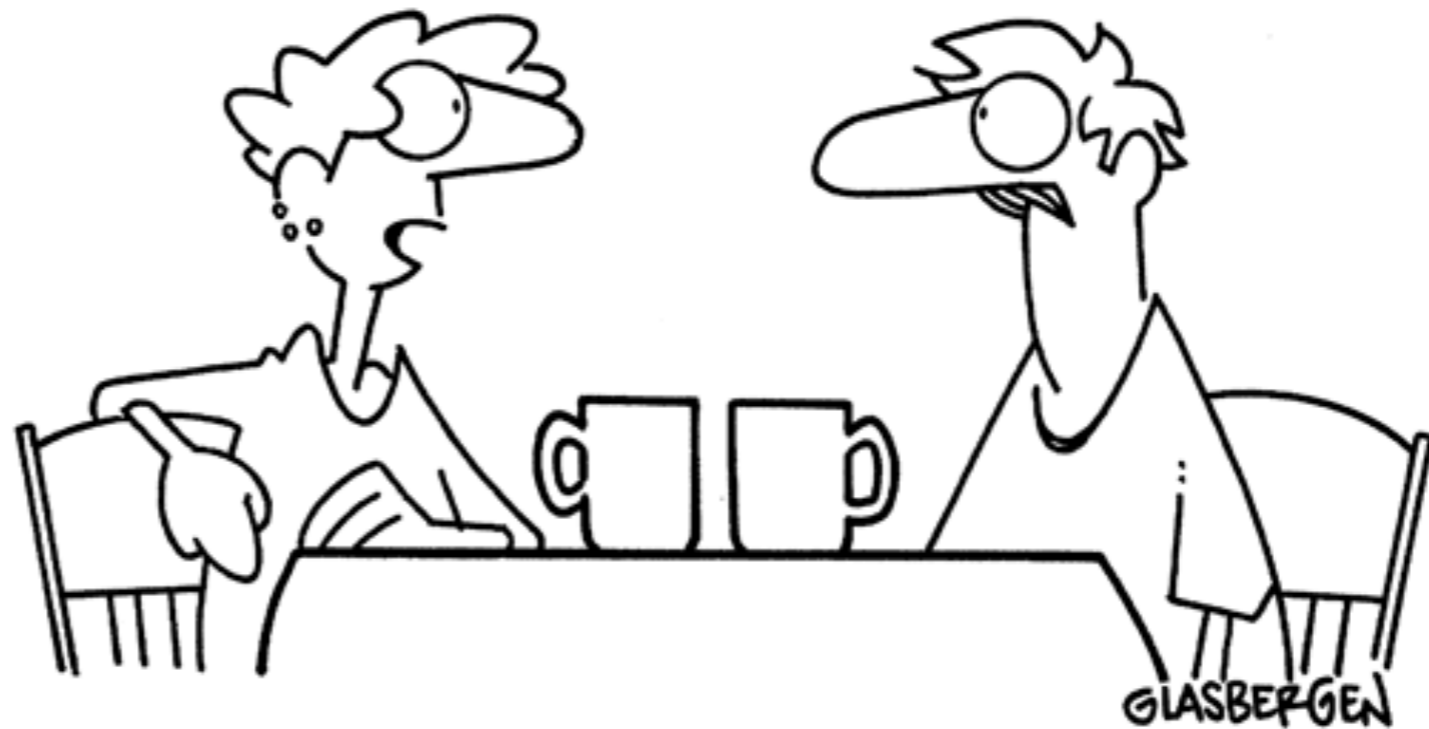




# WHAT MAKES RELATIONSHIPS WORK?

- Compromise?

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**“Let’s compromise. You do everything I say  
and I’ll say everything you do.”**

CONNECTION

# FROM THE CRADLE TO THE GRAVE

- Childhood Connection/Attachment
- Adult Connection/Attachment
- The gaze of the baby toward her mother and the lover toward his beloved are not just superficially similar; both express the secure connection that helps people deal with their inner and outer world.

# MY INNER WORLD NEEDS YOUR RESPONSE



# ATTACHMENT STYLES

- Secure
- Anxious
- Avoidant
  - Dismissing
  - Fearful

# BUILDING A FRAMEWORK THROUGH ATTACHMENT

- Think back to your main childhood relationship figures.
  - “Could you count on those people to be there for you when you needed them?”
  - “Were others trustworthy and responsive?”
  - “Am I/was I lovable and able to elicit care?”
- Your answer to this might determine your attachment style and/or relationships approach.

# BUILDING A FRAMEWORK THROUGH ATTACHMENT

- An answer of YES may reflect a secure attachment style.
- An answer of MAYBE may reflect an Insecure anxious attachment style.
  - “He will let me down. They always do.”
- An answer of NO may indicate an Insecure avoidant attachment style.
  - “I want him close but no touching.”

# ATTACHMENT STYLE QUESTIONNAIRE & SHARING



# PROCESS QUESTIONS

- What experiences have I gone through that have influenced the way I attach?
- How has my attachment style impacted my relationships & my job as a care giver?
- What things can I begin to do to change my attachment style?

# PLENARY III

MY SECURE BASE AND SAFE HAVEN

# PLAYING TAG



# SAFE HAVEN

A trustworthy person to whom you can turn, knowing that person will be emotionally available and will respond to you in a caring manner.



**“You always complain that I don't know how to show my emotions, so I made these signs.”**

# SECURE BASE



- A place in which to leave from that you know will be available should you become tired, scared, and in need of comfort or support.

# BUILDING BLOCKS FOR A SAFE HAVEN AND SECURE BASE

- Attachment questions
  - Can I trust you to be there for me when I reach for you?
  - Will you be emotionally available to me?
  - Will you consider me and respond in the best interest of us both?
  - Despite all our hardships and conflicts, do you really care about and value me.

# THE TRIPOD

## SAFE HAVEN AND SECURE BASE

- **FIRST LEG=Trust** (2 types)
  - Reliability Trust
    - This is an assurance that your spouse will be dependable, on time, honest, and truthful
    - You will keep your word and do what you say when you say you'll do it.
    - Respectful, dependable, responsible, and reliable
    - This type of trust is developed out of experience



# THE TRIPOD

## SAFE HAVEN AND SECURE BASE

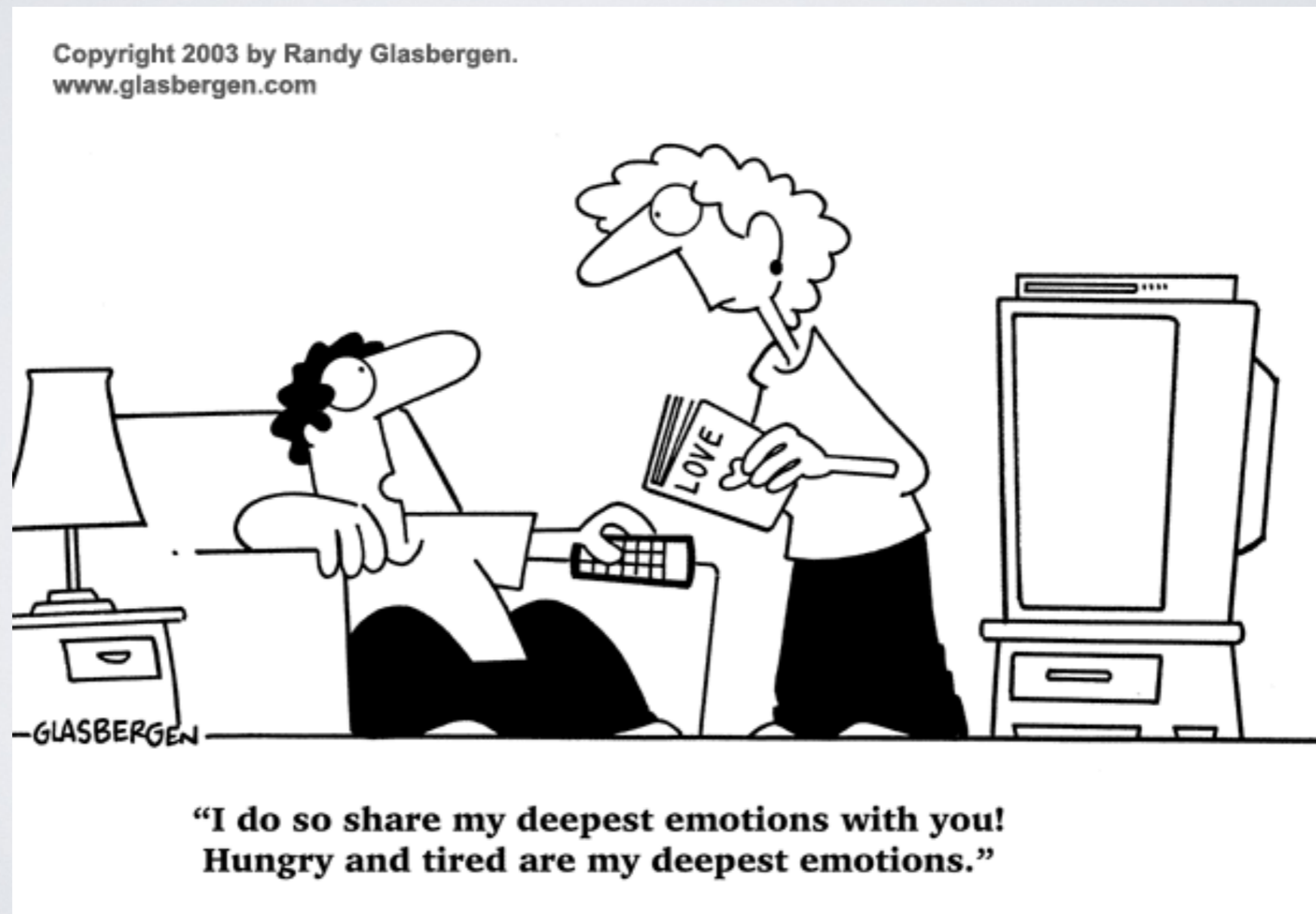
- Trust
  - Heart Trust
    - You are convinced, despite all the storms you've had in your marriage that your spouse will always care for you and value you.
    - "I trust you with my heart"
    - Being convinced that your spouse is genuinely concerned with your well being.
    - Faith that your partner will act in loving and caring ways, no matter what the future holds, is the center beam that holds up your safe haven.
    - This type of trust is also developed out of experience and vulnerability



# THE TRIPOD

## SAFE HAVE AND SECURE BASE

- SECOND LEG=Emotional Engagement-*Comes from Latin and means "To Move"*.



# THE TRIPOD

## SAFE HAVE AND SECURE BASE

- Emotional Engagement
  - Making your hearts available to each other.
    - Sharing not only your successes but your heart breaks.
    - Allowing your emotions to highlight your relationship longings.
    - Sharing your emotions as a way to articulate your attachment needs to your partner

# THE TRIPOD

## SAFE HAVE AND SECURE BASE

### ☒ Emotional Engagement

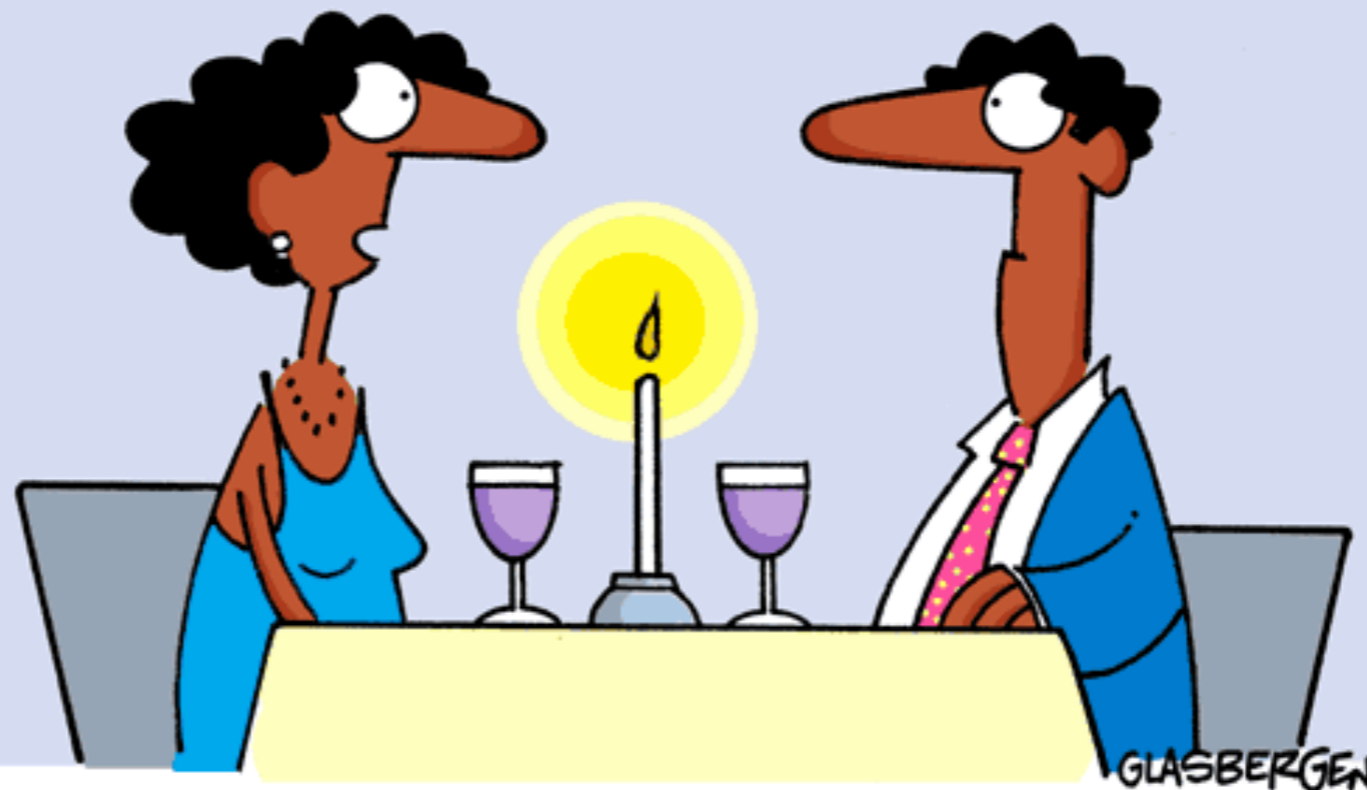
- ☒ Emotions are our “proximity regulators” and identify our needs and longings.
- ☒ Emotions primary responses
- ☒ Emotions occur at two levels: Primary and Secondary.
  - ☒ Primary Emotions are the deeper, more vulnerable emotions such as sadness, hurt, fear, shame, and loneliness.
  - ☒ Secondary Emotions are the more reactive emotions such as anger, jealousy, resentment, and frustration. They occur as a reaction to the primary emotions.
- ☒ **Primary emotions generally draw partners closer. Secondary emotions tend to push partners away.**

# THE TRIPOD

## SAFE HAVE AND SECURE BASE

- **THIRD LEG=Emotional Responsiveness**
- Responding to and being in tune with your partners longings

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**“My last boyfriend said I’m a control freak.  
Do you think I’m a control freak? If so, say yes.”**

# THE TRIPOD

## SAFE HAVE AND SECURE BASE

- Emotional Responsiveness
  - To be responded to in a sensitive manner where you feel understood and cared about
  - To be able to articulate your needs and desires without responses of criticism, rejection, and/or judgement
  - To have your spouse respond with warmth and interest to what we are feeling and experiencing

- When we honestly ask ourselves which person in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares.
- **Henri Nouwen, *Out of Solitude***

# PROCESS QUESTIONS

- What prevents you at times from being a safe haven or secure base for your partner?
- What leg of the tripod do you struggle with the most (Trust, Emotional Engagement, Emotional Responsiveness)? Why?
- What steps will you take to becoming a better care receiver (using your safe haven) as a care giver?