

AN ABSTRACT OF THE DISSERTATION OF

Janys M. Murphy for the degree of Doctor of Philosophy in Counseling presented on March 13, 2013.

Title: A Yoga Intervention for Counselors with Compassion Fatigue: A Literature Review and Qualitative Case Study.

Abstract approved _____

Mark D. Stauffer

The purpose of this manuscript style dissertation was to increase understanding of the experiences of counselor's with compassion fatigue as they participated in a yoga intervention. Compassion fatigue is a condition that creates both physical and psychological impairment as a result of working in the helping role. Yoga is an ancient body and mind practice that is thought to reduce various negative physical and psychological effects. In order to address how and why counselors with compassion fatigue were affected by a yoga intervention, research using an exploratory case study method was conducted. Four counselors were first interviewed for 45 minutes; next they participated in four 60 minute yoga classes, kept journals on their experience before and after each class, and finally participated in 60 minute focus groups. Five major themes emerged from the analysis of the qualitative data in response to the research question of how and why yoga impacted counselors with compassion fatigue: participating in both the intervention and the study, experiencing a change in how the counselors internally processed compassion fatigue, experiencing a reduction in

compassion fatigue, experiencing a change in the counseling relationship, and experiencing a change in how they practice yoga. Counselor post-intervention scoring on the Professional Quality of Life Scale (ProQOL) suggests lower secondary traumatic stress and burnout, and increased compassion satisfaction. In-depth qualitative interviews with participants further substantiated these findings. Both the literature review and case study provide implications for future research in the areas of compassion fatigue, counselor wellness, yoga interventions, and self-care.

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A Yoga Intervention for Counselors with Compassion Fatigue: A Literature Review and
Qualitative Case Study.

by

Janys M. Murphy

A DISSERTATION

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Janys M. Murphy, Author

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DEDICATION

To my Great Grandmothers, Nancy Jane Hunter and Ethel Rose Neary, and all the incredible women in my family that came after that.

Chapter 1: General Introduction

Overview

The purpose of this dissertation is to demonstrate scholarly work by using the manuscript document dissertation format as outlined in the Department of Teacher and Counselor Education Ph.D. Program Manual. Following the manual style dissertation format, chapter one explains how chapters two and three are thematically tied and build towards research conclusions relevant to counseling. Chapter 2 is a literature review titled *A Review of the Literature on Compassion Fatigue, Yoga, and Related Themes as a Rationale to Support the Need for a Yoga Intervention for Counselor Self-care*. Chapter 3 presents a qualitative research manuscript titled, *A Yoga Intervention for Counselors with Compassion Fatigue: An Exploratory Single Case Study*. Chapter 4 outlines the conclusion of both manuscripts and discusses their implications for future research.

Both the literature review manuscript, and the qualitative research manuscript focus on a yoga intervention for mental health counselors with compassion fatigue. Chapter 2 looks at the existing literature on compassion fatigue, as well as scholarly themes that include yoga, self-care, self-compassion, and the rationale for teaching yoga and mindfulness practices to mental health counselors. Chapter 2 provides a justification for the research which is motivated by a perceived lack of published articles on the subject of yoga as an intervention for counselors with compassion fatigue.

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Chapter 3, the second manuscript, details a qualitative single case study, including initial individual interviews with the four participants, a yoga intervention, researcher observations of the intervention, and two final focus groups. The chapter is comprised of case study methods that will be used to explore how counselors with compassion fatigue respond to the intervention, as well as their responses to the Professional Quality of Life Scale (ProQOL). The manuscript concludes with implications of the study and how these findings relate to existent literature as well as add to the body of knowledge in the field of counseling. Chapter 4 provides a general conclusion to this dissertation study, which suggests that there is general agreement among experts and scholars that sufficient education on self-care and personal practice like yoga are necessary for reducing compassion fatigue among counselors. Suggestions for future research are also included.

The purpose of the study is to further understand the experience of compassion fatigued counselors as they participate in a yoga intervention. Terminology such as burnout, vicarious trauma, and secondary trauma are often described alongside compassion fatigue in the literature, but not necessarily well distinguished from one another (Rothschild & Rand, 2006). Fahy (2007) expresses that compassion fatigue is a type of professional exhaustion resulting from a combination of doing emotionally taxing work, and working with clients that have ongoing or historical trauma. Baird & Kracen (2006) explain that compassion fatigue “mimics post-traumatic stress disorder and occurs as a result of exposure to the traumatic experiences of others” (p. 182). Putting the discussion of terminology aside, what matters is to identify impaired counselors so that compassion fatigue can be prevented (Lawson, 2007). The question of how to go about

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prevention remains, as well as what specifically will remedy an episode of compassion fatigue in progress or after it has been detected.

Compassion fatigue is a term that applies to the subjective experience of counselors as a result of burnout and “work-related trauma (Stamm, 2010, p.12)” while serving in a helping capacity that is more progressive and psychologically disruptive than either vicarious trauma or secondary trauma (Fahy 2007; Figley 1995; Pearlman & Saakvitne, 1995). Compassion fatigue involves more progressive psychological disruptions than vicarious trauma as it “mimics post-traumatic stress disorder and occurs as a result of exposure to the traumatic experiences of others” (Baird & Kracen, 2006, p. 182). Sprang, Clark, & Whitt-Woosley, (2007) found that there was a significant risk of developing compassion fatigue among mental health professionals, particularly those professionals with high caseloads, limited support, and limited resources. Berzoff and Kita (2010) describe compassion fatigue as an experience of providing care for those who are suffering that accumulates over time, which can undermine the counselor’s meaning making, leading to emotional fatigue and a turning away from work. This research concluded that compassion fatigue can, in fact, interfere with a therapist’s ability to make good use of counter-transference (Berzoff & Kita, 2010). Much is written in professional literature about compassion fatigue symptoms and this is discussed further in the context of the first manuscript.

Within the field of counseling, it is well established that practicing self-care is a necessity for working long term with clients that have mental illness (Figley, 2002; Richards, Campenni, & Muse-Burke, 2010). Current literature recommends that health

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care professionals working in stressful environments have knowledge of stress reducing practices (Berceli & Napoli, 2006). Self-care is addressed in the literature as a desirable practice that likely supports both recovery from, and prevention of compassion fatigue (O'Halloran & Linton, 2000; Ringenbach, 2009). Wellness practices such as engaging in social activities and hobbies outside of work, continuing education, peer support, and exercise are examples of activities related to self-care. The literature suggests that counselors participate in "routine professional communications with colleagues," (Richards et al., 2010, p. 4) as a means to avoid burnout, receive ethical guidance with difficult cases, and as a way to increase self-awareness and well-being (Koocher & Keith-Spiegel, 1998; Richards et al., 2010). Practicing self-care is a necessity for working long term with mentally ill clients (Figley, 2002; Richards et al., 2010).

Yoga is another method counselors can use to promote self-care, as it enhances self-awareness, brings awareness to patterns of cognition, and offers a lifestyle that is congruent to self-growth and professional goals (Valente & Marotta, 2005). Hatha yoga, which is well-known for its incorporation of mindfulness, originated in Indian society approximately 4,000 years ago and originally existed to increase self-awareness (Riley, 2004). Yoga is a word derived from the Sanskrit root yuj meaning "to bind, join, attach and yoke, to direct and concentrate one's attention on, to use and apply" (Iyengar, 1979, p. 19). It is an ancient discipline that is designed to bring balance and health to all dimensions of an individual (Ross & Thomas, 2010). Hatha yoga is comprised of three sections: the physical practice called asana, breathing techniques known as pranayama,

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and meditation. The physical postures in yoga were reportedly created with the intention of purifying the body so higher states of consciousness and awareness could be achieved. Yoga is an ancient practice that reportedly originated from India, and was handed down by means of a master to disciple relationship. The first known writing on yoga came from the Yoga Sutras, reportedly recorded around 200 B.C. by a man named Patanjali (Smith & Boudreau, 1986). In the west, the student selects the teacher, and most teachers can easily receive training without accessing a master teacher. The popularity of yoga soared in the west in the late 1990's, largely due to its physical benefits; little was considered of its mental benefits. Today clients often seek out practitioners that either have knowledge of yoga or acceptance that the practice has benefits for mental health. To date, there are more than 100 published articles asserting the benefits of yoga for psychiatric mental illness (Balasubramaniam, Telles, & Doraiswamy, 2013).

Mental health counselors and related professionals appear eager to use yoga and related practices as a means to support theoretical counseling models. Recently, The Trauma Center of Boston, Massachusetts, introduced trauma-sensitive yoga as an adjunctive to counseling for trauma patients (Emerson & Hopper, 2011).

A growing body of research hypothesizes that yoga techniques might improve mental health by regulating the sympathetic nervous system (Ross & Thomas, 2010). This part of the nervous system responds physically and mentally to stress by releasing cortisol, epinephrine, and norepinephrine. This body response leads to what is known as the *fight or flight* response, allowing the person to fight or flee as needed based on the presenting stressor (Ross & Thomas, 2010). Over time, a constant state of hyper vigilance can result,

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which has been shown to tax the physical body, causing conditions such as obesity, diabetes, autoimmune disease, depression, substance abuse, and cardiovascular disease (van der Kolk, 2006). Studies show that yoga helps to regulate the sympathetic nervous system, the hypothalamic-adrenal-pituitary axis, reduces salivary cortisol and blood glucose, as well as decreasing heart rate and blood pressure. Additionally, yoga decreases inflammation, and has reportedly reversed the negative impact of stress on the immune system (Kiecolt-Glaser, Christian, Preston, Houts, Malarkey, Emery, & Glaser 2010; Ross & Thomas, 2010).

Rationale

The American Counseling Association (ACA) Code of Ethics (2005) states, “Counselors must practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (p. 9). Compassion fatigue can have a negative effect on the therapeutic relationship. The counselor is therefore ethically obligated to identify and implement ways to both remedy compassion fatigue (Negash & Sahin, 2011). Professional functioning can result in mistakes and blatant errors on the part of the clinician. Such errors are of serious consequence to the client, professional, and profession when a counselor is compromised by compassion fatigue (Figley, 2002). Compassion fatigue may lead to greater consequences such as burnout, personal turmoil, dissatisfaction, or leaving the profession altogether (Ringebach, 2009). Compassion fatigue risk increases with clinicians who work more frequently and consistently with clients that have complicated stories of trauma (Figley, 1995).

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Prolonged exposure to suffering can leave the therapist more vulnerable to experiencing compassion fatigue (Figley, 2002). It is essential that counselors remain aware that working with trauma survivors can elicit challenging personal responses. Such responses require the counselor's attention, and it is advised that one take an opportunity to adequately process difficult reactions (Eaves, 2011). Negash & Sahin (2011) also recommend that counselors pay particular attention to their emotional reactivity professionally as well as personally. Taking time outside of work to detach from the thoughts and feelings counselors have related to their clients is an example of engaging in self-care. The definition of *alexithymia* is "an inability to identify the meaning of physical sensations and muscle activation" (van der Kolk, 2006, p. 281). Failure to recognize what is going on physically or in the body causes a person suffering from alexithymia to be out of touch with their needs, and, as a consequence, they are unable to take care of themselves (van der Kolk, 2006). Lacking the ability to identify feelings could lend itself to difficulty appreciating the emotional states and needs of those around them (van der Kolk, 2006). Counselors who cannot correctly identify their own thoughts, feeling and sensations risk being less empathically attuned to clients. A counselor's ability to attend to their own feelings outside of work can also enhance their ability to be completely present when in session with the client. Such consciousness raising practices can provide counselors protection from being vulnerable to compassion fatigue.

Figley (1995) asserted that a sense of achievement about their work can be a protective element in reducing compassion fatigue impairment in a therapist. The ability of the counselor to disengage from clients and work related activities and responsibilities

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in their personal time is an example of another protective factor (Negash & Sahin, 2011). Ringenbach (2009) suggests that there are activities, attitudes, and qualities that serve as protective factors to prevent or help a counselor recover from compassion fatigue. Yoga is one practice that might prove useful in increasing self-compassion, as well as compassion for others. It makes sense that a self-care activity, which has the perceived benefit of positively impacting the qualities and attitudes of counselors, could be a valuable contribution to the counseling field. Learning how to manage stress is critical to professional development (Newsome, Christopher, Dahlen, & Christopher, 2006). All too often in the helping profession, stress levels rise to the point of threatening a counselor's self-efficacy (Craig & Sprang, 2010). Stress management is an important component of ongoing professional counselor development.

Research on counselor development indicates that contemplation practices, like that of yoga, provide practical tools for self-care (Schure, Christopher, & Christopher, 2008). Richards et al. (2010) found a significant and positive correlation between self-care frequency and well-being. This study further indicated that increased participation in self-care activities is associated with increased general well-being (Richards et al., 2010). Baptiste (2007) stated that a caregiver's well-being can be improved by the practice of body-mind-spirit techniques, like that of yoga. This improvement in caregiver well-being has a positive domino effect on patient care (Baptiste, 2007). Valente and Marotta (2005) asserted that yoga can be used to promote self-care, enhance self-awareness, and bring awareness to the patterns of a counselor's cognition. Recent literature reviews report that self-compassion is connected to improved psychological well-being (Neff, 2003;

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Ringenbach, 2009; Ying, 2009). Self-care practices that support self-compassion for the counselor could likely further the promotion of counselor wellness.

After a review of the literature, no empirical research on the effects of yoga on compassion fatigue was found. Due to an absence of empirical research on the effects of yoga on compassion fatigue, and since multiple and complex factors lead to compassion fatigue, a qualitative approach was used to explore the research question: How and why does yoga impact counselors with compassion fatigue? The researcher seeks to explore the causal links identified by the researcher as described by the counselors that participate in the study.

Glossary of Terms

Ahimsa: A term derived from yoga that views compassion for the self and others as an adoption of non-violence in thinking and being. Parallels are drawn to the recent definition in the literature as self-compassion (Ying, 2009).

Alexithymia: “An inability to identify the meaning of physical sensations” (van der Kolk, 2006, p. 281) resulting in a counselor to be out of touch with his or her needs. An inability to do so can lead to the counselor having difficulty appreciating the emotional states of others.

Burnout: The extreme circumstance and exhaustion of a counselor whose suffering and outlook on life has turned negative as a result of the impact or overload of work (Rothschild & Rand, 2006; Stamm, 2010). Exhaustion, frustration, anger, and depression are typical symptoms of burnout (Stamm, 2010). The symptoms occur over a long period

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of time, and unlike compassion fatigue, burnout may require a change in occupation or job (Figley, 2002).

Compassion Fatigue (CF): A term applied to the negative parts of helping others who have experienced suffering (Stamm, 2010). The term also applies to counselors suffering while serving in a helping capacity that is more progressive and psychologically disruptive than either vicarious trauma or secondary trauma. (Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995). Symptoms mimic that of Post-Traumatic Stress Disorder (Baird & Kracen, 2006).

Compassion Satisfaction (CS): Positive feelings associated with one's ability to help (Stamm, 2010).

Dialectical Behavioral Therapy (DBT): A therapy model that integrates mindfulness practices with Cognitive Behavioral Therapy (Linehan, 1993). It is well established in the research that DBT is successful with patients who present with Borderline Personality Disorder as well as in the addiction field.

Mindfulness Based Stress Reduction (MBSR): A mind body practice that includes yoga as a component. It is well established in the research that MBSR benefits multiple medical conditions (Kabat-Zinn, 1990).

Meditation: A group of concentrative, non-contemplative practices that train attention regulation and awareness, with the goal of enhancing psychological and spiritual well-being and development (Shapiro & Walsh, 2003; Stauffer, 2008).

Mindfulness: The "self-regulation of attention so that it is maintained on immediate experience thereby allowing for increased recognition of mental events occurring in the

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moment” that “involves adopting a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness and acceptance” (Bishop, et al., 2004, p. 232).

Secondary Traumatic Stress (STS): A secondary component of CF defined as a “negative feeling driven by fear and work-related trauma” (Stamm, 2010, p.12). STS was previously considered synonymous with CF (Figley, 1995; Ringenbach, 2009).

Self-Care: Any activity that one does to feel good about oneself. It can be categorized into four groups which include: physical, psychological, spiritual, and support (Richards, 2010). Examples in the literature include physical activity, reliance on a support system such as peers or a supervisor, personal counseling (Mackey & Mackey, 1994), and spirituality practices (Boero et al., 2005; Schure et al., 2008).

Self-Compassion: An openness to one’s own feelings of suffering, caring and kindness towards the self, being nonjudgmental towards limitations, and viewing the self as part of a larger humanity (Neff, 2003; Ringenbach, 2009; Ying, 2009).

Vicarious Trauma: The self-perception or worldview experienced by the counselor as they are exposed to traumatic material (Baird & Kracen, 2006). Counselors experiencing vicarious trauma report disruption in self-esteem, sense of safety, and contributes to anxiety, depression, disconnection, and burnout (Baird & Kracen, 2006; Sprang et al., 2007).

Yoga: A discipline originally from India that is intended to bring the physical, emotional, mental, and spiritual health to the individual (Ross & Thomas, 2010; Smith & Boudreau,

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1986) by applying tools of contemplation, meditation, and coordinating conscious breath with movement.

CHAPTER 2

A YOGA INTERVENTION FOR COUNSELORS

A Review of the Literature on Compassion Fatigue, Yoga, and Related Themes as a
Rationale to Support the Need for a Yoga Intervention for Counselor Self-Care

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Abstract

Effective prevention, as well as reduction of compassion fatigue among mental health counselors continues to be necessary for personal, professional, and ethical reasons. Yoga is one form of self-care that may prevent and reduce compassion fatigue. In the literature reviewed, yoga is considered a beneficial practice to mental and physical health, yet research has not examined yoga as a strategy for preventing and reducing compassion fatigue among mental health counselors. This article provides a review of the literature in the areas of compassion fatigue, self-care, and yoga. Providing these definitions, and linking them topically, will give a rationale for exploring the themes related to compassion fatigue, self-care, and yoga within an exploratory qualitative case study for counselors with compassion fatigue. This literature review adds to a body of knowledge that thematically connects the topics of yoga, self-care, and compassion fatigue and addresses gaps in literature as well as areas for future research.

Keywords: yoga, self-care, compassion fatigue

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A Review of the Literature on Compassion Fatigue, Yoga, and Related Themes as a Rationale to Support the Need for a Yoga Intervention for Counselor Self-Care

This article explores yoga as a modality to support self-care among counselors who present with current symptoms of compassion fatigue. Compassion fatigue is a condition that mental health counselors risk developing when working with populations that have endured trauma or are currently encountering trauma (Adams, Boscarino, & Figley, 2006; Baird & Kracen, 2006; Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995; Rothschild & Rand, 2006). Compassion fatigue is known to cause both physical and psychological harm to the helping professional (Adams et al., 2006; Baird & Kracen, 2006; Figley, 2002a; Rothschild & Rand, 2006; Sprang, Clark, & Witt-Woolsey, 2007). It is widely accepted in the profession of counseling that self-care is a beneficial strategy for reducing the risk of compassion fatigue (Figley, 2002b; O'Halloran & Linton, 2000; Norcross, 2007; Ringenbach, 2009). Taking measures to reduce compassion fatigue is shown to improve the therapeutic relationship (Barnett, Baker, Elman, & Schoener, 2007; Lawson, 2007; Roysircar, 2009). Frequent participation in self-care, and a value for self-care activities, have been shown to increase the general well-being of mental health professionals (Collins & Long, 2003; Nelson-Gardell & Harris, 2003; Richards, Campenni, & Muse-Burke, 2010). To date, published literature has not explored how a yoga intervention impacts the compassion fatigued counselor. Yoga is a mind body practice that is known to benefit both physical and psychological stressors like those experienced during a compassion fatigue episode (Baptiste, 2007; Herrick & Ainsworth, 2000; Waelde, Thompson, & Gallagher-Thompson, 2004). Previously literature identified

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the need for development of interventions and resources for counselor impairment (American Counseling Association [ACA], 2005; Lawson, 2007). This article begins by reviewing the literature on compassion fatigue and related terms including burnout, secondary traumatic stress, vicarious trauma, and compassion satisfaction. This review also explores self-compassion as a component of the term compassion satisfaction, and appears to have merit in tying the ideas of self-care and yoga to compassion fatigue.

Search methods for this literature review involved utilizing the Oregon State University online search of all library databases, as well as Ebsco, ProQuest, Google Scholar, and Dissertation Abstracts (now ScholarsArchive@OSU) databases. Search terms entered in the database were compassion fatigue, compassion fatigue and counselors, burnout, yoga, yoga and counselors, self-care, self-care and yoga, self-care and compassion fatigue, counselor impairment, counselor wellness, vicarious traumatic stress, and secondary traumatic stress. An internet and library search on yoga and trauma resulted in literature that examines the current use of yoga in trauma and medicine. The overall search resulted in approximately 80 articles, 15 books, and a few electronic internet sites pertaining to the search terms.

Compassion Fatigue: Introduction to Related Terms

Compassion fatigue is a term applied to the subjective experience of counselors as a result of work related exposure to extremely stressful events (Stamm, 2010) while serving in a helping capacity that is more progressive and psychologically disruptive than either vicarious trauma or secondary trauma (Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995). In the literature, the term compassion fatigue relates to, and is used in

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connection with, the concepts of vicarious trauma, secondary trauma, and burnout (Figley, 1995; Rothschild & Rand, 2006). While other terms have been defined in the literature, for this writing the author will discuss how the terms are a separate but related phenomenon, and define how compassion fatigue connects with related terminology.

Burnout

The term *burnout* first appeared in the literature 20 years ago (Maslach, 1982). The condition was described as unique to the health care professional, and stemming from the demands that come from working in settings impacted by chronic stress (Figley, 1995). Burnout is defined as the extreme condition and exhaustion of a counselor whose suffering and outlook on life has turned negative as a result of the impact or overload of work (Rothschild & Rand, 2006; Sabo, 2011; Stamm, 2010). The symptoms can develop over a long period of time and can result in a change in occupation (Figley, 2002a). Burnout is commonly experienced as emotional exhaustion, depersonalization, and a reduction of professional accomplishments among helping professionals (Sabo, 2011). Six issues have been identified in the literature by Laschinger & Leiter (2006) as the most likely explanations for burnout: work overload, lack of control, lack of reward, lack of community, lack of fairness, and value conflict.

Compassion Fatigue

Compassion fatigue is a term applied to the negative parts of helping others who have experienced suffering (Stamm, 2010). The term also applies to counselors suffering while serving in a helping capacity that is more progressive and psychologically disruptive than either vicarious trauma or secondary trauma. (Fahy, 2007; Figley, 1995;

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Pearlman & Saakvitne, 1995). Compassion fatigue involves more progressive psychological disruptions than vicarious trauma as it “mimics post-traumatic stress disorder and occurs as a result of exposure to the traumatic experiences of others” (Baird & Kracen, 2006, p. 182). Sprang et al. (2007) found significant risks for the development of compassion fatigue among mental health professionals, particularly those professionals who possessed high caseloads, had limited support, and limited resources. Counselors with high caseloads of survivors of trauma, especially those working with children, appear to be at greater risk for compassion fatigue (Eaves, 2011). Berzoff and Kita (2010) described compassion fatigue as an experience of those providing care for clients who are suffering that accumulates over time. This can undermine the counselor’s meaning making regarding career satisfaction, leading them to emotional fatigue and a turning away from work. This research concluded that compassion fatigue is a process of working with those that suffer, and can interfere with a counselor’s ability to make good use of counter-transference (Berzoff, 2010). Much is written in professional literature about compassion fatigue symptoms. This is discussed further in the context of this article.

Secondary Traumatic Stress and Vicarious Traumatic Stress

Though secondary trauma has been used synonymously with compassion fatigue (Figley, 1995; Ringenbach, 2009), others have clearly differentiated this term from compassion fatigue (Stamm, 2010). Related terms include *vicarious trauma*, and *secondary trauma*. The experience of vicarious trauma is described as a disruption of self-esteem and sense of safety that contributes to anxiety, depression, disconnection, and

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burnout (Baird & Kracen, 2006; Sprang et al., 2007). Vicarious trauma refers to the self-perception or worldview experienced by the counselor as they are exposed to traumatic material (Baird & Kracen, 2006). Counselors experiencing vicarious trauma report disruption in their self-esteem and sense of safety, which contributes to anxiety, depression, disconnection, and burnout (Baird & Kracen, 2006; Sprang et al., 2007). Compassion fatigue appears to be more progressive and psychologically disruptive for the clinician than vicarious trauma. One component of compassion fatigue, secondary traumatic stress, (Stamm, 2010) is thought to be the psychological part of compassion fatigue where a person develops physical and psychological symptoms as a result of exposure to others' emotional problems (Baird & Kracen, 2006; Stamm, 2010).

Relationship of Compassion Fatigue to Burnout and Secondary Traumatic Stress

Compassion fatigue and its related conditions are thought to be risks that occur to health professionals exposed to the occupational stress of helping others. Mental health professionals risk experiencing burnout, vicarious traumatic stress, and compassion fatigue as a result of working directly with clients who experience trauma. These terms describe professional exhaustion resulting from a combination of mentally and emotionally exhaustive work, and working with clients that have ongoing or historical trauma (Fahy, 2007).

When burnout and secondary traumatic stress show up in the clinical setting they can further negatively impact compassion fatigue. Work related stressors causing burnout may increase risk for compassion fatigue. A research study by Sprang et al. (2007) surveyed 1,121 mental health providers and found significant risks for the development

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of compassion fatigue. Of the mental health providers interviewed, both female professionals, and those who specialize in trauma were found to be especially at risk.

Little research has been conducted to explore the protective aspect, resilience, or satisfaction gained by the counselor from the counselor's compassionate relationship with the client (Sabo, 2011). Stamm (2002) was the first to coin the term *compassion satisfaction*, which is defined as the positive feelings associated with one's ability to help. Counselors and other helping professionals who derive satisfaction from the work they do are thought to have more compassion satisfaction in their occupations than others. The connection between empathically working in a helping role, feeling satisfied with one's career and self-compassion are all themes among the literature that need further exploration.

The terminology of compassion fatigue, since first introduced in the literature in 1995, was then, and continues to be a "taxonomical conundrum" (Stamm, 2010, p. 9). The three accepted terms of compassion fatigue, secondary traumatic stress, and vicarious trauma seem to have "nuances between the terms but there is no delineation between them sufficient to say that they are truly different" (Stamm, 2010, p.9). It appears that over time, and as the constructs continue to be reviewed and redefined in the literature, defining compassion fatigue changes as awareness of the condition grows. For the purpose of this writing, compassion fatigue is defined as the negative aspects of helping, and is broken down into two parts; one part burnout, and one part secondary traumatic stress (Stamm, 2010).

Impact of Compassion Fatigue on Counselors

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The role of the mental health counselor typically requires one to be emotionally and at times physically resilient in the face of daily challenges. It is known in the field of counseling that working with people and their trauma is emotionally taxing. In the last decade the field has addressed this in an organized way (Rothschild & Rand, 2006). Compassion fatigue, if not processed, can have a detrimental effect on the mental and physical health of the counselor. In addition to sitting with trauma, the work of the counselor is sedentary. The long term physical impact of a sedentary job, coupled with the impact of working with multiple, complicated traumatic cases, is lesser known. Physical indicators of compassion fatigue include chronic physical and emotional exhaustion, depersonalization, feeling inadequate, irritability, headaches, and weight loss (Negash & Sahin, 2011). Physical symptoms of compassion fatigue could translate into an increase in missed work due to illness, or impaired performance on the job. Although it is thought in the counseling field that self-care can reduce the impact of compassion fatigue, there is no research that speaks to the actual physical benefit of self-care. Some of the symptoms of compassion fatigue are similar to Post-Traumatic Stress Disorder (PTSD); however, they are a direct result of working with traumatized clients (Figley, 2002b). Counselors often present with psychological stressors as a result of the interactions with traumatized clients (Figley, 1995; Nelson-Gardell & Harris, 2003). Research on PTSD has determined that those diagnosed with PTSD experience a lack of ability to identify the meaning of physical sensations (van der Kolk, 2006). This lack of awareness of physical sensation is called alexithymia (van der Kolk, 2006). As described in the literature, emotions experienced during an episode of compassion fatigue include

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feelings of distress, rage, avoidance, over-involvement, over-identification, sleep interruptions, guilt, shock, horror, or feeling overwhelmed (Pearlman & Saakvitne, 1995). Psychological symptoms of compassion fatigue may include feeling negative toward work, life, and people outside of the therapeutic relationship (Negash & Sahin, 2011). Counselors can also experience self-contempt, feelings of low job satisfaction, and psychosomatic problems (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000). Common symptoms of burnout and compassion fatigue include, but are not limited to, sleep difficulties, irritability, emotional exhaustion, emotional withdrawal, and cognitive disturbances (Negash & Sahin, 2011).

Self-Compassion

The term self-compassion is defined as the ability to be open to one's suffering, thereby generating the desire to alleviate one's suffering and to heal oneself with kindness (Neff, 2003). Self-compassion is nonjudgmental and views the pain of the self as part of the greater human condition. This orientation is comprised of three components: mindfulness awareness, belief in common humanity, and self-kindness (Neff, 2003). Research suggests that self-compassion among mental health counselors helps them with professional challenges by enhancing effective coping strategies (Ringebach, 2009). Self-compassion is important in promoting the perception of competence in a mental health counselor (Ying, 2009). Yoga, meditation, and mindfulness practices all help to develop compassion for one self, which in turn, develops compassion for others. Self-compassion can be considered a major component in what makes up the concept of ahimsa, a philosophical component of yoga that means

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moving away from harm. In addition to being a valuable addition to counselor self-care, self-compassion can be taught in the therapy session as a tool for clients (Roemer & Orsillo, 2009).

Compassion Satisfaction

Compassion satisfaction is defined as having positive feelings regarding one's ability to help (Stamm, 2002, 2010). It is characterized by feeling satisfied by one's job, with helping, and with feeling happy, hopeful, and successful (Stamm, 2010). When therapists have a sense of achievement about their work, this can be a protective element in attenuating compassion fatigue (Figley, 1995). Stamm (2002) first identified that compassion satisfaction is a component of compassion fatigue which is a resource for preventing or reducing compassion fatigue. Ringenbach (2009) suggested that there are activities, attitudes, and qualities that serve as protective factors to prevent or help a counselor recover from compassion fatigue. Participation in activities which promote compassion satisfaction is one strategy towards fostering recovery.

Self-Care

A wide variety of activities may be classified as self-care activities and some may be more useful to counselors. Richards et al. (2010) broadly define self-care as "any activity that one does to feel good about oneself. It can be categorized into four groups which include: physical, psychological, spiritual, and support" (p. 252). Physical activity appears to improve the general well-being of counselors who partake in such an activity. One of the important self-care psychological activities highlighted in the literature for counselors is personal counseling and psychotherapy in its various forms (e.g., individual

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and group work). Participating in counseling is often recommended as it provides stress relief, and is a place to process the negative effects of witnessing the emotional lives of clients (Norcross, Bike, Evans, & Schatz, 2008). Personal counseling can help alleviate symptoms of impairment, increase personal awareness, and increase setting of limits and boundaries which in turn, teach counselors how to care for themselves (Mackey & Mackey, 1994). Spirituality practices for the counselor that most highlighted self-care, including meditation, have been found to significantly and positively influence the well-being of health care workers, including physical health (Boero et al., 2005; Schure, Christopher, & Christopher, 2008).

Like spirituality, support for counselors, both professionally and personally, is considered vitally important to self-care. It is suggested in the literature that counselors participate in “routine professional communications with colleagues as a means to avoid burnout” (Richards et al., 2010, p. 4), guide counselors ethically with difficult cases, and increase self-awareness and well-being (Koocher & Keith-Spiegel, 1998; Richards et al., 2010). As awareness of the potential deleterious effect of compassion fatigue grows (Lambie, 2007; Yildirim, 2008), relevant literature addresses its prevalence among counseling professionals and offers strategies for prevention and recovery (Lee, Baker, Cho, Heckathorn, Holland, Newgent, & Yu 2007; Roach & Young, 2007; Yager & Tovar-Blank, 2007).

Current literature recommends that health care professionals working in stressful environments have knowledge of stress reducing practices (Berceli & Napoli, 2006). It is recommended that employees of stressful healthcare agencies be trained to teach stress

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reducing practices, assumedly for the benefit of both counselors and clients. Results of a study involving social workers who took part in a yoga, tai chi, or reiki intervention indicated that there are positive benefits in attending workshops that teach self-care practices to practitioners (Raingruber & Robinson, 2007).

Ethics and Self-Care

The American Counseling Association [ACA] (2005) code of ethics advises counselors to remain “alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others” (p. 9). The ACA also recommends that counselors “seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work” (p. 9). Since compassion fatigue has a negative effect on the therapeutic relationship, the counselor is ethically obligated to identify and prevent its occurrence (Negash & Sahin, 2011). Professional functioning that could result in mistakes and blatant errors on the part of the clinician is of serious consequence to the client, professional, and profession when a counselor is impaired by compassion fatigue (Figley, 2002b). Compassion fatigue may lead to greater consequences such as burnout, personal turmoil, dissatisfaction, or leaving the profession altogether (Ringebach, 2009).

Figley (1995) identifies distinct variables that can lead to the onset of compassion fatigue: empathic ability, empathic concern, exposure to the client, empathic response, compassion stress, prolonged exposure, and traumatic recollections and life disruptions.

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Figley (2002b) also asserts that when the therapist has a sense of achievement about their work, it can be a protective element in reducing compassion fatigue impairment. A second factor is the ability for the counselor to disengage from clients and work related activities and responsibilities in the counselor's personal time (Figley, 2002b).

Ringenbach (2009) suggests that there are activities, attitudes, and qualities that serve as protective factors to prevent or help a counselor recover. Self-care is thought to be one activity that will serve as a protective factor. One practice that might prove useful in increasing self-compassion, as well as compassion for others, is yoga. There is a growing body of research that promotes self-compassion as a contributing factor in the development of mental health and improved function (Neff, 2003; Ringenbach, 2009; Ying, 2009). It makes sense then, that a self-care activity that has the perceived benefit of positively impacting the qualities and attitudes of counselors would be a valuable contribution to the counseling field.

Relationship of Self-Care and Compassion Fatigue

Self-care, when implemented consistently and effectively, is thought to reduce the likelihood of compassion fatigue, burnout, and secondary trauma. Exposure to trauma is part of the treatment milieu. Encouraging counselors to continually practice self-care among increasing caseloads and limited resources might be scarce in a currently stressed healthcare system. The ability to be emotionally centered and objective is often described as a component for counseling (Kahn, 1997; Robbins, 1998). Counselors move fluidly from affect to cognition, from internal to external states, from the self of the therapist to the self of the client. The figurative working space between the counselor and the client is

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often referred to as a container (Yalom & Bugental, 1997). This container is where the therapist holds the impressions, projections, and mirroring that the client needs in order to process and heal. Practices of self-care can keep the counselor in touch with the self-awareness that is needed to maintain a relationship between therapist and client (Richards, 2010). When counselors are not immersed in their own suffering, there is “a greater ability to devote observation skills and energy to the client” (Aponte & Winter, 2000, p. 147).

Introduction to Yoga

Yoga is a Sanskrit term translated as “to come together or unite” (Desikachar, 1995, p.5). Many schools define yoga as a three-fold path comprised of movement, control of breath, and meditation (Riley, 2004; Smith & Boudreau, 1986). According to Patanjali’s Yoga Sutras yoga is a multifaceted method of bringing consciousness to a state of stillness (Desikachar, 1995; Hartman, 2003). Yoga is an eight limbed path with the physical practice, known as asana, as one of the limbs of the path. Amy Weintraub, an expert and writer on the benefits of yoga and depression, describes yoga as a “systemic method for maintaining optimum physical and emotional health” (Weintraub, 2004, p. 12). In addition to being described as both a contemplative and a physical practice, yoga has a philosophy and values that coincide with the counseling profession. The first two limbs are the philosophy behind yoga, the third limb is the physical movement of yoga, and the fourth is controlled breathing known as pranayama (Iyengar, 1979; Smith & Boudreau, 1986). The last four limbs consist of withdrawing the senses, concentration, meditation, and self-actualization (Iyengar, 1979; Smith & Boudreau,

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1986). Controlling the fluctuations of the mind is central to yoga, and the 8 limbs support increasing both attention and calm of mind (Herrick & Ainsworth, 2000). For the purpose of this research, yoga is defined as a discipline originally from India that is intended to bring the physical, emotional, mental, and spiritual health to the individual (Ross & Thomas, 2010; Smith & Boudreau, 1986) by applying tools of contemplation, meditation, and coordinating conscious breath with movement.

Benefits of Yoga

The body of research examining the benefits of yoga in health care is growing (McCall, 2007). Mindfulness practice comes from the Buddhist tradition and is finding wide acceptance as a technique for clients to improve well-being, mental and physical health, and in dealing with symptoms of disorder (Stauffer, 2008). In the United States, yoga has found a recent audience for applying the practice to disorders such as anxiety and depression (Ludwig & Kabat-Zinn, 2008; Weintraub, 2004). To date, there are more than 100 published articles asserting the benefits of yoga for psychiatric mental illness (Balasubramaniam, Telles, & Doraiswamy, 2013). Research in the field of trauma is revealing that an area of the brain responsible for body awareness is often affected negatively by environmental triggers (van der Kolk, 2006). A consistent yoga practice among patients in concurrent counseling or psychotherapy reveals a positive correlation to the area of the brain responsible for increased body awareness (Emerson & Hopper, 2011).

Recent literature reviews report both the impact of yoga on specific health conditions, and also attest to the positive health benefits of yoga (Emerson & Hopper,

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2011; Ross & Thomas, 2010). A study comparing exercise to yoga found that while both make participants feel better, yoga seemed to do a better job of relieving physical symptoms and perceptions of stress (Ross & Thomas, 2010). Yoga has been found to not only help people who are healthy relieve perceptions of stress, but also to help manage symptoms of medical conditions (McCall, 2007). Using a basic breathing technique among patients undergoing hemodialysis resulted in improved sleep, reduced fatigue, anxiety, and physical perception of pain (Stanley, Leither, & Sindelir, 2011). In addition to improved quality of life, breathing techniques are known to improve heart rate variability which is thought to correlate to an increase in emotional regulation (Emerson & Hopper, 2011; van der Kolk, 2006). The aim of diaphragmatic breathing with control and awareness is to focus the mind; it is also known to increase relaxation and reduce muscle tension (Herrick & Ainsworth, 2000; McCall, 2007).

The accessibility of yoga is also a benefit to mental health counselors. For example, pranayama, the practice of breath work, can be incorporated into the workday as a clinician writes up progress notes. Paying attention to breath, posture, and body awareness can support clinicians in decreasing fatigue. For example, practice of alternate nostril breathing, a breath practice that alternates breathing up one nostril and out the other, can help reduce fatigue and increase focus at the end of a busy day of working with clients (Liebler & Moss, 2009).

Yoga as an Intervention for Compassion Fatigue

Yoga may be a useful intervention for counselors experiencing compassion fatigue. Yoga and counseling both have a vested interest in promoting long term well-

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being. It makes sense then, that a therapist or counselor would benefit from a yoga practice on both a personal and professional level. A yoga practice can specifically benefit mental health by improving one's ability to manage stress, stay in the present moment, and remain calm (Emerson & Hopper, 2011; Ross & Thomas, 2010). In this way, the physical practice benefits the counselor by quieting the mind, increasing focus, and producing an overall sense of grace and stillness.

Yoga may also impact compassion fatigue by improving health as a result of the consistent practice of asanas. When asanas are practiced consistently they have the capacity to create strength, balance, and flexibility by coordinating physical movements. Guidance of breath, movement, and encouragement of noticing the internal state of the body creates awareness in the mind as well as the body. Increasing awareness of the breath is often the first place to begin the development of body awareness. Yoga and counseling both have a vested interest in promoting long term well-being in those that partake in both. It makes sense then, that a therapist or counselor would benefit professionally from a yoga practice. The physical practice benefits the mind by quieting thoughts, increasing focus, and producing an overall sense of grace and stillness. An asana practice can specifically benefit mental health by improving one's ability to manage stress, stay in the present moment, and remain calm (Emerson & Hopper, 2011; Ross & Thomas, 2010). During a yoga session, the parasympathetic nervous system is stimulated, which is known to reduce adrenaline and cortisol in the body, the hormones released during a fight or flight response to anxiety (Ross & Thomas, 2010).

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Mind Body Research Supports Connection of Exercise to Mental Well Being

In my recent literature review about the long term effects of a sedentary lifestyle on mental health counselors, I found that little to no research exists on the subject. The combination of a lack of physical movement, and meeting the day-to-day demands of the job is a neglected health issue. The common assumption in our culture is that therapists simply know how to deal with the emotional weight and psychological ramifications that accompany other humans unloading burdens.

Providing counselors with specific ways to deal with the emotional weight of work is a well-established recommendation in literature publications (ACA, 2005; Lawson, 2007). Yoga is a mind body practice that is also a form of exercise and has physiological and psychological benefits (McCall, 2007). The link between the benefits of physical exercise and mental well-being is well established in the research (Clancy, 2010; Ludwig & Kabat-Zinn, 2008; Riley, 2004; Weintraub, 2004). Many studies also report that exercise greatly improves symptoms of depression (Craft & Perna, 2004). In their study on the effects of exercise on individuals with mental illness, researchers Perham & Accordino (2007) found that exercise greatly improves self-esteem, self-image, motivation and sleep, reduced stress and depression, provided an opportunity to create a social community, and can support all areas of daily living. The overall results of this study concluded that consistent exercise results in higher functioning. Counselors experiencing compassion fatigue have a two-fold benefit of engaging in regular exercise; it supports the well-being of the counselor as well as provides insight into how it can benefit clients.

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The question of how yoga improves or supports stress and other health conditions remains of interest in the current growing body of research. One group of authors hypothesize that yoga techniques might improve mental health by, in part, regulating the sympathetic nervous system (Ross & Thomas, 2010). This part of the nervous system responds physically and mentally to stress by releasing cortisol, epinephrine, and norepinephrine. This process, known as the “fight or flight” response, allows the person to fight or run as needed based on the presenting stressor. Over time, a constant state of hyper vigilance can result, which has been shown to tax the physical body, causing illnesses like obesity, diabetes, autoimmune disease, depression, and cardiovascular disease (Emerson & Hopper, 2011; McCall, 2007). A literature review found that in comparison to exercise, yoga is either equal or superior in its benefits to patients with diabetes (Duren, Cress, & McCully, 2008), multiple sclerosis (Oken, Kishiyama, Zajdel, Bourdette, Carlsen, Haas, & Mass, 2004), and schizophrenia (Duraiswamy, Thirthalli, Nagendra, & Gangadhar, 2007). Additionally, yoga decreases inflammation, and reportedly can reverse the negative effect of stress on the immune system (Ross & Thomas, 2010).

Stress is an ongoing part of the experience of working with clients with mental illness. Despite this phenomenon, few research studies exist that support counselors in the benefits of reducing stress with mind body practices. There is literature supporting that the performance of musicians, like that of athletes, benefits from a practice involving yoga, visualization, and affirmations (McBrien, 2005). McBrien (2005) educates musicians about the fight or flight response, where the nervous system increases the

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production of cortisol and adrenaline to help one fight or run in the face of danger. The antidote to this increase in hormones is engaging the parasympathetic nervous system, which helps one to calm, soothe, and reduce the flow of adrenaline and cortisol. McBrien (2005) emphasizes the importance of self-regulation to support musical performance. Engaging in mind body practices has also been found to effectively improve counselor performance. Christopher et al. (2011) found in a follow up study with college students that their confidence, focus, and acceptance of clients in the therapy milieu improved from practicing Mindfulness Based Stress Reduction (MBSR). Both research studies show that teaching mindfulness, and providing education on the fight or flight response could support counselors in increasing observation skills. Increasing observation skills of the self-as-therapist can translate to being more observant of the client.

Benefits of Practicing Yoga for Self-Care

A study comparing exercise to yoga found that while both make subjects feel better, yoga seemed to do a better job of relieving perceptions of stress (Ross & Thomas, 2010). The benefits of yoga and similar mindfulness practices are available to counselors as well as clients. Research with practicum students revealed reports of students feeling calmer, were less involved with their internal monologues, and that a meditation practice helped them “slow down a sense of internal rush or hurry” (McCollum & Gehart, 2010, p. 350). Students also reported an increase in body awareness and noticed its connectedness with their state of mind, which supported them in taking better care of themselves (Schure et al., 2008). Although not stated in the study, self-observation, or what is known as the wise mind, appears to be of psychological benefit as well (Linehan,

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1993). The practice of yoga among trauma clients is thought to offer a platform for strengthening psychotherapy. “Yoga based interventions assimilate physical movement and restorative action patterns into treatment, and in doing so they endeavor to help trauma survivors build internal strengths and resources in an embodied manner” (Emerson & Hopper, 2011, p.18).

Rationale for Teaching Yoga to Mental Health Counselors for Self-Care

Yoga, mindfulness, and contemplation practices are relevant to the developing counselor in that they provide practical tools for self-care (Schure et al., 2008). Richards et al. (2010) found a significant and positive correlation between self-care frequency and well-being. This study further indicated that increased participation in self-care activities is associated with increased general well-being (Richards et al., 2010). The focus on yoga as self-care is also congruent with a modality that benefits the therapy relationship from the perspective of recent trauma research. Bessel van der Kolk (2006), psychiatrist with *The Trauma Center* in Boston, MA, writes:

The realization that insight and understanding are usually not enough to keep traumatized people from regularly feeling and acting as if they are traumatized all over again forced clinicians to explore techniques that offer the possibility of reprogramming these automatic physical responses. It was only natural that this would involve addressing awareness of internal sensations and physical action patterns. The closest mainstream protocolized therapeutic technique that involves such “mindfulness” currently is dialectical behavior therapy (DBT). However, many non-Western cultures have healing

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traditions that activate and use physical movement and breath, such as yoga, which claim to regulate emotional and physiological states. (p. 282)

Newer interventions that focus on creating resources both internal and external for trauma survivors are increasing in both clinical and research settings (Emerson & Hopper, 2011; Rothschild & Rand, 2000; van der Kolk, 2006). Such interventions can also be applied to the self-care practices of the counselor. When a yoga intervention is sensitive to the trauma survivor, the physical movement and restorative action patterns can help trauma survivors build internal resources that previously left him or her disconnected from the body (Emerson & Hopper, 2011). The application of Trauma Sensitive Yoga at the Trauma Center is a framework that can be applied to the compassion fatigued counselor, which would further support the healing of trauma survivors. Emerson & Hopper (2011) recommend that counselors also have a personal experience with yoga as well as participate in session with clients as a way to integrate yoga into counseling. The recommendations of trauma sensitive yoga are included in the yoga intervention in this research.

Teaching Counselors Mindfulness to Support the Therapeutic Relationship

Results from a study where graduate students participated in meditation and yoga during practicum experience reported that their meditation practice helped them to be more present with clients, to manage their inner monologues, helped them balance both their doing mode versus being mode, and that they experienced more compassion for self, clients, and for humanity (McCollum, 2010). In a separate qualitative study of graduate level students, participants reported an increase in body awareness, flexibility, energy,

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and concentration (Schure et al., 2008). The students reported increase in body awareness, and its connectedness with their state of mind, enabled them to take better care of themselves (Schure et al., 2008). In addition to personal and physical benefits of practice, these students also reported feeling more comfortable with silence in session with clients as a result of engaging in mindfulness practice. Students also reported an increase in attentiveness, feeling grounded, and a change in their perceptions about therapy (Schure et al., 2008). Finding a level of comfort with silence is a skill set that each new mental health counselor negotiates. In an earlier study that examined student counselors concurrently enrolled in a mindfulness self-care course, the student counselors reported that they developed an increased ability to deal with both threatening emotions, as well as increased “feelings of trust and peace in the present moment” (Newsome et al., 2006, p. 1890). Changes in attitude and perception including acceptance and self-understanding were noted among study participants. The mindfulness practice also influenced students’ therapy practice in several ways, including being “more present with the client’s experience, without having the urge to fix or change the client’s feelings” (Newsome et al., 2006, p. 1893).

Further Teaching Considerations

When teaching yoga as a new self-care skill, consideration of the learning style and aptitude must be taken into account. “Counselors new to mindfulness ask a variety of questions. For how long should I sit in one meditation period? Is it better to sit for a half an hour several times a week or ten minutes every day? How do you train a specific

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population to use mindfulness on their own?" (Stauffer, 2007, p. 89). Such questions can come to the mind of the counselor partaking in a new yoga practice as well.

The Kentucky Inventory of Mindfulness Skills [KIMS] (Baer, Smith, & Allen, 2004) measures a general tendency to be mindful in everyday life. Similar to Dialectical Behavioral Therapy (DBT), KIMS measures the participants' ability to observe, describe, act with awareness, and accept without judgment (Baer et al., 2004). The measurable findings of the KIMS are similar to the goals of having an ongoing yoga practice. Such measurable findings among counselors would prove useful in further research that promotes the benefits of increasing mindfulness skills as a means to further develop therapeutic presence.

Implications

Compassion fatigue is a real concern for counselors and yet little research exists that quantifies how self-care reduces compassion fatigue. Too few research studies offer counselors specific self-care methods that aim to reduce stress (Newsome et al., 2006; Schure et al., 2008). It remains common knowledge both in practice, and in the literature, that self-care is beneficial throughout the career of a counselor (Richards et al., 2010, Koocher & Keith-Speigel, 1998, Berceli & Napoli, 2006). Clinical training programs often focus on both technical skills and personal development of the clinician (Aponte & Winter, 2000). Advisement to find balance, practice self-care, and avoid the deleterious impact of compassion fatigue is often spoken about but not taught specifically.

Teaching yoga to counselors could deepen clinical practice by providing an opportunity to observe the physical responses of the self. Such work might allow the

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counselor to reduce likelihood of developing alexithymia, an “inability to identify the meaning of physical sensations,”(van der Kolk, 2006, p.281), and promotes empathic understanding towards the client. Previous studies indicate that mindfulness practices help a counselor develop therapeutic presence by supporting the practitioner in focusing on the self, the client, and the flow of the session all at the same time (McCollum & Gehart, 2010). Yoga might allow a therapist to take pause between or during session, which fosters the ability to stay present with their clients and not be distracted by internal monologues or external stimuli. Therapeutic presence is often listed as the main ingredient in developing an effective relationship between therapist and client (McCollum & Gehart, 2010). The therapist as human (Linehan, 1993) is a model that works well with a mindfulness and yoga practice. Linehan’s (1993) model implies that counselors are fallible, and therefore need to practice what they prescribe to their clients, such as yoga or meditation, to avoid being more vulnerable than the client. A humanistic wellness model of counseling that includes many modalities of healing including yoga could be of benefit to the therapeutic milieu.

Prior studies indicate that a consequence of working with traumatized individuals is that it can negatively impact the personal functioning of the counselor (Collins & Long, 2003, Figley, 1995). A new therapist, for example, might take on more clients without considering whether the caseload or work is truly manageable. Such an endeavor is often achieved by counselors through trial and error (Baker, 2003). Providing a map for self-awareness is necessary not only to give the counselor self-care tools, but also because it is linked to therapeutic efficacy and positive therapy outcomes (Valente &

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Marotta, 2005). If a counselor becomes impaired in their ability to identify physical sensations, like alexithymia in PTSD sufferers (van der Kolk, 2006), it is possible that this will result in the counselors being out of touch with their own needs. Such a lack of awareness could lead to the counselor having difficulty in appraising the emotional states and needs of the client. Compassion satisfaction (Stamm, 2002), and self-compassion (Neff, 2003), might ameliorate this challenge.

Research demonstrates that both self-compassion and compassion satisfaction enhance effective coping with professional challenges (Ringebach, 2009), while promoting the perception of competence in a mental health counselor (Ying, 2009). Yoga as a self-care practice could prove instrumental in developing self-compassion, which promotes compassion for others. Recent literature reviews report that self-compassion is connected to improved psychological well-being (Neff, 2003; Ringebach, 2009; Ying, 2009). It makes sense then, that a self-care activity that has the perceived benefit of positively impacting the qualities and attitudes of counselors would be a valuable contribution to the counseling field. There is a ripple effect in promoting self-care. Not only does it benefit the individual counselor, but it impacts the profession, as well as the population's counselors serve. Yoga, meditation, mindfulness are all practices that can cultivate self-compassion as well as affirm the compassion satisfaction that a counselor may already be experiencing. The concept of compassion satisfaction in relationship to compassion fatigue reduction has not previously been explored in the literature with a yoga intervention.

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At this time, the evidence that self-care reduces compassion fatigue is purely anecdotal. While it is known in the field that self-care is a good practice to guard against the deleterious symptoms of compassion fatigue, there is no research that reports self-care will result in a decrease of freedom from compassion fatigue. Possible outcomes of this research could include indications that self-care is an essential element in compassion fatigue prevention and recovery. Such findings could lead to exploring specific activities of self-care that most likely benefit counselors. Mindfulness practices that emphasize attention to observation of present moment feelings, thoughts, and sensations could prove to be an important part of effective self-care. Yoga brings the counselor's attention to their present moment body and mind experience. Furthermore, there are no studies which look specifically at a yoga practice for counselors with compassion fatigue, and therefore an exploratory case study is utilized to capture the lived experience of the counselors, as well as answering the how and why questions that a case study design provides (Yin, 2009).

Conclusion

A review of published literature found that there has not yet been a study exploring yoga as an intervention for compassion fatigue. The literature review did reveal that yoga has been reviewed as an activity for self-care (Herrick & Ainsworth, 2000), and that yoga has impacted the professional and personal lives of six licensed psychotherapists by helping with balance, acceptance, and finding self-awareness (Valente & Marotta, 2005). Over the course of ten years, researchers from Montana State University have taught mindfulness practices during the practicum portion of a graduate

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counseling program (Campbell & Christopher, 2012; Newsome et al., 2006; Schure et al., 2008). Their findings suggest that meditation, yoga, qigong, and body awareness practices support training counselors in therapeutic presence (Campbell & Christopher, 2012). The impact of yoga, meditation, and reiki healing as self-care has also been explored and found to positively benefit nurses (Raingruber & Robinson, 2007). Based on the findings in the literature, proposing a study that explores a yoga intervention for counselors with compassion fatigue appears to be of significant importance. The previous studies have explored more than one modality of mindfulness but not focused on a specific yoga intervention. The literature also shows that mindfulness practices including yoga benefit counseling students and new counseling professionals. Counselors researched in prior studies found benefit in practicing yoga (Christopher et al., 2011; Schure et al., 2008; Valente & Marotta, 2005). Also, a prior study outlines how yoga is a promising self-care practice (Herrick & Ainsworth, 2000). Finally, the gap remaining in the literature is a specific yoga intervention for self-care, and how and why this intervention affects professionals already suffering from compassion fatigue.

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CHAPTER 3

A Yoga Intervention for Counselor's with Compassion Fatigue: An Exploratory Single
Case Study

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Abstract

Compassion fatigue negatively affects both the personal and professional lives of mental health counselors and of the client populations they serve. It has continued to be a problem in the field of counselor education since its initial identification in the literature nearly two decades ago. Self-care for the reduction or prevention of compassion fatigue has shown to be a favored practice among counselors. The purpose of this exploratory, qualitative, single case study is to examine the perceptions of four counselors that are currently experiencing compassion fatigue before, during, and after a yoga intervention designed to support self-care. Data were collected using pre- and post-intervention interviews, measurements derived from the Professional Quality of Life Scale, and observations by both the participants and the researcher. Results showed that this intervention benefitted these counselors by reducing and modifying their perceptions of compassion fatigue, and changing the relationship they have with yoga and with their clients. This study suggests that further research on yoga and compassion fatigue could prove beneficial in reducing, preventing, and supporting impaired counselors.

Keywords: compassion fatigue, yoga, self-care

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It is recognized in the counselor educator field that compassion fatigue is a problem that poses multiple adverse effects if not remedied or prevented. Counselors often present with psychological stress symptoms as a result of interactions with traumatized clients (Figley, 1995, 2002; Nelson-Gardell & Harris, 2003), which can lead to compassion fatigue. As awareness of the potential deleterious effects of compassion fatigue grows (Lambie, 2007; Yildirim, 2008), relevant literature addresses its prevalence among counseling professionals, and provides strategies for prevention and recovery (Lee et al., 2007; Roach & Young, 2007; Yager & Tovar-Blank, 2007). The literature reports that increasing numbers of counseling professionals who work with traumatized clients experience the compassion fatigue within a mild to severe spectrum of symptoms (Collins & Long, 2003). Though a body of research and literature exists on the topic, little research has been published which has explored compassion fatigue through a case study lens. Exploring the experience of counselors who suffer from compassion fatigue may lend significant insight into how counselor educators may better inform both new and experienced counseling professionals regarding the nature of compassion fatigue within the counseling domain.

Compassion fatigue is a term applied to the negative parts of helping others who have experienced suffering (Stamm, 2010). Compassion fatigue is more psychologically disruptive than either vicarious trauma or secondary trauma (Fahy, 2007; Figley, 1995; Pearlman & Saakvitne, 1995). Compassion fatigue is related to, or used in connection

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with, the concepts of vicarious trauma, secondary trauma, and burnout. Burnout symptoms can occur over a longer period of time, and unlike compassion fatigue, can result in a change in occupation (Figley, 2002). In the literature, the term secondary trauma is used synonymously with compassion fatigue (Figley, 1995; Ringenbach, 2009); however, others have clearly differentiated this term from compassion fatigue (Stamm, 2010). Vicarious trauma, which is sometimes used synonymously with compassion fatigue (Stamm, 2010), refers to experiencing trauma as a result of exposure to client stories of abuse, neglect, and violence. After-effects of vicarious trauma include a disruption in counselor self-esteem and sense of safety, which contribute to anxiety, depression, and disconnection, leading to burnout (Baird & Kracen, 2006; Sprang, Clark, & Whitt-Woolsey, 2007).

Self-care, when implemented consistently and effectively, is thought to reduce or prevent the onset of compassion fatigue (Fahy, 2007; Figley, 2002). Yoga is considered one form of self-care that can promote wellness among mental health counselors (Herrick & Ainsworth, 2000). An estimated fifteen million adults in the United States have practiced yoga to support wellness and to support specific health issues (Saper, Eisenberg, Davis, Culpepper, & Phillips, 2004). Even though the popularity and use of yoga continues to grow, little research exists for exploring yoga as a stress reduction tool (Chong, Tsunaka, Tsang, Chan, & Cheung, 2011). A yoga intervention qualifies as a self-care activity and therefore should be considered an activity in the research. While yoga may be a promising self-care strategy for preventing or remediating compassion fatigue,

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little research exists about the physical and psychological benefits of yoga as a self-care undertaking for mental health counselors.

The purpose of this study is to provide in depth descriptions of how a yoga intervention affects counselors with compassion fatigue. These descriptions may inform future research on compassion fatigue intervention and may inform counselor self-care practice and supervision. It is not known how a yoga intervention will affect either the professional or the personal life of the compassion fatigued counselor. The researcher wants to further understand the experience of counselors with compassion fatigue who participate in a yoga intervention designed specifically for the compassion fatigued counselor. Since there are multiple and complicated factors lead to compassion fatigue, it follows that research on the subject is driven by further induction. Qualitative research is appropriate when a problem needs further exploration (Creswell, 2007). Such exploration of a population leads to a detailed understanding that can only be established by “allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature” (Creswell, 2007, p.40). Due to an absence of empirical research on the effects of yoga on compassion fatigue, and since multiple and complex factors lead to compassion fatigue, a qualitative approach was used to explore the research question: How and why does yoga impact counselors with compassion fatigue?

Methodology

This research utilized a qualitative single case study method described by Yin (2009), which is appropriate for how and why research questions that attempt to explore, in depth, a contemporary social phenomenon. The phenomenon of compassion fatigue is

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a current issue for counselors. The purpose of this investigation was to explore and describe the experience of the participants, rather than controlling and measuring their responses. Additionally, a case study is suitable for studying complex social phenomena like that of a yoga intervention, and how it affects compassion fatigued counselors (Yin, 2009).

Because compassion fatigue is viewed as a sensitive topic, a single-case design was chosen to help facilitate a strong alliance between researcher and subject (Yin, 2009). A single-case study design allowed acknowledgment of multiple realities and biases and enabled the discovery of the various perspectives of researcher, case participants, and extant literature findings (Yin, 2009). Case studies are typically interpretive and inductive as the researcher identifies themes and patterns of the phenomenon; additionally, naturalistic generalizations can be developed through this methodology (Creswell, 2007). This case study was exploratory as it dealt with an intervention that had no clear, single set of outcomes (Yin, 2009).

Yin (2009) indicated that carefully defining the unit of analysis was critical to the case study process. The single unit of analysis for this study was a limited-time group yoga intervention and its external and internal impact on four counselors with compassion fatigue. The entire case was considered within the results. The choice to gather multiple perspectives throughout the study furthered the purpose of exploring the impact of the intervention as completely as possible.

The philosophical foundation behind this study was a blend of post-positivist inquiry and constructivism. Post-positivist philosophy endorses following logical steps,

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allowing multiple participant perspectives, and engaging in rigorous methods of qualitative data collection and analysis (Creswell, 2007). The implementation of the Professional Quality of Life Scale (ProQOL) before and after the intervention demonstrated this philosophy and provided internal validity. The construction of an easily replicated yoga manual for use in future studies is an example of adhering to treatment fidelity and is consistent with post-positivism. Additionally, case studies are often grounded in constructivism (Stake, 1995; Yin, 2009). This researcher's philosophy is constructivist; this was demonstrated in the study by using methods which emphasized the meaning making of participants, as well as the co-construction of meaning between researcher and participant (Creswell, 2007).

Sampling, Participants, and Setting

Participants were selected through purposeful sampling (Patton, 2001), which is the selection of individuals who meet specific predefined qualities that are useful to the purpose of the research. The researcher contacted local and state organizations in order to gain access to counselors who currently work in the field and identify with compassion fatigue. Professional counseling organizations were provided with information about the study to disseminate to members. Prospective participants were then able to volunteer for the study if they chose. Participant names and identifying information were changed to protect confidentiality.

Beatrice, Carmen, Dee, and Elizabeth are all Caucasian females between the ages of 38-58 who work as mental health counselors in a mid-size city in the Pacific Northwest. All have experience working in community mental health agencies, and

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currently work with populations experiencing trauma. Three of the participants are trauma experts. Two of the participants are working towards licensing as mental health counselors, one is a licensed mental health counselor, and one is a licensed marriage and family therapist. The participants' counseling experience ranges between 3-15 years. In the initial interviews, all four participants expressed that they felt impacted in the last year by the trauma they heard about from their clients. All interviewees expressed being both psychologically and physically impacted by compassion fatigue, reporting symptoms of nausea, stiffness, and fatigue. Prior to the study, all the participants had some type of self-care strategies that they employed such as walking, journaling, and supervision. Experience with yoga ranged from two to ten years, and one participant practiced yoga for self-care at the onset of the study.

At the initial interview participants completed the ProQOL. While the only requirement was self-identifying with compassion fatigue, the researcher wanted a baseline and follow up of symptoms post intervention as part of the case analysis. Results of the ProQOL prior to the intervention showed that Beatrice, Dee, and Elizabeth all scored in the average range for compassion satisfaction, burnout, and secondary traumatic stress. Carmen's score indicated that she was high in compassion satisfaction, average in burnout, and low in secondary traumatic stress. Initial interviews were conducted either in the office of the student researcher, or where it was convenient to meet the research participant. The yoga classes were held in a yoga studio in a downtown setting that was convenient for the participants. The final focus groups were conducted at the office of the researcher.

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Data Collection

Multiple sources of data were collected during this case study including demographic questionnaires, semi-structured focus group interviews, participant and researcher journals, and a formal measure of compassion fatigue. The initial data collection involved developing specific interview questions that allowed the researcher to collect information related to the research question. The initial interview questions reflected current literature on the compassion fatigued counselor, yet they were left sufficiently general to allow participants to fully express their experience.

The initial interview questions were: (a) Do you have in your counseling practice a particular theoretical orientation that you work with? (b) What population do you work with as a counselor? (c) In what context do you work in the counseling field? (d) What is your current case load like? (e) When did you begin to notice your experience of compassion fatigue? (f) When you consider your current compassion fatigue what thoughts and feelings do you have about yourself as a counselor? (g) What is your experience with yoga? (h) What interests you in being part of this study? (i) Do you have any other questions regarding the study?

At the beginning of the first yoga class, participants were given a journal and asked to write down their thoughts, feelings, and sensations at each class before and after the yoga practice. Participants were encouraged to practice yoga outside of the group and to journal about the experience. Since the researcher had the unique experience of being the yoga teacher for the study, she took notes at the end of each class and wrote a memo of her observations about the group experience. These observations became another

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source of data for post intervention case analysis. Two final, hour long focus groups comprised of two participants each were conducted to determine how the participants perceived the benefits of a yoga intervention.

Questions for the final focus group included the following: (a) How would you describe your experience of the yoga intervention? (b) What did you notice when you listened to your body and tracked your thoughts, feelings, and sensations? (c) What did you notice in regards to your current compassion fatigue episode? (d) What have you noticed about your clinical work with clients? (e) Have you continued to practice at home or at the office? (f) Do you think you will continue to practice yoga as a result of participation in this practice? (g) Is there a change in the way that you practice self-care since beginning this study?

In addition to demographic questionnaires and semi-structured interviews, this study used the Professional Quality of Life Scale Version 5 (ProQOL) developed by Stamm (2010). The ProQOL represents the most recent revision of the Compassion Fatigue Self-Test originally developed by Figley (1995). This scale measures compassion satisfaction, burnout, and secondary traumatic stress. Each participant completed the ProQOL at the time of the initial interview and once more during the final focus group. Internal consistency and reliability estimates for the ProQOL subscales are reported as .87 for the compassion satisfaction scale, .72 for the burnout scale, and .80 for the compassion fatigue/secondary trauma scale; construct validity is reported as well established (Stamm, 2010). There are over 100 published research papers that have used a version of the ProQOL with results indicating that it is a reliable instrument.

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Limitations of the instrument include lack of a composite score for the measures of burnout, compassion satisfaction, and secondary traumatic stress. Data that demonstrates validity of the ProQOL is not yet published. In addition, data demonstrating the inter relatedness of all three scales is not yet published (Merriman, 2011). Despite lack of publication on validity, the instrument is reliable, and for the purpose of this study, the data from previous research can show that the study participants met criteria for compassion fatigue.

Yoga Intervention

The yoga intervention used during this study encourages a gentle and invitational approach to the practice, as is recommended in trauma sensitive yoga (Emerson & Hopper, 2011). The yoga protocol, written by the researcher, is intended to be accessible to the counselor as a personal education tool for self-care, as well as a professional tool for further clinical applications and research. Prior to teaching the yoga protocol to participants, I asked other professionals with experience in both yoga and counseling to review the writing to ensure the physical and psychological safety of the practice for counselors.

The first group session focused on seated meditation, seated breathing practices known as pranayama, and seated asana, or physical practices. The teaching framework used language that allowed the participant to inquire (as in saying “notice the quality and duration of your breath,” as opposed to commanding “take deeper breaths”), and clear instruction to ensure physical safety (Emerson & Hopper, 2011). Participants were asked to notice thoughts, feelings, and sensations with each concept introduced, and asked to

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comment in journal format at the end of each practice. Each group lasted for one hour, giving time to learn from both instruction as well as observing the individual experience, and to ask questions as well as reflect either verbally or in writing. At the end of the four weeks, participants were given a copy of the yoga intervention to review and use for self-care.

Measures to Ensure Trustworthiness of Results

This study included several strategies to increase the trustworthiness of results including (a) exploring bias, (b) triangulation, (c) peer debriefing, and (d) member checking. Because bias is considered a major threat to credibility, Creswell (2007) recommends that any potential bias be identified and clarified. To help identify and clarify researcher bias, a peer interviewed me, the researcher, using the study's research questions. Through a review of the answers resulting from these questions, I anticipated that I would be able to relate to the counselors with compassion fatigue since I have previous experience as a community mental health professional. When I worked in community mental health, I lacked knowledge about how impacted a counselor can feel physically and mentally after hearing the traumatic histories of clients on a daily basis. Lack of support, feeling isolated, and an inability to clearly articulate the phenomena that I experienced also contributed to the significant distress I felt. This disruption eventually led me to seek out self-care techniques that would help with processing my feelings of what I now recognize may have been compassion fatigue. In the role of the researcher, I will be cognizant of these experiences in order to attenuate biases within this study.

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To increase trustworthiness, I employed the research strategy of triangulation. The use of triangulation “strengthens a study by combining methods...using several kinds of methods or data, including using both quantitative and qualitative approaches” (Patton 2001, p. 247). Additionally, a case study tactic that is considered a test of construct validity is having multiple sources of evidence (Yin, 2009). This was addressed in the data collection by audio taping and transcribing all interviews with the participants. A second source of data were the journals in which the participants recorded thoughts, feelings, and sensations during the yoga intervention. The researcher was also the yoga instructor which allowed the opportunity to directly observe the participants during the yoga intervention. This direct observation was another form of data. The quantitative measure of the Professional Quality of Life Scale was a formal measure used in triangulation in order to quantify compassion satisfaction, burnout, and secondary traumatic stress before and after the yoga intervention.

The final strategy employed in this study was member checking. The participants were asked to confirm that the researcher understood their meaning making by reviewing the transcripts of both the interviews and the final focus groups. The participants were asked to contribute further detailed exploration in member checking after the major themes of the case analysis were identified in order to confirm meaning making, and to allow for further clarification of the case study experience. Participants confirmed that the meaning of their experience was evident in the results. Dependability and confirmation ability, which are analogous to reliability (Guba & Lincoln, 1985) were met

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through a detailed case study base including the transcripts and memos of the case study itself as well as the analysis.

Case study methodology was previously viewed among research investigators as a non-desirable method due to lack of rigor (Yin, 2009). Safeguards were included in the design of this case study to increase the construct validity, such as having multiple sources of evidence (Yin, 2009). Participants confirmed that the researcher understood their meaning in audio taped and transcribed interviews, and in results by member checking after the intervention. Researcher analysis of journal entries, as well as direct research observation, and using a quantitative measure before and after the intervention all demonstrate adherence to rigor and attenuate researcher bias.

Case Analysis Procedures

Data analysis in case study research is possibly the most difficult aspect due to the incredible flexibility afforded researchers, and the lack of firm structure for analysis in the methodological literature (Yin, 2009). For the purpose of this case study, the researcher employed three general analysis strategies. These included relying on theoretical propositions, creating a general case description, and using both qualitative and quantitative data.

Relying on theoretical propositions in a case study means using a set of assumptions derived from experience, theory, and research to structure analysis of the data (Baxter & Jack, 2008; Yin, 2009). The propositions guiding this study were general and derived from the researcher's experience with yoga, counseling, and the relevant literature. The first proposition was that yoga would be a beneficial self-care practice for

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compassion fatigued counselors. The second proposition was that compassion fatigued counselors would benefit from yoga both psychologically and physically. Since the study propositions were tentative and general, the researcher constructed a case description to help “identify the appropriate causal links to be analyzed” (Yin, 2009, p. 131).

The second general strategy used by the researcher was the construction of a case description. Case descriptions are typically used when initial theoretical propositions are not present, when the purpose is essentially descriptive, or when approaching a case descriptively will assist in identifying relationships or causal links between themes of the case (Yin, 2009). In this instance, the propositions were simple and the data provided opportunities for rich descriptions of the effects of the intervention beyond the propositions. Therefore, a case description was created from the data, which gave a holistic and nuanced picture of the participants, intervention and effects.

The third strategy was the use of both qualitative and quantitative data. The study used quantitative data from the ProQOL to describe the baseline of the counselors’ compassion fatigue and to describe, in part, how the counselors experienced the effects of the intervention on their compassion fatigue reduction. Embedding a quantitative measure within the qualitative case analysis provides a “stronger analytic strategy” (Yin 2009, p. 132) than using qualitative measures alone.

Across these three general strategies, the researcher utilized the specific techniques of pattern matching, rival explanations, and explanation building to explore the fit of the propositions, generate rival explanations, and revise or build upon the original propositions to more fully describe the effects of the yoga intervention on the

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participants. Pattern matching is a form of logic that compares empirically based patterns with predicted patterns (Trochim, 1989); it can apply to very simple patterns including those with only two variables (Yin, 2009). The result of coinciding patterns strengthens a case study's internal validity (Yin, 2009). Explanation building involves pattern matching, identification of rival explanations, revision or extension of propositions, and further pattern matching.

Case analysis began with the advice to “play” with the data (Yin, 2009, p.129). After transcribing the initial interviews and the final focus groups, the interviews and quantitative data were summarized with researcher observations and commentary. The propositions were reviewed to determine if the assumptions that the researcher made prior to the study were reflected in the data. The researcher found that the propositions were reflected in the data, however the data provided a richer description of how and why counselors benefitted from the yoga intervention. Data associated with these richer descriptions were then coded. Saldana (2009) notes that value coding calls for the researcher to attune to the participant language, perspectives, and worldviews. Therefore, the coding for this study involved finding themes that reflected more of the felt sense that the participants described having as they participated in the intervention. A rival explanation that emerged was that the yoga intervention alone was not the cause of the change. The rival explanation was further explicated to be that relationship with the researcher and the reflective aspects of study participation also affected and benefited the participants' experience of compassion fatigue. This led to further pattern matching and explanation building.

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To better explain how the patterns and explanations linked together, the researcher developed a case description. The development of a case description is one strategy for synthesizing early coding and identifying causal links and relationships between themes as a part of case analysis (Yin, 2009). The researcher summarized the interviews, quotes, extended phrases, and dialogue from the interviews to set a foundation for writing the case description. This form of thematic analysis, in the tradition of value coding, relies more on summary and sentences rather than shorter codes (Auerbach & Silverstein, 2003; Saldana, 2009). Saldana (2009) notes that value coding is for the researcher to attune to the participant language, perspectives, and worldviews. Therefore, this phase of analysis involved finding themes that reflected more of the felt sense of participants as they participated in the intervention.

By comparing the propositions with the qualitative and quantitative data, coding data not fully accounted for by initial propositions, exploring rival explanations, and synthesizing the emerging patterns through construction of the case descriptions, the major themes of the study emerged. The themes were then substantiated with participant quotes, data from the journals, and researcher observations. The case study data analysis described was comprised of a spiral or cyclical process, where data is collected and analyzed from the general to the more specific (Yin, 2009).

Summary of Case Description

The study took place in a mid-sized town in the Pacific Northwest. The four female counselors participating in initial interviews indicated a prior interest in yoga. The interviews helped the participants identify the individual stories of their compassion

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fatigue and describe what self-care they were already practicing. All four commented on the healing nature of this initial interview, which allowed them to verbally process the shame and isolation that coincide with compassion fatigue. The interview also provided an opportunity to connect with the researcher, who would play a dual role of both observer and yoga instructor throughout the study. The yoga intervention took place in a convenient downtown yoga studio. The counselors entered the yoga studio with a somewhat apprehensive look, as if to say “everyone in this room must know I have compassion fatigue.” As the yoga session progressed, however, their apprehension appeared to dissipate. Participants were given journals in which to record their thoughts, feelings, and sensations before and after each class. By the third session they were conversing freely with each other and appeared genuinely excited to be participating. At the last class session, one of the participants commented, “Well, I don’t care if other people know that I have compassion fatigue. This is just part of being a counselor.” The other participants nodded in agreement; all confirmed that they wanted to continue practicing yoga after the last class session.

The last part of the study consisted of focus groups in which the participants were interviewed together, all responding to the same questions. All reported a change in the relationship with their clients; specifically that they were feeling more creative and employing more mindfulness and self-care during counseling sessions. They had noticed observing their breath more in counseling sessions, and in doing so, noted without judgment that they were breathing incorrectly. All felt reassured to know that the yoga was accessible to them, and that they were free to practice yoga between sessions if they

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chose. Participants also appreciated the intervention classes as a setting for them to meet and practice yoga specifically for compassion fatigue. Participating in yoga for self-care felt different to them than attending a regular yoga class. They commented that the classes provided them a safe place to acknowledge their fatigue, where they could relax into the space, knowing they were among other counselors who were likewise compassion fatigued. They also enjoyed the fact that the class was physical and non-verbal; they felt it would have been a different process had there been words. They reported needing to first feel their compassion fatigue and then take action. This action was to create more awareness, observation, and a felt sense of being able to walk alongside the compassion fatigue, as opposed to getting over or reducing it.

The participants reported that after the intervention they were able to practice between clients, that yoga constituted a practice accessible to them, and that they now had a desire to practice yoga for self-care. All the counselors reported increased self-care as a result of their participation in this study. Overall, the experience of participating in this study was positive for the counselors and changed the basis on which they practiced yoga. Three of the counselors said they had previously attended yoga classes, but that this intervention opened a very different experience in that it allowed them to practice for self-care and to reduce compassion fatigue. One counselor stated, “I feel as if my whole body opened up!” All the participants noted physical relief as well as relaxation from the practice. Six months after the final focus groups, members were contacted to verify the study’s results. Dee and Carmen both noted that the results accurately reflected their experience. Dee commented, “Thank you for this opportunity. I take a regular yoga class

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now and view self-care and compassion fatigue differently as a result of being part of the study.”

Results

Five major themes emerged in response to the research question of why and how yoga impacted counselors with compassion fatigue. These themes included (a) participating in both the intervention and the study, (b) experiencing a change in how the counselors internally processed their compassion fatigue, (c) experiencing a reduction in compassion fatigue, (d) experiencing a change in the counseling relationship, and (e) experiencing a change in how they practice yoga.

Participating in Both the Intervention and the Study

This theme reflects the participants’ perceptions of the structure of the intervention as therapeutic and useful. Participating in yoga was found beneficial in that it provided a practice which was both physical and introspective and enabled them to process compassion fatigue. The counselors reported feeling surprised that the yoga intervention was more helpful than they had imagined. Aspects of the study such as journaling and focus groups were both reported as opportunities to reflect upon and validate their experience. All participants stated that the timing of the intervention on a Friday afternoon was well suited to their enjoyment and ease in participating in the study, and helped them transition into their weekend. While particular physical practices, as noted in the journals, were found enjoyable, what stood out for Dee and Elizabeth as the greatest benefit to participating in the study was the opportunity to share an experience

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with fellow counselors who were likewise dealing with compassion fatigue. Dee expressed this eloquently:

There is something about being able to come together with other counselors expressly for compassion fatigue that shifts us out of the competent counselor who's got it all together, to saying, 'Okay, this is hard; what can we do to support ourselves?' There is something to being able to lay down the burden without having to talk about it.

So much of the life of the counselor is private by necessity for purposes of protecting client confidentiality. Creating a group in which the counselors could participate provided validation in being witnessed, an opportunity to offer up empathy in witnessing others, and a sense of community.

The counselors notably benefited from witnessing others as a component of alleviating compassion fatigue. Additionally, the counselors noticed a sense of relief, validation, and relaxation in being part of the study. They spoke of enjoying the practice and looking forward to it each week. They also attributed the success of the intervention to the relationships they built with each other and with the researcher, which allowed them to share without editing themselves. The counselors consistently described feeling validated as a result of being in the study, in part from witnessing their own change in compassion fatigue, but also from witnessing the same change in other counselors. As Beatrice stated in the initial interview, having a place for "a semi-public confession" also offered counselors an opportunity to be witnessed. This witnessing of compassion fatigue was powerful, not only because it established a ritual for the counselors to participate in,

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but also because acceptance by and within the group helped to reduce shame. Beatrice also stated that her motivation for being part of the study included recognition that it was not healthy for her to become isolated. Elizabeth also felt concern that she was becoming isolated. Being part of the study reminded the counselors that they were not alone, and that they could do what they ask of their clients: ask for help when needed, and feel a sense of hope.

Experiencing a Change in the Internal Process

This theme illustrates that the intervention created a safe space which allowed both reflection and introspection, resulting in greater connection to the internal self. Participants reflected in their journal writings, as well as in the final focus group, that they felt more positive, grounded, and centered. Part of this change was brought about by the anticipation that the yoga intervention would be enjoyable. Beatrice wrote, “I noticed after the first yoga class, this knowing that I was going to be relaxed and focused on my inner experience, and my body experience. It seemed that just knowing that I was going to do that was beneficial for me.”

Observations in the journals showed an increase in internalization of their experience. Initial entries focus on unburdening from the week, describing anxiousness, and reporting on physical pain in the body. Following the first yoga class, the counselors provided more present moment, vivid descriptions of their experience. At the beginning of the second class, the journals described thoughts, feelings, and sensations in more detail. Participants noted positive feelings of eagerness and calm. One wrote in her notes a reminder to “breathe to arrive.” At the end of the second practice, their writings

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reflected more depth in articulating their experience. The counselors moved from being caught up in thoughts and concerns while writing, to being able to inquire about their present experience. Elizabeth gives a clear example of this prior to practicing yoga the third week:

Intense day with clients. Thoughts: frustration, fear of not doing enough or doing it well. Feeling sadness, some fear, tired. Body okay overall. Brain feels full, racing thoughts, a lot of judgment towards self. Not much positive, which is unusual for me. Feeling “needy” and alone despite processing briefly.

Contrasted below is the journal entry Elizabeth wrote immediately after the yoga class:

I did not want to stop! Usually I cut relaxation short but today I had to pull myself up and out of a velvety cushion. Feeling slow, almost lazy, heavy muscles.

Relaxed. Calm. Settled. What a difference an hour can make! I feel relief from the chaos of the week. My brain feels like it’s mine again versus belonging to someone else. No judgment.

The journaling process allowed Elizabeth to have a response at the end of her practice, rather than a reaction to her difficult day. Carmen described feeling this internal process with her compassion fatigue as if “a light went on” and she were able to let her fatigue go, as if it lived in another part of the room separate from her, “so I can be more present, more aware.” Beatrice stated that what was key for her was hearing the yoga instructor say, “focus and notice” the breath, rather than change the breath. What happened in this particular intervention was that the expectation not to change, but rather

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to observe the internal state, created the change. The thought of changing something can be anxiety provoking, as it implies something wrong, damaged, or flawed with the person, which is invalidating and promotes feelings of shame. Observation gave the participants an opportunity to perceive the self in the current state. It shifted the internal monitor from a prescriptive state to a perceptive state. Yoga created an opportunity for the counselors to be introspective and curious about their own experience. Counselors are trained to be observant of others. In this intervention, yoga moved the lens from other to self, and in the process created a transformation in how the counselors viewed their relationship with themselves, and therefore their relationship to compassion fatigue.

Experiencing Compassion Fatigue Reduction

This theme centered on participants' sharing of perceptions that their symptoms – or the symptoms and distress they associated with compassion fatigue – were decreasing or becoming less evident. Beatrice commented, “I would say my level of compassion fatigue is much, much less than when I started. I’m not sure if I could give it a number, but it’s noticeably less.” Elizabeth noticed in retrospect that her compassion fatigue had been “at an all-time high,” and that “it needed to change.” She noted a definite difference for her by the final focus group. In particular, she noticed increased positive interactions with her colleagues, as well as decreased irritability at work. Elizabeth states,

There is nothing wrong with having compassion fatigue...with carrying the stress in my body which the yoga highlighted for me, and I think I was somewhat in denial about.. This really brought my awareness to taking pause and stepping back. Maybe it’s everything I’m dealing with and compassion fatigue. So I was

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paying attention to it on a daily basis.... I made a concerted effort to address it, and it really shifted it for me. So, for me, this was really huge because I had to really look at it; I couldn't just shove it aside and say, "I'm too stressed so I can't look at this. I have to look at this, and I have to do something about this."

A decrease in negative thinking was expressed by Elizabeth and Dee. Elizabeth noticed feeling more hopeful for herself, and that her relationship with her colleagues was more positive. She attributes this to her change in perceived stress, as well as her perception of compassion fatigue. Dee noted that prior to the study she felt relieved when a client would not show up for an appointment. She reports in the final focus group having more energy to follow up with these clients, as well as having more compassion for them.

At the initial interview, the participants all scored in the average range for compassion satisfaction, burnout, and secondary traumatic stress on the Professional Quality of Life Scale (ProQOL). Scores for compassion satisfaction ranged between 30-42 prior to the study, and 38-47 post intervention. Scoring for burnout pre-intervention ranged between 23-28, and for secondary traumatic stress 20-33. Post intervention participants scored between 18-21 for burnout, and 17-25 for secondary traumatic stress. At the follow up interview participants scored high in compassion satisfaction and low in both burnout and secondary traumatic stress.

Experiencing a Change in the Counseling Relationship

This theme portrays how the participants observed that the way that they relate to their clients, as well as their meaning making around being a counselor with compassion

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fatigue, changed. All the participants confirmed that they experienced more creative, renewed energy towards counseling. They reported incorporating more mindfulness and breathing practices into sessions as well. Elizabeth stated that she leads a children's group and found after the intervention that she not only had more energy in session, but also felt a sense of renewal after leading the group. Dee and Beatrice reported that they were also being more creative in their personal lives. Dee stated that she is also speaking to clients more about self-care as a result of being in this study. Dee wrote during the yoga intervention that she was handling clients that are difficult with more "firmness and compassion." Prior to the study Beatrice said that she did not notice or track her breath during session. She noticed even after the first class that she was far more aware of her own breath and her clients' breathing than she had been in the past. Beatrice stated "I have noticed that some of the yoga I do between clients helps, like the sunflower. And the breathing. Really making sure that I am fully oxygenated, because that helps in between clients. It makes a difference." Her words are analogous to being on an airplane and hearing the instruction from the airline steward that you must place your own oxygen mask on before you can assist another passenger. Yoga and mindfulness are like an oxygen mask for the relationship these counselors have with their clients. During the intervention, Beatrice wrote in her journal, "What I notice is that I am more aware of my breathing as I sit with my clients...I find myself taking in deeper breaths."

Another change in the relationship with clients for Elizabeth was the feelings of guilt transformed in her awareness of her own self-compassion. She spoke of feeling guilt

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for having “a good life” in her initial interview, for not experiencing the trauma and difficulty that her clients face. In the final focus group she re-visits this:

I haven't suffered like my clients have. And so I carry that in my experience and sometimes am not aware of it. So then leaving after doing the yoga class I am aware that I have some hope for my clients, so why can't I have that hope for myself?

Elizabeth experiences self-compassion through the process of yoga, a sense that her experience and that of her clients are universal, and therefore both worthy of compassion. This self-compassion insight appears to enhance the counseling relationship.

Experiencing a Change in How They Practice Yoga

This theme illustrates how the counselors had a pre-conceived notion of how one should practice yoga prior to participating in the study. A combination of practicing yoga in this intervention, and the way that the yoga was delivered, changed how the participants practice and perceive yoga. The counselors in this study felt a natural gravitation towards yoga and had an interest and some experience with yoga prior to the study. Beatrice stated that her motivation for being part of the yoga intervention included wanting to develop a yoga practice. Participants said that the way the yoga was presented de-mystified it for them, which created a sense that it was available to them. It also gave them a sense of self-efficacy, which in turn made them want to practice yoga outside of the intervention and in between clients.

Yoga offers more opportunity for introspection and therefore was effective in reducing the stress perception more immediately. The yoga manual designed for this

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study followed guidelines for the instructor to have an invitational delivery in teaching yoga (Emerson & Hopper, 2011). Beatrice picked up on this language and described how it impacted her relationship to yoga:

I think the key was I think at one time you said focus and notice, but not change. I think previous times in yoga I thought I was supposed to do something different with my breathing which ended up with me breathing in less oxygen and feeling more anxious which I think was creating the anxiety.

The sense of not feeling that the way they were practicing yoga was wrong was noted as well by both Carmen and Dee. In addition to changing the relationship to yoga, all the counselors reported an increase in wanting to practice yoga as a result of being part of the study. They felt more inspired not only to take classes, but also to practice yoga between sessions. Elizabeth said what changed for her was not viewing yoga as just a physical practice as she had done in the past:

Well it is interesting because when I go to a yoga class I am drawn to doing more... I found with these four classes that I got the same benefit with doing less. It met a different need is what I think it was. It met a need on a different level... It was richer for me in some ways... because I was approaching it with a different goal. I was more mindful of it impacting my stress.

Her intention to practice yoga changed in that now she is practicing yoga as a way to impact her compassion fatigue. She describes how her experience in this study is different from taking a general yoga class:

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I don't show up to a yoga class and say that this is what I do. I am just another participant. I also don't have the complete emotional release, and I think I got that to a different degree. I think it is maybe a safe space, not that I don't feel safe in other spaces but that this was just a different level of emotional safety.

Her words highlight that it would have been a completely different case study had the counselors gone to a general yoga class and then reported their experience. The combination of practicing yoga with other compassion fatigued counselors, using the introspection necessary to sustain the practice of yoga, journaling about their presence of mind before and after yoga, and then telling of their experience felt richer and more complete than they had expected.

Discussion

The intent of conducting this research was to ask how a yoga intervention impacts counselors with compassion fatigue. Findings from this study determined that participating with other counselors with compassion fatigue impacted the counselors by reducing shame and isolation, while giving a venue to both process the compassion fatigue as well as be witnessed by like-minded peers. The study also determined that the intervention reduced both the perceived symptoms of compassion fatigue, as well as self-reported symptoms as evidenced by the results of the ProQOL. The counselors noticed changes in their internal perceptions of compassion fatigue as well as their relationship to clients and how they practice yoga.

This case study contributes to the growing body of literature that views compassion fatigue as detrimental to counselor wellness (Lambie, 2007; Yildirim, 2008),

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and believes strategies for prevention and recovery are needed (Lee et al., 2007; Roach & Young, 2007; Yager & Tovar-Blank, 2007). The literature speaks to the common knowledge that compassion fatigue is thought to be undesirable and therefore is not typically discussed openly among colleagues (Negash & Sahin, 2011). Participants identified part of the benefit of experiencing the intervention included the supportive nature, as well as the structure of the intervention itself. Prior research has found that there are positive benefits to attending workshops that teach specific self-care practices (Raingruber & Robinson, 2007). This case study found that the intervention was perceived as beneficial because it was a physical practice, it was a group in which everyone there knew that others had compassion fatigue, and there was a felt sense that the participants' state of exhaustion was accepted and not judged.

Participants reported feeling calmer and more relaxed. They also perceived that part of this outcome was anticipation that yoga would be relaxing. This study adds to the body of research findings that yoga is a viable tool for stress reduction (Chong et al., 2011) that also more effectively reduces perceived signs of stress than other forms of exercise (Ross & Thomas, 2010). Prior research posits that counselor attitudes, activities, and qualities prevent counselor compassion fatigue (Ringebach, 2009). Recent literature reviews report that self-compassion is connected to improved psychological well-being (Neff, 2003; Ringebach, 2009; Ying, 2009). The combination of interviews, yoga, journaling, and results of the Professional Quality of Life Scale indicated a favorable response from the participants, and a general better sense of well-being as a result of being part of the study.

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Implications for the Field

A self-care activity that has the perceived benefit of positively impacting the qualities and attitudes of counselors would be a valuable contribution to the counseling field. The findings of compassion fatigue reduction, a change in the internal process, as well as the increase in compassion satisfaction as indicated by the Professional Quality of Life Scale indicate further interest in looking at how self-perception of a counselor's compassion fatigue can determine both the quality and severity of compassion fatigue episodes. The literature reviewed the concept of self-compassion and it is worth exploring how this relationship to self can impact both the professional quality of life, as well as therapeutic alliance. Yoga is one self-care practice that appears promising in supporting self-compassion. A proposition that counselors will benefit from yoga both psychologically and physically was posed during case study design. It was not anticipated prior to the study that the counselor's relationship to yoga would change as a result of being part of this study. This change in how the counselor perceived and participated in yoga is thought by the researcher to have a positive benefit for the client. A counselor with an outlook that is more accepting and self-compassionate will extend compassion to others, in particular, the client. This concept is congruent with not only the extant literature, but also affirms the increase in compassion satisfaction the counselors in this study had. "While self-care is a notable benefit, the beneficial influence of mindfulness does not seem to be restricted to the therapist; the benefits extend to all participants in the therapeutic relationship" (Campbell & Christopher, 2012, p.216). While counselor education and literature reviews emphasize the importance of counselor self-care, there

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have been few studies about how a counselor can cultivate strategies that either reduce or prevent compassion fatigue. Studies that do implement self-care strategies state that counselors find it valuable (Campbell & Christopher 2012; Stauffer, 2012), but few describe how and why the implementation of strategies are beneficial. The current study gives explanations that can be built upon in future research.

Limitations

It is difficult to assess if the delivery of yoga was a success in this study based solely on the relationship built between the researcher and participants. Repetition of the study with the same yoga manual and different teachers might lend itself to the further credibility of both the results as well as the efficacy of the yoga manual. A further limitation is that the location of this study could have biased the results. Yoga is widely accepted in the United States, but culturally the popularity of yoga in the Pacific Northwest is, imaginably, more evident here than in other parts of the country. The demographic of Caucasian and female counselors is also more representative of the majority of counselors within the area where the study was performed. Future research in geographical regions that might not be as readily accepting of yoga, as well as with populations that are diverse in terms of ethnicity and other target demographics, would benefit the field of counselor education.

Future Research

This study indicates that the participants experience of the intervention was positive. Their experiences are associated with the major themes found in the study, which warrant future investigation of quantitative research on formal self-care practices.

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The impact of counselor qualities and attitudes in relationship to compassion fatigue, and how yoga might contribute to either compassion satisfaction or self-compassion is also worthy of further exploration in future research. A theme worth exploring in further research is the idea that a physical strategy that allows for process around perceptions of compassion fatigue in a group setting is beneficial for changing perceptions and reducing negative symptoms of compassion fatigue. There is a lack of research encompassing both yoga and compassion fatigue. The researcher thoughtfully chose multiple methods of case design, implementation, and data collection with this in mind. This study gives the impression that there are yoga provides physical and psychological relief to counselors with compassion fatigue. Future work could explore whether the reduction in symptoms is as salient to the counselor's experience as perceptions of stress, and reduction of stressors. The hope is that the research presented here will further stimulate research in the areas of yoga, mindfulness, self-care, and compassion fatigue. Within the field of counselor education, combining elements of self-care, yoga, and compassion fatigue education within supervision is a topic worth exploring to both promote counselor wellness and further development of supervisee skills. It is also of benefit for helping professionals of other disciplines such as nursing and crisis professionals to develop research tools surrounding the same cluster of themes. If a small amount of yoga can positively impact counselors with compassion fatigue, then it makes sense that exploring this with other helping professions would be of benefit to determining if yoga can reduce compassion fatigue.

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Chapter 4: **Conclusion**

This dissertation study created two thematically linked manuscripts examining yoga as an intervention for counselors with compassion fatigue. The first manuscript reviewed existing literature and related topics that support a rationale for a yoga intervention. Literature on the topics of compassion fatigue, yoga, and self-care were reviewed and defined. Counselor self-care is one way to ease compassion fatigue. Yoga is a popular practice of self-care, and the researcher has prior expertise in teaching and writing about yoga. The second manuscript presented an exploratory qualitative case study of a yoga intervention for counselors with compassion fatigue. Findings concluded that counselors felt positive about the intervention, and that the symptoms of compassion fatigue were reduced as a result of being in the study. It was also concluded that there was a change in how the counselors internally processed their compassion fatigue, and this is attributed to the yoga intervention, the positive experience of journaling, the timing of the intervention, and the interest that the counselors had in practicing yoga; all these contributed to the positive outcomes. Finally, there was a change in how the counselors approached practicing yoga, and the therapy relationship with their clients was beneficially impacted.

Manuscript One: A Literature Review

The first manuscript examines the current literature on compassion fatigue, yoga, and self-care and establishes a need for continued research on these related themes. The review of published literature indicated the benefits of self-care for compassion fatigue, and how yoga is a positive intervention for symptom relief. The literature advises

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counselors to find balance, practice self-care, and avoid the deleterious impact compassion fatigue has on the professional. The current literature does not offer specific interventions for the counselor impaired by compassion fatigue.

Within the lifespan of the counselor, the endeavor of finding balance is often achieved by trial and error (Baker, 2003). Remaining aware that counselor impairment is an ongoing risk is a lifelong process, and one that is also linked to therapeutic efficacy and positive therapy outcomes (Valente & Marotta, 2005). Newer interventions that focus on creating resources, both internal and external, for trauma survivors are increasing in both clinical and research settings (Emerson & Hopper, 2011; Rothschild & Rand, 2000; van der Kolk, 2006). The concepts of compassion satisfaction (Stamm, 2010) and self-compassion might ameliorate the challenge of impairment as the literature on both these concepts demonstrate that it enhances effective coping (Ringebach, 2009), and the perception of competence in a mental health counselor (Ying, 2009). Published literature found that meditation practice and self-compassion development among counselor's has the potential to contribute to personal and professional wellness (Ringebach, 2009). Self-compassionate attitude cultivation is thought to reduce impairment by reducing reactivity to daily stressors (Ringebach, 2009). Yoga practice represents one tool for creating qualities of self-compassion.

Yoga practices help to develop compassion for the self, which in turn, develops compassion for others. A growing body of research supports that yoga techniques partly improve mental health due to the regulation of the sympathetic nervous system (Ross &

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Thomas, 2010). Yoga is also thought to decrease inflammation, which reportedly reverses inflammation's negative impact on the immune system (Ross & Thomas, 2010).

Previous studies on counselor development indicated that contemplation practices, like that of yoga, provide practical tools for self-care (Schure, Christopher, & Christopher, 2008).

It has been written that yoga can be used to promote self-care, enhance self-awareness, and bring awareness to patterns of cognition (Valente & Marotta, 2006). Prior studies also found that compassion fatigue negatively impacts the therapeutic relationship, leaving counselors with the impetus to identify and prevent the condition (Negash & Sahin, 2011). The empirical literature has pointed to various health benefits of yoga including that yoga improves mental health (Ross & Thomas, 2010).

The first manuscript provides a review of existing literature on how compassion fatigue, yoga, and self-care provide a basis to use yoga as a way to intervene with the compassion fatigue of mental health counselors. Richards, Campenni, & Muse-Burke (2010) found a significant and positive correlation between self-care frequency and well-being. This study further indicated that increased participation in self-care activities is associated with increased general well-being (Richards et al., 2010). Ringenbach (2009) found that counselors who practice more than five hours of self-care per week have higher levels of compassion satisfaction than counselors who do not invest as much time in self-care. These findings suggest that counselor's benefit from self-care practices that provide formal instruction.

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Teaching yoga to counselors was proposed as a rationale, in part, as it was considered a way to deepen clinical practice by providing an opportunity to observe the physical responses of the self. The literature speaks to the common knowledge that compassion fatigue is thought to be undesirable and therefore not typically discussed openly among colleagues (Negash & Sahin, 2011). Counselors that are impaired risk distorting the ability to identify physical sensations (van der Kolk, 2006), which could result in the counselor being out of touch with their own needs. Such a lack of awareness could lead to the counselor having difficulty appraising the emotional states and needs of the client.

The second manuscript: A case study on yoga as an intervention for compassion fatigue

The research question asked how and why does a yoga intervention affect counselors with compassion fatigue, and was explored as a way to address the ongoing presenting problem of compassion fatigue in the field of counseling. Findings in the present case study reflect similar findings among students that practiced yoga and related conscious relaxation exercises among graduate students in the internship phase of a counseling program (Christopher, Christopher, Dunnagan, & Schure 2006; Newsome, Christopher, Dahlen, & Christopher, 2006). Students in this study also reported positive benefit to the counseling milieu as well as in managing stress. Findings from a study that looked at the impact of yoga on the self-care and professional growth of the therapist were also consistent with the current study (Valente & Marotta, 2005) in viewing yoga as an important ingredient in self-as-therapist development that benefits the relationship

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between therapist and client. Participation in a yoga intervention allowed the counselors an opportunity to practice self-compassion, which then became a resource for both the client and the counseling relationship.

Compassion fatigue researchers have started to identify protective elements in recovery from compassion fatigue, including having a sense of achievement in their professional life (Figley, 1995), and a development of qualities that help counselors disengage from clients and work during personal time (Ringebach, 2009). Counselors therefore have an ethical obligation to learn how to manage stress as it is critical to ongoing professional development (Newsome et al., 2006), particularly when stress levels rise to the point of threatening a counselor's self-efficacy (Craig & Sprang, 2010). More research on formal self-care interventions, particularly physical ones like yoga, are recommended to further knowledge on how self-care directly promotes both and for compassion fatigue relief, and counselor wellness. Managing compassion fatigue is one critical career issue, as is evaluating which self-care strategies have an impact on counselor work to life balance. Another area of interest is helping new counselors cultivate attitudes, activities, and qualities of the counselor that serve as protective factors for facing a crisis like that of an unidentified compassion fatigue episode. More research on formal self-care interventions like the one developed in this study could serve counselors in both cultivating these qualities of the counselor, as well as supporting identification of compassion before it becomes problematic.

Implications for the Counseling Field

This study examined four counselors with compassion fatigue and their experience of a yoga intervention for self-care. In order to explore potential lived experiences of mental health counselors, data from before, during, and after the intervention was analyzed. Major themes revealed positively perceived benefits from being part of the study, as well as changes in the internal and external processes with which the counselors related to self, clients, and yoga. The findings of compassion fatigue reduction, a change in the internal process, as well as the increase in compassion satisfaction as indicated by the Professional Quality of Life Scale, indicate further interest in looking at how counselor self-perception can determine both the quality and severity of compassion fatigue episodes. The literature reviewed the concept of self-compassion, and it seems worth exploring how this relationship to self can impact both the professional quality of life, as well as therapeutic alliance. Participants in this study identified that the intervention supported a reduction in isolation. It appears that part of the benefit of experiencing the intervention included the highly supportive, highly structured nature of the intervention itself. This study provided a yoga manual for counselors with compassion fatigue. It is of interest to the field of counseling to determine if yoga interventions would benefit counselors facing other critical professional issues. Participants in the study identified that the practice of yoga was beneficial in that it was accessible, sensitive to their experience of compassion fatigue, reduced feelings of isolation, and provided the counselor's validation. Yoga has been found to combat perceptions of stress better than other forms of exercise (Ross &

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Thomas, 2010). Studies that compare yoga results to other forms of exercise with compassion fatigued participants could provide an answer to what specific self-care activities support counselors.

Recommendations for Future Research

Studies on formal self-care interventions aimed at reduction or prevention looks to be of benefit to the counseling field. Further self-care research as it looks as though a practice like yoga benefits counselors that are compassion fatigued. Learning how to observe the body and breath in present moment appears important for further research since the ability to respond, rather than react, is a beneficial skill set for counselor development. Further mindfulness research could lead to implementing wellness programs among professional helpers to prevent compassion fatigue, as well as further stimulate research in the areas of yoga, mindfulness, self-care, and compassion fatigue. It could also be of benefit for helping professionals of other disciplines such as nursing or crisis professionals to develop research surrounding the same cluster of themes. If a small amount of yoga can positively impact counselors with compassion fatigue, then it makes sense that imploring this with research participants like that of paramedics and other emergency helping professionals would be of benefit to determining whether yoga can reduce compassion fatigue and therefore reduce harm to clients that are at risk. Empirical data reviewed suggested that compassion fatigue continues to be a problem that stymies the helping profession, and that there remains a need to find clear courses of action that remedy the impairment. Sufficient research, intervention development, and education on

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self-care and mindfulness practices such as yoga are recommended for addressing and reducing compassion fatigue among counselors in an organized manner.

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Appendices

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Appendix A Consent Form

Research Title: A Self-Care Yoga Intervention for Counselors Experiencing Compassion Fatigue: A Literature Review and Qualitative Case Study.

Principal Investigator: Mark Stauffer Ph.D.

Student Researcher: Janys Murphy MA, LMHC

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to investigate the perceptions five counselors that are currently experiencing compassion fatigue before, during, and after a yoga intervention that is intended to support ongoing self-care. The study will explore the data collected from counselors that experience a yoga intervention designed for those identified with compassion fatigue. It is not known how a yoga intervention will affect either the professional or the personal life of the compassion fatigued counselor. The researcher wants to further understand the experience of counselors with compassion fatigue as they participate in an intervention of a yoga designed for the compassion fatigued counselor. Findings from this study will add to the body of literature about the subjects of self-care, compassion fatigue, and yoga. Research will also be presented in the final written thesis, further publications, poster presentations, and conference presentations, for example.

WHAT IS THE PURPOSE OF THIS FORM?

This consent form gives you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not.

WHY AM I BEING INVITED TO TAKE PART IN THIS STUDY?

You are being invited by email to take part in this study because you are a part of an counseling association, and have identified after reading the letter to participants, that you are a counselor who identifies as experiencing a current episode of compassion

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fatigue, and are willing to be part of a study that looks at yoga as a self-care practice for compassion fatigue.

WHAT WILL HAPPEN DURING THIS STUDY AND HOW LONG WILL IT TAKE?

As a participant of this study you will be asked to participate in an initial in person interview lasting about 45-60 minutes. You will then participate in a weekly one hour yoga practice for four weeks with three other participants. Participants will be asked to keep other participants confidentiality during the study although the researcher cannot guarantee this. The researcher will keep participant information and participation confidential. A final focus group will take place after the four week yoga practice, lasting 2 hours. For the purpose of reliable data collection, the initial interview and the final focus group will be audio recorded. The justification for recording the interview is to ensure the accuracy of the data. You will also be asked to verify the data in order to help ensure the trustworthiness of the data. If you agree take part in this study, your involvement will consist of approximately seven total hours, over the span of approximately six weeks.

WHAT ARE THE RISKS OF THIS STUDY?

The interviews associated with this investigation pose **minimal** risk to participants economically and physically. The interviews are confidential and the data generated from the interviews will be reported in such a way as to avoid participant identification, posing **minimal** social or professional risk. The greatest potential risk will be psychological. Participants will be asked to discuss his or her current experience from compassion fatigue.

While the interview questions are not intended to be threatening, they do require a level of introspection and reflection. Such reflection may evoke emotional reactions in participants. Should this occur in any interview, the interview will be terminated. At the point of termination, the tape recorder will be turned off and no further data will be collected. The researcher is a Licensed Mental Health Counselor who is trained to process strong emotional reactions as they arise in order to ensure participant stability. If

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necessary, the participant will be referred to a professional counselor or therapist in his or her area, however this level of emotional distress is **highly unlikely**. The participant will be responsible for his or her own payment for professional counseling. The interview questions are designed to be broad and biographical, and as such are not likely to cause distress.

The major risks of participating in the yoga portion of this study include fatigue, muscle soreness, and possible joint or skeletal injury. All participants will be carefully screened, so that only physically healthy counselors will be enrolled. The risk of injury from the exercise will be minimal, because yoga protocols will be tailored towards the study population (counselors who work in a sedentary occupation with little or no prior yoga experience). Furthermore, participants will receive careful instruction in ways to prevent injury and will be closely monitored during class. Participants will benefit by learning more about their own health, and by increased fitness or flexibility, decreased fatigue and improved quality of life. Participants also are asked to fill out the Physical Activity Readiness Questionnaire (part of the Interest Survey approved by the IRB), which is a standard set of questions recommended by the American College of Sports Medicine for screening patients for cardiovascular disease. A "yes" response to any of the 7 questions will trigger a review by the study researcher, and the participant will be called to make sure that there are no contraindications to participating in a yoga practice before inviting him or her for further screening. Also, participants will be encouraged to discuss with their doctors their participation in the yoga study.

The researcher is a certified yoga instructor and therefore has training and preparation to present verbal and visual instruction that poses minimal risk to the participant. At the beginning of each class, the yoga instructor will ask the study participants (i.e., the yoga students) whether they have any injuries or soreness that she should know about. The yoga instructor will keep a log of any complaints or concerns voiced by the study participants and share this with study staff. Participants will complete weekly logs which track the supervised yoga sessions that they attend each week, as well any at home sessions and the duration of each session. Participants will also report

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injuries incurred during the supervised yoga sessions or at home in their logs. These logs will be reviewed on a weekly basis by the researcher and feedback will be provided to participants.

The nature of the study is a group intervention. While the researcher will take measures to ensure confidentiality, a potential risk is that other group members could share identifying information of the participant. Participants will be asked to keep anonymity by only sharing first names.

The use of the internet poses potential risks in that email transmissions cannot be guaranteed to be secured or error-free. Transmissions could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or could contain viruses. The researcher maintains anti-virus and other security software on his or her computer and will include a message of confidentiality on all electronic correspondence.

WHAT ARE THE BENEFITS OF THIS STUDY?

There are no known direct benefits to participating in this investigation. However, participants could benefit by learning more about their own health, and by increased fitness or flexibility, decreased fatigue and improved quality of life. The indirect benefits to participation include contributing to the professions of counseling, counselor education and supervision, and to informing both individual counselors and professional organizations what benefits there might be to practicing yoga as self-care for counselors with compassion fatigue. There are no monetary benefits for participation in this study.

WILL I BE PAID FOR PARTICIPATING?

You **will not** be paid for participating in this research study.

WHO WILL SEE THE INFORMATION I GIVE?

The information you provide during this research study will be kept confidential to the extent permitted by law. The confidentiality of participants will be protected throughout the sampling, data collection, analysis, and writing procedures. An audio recorder will be used during the interviews to record the verbal data shared by participants. You will be asked not to reveal any identifying information regarding clients. Once the interviews are transcribed and checked for accuracy the tapes will be

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destroyed. All other data, such as the transcription of tapes will be labeled only with the participant's assigned number. No other individuals will have access to participant names or corresponding numbers. All forms and data will be stored separately in a locked file cabinet in the offices of the Department of Teacher and Counselor Education for a minimum of six years. Only the researchers will have access to the data. If the results of this project are published your identity will not be made public.

DO I HAVE A CHOICE TO BE IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

You will not be treated differently if you decide to stop taking part in the study. If at any time you do not wish to answer a question or if you want to stop an interview, you are free to do so. If you choose to withdraw from this project before it ends, the researchers may keep information collected about you and this information may be included in study reports.

WHAT IF I HAVE QUESTIONS?

If you have any questions about this research project, please contact: Mark Stauffer, Ph.D. at: 971-221-8865. Email: stauffem@onid.orst.edu, or Janys Murphy MA, LMHC at: 360-754-1747. Email: murphyj@onid.orst.edu. When you have completed this form, please mail it to Janys Murphy, MA, LMHC, Licensed Mental Health Counselor, P.O. Box 13021 Olympia, WA 98508.

If you have questions about your rights as a participant, please contact the Oregon State University Institutional Review Board (IRB) Office, at (541) 737-8008 or by email at IRB@oregonstate.edu.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

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Participant's Name (printed):

(Signature of Participant)

(Date)

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Appendix B**Participant Information Form**

Name: _____ Age: _____ Email: _____

Phone: _____ Okay to leave a message? Yes No

Are you a Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW) or on track to become licensed an LMHC, LMFT, or LICW? Yes _____ No _____

What is your age?

What is your gender?

What is your race and/ or ethnicity?

Including internship, how many years have you worked as a counselor?

In the last year, have you felt significant distress, either physically or psychologically, as a result of the work you do with clients that have a trauma history, or meet criteria for PTSD or ASD? Yes _____ No _____

Please indicate your highest degree in counseling that you have incurred:

Indicate which (if any) of the following self-care practices you have done in the past 2 weeks (check all that apply): Personal therapy _____ Clinical supervision _____

Consultation _____ Meditation _____ Yoga _____ Walking _____ Other Exercise _____ Art _____

Music _____ Writing _____ Journaling _____ Reading _____ Socializing _____ Massage/

Bodywork _____ Nature _____ Nutrition _____ Other _____ (please specify type if marked Other): _____

Of the self-care practices you indicated, what is the total amount of time you spend engaged in those practices per week?

What is your level of experience with yoga, if any?

If you do practice yoga, how long have you been in practice (in months)?

How much time do you spend each week practicing yoga, if any?

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If you would like to participate in this yoga-self-care intervention, please answer the following:

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions- Please answer Yes or No to the following questions

- 1) Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?
- 2) Do you feel pain in your chest when you perform physical activity?
- 3) In the past month, have you had chest pain when you were not performing any physical activity?
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6) Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?
- 7) Do you know of any other reason why you should not engage in physical activity?

If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition

Appendix C

Participation Script: Initial Contact with Participants

Thank you for inquiring about the research into the experiences of licensed therapists who currently to work in the counseling field and currently have compassion fatigue. This study will be qualitative in nature and we will be investigating how counselors with compassion fatigue respond to a self-care practice of yoga.

Thank you for contacting the researcher to express interest in the study. The researcher will now go through a telephone screening process to ensure that you meet the inclusion criteria. To ensure that the you understand the elements of the research study, a verbal consent process is conducted before this information is obtained. The researcher will explain verbally the purpose of the study, what activities you will participate in, as well as the risks and benefits of participating. The researcher will also ask you to verbally review the Physical Activity Readiness Questionnaire (PAR-Q). If you answer “yes” to any of the questions on the PAR-Q, then you will be asked to consult with a physician before engaging in the physical activity involved in this study. In the meantime, you will be moved to a waiting list, and if you are able to verbally verify consent from a physician, can then participate in the study if the limit of 5 participants is not met at the time. Feel free to contact the Principal Investigator with any questions or concerns. I will provide you with the Principal Investigator’s contact information. Other information obtained during this time includes the participants name, age and contact information. If you are determined to be eligible for the study, then the investigator will schedule an initial interview to collect data (Appendix B).

The elements of this study are as follows: As a participant you will be asked to participate in one individual audio-taped in person interview, lasting approximately 40-55 minutes. You will then participate in a weekly yoga self-care intervention for four weeks lasting for one hour per week. Finally you will be asked to meet for one audio-taped focus group with the other research participants following the yoga self-care intervention for 2 hours. The tapes will be transcribed and then destroyed. Your total time commitment to this investigation would be approximately 7 hours.

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It is important that the results are trustworthy, that is that they match your experiences. Therefore, I will be asking you to review my results to check for accuracy and that my perceptions of your responses are accurate.

The results from this research will be used for our Ph.D. coursework at Oregon State University. They may also be used for future publication.

Your participation is voluntary. If at any time you do not wish to respond to a question or if you desire to withdraw from the study, you have the freedom to do so.

Do you have any questions about this research study?

Would you like to participate in this research study?

The principal investigator for this study is Dr. Mark Stauffer. Questions regarding this study can be directed to Janys Murphy at (360) 754-1747

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Appendix D**Letter to Participants**

Dear

My name is Janys Murphy and I am a PhD Candidate at Oregon State University. I am in the process of recruiting participants for a study on how yoga as a self-care intervention influences counselors who currently have compassion fatigue. This study is being conducted as part of a doctoral level research.

Due to your level of expertise in the counseling profession, I would like to ask for your help in the recruitment of participants for my study. The criteria for participation are masters level mental health counselors, marriage and family therapist, and social workers who identify as currently having compassion fatigue, are still working either in private practice, school, substance abuse or mental health programs with clients experiencing trauma, and are able to articulate their experience of compassion fatigue. The participant must be willing to take part in a four week yoga intervention. If you know counselors who meet the criteria I would appreciate it if you would give them the information I have attached, which includes a consent form regarding the research. Please indicate to the prospective participant that participation is strictly voluntary and if interested he or she may contact me directly. My email address is: stauffem@onid.orst.edu

The research design for this investigation is a qualitative, single case study methodology. The study will include one initial 40-55 minute audio taped in person interviews with participants, participation in four one hour yoga interventions, and a follow up focus group lasting 2 hours. Total time commitment for participants will be approximately seven hours over approximately 6 weeks.

I appreciate your help with this research which will add to the body of literature related to yoga, self-care, and compassion fatigue in the counseling profession.

Thank you in advance for your support and assistance.

Appendix E

Participant Demographic Questions

1. Could we spend a few moments reviewing the information on your participation form?
2. Do you have a particular theoretical orientation?
3. With what population do you work now as a counselor?
4. What is the context in which you work (agency type)?
5. What is your case load like currently?
6. When did your experience with compassion fatigue begin?
7. When did you know or notice your compassion fatigue?
8. What physical and psychological symptoms stand out for you?
9. When you consider your current compassion fatigue, what thoughts and feelings do you have about yourself as a counselor? What about as a person?
10. At this time are you participating in any type of self-care?
11. How many hours per week are you working?
12. What is your previous experience with yoga, if any?
13. What interests you about being a participant in this study?
14. Do you have any other questions regarding this study?

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Appendix F**Professional Quality of Life Scale: Compassion Satisfaction and Compassion
Fatigue**

From ProQOL.org Online Support proqolog@gmail.com

To janysmurphy@mhc@gmail.com

Date Fri, Aug 19, 2011 at 5:15 PM

Subject Re: Contact Form.

Important mainly because of the people in the
conversation.

This message may not have been sent by: proqolog@gmail.com

Hi Janys,

Thank you for your interest in the ProQOL. We are delighted for you to use it in your research work. I see that you have written from the ProQOL.org site. I try very hard to put as much information there as possible so that researchers like you will be able to gather what they need easily.

As you know, the ProQOL is a completely volunteer effort and we really only have the website infrastructure. The ProQOL is a labor of love in many ways. Is there something specific that you have not been able to locate that I may assist with?

Best,

Beth

Permission for Use of the ProQOL (Professional Quality of Life Scale:

Compassion Satisfaction and Compassion Fatigue)

www.proqol.org

Accompanied by the email to you, this document grants you permission to use for your study or project

The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue) www.ProQOL.org

Prior to beginning your project and at the time of any publications, please verify that you are using the latest version by checking the website. All revisions are posted there. If you began project with an earlier version, please reference both to avoid confusion for readers of your work.

This permission covers non-profit, non-commercial uses and includes permission to reformat the questions into a version that is appropriate for your use. This may include computerizing the measure.

Please print the following reference or credit line in all documents that include results gathered from the use of the ProQOL.

Stamm, B. H. (2010). The ProQOL (*Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue*). Pocatello, ID: ProQOL.org. retrieved August 19, 2011 www.proqol.org

Permission granted by

Beth Hudnall Stamm, PhD

Professional Quality of Life Scale

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COMPASSION SATISFACTION AND COMPASSION FATIGUE**(PROQOL) VERSION 5 (2009)**

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1= Never 2= Rarely 3= Sometimes 4= Often 5= Very Often

___ 1. I am happy.

___ 2. I am preoccupied with more than one person I *[help]*.

___ 3. I get satisfaction from being able to *[help]* people.

___ 4. I feel connected to others.

___ 5. I jump or am startled by unexpected sounds.

___ 6. I feel invigorated after working with those I *[help]*.

___ 7. I find it difficult to separate my personal life from my life as a *[helper]*.

___ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.

___ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.

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- ____ 10. I feel trapped by my job as a *[helper]*.
- ____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- ____ 12. I like my work as a *[helper]*.
- ____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- ____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- ____ 15. I have beliefs that sustain me.
- ____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- ____ 17. I am the person I always wanted to be.
- ____ 18. My work makes me feel satisfied.
- ____ 19. I feel worn out because of my work as a *[helper]*.
- ____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- ____ 21. I feel overwhelmed because my case [work] load seems endless.
- ____ 22. I believe I can make a difference through my work.

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___ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.

___ 24. I am proud of what I can do to *[help]*.

___ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.

___ 26. I feel "bogged down" by the system.

___ 27. I have thoughts that I am a "success" as a *[helper]*.

___ 28. I can't recall important parts of my work with trauma victims.

___ 29. I am a very caring person.

___ 30. I am happy that I chose to do this work.

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Appendix G

List of Yoga for Intervention

Week One- Seated Chair Series

1. Grounding and Breathing Technique
2. Body Scan
3. Abdominal Breathing
4. Alternate Nostril Breathing
5. Lion Pose
6. Shoulder Movements
7. Neck Movements

Week Two- Standing Series

1. Mountain
2. Elephant Swing
3. Sunflower
4. Standing Side Bend
5. Standing Hip Circles
6. Warrior I
7. Warrior II
8. Horse Stance with Arm Flow Movement

Week Three Quadruped Series

1. Cat and Cow spine stretch
2. Thread the Needle
3. Quadruped Balance
4. Child Pose

Week Four- Supine Series

1. Knee to Chest alternating legs
2. Prone Twist
3. Ujaiya Breathing with knees bent
4. Final Relaxation

Appendix H**Interview guide for final focus group interview**

- (a) How would you describe your experience of the yoga intervention?
- (b) What did you notice when you listened to your body, and tracked your thoughts, feelings, and sensations?
- (c) What did you notice in regards to your current compassion fatigue episode?
- (d) What have you noticed about your clinical work with clients?
- (e) Have you continued to practice at home or at the office?
- (f) Do you think you will continue to practice yoga as a result of participation in this practice?
- (g) Is there a change in your self-care since beginning this study?

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Appendix I

Yoga Manual for Compassion Fatigued Counselors

Hello and welcome to our first group. My name is Janys Murphy. In addition to being the student researcher for this study and a counselor, I am also a certified yoga instructor, eligible for registration with the International Yoga Alliance (IYA). To be registered for the IYA, a yoga instructor needs an approved 200 or 500 hour certification. I have a 500 hour certification, and have taught yoga for over 13 years.

The purpose of this group is to teach a yoga protocol that is specifically designed for mental health counselor self-care. I am also providing you with a journal to take notes and to record your thoughts, feelings, and sensations as you go through this practice session, or if you choose to practice outside of the group. I will collect the journals at week four for data collection.

Although this practice is designed to be gentle and calming, please remember to go at your own pace. All the asanas (meaning, the physical practice of yoga) might not be right for your body. As we go through the first time I will ask you to share with me any injuries or medical concerns so that I can help you modify your practice.

Since yoga might be unfamiliar to you, I would like to give you a brief introduction. Yoga is a body mind practice that originated from India reportedly 4000 years ago. Yoga was introduced to the west in the 1950's as a physical practice similar to aerobic exercise. In the 1990's yoga increased in popularity. It is now an integrated part of our culture with yoga studios in most major metropolitan areas. Yoga in Sanskrit means union or to yoke. In practicing yoga, the yoking or connection is to the self, important relationships in your life, and your higher power or the collective unconscious. Yoga is comprised of 8 limbs. We will work primarily with three including the breath practice of yoga, the mindful practice of yoga, and the physical practice of yoga.

As we go through each practice, I will share with you the benefit of each asana, breath, or pranayama practice. The hope is to coordinate the breath with each movement, but please just remember to breathe. I hope you find this practice calming, relaxing, enjoyable, and fun.

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Before we begin the physical practice, I would like to go over with you a rationale for why yoga might support you in reducing physical and psychological symptoms of compassion fatigue. My hope is that this knowledge might help motivate you as you move on your own through your practice.

The nervous system is comprised of 2 branches, the sympathetic nervous system (SNS), and the parasympathetic nervous system (PNS). When the body encounters stressful events, like that of hearing difficult stories of clients with trauma and anxiety, the nervous system will prepare the body for stress by producing adrenaline and cortisol.

The yoga practice presented here begins with seated breath, pranayama, and yoga practices. Next week the practice is standing and designed to twist, increase flexibility in the limbs and the joints, increase focus in coordinating breath and movement, and to strengthen the lower body including the core. The third week of the practice is on all fours (also known as quadruped), and will strengthen the core, stretch the spine, and relax the spine and lower back. The fourth section is prone, or lying face up on the back, designed to stretch the legs, twist the trunk of the body, and leads into a relaxation sequence.

Please take a moment to reflect on your thoughts, feelings and sensations in your journal before we begin the practice.

We will begin our practice seated in a chair. You have available to you a yoga mat, as well as a blanket for our ending relaxation practice. Each session can be practiced in 30-45 minutes, but I recommend that you do what you can each day at your own pace. The yoga handouts are developed so that you can do the practice in briefer time periods if needed. You will find suggested briefer practices at the end of the protocol (at the end of week 4).

Today we will go over the seated practice. We will then take a break and verbally go through this section, allowing time for questions and further demonstrations if need be. We will take a second break, then practice the seated and meditation exercises once more. During the week I ask that you contact me if you have questions that support you in practicing the yoga protocol on your own.

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Let's begin with the first exercise in the seated series.

1. Grounding and Connecting with the seated space

Begin by uncrossing both arms and legs. Place your hands on the top of your upper legs, and place your feet on the floor. If it feels safe to do so close your eyes, otherwise let your eyes soften and gaze gently in one focused point in front of you. Be aware of your breath, and follow the inhale as well as the exhale with your attention. Let your attention come to your thoughts as you breathe, just allowing the thoughts that are there to be present. Imagine that the mind is like a clear blue sky. As you exhale, you are exhaling thoughts, like clouds, out of your clear blue sky. Send the breath down to your feet and feel your feet reach to the earth. Focus on your feelings. And like your thoughts, notice without judgment, allowing the feelings to be present in your heart. As you breathe out imagine your heart is like a clear blue sky. Exhale any feelings out. The breath is a filter like waves coming into shore, the breath out sends the emotions out. Now bring your attention to sensations. Notice where in your body you feel relaxed, and where there is tension. Notice the quality of heavy, density, tightness, temperature.

2. Body Scan

Begin with eyes closed, seated, feet on floor, hands on thighs. Bring your awareness to your left foot. Breathe in and as you exhale, send the out breath to your left foot, as if the breath is moving through the foot and into the earth. Bring your awareness to your left calf and knee. Breathe in, and as you breathe out exhale, imagining the breath is moving from your left knee down to the left foot and into the earth. (Instructor repeats same instruction for thigh, abdomen, low back, hands, arms, shoulders, neck, face, and right limb). Finally notice any area in your body that continues to have tension. Bring your attention to that place in your body and breathe in. As you breathe out, imagine that you are moving the tension from that place in your body down to the feet and into the earth.

3. Abdominal Breathing

With legs uncrossed and feet on the floor, place one hand on your chest and one hand on your navel. Notice without judging as you breathe, does your chest move, or

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your belly, or both? If only your chest moves, try to relax your shoulders. As you exhale feel your belly soften. See if your muscles can relax as you breathe in. Breathe out twice as much as you breathe in. Imagine that your belly is like a balloon, and as you breathe in the balloon inflates, and as you breathe out the balloon deflates. It is okay if your shoulders and chest move. Since reverse breathing and anxiety breathing happens in the chest try to relax the muscles and see if the breath naturally moves lower in the body. If this is difficult for you, practice this on your back with one hand on the navel and the chest.

4. Alternate Nostril Breathing

Yogis believe that this exercise will calm and rejuvenate the nadis, the spiritual channels of energy believed to run along the physical central nervous system. Alternate nostril breathing produces optimum function to both sides of the brain which in turn also creates a more balanced person, since both halves of the brain are functioning properly. Close the right nostril with your right thumb and inhale through the left nostril. Immediately close the left nostril with your right ring finger and little finger, and at the same time remove your thumb from the right nostril, and exhale through this nostril. Inhale through the right nostril. Close the right nostril with your right thumb and exhale through the left nostril. This completes one full round. Try to do three rounds with each yoga practice to decrease fatigue.

5. Lion Pose

Lion pose is good for releasing anger, tension, and stress. It also produces laughter in groups. Typically this is done on the floor with feet under the sitting bones. In a chair, place your hands on your knees. As you inhale lean back in your chair, as if you are a lion about to roar. As you exhale lean forward, widen your eyes and face, and stick out your tongue. Exhale with your tongue out while producing the “ha” sound from the back of your throat. Repeat at least three times.

6. Shoulder Movements

Begin by shrugging the shoulders up and then down. Repeat with the breath three to five times. Inhale as you lift the shoulders and exhale as you drop the shoulders. Next,

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clasp your hands in front of you and repeat the above sequence (3-5 times). Place fingers behind you with arms straight or clasp your hands. Move the shoulders back and forward with breath 3-5 times. This helps to open the chest and relieve tension accumulated in the upper torso. Finally circle the shoulders with arms by your sides three to five times.

7. Neck Movements

Lace your fingers behind your neck and drop the chin towards the chest. Let the elbows drop. Inhale and look up lifting the head while opening the elbows. Exhale and drop the chest 3-5 times. Bring head to center. Inhale at center, then exhale and bring the chin and gaze to the right shoulder. Come back to center, repeat to the left (3-5 times).

Please take a moment to record in your journal any thoughts, feelings and sensations that are coming up for you.

Yoga manual for compassion fatigued counselors week Two

Standing Series

Next we move onto the standing asana practice

1. Mountain
2. Elephant Swing
3. Sunflower
4. Standing Side Bend
5. Standing Hip Circles
6. Warrior I
7. Warrior II
8. Horse Stance with Arm Flow Movement

1. Mountain Pose

Begin by standing at the front of your mat with your feet hip distance apart. By hip I mean the width of your hip bones, so check to make sure that you are lining with bones and not muscle and skin. Let your hands drop by your sides and allow your palms to turn forward. Feel your shoulders relax as you do this. Bring your attention to your feet. Notice if the weight of your foot is in the toes or in the heels. Notice also where your mind and attention go with this awareness. See if you can stand equally on the heel and the

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outside ball of the foot, just below the big toe. Moving up the leg, bring your attention to your knees. If you are locking your knees, try softening the backs of the knees. Imagine that you can micro bend the knees. Some of us have a habit of doing this and find it helpful to both soften the knees and use the quadriceps to gently lift the kneecaps. This keeps the body from going back to the habitual hyperextension, and this is better for your relationship to your hips and low back. Bring your attention now to your hips. With your hands on your hips swing the hip bones back and forth. Then find the middle of this swing, and allow your tailbone to point towards the space between your heels on the floor. Feel yourself lifting up through the front and back of the ribcage to lengthen the spine. As you lift the ribcage, feel the shoulders dropping down the back and settling into the back of the ribs. Finally bring your attention to your neck. Lengthen through the top of the head. If you can swallow comfortably, then your neck is in the right place to support your head. Imagine a majestic mountain in front of you. Breathe and imagine that you stand just as grounded and supported in your body as that mountain is rising from the earth. Breathe to support the opening of your bones in your body. Lengthen through your bones as you soften your muscles and joints.

2. Elephant Swing

Bring your feet to mat width apart. Let your hands and arms relax by your sides. Gently twist from the waist breathing in and out at a natural flowing rhythm. Soften and slightly bend the knees. Allow the opposite heel to lift and turn the toe towards the direction your arms move. Slow down the movement and the breath, making sure the feet move with the arms. Then speed up the movement, making the twist of the whole body as grand as you like. Then slow the movement down again and notice your breath. This is a good warm up for standing yoga and other forms of exercise. At the end, return to mountain pose and lengthen through the bones as you soften the muscles and the joints.

3. Sunflower

Inhale and raise your arms around and up overhead. Exhale and drop your hands out and down by your sides. Inhale and as you lift the arms up, imagine that your upper body is like a sunflower lifting towards the sunshine. Exhale and release your arms to the

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side. This is a half sunflower. For a full sunflower inhale and raise your arms up, and on the exhale gently let your body lilt forward towards your lower legs. The action should be like a flower expanding with the sun rise, and contracting gently as the sun sets.

4. Standing side bend

Standing at the top of your mat bring your body into standing mountain. Inhale and raise your right arm up. Take in another cycle of breath and feel your right side of your body expand from the right heel to the top of the fingertips. Breathe in and on your next exhale root down through the right foot as you extend the arm up and over to the left side of the body. On your next cycle of breath drop your left fingertips towards the floor. See if you can still feel spaciousness between the hips and the rib cage on both sides of the body. Return to standing mountain and repeat the sequence on the opposite side.

5. Standing hip circles

Bring the feet to the top of your mat and then mat distance a part. Micro bend the knees and lengthen through the spine. Bring your hands on your hips. Exaggerate the four directions of the pelvis, right, left, forward and back. This option might serve you better than the hip circles, if so continue moving the hips in four directions, being aware of your cycle of breath. Imagine that you are using a hula hoop around your hips and begin to slowly circle the hips. After a few rounds, reverse the direction of the hips. This movement opens the low back and joints of the pelvis. It is also a good warm up for other standing movements.

6. Warrior I

From the top of your mat take a step back with the right foot. Keep the right foot turned towards the front of your mat. Your feet should be hip width apart, and the legs stand about one of your leg lengths a part (no more than 3 feet). Inhale and raise your arms up overhead. If you have high blood pressure, it is okay to bring the palms together in front of the heart. If the arms are raised, then on exhale see if you can drop the shoulders. On your next breath out bend the left knee. Point the knee over your middle toe. When you look down you should still be able to see your big toe (keep the knee

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behind or in line with the ankle). Return to mountain pose after a few breath cycles and repeat on the opposite side.

7. Warrior II

From the top of your mat take a step back with the right foot. Turn the right foot to point perpendicular. The toe might turn in slightly on the right foot. Your feet should be hip width apart, and the legs stand about one of your leg lengths apart (no more than 3 feet). Bring your hands to the hips and point the bellybutton to the side of the room (the same direction as your right foot). Inhale and raise your arms up overhead. Exhale and extend the arms, palms down to just below the shoulders at out the length of your yoga mat. Bend into the left leg, keeping the knee at the ankle and tracking over the third toe. Try to turn your head to face forward without moving the hips. If the hips move considerably then keep your gaze to the side of the room. Keep your balance on both the right and left sides of the body. If you have high blood pressure, it is okay to bring the palms together in front of the heart.

8. Horse Stance with Arm Flow Movement

Stand with the feet three feet apart on your mat. Turn the toes out slightly. On the exhale drop the knees over the ankles into horse stance. Extend the arms out to the sides palms up. Inhale and raise the arms up over head and as you exhale lace your fingers and bring your arms over your heart and back to the side. Repeat several cycles. Again extend your arms with palms facing forward. On inhale extend the arms as if they are embracing a large ball. Exhale lace the fingers and move the palms across the chest and back to center.

Yoga manual for compassion fatigued founselors- week three

Seated and quadruped series. Warm up with the movements from last week of elephant swing (1 minute) and sunflower (1 minute), as well as the neck and shoulder movements from week one.

Gently come to a comfortable seated position

9. Cat and Cow spine stretch

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Begin in a comfortable seated position, either easy pose or a variation that feels right to you. If your low back or hamstrings are tight, then sitting on a blanket will help reduce the stress and make sitting feel more at ease. Place your hands on your knees and bring your attention to your breath. On an inhale arch your spine and feel your heart and ribcage lift and move forward. On an exhale draw the ribs in and round the shoulders and head forward. Continue to follow your breath with the movement, so that you move into arching the spine on inhale, and curling the spine forward on the exhale.

Next we will try this from a quadruped position. If the knees need more support, place a blanket underneath them. On your hands and knees with a neutral spine, bring awareness to your breath. On inhale lift the head as you drop the belly and ribs towards the floor. On exhale reverse the movement, rounding and dropping your head and shoulders while lifting the small of your back towards the ceiling. Continue to follow your breath with the movement, so that you move into arching the spine on inhale, and curling the spine forward on the exhale. Optional- this movement flexes and extends the spine. You can also from a neutral position circle the hips in a clockwise motion and draw the ribcage from left to right. It is best to move the body in this position that feels best to your body. For example, some bodies might move with more ease by moving the head and tailbone towards one and the other on either side (this is also called the spinal smile). Others might find circling hips and ribs easier. The aim of this practice is to bring more spaciousness to the core of your body, spine, and relieve tension while using the breath.

10. Thread the Needle

On all fours with a neutral spine, take your right hand and turn the palm upward. Then take palm between the left knee and shoulder. Continue moving the arm between the knee and shoulder until the right shoulder and right forehead rest on the floor. The right arm is extended, and the left hand can extend over the right. To increase the stretch, raise the left arm towards the ceiling (this might naturally create a very slight twist in the hips). Exhale and slowly draw the right arm back to center. Repeat on the opposite side. This deeply stretches the front and back of the shoulders, the chest, and the upper back.

11. Quadruped Balance

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On all fours with a neutral spine, head and neck, extend the right arm in front of the body. Inhale. On the exhale contract the core of the body and lift the left leg up and back. Imagine that the wrist, shoulder, hips, knees and feet are all in one line. Take three rounds of breath and then repeat on the opposite side. This is a balance and a core strengthener that helps support concentration as well and supporting the low back by stretching the back while strengthening the abdomen.

12. Child Pose

Begin by kneeling and the spine erect. If the sits bones do not sit comfortably on the backs of the legs, place a blanket between the hips and feet. Inhale. On your out breath let the belly and torso curl over the legs. Arms can stay at your sides or you can stretch the arms overhead. Rest the forehead comfortably on the floor. You may want to put a blanket under the head to add support to the head and neck. This can be used to increase contemplation, and to stretch the low back, upper back, hamstrings, and shoulders.

Yoga manual for compassion fatigued counselors- week four

As a warm up, repeat the quadruped sequence from last week (cat-cow, thread the needle, quadruped balance, and child pose).

Make your way to lying on your back. Be sure to have your blanket nearby for your final relaxation.

13. Knee to Chest alternating legs

Lie on your back. Bring your right knee to your chest, holding your leg with both hands beneath the knee. As you breath slowly and deliberately, feel your left heel, shoulders and heads ground into the floor. Hold the stretch until you feel a release, or go for a round of ten breath cycles. Release the right leg and repeat on the opposite side.

14. Prone Twist

Lie on your back and bring your right leg to your chest. Extend your arms perpendicular to your body. Breathe in and on the out breath bring the knee towards the left side of the body. On your next exhale turn the gaze over the right shoulders. This moves the hips and the rib cage in opposite directions, creating a twist. Hold the stretch

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until you feel a release, or go for a round of ten breath cycles. Return to center lying prone on your back and repeat on the opposite side.

15. Ujaiya Breathing with knees bent

Lying on your back, draw the knees to your chest. Bring your awareness to your inhalation. As you breathe in constrict the back of the throat. A sound like darth vader breathing softly is produced from the back of the throat. Exhale as comfortable. This breath can be done in any position and can be used to increase heat in the body as well as concentration. Try to do 16 rounds of inhalations and exhalations.

16. Final Relaxation

Lie on your back. You may want to use a blanket and something to cover your eyes if you are sensitive to light. Similar to mountain pose, let the hands rest by your side and turn the palms to face up. Slightly and gently point the toes out. Closing the eyes, bring your attention to your breath. Allow your mind to follow the pattern of your inhalation and your exhalation. As your limbs and muscles soften, allow your awareness to lessen, simply allowing relaxation. If thoughts come to mind, or sensations in the body call your attention away from relaxation, use the breath to ease them away for now. You can get back to them when you are done with relaxation.

Sequence suggestions:

For relieving tension, complete the shoulder and neck series, and lion pose from week one. Then follow up with elephant swing and sunflower from week two, followed by final relaxation from week 4.

For grounding and centering, complete seated grounding and connecting from week one, mountain pose, warrior one and two. Relax in child pose. If you would like to focus on the low back, begin with sunflower, standing side bend and hip circles from week 2, and cat-cow and quadruped balance from week 3. End with prone twist from week 4.

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Appendix J**Initial Interview Transcripts****Initial Interview: Beatrice**

Janys: Um can we spend a few moments reviewing the information on your participation information form?

Beatrice: Yes

Janys: that you filled out just to clarify. Um so I have that you are a licensed mental health counselor

Beatrice: Uh huh yes

Janys: Yes and that you are a 58 year old Caucasian female

Beatrice: Yes

Janys: and that you have worked as a counselor for 15 years

Beatrice: Yes

Janys: and that in the last year you felt significant distress as a result of the work with clients that have trauma

Beatrice: Yes

Janys: and you have an MA in Child and Family Therapy

Beatrice: Yes

Janys: and you indicated in the last 2 weeks you did self-care in the form of consultation, walking, elliptical, exercise, art, breathing, socializing, uh and you do a method of breathing that might be a form of meditation as a form of self-care.

Beatrice: Yes

Janys: and in the last 2 weeks you think you have done about 4 hours of self-care total.

And that your level of experience with yoga is minor. You took classes through parks and rec, and a few classes and private lessons. You have never created a practice but you would like to. And that you don't currently practice yoga but you would like to.

Beatrice: Yes

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Janys: So onto the next question. Do you have in your counseling practice a particular theoretical orientation that you work with?

Beatrice: Yeah my own creative conglomeration of uh things that I like to do.

Janys: Yeah

Beatrice: Yeah so I practice EMDR, trauma focused CBT, art therapy, Imago relationship therapy, and probably family systems basis. So it is a blend of my own mix of those things.

Janys: Mhmm. Um and what population do you work with as a counselor?

Beatrice: I work primarily with children and adults, families, some couples, mostly people who present with depression, anxiety, and most of my clients its trauma based work.

Janys: and what context do you work in? Do you work in an agency?

Beatrice: No I work in private practice.

Janys: so is that just you in private practice or do you work with other people?

Beatrice: I work pretty much alone although someone did just move in next door but we work independently of each other.

Janys: Uh huh. And what does your caseload look like now?

Beatrice: It's pretty high, hovering around; I think I average seeing 30 clients a week. Not what I would prefer to do but my husband has been unemployed up until just recently for about 2 years and 9 months. And uh, it has made it so I uh, I have worked in an agency before and I have seen this many clients. But it is my preference not to see this many clients and it is not ethically what I would prefer to be doing but it is currently a matter of survival. And now that he has a job I am working to bring that back down.

Janys: Yeah so you would prefer to have a lower caseload than what you have.

Beatrice: Right. I would like to see about 20 to 25 clients a week. That is where I feel most comfortable

Janys: Yes. So you are working towards that. And when did you start to notice that your experience of compassion fatigue began?

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Beatrice: I would say it has just been within this last year and a half. Uh, and I believe the thing that brought it on is the amount of hours that I am seeing clients, combined with extreme financial stress, and family stress with the mental illness of my daughter, and the need to take care of my granddaughter, and every other weekend my grandson comes for the weekend

Janys: umhmm

Beatrice: and that is why, so the combination of all these things has brought it on. I wouldn't say that I have severe compassion fatigue, but I definitely go in and out of, you know I have cycles of time where I am feeling really overwhelmed. And one of the words that I used recently is that I feel like I am swimming in mental illness. And I think largely it is because of the situation that my daughter is in, she has had 2 psychiatric hospitalizations in the last year

Janys: uh huh

Beatrice: and uh because her husband is divorcing her uhm she is living with us. So the combination of that, and my workload, you know, which I do have some clients that have some pretty severe mental health issues it's been overwhelming

Janys: Um hm

Beatrice: I really think that that is what has exacerbated my feeling of going in and out of feeling overwhelmed

Beatrice: And like I said the financial stressors has really been a big piece of it too. It has been tough having my husband unemployed

Janys: Yeah

Beatrice: And the pressure or the feeling like I'm the one that's holding, you know, I'm the one that's bringing in the income and yet knowing at that same time that I need to practice really good self-care but yet losing our home would not be practicing really good self-care. So it has just been, I have been, I have really been struggling for the last 2 and a half years, you know.

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Janys: And I heard you say that you feel like you have been swimming in mental health and that it sounds like what you have been talking about has been really overwhelming. And I wonder, what else do you notice, about your experience?

Beatrice: I notice uh, a kind of fatigue that comes and goes, I have weeks where I feel groggy, and the weeks when I am really groggy is when I struggle the most. It's like I am fighting to be present with my clients. I don't think that that is fair to them. And the good news is that it only happens occasionally, but when it does happen I feel this guilt about, you know, not being present with my clients because I do have a very strong ethical commitment to doing good work and being really present for my clients, and not sort of being half there uhm, I really respect my clients, and I respect that they are I feel like they are taking the time to do their own personal work and they deserve my full attention. And I just feel really strongly about that.

Janys: And so it is hard when you are fighting to stay present when you are in your own fatigue

Beatrice: Yeah when I have those moments of fatigue like that I it manifests in guilt for me because I feel that this is not okay. I have actually gone to a therapist who would fall asleep. His eyes would close half years and years ago. And I remember really struggling with that and as a client thinking "wow I am not very important"

Janys: Wow

Beatrice: So the thought of my client having that thought is very, um, very disturbing to me. What I usually do when it happens, I usually just say to my clients that if you notice my eyes you know um, that if I look sleepy or something, that if I think it really must be evident to them I will just say I notice that I am really struggling right now and uh just sort of put it out there that for some reason I am really struggling today, and that it is not about them, I don't know if it is a blood sugar thing, I do have diabetes too, uhm, you know I just usually sort of put it out there

Janys: Um hmm. So that way they know that they are still really important to you. Because you had that experience and you don't want them to think that they are not important to you

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Beatrice: Exactly

Janys: and it sounds like that could be re-traumatizing to them

Beatrice: I think it could be for certain individuals I do

Janys: Yeah, yeah. So I know you talked about fatigue, and feeling overwhelmed, feeling groggy, were there any other symptoms, since what know about compassion fatigue is that there are both physical and psychological symptoms, are there any other symptoms that stand out for you?

Beatrice: Well you know I have uhm, I have quite a bit of body pain, and when all of that gets going, when stress gets too great, that it can trigger the body pain. Years ago I was diagnosed with something called chronic diffuse pain syndrome which I think we would now call fibromyalgia but I manage, I feel like I manage that pretty well, yeah, I think that I manage that pretty well I really don't struggle with it too much but

Janys: So you notice it when you have muscular tension?

Beatrice: Definitely notice more muscular tension, definitely more, uhm, more tightness. That's why I get massages every week.

Janys: Yeah. So when you consider your current, and you've already answered this but if there is anything else that you would like to add, when you consider your current compassion fatigue what thoughts and feelings do you have about yourself as a counselor?

Beatrice: Yeah, I really believe, like I said, I definitely believe that uhm, when I was going to school I had a professor for a year, it was really the part where, I got my degree at evergreen, and I took a course in psychological multicultural focus that was a whole year long program with the same 18 people and the same instructor. And she drilled that into us, about you know, not you know, you have to keep yourself to a place where you are really available to your clients because, she said, she is a psychologist and that is why she teaches so that she has fewer clients and so she doesn't experience burnout and that way she does really good work. And you know I learned more in that year than I did in my whole master's program or at least as much. So that is really right there, and I actually feel guilty about the number of people I see a week. I feel guilty about that. And

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so when I think of myself as a therapist I think okay I am doing what I need to do financially to survive but this is not the way that I want it to be. And I also, it creates tension between my husband and me because he doesn't get it. He doesn't understand why seeing 30 clients a week would be too much. He just doesn't get it and he doesn't understand. And so um but then he feels guilty, he has felt guilty that he wasn't working. So it is just tough. So when I see myself as a therapist, especially in the last year and a half I have thought I hope I don't burn myself out and then I am not an effective therapist anymore. I struggle with that a lot.

Janys: Uh huh Yeah. And when you think about your compassion fatigue on a personal level has that affected you?

Beatrice: It has affected me in the sense that. Hmm. I don't think. Oh I have felt a bit isolated. I am not as social as usual. But a lot of that is the combination of having my grad daughter to take care of and my daughter to manage. That stress has been a lot to because in essence because I am a therapist and my daughter struggles so much it feels sometimes like work to me and so there is that too.

Janys: So you have your job which is already overwhelming with your high caseload and then you have the job of being a parent which is even bigger now with her health.

Beatrice: Right

Janys: And I know we talked about this already but could you talk more about your self-care now?

Beatrice: Uh I probably the number one thing is that I started taking Fridays off. And that has been amazing; this is like the third Friday now. And that has been just amazing to know that on Fridays I don't see clients. And I am working at having more professional contacts, like I had lunch with a colleague yesterday. And I am working to, I did go see a naturopath a few months ago and I have been taking supplements and getting vitamin B shots. So I am trying to work on nutrition. And just gradually cutting my caseload back and back and back is what I am attempting to allow that to happen right now.

Janys: And with seeing 30 clients, how many hours have you been working each week?

Beatrice: I figured out I have been working 55-60 hours a week.

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Janys: Yeah

Beatrice: About 55 I'd say average. Too many

Janys: And that is over the 2 and one half years.

Beatrice: Yeah Too much. Way too much. I kind of feel like I've set myself up. It's like I knew better. But I kind of felt like I had no choice because of the economy. And the field that my husband is in is tied into the construction field, and the first time in his life he is not able to find a job. And he finally took a job in a field that he used to work in 30 years ago, working with developmentally disabled adults. And it doesn't pay anything close to what he used to make. But it is a good job and good benefits and so, but it's a job you know, it's great.

Janys: Yeah, and I think that's another thing that we don't talk about. I think about how it impacts clients, but it also impacts us as therapists in our private lives as well.

Beatrice: Yeah. There is no way I would be seeing this many clients if it didn't impact losing my home.

Janys: Yeah. (pause) I know that we already spoke about your um experience with yoga. Can you say anything more about what your experience with yoga has been like? What you have noticed?

Beatrice: I have always wanted to develop yoga as a practice. I just haven't made it happen. I think it is because of my tendency to be more socially isolated. I think if I had a friend going to yoga I would follow through. Yet on my own I don't and I am aware of that. And I want to overcome that.

Janys: Hey, I teach yoga, and I have that feeling of "I don't want to go to the yoga class alone". So I hear you.

Beatrice: And so it is something I believe would be really useful and helpful to me. And, my granddaughter has a WI, and I guess you can do yoga on that so I have thought about doing that. But, I really have to make, seems like I am the kind of person to get really going I have to commit to some kind of group or something. So now that I have Fridays off, it made it possible to do it, so even before your email came out I was thinking about

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finding a yoga class on Fridays I thought “well this will be great, I am a good fit for this thing that she is doing right now.”

Janys: Perfect. Yeah. That’s nice how that all lined up.

Beatrice: And I guess, I guess I have always prided myself in not being a person who could ever get themselves into compassion fatigue by practicing good self-care. So here I find myself here and...

Janys: Yeah

Beatrice: Yeah

Janys: Well that leads to my next question which is what is it that interests you in being part of this study?

Beatrice: Yeah, it is that if um, if it weren’t, it is the idea that compassion fatigue and yoga. Those two things together seem so fitting. You know I mentioned earlier that I went to this uhm meditation and yoga retreat. It was years ago when I was still in graduate school. It was so awesome. It was a no talking retreat. We did a combination of yoga and meditation all throughout the day. It was four days and I absolutely loved it. And I came out of that and I thought I am going to do yoga. And nothing has ever stuck with me; I just haven’t been able to figure something out. So I decided that this would be really great for me to do. And I also thought that this would be a way, a process that could help me, you know really process the emotional impact of feeling like I am suffering from compassion fatigue. And sort of priding myself in never ever letting that happen, so to speak but here I am. Some of it is also in a way it’s a semipublic confession that I have allowed myself to get into this space, so I am sort of admitting it, and working on it and dealing with it.

Janys: Uh huh

Beatrice: verses just holding it in as this shameful thing.

Janys: yeah

Beatrice: I mean it’s embarrassing for me to say that I see 30 clients a week. And sometimes I see more than that. Because it feels wrong to me. But, um, so it’s something I have kind of held in.

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Janys: Yeah. And I have wondered that about um its sort of one of the thing I wonder about self-care, just the connection of other counselors doing yoga, just even if no one says anything just knowing that you all are in the room, experiencing compassion fatigue, and doing yoga as a way to support your self-care. I wonder how that's going to impact.

Beatrice: That is another piece of it. And knowing that it is colleagues around here, that I will be doing this with. I think that also is another piece of it for me since I have sort of been in isolation. And I don't think that is healthy as a therapist to be in isolation, I think you need to be, you know doing more things and um, so I think this is a great opportunity for me. I am actually really grateful for it.

Janys: Well thank you. I am glad to have you. Do you have any other questions regarding the study?

Beatrice: No I think it is going to be really interesting to read your dissertation.

Janys: Well I am excited that you want to read my dissertation.

Beatrice: Yeah I really do. I think it will be really wonderful and I, I am excited. I would like to know more about your PhD program.

Janys: Well I can share more about that.

Beatrice: I would like to, I have wanted to do a PhD for that last several years but life circumstances hasn't really allowed it. And I am getting to the age where I wonder how worthwhile it would be to do at this point. So it is just exciting to know that you are doing it. I can hear about your experience. Read your dissertation. Because I am thinking that I am kind of moving beyond being able to because of circumstances. So I think it will be fun to hear about yours.

Janys: Well thank you. It there aren't any other questions. I am going to end the interview there.

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Initial Interview: Carmen

Janys: So is it okay if we go over your participant information form? Go over what you filled out?

Carmen: Sure

Janys: So I see here that you are a licensed marriage and family therapist

Carmen: Correct.

Janys: And you are 53, Caucasian and female

Carmen: Yes

Janys: And you have worked as a counselor for five years.

Carmen: Correct.

Janys: and when I asked you if have felt in the last year if you have had significant distress as a result of working with clients that have trauma you said yes. Um and your degree is a masters in psychology family marriage and art therapy

Carmen: Correct

Janys: and you have completed about 10 hours of self-care in the last 2 weeks, and that came in the form of consultation, clinical supervision, walking, art, music, reading, body work, and bubble baths.

Carmen: I totally forgot to add music because I would probably add to that because actually music is on all the time

Janys: all the time

Carmen: All the time even in my private practice I mean in my office so that is five days a week

Janys: Yeah and that is part of your ongoing self-care

Carmen: Absolutely

Janys: Yeah so would you say that it is probably more than 10 hours

Carmen: It is probably double that

Janys: Okay

Carmen: I mean forty hours a week easily with music um

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Janys: So you would say maybe 20 hours

Carmen: Easily

Janys: Yeah

Carmen: Let's do that.

Janys: And when you talked about your experience with yoga you'd said that you were first introduced to yoga 30 years ago, when you were younger you did more of it. Um you haven't done it in a long time but that you have some knowledge but that you are not an expert.

Carmen: Correct

Janys: Um and that you have been doing it on and off with some hiatus in between, and that you think about it more than you do it

Carmen: Yes (laughs)

Janys: and that you don't currently practice um yoga each week.

Carmen: Correct

Janys: Okay. And so I am going to ask some questions about your work. So as a licensed marriage and family therapist what is your approach or theoretical orientation in working with clients?

Carmen: (pause) oh you probably hate person centered right?

Janys: Not at all

Carmen: Well it just seems such a cliché kind of response but I really do believe that I, I really do believe that that is my approach.

Janys: Um hmm

Carmen: Um and using art um in addition to that um, they take art and make it whatever it is whether it's a soothing technique or a self-reflection kind of thing. So I would probably say person centered. Although I would have to say that I work a great deal with trauma as well. I work with children that have been traumatized and am a certified trauma expert as well.

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Janys: So you use some trauma techniques and you also do person centered and art therapy. Yeah. And so you just said that you work with children do you work with any other population as well?

Carmen: Actually yes I work with adults as well. And families

Janys: And families. And what is the context where you work? Do you work in an agency? Do you have a private practice?

Carmen: Um yes I work at a community mental health 4 days a week and work 10 hours a day. I also have a small private practice

Janys: And what is your case load like currently?

Carmen: Hectic. I have the smallest clients, smallest amount of clients on my caseload but the highest productivity. I currently have 38 clients in my agency. And I have 2, 3 clients in my private practice. One that is very regular. And 2 are more sporadic.

Janys: So it sounds like 38 is a smaller caseload for your agency. That sounds like a big caseload to me.

Carmen: Some people are in their 50's, a caseload of fifty clients.

Janys: Yeah but as far as productivity it sounds like you see your clients more consistency, or regularly. It sounds like you might have some higher need clients.

Carmen: Um, I have um, so it is very awkward to say this. I don't have a lot of no shows or cancellations. So I have a high rate of clients coming in consistently. So I wouldn't say the type of client, it is spread across in terms of needs, high intensity. But I think that the art therapy, I think the agency is realizing that we are able to offer something to our clients that the agency didn't have before. That's the only thing that is different that I am bringing in.

Janys: Yeah. So it is the relationship and it is also the form of therapy

Carmen: Correct

Janys: Yeah, yeah. And when did your experience of compassion fatigue begin?

Carmen: Um, as an intern. And the more that I got supervision, the more I consulted with my peers, the more that I remembered that I had tools on my own, I was able to manage some of that fatigue. But I had no idea until it actually happened. And then I realized. It

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was about 2 years ago, I had this nightmare. I was early on working with trauma kids and it scared the shit out of me. And that was the first time I realized what was happening to me. How much I was taking on some things and not being able to let it go. It also helped me understand what my clients were going through as well. So I have to say that the only time that I actually had that experience that was an awakening for me to be more serious about taking care of myself.

Janys: So that nightmare was 2 years ago

Carmen: You know I think it was actually about 3 years ago. I think it was 2 years into my therapy and so 3 years ago since I have been doing this for five years.

Janys: So that is when you realized that doing this kind of work can have an effect on you. So it sounds like the nightmare was a wakeup call, but did you look back and notice that there were other things that indicated that you had compassion fatigue?

Carmen: It came really suddenly. It wasn't, it was really very sudden. So did I look back at it consciously? I noticed other peoples, not necessarily myself. I noticed my other colleagues talking about it. And I thought well that's silly. And then it happened to me. So I think that was right after I started working primarily with trauma, or a higher percentage of trauma clients. And so at that point, I don't bring my work home with me at all, I don't talk about it once I leave the office. It's done.

Janys: Yeah so that sounds like another self-care strategy

Carmen: Yeah it is so I have some visualization techniques I do to help with that.

Janys: Did you notice any physical sensations in the last three years?

Carmen: Yes, I notice it in my stomach

Janys: So what do you notice in your stomach?

Carmen: Um, I notice that I sort of get nauseous. I notice that my stomach sort of becomes, I am not sure if acidic is the word. But just aches, um and, and irritable bowel which I saw a nutritionist about and she helped me see that that is related to stress.

Janys: Yeah. As you consider your current compassion fatigue, what thoughts and feelings do you have about yourself as a counselor?

Carmen: What I am sorry could you repeat that?

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Janys: When you consider your current compassion fatigue, what thoughts and feelings do you have about yourself as a counselor? As a professional as someone that works with others mental health and well being

Carmen: I think that is a very good question. I think I am very luck that I have art. I really do believe that, because I can do art with my clients and in my office. So that has been very helpful. Um, I think I am fortunate because I see a lot of people who really carry a lot with them about their clients and for some reason I am very lucky. I don't know if it is my age, I don't know if it is the art. So this is my third career, all equally as stressful. So

Janys: I think you bring up a good point. I think the question is more about, I think as counselors that we have an identity, that we are not supposed to need help. Or not be impacted by our work. So I wonder if recognizing you know you heard your other colleagues talk about it and you went on that doesn't really fit me so I think that is more about what I am curious about

Carmen: Oh no I am not above help. And often I tell the kids that see me since often they feel bad that they have to come in and see me, they feel that they are not normal, so that is one of the few disclosures that I have with them is that I tell them that I also have a therapist. So no. I believe that there is help. Needs help.

Janys: So it sounds like you came into the field with that identity already. That the helper can be helped.

Carmen: Absolutely. Definitely.

Janys: So personally do you feel that the compassion fatigue has impacted you?

Carmen: (pause) I think the compassion fatigue, kind of like that nightmare, I think it kind of woke me up. It made me realize that I am human. It helped me have empathy for what my clients are going through. It helped me see that I am not above and beyond what I am teaching and providing.

Janys: So it connected you more universally to being human.

Carmen: Yeah that is a good explanation.

Janys: So we talked already about your participation in self -care. Did you want to talk more about, I heard you say that listening to music at work is important to you.

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Carmen: Music is a big thing for me. Um, I've got music everywhere. Radio everywhere. Attending concerts is a big thing. I take a bubble bath I have music on. Upstairs I can hear it downstairs, or my partner can hear it down here. The only thing I want to say to add to that is so Sunday night is my bubble bath night and that is part of what helps me prepare for the week. So sometimes I have to be reminded to do that. And I appreciate that. So as much as I think I have all this in the forefront of my mind sometimes I have to be reminded.

Janys: Yeah. And it sounds like that is a ritual that starts your week off.

Carmen: Yeah. Yes. Absolutely.

Janys: How many hours per week are you working?

Carmen: Forty at community mental health, and another um well does that include admin stuff? There is a lot of admin. Since I have been getting my private practice stuff up in running. Uh, maybe about 5 hours. Easily.

Janys: So about 45 hours every week. And, um, I know we already talked about your previous yoga experience but is there anything else that you would like to share about your history of yoga or your interest in yoga.

Carmen: No other than I realize and recognize the value in yoga. I have always appreciated the connection of mind, body, and spirit. I am looking forward to getting to that, into that connection again and incorporating it into my life so that it is like second nature, much like the music. And I guess that is all I really need to say, but, no um. I am hoping that I can I don't know what I am trying to say, something like, yoga has a, um, yoga (pause). I don't even know how to articulate what I am trying to say.

Janys: Well it sounds like some of your interest in being part of this study is maybe to build more yoga into your life?

Carmen: Into my life, and also I was hoping maybe to share that with my clients but not call it yoga. Especially within community mental health I am not sure that my clients understand the value in yoga. So I was hoping that by me becoming more attuned to it and familiar with it that somehow I can just share, share some of it with them without it

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being stigmatized as something that is esoteric, that is beyond me that is I am not special enough for it or whatever its, y

Janys: You want to make it available to them. Whatever strategies you learn.

Carmen: Right exactly. And without calling it anything.

Janys: Yeah. And so that sounds like a big interest to be a part of this study. Are there any other reasons why you would like to be a part of it.

Carmen: Help a fellow colleague.

Janys: Yeah?

Carmen: Yeah. I know what it is like to look for volunteers, and uh. The timing is right so

Janys: It worked out schedule wise.

Carmen: It did.

Janys: That seems like a really big thing with counselors is whether or not you can fit it into your schedule.

Carmen: Oh absolutely.

Janys: So do you have any other questions about being part of this study, or questions regarding the study?

Carmen: Um the only other question that came up for me a while ago is that I know that there is a lot of art therapists... and I also know art therapists that incorporate yoga and art together. Have you run across that at all.

Janys: No I haven't. I have seen some art therapists that use meditation as well.

Carmen: I use a lot of visualizations especially with trauma cases. Yeah so that is something that I think something that the national association of art therapists use. And the next conference will be here in Seattle in 2013, so mark your calendar.

Janys: Oh okay. I wanted to bring something up that you said before we started recording. You said that part of you even participating in the study feels like you are being selfish. I was wondering if you could talk a little bit more about that?

Carmen: Remind me what I said again.

Janys: Well I heard you say something like I feel like I am being selfish being a part of this...

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Carmen: Oh because yes

Janys: And I think I heard a little in that of what I would call social justice because sometimes people don't even have access to participate in yoga. So I wondered if that maybe was part of what you were naming.

Carmen: You are absolutely right. And so that is part of the question prior to this with regards to how the universe has opened up not only for me to help you with your project, but also promote self-care for myself as well as for social justice to share this with my clients in a such a way that they will not be afraid of it. So that part for me felt a little selfish in that this is your project but I am actually getting something out of it as well. And I really probably shouldn't feel bad about that. I think it is a win-win situation.

Janys: I agree I think it is a win-win. Yeah. It is exciting to interview counselors and hear their genuine excitement and gratitude. And that seems like a common theme that when counselors get something that they share it that is good for themselves they just want to share it with the people that also need it. I have just one more question about the physical activity readiness questionnaire. I have everyone fill this out and one of the questions you marked yes on is there any reason why you might not be able to participate. And you wrote that you were having ear surgery.

Carmen: Yes I am having ear surgery at the end of this month. So it will be right in the middle of our yoga sessions. It is a very simple surgery. I talked to my doctor and the only thing I am not supposed to do is lift anything more than fifty pounds. I am also not supposed to put my head below my heart.

Janys: Okay so your doctor said it was okay for you to participate. There is one movement that is head below heart in the third class, but I can modify that for you.

Carmen: I will certainly let you know if there is anything that limits me from participating as soon as possible.

Janys: Okay are there any other questions or comments that you would like to make?

Carmen: No.

Janys: I am so happy you are participating. And thank you for your time.

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Initial Interview: Dee

Janys: Is it okay if we just go over your participant information form?

Dee: Yes.

Janys: Um and that you are not licensed but that you are working on your LMHC license at the moment

Dee: Yes

Janys: And that you are a 56 year old female, Caucasian and that you have been working as a counselor, um, for three years. And that you have felt any significant distress as a result of working with your clients with a trauma history

Dee: Right.

Janys: Um, that you have a master's degree in counseling psychology

Dee: Yes

Janys: That um, you participated in about 40 hours of self-care in the last 2 weeks. And that came in the form of, clinical supervision, art, meditation, consultation, walking, stretching, tai chi, energy work, art, writing, journaling, reading, socializing, nature and nutrition. Is that all?

Dee: Yes (laughs)

Janys: That's it. Are there any other ones you thought of?

Dee: That's it.

Janys: Well that is a pretty good list. And then you indicated that your experience with yoga was a weekly practice with a teacher that you liked that moved away.

Dee: Yes

Janys: And that you have done yoga sporadically since then, for about 2 years. You have some cd's at home, and that you think about what it would be like to do yoga at home, like sun salutations. And that you are not currently practicing yoga every week.

Dee: Correct

Janys: As far as your counseling practice goes do you have a particular theoretical orientation?

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Dee: Oh gosh, well motivational interviewing is a big piece of what I do in joining with my clients and empathizing with where they are. And reflecting back to them what they do. I also incorporate cognitive behavioral therapy because of the work I do. And then I work with expressive therapies.

Janys: Like art?

Dee: Yes.

Janys: Okay. And with what population do you work with?

Dee: I work with pregnant and parenting women who are struggling with substance abuse and dependence.

Janys: Okay so both mental health and substance use.

Dee: Correct. Co-occurring.

Janys: Okay. So you work at an agency?

Dee: Yes.

Janys: And what is your caseload like currently?

Dee: I have about 20 to 24 clients at this time. And that is about typical.

Janys: Yeah. I know from my past experience as a drug and alcohol counselor that you have a smaller but more intense caseload than most mental health agencies.

Dee: Yes.

Janys: So your work is more intense and frequent.

Dee: I know I see my client's every day for group and once a week.

Janys: So you see your client's everyday

Dee: Yeah. I run four groups a week.

Janys: So four groups, a caseload of 24

Dee: I think now it is 20, and some are not showing up so they are about to be discharged, and some are not active, and some I am handing off.

Janys: And you do drug and alcohol assessments.

Dee: 2 a week.

Janys: So how many hours do you work per week?

Dee: Forty.

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Janys: Do you find you are able to get all your paperwork done in under forty?

Dee: I am usually a little bit over but I have found that it is not significant. I will take an hour lunch. So. It is a balance. So I end up working forty hours a week. And when I leave work I really leave. I don't take the work home with me.

Janys: Yeah. That sounds like a good self-care practice.

Dee: Yes.

Janys: Yeah. And so when did you first notice your compassion fatigue.

Dee: I would say probably around the holidays of this year. So I just became aware that I really wanted to take time off at the holidays. I had some family in town, and I really wanted to so I think that was a sign of time out. And since then I have noticed as the year has progressed that I am relieved when some clients do not show up for their appointment. So it is really not really obvious but that is what I have come aware of.

Janys: So it sounds like there was some pressure building up at work,

Dee: Uh huh

Janys: And it sounds like, maybe intuitively that you knew taking time off would help to alleviate some of the stress

Dee: Yeah in fact I did get sick 2 weeks ago. And I could have toughed it out but then I lost my voice. And it was a good break. I was really glad that I got to stay home and rest. So I am not sure if my body was telling me that I needed to stay home and take a break but I took advantage of it. I thought okay well, time to take a breather.

Janys: SO maybe in hindsight you were maybe pushing yourself?

Dee: (laughs)

Janys: Maybe. Yeah. Um so it sounds like you have recently started to notice your compassion fatigue?

Dee: Correct?

Janys: And what has that been like for you?

Dee: It has just directed me to take more care of myself. So that is when I started to become a little more involved in other activities. I have been taking some art workshops

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and some painting workshops. Exploring those avenues a little more diligently. And taking the time to have fun. So it actually has been kind of a fun thing.

Janys: Yeah.

Dee: It's like, too bad, I guess I have to go take care of myself. So actually I have been looking at it as an excuse and an opportunity to have more fun in my life. I think it is a good thing.

Janys: So I know we talked before this interview that the term compassion fatigue is a new way of looking at things for you.

Dee: It was a new awareness.

Janys: So the research says that compassion fatigue can manifest both physically and psychologically. So I am wondering if you have noticed and signs or symptoms either physical or psychological?

Dee: Both.

Janys: Yes. So what do you notice?

Dee: In my body I am stiffer. I carry the stress in my shoulders. So I have noticed a tightness in my shoulders. And I do get regular body work and my massage therapist has noticed it as well. So that is just an observation. One more piece of the puzzle to put it. And I do have some stiffness in my hips lately. So just a stiffer body.

Janys: Some muscular tension and stiffness.

Dee: I also have arthritis in my knee. Which is not related to this but I do want to take a look at that and become more physically active so that I don't become stiff.

Janys: And my guess is that your job is a lot of sitting.

Dee: (laughs) Yes it is. It is very sedentary. And not conducive to mobility. So I really have to work at it.

Janys: So now that you have learned what compassion fatigue is, and you are looking at yourself, do you notice anything different in the way that you interact with clients, or your observations about yourself?

Dee: Yeah. I am I just notice I carry myself in a way. I am learning to balance the empathy piece with being able to drop it and let it go. So being able to do some energy

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work between sessions as a way of clearing the physical aspects as well. So that I can keep on going without burning out. In addition to that, since the first time I met you and ruminated on whether or not I have compassion fatigue, I became aware that it was kind of a license to have fun. Which is actually, I like that. Oh good. I have to have fun. So it is not just a choice it is a requirement for self-care. And it has shifted the way I view what I do for fun. So it is not only giving myself permission, but it is like, a directive. Oh, remember, to have fun. And it is like oh I need to do this to take care of myself. I think it adds balance.

Janys: that makes sense especially working with clients that have a lot of trauma. And their work is hard and difficult. And that we hope as counselors that part of their journey will be to learn to eventually have fun without having catastrophic consequences. And that seems to make sense that that is a good recipe for counseling that we do this heavy processing with people. And it sounds like part of your self-care is permission to be light hearted so that you are not constantly in that sort of Dee: p emotional space.

Dee: When I join them, you know empathetically. I feel it. I do I join them in this zone. I call it going into the zone I do. I do lot of my work intuitively, so when you ask about modalities, I do but when I go into that zone I need to be there with them, but then I need to leave that zone. It has to be a conscious effort so I don't remain there or carry their stuff with me. I don't want their stuff. But I will join them but I need to be careful to not carry it.

Janys: Yeah that makes sense. So when you think about your current compassion fatigue what thoughts and feelings come up for you as a professional?

Dee: I was a little embarrassed that I didn't know that I had compassion fatigue. But it wasn't about asking for help. If we are asking our clients to ask for help then it is essential that we also ask for help. There is a quote by Maya Angelou that says, "there is nothing human that is foreign to me." So if I am identifying as my clients as being human and it is only part of human nature, of course I am going to have situations that are overwhelming and I need to be able to ask for help. So I really relay that to my clients, in fact in group one of my clients asked "are you in recovery," and I miss spoke, and I am

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feeling really guilty like I misrepresent. Because I say yeah we are here because we are all doing this work. Because I identify that. You don't have to be in recovery to be in a place of self-discovery or recognizing the work that you do.

Janys: Yeah.

Dee: So yeah.

Janys: You have coping strategies just like your clients do. And that's part of what keeps you

Dee: Healthy

Janys: Healthy. And well.

Dee: Yup. So being able to ask for help. You bet. Help!

Janys: Exactly. One of the things that really stood out for me the last time we talked, when you were struggling with- do I have compassion fatigue or not, was well it is like if someone has PTSD are they supposed to diagnose themselves?

Dee: That's right.

Janys: So what really stood out to me was oh of course, if I don't know, if I don't have a language for a set of symptoms, or a phenomenon, then how do I know that I have it?

Dee: You know I think that is the biggest part, because as a counselor I thought well I should know if I have compassion fatigue, so that is why I was embarrassed. But it's not about um like in our work if we work with people in trauma, we know what PTSD is, but I wouldn't expect my clients to know that. So I try to define it for them. So I tell them well PTSD is characterized by these symptoms and this situation and this response to certain circumstances, so compassion fatigue is the same thing. So how do I know if I have it? So in that explanation that is very concrete I could identify with it.

Janys: Yeah that makes sense. And it seems like, um, you know the more we- I notice for myself that I work with clients with trauma as well and it is part of my self-care to check in and say okay I know what compassion fatigue is and I know what my specific symptoms are so I am able to check in and say okay is this acting up, and what do I need to do. It's like you build a recipe for how to not become fatigued.

Dee: Right.

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Janys: Yeah. So when you consider your current compassion fatigue, there is sort of an identity that you have as a counselor and then who you are as a person and I am wondering if your thoughts and feelings shift at all when you think about who you are as a person.

Dee: Interestingly enough, I think that it um, well it gives me, it sounds so silly but it gives me permission to be human and to call time out and say, oh, I can't do that anymore I need to go have fun. Which is a real thrill. It's a thrill so I, yeah, I am noticing it is with increasing awareness, ever since I last met with you. So yeah I was embarrassed that I didn't know but now I am like, whoo new lease on life. I have a new reason to go have fun. And I really like that because I think I have been taking things a little too seriously. Because I am kind of new and I just got my masters so it has just been work, work work. You know get the job, and do the best you can. And okay, I am doing, so now what.

Janys: How are you going to keep doing it.

Dee: Yeah. I need to be able to do this for a while more. I don't want to have all that work done and then done the road, like years from today, I am three years in so three years later I don't want to say "well I am washed up, I can't do this anymore because I didn't watch out for compassion fatigue." I want this to be a long, longer life of viability. So too bad, I have to go to Disneyland, and go swimming, and take a walk in the woods, and paint and do all the things that I really enjoy. How can I incorporate this into my life.

Janys: Even more. So it sounds to me like there is this sense of relief. That this is just part of the work.

Dee: Yeah. So it's like, oh there are limits.

Janys: Yeah there are limits. So I know that you already talked about your self-care. Was there anything else that you wanted to say about it?

Dee: Um, I don't know that it is helpful but at my age, with the stiffness that I am noticing. This is an opportunity for me to reflect and say, maybe yoga is a way to exercise and self-care that I would like to start incorporating. I am looking at this as an opportunity to revisit yoga and just take in the opportunity to shift exercise to be more about stretching and body awareness. So that is kind of dawning anyways, so this is an

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extension of that. To be able to revisit this and see how yoga works into my life. I just welcome it.

Janys: Yeah so that is part of

Dee: My motivation

Janys: Right your motivation to be here and part of what interests you in being part of the research.

Dee: Yeah.

Janys: Yeah. Is there anything else that interests you in being part of this research?

Dee: I am curious to see if the awareness and addressing the physicality of it, if I will notice a change in 4 weeks. Both with the physical and mental, relief, I guess. That I won't be feeling relief in 4 weeks that my clients are not showing up. That is not a good sign.

Janys: Yeah so you are wondering if that maybe will shift.

Dee: Yeah I don't think that is a good thing, so I am hoping that this awareness shifts how I address it, so if yoga is incorporated, great, and if not and if it is something else then okay at least yoga is a tool of the awareness.

Janys: Yeah. So we talked a little bit about your previous experience. It sounds like you started working with a teacher 2 years ago.

Dee: It was a little longer than that. It was five years ago. But sum total I practiced for about 2 years.

Janys: Yeah. And all levels of yoga experience are welcome in this study.

Dee: Good.

Janys: Did you have any questions about being a part of the study?

Dee: Well I guess I have an assumption that it will be about doing yoga in a studio.

Janys: Yes.

Dee: Okay so I just wanted to verify that. It's like, um yeah we are not

Janys: So there is this interview and then there will be four yoga classes with you and the other counselors participating.

Dee: Okay

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Janys: And then we will have a final 2 hour interview with all of you. So it will be an actual yoga class. And I will be teaching the class.

Dee: Good. Okay. I am looking forward to it.

Janys: Oh good.

Dee: Having a better understanding and uh I don't know. My whole focus shifted it's like, oh wait a minute, this could be a cool thing. Kind of a fun thing as opposed to "oh I am not doing this right; I must be doing something wrong if I have compassion fatigue." But instead it is like this is just part of being a counselor, so how am I going to incorporate this into life.

Janys: Yeah. I think about it in terms of like, you can see it if someone breaks their leg, you can see them walking around and say "oh you must be in pain, you broke your leg." But if you sit with people over and over again and hear traumatic story after traumatic story that brings from my experience I start to feel very heavy, I can feel very exhausted,

Dee: Yes

Janys: I can feel very hot and sweaty by the end of the day, I can feel you know, uncomfortable in my own skin, and that, you know one can look at me and say "oh you must have sat with a lot of people that had trauma because it looks like you are uncomfortable.

Dee: It doesn't show.

Janys: Yeah so I think that's why it is important to be able to name what compassion fatigue is. So I can name my own expertise of compassion fatigue, and I can speak to knowing how yoga helped me with that. I think you said it great earlier. The question is if yoga doesn't help then what does.

Dee: Exactly. So thanks for inviting me.

Janys: You are welcome. So if there are no other questions we can end there.

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Initial Interview: Elizabeth

Janys: So can we go over your participant information form?

Elizabeth: Sure.

Janys: Okay so I have here that you are working towards your LMHCA, and you are taking your test this summer.

Elizabeth: That's the plan.

Janys: And that you are 38

Elizabeth: Yes

Janys: That you are female, Caucasian, and that you have worked in the field for 6 years.

Elizabeth: Yes.

Janys: And that you have felt some emotional and psychological distress as a result of your work with clients but that you have not felt physical distress which is sometimes a part of compassion fatigue.

Elizabeth: Sure.

Janys: And the degree you have is an MS in counseling from (name of university omitted to protect confidentiality). And that you think you have practiced 12-14 hours of self-care, and that the self-care you did was clinical supervision, consultation, yoga, walking, biking, running, weightlifting, music, listening to music, reading, socializing, and nutrition

Elizabeth: Yes.

Janys: And that your level of experience of yoga is that you have practiced on and off for about ten years, and that you have training in kids yoga and another level on training in yoga and that you have a home practice. And that you try to integrate yoga once a week and that you feel comfortable with most poses.

Elizabeth: Yes.

Janys: Great. So the counseling that you do what is your theoretical orientation, or how do you work with your clients?

Elizabeth: Um well I really come from a client centered place and I am eclectic so trans theoretical is really the best description. My clients are all either primary or secondary

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victims of early childhood sexual abuse. So that means that they are either children, teens, adults, or their family or their spouses that have been impacted by this abuse. The approach at the clinic I work at and really my own approach is from a place of empowerment because abuse is so disempowering. So as a result I use a lot of interpersonal which is a very round-about way of describing what I do. So helping them heal within the context of a relationship because the harm happened within the relationship.

Janys: So that sounds like person centered, interpersonal and systemic.

Elizabeth: Um hmm.

Janys: So you work with both domestic violence and sexual assault survivors?

Elizabeth: Well some of my clients are victims of domestic violence definitely but not necessarily. I work for a non-profit agency and in order for clients to qualify for services they need to be survivors of early childhood sexual abuse. But of course the two go hand in hand. So both come in but primarily the focus is on, well anything that comes in the room comes in the room. It's not like the only thing I will talk about is sexual abuse because that is ridiculous.

Janys: So you primarily work with children that are survivors of sexual abuse.

Elizabeth: Actually I work with all ages. From little ones, with teens, all ages of adults. So I have a diverse array of people that I work with.

Janys: All ages. Okay. So the abuse just had to have happened in childhood in order to qualify.

Elizabeth: Yes. In childhood. So until the age of 18.

Janys: And what is your case load currently.

Elizabeth: It is pretty heavy. I work full time so I see 28-32 clients. Granted I don't see all of them every week. Some I see every other week. Plus I facilitate two groups, a child's group and an adult survivors group. So my case load right now is kind of crazy.

Janys: Wow.

Elizabeth: I have at least 30-31 individual clients. And the groups that I lead.

Janys: And when did your experience of compassion fatigue begin?

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Elizabeth: During my internship when I first started this work. I work in a clinic that is really good about talking about it which is so helpful because it raised my awareness about it. I remember I was about half way through my internship. I thought yeah, yeah. Whatever. I'm fine. Because then you have the trauma of graduate school on top of the internship. And I was commuting back up to school. So it really hit me one day I remember coming home and wanting to walk my dogs and my boyfriend wasn't around and it was dark. I remember thinking for the first time in my life that I can't go it's not safe out there. And I was like, okay wait this is because of the work I do and of course thoughts and not being able to leave clients at work. You know I really struggled with that my first year a lot. So my first few months in for sure. Because you start of slow. You get the training and then you get your caseload so it wasn't until I had a full caseload which I think at the time was 10 clients and a group. So when I was at the capacity I was starting to do the work and build a rapport with clients. And that was the first time that I really noticed it.

Janys: Yeah. And so that was about 6 years ago. And have you since recovered from that and have you recently had an experience with compassion fatigue?

Elizabeth: It is kind of an ongoing thing. Like a roller coaster. Like I will notice it and usually it is pretty mild like I will kind of notice it and I am like okay, here we go. But what I have noticed this last two years has been interesting. In the last 2 years my role has changed at the clinic and I am the only full time staff. So we have interns, I was also once an intern there, and my job is to also be a mentor. So what I have really noticed is that is that this year I have had a lot of clients all happened to go into activation or crisis at the same time. Which happens. So I am managing that and then I am also helping the interns and my fellow therapists, we have some volunteer therapists, so I am helping them manage their compassion fatigue. And so as my own compassion fatigue from my own clients makes me more vulnerable because of course I want to be there for my colleagues. And I was really taking on their compassion fatigue as well. So kind of a double whammy has been happening for me a lot. I have noticed it a lot this year. It has been kind of interesting. It's been harder, like I get to the point where I usually know how to

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manage my compassion fatigue. But I wasn't sure of what to do with that extra-helping shall we say of what was going on, because the whole clinic is impacted. And to be completely honest what is going on at the state level with the budgets getting cut and our wait list is expanding. And it is my job to do wait list calls. Our wait list is painful.

Janys: Wow

Elizabeth: And then services being cut for clients and then our grant is in jeopardy. So I think that all exponentially has impacted my compassion fatigue. This year especially.

Janys: Yeah so it is systemic on the administrative level. Of not being able to serve people that are in need. And then mentoring the counselors and interns that you are working with that are experiencing their own compassion fatigue and that is impacting you. Yeah. That is like a double, it is like a parallel process.

Elizabeth: Yeah. Absolutely. And then on top of the individual process that I go through with my clients too. And my clients are in a higher state or level of distress. Most of my clients are low income and they are losing their access to basic needs.

Janys: So the economy is impacting them as well.

Elizabeth: Absolutely. And the level of oppression. We are a private non-profit, and we are all in the same building as other services for social services, and so the stress is even in the building. So I am attuned to it. I would like to say that I am impervious to it but that is our training. We pay attention. And sometimes I can't just turn that off. So I walk into the building and just the individuals the clients walking through the door. The stress is just higher and higher and it is taking its toll for me personally.

Janys: So for yourself and at work what have you noticed about your compassion fatigue this time.

Elizabeth: How it impacted me?

Janys: Yes.

Elizabeth: What I noticed was that my patience was a lot less available. It took a lot of my energy level, it wasn't like my energy was lower, well it felt like it. It was like I had to conserve my energy for my clients so I didn't feel like- and this was the big thing- I didn't want to be as present for my friends and my co-workers. When usually that is my

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role, I am always the one, I talk about my thing, I manage my stress, but you know I really make it about their needs. And I found myself feeling really frustrated. Really easily, and falling into, you mentioned a parallel process [at work] we have a lot of families that we collaborate on. So different counselors will work with different individuals which is really a wonderful strength of our clinic. But we can fall into a parallel process with what is going on in the families can go on in the clinic. And I noticed myself feeling like that was happening a lot more. And I think it was, for all of us it is a natural thing but it was my lack of tolerance and my, I am not a judgmental person but I felt judgmental about it. Now I wasn't being mean to anyone, I wasn't acting out on this but I remember sitting in on my clinic meeting and I would just be like wow I am just not getting anything out of this. Usually it is this really nice, we start off each clinic meeting with gratitude's, something we are grateful for to help manage the compassion fatigue, and I actually had a week where I was like, you know, I have nothing to say. Which is not me at all. And I thought, okay maybe I should look at this. So I found myself just really, just needing. And I really want to isolate more. I just wanted to be with my dogs and my partner. And while I really love being with friends. And with my friends that are out of town I haven't been as available to them. You know they all have kids, which is great so I usually go to them. And I have just not been doing that. You know I just need to power down and just take care of myself. And just doing a lot of escapism. Saying to myself wow I really feel like watching a movie, something light. And I am very particular; I am not going to watch Precious. I don't want it to be anything intense. And so I really found myself, not feeling depression, but I did not want to engage in things that usually bring me joy.

Janys: Right. So it sounds like, I know you said earlier that it feels like the psychological is what impacts you and not the physical.

Elizabeth: Yeah but there was, your right there is some physical. Sure.

Janys: But I am hearing like, some negative thinking that you were keeping to yourself. That you were judging some things that you wouldn't normally judge.

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Elizabeth: Right. Well I am pretty self-critical. That is something that I am always working on. That was of course fired up pretty substantially. And my energy levels were lower. Normally I would run but it was harder for me getting out the door.

Janys: It is hard to get motivated. Like you have to sort of tune in and tune out at the same time.

Elizabeth: That is it exactly. Too much and can't take any more in.

Janys: It was over stimulating.

Elizabeth: Absolutely. I was maxed. And I did, it did impact my dreams a little bit. So of course. Go figure. A little predictable.

Janys: So when you consider your current compassion fatigue what thoughts and feelings do you have about yourself as a counselor?

Elizabeth: Where I am at right now, it is interesting I have been thinking about this a lot. I was thinking that I was a terrible counselor. Because, how is it that I can be irritated, you know, not so much with my clients, because I wasn't. I was worried because I wasn't doing as much prep work like I normally would for them. You know I wasn't feeling like I was being unethical or anything like that, but my standards for myself. And, but then I was thinking about it too, I was also thinking that I am very conscious of leaving my stuff outside the door and being one hundred percent present with my clients. Because if I was feeling all of that, what are they going through every day. And many of them don't have the skills I have, and access to emotional support that I have. So I felt like it made me more compassionate in some ways. But as a mentor I felt like I sucked. Yeah I thought that I obviously not cut out for this which I see that that isn't true. I was really critical of myself in that role, but as a counselor for my clients I felt like it really didn't negatively impact me too much.

Janys: Well and it sounds like such a different hat. I mean with our clients we don't share our stuff.

Elizabeth: Right it is more one sided.

Janys: And with mentoring sometimes you do.

Elizabeth: You do share stuff.

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Janys: And it isn't always clear with what you disclose if that is going to be of value to them.

Elizabeth: Right. And I was worrying about it way too much. When really I just needed to be honest with them and say here is the reality of this work. You know it gets to you sometimes. It doesn't mean that you are a bad person. It doesn't mean that you are a bad therapist. It doesn't mean you are a bad anything.

Janys: Yeah.

Elizabeth: So I turn it into a learning, and I got a lot of supervision around it. And she really helped me with it a lot. So that is where I took it. And of course in my personal relationship I was like, whatever. Things just have to go well. Because I have nothing for that right now.

Janys: Yeah. And it sounds like what is also unique about your job, not only do you have this high case load and you are a mentor, and there is the impact of the economy and you run groups, but all of clients are experiencing, and working on

Elizabeth: Trauma

Janys: Trauma

Elizabeth: Yeah. It's kind of crazy work.

Janys: Yeah.

Elizabeth: Yeah. It's fantastic. I love it. But you are right. They are all also experiencing trauma too. At different levels. Different degrees, but absolutely.

Janys: Yeah. So when you consider your current compassion fatigue, what about you as a person, how has it impacted your personal life.

Elizabeth: Yeah, it has definitely impacted because my friends who are in the field, you know they get it. I feel really talking to them, and they are very sensitive and have been really wonderful and so I try to draw them closer. But my other friends who are all at very different phases in their life and don't really get what I do and don't actually want to talk about it. Which is fine I respect that. But I have been feeling really frustrated and I haven't said anything because I recognize that this is just where I am at right now so I want to think about it. But the expectation is a lot of me going. A lot of my friends live in

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different places and have had a lot of changes which doesn't make it easy for them. They don't live near me anymore. And I don't ask that of them, so this scenario I have created for myself. But I notice I am feeling a little bitter. Because I am in need now. Could you, you know step up a little bit. But I am not obviously that crass or hard. But I do have a friend that is pretty irritated with me but not saying it. So I have just been avoiding the situation because I don't have it in me to deal with it right now. I don't have a hundred percent to give. So that has been impacted. I have really been re-evaluating my friendships and really my, what are appropriate expectations to have with my friends. And in my personal relationship we have been going through a rough time. And he has actually stepped up a lot. Because I have been like hey look I can't obviously tell you details of what is going on but things have been rough and I need support. So he has really stepped up which has been great because he hasn't always been able to do that in the past.

Janys: Um hmm.

Elizabeth: Yeah. It has definitely changed some of my relationships and some of them don't know it. It has changed how I think about my relationships, and really relying on my friends that I work with and in the field that get it.

Janys: Yeah. Well when you yourself have a limited amount of resources it's like you have to allocate. Like how you were saying that when you want to watch a movie you have to be careful that it is not intense, it is almost like

Elizabeth: Right it is the same thing.

Janys: You have to ask yourself is this friend going to get without you sharing any details what you are going through, or you going to end up listening to them the whole time which is what you already do all day long at work.

Elizabeth: Right. I know. It's true. And I think that is the other piece to of, this is a little embarrassing, another judgment on myself, I think wow, you have such an easy wonderful life, and you deserve it I am happy for them. But some of the things they are upset about I am like, really? And so that is when I thought I don't want to judge them and I need to pull back because I don't want to judge them. But I am thinking, really you

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are upset because you can't decide what color of paint to put in your bathroom in the new house you bought? Really. And they are not that shallow but I noticed that that is how I perceived things so I really pulled back because I didn't want to do anything that I would later regret.

Janys: Right.

Elizabeth: Because they are not bad people. I am just not in a place where I really want to hear about their house. I am really happy for you. But I don't want to hear about it.

Janys: Yeah. That makes a lot of sense. I know we talked about your self-care earlier, did you want to say more about the self-care that you do now? I mean, it sounds like that what we are talking about now, about looking honestly at your relationships, is really a form of self-care. It is a hard thing to do

Elizabeth: Yeah it is not fun.

Janys: It is self-care long term to look at the relationship and say I get that I am frustrated but I am not going to talk to you because I get that this may really be about the work stuff.

Elizabeth: Yeah it's not about my friend.

Janys: It's really not about the color that their bathroom wall is going to be.

Elizabeth: Yeah, exactly. I am sure it will be a nice color.

Janys: Yeah.

Elizabeth: You know I think the things I really try to pay attention to is not true emotional eating but like a little nurturing, like when you are a kid this is what mom did. Like, I don't always, I know I feel better when I eat better, I know from a biological as well as an emotional piece. But it is easy to fall prey to the trappings of our society.

Janys: To soothe yourself.

Elizabeth: That, and I haven't been motivated to cook. And I work kind of kooky hours. So I haven't been cooking as much and that has me in a perpetuating a viscous cycle so I have been eating a lot of prepared foods which even though my food choices are healthier than most people, it has been lacking a lot of vitality.

Janys: yeah

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Elizabeth: Which manifests itself obviously physically so. So that is the other piece that I struggle with.

Janys: And you said you work forty hours a week. Do you ever work more than that?

Elizabeth: Sometimes.

Janys: Yeah. And we talked about your previous yoga experience. It sounds like you have some. Ten years is a long time to be introduced to it. And you are comfortable with yoga. Since you have a good amount of experience with yoga what interests you in being part of this study?

Elizabeth: I just recently started looking at yoga in terms of using it therapeutically in the last year or so. The somatic piece of it especially with the population I work with is so intriguing to me. And also when I first came to yoga I didn't look at it as yoga, I came to it for exercise.

Janys: Right.

Elizabeth: So I would go to gym class and I would read about it in the magazines, like look what it has done for Jennifer Anniston's arms. And that isn't really what drew me in but partly. I just kind of fell into it and like literally in just the last year I have been thinking about how I feel when I do it. Like my personal practice I don't just do yoga myself. I usually do a DVD, or I don't think about it. I just want someone else to tell me what to do. And I have really been trying to approach it differently and just recently. I understand the benefits. And so I want to use yoga for myself and for my clients. So I was drawn to this because I fall out of patterns pretty easily, and also I am curious about the protocol you have created. Absolutely. And that I just think that it will be a really good personal benefit for me but I am also interested in using it for my clients. My competence with yoga is fine. I am not super wonderful at the poses, I am not super bendy. That is fine. I have not confidence teaching it with other people. And I would like to eventually do a yoga group for adult survivors. And I am terrified. Which is so interesting. So I think that is a piece of it too. A selfish thing because it is one thing to go to a community class and there are people there with a variety of reasons, but not this

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focus. And I haven't approached my practice with this intention so much. And I am wanting to do that more. Did I answer the question? (laughs).

Janys: So it sounds the intention is to learn more for you but also to support your clients.

Elizabeth: Yeah. Absolutely.

Janys: It is two-fold. Taking care first of your compassion fatigue but once you learn that resource for you then you can offer that to your clients.

Elizabeth: Yeah plus I think it is important work so if I can support you with that, in the field in general, then I want to do that.

Janys: Well it helps me out to have you here. So thank you.

Elizabeth: Well yay! And I get a free yoga class.

Janys: Right. Four actually.

Elizabeth: Four free yoga classes.

Janys: That's right. Do you have any other questions for me about being part of this study?

Elizabeth: I don't think so. No you have been pretty clear. So it sounds good.

Janys: Okay well thank you for your time.

Elizabeth: Yeah. My pleasure.

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Appendix K**Case Descriptions Initial Interviews****Demographics****Beatrice**

Beatrice is a 58 year old Caucasian female and has 15 years' experience in the field. She is a Licensed Mental Health Counselor. She has a Master of Arts in child and family therapy. She currently has a private practice that is full time. She works with adults, couples and children and primarily works with trauma. Her theoretical orientation includes EMDR, Trauma focused cognitive behavioral therapy, Imago therapy for couples, and family systems counseling. She sees about 30 clients each week. She states that this is a higher number of clients than she would like. She is working between 55 and 60 hours a week at the moment which she describes as "too much." Beatrice reports that prior to the study she participates in self-care consistently about 2 hours each week. Forms of self-care include consultation, walking, elliptical, exercise, art, breathing, socializing, "a method of breathing that might be a form of meditation." She stated that prior to this interview that she had coffee with a colleague, and that she realizes that this is something she needs to make more time for as part of her self-care.

Other forms of self-care came up, including weekly massages, and taking Fridays off. Her motivation for being part of the yoga intervention included wanting to develop a yoga practice, as well as reducing her isolation "it is not healthy for counselors to become isolated." I agree with her statement and also think that the shame and guilt of being an impaired counselor can lead to isolation. My own experience is that I am a better, more available therapist when I practice self-care and ask for help as I need to when problems arise.

Carmen

Carmen is a 53 year old Caucasian female. She has 5 years' experience and as a Licensed Marriage and Family Therapist specializing in art therapy. She has a Masters in psychology marriage and family therapy. She reports that she does 20 hours of self-care a week and includes listening to music, consultation, clinical supervision, walking, art,

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bubble baths, reading, and bodywork. Carmen reported that prior to participating in the study she had taken a vacation. She said that she felt like her compassion fatigue was reduced as a result of this, but that she still felt that her participation in the study would benefit her. She wondered if this would throw my results. I let her know that qualitative research is about a person's presenting experience, and that it is helpful to know that she recently went on vacation.

She is a licensed marriage and family therapist and an art therapist. She describes her approach as being person centered with clients, and she primarily practices art therapy with her clients. She also works with children and has a specialty in working with trauma. She works with adults, children, and families at a community mental health agency four days a week. She also has a small private practice that she is just starting. She states that she has about 38 clients on her caseload at her agency, and 3 clients in her private practice. She also notes that as far as her productivity at her agency, she does not have a lot of no shows or cancellations. She attributes this low no show rate to art therapy, and thinks that her agency is starting to recognize that art therapy brings something of value to the clients that was not previously being offered. Between her work at an agency and her private practice she reports that she works an average of 45 hours per week.

Dee

Dee is a 56 year old Caucasian female with 3 years' experience in the counseling field. She is in the process of completing her state licensing as a mental health counselor. She has a Master's degree in counseling psychology and is also a chemical dependency professional. She works with co-occurring substance abuse and mental health disorders and works 40 hours a week. When counseling her clients she uses the theoretical orientations of Motivational Interviewing, Cognitive Behavioral Therapy, and expressive art therapies. Her current caseload is 24 individual clients, and she leads four groups each week, and completes two drug and alcohol assessments each week. She states that in the last year she has been significantly impacted by working with clients that have trauma. She reports practicing self-care about 10 hours each week.

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Types of self-care include clinical supervision, art, nutrition, meditation, consultation, walking stretching, tai chi, energy work, writing, reading, socializing, journaling, and nature. She also states that she strives to not work more than forty hours a week, and “when I leave work I really leave it there.” This sounds like a self-care strategy to me and she agreed that it is. She also talks in her interview about going into “the zone” with her clients where she is most empathetic towards them and remembering then that “I need to leave that zone...so I don’t remain there or carry their stuff with me.” This appears to be another method of self-care for Dee.

Elizabeth

Elizabeth is a 38 year old Caucasian female with 6 years’ experience in the field of counseling. She has a Master’s degree in psychology. She is about to take her exam to become licensed as a mental health counselor. She reports feeling some psychological distress as a result of working with clients with trauma in the last year but does not report physical distress. She states that she practices 6.5 hours of self-care per week and the specific self-care includes yoga, clinical supervision, consultation, yoga, walking, biking, running, weight lifting, music, listening to music, reading, nutrition, and socializing. She reported that being able to talk about her compassion fatigue with her supervisor and counselors outside of the agency also benefitted her. She also identified in the interview that at times self-care meant not spending time with a non-counselor friend was a way of self-care. She reported feeling bad about this, that it was more about her work, and that if she were not compassion fatigued, that she would want to spend time with that friend. She works at an agency that specializes in working with clients that have been impacted primarily or secondarily by early childhood sexual abuse. She describes her approach with her clients as being person centered, interpersonal and systemic. She works with both children and adults at the agency where she works. She describes her caseload as being “kind of crazy” in that she sees 31 clients, leads two groups, and has some responsibility as a consultant and support to other counselors at her agency. She reports working about forty hours each week.

Experience with Yoga

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Beatrice

She describes her level of experience with yoga as “minor.” She reports that she previously took yoga classes through parks and recreation, and a few classes and private lessons. She has never created a home practice, and does not currently practice yoga “but I would like to.”

Carmen

Carmen reported that she was first introduced to yoga thirty years ago. When she was younger she practiced more yoga. Her previous experience with yoga is on and off, and she currently does not practice yoga but she would like to practice more consistently. She states that “I think about it more than I do it.” She states that she “realizes and recognizes the value in yoga,” as well as the connection between mind and body.

Dee

She has about 2 years’ experience with yoga but states that she does not practice yoga currently. She previously worked with a teacher she liked but when this teacher moved away she stopped practicing yoga. She states she has done some DVD’s at home and thinks about wanting to have a daily practice, for example, doing sun salutations every day.

Elizabeth

Elizabeth has practiced yoga on and off for ten years. She currently practices yoga about once a week and feels pretty comfortable with most poses. She recently completed a workshop in teaching yoga to children but she does not currently teach yoga.

Compassion Fatigue

Beatrice

In the last year Beatrice states that she has felt a significant impact of working with clients with trauma. According to Beatrice, this has been primarily been exacerbated by her taking on a higher case load than she would like, and her family members illness, as well as other head of household and caregiver concerns at home. She states: “there is no way I would be seeing this many clients if it didn’t impact losing my home.” Her compassion fatigue is reportedly due to a combination of financial issues, her husband’s

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job loss and needing to take a higher case load. She states her husband lost his job 2 years and 9 months ago. It was then that she took on a higher case load. “It is my preference not to see this many clients and it is not ethically what I would prefer to be doing but it is currently a matter of survival. And now that he has a job I am working to bring that back down.”

In the last year her daughter has had her own issues with mental illness. She states that this makes it difficult for her to leave work at work since her daughter is now divorced and currently living with her. She states her compassion fatigue increased a year and a half ago with the onset of her daughter’s mental illness. In addition to being a mental health counselor, she is caring for her daughter, as well as two of her grandchildren. She reports feeling pressure around being the person bringing in the income in the last two years.

She named that her choice to do this was due to her family facing financial hardship. Her stressors of having a high case load, economic concerns, her husband’s unanticipated unemployment, and the stress of her daughters mental illness all contributed to her compassion fatigue. She stated that she feels between work and her daughter’s health that she is “swimming in mental illness.” She describes her compassion fatigue as not being severe, but rather, having cycles of being overwhelmed. She describes her symptoms as a... “kind of fatigue that comes and goes, I have weeks where I feel groggy, and the weeks when I am really groggy is when I struggle the most. It’s like I am fighting to be present with my clients. I don’t think that that is fair to them.” Physically she reports having “a lot of body pain.” She gets massages each week for this. She notices with her increased case load more tightness in her body and muscular tension. She reports feeling isolated in her current circumstances.

Carmen

Carmen states that her compassion fatigue began when she was an intern. She reports that she initially noticed it in her colleagues and not in herself. She would see her colleagues with it and think “well that is rather silly, until it happened to me.” She states that she had coping strategies that she was able to use to manage the fatigue at that time.

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She reports that it began 3 years ago, when she had started working with children with trauma that “I had a nightmare and it scared me.” This was the first time that she realized what was happening in her counter-transference in not being able to let go of her work with her client. She states that having this happen helped her be empathetic with her clients that were going through counseling for trauma. She stated that the nightmare was a “wake up call to take my self-care more seriously. She said that she really noticed the compassion fatigue “all of a sudden” after this nightmare.

One way that she takes care of herself is she does not bring her work home with her, and she does not talk about her work outside of work. In the interview I pointed out that this sounds like a self-care strategy, and she agreed that it is. She states that she uses guided imagery to help maintain her boundaries when she is off work.

Dee

She recently became aware of the term compassion fatigue as a result of her interest in this study. She reports first noticing symptoms around the holiday this year. She reports that it was not obvious to her that she was compassion fatigued, but that she had thoughts about being more with family rather than at work. When a client did not show up for an appointment she would feel relief. She recently took time off because she was ill “I lost my voice,” which sounded in the interview that her permission to take a vacation came when she was ill. She reports that now that she has awareness of the term compassion fatigue; that she is using it as permission to take care of herself and “have fun.” She reports physical symptoms of compassion fatigue including muscle fatigue and stiffness, “I have tightness in my shoulders.”

Elizabeth

She reports that her compassion fatigue began when she first started her internship six years ago. She attributes not only the work but also that she was finishing graduate school and commuting to work. “So it really hit me one day I remember coming home and wanting to walk my dogs and my boyfriend wasn’t around and it was dark. I remember thinking for the first time in my life that I can’t go it’s not safe out there. And I

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was like, okay wait this is because of the work I do and of course thoughts and not being able to leave clients at work.”

She describes her compassion fatigue as being ongoing and “like a roller coaster.” She attributes her role change in the agency as a mentor to other counselors as being what has precipitated her current level of compassion fatigue. She said this change came two years ago and coincided with the economic downturn. Part of her role as a mentor is supporting other counselors with their experience of compassion fatigue. “And so as my own compassion fatigue from my own clients makes me more vulnerable because of course I want to be there for my colleagues. And I was really taking on their compassion fatigue as well. So kind of a double whammy has been happening for me a lot. I have noticed it a lot this year.” She attributes this additional role in her job, as well as the state wide funding cuts as contributing to her compassion fatigue. She reports that she is responsible for the wait list of clients in need of services, which is currently averaging a six month wait to get in for treatment. She says this is hard to say no to the clients that are most in need of services. “And my clients are in a higher state or level of distress. Most of my clients are low income and they are losing their access to basic needs.”

She reports noticing that her “patience is a lot less available,” as though she needed “to conserve my energy for my clients,” and as she was doing this she found that she was less available to her friends and her co-workers. She also noticed feeling more frustrated, and having less tolerance for processes that were happening at work. “I remember sitting in my clinical meeting thinking wow I am just not getting anything out of this.” She noticed an increase in wanting to isolate, in being judgmental when she is not typically a judgmental person, and just doing “a lot of escapism.”

She would say to herself “wow I really feel like watching a movie, something light. And I am very particular, I am not going to watch Precious. I don’t want it to be anything intense. And so I really found myself, not feeling depression, but I was not wanting to engage in things that usually bring me joy.”

She reports lower energy, less interest in being with friends, an increase in negative thinking as well as an increase in self-criticism. She reported that it was hard for

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her to feel motivated, that she had to tune out in order to tune in. She reports feeling like she was a terrible counselor, that she was meeting her own standards. It impacted her to have other counselors that relied on her with how she herself felt about her role as a counselor and in her current process of compassion fatigue: “And I was worrying about it way too much. When really I just needed to be honest with them and say here is the reality of this work. You know it gets to you sometimes. It doesn’t mean that you are a bad person. It doesn’t mean that you are a bad therapist. It doesn’t mean you are a bad anything. “

She speaks about how her compassion fatigue has had an impact for her on her own relationship as well as her relationship with her friends. She reports that her friends that are counselors have been an enormous support. She also talks about making food choices related to comfort and convenience more when she is mired in compassion fatigue.

Interest in Participation in Yoga Study

Beatrice

Beatrice states that she has always wanted to develop yoga as a practice. I just haven’t made it happen. She thinks this in part because she is socially isolated, and would not go alone to a yoga class. She sees yoga as something useful and helpful to her. She states that in order for her to commit to do something she needs to commit to a group. The combination of timing of the study, and having Fridays off also contributed to her wanting to participate in the yoga study.

“I thought; well this will be great, I am a good fit for this thing that she is doing right now.”

Beatrice reported that part of why she wants to participate in the research is because she views it as being a “semipublic confession” of compassion fatigue. Knowing that other colleagues will be participating in this research who also present with compassion fatigue is another part of her motivation for participating.

Carmen

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She states that she is looking forward to incorporating yoga more into her life and hopes that participating in the study will support her in that. She states that she hopes she can also include yoga in her counseling practice and offer it to clients in a way that is not threatening. She states “I would like to share it with clients and not call it yoga. So if I can be more familiar with it and share it in a way...that is not stigmatizing.” That she wants to make what she learns about yoga more available to her clients. She also said she knows what it is like to look for volunteers in a research study and that she would like “to help a fellow colleague.” She also said that the timing of both the study and when the yoga intervention “fit well for me in my life right now.”

Dee

Dee reports being very aware of her body stiffness and wonders if yoga can help support that in a way that is “more than just stretching.” She sees the study as an opportunity to look at yoga for her self-care and to see how she could incorporate it into her life. She would also like to see if it makes a difference with her current compassion fatigue. About this she states:

“I am curious to see if the awareness and addressing the physicality of it, if I will notice a change in four weeks. Both with the physical and mental, relief, I guess. That I won’t be feeling relief in four weeks that my clients are not showing up. .I don’t think that is a good thing, so I am hoping that this awareness shifts how I address it, so if yoga is incorporated, great, and if not and if it is something else then okay at least yoga is a tool of the awareness.”

Elizabeth

Elizabeth has ten years’ experience with yoga. She reports feeling comfortable with yoga. Her interest in yoga is more about how to address it in a way that it is therapeutic for her and less about the physical practice. She first came to yoga for the exercise. Her interest in the study is not only because she thinks it would be good for her personally but also about how to apply it clinically. She also mentioned liking the benefit of having four free yoga classes.

Results of Professional Quality of Life Scale

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Beatrice

Prior to the study, each participant completed the Professional Quality of Life Scale. This scale measures compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress are both considered components of compassion fatigue. Beatrice's compassion satisfaction is in the average range. There was no question about compassion satisfaction in the interview, but my guess is that she does derive satisfaction from her work based on her commentary about respecting her clients and their work with her.

Burnout is one of the elements of compassion fatigue, and is associated with negative feelings of hopelessness and difficulty in dealing with work, doing one's job effectively, and is thought to have a gradual onset. Beatrice scored in the average range for burnout. Higher scores on the scale mean a higher risk for burnout, therefore her score reflects that she is not at high risk at this time. She self-reports feeling overwhelmed, and I wonder if her level of emotional articulation helps her in reducing her negative feelings about work. It isn't her clients that she reports feeling hopeless about, more that awareness that her outside circumstances are leading her to work more.

Secondary traumatic stress (STS) is thought to be the second component of compassion fatigue. Counselors can develop problem's related to secondary exposure to traumatic events as a result of the work that they do in listening to client's trauma stories and helping them to recover or heal. The onset of STS is rapid and related to a specific event. Beatrice's score is average. She appears to like her work environment, and it appears that it is outside influences that are contributing most the her compassion fatigue.

Carmen

Prior to the study, each participant completed the Professional Quality of Life Scale. This scale measures compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress are both considered components of compassion fatigue. Carmen's score for compassion satisfaction is 57, considered high for helpers taking this instrument. About 25% score above 57 and are thought to derive a great deal of professional satisfaction from the work that they do (Stamm, 2010). In

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comparison to the other participants, her compassion satisfaction is higher than the other participants. This could also be contributed to her recent vacation, which this research thinks could make her more available to her own feelings of satisfaction related to her work.

Burnout is one of the elements of compassion fatigue, and is associate with negative feelings of hopelessness and difficulty in dealing with work, doing one's job effectively, and is thought to have a gradual onset. Carmen scored in the average range for burnout. Higher scores on the scale mean a higher risk for burnout, therefore Carmen's score reflects that she is not at high risk at this time. She self-reports feeling like she is good at her job, as evidenced by having an art therapy and trauma specialty that is unique, and stating that her no show rate is much lower than that of her other colleagues. This tells me that she has protective factors from burnout in both her compassion satisfaction, as well as having a good rapport with her clients.

Secondary traumatic stress (STS) is thought to be the second component of compassion fatigue. Counselors can develop problem's related to secondary exposure to traumatic events as a result of the work that they do in listening to client's trauma stories and helping them to recover or heal. The onset of STS is rapid and related to a specific event. Carmen's score is 43 which is below average. 25 % of helpers score below average when taking this instrument. This is congruent to her naming that it was a specific event three years ago that caused her compassion fatigue. She does not report currently feeling afraid, having trouble sleeping, or having upsetting reminders of the secondary event.

Dee

Prior to the study, each participant completed the Professional Quality of Life Scale. This scale measures compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress are both considered components of compassion fatigue. Dee's compassion satisfaction is in the average range. There was no question about compassion satisfaction in the interview, but my guess is that she does derive satisfaction from her work based on her commentary about reflecting with her clients about how hard and meaningful the work of being self-reflective in the counseling

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relationship for her clients is. She expressed empathy for her clients and a desire to join them when she was working with them.

Burnout is one of the elements of compassion fatigue, and is associated with negative feelings of hopelessness and difficulty in dealing with work, doing one's job effectively, and is thought to have a gradual onset. Dee scored in the average range for burnout. Higher scores on the scale mean a higher risk for burnout, therefore her score reflects that she is not at high risk at this time. She self-reports feeling physical symptoms of compassion fatigue, as well as a new awareness of having fun as part of her self-care. Based on my first meeting with her, I observed that she appeared overwhelmed, although she did not verbalize this.

Secondary traumatic stress (STS) is thought to be the second component of compassion fatigue. Counselors can develop problem's related to secondary exposure to traumatic events as a result of the work that they do in listening to client's trauma stories and helping them to recover or heal. The onset of STS is rapid and related to a specific event. Dee's score is average. She appears to like her work with her clients.

Elizabeth

Prior to the study, each participant completed the Professional Quality of Life Scale. This scale measures compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress are both considered components of compassion fatigue. Elizabeth's compassion satisfaction is in the average range. There was no question about compassion satisfaction in the interview, but my guess is that she does derive satisfaction from her work based on her commentary about wanting to work to her own standards in preparing to see clients, and in wanting to conserve her energy for her clients.

Burnout is one of the elements of compassion fatigue, and is associated with negative feelings of hopelessness and difficulty in dealing with work, doing one's job effectively, and is thought to have a gradual onset. Elizabeth scored in the average range for burnout. Higher scores on the scale mean a higher risk for burnout, therefore her score reflects that she is not at high risk at this time. She self-reports feeling like sometimes she

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can't take in anymore, and I wonder if her ability to articulate this, as well as her self-care that focuses on nutrition and physical activity supports her in preventing burnout. Her feelings of hopelessness seem to be more about the nature of the agency as it faces the economic crisis, and the lack of basic needs that are available at the state level for her clients.

Secondary traumatic stress (STS) is thought to be the second component of compassion fatigue. Counselors can develop problems related to secondary exposure to traumatic events as a result of the work that they do in listening to client's trauma stories and helping them to recover or heal. The onset of STS is rapid and related to a specific event. Elizabeth's score is average. She appears to like her work environment and the clients that she works with. It appears that her additional role as a mentor, and the economic distress are contributing to her compassion fatigue.

Researcher Comments

Beatrice

I was struck by her level of proficiency in the field. I did not expect her to have a curiosity or interest in the researcher. She stated that she liked the idea of yoga with compassion fatigue, that it seemed to her like it was a good fit. When she stated that her desire to participate in the research includes in part a "semi-public confession" of compassion fatigue, I thought, how brave, this act of volunteering for research with other compassion fatigued therapists. This inspired me to have less shame about my own prior experience of compassion fatigue. It made me recall that shame and how really the shame of being impaired was almost as bad if not worse than the impairment.

She speaks with ease about her current episode of compassion fatigue. She is honest and articulate. I was pleased and blown away by how she could articulate her experience of compassion fatigue. Naming that she "should have known better" with her level of awareness and experience, reminds me that this can happen to any counselor at any time, that it is a universal experience that all counselors can face when making a decision about surviving during a difficult economic time. I also heard the shame of

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“knowing better,” and wonder if this shame is part of our cultural experience of being thought of as beyond needing help when one is a counselor.

I heard themes of guilt for taking on so many clients, but at the same time an awareness that she is doing what she needs to survive since her husband lost his job. I could relate to making a choice where a financially necessary decision does not meet my own expectations of my professional ethics. I heard in her narrative the guilt she felt for doing this. I imagine that her clients feel heard and feel important in her presence. She seems to genuinely care about the clients that she serves, which I could imagine, make the guilt of seeing 30 clients a week very uncomfortable. I heard from her that she wants her clients to feel respected by her, and does not want her compassion fatigue to impede the work they are doing. Beatrice said she herself had once had the experience of having her own counselor fall asleep in a session. She states that her compassion fatigue worries her since she gets very drowsy during the day. She supports herself and her clients by saying that it is to do with her and that she is still very interested in what the client has to say. She spoke at length about being ethical and feeling that her being in a place of compassion fatigue, and continuing to see 30 clients a week was against her own ethical standard. The theme that emerges with Beatrice is this intersection between compassion fatigue, which impairs her, her guilt about this, and her wanting to reduce her compassion fatigue to be more present with her clients. She states about feeling groggy and tired at times:

“ the good news is that it only happens occasionally, but when it does happen I feel this guilt about, you know, not being present with my clients because I do have a very strong ethical commitment to doing good work and being really present for my clients, and not sort of being half there...I really respect my clients, and I respect that they are I feel like they are taking the time to do their own personal work and they deserve my full attention. And I just feel really strongly about that.”

She also expressed interest in pursuing a PhD, and wanted to know more about my school experience. This felt to me that she was building a rapport with me right away, which I parallel to her ability to build relationships with her clients. I thought as she left

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the interview that she would be someone that I would want for my own counselor. I also thought that her clients probably not only like her, but get how much they are respected and cared for by her. She seems to take her steps to recovering from compassion fatigue seriously.

Carmen

I was struck by her sincere desire to both participate in the study for her own “selfish reasons” of wanting to have more self-care and to share yoga with her clients, as well as her want to help out a fellow colleague. I felt like she is someone that likes being a counselor as well as being in the presence with other counselors. I thought too that her clients must really like working with her as an art therapist. She spoke very passionately and enthusiastically about her current self-care, her work with clients, and her desire to make yoga both accessible to her clients as well as not stigmatizing. I detected some fear and trepidation that if she called it yoga then it either would be thought of as strange to the client, or that it might not be valued as a clinical skill. It also interested me to know that she was seemingly more motivated to participate to increase her knowledge around yoga and to use it clinically. Though this is not what the study was designed for, it makes sense to me that it is a trait of counselor’s to find something that works for them in their own life, and then want to share if valuable or effective for them, with the people that they serve. She seemed to respond very well to the direction of the conversation, as well as observant about the interview process. She is also very articulate about her experience of compassion fatigue. I liked her description of bubble baths as a self-care practice and that she likes reminders from her partner.

In comparison with the other interviews, she is the only participant that describes her compassion fatigue as coming on “all of a sudden.” She stated that she was initially aware of her compassion fatigue as an intern, but then described this episode of compassion fatigue as having started with her nightmare three years ago, which she attributes to her work with children with trauma. I was left feeling curious about the time before her nightmare, what was happening for her professionally, which I guess, might have been her time acquiring skills as a trauma expert. I can relate to her in my own

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experience with compassion fatigue, which is that I did not know I was there until I was in it completely. My experience was that I thought everyone felt the feelings of burnout that I was feeling, and that it was normal for me to feel numb, to not want to get up for work, for me to actively avoid seeing clients especially the ones with more trauma. While I do not know if this was Carmen's experience prior to the nightmare, I did leave the interview curious about her stating it started as an intern, and then attributing to the beginning as the nightmare. It reminds me that compassion fatigue is a process, and is always there as a possibility if we as counselors do not pay attention to the harm it causes when we are not listening to ourselves and what we can truly handle.

Another difference in her initial interview is that she reports a higher number of hours practicing self-care than the other participants. She initially said ten hours a week, but then changed it to 20 when factoring in listening to music, which she states she has going all the time even when she is working (I assume paperwork). It brought up for me the idea that self-care is not just something that a counselor can do outside of work, but also how we soothe or care for ourselves at work is important.

Dee

I met initially with the participant a week before this interview and was surprised that the participant did not know that she had compassion fatigue. I sent her away with articles on the topic as I wanted her to be able to self-identify that she had compassion fatigue. I did not want her to convince herself she did in order to participate in the yoga intervention.

What struck me was a comment she made about her clients are not expected to know the symptoms of PTSD if they have it "so how am I supposed to know that I have this?" The term was new to her, and it sounds like her work does not use the term in their vernacular. She said she felt embarrassed that she did not know. I told her that this was an "aha" moment for me, as I also assumed that counselors would just know. When I reflect on my own experience of compassion fatigue I can see in hindsight that I did not have that language around my experience either. I liked that she took the information about

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compassion fatigue and instead of pathologizing, said that this became permission for her to have fun.

“So yeah I was embarrassed that I didn’t know but now I am like, whoo new lease on life. I have a new reason to go have fun. And I really like that because I think I have been taking things a little too seriously. Because I am kind of new and I just got my masters so it has just been work, work work. You know get the job, and do the best you can. And okay, I am doing, so now what.”

I also liked how she was able to quickly synthesize the information about compassion fatigue in a way that did not judge or shame her experience.

“My whole focus shifted it’s like, oh wait a minute, this could be a cool thing. Kind of a fun thing as opposed to oh I am not doing this right; I must be doing something wrong if I have compassion fatigue. But instead it is like this is just part of being a counselor, so how am I going to incorporate this into life.”

Themes about shame around being compassion fatigued came up with other counselors as well. It was important for me to see this and I can apply this to my own ability to cope with shame, and remember that how I speak about shame with my clients is also how I should treat myself. I would never tell a client that they should feel ashamed of their mental illness. So it makes sense as helpers that we do not invite that language into our own thinking either. In this respect Dee’s quick learning of this inspired me. It seems to me that she has been working really hard with a difficult population (she works with women with co-occurring mental health and chemical dependency diagnoses) and not paying attention to when she needs a break. We spoke in the interview about a need to look long term at being able to do this work. About this she stated:

“I need to be able to do this for a while more. I don’t want to have all that work done and then done the road, like years from today, I am three years in so three years later I don’t want to say “well I am washed up, I can’t do this anymore because I didn’t watch out for compassion fatigue.” I want this to be a long, longer life of viability. So too bad, I have to go to Disneyland, and go swimming, and take a walk in the woods, and paint and do all the things that I really enjoy. How can I incorporate this into my life.”

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Elizabeth

This was my last interview and I was impressed also with this counselor's level of articulation about her compassion fatigue experience. I also was aware that her agency primarily works with childhood sexual abuse survivors. The ecology of the agency is to name and actively help clinicians find ways to work with compassion fatigue. The impression I had from her interview is that talking about it in the agency culture serves as a protective factor in reducing the likelihood of compassion fatigue but does not necessarily prevent it. Another piece that impacts Elizabeth is that the agency has been hit hard with the economic issues. She also has a role of supporting and being available to other counselors. Adding the additional responsibility of helping helpers, and holding space for the compassion fatigue of colleagues is what I heard as being a decrease in protecting her from her own symptoms of compassion fatigue.

As she spoke in the interview, I think she became aware of how compassion fatigue impacted her physically as well as psychologically. It was interesting to observe her explore this new awareness. She spoke about both resources of having friends who are also counselors that understand the stress she is under at work. She was also able to express knowing when it is not okay to talk to friends about her compassion fatigue, and how this impacts her friendships especially when she is in the throes of compassion fatigue. She explored themes of irritability, themes of feeling like it was not okay for her as a counselor to be irritable, and being able to observe that this irritability was due to exposure to trauma and stress in the work place. She explored the impact of compassion fatigue in relationship to economic stress. Her own job has changed as a result, as she has added mentoring as well as the responsibility of calling people on the wait list who are in need of services. The financial tightening of the state budget trickles down to the work place, as well as to the individual counselor, or as she says "the building feels stressed." Of the participants she is both the youngest as well as the most physically active outside of the office. It makes me wonder if it is age that attributes to increased compassion fatigue, or if having more physical activity outside of work is a protective factor for compassion fatigue.

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Prior to the interview Elizabeth was concerned that her experience with yoga would disqualify her from participating in the study. I told her that so long as she does not have the expertise of a yoga teacher that it is fine for her to participate so long as she self-identifies as having compassion fatigue. She reported that she does have compassion fatigue and that she has never taught yoga but has an interest in bringing yoga to the agency and the clients that she serves. She said at the end of this interview “I’ll be honest, I am interested in your yoga manual.” I laughed and told her that this is fine with me and that she can use this for her own self-care, and that while I did not write the protocol for clients that I would not stop her from sharing her knowledge with them.

I had a lot of empathy for Elizabeth regarding having to think about how friends who are not counselors might not understand the impact of her current compassion fatigue. I think it is both honest and vulnerable to share something like this. It can be hard to think about how knowing about compassion fatigue could cause distress to a person outside of the field that has no familiarity with how counseling work impacts counselors. I could imagine that this is also a good source of self-care, since another participants spouse echoed not understanding why a high caseload would be difficult for a counselor to maintain. Not talking about something to someone that is not going to be able to hear it is a form of self-care that one would also give to clients. It makes sense then that we share the same approach in our personal lives.

Appendix L

Final Focus Group Transcripts: Beatrice and Carmen, Dee and Elizabeth Transcribed Interview Beatrice and Carmen

Janys: This is the interview for the final focus group. So the first question is how would you describe your experience of the yoga intervention?

Carmen: Excellent. Excellent. I think I remember our first, it must have been our second one that I wasn't participating well in because I had just had my surgery, and I remember I was just sitting down, and I was really surprised how much I really got out of that. Now I have not looked at my journal to see if my reflection at that time reflects what I really thought about afterwards because I never opened it after that, but I remember just saying at that moment, I thought wow I was really surprised how much I got out of it.

Janys: So you got a lot out of observing.

Carmen: I did. And I think it was the one that we were doing the breathing that we did lion pose then because you said get down on your knees I totally forgot I was sitting in the chair and all you guys were on the floor on your knees so it was the second week.

Janys: Yeah. So that didn't take away for you having to modify.

Carmen: I was worried about it but you made me feel really comfortable. You were excellent at altering things and making revisions with my situation after my surgery.

Janys: Yeah which was that you couldn't have your ear below your heart. Yeah.

Anything else?

Carmen: Not at the moment.

Janys: And what about you what was your experience of the yoga intervention like?

Beatrice: My experience was really surprising in the sense that I found it to be a lot more helpful than I would have expected. I expected that it would take me a while to experience the relief from it because I would have thought that I would have needed to learn to breathe, I thought all this in my mind. But actually what ended up happening is that I noticed that my breathing really changed and I noticed almost immediately that when I was sitting with my clients, that I had more awareness of my breathing, and for

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the first time ever when I was focused on my breathing, it didn't make me more anxious. And I think the key was I think at one time you said focus and notice, but not change. And I think that was it, and I think previous times in yoga I thought I was supposed to do something different with my breathing which ended up with me breathing in less oxygen and feeling more anxious which I think was creating the anxiety. I noticed it in my sessions that I was holding my breath, or my shoulders were getting tense, and I was able to say to myself to just breathe, without my clients knowing that any of this was going on.

Janys: So those words focus and notice helped you to be aware of your experience and not to change but just notice what was.

Beatrice: Yes. I noticed that during my sessions that I was far more aware of my own breathing and my clients breathing. And I was able to say in particular moments, let's just take a moment and breathe. It was really great.

Janys: And did you notice some of those changes while you were practicing yoga?

Beatrice: Yes.

Janys: And so it sounds like that stayed with you while you were working the following week.

Beatrice: I noticed that for the first time and it is not like I have done a lot of yoga, because I haven't, but I think it is possible that I was in the past making yoga way too hard. Thinking there was more to it than it needed to be. So I think that was the change this time.

Janys: So the yoga practice felt very accessible to you.

Beatrice: Very. I noticed that I would look forward to each week with great excitement. And it also came at a time when I started taking Fridays off. So it was the combination for me of taking more time for myself and practicing yoga. It was good timing. Yeah.

Carmen: Two things I would like to add that you reminded me of. One about an observation with my client and then the other the Friday thing. One the yoga classes were a reminder for me. So I found myself noticing my clients more. Their body, like if their chest was caved, so I was more aware to help them stand up straight or sit up straight and

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open that up. And through some of your instructions you have helped me recognize that within myself. And then the Friday piece, I was looking forward to it because I work four ten's and then I have my private practice on Friday so it is a very long week and the last thing I want to do is one more thing but it was exciting to end my week with some self-care. I couldn't put it off for another day, or another hour, or another minute. I have to be there at a certain time. So it was a good anticipation, an exciting anticipation.

Janys: So it was on your schedule and you had to prioritize it.

Carmen: Yup.

Janys: Anything else about the yoga intervention that any of you wish to share?

Beatrice: I think that's it for me.

Carmen: I guess I would add that your interventions are things I can use no matter how big or small of a space I have. That's good especially at my office, so they are very easily accessed.

Janys: That's good to hear. I was thinking about that as I was writing the protocol. Things that people who were able bodied could do.

Carmen: Exactly. And so my condition too and I think we all ended up doing the positions that you gave me to modify made me think of people who might struggle with mobility or other issues.

Janys: So my next question flows into that. So what did you notice when you listened to your body and tracked your thoughts, feelings, and sensations? At the beginning and end of each class I had everyone write in their journals thoughts, feelings and sensations.

Carmen: It helped me stay grounded. It helped me stay present. Yeah and it is really unfortunate that we needed permission to do that. And whether 4 weeks is going to make it more of a habit I hope so. And you talked about that in the last question about being reminded and aware. I appreciated the time to do that before and after.

Beatrice: I appreciated being given the time to journal before and after. I love to journal but I don't do it very much. I haven't created that structure for myself, so having that structure created for me was really great. I noticed also that just the anticipation of going to the yoga class, I noticed after the first one this knowing that I was going to be relaxed

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and focused on my inner experience, and my body experience. It seemed that just knowing that I was going to do that was beneficial for me. And I really appreciated that. I noticed how pain moves in and out of my body, a lot, more so than I ever have before. So I would get there and notice pain in my shoulder, and as I was doing the yoga it would go away, and then come back. And I was thinking wow. I suppose this happens all day long but it was really interesting for me to focus on what was happening in my body. My body. Not being so focused on what is happening with my clients body. So I was aware that I needed to be paying attention to what was happening inside of me. So intellectually I knew that but it is like experientially something switched for me. There was a greater awareness for me with the experiential.

Janys: So it sounds like when there was a space created that was formal to journal about your thoughts, feelings, and sensations, and even driving to the space and having a moment to reflect while you were practicing the yoga.

Beatrice: Um hmm.

Janys: Yeah. Is there anything else?

Beatrice: I guess I would say that I have spent a lot of money on consultation over my cases, I have gone for walks between clients, I of course do training and all those things. I guess for me surprising in some ways that this has helped me more than any of those other things. Because it is getting out of my head and into my body. Because it is my body that is carrying all my angst. And it is probably as I explained in my first interview that it is my personal life and life stressors are probably contributing more than my clients. It is just the combination of the two became too much. And so I don't feel so much like I am swimming in mental illness anymore as I did. I really did feel that way. Because you know with my daughter's mental illness, and my client's mental illness it's like, okay it's a no brainer, you learned in college that you need to take care of yourself. And it seems like then I was more in my head, and with this yoga intervention I am more on my body, which makes me much more aware of the self-care that I need to do. And I guess that is all that I have to say.

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Janys: Yeah, I can't recall if I said it in class but there is a term I learned from my yoga teachers called the monkey mind

Beatrice: You did.

Janys: And when we get out of our monkey mind is when we get into our yoga practice.

Beatrice: Yeah.

Janys: And I can say for myself to that I struggle with that. Like when I get in my head and I am trying to analyze the problem, and as soon as I realize I am there, I go, wait a minute. What happens if I check in, and then I breathe, and then I feel my feet, and it changes. My experience is that is like a track that switches.

Beatrice: It has been very good.

Carmen: The mindfulness. As you were describing what I notice is that art does the same thing, it gets you out of your head, but it doesn't have the same kind of reaction of body as I notice. As I am listening. I can go for a walk but my head is still going. But as soon as I start to focus on breathing it changes.

Janys: So it sounds like the focus on breathing and the intentional space.

Carmen: I have big letters on my door that says breathe. And I am there every day, with those words but it is not often that I need to do the same thing. I take it for granted and I constantly need to be aware of it and do something different.

Janys: So it had contributed to a more constant awareness.

Carmen: Yeah.

Janys: What did you notice in regards to your current compassion fatigue?

Carmen: It is almost like the light went on. I think being more present in the room and, um,

Janys: It sounds like noticing your compassion fatigue more didn't make your symptoms worse it just helped you maybe walk with it differently, or be with it differently?

Carmen: Be with it differently. Yes. And being able to let it go. So instead of being, I am not sure if I would call it anxious? Being able to let it go and sit with it differently as if it were a different entity and letting it go, being present with another person and letting the compassion fatigue live over there. So I can be present, and I can be aware.

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Janys: It is almost like there was a way, like in narrative therapy one would say instead of being depressed, one feels depressed. So it sounds like the shift was in the language so that it doesn't have to be like you are compassion fatigue.

Carmen: Exactly. And it doesn't need to be present with my clients. I can put it aside.

Janys: Like you were able to make room for it. But it didn't have to be in the middle of you and your client.

Carmen: Yeah I like how you said that. That I can make room for it. It doesn't have to encapsulate me (pause) But then as you say that I am wondering what happened to it. Is it still sitting there or did it come back to me somehow.

Janys: Which is a little bit how we talk about monkey mind when it shows up.

Carmen: Yeah. Go away now (laughs).

Beatrice: Can you read the question again.

Janys: You bet. What did you notice in regards to your current compassion fatigue.

Beatrice: I noticed, now I don't remember exactly what I filled out the first time, but I have a distinct impression that my answers are quite different now than they were when I first filled that out. I noticed when I in my mind, and in my body when I filled it out the first time, it was like, come on be real and honest about how you answer this. We all know as therapists that we are supposed to take care of ourselves, and we are supposed to do a really good job of keeping ourselves out of that place of compassion fatigue so that we are not doing anything harmful to our clients. And yet the reality is that it happens. But this time when I was filling it out, I noticed a lighter feel, a feeling of hopefulness, and feeling like, I feel better now. I am okay now. So much more hopeful. I think for me a lot of it was that I was feeling a lot of gosh, I can help my clients so much, but my own daughter it is so frustrating. I think there has been some real change their which has helped me to feel empowered with my clients as well. There has been a real change for me. I would say my level of compassion fatigue is much, much less than when I started. I am not sure if I could give it a number but it is noticeably less. One more thing I would say is that I sometimes struggle with drowsiness sometimes during the day. It really bothers me when it happens while I am sitting with my clients. I don't want my clients to

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see me drowsy because I know that can give the wrong impression. I have noticed that some of the yoga moves the I do between clients helps, like the sunflower. And the breathing. Really making sure that I am fully oxygenated, because that helps in between clients. It makes a difference.

Janys: So it sounds like you are practicing yoga between your clients. Like the sunflower, and the horse stance, maybe?

Beatrice: Yes and especially the breathing. I don't have a lot of time to do much but when I do I make time. And I am working towards making more time.

Carmen: Scheduling it.

Beatrice: Yeah, scheduling it. And what I would like to do is I would really like to when I have a break, I would like to not only return phone calls I would like to do self-care. Part of that being the yoga poses. Not between every client, but at least once a day.

Janys: So the next question is can you describe your awareness in relation to the study. And I feel like you have all done this, but is there anything else you can add to this?

Carmen: Yeah, um. Yes. And you know the timing of this with my surgery, the awareness of my own body and the awareness of what I capable of doing. You know, so this and the previous question, it just appears that my awareness has just broaden, like a light came on. I had self-awareness kind of things happen in other conferences, and it wasn't a huge light bulb but I felt a sense of freedom, expansion, awareness. It is so weird because even though I am internalizing into my own body it just seems much bigger. Like I was talking about that room with my clients and it felt so much more spacious. It felt larger and there was more room and less resistance, less noise between me and the client.

Janys: So you had more connection with your client.

Carmen: I think so. And more connection with what is going on with my own healing to.

Janys: And I hear too that I know for myself when I am injured, it is hard for me to not do what everyone else in the yoga class is doing, so I wonder if you were able to put that aside...

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Carmen: You helped me so much with that. A great deal I think the first day I was very apologetic but you made me feel at ease and helped me with accommodations and that helped me so much.

Janys: So you were able to stay with the experience and respect what was happening in your body, like you are listening to and respecting your body.

Carmen: Yes the second week we did a balance pose and I really wanted to do it but my balance was really off. I couldn't do it and I really had to honor what my body was telling me. And I don't know if I would have done that earlier.

Janys: You might have just pushed through which would not be honoring of your body experience.

Carmen: Yes. Exactly.

Janys: Uh huh. And so my next question is about what is your work is like now with your clients. And it sounds to me like there is this parallel process for you. I wonder if you are now able to honor your clients in their present moment.

Carmen: Yes. Several examples come to mind. Being more aware of noticing people's bodies, where they were, their posture and how constricted they must be. I also felt like I was more present with them in their narrative and in what they were expressing. And again it goes back to that space between us that has opened up. Even though nothing physical has changed.

Janys: So maybe more spaciousness. More room to breathe. Less suffocated.

Carmen: Suffocated is a great word. Yeah. And often I do this breathing exercise with kids called the blowfish, it is much like the sunflower. We would reach for the rainbow and then blow it in to our hearts. So it is a visual for them and I enjoy doing that with them. And so I think I am finding myself doing that with all my clients.

Janys: Yeah. So it sounds like you are bringing more of your observations skills, what is happening in your body as well as your clients body. You are looking at not just the words that are coming out, you are listening for not only the words but also the meta-communication. Like as you were talking you were pulling your shoulders forward, so you are noticing those things.

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Carmen: And so the agenda that I have mentally in my head is that the piece that is compassion fatigue is sitting over there, it is separated.

Janys: Um hmm. It sounds like your work with your clients it more in the moment, and alive.

Carmen: As opposed to?

Janys: Like the lived experience, what is happening in the moment. That you are seeing the little shifts that are happening in people, that may have always been there but you are noticing them. There is a tracking that is happening that might be different.

Carmen: I think I am more aware of them in a different way, they are brighter moments. Where before I would have used art to highlight an aha moment, I am also now noticing where there body is at, where they are at physically. Where they might be stuck and opening up opportunities for whatever is happening. Yeah.

Beatrice: Awesome. So a couple of things. First thing, I recall doing a polarity therapy session, being the recipient of it a year and a half ago. I remember when it was done she asked me do you feel grounded and in your body? I remember thinking uh yeah. I remember her kind of implying that I wasn't. It occurs to me now that I get it now. I wasn't. I am up here (points to her head) doing the monkey mind thing. The doing because of so much going on. And I think this experience has helped me make that connection. And the second thing that came up for me, you were talking about this space between. It is interesting in couples work, Harville Hendrix wrote a whole book on the space between, and that the space between is the relationship. So I was thinking how when we sit with clients, that space between is the relationship with our clients. So if there is more awareness of that space between, then there is more opportunity to expand on the work, and for myself the relationship, because there is more awareness about my awareness about my body. My clients body. So there is something new being created, which is a new energy and excitement for me in working with my client. And that just occurred to me when you were talking.

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Janys: So it sounds like the yoga became a vehicle for you to invite more awareness into your body. And when you do that it enriches that space between you and your client which enriches your clients work.

Beatrice: Yes.

Janys: Yeah. Which I think is counter to my experience, messages I have received working in certain agencies, or maybe I had that thought before I worked at an agency, where I thought if I just forget myself and focus on the other person then I am helping. And I am helping, but I wonder if I can help from an even more intentional place. Like on an airplane, and I make sure that my oxygen is securely fastened, then I am more able to help another person so long as I know I am okay. That has been my experience and I wonder if that is yours.

Beatrice: Yes. See that takes me to quite a bit of reading that I have done about you know, compassion fatigue and vicarious trauma, in that if we as therapists pay attention to what is going on in us, it helps us pay attention to what is going on with the client.

Janys: Yeah, that yoga can help you to pay more attention.

Beatrice: Exactly. It has given me a different level of awareness to add to. I mean I think I have always done “Oh gosh I notice that I am not breathing when I work with a particular client” and now I notice that I have something to do when I observe that that is going on. Or at least I have more, I guess more intention. I knew that before, but I wasn’t actually doing anything with it. Not just because of yoga, because I have done yoga before, it is that fact that we are doing this yoga directly in conjunction with the work that we do. This is about the compassion fatigue, so there is much more intention and purpose around using it in this way which is much different from any other time I have attempted to do yoga.

Janys: Yeah

Beatrice: So the intention and the purpose had changed up for me because of this experience. Yeah. Definitely.

Janys: Yeah

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Carmen: And it is reminding more of collaborative work which is a new trend and this is just another element that can be added to that mind body experience, and becoming more collaborative.

Janys: And so I heard that you were doing some of your yoga in between sessions and I wonder, did you practice at your office or at home?

Beatrice: At my office and at my home. There is this whole, new, I think I told you that I have been wanting to develop a practice for a long time, but I just haven't done it but now it feels like it is coming into fruition. So it is not like I am diving in head first so much but more just doing little pieces here and there. And it feels like, in conjunction with this awareness I have, I think I have a greater awareness of what I need to do in terms of self-care with my schedule, with, you know, taking time for myself, and I have been able to do that in a better way now because my husband has a job, yes! Um, but and so I am noticing such a difference in my body, it is just phenomenal.

Janys: It sounds like there is more relief.

Beatrice: Um hmm

Janys: Yeah.

Beatrice: And so I find myself getting up and thinking, oh I should do one of those stretches. In the morning.

Janys: Yeah. It sounds like dialogue that I often have in my head which is, oh I have to do my yoga practice. And it sounds forceful in my head, like I have to. So instead when I have those moments where I think, oh I have a moment I can do something. It feels like a relief, and it is welcome and it is invited, and I didn't have to do anything.

Beatrice: You are saying exactly what I was trying to say. Yes. That's it.

Carmen: It's an amazing tool. And you are right. By helping ourselves we are so much better for our clients. And I teach who is number one.

Janys: And I had a yoga teacher once tell me that a yoga practice doesn't have to be big. It can be one or two things and then you can get on with your day.

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Carmen: And that's what I love about this. They are very simple they are things that I can do in anyway, I can do it anywhere, and people don't even know that I am doing it (laughs).

Janys: Yeah, when I am at the grocery store, I am grounding my feet, doing mountain pose. That's my favorite standing in line at the bank. Nobody knows I am scanning my body right now (laughter). Yeah. So do you think as a result of doing this intervention that you will continue to practice yoga.

Carmen: It depends on if you offer to keep teaching. (laughter)

Janys: So the right teacher maybe.

Carmen: The right teacher, the right time, yes. When and who, who knows. You know, it is always something I have had an interest in and it is something that I have always struggled to fit into my schedule. So whether it is in a formal class or it is something I can do driving, or sitting, or waiting yes.

Beatrice: Yeah I think I would really like to know more about it. I would like to continue on

Janys: You would like to continue practicing yoga.

Beatrice: Yeah. I would like to continue practicing, and I would like to grow more in it. I would like to learn more.

Janys: So it sounds like it has really piqued your interest.

Beatrice: I really think that it is the right timing. I think it is just the right timing. I think there is something about, I am going to be turning 59 shortly, and just you know um, just there is something about, I am starting to feel, okay this is the time when I get to focus more on me and my self-care. I think it is more of a developmental life cycle in me, and I think that it is just the right time. And yoga is one of those things that I have wanted to do for years and years, and I just never have really, I have dabbled in it but I have never really done it.

Janys: So yoga can be not just self-care but self-exploration.

Beatrice: Um hmm.

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Janys: And I wonder to if um, when I think about self-care I think about sustainability as counselors, and I wonder if practicing yoga or other self-care practices would help you to think about doing this work long term, or continue to because you have done this work for a long time.

Beatrice: Right, and um, I really want to continue. I want to be able to do that. But I want to do good work. I don't want to be one of these burned out therapists that really shouldn't be practicing anymore but is because they need the money. That's not my, that's not what I want.

Janys: It doesn't appeal to you.

Beatrice: No. I don't want to do harm to people. And I want to always be aware that if I am in a certain place, and my own personal experience is leaking out on my client, I don't want that. This could be preservation. I could see myself working with people until I know that it just isn't right anymore. I could see myself in my seventies still doing something, yeah. I like to think that.

Janys: Yeah.

Beatrice: If I am blessed with the health to that, then that would be great.

Carmen: I like the sustainability piece that was awesome, kind of like, wow, yeah of course.

Janys: Yeah.

Beatrice: If we take care of the temple it will sustain.

Janys: Yeah I like to have a long term plan for myself of how can I support myself, and how can I support other people.

Carmen: And again, it doesn't seem like a burden, it is just very simple. Body rhythms and movements and timing and awareness. Yoga can be built into an everyday routine. In between phone calls and clients, and at the bank.

Janys: Yeah. And this is our final question, which I think you have already answered, does it feel like the way you practice self-care has changed as a result of being part of this study?

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Carmen: Well adding this piece would be the difference. Yeah. I have to say yeah. At the same time that I started this study, I had so many things happen. It was mentioned earlier timing. My surgery, and I started dieting. I think this yoga piece just contributed to this as well as the other things.

Janys: So it is hard to know if it was just being part of the study, or just an awareness in your life that said it is time for you to be more intentional with self-care.

Carmen: Well I see how everything in my life is connected, and this was a positive piece that would benefit me no matter what I was doing.

Janys: So there was a change in your self-care.

Carmen: Yeah there was. I became more centered.

Janys: So the amount of self-care didn't change but the awareness

Carmen: And the intention.

Janys: Yeah.

Beatrice: Well I think I already mentioned that taking Fridays off coincided with when the study started. And that was intentional, and I probably would not have participated if taking Fridays off hadn't happened. I think my whole focus has been self-care. Trying to do it differently. What I was doing before wasn't quite working.

Janys: I remember asking in the first interview we talked about you doing art, walking and other thing else for self-care, and I am wondering if you are doing those things.

Beatrice: (nods) I am doing art.

Janys: Yeah. So is there anything else that you would like to add?

Carmen: Timing keeps coming up, I keep thinking about it. There is a sense of energy that I think are, so yoga just tends to draw a certain type of people, and it is about openness, and holistic, and the universe. This seems like a time in my life that this benefitted me. So thank you for bringing this energy to me and I look forward to continuing yoga. Whatever that might look like.

Janys: You are welcome.

Carmen: And to share it with my clients. I remember sharing with you in my first interview wanting to share with my clients and getting a reaction of I am not a yoga

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practitioner, this is not what I do. I think you have helped me understand how it can be more perceived as a way of life and not yoga. That you don't have to be an esoteric yogi.

Janys: I think of as you saying this; that a lot of people perceive yoga as stretching, and this would be a very different thing if I offered my clients stretching and not yoga.

Carmen: Yeah, I took from this especially the breathing piece. I really noticed how people would constrict their breath. So I would draw that to their attention.

Janys: So the breath work, and the way you are aware of your posture and how you hold your body. So it has changed for you how you sit with your clients.

Carmen: And present it. You don't have to study it and perfect it.

Beatrice: You know I would also like to thank you. I believe part of it is the relationship that I feel like I have developed with you. You teach yoga, and even if there was not a lot of sharing between us, I felt like I got to know you and your style of teaching yoga is quite different from anything I have had before. I think the relationship has made a difference for me and I think that is a big piece of it. I recall meeting you at a consult groups a few years ago and I remember you and I talking briefly with you and thinking oh it would be really nice to get to know you and this study really brought that forth for me. And so you know, just when we did the initial interview, there was something quite healing about that. Some of the stuff I shared, and how it affected my work, and how I was feeling guilty. So this experience of attending the yoga interventions has really somehow been very healing for me. It is one of those things where I think the relationship facilitated the healing. I thought of it as like seeing my acupuncturist, or my naturopath, it is all an intentional part of my healing.

Janys: So attend the classes and the interview all became a part of your self-care.

Beatrice: It did.

Janys: And there is something that stood out for me in your interview. Can I share that?

Beatrice: Yes.

Janys: You said that part of what drew you to the study was that this is a semipublic confession of having compassion fatigue.

Beatrice: Yes.

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Janys: And I just wanted to share, that that really hit me, when I had my own compassion fatigue I did feel this feeling of shame, and that I couldn't tell anyone about it, and that there was something wrong with me. So having you articulate that was a relief. Having heard you say that has this impact on me as well and was really with me when we met for the intervention I thought in my mind, yes this is a semi-public confession. Even if no one says anything about the specifics of the compassion fatigue, everyone knew that we all were going through it.

Beatrice: I think just talking about it at the interview made such a difference for me. It is just amazing. So I have noticed that I feel happier, I feel lighter, more hopeful, all kind of feelings. It has just been amazing. And that is what is different. That is the change. So that is the change. So thank you.

Janys: Thank you.

Carmen: I just wanted to add that you were talking about the relationship between the two of you, through this process. There was also this relationship happening with the four of us, the participants. And even though we didn't share beyond our first names, there was kind of this osmosis happening. It reminded me about what we talked about earlier about the relationship between therapist and client. So I just made that observation. Our relationship opened up even without the dialogue, so how powerful that can be with our clients without words.

Janys: So just your presence.

Beatrice: It kind of reminded me of going to a yoga meditation retreat that I went to one time. It was three days without talking. You know, I felt like I knew everyone afterwards, and we didn't share anything at all. Yeah.

Janys: And that is usually the pathway with our clients is talking and really there is so many more connections aside from articulating or speaking back and forth. Well thank you so much for your time.

Carmen: Thank you.

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Transcribed Interview Dee and Elizabeth

Janys: This is the interview for the final focus group. So the first question is how would you describe your experience of the yoga intervention?

Dee: I found it relaxing. And a good fit to the week. I came away feeling more refreshed after the practice. Especially at the end of the week.

Janys: So the timing of 4pm on a Friday was good timing for you.

Dee: Um hmm. It had a big impact. I think it was much more useful at that time then say ten o'clock on a Monday morning.

Elizabeth: That word rejuvenating comes to mind for me. And the timing I have to concur because it was a nice transition for me from going straight from clients to going to the week. It helped me leave it at work. Which is something that is harder to do some weeks than others. And also it was validating for me to say, you know there is nothing wrong with having compassion fatigue, there is nothing wrong with carrying the stress in my body which the yoga highlighted for me and I think I was somewhat in denial about. So for me my experience with getting back to yoga moves that I was already familiar with. Especially the breathing was really powerful and grounding. And it really raised my awareness about my anxiety. I realized that it was really high. So I felt like I could leave this huge weight behind.

Janys: So it sounds like you would leave the intervention feeling a little lighter.

Elizabeth: Absolutely. And ready to return to my life. And the other piece is that I feel guilty because I have a good life, I haven't suffered like my clients have. And so I carry that in my experience and sometimes am not aware of it. So then leaving after doing the yoga class I am aware that I have some hope for my clients, so why can't I have that hope for myself. So it was really helpful for me in that respect, which surprised me.

Janys: Yeah so it sounds like naming some of that guilt and also being able to let go of it as well.

Elizabeth: It was pretty powerful for me.

Janys: We are not required to experience the traumas that our clients have in order to support them.

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Elizabeth: Yeah that is the truth. And actually living that is a very different thing. Very different.

Janys: Yeah. So it sounds like mentally the yoga practice itself, and the timing helped. And it had a physical impact for you as well.

Elizabeth: Yeah. Usually I practice yoga at the beginning of the day, and like you were saying that it would have been a different impact if the intervention had been at 10am on a Monday, I think for me it is interesting because I started doing more yoga after work. And not necessarily that I was feeling bad after work but it helped me to feel much better.

Janys: Yeah so it inspired you just to do something, and it sounds like that something was met with some ease as opposed to like a have to.

Elizabeth: Yeah, I thought why haven't I been doing this all along?

Dee: Yeah. Agreed.

Elizabeth: I was like, oh, this is actually a good thing.

Janys: Oh right, more like, I like this.

Elizabeth: Yeah, exactly (laughs). I can take the time and make the time for this as opposed to I have to squeeze this in. I really want to. And I just did a few things rather than a full practice. Which is part of why I didn't journal.

Janys: So instead of reflecting on it you were instead taking action and doing it.

Elizabeth: Yeah I just did it.

Dee: Which I think actually made it more user friendly. It was not a big deal. It was accessible. Like oh here are four poses I can do to help my body. Like you I wasn't aware of my physicality, the weight. So this helped me become aware of it, identify it, and then dissipate it. And those three things are so powerful. I hadn't even been aware of it.

Janys: So it sounds like it became a tool for you to be observant of your body.

Dee: Yes and to leave it outside of myself

Janys: So it sounds like it was accessible that you were able to take what you learned in the intervention. That it didn't have to be complicated.

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Dee: Yes and the ease was one of the big appeals. I would leave feeling surprised, really that was it? And I feel so much better. I don't have to practice 20 poses or memorize the whole flow series (laughs)

Elizabeth: Or wear certain clothes, and have certain music, or light a certain candle.

Dee: Yes totally.

Janys: So it was no frills.

Dee: Exactly.

Janys: I wanted to share that I wrote that I was concerned that I wasn't giving you all enough to do, and was wondering if you wanted more, so I find that helpful to hear that less is more. 631

Dee: In fact it is like working with trauma clients where we want to give them so much but really they want just one thing, just keep it simple. And same for us I think. We have so many clients that need so much and if we don't keep it simple then it is not useable.

Janys: I have heard myself say with my clients, what is one thing that you can do. And it sounds like that is true here.

Dee: Yes. This is one thing that I can do.

Elizabeth: Well it is interesting because when I go to a yoga class I am drawn to doing more. Because I enjoy it and it feels good. But what I found with these four classes that you taught is that I got the same benefit with doing less. It met a different is what I think it was. It met a need on a different level. It was less and different from what I usually do but it never occurred to me to feel disappointed. It wasn't like I felt like okay I am going to go home now and do more.

Dee: Not at all.

Elizabeth: And I think part of it was how I approached it. And a different time of the day, and the goal for it. And I have heard yoga teachers ask that before, what are you approaching your practice with today, although that is not exactly what they say they have nicer words, but. And I don't always have an answer, but I am here. It was richer for me in some ways, and it was just maybe because I was approaching it with a different

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goal. I was more mindful of it impacting my stress, I guess, I don't know, I would have to think about it more.

Janys: Yeah the intention in my teaching is that I want it to be accessible and intentional in impacting self-care. So I wonder with that intention, is it like, when you have dessert is it richer to have a small piece of cake or pie than to have the whole thing?

Elizabeth: Maybe. Yeah. And I think to when I go to yoga in general it is just a yoga class. People are there for different reasons than me.

Janys: So your internal space, from what I gather, is like my space when I go to a yoga class I don't show that I am a counselor, but I have the experience of the impact of what my clients said, so I wonder if having this other experience for you, of knowing everyone practicing is a counselor with compassion fatigue, impacted you.

Elizabeth: Yes, I think that was probably the most impactful for my experience. I think too that unspoken understanding, because we never talked about where we worked or what population per se but I thought, yeah this room gets it. And I don't have to protect anyone in this room, and the fact that my job takes a toll on me. Which I think I go through that a lot. I say, yeah, I am just going to tell you that I work at social services, when I tell people what I do. I do that to protect people- and I use that word protect because people don't want to hear about it, and I think people read into every comment that I make, what it means, but having that, like you said, I don't show up to a yoga class and say that this is what I do. I am just another participant. I also don't have the complete emotional release, and I think I got that to a different degree. I think it is maybe a safe space, not that I don't feel safe in other spaces but that this was just a different level of emotional safety.

Dee: I really agree with that. There is something that you just said that evoked in me the wounded healer. So it was the wounded healer replenishing and healing and nourishing the self, and creating safety for ourselves that was unspoken but seems to be at the core of it because this is the intention in which we came together. And there was something about that that really fed that deep place in me. It helped me recognize that it existed, and to address it.

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Elizabeth: And that it is okay to address it there is no judgment around it.

Dee: Um hmm. In fact not only was it okay, it was just a huge piece of why we were there. I won't say only, but it was central to why we were there. And that it was okay to share that understanding without talking about it.

Elizabeth: That felt experience. It was just purely a felt experience. Yeah.

Janys: Yeah, and I hear to that there was a sense that maybe looking out and seeing other counselors with compassion fatigue on their yoga mat gave you a sense of not being alone.

Elizabeth: Yes. Absolutely

Dee: Yes.

Janys: So reducing isolation just by being gathered.

Elizabeth: It is interesting because we talk about compassion fatigue at my clinic a lot but there is still an expectation that I have been there longer. Where the reality is that I have more, because I have been doing this longer, plus I am helping others. So I have been monitoring how much I have been sharing about it, and trying to find that balance. And so it was nice to be a place where I don't have to worry. This is just how it is. So I don't have to worry about scaring off a new therapist although this is my responsibility to say that this really happens. To say that this is going to be a scary experience, but I don't want to tell you how scary because I don't want you to get overwhelmed or freaked out about it. Which is what I do with my compassion fatigue. I say this is real, but I am not going to tell you how real this is for me now because you aren't ready to hear that, you know? So but I had this experience in this group which was, I can just show up and not worry about it.

Dee: No self-censoring.

Elizabeth: No filtering. Even though we didn't know each other, and there is always some sense of filtering around people. But on this level it just didn't matter. I walked in and I just felt okay.

Janys: And I think that is the first time that I have heard that named. I know that is something I share with clients, that when they experience a trauma it is important to

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know when it is okay for them to share. And it sounds like we have a parallel process of knowing when it okay to share our lived experience of what it is like for us to work with these saturated stories.

Elizabeth: Yeah, and this is a relatively new experience for me. It was the first time that I felt like someone expected me to not be as impacted. So that speaks also to that individual, but it is real. I mean I know outside my field it is like hard day at work, yep, whereas within the field you know I think I should be able to share. And I do have the opportunity in my field to share with my boss, oh my gosh, and I won't have any judgment, I know not everyone has that safety. So I do have that safety. It is a lot to feel like I have to filter myself, it doesn't feel good. And that was adding to my compassion fatigue. Ironically (laughs).

Janys: Yeah, and that disclosure to it sounds like it is just as much for you that it is safe, as it is for the person hearing it.

Elizabeth: Absolutely. Yeah. So that was a really big deal for me. So thank you. I needed it more than I realized. Isn't that funny?

Dee: That brings up for me just the fact that we don't have, I feel supported in my clinic as well. There is a lot of talk about self-care, there is a lot of support. And uh, I don't have a sense that it is just lip service, if I ask for something like time off I can receive that, people step up and I am covered. So it is really very supportive. And yet, like you, there is something about being able to come together with other counselors, expressly for compassion fatigue, that shifts that out of competent counselor, got it all together, to okay this is hard, what can we do to support ourselves. There is something to being able to lay down the burden without having to talk about it, and do something else, but with that common background it is really nice. I really appreciated that part.

Janys: Yeah and interesting that even without words you still got this felt sense about it.

Dee: Yeah very much so.

Elizabeth: That is better without words. More likely to filter without words.

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Janys: So at each yoga class I asked for you to journal about your thoughts, feelings, and sensations. And I was wondering, in doing that, did that change how you paid attention while you were practicing during the yoga intervention.

Elizabeth: No. It did force me to pay attention before we began, so I really noticed the value of the journaling, but not so much during the yoga practice. While I was doing it what I journal wasn't really on my mind. The practice was designed to bring me into my body. So I was aware of my body and what I was feeling but I was thinking specifically about it. I was thinking more, oh this is really nice, or I didn't notice that that particular muscle was really tight. Or, whoa my breathing can slow down. But I wasn't thinking, there is my anxiety going down.

Janys: Yeah so you were having observations but they were mainly as different feelings or sensations came up, like you noticed your awareness of breath.

Elizabeth: Right.

Dee: For me it was the awareness before I was journaling, and then the post session awareness of how it shifted. But it was not so much what was happening during the yoga practice.

Janys: So it sounds like during the yoga practice you were just able to be mindful.

Dee: Yes. And I appreciated that. Yes. It was good.

Janys: Yeah. So what did you notice in regards to your current compassion fatigue?

Dee: I would just say that I really feel as a practice, it encouraged me with how significantly a small amount of yoga could impact me. And I was really surprised at that, I did not expect that significant of a shift. The physical awareness and the physical practice helped me to drop the stress and tension and the load that I was carrying. And secondarily, in a group with other counselors as we have discussed, I just feel a lot better. Physically, and emotionally what I can tolerate. I would not go as far to say that my compassion fatigue has diminished, although if I was to look at it probably has because I feel more supported, and I feel less tension in my body. It is more about that was a really nice practice, and I really enjoyed being able to shed the physical tension in a company of like people without talking about it. It was great.

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Elizabeth: I think for me it forced me to pay attention to the level of my compassion fatigue, which was at an all-time high, so thankfully it has come down. Because that is not a good way to live. And to also really identify it as compassion fatigue, as opposed to maybe I am not cut out for this work, or maybe, I don't really like it, although I really do and I really love where I work I was taking everything personal, and I was feeling really irritable, like does she really have to sit right next to me, not a client, another therapist. You know I wasn't verbalizing it but I thought wow, do I really not want to- I mean I didn't dislike anybody but I was not enjoying people's company as much and I was wondering if it was to the point where I needed to leave. So this really brought my awareness to taking pause and stepping back maybe it is everything I am dealing with and compassion fatigue. So I was paying attention to it on a daily basis while I was at work. I really make a concerted effort to address it because I wanted to get back to my value system at work and it really shifted it for me. This is not a weakness, this is a real thing. It is the normalization of that too. So for me this was really huge because I had to really look at it, I couldn't just shove it aside and say I am too stressed so I can't look at this. I am too tired I can't look at this. I have to look at this and I have to do something about this. The whole mindfulness thing, there is something to it.

Janys: So what I am hearing is that it may not have been so much the practicing yoga for self-care, but just having been part of a study where you bringing your compassion fatigue symptoms more to your awareness, and that you were doing it in such a way that you were being compassionate with yourself.

Elizabeth: Yeah this is what I got, and here I go. Right. And I think it was also the practice. Because walking away feeling the difference, and then taking that into work. This is all integrated. And I tell my clients you really will feel better if you just breathe. And I believe this but for whatever reason I was not doing this for myself.

Janys: It is almost like, it can't be that easy

Elizabeth: Yeah

Janys: I can't just breathe and then everything will be different.

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Elizabeth: Right. It feels like what you are saying is that there is this it was so accessible. Yeah. Even though I believe it a hundred percent it wasn't feeling like breathing would be enough for me. Yeah. I won't tell my clients that I was thinking that but I apparently was. I was not aware that I was. So yeah.

Janys: If you both could talk more about the awareness you have had while you were participating in this study.

Dee: I think that is covered.

Janys: Yeah. I think you both did a good job of answering this. And so what have you noticed about working with clients as you have been part of this study?

Elizabeth: I really noticed that I have been incorporating mindfulness and breathing into almost every session. It is part of trauma work anyways, but I have been going back and saying you know, we haven't done safe place in a while so it would be good to revisit it. So I think more importantly thought for me is that I was really- you know how it is when you believe something and then you have a renewed experience with it comes a new energy, I think I have brought that and with my clients all my energy went into my work with my clients. I noticed that my interactions with the other therapists changed substantially. Because I was taking care of myself, so I wasn't having to save all my energy for when I walk into the room to be with my clients, which is what I had been doing. It was like, okay, I am in a space now where I can be more available to you so that you can process what you are experiencing with your vicarious trauma, your compassion fatigue. You know, that I want to hear what you are saying, which, you know. So it is more about my relationships with my colleagues than it was with my clients. Although I did have a heightened awareness with my clients as to how they were breathing and holding their bodies.

Janys: So you were able to notice differences in how your clients were holding themselves, but mostly the relationship with your colleagues changed. I know that you are also supervising or consulting.

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Elizabeth: Mentoring. It isn't clearly defined, the supervisor is up here. I am on the same level as the therapist but I am a go to person for anything and everything. I share an office with them. And I am there more than even my supervisor.

Janys: Yeah and oftentimes what I give to my supervisees I would do for myself, so the hope is the parallel process that what they do for self-care is going to positively impact the clients as well.

Elizabeth: Yeah, well I haven't thought about that.

Janys: So most of the impact was with your colleagues.

Elizabeth: Yes. It needed to change. Thank god it did. For me it needed to change for me because I want to be more available.

Janys: And did your colleagues notice any difference?

Elizabeth: Yes. And in an interesting way, one woman said to me "I was so worried about the rest of us." I thought, I wasn't even doing anything wrong. Because I wasn't, I mean my words weren't rude, I wasn't short and abrupt, I think it was just how sometimes you turn away from someone, I think I usually bend over backwards to help, and I wasn't even turning a little sideways to do that extra bit. But their comments were that "it looks like I am feeling so much better", and "I was worried I wasn't going to be able to handle it if you couldn't handle it if you couldn't handle it." Which is way too much responsibility to put on a person. But that was like, whoa. I didn't realize that even though I am allowed to set my boundaries, there is that too, but yeah. And thanks to the yoga practice I was able to step back from my guilt a little bit and say that it is not my responsibility to handle other people's emotions.

Janys: Yeah. And role model to other counselors that it is okay to receive support.

Elizabeth: Absolutely. I did share that this is what I am doing. And what a difference it made. My clients didn't notice a difference, which is good because it isn't about me.

Dee: I didn't notice it so much with my other colleagues, there wasn't an opportunity to talk about it and it didn't come to my awareness to tell them. But I noticed that I was more available to my colleagues. There is transition going on, shifting groups and caseloads, and on top of the compassion fatigue, that could have been just one more thing

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to deal with. But it wasn't. I felt like I was handling it with renewed enthusiasm as opposed to a begrudging attitude. So I noticed in addition that I was more available to my clients, and primarily I noticed I had not been able to really, I didn't' previously have a problem being present for them, but I think I told you that the compassion fatigue manifested in cancellations- yes! And now it is that if they don't show up I am a little concerned, like where are they? I need to call them up. So that type of thing is what I have noticed, it is subtle, and neither my clients or co-counselors have noticed, which I think it is a good thing that it wasn't that apparent.

Elizabeth: But maybe for you.

Dee: Well in the nick of time because it was definitely heading down the burnout path. There is no coincidence. This came at a good time for me. I would like to continue to practice yoga because I notice a difference on a more subtle level.

Elizabeth: I missed it last week.

Dee: I did too.

Elizabeth: Even though I was out of town at a training, well especially because I was out of town at a training, I noticed, it was four and I want to be practicing yoga. It was really good.

Janys: So it became a part of your schedule and that also helped, the looking forward to it and knowing that it is going to be there.

Elizabeth: Yeah dependable.

Janys: Yeah something formalized. It seems that scheduling is such a big part of a counselor's life and it seems that having that on the calendar creates a priority of for self-care.

Elizabeth: Yeah.

Dee: In fact that did help me with some of my clients to schedule in. "where are you having fun?" I told them I want to schedule in fun even if it is a half of an a hour.

Janys: So that has become a counseling technique.

Dee: Right. It is not squeeze it in it is planned.

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Janys: yeah, and the good reminder that when our clients are doing lots of work, that survivors of trauma often don't let themselves relax and play. So what a great treatment technique.

Dee: And I think I could also recognize myself in their resistance. Like, really? Eat better and get some sleep will make a difference. But it does. So it helped.

Janys: So it impacted what you do for you for self-care are reference points that you can hand to your clients, like scheduling fun. It seems like it increases your resourcing of not only things that you already know for your own path, but I heard you saying talking about a safe place. Like it reminds you of things with clients you haven't done in a while.

Elizabeth: And something on that note, is my creativity definitely increased.

Dee: Yeah.

Elizabeth: My creativity and my ability. My brain was more relaxed so of course I was able to access more parts of it. The kids group I facilitate, I always have plans, but I noticed increased creativity and energy which is always useful with kids. So thinking more outside the box. I noticed I used to do a lot more and I thought well maybe this is what happens when I get caught, and I have to say in a rut, but I did have those moments. And the creativity surprised me because I had not even noticed that I was missing that.

Dee: Since you mentioned that I haven't even been aware that I was doing a lot more creative stuff on my own time. And that was like I have a new lease on life, like, okay, I have got my life back. I am having more fun and doing more things that I enjoy. I have more energy to do the fun things in my life.

Janys: So more art. And more movement.

Dee: Oh yeah.

Janys: Yeah and that was just during the study.

Dee: Yeah just in the last month.

Elizabeth: That's cool. That's really nice.

Janys: Yeah. And we talked about this a little bit, have you since we have done our last session, been able to practice yoga at home or at your office.

Elizabeth: Yes.

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Dee: Yes.

Janys: And does that feel like something that you will be able to continue to do?

Dee: Definitely.

Elizabeth: Absolutely. I am actually trying to schedule it in more. My personal practice, because I hadn't been. So it is like, do I have time, do I want to. I talk myself out of it a lot, like I will get up in the morning and say to myself, I am just hungry. I am just going to go eat breakfast. Even though I know if I do it I will have more energy and feel better, but my thought is, I will do it later. So.

Dee: Same, same. There is a lot more intentionality about making sure I schedule in that piece. And like you say, I have a practice in the morning and that has become more intentional. And after work yoga practice helps me to dissipate and allow me to have more fun for myself in my off time.

Elizabeth: And my intention with practice is very different too.

Dee: Um hmm. And the results are different. Very different.

Elizabeth: Absolutely. Yeah.

Dee: It is amazing.

Elizabeth: So. Yes. Carrying on so if I don't, I know where that will lead me, and I don't want to go there again.

Dee: I don't want to go there again either.

Janys: So it sounds like it will be a very different practice than just going and doing yoga. There is going to be some intention around it.

Elizabeth: Yeah. I mean there will be times where I will just go and do some yoga, and that's okay. But I definitely

Dee: But you are aware

Elizabeth: Yes, I think that is the biggest thing I am more aware when I am just like, I am going to go do some yoga, verses, I think I need to do this intentionally. It is kind of like when I am eating healthy and I am making choices like broccoli and kale. Verses when I am eating things like ice cream and I am craving it. But what I am really craving is like gosh I would really like to have greens today. I actually had this yesterday morning

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where I woke up and I thought, I need to do some yoga this morning. And not just like I will do yoga and that will be my exercise for today but because I need to do something and I specifically need to target, like, my hips for example. The thought is that I really need to do this for myself. To help my day and to help whatever which is new for me.

Janys: Yeah so an intention of what is going to work for your body today to help me with the caseload I have in front of me.

Elizabeth: And letting go of what happened yesterday, which I think is what it was like oh yeah I didn't really process what happened yesterday. It was such a long day and so much happened. So I think I really need to do yoga and let this go before this day presents itself. So it was absolutely listening to my body and the intention. Yeah and that is what I keep coming back to is that I never approached yoga with that kind of clear intention before and I am really starting to embrace that because that is the piece for me that has been really helpful.

Janys: Yeah.

Elizabeth: It is so trippy. I guess all that stuff you read about is true. (laughs).

Dee: Well it, yeah. When you were talking about the food, I wasn't aware but concurrently I am aware that I am changing my eating habits. The fatty, sugary treats are not as appealing, I would rather eat something nourishing. And I notice that I am better able to then eat something healthy, then I am more available to my clients, and to me on my off time.

Janys: Yeah so it sounds like this helped to have a ripple effect with other self-care. Like your relationship to nutrition changed.

Dee: Yes a ripple effect.

Janys: And I keep hearing that with self-care that there is this have to. And now I hear a difference which is that I want to.

Dee: Yeah, I don't have to I get to.

Janys: So there is a choice. There is more ease and freedom.

Dee: Yeah.

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Janys: Was there anything else that either of you would like to share in terms of differences in self-care that came up during the study?

Elizabeth: What came up for me as I was listening to you was just that concept of healing from the inside out, and that usually a yoga practice starts off as physical, and I know that that is just one branch of yoga, I understand, but, you know, I used to just approach it as a physical thing. But when I stopped doing that I think that that is when I really have reaped the benefits. And the other thing is that I was able to because of the power of the group coming together, and the normalization of the shared experience and the support of that, I really think I have identified that that is a big need that is not getting met. And so it allowed me to look at that more that I need that need, and that is not a need that is getting met in my life. So I have started talking about it more with my supervisor and she is an appropriate person to talk about my roles at work. And to my personal therapist more, and like this is a big deal and I was really minimizing that. So looking at that and then get the appropriate support from people who are capable of giving that support. And recognizing how that looks in my life in trusting my support that I can get that support. So that piece was missing for me and I felt that I was doubting myself in my personal and professional relationships. Not so much from my clients, I really tried to protect that as much as I could, but that doubt was really seeping in to my other relationships as a result of the compassion fatigue.

Janys: Do you think if the intervention instead of yoga was something else would that have changed the result? Could it have been a ceramics group? Another mind body practice?

Elizabeth: I really think it could have been. I think it helps if you enjoy it I could have received a mind body connection from ceramics, I think it could have been. I really think it was the group experience and the shared intention that really for me, because I have benefitted in the past from a group experience of coming together with one thing. I did come into this liking yoga. But I think I would have done the study if it were qui gong or meditation, I would have been a little freaked out if it were meditation but I would have done that. I think I would have probably because of the compassion fatigue component. I

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mean if the study said we are going to do jumping jacks for compassion fatigue I would have thought well, that's weird. But let's try it. I think it would have drawn me in. I really think I needed to not feel so alone in this. Even in my clinic I still was feeling isolated. So that is what really came up for me with doing this study and processing this. So this is what help me moved through it.

Janys: So the connectivity, of just knowing that you are a part of something like a tribe and not alone.

Elizabeth: Yeah I talk about it at work, but I needed something different. I the fact that when we met as a group, and we didn't talk about it and there was no pressure it was that we were doing something to address it.

Dee: I really liked that aspect of it.

Elizabeth: Me too.

Dee: There was just something about that aspect of it that was unstated, the unstated intention that under all of it. And for me yoga was the most accessible. And that was primary, but before that was the compassion fatigue. Like, you mentioned qi gong, and I probably would have done that but I don't have experience with it so it may not have been as accessible to me. But I have done yoga, and I really like yoga. So that reacquainted me with a practice that I really enjoyed and missed. So it brought that back into my life. Had it been expressive art, for example, I think that would not have been as appealing. I think there is a place for that but that wasn't what was going on. I think it was the compassion fatigue first, and physicality second, and yoga for that seemed most accessible. I think had it been ceramics, that is a more physical art so maybe, probably.

Janys: So you think that the change that occurred for you for the compassion fatigue is that there was a space for being held.

Dee: Yup, that's it. That was the primary. If it was only mentioned once and it was never mentioned again, which is what happened, then that was enough.

Janys: So it increased for you a universal experience of what you are experiencing is part of what it means to be a counselor and a human being.

Dee: Umm hmm.

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Janys: Yeah.

Dee: Yes and belonging to that group. Belonging to that tribe. I like that word, tribe.

Janys: Yeah

Elizabeth: Yes it is nice. I think in addition for me, I needed it to not be at work.

Dee: (laughs) Yeah.

Elizabeth: Although I know I can say it at work I needed to be able to say that it is not just interacting with my clients it is also working with all of you people, who I love working with. But I needed it to be separate; I needed it to just be for me. And I really liked not talking about it. I would have liked talking about it, but in retrospect.

Janys: I have heard you say that within the group you are not as worried about these counselors knowing that you have compassion fatigue. So I wonder if the confidentiality of the group and just knowing that gave you more of a freedom to express it.

Elizabeth: Yeah. And I feel safe elsewhere, I could have talked about it here but that wasn't the goal.

Dee: And that is the thing, I am okay with sharing it, but it opened a space for other experiences. And I really liked that.

Elizabeth: And we are all counselors we are in the business of helping. So I think we would have talked about our compassion fatigue gladly and happily but that was not this was about. You know and I think that for me was really a gift.

Janys: It is self-care time.

Elizabeth: Absolutely, for all of us. Which reinforces for me that this is okay to do this for myself. That was validating for me.

Dee: It is me time, in group, with other people in the space I am, we don't need to talk about it. That is so cool.

Janys: Yeah sometimes there are no words. Well thank you was there anything else that you wanted to share about your experience?

Elizabeth: It was a really wonderful experience. Thank you.

Dee: Thank you. It was a lot more meaningful than I expected it to be.

Elizabeth: Me too! Yeah. Me too.

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Dee: I though okay I can do this whatever.

Elizabeth: Yeah, I was like, four free yoga classes, right on. But it was more than that.

Dee: It was more than that.

Janys: Aww...

Elizabeth: It was really more than that. Transformational in a lot of ways.

Dee: Um hmm.

Janys: Yeah.

Elizabeth: It was good.

Dee: And validating in others, right?

Elizabeth: Absolutely. Yeah.

Dee: So it was good.

Janys: Well thank you so much for your interview and your participation. It was very meaningful for me as well.

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Appendix M**Summary of Final Focus Groups**Final Focus Group Interview Summary

1. *The first question I asked the group is what was their experience of the yoga intervention?*

Beatrice reported feeling surprised that the yoga intervention was more helpful than she had imagined. She stated that she thought it would take a while to notice the benefits because she thought she needed to learn how to breathe:

“...what ended up happening is that I noticed that my breathing really changed ...when I was sitting with my clients; that I had more awareness of my breathing, and for the first time ever when I was focused on my breathing, it didn’t make me more anxious. I think at one time you said focus and notice, but not change. And I think that was it, and I think previous times in yoga I thought I was supposed to do something different with my breathing which ended up with me breathing in less oxygen and feeling more anxious which I think was creating the anxiety.”

She was able to take this awareness of her breath, and decrease in her anxiety about supposedly not breathing right, and notice it in her work with her clients. She was able to observe her body with awareness; when she was holding her breath, when her shoulders were getting tense “and I was able to tell myself to just breathe.” She stated the words “focus” and “notice” helped her to be aware of her experience and let go of an expectation that she needed to change her experience. She also noticed being aware of not only her own breathing but also her clients breathing. She reported that she had awareness of this as she was practicing yoga as well and that this awareness stayed with her while she was at work. She stated that the practice was accessible to her, that for the first time she noticed that in the past she had made yoga “way too hard.” So the accessibility was available to her both physically as well as mentally.

Carmen also reported feeling surprised by how much she got out of it. She states that even in having to modify the poses after her surgery that she was able to be in present moment with her experience. Carmen also noticed her client’s posture in session

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as a result of being part of this study. She was also more observant of her own body awareness. She stated that it was nice that the intervention was on Friday “I could end my week with self-care,” and she was excited about it and looking forward to it. She noted that part of the intervention helped her to prioritize self-care when it was on her schedule. She also noted that the yoga protocol was accessible in her office or in whatever space that she chose to practice yoga.

Dee also liked that it was at the end of the week and found the yoga intervention “refreshing and relaxing.” She stated that the timing of the intervention, on a Friday afternoon also made a big impact on her enjoying and valuing the participation, that it would have been a different experience if it had been on a Monday at ten in the morning, for example. Dee also found the practice accessible and Elizabeth concurred.

Dee: Yes and the ease was one of the big appeals. I would leave feeling surprised, really that was it? And I feel so much better. I don’t have to practice 20 poses or memorize the whole flow series

Elizabeth: Or wear certain clothes, and have certain music, or light a certain candle.

Dee: Yes totally.

Janys: So it was no frills.

Dee: Exactly.

It also helped Dee to tune into her own body awareness, which she viewed as feeling “the weight” of compassion fatigue, and to “become aware of it, identify it, and then dissipate it.”

Elizabeth concurred that it was a nice transition at the end of the week “it helped me leave work at work.” She found the practice rejuvenating, and found that it was validating to say to herself: “There is nothing wrong with having compassion fatigue, there is nothing wrong with carrying the stress in my body which the yoga highlighted for me and I think I was somewhat in denial about.”

She found the breath focus to be “powerful and grounding.” Participating in the intervention helped her to raise her awareness of her current anxiety which she was not aware of prior to the yoga intervention. Elizabeth said that she would leave the

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intervention lighter, ready to go back to her regular life. She also was aware of having guilt for “having a good life,” and that she carries this experience of not suffering like her clients have with her and not being aware of it. So the intervention helped her be more aware of her guilt, and once she became aware of it, her thought was “I have hope for my clients, so why can’t I have hope for myself.” It sounds like her validation for compassion fatigue, as well as her practicing yoga with the intention of self-care, helped her to increase hopefulness, lightness, and decrease guilt.

Janys: Yeah so it sounds like naming some of that guilt and also being able to let go of it as well.

Elizabeth: It was pretty powerful for me.

Janys: We are not required to experience the traumas that our clients have in order to support them.

Elizabeth: Yeah that is the truth. And actually living that is a very different thing.

Elizabeth agreed that the timing of the intervention helped her as well. Being part of the intervention inspired her to practice more yoga on her own after work as well.

Elizabeth and Dee both wondered why they had not been doing yoga all along, and that they felt like they wanted to practice as opposed to thinking that they had to. Elizabeth and Dee both liked that the practice was simple, and agreed that “less is more,” much in the same way that with trauma clients you don’t want to offer interventions that are inaccessible to them or complicated. Elizabeth stated that she liked that the counselors in the intervention were all there and practicing yoga for the same reason. She said she felt like the class was a safe place where it was okay for her to release emotionally. Dee agreed that it felt safer for her as well, and that even without words she felt that sense of safety among the research participants.

Dee: ...it was just a huge piece of why we were there... it was central to why we were there. And that it was okay to share that understanding without talking about it.

Elizabeth: That felt experience. It was just purely a felt experience. Yeah.

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Janys: Yeah, and I hear to that there was a sense that maybe looking out and seeing other counselors with compassion fatigue on their yoga mat gave you a sense of not being alone.

Elizabeth: Yes. Absolutely

Dee: Yes.

Janys: So reducing isolation just by being gathered.

Elizabeth: It is interesting because we talk about compassion fatigue at my clinic...[w]here...I have been monitoring how much I have been sharing about it, and trying to find that balance. And so it was nice to be a place where I don't have to worry...I had this experience in this group which was, I can just show up and not worry about it.

Dee: No self-censoring.

Elizabeth: No filtering. Even though we didn't know each other, and there is always some sense of filtering around people. But on this level it just didn't matter. I walked in and I just felt okay.

Elizabeth stated that this feeling like she has to filter her experience of compassion fatigue in order to protect new therapists contributed to her compassion fatigue. The yoga intervention made her realize that, even without words that she needed a place where it was safe for her to be compassion fatigued. Dee also reported that while she feels supported at her agency, there was something about being able to have a place where she could "lay down the burden," even without words.

2. *At each yoga class I asked the participants to journal about their thoughts, feelings, and sensations. I asked them in the final focus group if this changed how they paid attention while they were practicing during the yoga intervention.*

Carmen reports that journaling her experience helped her to stay grounded and stay present. She appreciated being given the time to journal. She states that the mindfulness helped her to get out of her head. "...as soon as I get out of my head and breathe it all changes."

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Beatrice also stated that she appreciated being given time to journal before and after. She stated that she loves to journal but has not created the structure for herself, so being given the structure really helped her. That it helped her to focus and relax and to reflect on her inner experience as well as her body awareness. The experiential process of both yoga and journaling helped her create more observation about her current and present experience, which she stated “intellectually I knew that but it is like experientially something switched for me. There was a greater awareness for me with the experiential.” She named that more space for her was created for herself when she journal about her thoughts, feelings, and sensations. When I asked her if there was anything else that she would like to share about this she stated:

Beatrice: I guess I would say that I have spent a lot of money on consultation over my cases, I have gone for walks between clients, I do training and all those things. I guess for me it is surprising in some ways that this has helped me more than any of those other things. Because it is getting out of my head and into my body. Because it is my body that is carrying all my angst.

Beatrice goes on to state that because of this intervention, she is now more in her body. In her initial interview she talks about how the combination of her daughter’s illness and her increased caseload at work left her feeling as though she were “swimming in mental illness.” She states that she does not feel that way anymore, that then she was more in her head, and so being in her body now makes a big difference.

3. *What did you notice in regards to your current compassion fatigue?*

Carmen goes first, and she speaks about what her compassion fatigue is like now post intervention. She describes her experience with it while she is working with her clients.

Carmen: It is almost like the light went on. I think being more present in the room and...be with it differently...being able to let it go and sit with it differently as if it were a different entity and letting it go, being present with another person and letting the compassion fatigue live over there. So I can be present, and I can be aware.

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She states that she is able to put her compassion fatigue aside now when she is working with clients. She doesn't let it encapsulate her, or get in the way of her relationship and work with her client. She notices more connection with herself, her body awareness, and connection with her clients. She also states that in dealing with her ear surgery during the intervention she was able to do the modifications, which made her still feel like she was part of the group. It also helped her to listen to what was happening in her body as opposed to ignoring her symptoms and just push through and do what everyone else is doing.

Beatrice states that she notices feeling very different from her initial interview. At the time she was committed to being honest in answering questions about her current compassion fatigue, as well as being honest about how she answered the questions on the Professional Quality of Life Scale. She compares the first time she filled out the ProQOL to now:

Beatrice: But this time when I was filling it out, I noticed a lighter feel, a feeling of hopefulness, and feeling like, I feel better now. I am okay now. So much more hopeful. I think for me a lot of it was that I was feeling a lot of gosh, I can help my clients so much, but my own daughter it is so frustrating. I think there has been some real change there which has helped me to feel empowered with my clients as well. There has been a real change for me. I would say my level of compassion fatigue is much, much less than when I started. I am not sure if I could give it a number but it is noticeably less.

She reports noticing that the drowsiness she experiences while working with clients has subsided by practicing yoga between clients. She says that practicing the sunflower, and the breathing helps her feel more "oxygenated...that helps in between clients." She would like to practice yoga poses between clients as self-care at least once a day.

Dee said she felt encouraged by how much a small amount of yoga could impact her. She felt surprised by this and did not expect yoga to have such a significant shift for her. She felt a lot better knowing that she was practicing yoga with other counselors that have

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compassion fatigue. She has a better sense now of what she can physically and emotionally tolerate.

Dee: I would not go as far to say that my compassion fatigue has diminished, although if I was to look at it, it probably has because I feel more supported, and I feel less tension in my body. It is more about that was a really nice practice, and I really enjoyed being able to shed the physical tension in a company of like people without talking about it.

Elizabeth state that being part of this intervention forced her to look at her compassion fatigue “which was at an all-time high.” She states that her compassion fatigue has gone down, and to identify it as compassion fatigue helped, as opposed to “maybe I am not cut out for this work.” She re-defines compassion fatigue for herself, as well as her relationship to her job and to her values:

“This is not a weakness, this is a real thing. It is the normalization of that too. So for me this was really huge because I had to really look at it, I couldn’t just shove it aside and say I am too stressed so I can’t look at this. I am too tired I can’t look at this. I have to look at this and I have to do something about this.”

She reports a lot of satisfaction in the work that she does, and I think her ability to take a look at herself in a different lens demonstrates her commitment to her work as well as to herself.

She describes what her compassion fatigue was like prior to the intervention: “I was taking everything personal, and I was feeling really irritable, like does she really have to sit right next to me, not a client, another therapist. You know I wasn’t verbalizing it but I though wow, do I really not want to- I mean I didn’t dislike anybody but I was not enjoying people’s company as much and I was wondering if it was to the point where I needed to leave.”

Elizabeth states that her participation in this study really brought her to her awareness a need to take a step back and pay attention to her compassion fatigue every day. She made a concerted effort to make this a daily practice which helped her find the value in her work again. She states that just having been part of a study brought her

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compassion fatigue symptoms more into her awareness, and that in doing so created more compassion for self.

4. *My next question is about what is the counselors work like now with their clients post intervention.*

Beatrice reports making the connection of being more grounded. She had been asked by a body worker in the past if she felt grounded, and at the time she thought she was. Being part of this study helped her to see that she was not grounded, but rather up in her head thinking. In addition to making the connection as to what being grounded in her body feels like, she also notices that the space between she and her clients is different. She reports that now that she has more awareness of her body, it has also given her more awareness for her client's bodies as well. This has given her a renewed sense of energy in working with her clients. She reports that yoga became a vehicle for her to invite more awareness in her body, which in turn enriched the work she does with her clients in the present moment that she is working with them. About compassion fatigue Beatrice states "if we as therapists pay attention to what is going on in us, it helps us pay attention to what is going on with the client."

Carmen stated that she is now able to stay more with her clients in present moment. She reports having more body awareness with her clients, such as their posture. She states that she notices that she is taking more time with her clients to practice breathing with them, and offering them visual guided imagery. She states that the "space has opened up between us."

Elizabeth states that the yoga practice helped her walk away from the work when she needed to, which makes a difference and has integrated the work with her clients. "I tell my clients you really will feel better if you just breathe. And I believe this but for whatever reason I was not doing this for myself." Elizabeth has been incorporating breathing and mindfulness "in almost every session." She also reports bringing a new and renewed energy to her work, as Beatrice and Carmen also noted. Elizabeth noted that her relationships with her colleagues improved remarkably, and with her role of being a mentor at her job this was a welcome change for her. She notices that as a mentor she

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feels more available to her colleagues, and more positive about her relationships with them.

Elizabeth: I think I usually bend over backwards to help, and I wasn't even turning a little sideways to do that extra bit. But their comments were that "it looks like I am feeling so much better", and "I was worried I wasn't going to be able to handle it if you couldn't handle it if you couldn't handle it." And thanks to the yoga practice I was able to step back from my guilt a little bit and say that it is not my responsibility to handle other people's emotions.

Dee also reported feeling more available to her colleagues. She noticed an ability to adapt to the changes that are going on at work with more ease and a "renewed enthusiasm." She notices more availability to her clients, in particular now when clients do not show up for appointments she has concern for them and wants to check in with them and see how they are doing as opposed to before the study she would be relieved that she had a cancellation. She notes that talking to her clients about self-care has also become a part of her counseling practice, or as she puts it "scheduling in fun." She also had more empathy for self as well as for her clients.

And I think I could also recognize myself in their resistance. Like, really? Eat better and get some sleep will make a difference. But it does. So it helped.

Elizabeth and Dee both note that their creativity has increased. Carmen also described this in terms of doing more breathing and visualizations with her clients. Elizabeth notices "thinking more outside the box," which was surprising for her "I was not even aware that this was missing." Dee notes that she notices she is doing more creative things in her personal life as part of her self-care, more art and more movement. Beatrice states that she is doing more art as self-care as a result of being in this study.

5. *I wanted to know if the counselors had continued to practice yoga either at home or at their office. I also want to know if the counselors will continue to practice yoga after being part of this study.*

Beatrice noted earlier in the interview that she wanted to practice yoga at least once a day between clients as part of her self-care. She also notes that prior to this study

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she would notice she wasn't breathing when she was working with clients and now it feels like she can do something about it, like observe with intention and to breathe. The purposefulness of the study, to use yoga for self-care, helps her to keep this in mind when she is in session with her clients. She reports that she is practicing yoga both at home and at the office. She feels like developing a yoga practice is coming into fruition for her "little pieces here and there... I find myself getting up in the morning and thinking, oh I should do one of those stretches.

Carmen stated that she would keep practicing "if you keep teaching." She did not say if she was practicing, but that she was interested in continuing to practice formally (a yoga class) or informally (breathing in her car, stretching while driving). She sees how she could build yoga into everyday routines like work or running errands.

Dee and Elizabeth both confirmed that they would like to continue practicing yoga.

Elizabeth said she is trying to schedule it in more, and that "my intention with it has changed." Elizabeth states it helps her to practice more in the morning. Dee states she tries to practice "after work... yoga practice helps me to dissipate and allows me to have more fun for myself in my off time."

6. *The final question is if there is a change in the counselor's self-care as a result of being part of this study?*

Carmen reported that her experience of the yoga in this study was positive and that she feels more centered. She states that her intention for self-care has changed. She can see that the yoga practice could benefit her no matter what she is doing. She states that she will continue to practice yoga, and that she sees it as more accessible for her and for her clients. She found the breath work helpful, and it increased her awareness of her posture, her client's posture, and that she came to the realization that "you don't have to be perfect" in order to practice yoga.

Beatrice stated that she probably would not have participated in the study if she had not decided beforehand to take Fridays off as part of her self-care. So this part of self-care, her awareness of needing to do more self-care, was a part of her awareness prior to agreeing to participate in the study. She states that she was already focused on

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self-care, and on trying to do it differently, to not do what she did before she became aware that she was not taking care of herself.

Beatrice also stated that part of the change for her was the relationship she developed with the researcher.

You teach yoga, and even if there was not a lot of sharing between us, I felt like I got to know you and your style of teaching yoga is quite different from anything I have had before. I think the relationship has made a difference for me and I think that is a big piece of it. [W]hen we did the initial interview, there was something quite healing about that. Some of the stuff I shared, and how it affected my work, and how I was feeling guilty. So this experience of attending the yoga interventions has really somehow been very healing for me. It is one of those things where I think the relationship facilitated the healing.

She agreed that the act of interviewing and attending the yoga classes became part of her self-care. The researcher shared with Beatrice what it was like for her to hear her talk about her compassion fatigue:

Janys: I just wanted to share, that that really hit me, when I had my own compassion fatigue I did feel this feeling of shame, and that I couldn't tell anyone about it, and that there was something wrong with me. So having you articulate that was a relief.

Beatrice : I think just talking about it at the interview made such a difference for me. It is just amazing. So I have noticed that I feel happier, I feel lighter, more hopeful, all kind of feelings. It has just been amazing. And that is what is different. That is the change."

Elizabeth spoke more in depth about not only her experience of being part of the study, but what she sees as changed for her as being part of the study.

What came up for me [was the]...concept of healing from the inside out, and that usually a yoga practice I used to just approach it as a physical thing. But when I stopped doing that I think that that is when I really have reaped the benefits. I was able to because of the power of the group coming together, and the normalization of the shared experience and the support of that...I have identified that that is a big need that is not getting met. It allowed me to look at that more...and that is not a need that is getting met in my life. So I have started talking about it more with my supervisor...and to my personal therapist

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more, and like this is a big deal and I was really minimizing that. So looking at that and then get the appropriate support from people that are capable of giving that support. And recognizing how that looks in my life in trusting my support that I can get that support. So that piece was missing for me and I felt that I was doubting myself in my personal and professional relationships. Not so much from my clients, I really tried to protect that as much as I could, but that doubt was really seeping in to my other relationships as a result of the compassion fatigue.

I asked Dee and Elizabeth if they would have been motivated to be part of the study if it were another form of self-care for compassion fatigue.

Elizabeth stated:

I did come into this liking yoga. But I think I would have done the study if it were qi gong or meditation, I mean if the study said we are going to do jumping jacks for compassion fatigue I would have thought well, that's weird. But let's try it. I think it would have drawn me in. I really think I needed to not feel so alone in this. Even in my clinic I still was feeling isolated. So that is what really came up for me with doing this study and processing this.

Dee stated that the fact that the group came together with compassion fatigue but did not talk about it, rather held space that was nonverbal for it, was most powerful for her. She said she probably would have been motivated to be part of the study if it were not yoga, however she has done yoga in the past and really liked it. So the practice that was in the study reacquainted her with how much she missed and enjoyed yoga. Had it been expressive art, for example, I think that would not have been as appealing. I think there is a place for that but that wasn't what was going on. I think it was the compassion fatigue first, and physicality second, and yoga for that seemed most accessible.

I wanted to further clarify if Dee though the change in her compassion fatigue changed because of the group experience:

Dee: That was the primary. If it was only mentioned once and it was never mentioned again, which is what happened, then that was enough.

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Janys: So it increased for you a universal experience of what you are experiencing is part of what it means to be a counselor and a human being.

Dee: Yes and belonging to that group. Belonging to the tribe. I like that word, tribe.

Elizabeth: Yes. I think in addition for me, I needed it to not be at work. I needed it to be separate, I needed it to just be for me. And I really liked not talking about it.

Carmen also noticed that the relationship happening among the participants felt significant to her. "Our relationship opened up even... without words."

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Appendix N

Final Focus Group Themes

Themes that emerged from final focus group

- A. Getting out of one's head, I was not thinking, I was less anxious, More focus, relief, rejuvenation, Increased mindfulness, More in the present moment, Increased observation of self, More space created for self.
- B. Increased body awareness, being "more in my body", feel less tension in my body, more grounded.
- C. Focus on breath, "I could slow down my breathing."
- D. Timing, Not having a lot of time but making time for one or two yoga practices.
- E. Feeling validated by the group experience, A place without words, just a "felt sense" Felt validation without words, The intentional space of having counselors with compassion fatigued gathered to practice yoga, The group reduced isolation "this room gets it," "no censoring", Safe place.
- F. Accessibility of yoga practice both physically as well as in simplicity.
- G. Being with compassion fatigue differently, Reduced compassion fatigue, Identifying that this is compassion fatigue helped.
- H. Timing, Not having a lot of time but making time for one or two yoga practices
- I. Increased motivation to continue practicing yoga with a self-care intention, More inspired to practice yoga. Would like to continue to practice yoga as a result of being part of the study, Feel like "I want to practice" vs. "I have to practice" yoga, Practices yoga between clients, Surprise that yoga had such an impact, Is practicing yoga outside of work.
- J. Feel more support, feeling more available and positive towards colleagues, Increased satisfaction at work, able to leave work at work more.
- K. Awareness of client's body and breath, A change in the relationship between the therapist and the client, Incorporating breathing and mindfulness in session with clients, New and renewed energy to counseling sessions, An increase in creativity with clients at work, Awareness of guilt for not suffering like clients have.
- L. Increased compassion for self, More awareness of level of anxiety, Increased feeling of hope, Empowerment vs. shame about compassion fatigue, Feels more centered, Feels more positive, Being part of the study was healing.

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- M. Talking more about self-care, an increase in other forms of self-care, Change in self-care developed as a result of relationship with researcher.

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Appendix O

Journal and Yoga Intervention Memo

Researcher Observations of Yoga Intervention

Week One

The first session was seated yoga. It went fast. I noticed that I was impatient as they took the time to journal before and after. As the teacher I was nervous, spaced out, sweaty. I wondered if what we covered felt like enough to them. I felt like I explained the movements and the breath work well. I have always liked guiding people through body scans and had a feeling that the group was in the moment and in their experience as I was instructing this. I don't normally teach with a script so that was an odd awareness for me to remind myself to stick to the script for the purpose of research. I have a lot of gratitude for the participants taking the time to be a part of my project. When I scanned my own body I noticed that my neck hurt and I had some nausea, possibly from being nervous the first time teaching them. I made a joke that was self-deprecating about not wearing a shirt with sleeves and wondered if that was okay. After teaching I felt less tension, excited to have the study under way. My thoughts are racing less and I feel more at ease in talking to the group. Elizabeth asked if I know of any other yoga practices for anger. I wanted to answer her but recognized my answer was not part of the protocol so I offered to contact her after the study to talk more if she would like. Dee stated at the end, smiling "I feel calmer." Beatrice said she liked the seated practice and wondered if she could get some of her clients this week to practice with her. Carmen hugged me and said she was really glad to be part of this study.

Week Two

The second week felt a little less anxious. My own anxiety was up as I had tried to make copies of the yoga practice that week for them to take home and had had my usb wiped instead and the copy store. So I emailed the practice to the group, and used the time that they journal to recall what the lesson was. I did remember it, but this meant I was not able to observe. In both journaling and in practicing yoga, the participants appeared to be completely in their experience. I did not get a sense that they questioned if

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they were doing it right, no one looked at another student to see if they got it or not. In this class, Carmen sat in a chair while the other participants practiced standing poses. I wondered if she got anything from this and she did verbalize and write in her journal that she felt good just moving gently and breathing. It seemed like she was mainly observing so I am glad that she felt as though she was participating.

Week Three

Week three surprised me in that we got through the last half of the manual. Week four can be more of an exploration of what we have already learned. I am wondering how Carmen is doing as she continues to not be able to participate fully. I wonder if they got the felt sense of the Ujaii breathing (A rapid breathing technique that is hard to observe if students are doing it without reverse breathing). Do they know that they can call me in between sessions if they have questions? In reflection on the group experience, it surprised me that I felt the connection to all of them. The process of writing and constructing the case study was a solo process. While I had counselors with compassion fatigue in mind as I wrote the manual, I could not have dreamed up what they would be like in person. I feel grateful for them, and I feel inspired to write about this experience as a way to further support other counselors with compassion fatigue. Carmen's ear is still bothering her so I modified some poses for her with a chair and showed the participants how to modify this for clients that may not want to get on the floor to do child pose, for example. I was surprised that we got through it all and even did a few standing movements from last week. Carmen did really well with the modifications and liked it. Beatrice said that she noticed her shoulder pain that she always has, but that it did not interfere with her practicing and instead became part of her practice. Elizabeth was noticing a tickle in her throat at the end of our relaxation sequence. I felt more relaxed at the end and reminded them that they can call me if they have questions.

Week Four

The studio owner I rented from was out of town and did not leave a key for me. All the participants expressed empathy about my not being able to teach them today as part of the study. I offered to review the entire series but mostly the participants wanted

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to ask questions about how to apply this to working with clients, and to talk to each other about what this experience was like for them with the other participants. I decided not to push the yoga practice and instead allow the connection that seems to be happening between the four of them to happen. I scheduled in time for us to practice yoga before the final interview to make up for today and reminded them that I am available by phone or email if they have any questions. Mostly they seem relaxed and content to just talk about how much they have enjoyed practicing yoga and knowing that they are practicing yoga with other counselors experiencing compassion fatigue. There was a convivial spirit to being connected by being locked out of the studio. They were asking each other their names which made me think, wow, they must have really been in their own experiences to not recall each other's names! I went to call the studio owner and when I came back Beatrice said "I don't want this to be the last group, I am really going to miss this." The others agreed. Elizabeth said "I don't care who knows I have compassion fatigue, this is all just part of being a counselor!" The other participants laughed and it felt to me like that initial anxiety that was present the first day of class was gone. That being in the group itself normalized the experience.

Overall I found it difficult to both observe and teach yoga at the same time. It is typical in the role of the yoga teacher to look at the nuances what the student is doing, here as a researcher I wanted them to experience what was in the manual as much as possible, and not distract from that experience. It felt more focused than other yoga classes I have taught. I wondered if this was the effect of having completed an initial interview, and did the journaling focus the participants more? I thought I would have time in the hour to review the yoga, but did not have time to do that. The hour was taken up with settling in, journaling, practicing, journaling, and then departing. The initial class the participants seemed nervous, this is to be expected when a group is forming. Since I did not plan a group therapy intervention, I simply asked the participants if I could introduce them by first name only. I gave them their journals and explained that I would collect these at the last class. The purpose of the journal is to record their thoughts, feelings, and sensations before and after the intervention. If they practice yoga in between

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classes if they could journal about it that would be great but is not required. The participants spoke to me but did not interact much with each other.

Data from participant Journals

The data from the journals is limited in that the participants were only asked to journal about their thoughts, feelings, and sensations before and after the yoga intervention each week. All the participants said that they thought about journaling outside of the class, but that they did not. All the participants liked having the time to check in and journal about how they were feeling each week. There were some apologies from the participants for not journaling more, but I reminded them that this was not compulsory for being part of the study. In the focus group at the end, the participants noted liking the time to journal. It served as a nice beginning and ending ritual to the yoga intervention. One noted that she likes journaling as a self-care practice, and the journaling was a reminder for her to journal more having been a participant in the study. *This is the week one journal entries for the participants. I asked them to sit in chairs this week and to journal about what thoughts, feelings, and sensations are present for them prior to the practice.*

Beatrice

Thoughts of excitement and eager anticipation are coming up for me. I am feeling a bit anxious as I could not find my keys before leaving. Beginning to relax now. The chair feels hard against my right hip and I am noticing pain in my head, right shoulder, and hips-particularly my right hip. My eyes burn. My breath is deepening. I can hear the building fan. The smell of the room seems sweet and feels pleasant. I am hungry.

Carmen

Stiffness in my neck. Thoughts about what's to come. Excited and nervous at the same time. My body maybe tense...I sit here aware of all the different sounds going on in this old building- people walking by, voices in the distance. And I am aware of the time. When is this going to end? What next? I am trying to be in the moment and let go of any anticipation.

Dee

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I'm feeling tight. Stiff. Constricted in my back and shoulders. Wishing I had been on time, breathing shallow and tight. Nervous about being too stiff to move. Body feels comfortably warm. Clothes feel a little tight-stuffed into them. Low hum of the HVAC and dull roar of voices in adjoining spaces echoing- airy spaciousness in the room, clear and open, inviting. I am here, present in this space.

Elizabeth

In this moment I am finally still (outside of session) and absorbing information of the day. My morning began (she reviews her morning, omitted to protect confidentiality). Stress. Focused in stomach, slight nervousness, unsure if I can process this intense week of grief and vicarious trauma. Feeling unsettled. Slight disconnect from my needs. Feel comfortable in my clothes, curled up in skirt. Chair not so cozy. Thinking frustration about clinic dynamics. Feeling worried for my kiddo client. Fear of lack of goodbye. Distracted. Desire to be distracted after intense focus nonstop of the day.

After taking them through the first session of seated series, I asked the participants to again journal their thoughts, feelings and sensations post practice.

Beatrice

I noticed the pain on the right side of my body-sometimes distracting me. I am thinking thoughts of how I can do those yoga practices between clients. I am feeling relaxed and very pleased to be a part of this group. My headache has subsided. My cheeks are warm. I feel grateful and I feel energy tingling in my cheeks and arms.

Carmen

I feel as if my whole body opened up! The tension I was holding and now my body parts are awake after a long winters nap. It might actually be more like years, since grad school. Holding tension from my own doing, and as a therapist the tension of my clients that has built layer upon layer as I rush from one traumatized client to the next without taking time for self. Let alone self-care. I see how this can be beneficial in just the few minutes I have between client's to really take care of myself so I can be whole and present for my next client.

Dee

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Less tension and more opening in my neck and shoulders. I'm noticing I feel more space in my chest and abdomen and more in my body. I feel lighter and more fluid. I feel happier and less concerned with my nervous apprehension previously held. I notice I take up more space but with the light as opposed to the thick chunky block I was before. I still feel my body but with awareness of the pressure on the thighs and back as opposed to the internal pressure of the stiffness. I feel happy. I notice voices and laughter and I feel connected to them instead of the irritation I felt hearing them before.

Elizabeth

My body feels more...integrated-whole. I struggled with thoughts coming in and impatience and slowing down my breath and movement initially but that eventually dissipated. I feel more comfortable in my skin now. My shoulder feels looser, breathing is smooth, a slight, natural smile wants to stay on my face. Lion pose was perfect for what I needed to release this week. Before I was dreading the weekend per se but harboring concern that the week would stay with me...now I'm anticipating my time alone and possible rendezvousing with friends where before I was not. I feel more like me. Wow. Writing truth evokes some sadness but zero judgment. Plenty of time to look at that later. For now enjoy the calm heart, body, and mind.

Carmen also noted two days after the practice: "Feeling pretty good, rested. Seems like a success. Could this be contributed to the yoga on Friday? Or is it because I have a one day work week? I will see."

Elizabeth also wrote twice between the first and second practice. "A challenging but centering yoga practice. I could feel in my body that I had not been doing yoga much. I felt grounded and strong after practice. Increased connection with my body and self-esteem." And on a different day "Stressful end of week. Tight neck, traps, mild headache." And after yoga practice "My body didn't feel like mine initially. It took longer to wake up, to warm up. Slight judgment for lack in ease of movement but that dissipated as practice continued. It took a long while for thoughts to leave. Concerns, sources of anxiety permeating practice. Eventually relaxed. Headache almost gone, body felt lighter."

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Week two of the practice is a standing series. Prior to their arrival at the yoga studio I set out the yoga mats for them in the center of the room. Carmen told me last week that she will not be here because of her surgery, but she comes in and asks to just be present to journal and observe. As a teacher I always feel self-conscious with an observer, but I remind myself that this is research, and she is welcome to participate in any way she likes. She sits in a chair to the side of the room while the other three participants are in the middle of the room. They write their pre practice journals.

Beatrice

I just left an appointment with a (omitted to protect confidentiality. She describes visualizing what witnessing a trauma must have been like for the client). I feel encouraged to be here this afternoon. As I breathe and write I am noticing the calming atmosphere of the energy of the room. I feel expectant as I imagine what we will learn today. I feel calm in my abdomen. I am breathing deeply. There is a slight twinge in my right shoulder as I write. I have tension in my arm. I notice My lower back right above the tailbone feels sore. The left side of my body feels relaxed. The right side has pain-shoulder, hip, right hand.

Carmen

My mind is a blur. My balance is off and cognitively absent. I came today to gain through osmosis. I hope to be able to practice this at home. I see everyone sitting lotus style on floor mats.

Dee

Feelings of excitement. Beautiful weather. Long weekend. End of a long but good week. Completed all paperwork, difficult clients handled with compassion and firmness. Satisfied. Breathe to arrive. I feel a bit tight in the lower back, hips, and shoulders. Feeling stuffed into my yoga clothes. Anticipating a slow stretch and release during this session. Hear the fan vibrating, distant voices muffled from another suite in the building. Dim lighting, cool air on my hot sweaty feet, now bare, removing my sneakers. Jaw clenched with determination. Breathe, arrive, and release.

Elizabeth

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Feeling free for the first time all week. Some mild low back discomfort, probably related to riding bike to work and hear without stretching. Tight hips. Sensation of excitement for long weekend, for feeling better after supervision Thursday, for sense of community.

I give them their handouts and we practice the standing series. I notice that Carmen does what she can from a seated position. While I am teaching I forget that they are compassion fatigued counselors and instead I focus on instructing calmly and giving clear feedback when the students need modifiers. I am watching them, and they seem to be into what they are doing and able to let go of the other counselors around them. After the practice they write their post-practice journals:

Beatrice

Inside I feel calm and hopeful. I feel peaceful inside and have the sense that all is well. I also wonder if I will keep up this yoga after the four weeks? I notice hunger pains.

Carmen

Even sitting down I feel the benefit of breathing and stretching. This reminds me of the “blow fish” deep breathing technique I currently do with younger clients. I need to practice this at home this week.

Dee

I feel longer and as though the tightness in my hips and lower back is loosened and feel more fluid and as though I have more space inside between my bones. I notice I feel lighter and as though I have light inside my legs and torso. I feel comfortably warm brushed by cooling air of the room. I notice my lower back is linked. I am aware of the connection of my hips and sockets and hips to lower back and it feels looser and good. My legs feel extended. My shoulders feel looser and no tension in my neck. My feet feel good and don't want to return to shoes. I feel happy, relaxed, and somewhat refreshed.

Elizabeth

Thinking about how lovely and motivating it is to be led into poses with a different teacher. I've really missed attending live classes. The subtle suggestions for body adjustment and awareness. My body loved elephant swing, the warriors and horse. I

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really struggled during mountain meditation with monkey mind mania. Wow did the thoughts including notions such as “ I am done standing still now, I’m ready for the next move, do I really put more weight in heel and therefore focus on the past,” want to stick around! A theme this week for me. I never achieved the true “blue sky” but they did slow and stop sticking around as long. My body feels good. Tight calves noticeable in warrior and tight hips really restricted range of motion in warrior. Note to self about need for more attention to my body.

Week Three- journal observations pre practice.

Beatrice

I feel eager...I notice the calming atmosphere of the room as well as the calm tone of voice when Janys speaks to me. I feel peaceful as I notice some tingling in my legs, feet, arms, hands, and cheeks.

Carmen

My head is heavy. A little reluctant to test the waters. Sitting here and the mat feels good. My body is fine but I forget how the ear is related to balance. No real stress per se, pretty relaxed but I must admit I have not been practicing. I little tinge in my jaw.

Dee

Tight back of legs, out of breath, no parking coins, hot feet, tight chest, full stomach, neck and shoulders tight.

Elizabeth

Intense day with clients. Thoughts: frustration, fear of not doing enough or doing it well. Feeling sadness, some fear, tired. Body okay overall. Brain feels full, racing thoughts, a lot of judgment towards self. Not much positive, which is unusual for me. Feeling “needy” Alone despite processing briefly.

We cover the quadruped series and have time to also cover the lying down series. I give some modifications to Carmen and also demonstrate these to the rest of the group. Specifically, instead of child pose I teach her chair breathing, where you have a student sit in front of a folding chair with their legs straight and beneath the chair. The student then puts their forehead on the chair seat and their hands on the back of the chair. This

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stretches the upper back, opens the lungs for breathing similar to child pose and also creates a similar relaxing state like child pose.

Beatrice

Finding myself feeling so relaxed. Feeling as if oxygen has spread through my body to the tips of my fingers and toes. Noticing I have put aside some thoughts. The thoughts are available I know they are there but I am in a relaxed space right now not really paying attention to the thoughts. I feel rested- open. It's Friday and I get to rest a couple days! Warm, open heart space. What I notice is that I am more aware of my breathing as I sit with my clients...I find myself taking in deeper breaths.

Carmen

My head is not so foggy. For some reason the chair pose was very soothing for me. I believe I can see and begin to understand how this will be helpful with my clients suffering from anxiety.

Dee

I felt deeply relaxed in the reclining pose- completely entered alpha state, and feel very rested and wanted to stay there. I notice my body is very stiff and resistant to some of the twisting spinal poses- feels good to stretch and loosen them and I want to do more. I notice stiffness in my hips especially in my arms and lengthening of my right arm shoulder opening. I enjoy the lengthening and the twisting as I notice the release of tensions as it dissipates and leaves my body. I feel good at my back and shoulders as they feel looser and my ankles feel more fluid. I notice my abdomen is more relaxed and less full, yet free to be its rounder self without restriction. I enjoyed the slow movement stretches.

Elizabeth

I did not want to stop. Usually I cut relaxation short but today I had to pull myself up and out of a velvety cushion. Feeling slow, almost lazy, heavy muscles. Relaxed. Calm. Settled, tired in that "I did something nice for me" way. What a difference an hour can make! I feel relief from the chaos of the day/ week. My brain feels like it's mine

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again verses belonging to someone else. No judgment. Reminder for anxiety to rest forehead and arms on chair.

Researcher Observations: Journal Entries

There was a difference in each of the pre and post entries with all the participants. While I might have anticipate this, I did not write a proposition about it. I also did not expect the results of feeling more positive, more observant of their states of being especially body awareness, to present itself in the writing. In the first writing, the participants wrote about feeling nervous, stiff, noticing body aches, I also noticed that the focus moved from external to internal. The yoga practice was likely more introspective as a result of the journal process. It is like the negative thoughts, or end of day thoughts had a place to go so that the yoga practice could be free of the past or recent past experience.

I noticed that the focus on the physical sensations are more apparent in their journals. This seemed to be missing in the final focus group. The commentary was not about their reduces stiffness, or feeling lighter in their body, or having more spaciousness, as in described especially by Dee. I wonder if the time between the focus groups and the last class made a difference? Either way I am glad to have this reported in the journals as it shows the shift physically as well as psychologically.

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Appendix P

Memo of Researcher Interview

Janys: Today I am talking with Lisa about my study. The main question of this study is how does a yoga as self-care intervention experienced by counselors that identify with compassion fatigue. What I noticed is that all the counselors came into the room where we would practice yoga with this somewhat startled look, as if to say “everyone in this room must know I have compassion fatigue.” I would label the felt sense in the room as fear. That fear seemed to dissipate as time went on. It seemed that after the first session they took to the study as the fear and anxiety dropped considerably. What was unique about this study is that as the researcher I also wrote the yoga protocol and taught the yoga protocol to the research participants. I wrote it specifically for this study with the idea in mind that the protocol would be accessible to the participants. It is written in four parts based on seated in a chair, standing up, on all fours and lying down on the floor. I did this in hope that the participants could practice however they wanted, whenever they wanted, without me present if they wanted, and none of this was required of them either. What I heard from the participants after the intervention is that they are now able to practice in between clients, that it is a practice that is accessible to them, and 2 of the 4 were practicing in between clients, all of them had more of a desire to practice yoga for self-care, and 3 of the 4 were practicing more at home as a result of being part of this study. In addition, all the counselors report that they are doing more self-care as a result of being part of this study. And overall the experience of being part of this study was positive.

Lisa: What was the gender of the participants?

Janys: Female and Caucasian. This study was done in the pacific northwest and I observe that the majority of counselors in this area are Caucasian and female. In addition, I notice that more Caucasian women tend to practice yoga. I had hoped for more of a draw of different ethnicity but it was a sample based on who signs up for the study first.

Lisa: Can you tell me more about the yoga intervention that you developed?

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Janys: I have been teaching yoga for 12 years. I have 2 certifications in teaching both hatha yoga and classical yoga with an emphasis in yoga therapy. I drew from my own learning over the years about somatics as well as reading about trauma sensitive yoga which is currently being used with trauma patients at the trauma center in Boston as an adjunctive to counseling. Also I am in connection with Niroga which is a yoga for social justice not for profit organization in Oakland, California. Niroga has developed a researched method of teaching yoga called Transformative Life Skills. So I drew from all of these for what I thought would be an appropriate protocol for counselors with compassion fatigue that they can use for self-care. So it is a very short protocol about ten pages in length. Each section they can do easily with their clients and also on their own. So I gave them handouts on the section taught each week, had them journal before and after the yoga intervention, and encouraged them to practice yoga and journal on their own during the study. A few did feel inspired to practice and journal on their own and they tried a few different things. And what they said is that it changed their experience of doing yoga. I think that stood out for me. They all had an interest in yoga, which I wasn't expecting but they all had done it before and had an interest in continuing to practice yoga. They all said that there was a difference in how they practiced yoga based on the experience in being part of this study. Three of the counselors said that they had gone to classes before and practiced yoga, and that this was a very different experience to come into this study and say to themselves, I am doing this for self-care and for my compassion fatigue. And to take that with them as they practiced. They also talked about this knowing that the other counselors had compassion fatigue. They commented about feeling that this was a safe place for them to be fatigued, and that they could relax into the space knowing that they were with other counselors who were also compassion fatigued. They also commented that they liked that it was a physical practice that it would have been a different process had they talked about it. They liked that there were no words. And what they said was that they didn't want to talk about it. It would have ruined it to talk about it. We needed to feel our compassion fatigue and then take action with it. And the action

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was to create more awareness, observation, and a felt sense to be able to walk along-side the compassion fatigue as opposed to getting over it or reducing it.

Lisa: Were the participants all together?

Janys: In the class?

Lisa: Yeah.

Janys: Yeah. I interviewed them all individually by themselves. I interviewed all of them initially for about forty five minutes. I asked them questions about their interest in being in the study, and what their compassion fatigue is like. I have them take a Professional Quality of Life Scale, which is a scale that measures both compassion satisfaction and compassion fatigue. I did notice that at the end as a result of the study their compassion satisfaction increased, and the scales measuring burnout and secondary traumatic stress decreased. Both of these according to Stamm are components of compassion fatigue. STS measure is really important for counselors because it actually measures the effects of working as a helper with other peoples emotional selves. The next was they participated in four yoga classes. Well they were supposed to but what ended up happening is that I covered the protocol in three. Which turned out to be a good thing since the fourth class the yoga studio owner wasn't there to let us in. So the participants and I just ended up talking and I answered questions for them about the practice and about yoga in general. What I noticed more that I was not expecting is that even at the initial interview some of the participants were asking how they could incorporate what they are learning about yoga into their work with clients.

Lisa: Hmmm.

Janys. Which I think is probably universally true of counselors. Or maybe of humans. When I find something that works for me to cope or reduce stress I naturally want to share that with others. So I did not anticipate it but when it came up I thought, oh, well, yeah that makes sense.

Lisa: Were there any guidelines with the participants? Were they, for example, instructed to not talk to each other in between the classes?

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Janys: No. I came in and asked if I could introduce them all by first name and that was all the verbal exchange between them the first class. But I didn't say that they couldn't talk. I asked that they keep each other's confidentiality during the study by not sharing last names. I also changed their names in the transcripts as well as identifying information. They all agreed to that. I had journals for them and I asked them before and after each practice to record their thoughts, feelings, and sensations in the present moment. I did that in hopes that I could use the journals to gather more data, but also to get them more present and focused in the room on their experience of practicing yoga. And it seemed like the first session, they were a little shy of each other. I wondered if maybe they were feeling each other out, or if it was a unique experience based on it being a research study. I know I felt more formal. This is research therefore I need to stick with the protocol. So I wonder if it was an unfamiliar experience for them being part of a research study. And by the last class they were more relaxed and asking more questions that seemed more to satisfy curiosity and was not a lot to do with the practice itself. I gave them handouts of the protocol to take home with them. But there were not guidelines as far as if they could or could not talk to each other. I noticed that by the third session that they were talking more to each other and I think at that point it just seemed like they were genuinely excited to be participating. They enjoyed doing the yoga. They seemed more relaxed. They all mentioned that the Friday at four in the afternoon time really worked well for them. Two commented that had it been at a different time that they would not have participated. I have to admit I was purposeful in selecting that time, which for me comes more from being a counselor as well. I know I am more apt to participate in a scheduled group activity if it is at the end of the day and at the end of the week. I picked four because I know that most yoga studios are busy past five with regular classes. Some of the counselors were already taking Fridays off, and they said had the class been on a different day that they would not have received the same benefit from participating in the study. It gave them a good incentive to participate as it ended their week with some finality and gave them a chance to transition into their personal time. It was an opportunity to let go of what they were doing at work. I think it ended up being a nice session the last one to

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talk. So as I was figuring out what to do they were busy talking to one and other and seemed really at ease with each other while asking “now what was your name again?” I heard at that time one of them comment “well I don’t care if other people know that I have compassion fatigue. Big deal. This is just part of being a counselor.” And the other participants were nodding in agreement. They all at that point had decided that they wanted to continue doing yoga. The final part of the study was a focus group that was supposed to be all four of them for two hours, but two of the participants couldn’t make it. So I decided to have the two already scheduled to go ahead and meet for an hour at that time, and then rescheduled the other two at a later time. I asked in both interviews the same questions. It probably would have been a different interview if I had interviewed them all together, but it was interesting to interview them split into two groups because they did report a lot of the same things. They all reported a change in the relationship with their clients. They reported doing more mindfulness practices with their clients. Talking more with their clients about self-care. Being more aware of their breathing in sessions. Being more aware that their breathing wasn’t wrong. One participant stated that she really got something out of hearing me instruct to focus on her breath rather than say to change the breath or breath deeper. She got the sense that her breathing was okay and not wrong, so this was a relief for her. They all liked that the yoga was accessible to them. They liked that they had the freedom to practice yoga in between sessions if they wanted to. Three of the four were doing yoga between sessions by the end of the study. They liked that there was a formal place for them to meet to practice yoga specifically for compassion fatigue. That felt to them like the intention of doing yoga for self-care was different from attending a regular yoga class.

Lisa: That sounds really great.

Janys: Yeah. And they did a re-test of the Professional Quality of Life scale. Their compassion fatigue was lower and their compassion satisfaction was higher.

Lisa: That is great especially over such a short period of time.

Janys: Right. Six weeks. Yes.

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Lisa: so you mentioned that there were some themes you came up with after writing up the summaries.

Janys: Yes.

Lisa: Do you want to talk about those?

Janys: Sure. Yeah. It kind of went along the lines of based on the questions I had. One category was mindfulness. They talked about getting out of their head and into their bodies. Not thinking. Which I felt was like cease to think or problem solve around work. Not thoughtlessness. No chatter. Feeling less anxious. Feeling more aware of their bodies and more relieved. So I think one of the main clusters of themes was an increase in mindfulness. In terms of not just what was happening in their heads but what was happening in their bodies. One of the participants said that she realized all of her angst was coming from her body. As soon as I got into my body and this is really where I needed to process. So doing yoga for compassion fatigue made sense to her because it have her body an action that it could process to alleviate the immediate effects of compassion fatigue. This helped her to release the stress and let it go.

The group itself was validating. It was a place without words. It was an intentional space for counselors where they could come together being compassion fatigued and practice yoga. There was a sense of this room gets it, I don't have to censor myself, I don't have to re-assure anyone here that I am okay. I don't have to act like I am not compassion fatigued. The counselors that worked at agencies felt like where they work is supportive, but it did not feel like they could really talk at work about how impacted they were by the compassion fatigue. I heard that also in the initial interviews about seeing other counselors be compassion fatigued before they were thought, well that is odd and I hope that doesn't happened to me. And then it did. According to the literature, compassion fatigue can come on gradually, and it can also come on all of a sudden. This was true with this group of participants. Three said it came on gradually and accumulated over time while one stated that she had a nightmare and suddenly was aware of an episode of compassion fatigue. The way they experienced it is consistent with the literature. So my sense is that the yoga intervention gave them an opportunity for distraction which got

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them thinking about their compassion fatigue in a more expansive way. First there was identifying in the study that “I have compassion fatigue,” then there was this sense of individually feeling shame around this and noticing that alongside this that there is isolation in being compassion fatigued. And then guilt. My clients have experienced horrific things and I am witnessing this and feeling guilt.

Lisa: So minimizing their own experience while empathizing.

Janys: Right. I have a lot of resources. I have a good life. Really good at empathizing with other people’s experiences but not being available to be empathetic towards themselves in having an experience of compassion fatigue. I heard this over and over that this is part of why the group was validating. So I did not set out to say or have a vested interest in saying that yoga is what helps with compassion fatigue but I think because this group already had an interest in yoga it helped. Also because yoga is a body mind practice, it helped because they weren’t able to stay in a stuck place with it because they had a physical process to help them work through the guilt and the shame. It is a very different thing to say well you have identified that you have compassion fatigue, and it makes sense that you have shame and guilt attached to this, and now that you have identified this you can let that guilt and shame go. As opposed to, I have identified my compassion fatigue, I am going to observe my feelings, thoughts, and body sensations, and then do something to process it, but not talk about it.

Lisa: Which is very counter-intuitive for counselors to not talk about it.

Janys: Right.

Lisa: Counselors tend to process by talking to other counselors.

Janys: Right. The experiential they said is what they needed to have in order to alleviate the symptoms. Yeah. And even jokingly I asked would they have done the study had it been something else aside from yoga, and one said yes she would have done jumping jacks for compassion fatigue if that was the study. Another person said as long as it was a physical practice but they all preferred that it was yoga since they already had familiarity with it. She was very specific that it needed to be something physical. She felt like she needed to use her body to be with this experience. I think that was universal. They all

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walked away with this sense that they could observe themselves and then in some way move the compassion fatigue. And that doesn't mean that they reduced it or got over it. It means that they walk differently with it now. That they could notice it in the room while they were working with their clients and then set it aside so that it did not engulf them or the work that they were doing with their clients. Being aware of it.

Lisa: How do you think that, and maybe you don't know but, if they were able to move it aside, how does that change how they perceive their effectiveness with their clients?

Janys: Hmmm. I think that ability to feel a sense of "oh, my client is sharing about a traumatic event. One thing I can do in this moment, is check in with my breath and I can breathe more." It felt like for one person that the compassion fatigue was suffocating them, and now that they could identify it I can put it on a shelf or get it out of the way while I am working with my client. One thing they said is that it changed the space between the counselor and the client. I took this to mean that they have more space and therefore more effectiveness. I don't know what they would have said. I think counselors can be humble. I can say for me that I feel more effective as a counselor in any present moment that I am aware enough to take a breath. Because if I hold my breath I could be on my way to joining the client in anxiety rather than witnessing.

So it changed the relationship that they had with compassion fatigue, and it changed the space between the therapist and the client. So I observed that by being more compassionate with themselves, they were able to be more compassionate with their clients experience. So the more validation the counselor has for their own experience the more access they have to validating the clients experience. Which I think counselors are trained to give out all the help and not help themselves because to do so is selfish. I think of the idea of being on an airplane and in an emergency if I put on my oxygen mask first before I help other passengers then I am more available to help others. I think that would make them more effective. In fact one of the participants said "I felt more oxygenated when I was with my clients." Yeah.

Lisa: That metaphor with the oxygen mask on the airplane is really helpful. Yeah. That makes a lot of sense.

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Janys: Yeah.

Lisa: Was there a difference in the result with clients or at the end of the study themselves with the participants that chose to integrate this with their counseling practice?

Janys: Well one of the things the methodologist on the study said to look at was, were there gaps in what the participants shared with you. And it seemed to me that two of them did the study and they liked it, it was nice. Thank you very much. It reduced my compassion fatigue. And the other two it seemed like there was more of an internalization of the experience. What I know as a yoga student and as a yoga teacher is that I could not teach yoga without having a yoga practice. And I have talked to this with my chair who has studied mindfulness and there is an expectation in eastern practices that you have a practice before you teach others. As counselors in the western world there is not an expectation that in order to counsel you must go through your own counseling. As a yoga teacher it is expected that I am going to have an understanding of yoga philosophy and the physical practice and other components before I teach yoga. So this seemed to me like an opportunity to very specifically target with counselors what needs to be internalized as far as a skill set of yoga in order to turn around and teach this as a coping strategy to a client. It wasn't my intention to give the participants clinical skills that they could give to the clients, I can see that this intervention was a very different thing than recommending as an adjunct to counseling that a client watch a yoga video outside of counseling.

Opposed to this is a yoga practice taught specifically to reduce your specific stress, and can internalize that and then take that out and teach that to other people. And there was neither an expectation that they would internalize the practice, or that they would teach it to other people. One person in particular seemed more interested in learning the practice in order to share it with her clients. She also vocalized feeling some fear around calling it yoga with her clients. She thought she might lose their interest or that it would somehow feel inaccessible to them. It almost seemed like there was a fear around talking about herself. In the final interview I noticed that she seemed to echo what the other counselor was saying in the room. And I think that might be a sense that counselors are supposed to

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focus externally on the client and not internally on ourselves. And this is of interest because in the literature there is some thought that only focusing externally on the client might be detrimental not only to the therapist but also to the client. That this might be what is part of the causality of compassion fatigue, is that the counselor is not being introspective long enough to figure out what the helper needs. And there was no requirement that she be introspective or look at it in this way. And she still gave some very articulate results for the study. And in contrast there was another counselor who also said I want to get this information to take care of my compassion fatigue but I also work with trauma and I want to give this to my clients. She also had a lot more experience with yoga than the other participants. She was also younger and athletic, and she said at the end of the study that this was the first time that she actually did yoga with the intention of just taking care of herself. So she was surprised that a little bit of yoga actually went a long way for her. She didn't leave the room after the class thinking that she didn't get enough yoga and that she needed to do more. And I did not really check in with her about if she did share this with her clients. She commented that she is using more mindfulness with her clients. Her focus in the final interview was more on her own internal experience. So I would like to see that explored in a future study. It would be interesting to follow these two participants and ask about what happens when you have a vested interest in sharing this with your clients. And the other thing I mention is that the one in particular that was intimidated to share it with her clients, she left saying that this felt very accessible for her and that she could see sharing this with her clients. So I thought that was great that she was not only able to identify that this is something that she can do for her compassion fatigue but also that this isn't a scary thing at all or out of touch thing that only certain people can do. That really anyone that can breathe and move their body can practice yoga. It is accessible

Lisa: So you challenged some of their assumptions.

Janys: Yeah. And that was nice to have because she can use this with her clients. And she can say it is yoga. And she can say that it is not yoga.

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I think that is the biggest thing clinically that came up is that the counselors were more aware of their own breath and that they were able to observe their breath while in session with their clients. They were more aware of their own body, and as a result felt like that were also able to observe their clients body and breath and bring this to their awareness. They could ask the client are you breathing. They could notice if the client was hunched over or if their breath was shallow. Or if they were holding their breath.

Lisa: You mentioned that during one of the group interviews you had a participant identified that she also experienced that to. What is your thought on lack of objectivity or bias there. By doing a group interview where there could be a potential for false identification, and not self-identification.

Janys: She did articulate her experience. I just think it was this pairing that naturally happened where two of the four counselors really went above and beyond what I expected in terms of not only articulating their experience but being able to internalize the experience in a short period of time. The other two were also articulate, but had in the interview more of a yeah, this was really great as a response to the study. And that is really great that they had that experience. So this particular person is an art therapist. And she even said at times that she was having a hard time putting into words what her experience was. It did feel genuine from her, I think maybe she is more of an abstract thinker and so she tended to use more of a broad general brush in her description, so when this other counselor spoke more concretely about her experience she chimed in too "oh yeah yeah I also experienced that."

The difference between the two interviews which I found to be rather interesting is that Beatrice and Carmen seemed to guide and then follow each other. Whereas with Dee and Elizabeth, they would answer a lot of the same things together, they seemed excited about a lot of the same things. There was more talking to each other. It felt more like a conversation between the three of us and especially at times between the two of them. I really appreciated the spontaneity that happened in the interview. They both really liked that the yoga protocol was accessible. They liked that there were no frills. They both agreed that they liked the not talking during the group experience. They both spoke of

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feeling like there was no censoring their compassion fatigue in the study. So there was this joining of the two of them in the interview. They felt like they left the class with a sense of feeling rejuvenated. I hoped for that when I wrote the protocol and that was also confirmed in the journal writings that all the participants left in a different, more grounded, centered and peaceful place than when they came in. They felt more hopeful. It felt like they joined each other.

Lisa: You talked about a term before we started recording what was that term again?

Janys: Alexithymia. That is a term from trauma literature that describes an inability to identify physical sensations. I posited that this could put a counselor out of touch with their own needs which can result in not being able to identify the emotional needs of others.

Lisa: Could that be what Carmen's experience was? And if it was her experience, did that improve over the course of the study?

Janys: Yeah. she had more going on than anyone else. She told me at the initial interview that she had just gone on vacation and was concerned that this might throw the results of the study. She also said that she needed to have ear surgery during the study which she stated that her doctor said she could still participate so long as she did not put her ear below her heart which I modified for her. But she was enthusiastic about participating and even came in for the second session just to be present. She acted very warm and nurturing towards me and the other participants. I really think that her style of communication is more expressive. I noticed that if I asked her questions that were more specific that she would ask me to re-phrase the question. So I think hearing the experience of the other participant was to both her and to my advantage. The weight of the study, the unit of analysis was the whole case, so she might have done better or been more at ease in an individual interview with me but that wasn't what I was measuring, her own experience compared to others in the study. So what was different for her I noticed is that she had just gone on vacation, she tested highest is compassion satisfaction which might have been in part the vacation but she also might just derive a lot of satisfaction from her job. That is something Stamm talks about that the more compassion

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satisfaction we have with our work the more likely we will experience compassion fatigue. And so for me there is this question up in the air for me is say she gets the most satisfaction from her life in working with her clients. I wonder this as a therapist, if I get all my needs met in my work of helping others, and I don't have other resources- because I feel good helping others if I did not then why would I continue to do it- if I do that though does that put me at more risk for compassion fatigue. I wonder if I were to follow up with Carmen in six months would she be more compassion fatigued then the other counselors? Or, it might be that she didn't need to have as rich of an experience. I kept hoping, she was the one that I felt like I would have liked for her to say more. For example she said that as a result of the study that she felt more grounded. And I wanted her to tell me more about her experience of that. She might have also been nervous in being interviewed. I know I get like that when I am interviewed so it might have been a temperament thing. It might have been the relationship she and I had. It might have been helpful for her to have Beatrice there, because she might have felt on the spot with some of the questions which might be why she was saying that she had some trouble with articulating. I did ask her to check her interview and the other interviews for the meaning making and she said that it looked good to her and that she did not want to add anything. She did follow up with me after the focus group and say that this was a good experience for her, and that she would like to do more yoga but would like to do it formally. A theme that came up a lot was "I just don't have time." I just can't fit it into my schedule. We are trained to give so much. I do that. If I don't have it on my calendar to go to a consult group then I don't go.

Lisa: Definitely.

Janys: So does that answer the question?

Lisa: Yes. I think that you really understand how they experienced the intervention.

Janys: Yeah.

Lisa: Do you think you think you explained it fully? Would you like to summarize.

Janys: Yeah. I am glad that they all felt positive about the experience. You know it is not a bad thing to have free yoga classes for anybody. I was surprised that two of the

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participants said that the change in self-care happened for them as a result of the relationship with the researcher. There was something about being able to come in and talk about compassion fatigue in the initial interview, there was something healing about that. One person in said that the style of yoga I taught got them to focus more on the breath rather than change the breath, and she attributed that to how I taught the class. My role was different in that I wrote the protocol, did the initial interviews, taught the yoga classes and interviewed the final focus group. So I got to observe everything. I have a lot of group facilitation experience so I know to focus on the group dynamics and not the individual dynamics. So I stuck to what I was teaching but also invited questions. And the questions they had did not pertain to the study it was more information about yoga, or the breath, concepts I talked about like the monkey mind. So I tried not to focus on what they were saying, that it was the relationship to me that they had as the researcher and as the yoga teacher. But it makes sense to me now. I know for me when I go to a yoga class, in class and at home I will say to myself, “now how did they say to move my body? Oh, right it is this way.” It is sort of like the teacher comes with me when I practice on my own. And it also worries me that maybe this intervention won’t be able to be repeated because of the uniqueness of being a yoga teacher, counselor and researcher. My hope is other researchers would take the protocol and use it for their studies. I think it is self-explanatory enough and simple enough that they could use it. Here it sounds like the relationship that the counselors have with the person teaching them yoga is important.

Lisa: I have heard that from clients of mine that practice yoga is that they will only go to a certain teacher. They relate back to me that with that teacher they don’t feel ashamed or embarrassed. That to me is similar as selecting a counselor, because if you pick someone that you don’t have a relationship with then it just isn’t going to work. I think people naturally gravitate towards particular counselors and yoga teachers.

Janys: Right. I hear that. As you say that I remember as a yoga teacher when people would say that I would try to be invitational about encouraging my students to work with other teachers. But the more I did that they would insist that they like my style of teaching. As a counselor I try to tell the client up front that counseling is about the

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relationship we build and that if it isn't working it is my job to refer them to a counselor that is a better fit. So as you said that I am realizing that is something Carmen said is that she felt at ease because of my teaching style, she felt comfortable, she felt accommodated and at the same time still part of the group. And those are all things that I want to do with my clients so that there isn't a sense of shame that could come up in just the act of coming to see a counselor. So when the counselors were talking about yoga in the past for them being inaccessible, it is like there is shame there. I am not good enough. I have to be perfect, or wear the right yoga clothes or burn the right incense to do this. I think that is a shame piece of the body. I think in making the practiced accessible there is a back door approach to reducing the shame in the room. And shame is really reduced in the body. It wasn't my intention to reduce their shame with this study. We didn't talk about it. It might not have worked if we did. So it surprised me that the relationship they had with the researcher was what was part of the change process for them. I did everything from teaching to interviews to coming up with the schedule. And I think when it came up that two of them could not make it to the final focus group my thought was that I needed as a researcher to keep a relationship with all of them more than insist that they all show up at the same time. And I wanted them to give the final focus groups interviews as close as possible to the study so that I could get the best possible data. And according to the review board I shouldn't have done that. But I felt that the decision was being true to my study. It was better to accommodate their schedules and keep it as close to the study as possible.

Lisa: I am hearing that the participants reported about you in their results.

Janys: Yeah. Well they talked about wanting to have the right yoga teacher. The right timing to do yoga. Here it is, Beatrice said: I believe part of it is the relationship that I feel like I have developed with you. You teach yoga, and even if there was not a lot of sharing between us, I felt like I got to know you and your style of teaching yoga is quite different from anything I have had before. I think the relationship has made a difference for me and I think that is a big piece of it. I recall meeting you at a consult groups a few years ago and I remember you and I talking briefly with you and thinking oh it would be

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really nice to get to know you and this study really brought that forth for me. And so you know, just when we did the initial interview, there was something quite healing about that. Some of the stuff I shared, and how it affected my work, and how I was feeling guilty. So this experience of attending the yoga interventions has really somehow been very healing for me. It is one of those things where I think the relationship facilitated the healing. I thought of it as like seeing my acupuncturist, or my naturopath, it is all an intentional part of my healing. And so I said it sounds like attending the interviews and the classes all became a part of your self-care and she said that it did.

Lisa: So you are a huge part of the intervention, not just the materials that you developed. Maybe not intentionally

Janys: Which is why it is important to talk about this to determine researcher bias.

Lisa: Yeah so for future studies it could be helpful an interesting to take ten yoga instructors and give them all temperament tests and have them run the intervention with the same style and see what effectiveness comes out of that. Because there could be some temperaments of yoga instructors that change the relationship with the student.

Janys: I already teach in a way that is trauma sensitive, but I did look at the literature and wrote the language of the manual to be invitational rather than “do this, do it this way, that’s not right, do this.” Trauma sensitivity is about allowing people to practice safely but not saying that there is a wrong way. Everyone’s body is different. I think that is the shame reducing in the practice. The student can practice yoga in the way that feels right to their body. I realize now that I wrote about it in the thesis, I wrote it into the protocol, but I didn’t speak to it in the interview. But yeah I think that trauma sensitivity changed it. And there are other influences as well, I already taught in a way that is invitational, trauma sensitive yoga just happened to be something I found congruent in the literature. And it is true about yoga that you are building a relationship with yourself, a relationship with others, and to the universal. So it makes sense that the participants built a relationship with me, the yoga teacher in this study.

Appendix Q

Memo of Case Analysis Major Themes

1) Experiencing the Intervention

Experiencing the intervention affected the counselors. This theme answers the “why” part of the research question and also confronts the rival hypothesis that the group intervention might be the primary result in reducing compassion fatigue and increasing self-care practices. The counselors in this study felt a natural gravitation towards yoga and had an interest and some experience with yoga prior to the study. For example, Beatrice stated that her motivation for being part of the yoga intervention included wanting to develop a yoga practice, as well as reducing her isolation “it is not healthy for counselors to become isolated.” Elizabeth also noted concern that she was becoming isolated. Isolation is a known common problem among counselors. Isolation reduction can be generalized to the larger population of counselors as desirable and therefore is not unique to the counselors in this case. The literature speaks to the common knowledge that compassion fatigue is thought to be undesirable and therefore not typically discussed openly among colleagues. Therefore the sole act of coming together as counselors with compassion fatigue, without judgment could in itself be healing. Beatrice stated this in the final focus group, that being part of the study in and of itself was healing for her. The interviews prior to the yoga intervention were noted by the participants to be beneficial. The opportunity to identify what they were experiencing as compassion fatigue created more awareness of what was happening in their experience, and therefore increased mindfulness. The study was set up though not intentionally to further focus the counselors on their mindfulness. Moving from interviews, to journaling, to yoga, to journaling, and finally to describing the experience in the final focus groups made their observations of their own mindfulness part of the process. This cyclical process not only was parallel to how a case study is developed, but also so how the counselors described compassion fatigue as an ebb and flow, rather than a pervasive state of being.

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The participants described their experience of being able to get out of their heads as a result of experiencing the yoga intervention. This was observed by the researcher in reviewing the journals, and echoed again in the final focus groups by the participants. While particular physical practices were noted in the journals as being enjoyable, what stood out according to Dee and Elizabeth was that being with counselors who were also compassion fatigued, in a place without words, where a physical practice was available for them to process their emotions, is what benefitted them most of all. Dee expressed this eloquently: There is something about being able to come together with other counselors, expressly for compassion fatigue, that shifts that out of competent counselor, got it all together, to okay this is hard, what can we do to support ourselves. There is something to being able to lay down the burden without having to talk about it, and do something else, but with that common background it is really nice. I really appreciated that part.

In addition to having the experience of getting out of their heads, experiencing the intervention also created more body awareness among all the counselors. The journal provided an opportunity to focus on thoughts, feelings, and sensations prior to and after each practice. This created an awareness for them to notice with acceptance what was happening in their bodies. Elizabeth noted after one class “I feel more comfortable in my skin.” Dee noted that she felt at the beginning of one practice “stuffed in my clothes” but after that same practice noticed feeling connected to her body positively. Although it was not an intention to create a more positive awareness of the body, it seems that this is a benefit of the practice as well. Emerson (2011) noted that the area of the brain responsible for body awareness changed in clients that practiced yoga concurrently with counseling for trauma. It makes sense then, that the compassion fatigued counselors in this study consistently reported an increase in body awareness.

The theme of accessibility was affirmed as being instrumental in responding favorably to the intervention. Participants said that they felt like it de-mystified yoga for them, which created a sense that it was accessible to them. It also gave them a sense of self-efficacy, which in turn made them want to practice yoga outside of the intervention

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and in between clients. Dee writes: It was accessible. Like oh here are four poses I can do to help my body. I wasn't aware of my physicality, the weight. So this helped me become aware of it, identify it, and then dissipate it.

Finally all the counselors spoke of enjoying the practice and looking forward to it each week. Carmen stated: I was looking forward to it because I work forty hours and then I have my private practice on Friday so it is a very long week and the last thing I want to do is one more thing but it was exciting to end my week with some self-care. They also attributed the success of the intervention to the relationship they built to each other without words, and to the researcher. Beatrice stated that this was instrumental to her, the way the yoga class was taught and how the researcher engaged the participants during the intervention. Yin speaks to how this is of benefit in a single case study being able to tie the researcher to the participants in the intervention.

2) Internal Process

There was a change in how the counselors internally processed their compassion fatigue. This major theme is the first in answering the "how" of the research question. While this theme does not fit in with one specific proposition, it does partially demonstrate the benefit of yoga for compassion fatigue. Yoga in itself, creates introspection. Counselors are by their training observant of others. This practice moves the lens from "other" to "self" and in the process creates a transformation in how the counselors view their relationship with themselves, and therefore the relationship to compassion fatigue.

The counselors reported feeling more positive, more grounded, and more centered. This was reflected in their journal writings as well as in the final focus group. Part of what changed was an anticipation the classes would be enjoyable. Beatrice writes: I noticed after the first yoga class this knowing that I was going to be relaxed and focused on my inner experience, and my body experience. It seemed that just knowing that I was going to do that was beneficial for me. Additionally the counselors noticed feeling a sense of relief, validation, and relaxation in being part of the study. It is probable that the combination of being in the study created the venue for a shift in the internal process. The

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act of reporting through writing and in a paired interview might have solidified this further. Journaling after the yoga class each week provided the most evidence of this. The counselors would move from being in their heads while writing to being able to expand their experience. Elizabeth gives a clear example of this prior to practicing yoga the third week:

Intense day with clients. Thoughts: frustration, fear of not doing enough or doing it well. Feeling sadness, some fear, tired. Body okay overall. Brain feels full, racing thoughts, a lot of judgment towards self. Not much positive, which is unusual for me. Feeling “needy” Alone despite processing briefly.

In this class I noticed Elizabeth was less interactive with the group then she had been the last class. She kept to herself, which is acceptable and honored in most yoga classes. She had an opportunity to move her body, experience and learn the yoga, and then to reflect on it after the class.

I did not want to stop. Usually I cut relaxation short but today I had to pull myself up and out of a velvety cushion. Feeling slow, almost lazy, heavy muscles. Relaxed. Calm. Settled, tired in that “I did something nice for me” way. What a difference an hour can make! I feel relief from the chaos of the day/ week. My brain feels like it’s mine again verses belonging to someone else. No judgment.

This yoga intervention followed a similar format of inquiry as is described in Mindfulness Based Relapse Prevention. Here the participants directly experience yoga, and then discuss or inquire about what they experienced. The inquiry process helps participants differentiate between physical sensations, thoughts, and feelings. Ultimately the journal writings post the yoga intervention are responses to the practice. The process of inquiry has allowed Elizabeth to have a response at the end of her practice, rather than a reaction to her difficult day. It gives her the opportunity to respond thoughtfully rather than automatically.

The aim of the yoga instructor is to repeatedly encourage a return to the present moment. During the yoga classes I would remind the participants to return their attention to their breath, and to notice with intention particular ways that they would coordinate

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breath with movement. This creates a structure for the participants to move from hearing this from the yoga instructor say this in class, to being able to observe breath and body and return to present moment on their own. How this happens is not observable since it is a reported experience of what is internalized. It is of interest to be able to apply this to further research since the ability to respond, rather than react, is a beneficial skill set for counselor development. Carmen describes this process as being like “a light went on”... I think being more present in the room and...with it differently... being able to let it go and sit with it differently as if it were a different entity and letting it go, being present with another person and letting the compassion fatigue live over there. So I can be present, and I can be aware. Carmen’s words fluidly link how the change in internal process is also connected to the change and reduction in compassion fatigue.

3) Compassion Fatigue Reduction

There was a beneficial shift in how the counselors experience their compassion fatigue post intervention. This is the third theme that answers “how” the yoga intervention impacted compassion fatigue. These findings are consistent with the proposition that this yoga as self-care practice does reduce compassion fatigue, as demonstrated by the pre and post test of the Professional Quality of Life Scale. The counselors reported in the final focus group feeling more support and that they are asking for help more as a result of being part of the study. The counselors consistently described feeling validated as a result of being in the study. Part of this validation came as a result of not only witnessing their own change in compassion fatigue, but in witnessing this with the other counselors as well. It makes sense that this is validating and affirming. The design of counseling involves witnessing clients and in doing so keeping the confidences involved in witnessing. Having a place for, as Beatrice stated in the initial interview “a semi-public confession” of compassion fatigue not only creates a ritual for reducing shame, but also offers counselors what they so often offer up to others. As a result of having the compassion fatigue reduces, so was the isolation of the counselors, as well as the shame of being impaired. As Elizabeth states:

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There is nothing wrong with having compassion fatigue, there is nothing wrong with carrying the stress in my body which the yoga highlighted for me and I think I was somewhat in denial about.. [s]o this really brought my awareness to taking pause and stepping back maybe it is everything I am dealing with and compassion fatigue. So I was paying attention to it on a daily basis while I was at work. I really made a concerted effort to address it because I wanted to get back to my value system at work and it really shifted it for me. This is not a weakness, this is a real thing. It is the normalization of that too. So for me this was really huge because I had to really look at it, I couldn't just shove it aside and say I am too stressed so I can't look at this. I am too tired I can't look at this. I have to look at this and I have to do something about this. The whole mindfulness thing, there is something to it.

While not all the counselors named that they felt a reduction in the compassion fatigue, the Professional Quality of Life Scale measured a marked improvement in the compassion satisfaction, a reduction in both burnout and secondary traumatic stress. Elizabeth noticed in retrospect that her compassion fatigue was “at an all-time high,” and that “it needed to change,” which she states that there was a noticeable difference for her at the final focus group. She in particular noticed more positive interactions with her colleagues, as well as a decrease in irritability at work. Beatrice noted I would say my level of compassion fatigue is much, much less than when I started. I am not sure if I could give it a number but it is noticeably less.

4) The Relationship Between Therapist and Client

There is an equally valuable shift in the relationship space between the therapist and the client. This is the third major theme that answers “how” does the yoga intervention impact counselor compassion fatigue. A proposition that counselors will benefit from yoga both psychologically and physically was posed during case study design. This in turn was thought by the researcher to have a positive benefit for the client. A counselor with an outlook that is more accepting and self-compassionate will extend this to others, in particular the client. This is congruent with not only the literature surrounding self-

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compassion as increasing compassion for clients, but also affirms the increase the counselors in this study had in compassion satisfaction.

All the participants confirmed that they have experienced more creative, renewed energy towards counseling. They reported incorporating more mindfulness, breathing practices into sessions as well. Elizabeth states that she leads a kids group and found that she has more energy not only in session, but feels a sense of renewal after the group. Dee and Beatrice reported that they are also being more creative in their personal lives. Dee stated that she is also speaking to clients more about self-care as a result of being in this study. Dee wrote during the yoga intervention that she was handling clients that are difficult with more “firmness and compassion.” The process of tuning into clients, tuning into the counselor, and tuning back into the client, shifted. Prior to the study Beatrice said that she did not notice or track her breath during session. She noticed even after the first class that she was far more aware of her own breath, her clients breath, than she had been in the past. She stated that what also changed for her:

I have noticed that some of the yoga moves that I do between clients helps, like the sunflower. And the breathing. Really making sure that I am fully oxygenated, because that helps in between clients. It makes a difference.

Her quote reminds me of being on an airplane and hearing the instruction from the airline steward that you must place your own oxygen mask on before you can assist another passenger. Yoga and mindfulness can literally be like an oxygen mask for the relationship counselors have with their clients. During the intervention Beatrice wrote in her journal: What I notice is that I am more aware of my breathing as I sit with my clients...I find myself taking in deeper breaths.

Another change in the relationship with clients for Elizabeth was the feelings of guilt transformed in her awareness of factoring herself into the equation of compassion. She spoke of feeling guilt for “a good life” in her initial interview, for not experiencing the trauma and difficulty that her clients face. In the final focus group she re-visits this:

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I haven't suffered like my clients have. And so I carry that in my experience and sometimes am not aware of it. So then leaving after doing the yoga class I am aware that I have some hope for my clients, so why can't I have that hope for myself?

Here she experiences through the process of yoga that she can tune in to herself, and tune into her clients. That it does not diminish the therapeutic relationship to be self-compassionate, but rather enhances it.

5) Relationship to Yoga

The final major theme addressed is that the counselors noted a change in their relationship to yoga. This was not anticipated in the propositions since the research question asked focused on compassion fatigue. It is however, a large enough theme and fits into compassion fatigue reduction strategies for future strategies as well as future research. The literature review found that yoga does a better job of relieving perceptions of stress than other forms of exercise (Ross 2010). This finding held true in this case study. Yoga offers more opportunity for introspection and therefore was effective in reducing the stress perception more immediately. Some of this change was based on how the yoga manual and study was designed. The yoga manual followed guidelines set up in Trauma Sensitive Yoga (Emerson) in being invitational in teaching rather than telling. This style of teaching promotes a sense of acceptance among students, and offers choice which is extremely important for the trauma clients that the practice was intended for. Beatrice picked up on this language and describes how it impacted her relationship to yoga: I think the key was I think at one time you said focus and notice, but not change. And I think that was it, and I think previous times in yoga I thought I was supposed to do something different with my breathing which ended up with me breathing in less oxygen and feeling more anxious which I think was creating the anxiety.

The sense of not feeling like breathing or that how they were practicing yoga was "wrong" was noted as well by Carmen and Dee. Carmen further spoke about feeling more confident in talking to clients about yoga, as it felt not only more accessible to her, but she could now present it in a way that was more accessible to her clients. In addition to changing the relationship to yoga, all the counselors reported wanting to practice yoga

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more as a result of being part of the study. They felt more inspired not only to take classes, but also to practice yoga between sessions.

Elizabeth and Dee both liked that the practice was simple, and agreed that “less is more,” much in the same way that with trauma clients you don’t want to offer interventions that are inaccessible to them or complicated. Elizabeth said what changed for her was not viewing yoga as just a physical practice as she had done in the past: Well it is interesting because when I go to a yoga class I am drawn to doing more... I found with these four classes that you taught is that I got the same benefit with doing less. It met a different need is what I think it was. It met a need on a different level...It was richer for me in some ways... because I was approaching it with a different goal. I was more mindful of it impacting my stress.

Her intention to practice yoga changed in that now she is practicing yoga as a way to impact her compassion fatigue. She describes how her experience in this study is different from taking a general yoga class.

I don’t show up to a yoga class and say that this is what I do. I am just another participant. I also don’t have the complete emotional release, and I think I got that to a different degree. I think it is maybe a safe space, not that I don’t feel safe in other spaces but that this was just a different level of emotional safety.

Her words touch on all the major themes. It would have been a completely different case study had the counselors gone to a general yoga class and then reported their experience. The combination of practicing yoga with compassion fatigued counselors, with the introspection necessary to sustain the practice of yoga, journaling about their presence of mind before and after yoga, and then telling of their experience in retrospect, felt richer and more complete than they had expected.

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Appendix R
Member Checking Letter

Dear Participant,

Words cannot begin to express my gratitude to you for your help with this study. Attached you will find a written results of the major themes that emerged from the yoga for compassion fatigue study that you participated in. It is not required that you respond to the questions. Researchers will at times send themes back to participants to see if they simply agree or can at least confirm that the themes make sense to them. Any additional information you provide, even a simple response to these two questions below, will be helpful to the study.

Please consider the following questions as you review the summary:

1. Does the summary, in general, accurately capture your experience of being part of this study?
2. Was there any part of your experience that you considered crucial that was not mentioned?

Thank you so much for your time and attention to this study. I welcome any feedback from you by email at murphyj@onid.orst.edu.

Sincerely,

Janys Murphy

