

# The Cost of Caring

Understanding and responding  
trauma-exposure and burnout

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1

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2

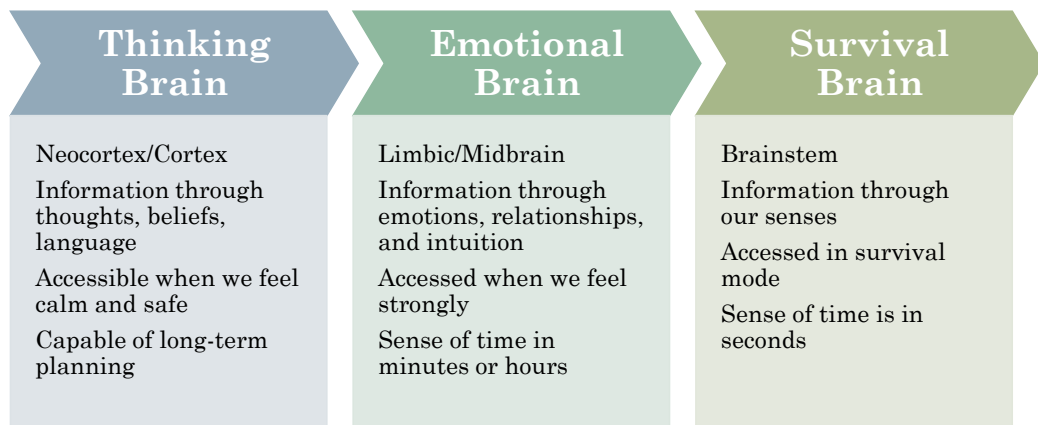


What doesn't kill you makes you stronger.

True or False?

3

## Understanding brain structure; the triune brain



4

4

## Polyvagal Theory

Based on the Triune Brain we will respond to stress or threat in a hierarchical manner:

- **Social engagement** (Top Down)
  - Ventral Vagal
  - When here we are within our Window of Tolerance
- **Fight/Flight** (Mobilization)
  - Sympathetic Nervous System
  - Danger
- **Freeze/Fold** (Immobilization)
  - Dorsal Vagal
  - Life Threat

5

5

## Social Engagement



Our first line of defense against threat

Heart Rate may increase or decrease

Breathing rates may shift up or down

Self-soothing and self regulation (i.e. top-down processing) is accessible which makes it possible for the individual to inhibit sympathetic adrenal influences.

The individual still has access to language and is able to seek support/ask for help

The individual is able to cry and/or grieve

When in our social engagement system, we may feel “bad” but we are still within our window of tolerance.

6

6

## The Stress Response System

### Fight/Flight Response

- Adrenaline increases
- Heart rate increases
- Muscles tense
- Blood pressure increases
- The body prepares for action
- In fight/flight we are able to retain some power.
- The goal is to **ACT**. To **CHANGE** things or **DO** something.

### Freeze/Fold Response

- Heart rate and blood pressure drop
- Mind and body disconnect
- Avoidance
- Compliance
- Go Limp/Numb
- Common when situation is powerless or there is no escape.
- The Goal is to **ENDURE**

7

7

## The Compliance Response



- Immobilization or an incomplete survival action/response is thought to be at the root of trauma. (Levine, 2010)
- The immobilization system is meant to only be engaged for brief periods.
- Case Studies:
  - "The Raven", The Boy Raised as a Dog (Perry, 2007)
  - Compliance and repeated sexual abuse, APCC case study
- Considerations for behavioral and substance addictions
- Benefits of "Blaming the victim"?

8

## “Trauma is not what happens to us but what happens inside us.” Gabor Mate

It includes any experience that is overwhelming to the nervous system. It can be acute or complex, individual, transgenerational or cultural. It can have clinical or subclinical presentation.

Vulnerability to trauma is influenced by more than the event itself

- Age- “tree” example
- Support System
- Attachment style
- Intensity and frequency of the stressor or event
- Predictability of the stressor or event
- History of previous trauma

According to the World Health Organization at least 70% of Americans will endure at least one traumatic event in their lifetimes.

9

## A few more considerations. . .

- Non-traumatization as a privilege (Baldwin, 2018)
- The trauma response is not a character flaw—you can do everything “right” and still suffer from PTS. We are designed to respond in a way that promotes our survival.
- Resiliency is not evidence that you are superior, more faithful, “stronger”, etc
- Many vulnerability and resiliency factors (such as social support) are out of our direct influence or control

**It is important to take all this information in through a lens of curiosity. We often don’t know what we don’t know.**

10

10

## Compassion Fatigue and Secondary Trauma

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet”

Rachel Remen

11

## Defining Terms

- Secondary trauma is often defined as the stress from helping a traumatized or suffering person or the witnessing of traumatic events, and at times even sharing in their suffering. Secondary trauma may be acute or cumulative and is experienced as PTS.
- Burn-out or compassion fatigue are cumulative responses to ongoing stress coupled with a lack of recovery.
- Compassion fatigue and secondary trauma are not just about caring for others in suffering but typically develop due to a higher sense of responsibility.
- Van Dernoot Lipsky and Burk (2009) use the term *Trauma Exposure Response* to refer to “the transformation that takes place within us as a result to the exposure to suffering of other living beings or the planet”.

12

## Components/ symptoms of Burn-out

Emotional Exhaustion—The fatigue that comes from caring too much for too long (may involve a lack of emotional boundaries).

Depersonalization—The depletion of empathy, caring, and compassion

Decreased sense of accomplishment—An unconquerable sense of futility and loss of purpose

13



Van Dernoot Lipsky  
& Burk, 2009

14

## Other concepts to Consider

- Service Rationing
  - This is born out of the difficult truth that time, energy, and resources are limited.
- Trauma Mastery
  - What is you why? Our own traumas can influence how we respond to suffering in both positive and negative ways.
- Secondary Gains
  - The reasons we stay stuck or resist the hard work of responding to our trauma exposure responses.

15

That which doesn't kill you gives you a lot of unhealthy coping mechanisms and a really dark sense of humor.



someecards  
user card

16



## Components to pay attention to

- Responsibility
- Spirituality
- Grief

The goal in addressing all components of trauma exposure response is **sustainability** and **stewardship**.

17



18

## Responsibility

- Many people in helping professions feel a higher sense of responsibility for those they serve.
- Responsibility is directly related to ***Boundaries***
- Boundaries can be physical, emotional, or psychological.
- Be mindful of the story you are telling yourself about your role.

# Spirituality

- Spirituality is our sense of meaning, purpose, and hope.
- There is a positive correlation between spiritual health and “immunity” to stressful situations.
- Why do you do what you do?
- What drew you to the job you are in or the role you play?

We are more tolerant of pain and discomfort when it is congruent with our purpose and when we are able to maintain hope.

19



# Value work

Identifying/Knowing our values can motivate meaningful action and positively influence affect tolerance.

ACT therapy identifies four categories of values:

- Relationship
- Work
- Leisure or recreation
- Health

20

20

## Strategies to create meaning

We create meaning when we connect to our “Something Bigger” (transcendence).

In their book *Burnout*, Nagoski and Nagoski identify 3 strategies to foster meaning:

- Pursuit and achievement of ambitious goals that leave a legacy
- Service to the divine or other spiritual calling
- Loving, emotionally intimate connection with others

21

21

## Grief

- Grief is the feeling of loss. It is not always connected to death.
- Grief is our response to situations we do not control; situations that may feel powerless.
- Grief prevents burn-out and allows us to stay in compassion.
- Grief work requires acknowledging that we are powerless, that pain and evil exist, and that we have limited means to *save* others or stop suffering.

**Grief is the price of awareness.**

22

## Building Resilience

- Identify and stay connected to sources of **hope, purpose, and meaning**.
- Facilitate **grief** in your life. Do not ignore the important work of dealing with loss. The alternative is to ignore loss or assume we have power that we don't have—leading to resentment and burn out.
- Stay **connected** to your own sources of support. Connection is the single most important factor in resiliency. Identify your truth-tellers and plan predictable points of connection.
- **Notice** shifts in yourself and those around you.
- Manage **boundaries** so that you are aware of your responsibility, can protect rest, and can stay in compassion. Nothing is sustainable without boundaries.

23

## Building Resilience

- Evaluate, identify, and maintain healthy **boundaries**. Boundary work is **HARD** and may require that you sacrifice good things. It may require that you sacrifice the opinion of others or responsibilities that are not yours to bear.
- Boundary work also involves the story you tell yourself about the things you witness—make assumptions that allow you to stay in compassion.

24



## Building Resilience through Compassion for self and others

- The ability to respond to our own suffering directly influences our ability to respond to others
- Compassion is directly opposed to shame or judgement
- 3 components of Compassion ([www.self-compassion.org](http://www.self-compassion.org))
  - Mindful acknowledgement over minimizing or overidentifying
  - Shared human experience over isolation
  - Kindness over judgement
- The 3 components can also be followed up by a boundary if necessary.
- Compassion is NOT pity. Pity isolates and compassion connects.

25

## Compassionate Assumptions

- Others are doing the best they can.
- This is not about me.
- There is more to the story.
- Compassion is NOT
  - Fixing or offering a solution
  - Comparison
  - No “you should” or “yes, but”
- **Compassion *must* exist in the context of boundaries. Otherwise, it can lead to enabling, guilt or resentment and is not true compassion.**

26

## Strategies to Complete the Stress Response Cycle



(Nagoski & Nagoski, 2019)

27

## Building Resilience-Self Care

- Go **back to the basics**—Care for the physical body. Maintain appropriate rest and recovery.
  - **42%** of our time should be spent in rest or recovery
- Self care is more effective as **prevention**. Aim to be emotionally and spiritually “in-shape”.
- Compassionate v. Punitive self care.
  - Self care should honor the body rather than demand it be different.

28

“Somewhere between internalizing the ethic of martyrdom and ignoring ongoing crisis lies the balance we must find in order to sustain our work.”

Van dernoot Lipsky and Burk, 2009

29

## Conclusion

- Trauma happens when stress outweighs our resources to cope.
- Trauma is NOT a cognitive process. It is a physiological injury.
- Trauma impacts every area of functioning.
- Healing requires we attend to all areas, not just “talking about it”.
- Working with traumatized individuals or groups requires that we attend to our own “stuff” so that we are able to stay in compassion.
- Stewardship of self through boundaries, spirituality, and grief is absolutely necessary to sustain our work and mission according to our gifts and value systems.

30

# Questions?

31

## References and Recommended Reading

- Baldwin, J. (2018). *Trauma-sensitive theology*. Eugene, OR. Cascade books.
- Brown, B. (2018). *Dare to lead*. New York: Random House.
- Brown, B. (2017). *Rising Strong*. New York: Random House.
- Conrad, D. (2004). Cost of caring: secondary traumatic stress. *Fostering Connections*, 18, 4-5.
- Harvard University Center on the Developing Child. [www.Developingchild.Harvard.edu](http://www.Developingchild.Harvard.edu).
- Levine, P.A. (2010). *In an unspoken voice*. North Atlantic Books.
- Levine, P.A. & Kline, M. (2008). *Trauma –Proofing Your Kids*. North Atlantic Books.
- Nagoski, E. & Nagoski, A. (2019). *Burnout; The secret to unlocking the stress cycle*. New York: Ballantine Books.
- Nakazawa, D. L. (2015). *Childhood disrupted: How your biography becomes your biology, and how you can heal*. Atria Books.

32



## References and Recommended Reading

- Neff, K. [www.self-compassion.org](http://www.self-compassion.org)
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: W. W. Norton & Company.
- Perry, B. D. (2014). *Cost of caring: secondary traumatic stress and the impact of working with high-risk children and families*. Retrieved from [www.childtrauma.org](http://www.childtrauma.org) February 1, 2020.
- Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. Bantam.
- Simpson, L.R., & Starkey, D. S. (2006). *Secondary traumatic stress, compassion fatigue, and counselor spirituality: Implications for counselor working with trauma*.
- Steele, K., Boone, S., & Van Der Hart, O. (2017). *Treating trauma related dissociation: A practical, integrative approach*. New York: Norton & Company.
- Van der Kolk, B. A. (2016). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.
- Van Dernoot Lipsky, L. & Burk, C. (2009). *Trauma Stewardship: and everyday guide to caring for self while caring for others*. Oakland, California. Berrett-Koehler