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## Therapists' Past Traumatic Experiences, Compassion Fatigue and the Consequent Work Performance: A Case of Professional Therapists in Eldoret, Kenya

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### Abstract

This study aimed at establishing the impact of past traumatic experiences on the performance of professional therapists drawn from a group of professional therapists (N=84) working in Eldoret, Kenya. A simple random sampling procedure was used to select a sample of 61 professional therapists. The study adopted a cross-sectional descriptive survey design. The proQOL scale was the primary instrument used to collect data. Analysis of data involved descriptive and inferential statistics using STATA version 12 SE. The findings of the study indicated that 70% of the professional therapists presented with compassion fatigue. The study found that 31% of those who had experienced traumatic events had their performance affected while 69% did not have their performance affected. The study also showed that professional therapists with high levels of compassion fatigue had almost four times increased risk of having their performance affected compared to their counterparts with average compassion fatigue.

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The study recommended that professional therapists handling trauma victims should seek regular supervision in order to overcome the effects of both primary and secondary traumatisation, and also to remain high functional and effective in their careers.

**Keywords:** Performance; Professional Therapists; Traumatic Experiences.

## **1. Introduction**

Between December 2007 and February 2008 Kenya witnessed a political, economic, and humanitarian crisis following the outcome of fiercely contested presidential election held on December 27, 2007. About 1,100 people were killed, 660,000 displaced and thousands injured in beatings, machete attacks, rapes, shootings and other acts that amounted to crimes against humanity. The violence was widespread and had far-reaching psychological and emotional consequences. Men, women and children from all over the country were affected, particularly in Rift Valley. Eldoret in particular was known as the “hot spot” during the post election violence period. Many people were affected during the skirmishes and thus one of the areas that needed psychosocial services [1].

Mental health practitioners including professional therapists were called upon to give psychotherapeutic support to the victims residing in Eldoret and its environs. They provided direct and indirect care to individuals with complex psychological, emotional and physical health needs requiring a high degree of supportive therapy. Over time, this degree of intensive involvement with survivors resulted in professionals experiencing compassion fatigue [1]. Many other studies show that helping the victims comes at a cost [2, 3, 4].

There are several consequences not only to the professional therapists but also their clients and organisations when compassion fatigue is not treated [5]. When no proactive steps are taken to deal with vicarious trauma, the professional therapist may become filled with grief, anger, and a sense of helplessness [6]. There are psychological, physical, emotional and mental consequences to unresolved compassion fatigue including: diminished concentration, lowered self-esteem, fear, anger, depression and irritation [7,8,9]. Besides, vicarious trauma affects personal relationships due to personality issues [10].

Studies have revealed that the susceptibility to developing compassion fatigue is determined by various factors including; level of empathy, past traumatic event, unresolved traumatic experiences, organizational issues such as role conflicts, job demands and ambiguities; blaming work culture, and lack of social support [11,12]. Individuals who are overly conscientious, perfectionistic and self-giving are more likely suffer from compassion fatigue. Lack of social support or high levels of stress in personal life are also more likely to contribute to the same problem [13]. In addition, previous histories of trauma may lead to negative coping skills, such as avoidance, increase the risk for developing compassion fatigue [14]. This study aimed establishing the impact of past traumatic events on performance of professional therapists.

Studies on compassion fatigue indicates that survivors of traumatic events are at an increased risk of developing secondary traumatic stress reactions, as their unresolved conflicts may be triggered by the traumatic experiences of their clients [3,15]. A study of 166 child welfare workers, professionals who endorsed a history of sexual

abuse, emotional abuse, or neglect were at a greater risk of compassion fatigue than their peers who did not report a trauma history [16]. Another study done by Adams and colleagues of 236 social workers working in New York City after the September 11 attacks, individuals reporting trauma histories were more likely to develop symptoms of compassion fatigue than their counterparts who did not have past traumatic experiences [3].

Research indicates that trauma history and unresolved trauma may affect professional therapist's work [17, 18]. It leads to reenactment of earlier experiences by the professional therapist thus becoming the care-giver and a client at the same time. It is possible that a professional therapist may be a survivor of previous traumatic event and may harbour unfinished business. Professional therapists' past experience with trauma may be triggered as a result of traumatic incidents of the clients making them wounded healers [19]. In a therapeutic relationship, personal trauma history results in increased vulnerability to symptoms of compassion fatigue [20, 21]. The care-givers' wounds connect with client's wounds [19]. Consequently, this affects work performance.

Studies show that care-givers who have endured a past trauma similar to clients' experiences, can offer additional healing qualities to the sufferer [22, 23]. However, other studies indicate that the professional therapist's past wounds may potentially interfere with the process of therapy and be detrimental to the client's progress towards problem resolution [24]. Despite these conflicting views, little seems to be known from the perspective of the professional therapist about how work performance is affected when there is a shared traumatic experience with the client [24]. This study therefore sought to establish whether professional therapists past traumatic experiences affect their professional work performance.

## **2. Objectives**

- i. To determine the levels of compassion fatigue among professional therapists practicing in Eldoret, Kenya
- ii. To find out whether professional therapists past traumatic experiences affect their performance
- iii. To establish the relationship between the levels of compassion fatigue and professional therapists' performance

## **3. Research methodology**

The sampling frame consisted of 84 professional therapists working in Eldoret, Kenya. The study adopted a cross-sectional descriptive survey design. Data from the respondents was collected through the proQOL questionnaire and data analysis was done using STATA (version 12 SE). Categorical variables were summarized as frequencies and corresponding percentages while continuous variables were summarized as frequencies, means and standard deviations. Pearson's Chi Square test was used to determine the relationship between variable. (P-value =0.05).

## **4. Results**

The demographic profile of the study sample showed the respondents were predominately females constituting 57% of the total respondents. Among the respondents, 63% had college education (minimum of 2 years of post

high school training) while 36% had attained University education. The majority of the respondents (66%) had worked for 1-3 years, 9% respondents had worked for over 10 years while 3% had worked for between 7-9 years. In terms of the past traumatic working experiences, 58% had previously experienced traumatic events, while 42% had not experienced any traumatic event in their lives.

The first objective was to determine the levels of compassion fatigue among professional counsellors in Eldoret, Kenya. The findings were as presented in Table 1.

**Table 1:** Compassion Fatigue Levels

| No. of Respondents | Compassion Fatigue Levels |         |      |
|--------------------|---------------------------|---------|------|
|                    | Low                       | Average | High |
| 61                 | 30%                       | 39%     | 31%  |

The study results showed that 70% of the 61 professional therapists in Eldoret had developed symptoms of compassion fatigue of between average and high levels based on the scores obtained for compassion fatigue as measured by the Professional Quality of Life scale.

The second objective that the study sought to establish was whether counsellors’ past traumatic experiences did affect their professional work performance. The objective was achieved by asking the respondents the question; “Does listening to the clients’ experiences affect your performance?” Table 2a shows respondents’ past experience with trauma

**Table 2a:** Respondents’ past experience with trauma

| Traumatic event            | frequency | percentage |
|----------------------------|-----------|------------|
| Had Experienced trauma     | 36        | 58         |
| Had not experienced trauma | 25        | 42         |
| Total                      | 61        | 100        |

From the table above, 58% of the respondents had had a traumatic past experience in their lives, while 42% hadn’t had any experiences of trauma in their past. Further analysis was done to find out whether counsellors had their work performance past traumatic experiences affected. The findings are as tabulated below (see Table 2b).

**Table 2b:** Trauma impact on the performance of counsellors’ work

| <b>Trauma impact</b> | <b>Frequency</b> | <b>percentage</b> |
|----------------------|------------------|-------------------|
| Had duties affected  | 12               | 31                |
| Duties not affected  | 27               | 69                |
| <b>Total</b>         | <b>39</b>        | <b>100</b>        |

The table above indicates that 31% respondents had their duties affected by their traumatic event, while 69% did not have their job performance affected.

The third objective of the study was to establish the relationship between levels of compassion fatigue and counsellors’ performance at work place among practicing counsellors. Table 3 below outlines the findings of the study.

**Table 3:** Levels of Compassion Fatigue and Effect of Performance

**Predictor variable**

|  | <b>Response</b> | <b>Average</b> | <b>High</b> |
|--|-----------------|----------------|-------------|
| Does listening to clients issues affect performance? | yes             | 22%            | 51%         |
|  | No              | 78%            | 49%         |
| <b>Total</b>   |                 | <b>100</b>     | <b>100</b>  |

Odds ratio: 3.78 (95% CL: 1.30-11.01)

Among the care-givers with average compassion fatigue, 22% had their performance affected by listening to the clients’ experiences. Among those with high compassion fatigue, 51% counsellors who had their performance affected by listening to the clients’ experiences.

To determine whether the two proportions were different, Pearson’s Chi Square test was conducted and the test showed that therapists with high compassion fatigue had a higher percentage of those who had their performance affected compared to those with average levels of compassion fatigue. The risk of the performance being affected was assessed using a logistic regression model. This showed that the therapists with high compassion fatigue have almost four times increased risk of having their performance affected compared to those with average compassion fatigue.

## **5. Discussion**

Although there has been a great deal of research focusing on compassion fatigue, there is an inadequate amount of empirical research examining the impact of professional therapists' past traumatic experiences on their performance. This research was done to bridge this gap.

The first objective examined the levels of compassion fatigue among professional counsellors in Eldoret, Kenya. Previous research using the Professional Quality of Life (ProQOL) scale among mental health practitioners also indicated that samples of professional therapists were reporting levels of compassion fatigue, ranging from low to high levels. The data collected in this research found a majority (70%) of respondents had developed symptoms of compassion fatigue. This finding compares favourably with the observations made following the Oklahoma City bombing in USA where, almost 66% of trauma workers reported significant compassion fatigue levels [25]. A related study on mental health professionals that provided psychosocial services to Katrina victims found that rates of negative psychological symptoms increased in the group. Of those interviewed, 72% reported experiencing anxiety and 62% experienced increased suspiciousness about the world around them [26]. Another study on secondary traumatic stress among mental health practitioners in Butabika and Mulago referral hospitals in Uganda revealed similar results [27]. The findings revealed that a significant number of professional therapists working in both hospitals had developed compassion fatigue. Implications based on this research show that working in the helping profession places serious emotional demands on a majority of professional therapists and if unaddressed may affect their psychological wellbeing.

The other objective of the study was to find out whether professional therapists past traumatic experiences affected their professional work performance. The study results indicated that 31% of respondents had their duties affected by their previous encounter with traumatic events, while 69% did not have their job performance affected. Similar to findings reported in other studies which have demonstrated that professionals with histories of trauma may not perform their duties effectively. In a study by Ray, Wong, White, and Heaslip concluded that despite the fact that there was no significant difference in compassion fatigue in those with or without a trauma history, compassion fatigue scores were higher in those with a trauma history than those without [28]. Personal trauma history is associated with increased risk for compassion fatigue [15,16].

The last objective of the study was to establish the relationship between levels of compassion fatigue and counsellors' professional work performance among practicing professional therapists within Eldoret. The study showed that professional therapists with high compassion fatigue had a higher percentage of those who had their performance affected compared to those with average levels of compassion fatigue. In line with the findings of this study, scholars argue that the professional therapist's past wounds may potentially interfere with the process of therapy and be detrimental to the client's progress towards problem resolution [24,29]. Similarly, a study by Ray, Wong, White, and Heaslip revealed that professional therapists with a trauma history reported higher emotional exhaustion [36]. Past traumatic experience of professional therapists may cause therapeutic impairment which compromises client care or poses the potential for harm to the client [30]. These findings suggest that professionals with histories of trauma cannot perform their duties well because they may identify more with their clients who have histories of trauma, which, in turn results into poor therapeutic relationship.

## **6. Conclusion and Recommendations**

This study provides some new insights into how histories of trauma may impact professional therapists' work performance. The study revealed that histories of trauma affect work performance of professional therapists. And the end result might be unethical choices on the part of the professional therapist. These findings suggest that professionals with histories of trauma need regular supervision and support to prevent or address compassion fatigue. Additional support may reduce or prevent this risk. Without the required support or supervision, the professional work of therapy can engulf the professional therapist with depletion and exhaustion. The American Psychology Association Advisory Committee on the Impaired Psychologist stressed the importance of discovering impairment of individuals in training and addressing problems early on [38].

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