

CHAPTER Ten

Caring for Yourself

This book is about healing and hope. For children. For the children's families. And for you, the early childhood educator. Trauma touches everyone. If left unchecked, it is likely to leave harm in its wake. That is why you must be vigilant and proactive, both with those you work with and yourself. In this chapter, we focus on how to prevent the ill effects of trauma from creeping into your own life. The self-care strategies highlighted here will help you remain strong and healthy enough to be the champion for children and families with a history of trauma that you want and need to be.

Self-care may not be the first thing that comes to mind when most people think of dealing with trauma. As an educator, your focus is first and foremost on the children you teach. You also work with family members to support children's learning goals and consult with specialists, team with colleagues, meet with supervisors, and interact with members of the community. You devote a lot of time, energy, and professional responsibilities to many other people, but you may not devote enough time to yourself.

Being an early childhood educator can be both physically and mentally exhausting. Preschoolers and kindergartners are whirlwinds of energy, exploring, experimenting, and making discoveries. They depend on you to put them first, meeting their needs, and helping them attain their aspirations. At the same time, they bring joy as you see them mastering tasks, learning new concepts, and appreciating you for being such an important part of their lives. But there is no denying they can drain you of energy and leave you feeling spent.

When you add trauma to the equation, the chances that you will sometimes feel overwhelmed and find it difficult to go on increase dramatically. Children who have experienced trauma, as you have been reading and perhaps experiencing in your own program, often respond to it in ways that test your patience and push you to the limit. Children who are in survival

mode can be aggressive, rude, uncooperative, and inattentive. And until you help children feel calm and safe and learn to self-regulate, you cannot focus on other kinds of learning.

Your Own Compounding Stress

If you have endured the same traumatic experiences as the children—a natural disaster, school violence, or national crises such as the COVID-19 pandemic—you may share similar fight-flight-freeze responses in your own life. You may be dealing with issues like the loss of personal property or even grieving over the injury or death of a loved one. Like a number of early childhood educators, you may also be a survivor of your own childhood traumas, which may or may not have been resolved. Hearing of the children's experiences and fears can bring back unhappy memories that temporarily paralyze or haunt you.

Moreover, if your program or home is in a neighborhood characterized by violence or poverty, you are likely to experience the same ongoing traumas as the children you care for and teach. For you and them, traumas are an ongoing concern.

The early childhood profession can itself be a source of financial stress. Despite the recognized importance of early education to children's lives, it is among the lowest-paying fields (Nicholson et al. 2020). Many early childhood teachers work supplemental jobs to earn a living wage. And even with frequent moonlighting, early childhood educators use government subsidies at more than double the rate of workers across all occupations (Austin et al. 2019).

The economic stresses of being an early childhood professional are felt hardest by women of color. Early childhood teachers are almost exclusively women, and unlike the K–12 and postsecondary educational sectors, where 75 percent of teachers are White, the

early care and education sector comprises 40 percent people of color (Austin et al. 2019). In addition, Black and Latino early childhood educators are more likely to have the lower-paying assistant teacher jobs than are White educators. These circumstances have led the Center for the Study of Child Care Employment to proclaim, “The current early education system is built on racial inequities” (Austin et al. 2019).

All of these pressures can put chronic stress on you. Before you even begin your day with young children, you may already be feeling the economic squeeze of low wages and perhaps prejudice and racism as well. The selflessness it takes to work with, nurture, and teach young children is testament to the commitment those who have chosen this profession have.

The good news is that you can take action to counteract your own stress. This chapter explores the range of stress-related conditions early childhood educators may experience and offers practical ideas you can implement right away to ease the stress of your job. Stress does not have to take a toll when self-care is a priority. As the saying goes, you need to be well to do well. And by doing so, you can position yourself to enjoy teaching’s many rewards.

Defining Teaching-Related Stress

As society has learned more about trauma and its effects, researchers have begun to look at how educators who work with young children with trauma are affected by the experience. In doing so, they have defined and delineated how stress-related manifestations are triggered, what the symptoms are, and how they can be treated.

Burnout

Burnout is probably the best known of these phenomena. Burnout is “a reaction to prolonged or chronic job stress [that] is characterized by three main dimensions: exhaustion, cynicism (less identification with the job), and feelings of reduced professional ability” (Freudenberger & Richelson 1980). Burnout can bring about physical, psychological, cognitive, and relational disturbances (Nicholson et al. 2020; Transitional Support, n.d.).

While you may experience work-related burnout, it is not directly tied to working with children with trauma. Rather, it is the cumulative effect of general occupational stress and is not related to the emotional toll of hearing about and helping children overcome trauma. However, burnout can sometimes occur in combination with secondary trauma conditions.

Secondary trauma conditions that stem from absorbing the impacts of others’ trauma go by several names: *secondary traumatic stress*, *compassion fatigue*, and *vicarious traumatization* (Bride, Radey, & Figley 2007). *Empathy fatigue*, *empathic distress*, and *empathy distress fatigue* are newer terms for health problems brought on by stress (Alber 2018). Although these conditions are all related, and many are alternate names for the same conditions, some nuances should be distinguished.

Secondary Traumatic Stress/Compassion Fatigue

Secondary traumatic stress (STS) is the term most commonly found in the literature to describe the phenomenon brought on by helping someone exposed to trauma. Anyone involved in empathically listening to the trauma stories of children and their families is vulnerable to developing this condition. It takes only one indirect exposure to traumatic material to be affected. Hearing about the traumatic event—not experiencing it—causes the reaction.

The National Child Traumatic Stress Network describes the condition this way (NCTSN 2011):

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of PTSD. . . . Individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. (2)

A more recent and popular term is *compassion fatigue*, often perceived as a kinder, less stigmatizing way to describe this phenomenon. According to the NCTSN (2011) and the ACF (n.d.), the terms *STS* and *compassion fatigue* are interchangeable and refer to the same condition. In this book, we will refer to all secondary stress as compassion fatigue.

While the symptoms of compassion fatigue vary from individual to individual, they most typically involve empathic drain and chronic exhaustion. Other PTSD-like symptoms might include fear, guilt, anxiety, apathy, sense of hopelessness, sleep disturbances, nightmares and intrusive thoughts, hypervigilance, short temperedness, and a denial of problems. These symptoms can further express themselves in compulsive behaviors (overspending, overeating, gambling) and drug use to mask feelings (ACF, n.d. a; Compassion Fatigue Awareness Project, n.d.; Gunn, n.d.; NCTSN 2011; Nicholson et al. 2020).

Everyone who teaches children with a trauma background is susceptible to developing compassion fatigue. Many believe it is an inevitable consequence of being a caring individual. Some early childhood educators, however, are more likely to develop compassion fatigue than others: women, new teachers, those who are most empathic by nature, and those who have their own unresolved personal trauma (NCTSN 2011; Ollison 2019).

Empathy Fatigue/Empathic Distress/Empathy Distress Fatigue

Other terms for the condition of compassion fatigue use the word *empathy*. Halifax, who first adopted the term *empathic distress*, uses these terms “to describe what happens when someone is exposed repeatedly to the trauma of others. . . . For teachers, that feeling of deep empathy for a student, coupled with knowing that you’ve done all you can do—and the child is still perhaps still suffering—can cause considerable distress” (Alber 2018, 2).

All empathy-related terms can be used interchangeably and as substitutes for the terms *secondary traumatic stress* and *compassion fatigue*. Proponents of these empathy-related terms argue that since empathy is at the root of this stress-related condition, it is more accurate to use an

empathy-related term to describe that connection. For now, though, compassion fatigue remains the more popular and accepted term.

Vicarious Trauma

Vicarious trauma also results from empathic engagement with children who have experienced trauma. This type of trauma can be described as “the emotional residue of exposure that [educators] have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured” (American Counseling Association 2011).

What distinguishes vicarious trauma from compassion fatigue is that vicarious trauma leads to cognitive disruptions that have a long-lasting impact on one’s personal beliefs and world view (Quitangon 2019). This type of trauma response hits at the heart of your essence. It typically disrupts what makes you you—eating away at your sense of hope, spirituality, and meaning of life (Office of Justice Programs, n.d.).

Those who develop vicarious trauma typically overreact to events and project cynicism and pessimism. The condition not only influences what happens in the workplace but also has serious repercussions on an educator’s personal life and relationships. Those with vicarious trauma tend to experience a loss of purpose and joy (American Counseling Association 2011; Transitional Support, n.d.).

However, just as it is possible to overturn the signs of compassion fatigue, it is possible through self-care to develop resilience from vicarious trauma. You can even achieve what is known as *vicarious transformation*—an ability to find compassion satisfaction in work and restored meaning in life (Office of Justice Programs, n.d.).

Using Self-Care to Overcome Secondary Trauma

If you experience secondary trauma, you are not alone. Even if you have no signs of compassion fatigue or vicarious trauma now, that doesn’t mean you are

immune to developing one of these conditions. Stress can be cumulative. In addition, as situations change, stress levels fluctuate. The more you can attend to your own well-being now, the better you will weather whatever stressors arise later.

None of this reflects poorly on you or is something to be ashamed of. And it certainly doesn't mean that you're not a good teacher. To the contrary, those who experience compassion fatigue and vicarious trauma do so because they are deeply empathic and take children's traumas to heart. All early childhood educators need to know this because it can happen to anyone and, most important, it can be effectively addressed.

Successfully treating and overcoming the symptoms of compassion fatigue and vicarious trauma is a two-step process: 1) make yourself aware that you have the condition and acknowledge it, and 2) make self-care an integral part of your routine. Though seemingly easy to do, these can be difficult tasks for many educators who feel they do not have the time or resources to care for themselves.

Awareness

Once you understand the signs and symptoms of secondary trauma presented in this chapter, take them seriously. You might ask a colleague to help you assess your stress levels and share your thoughts with each other so that you each have an outside opinion. If you or a colleague suspects that being surrounded by trauma is affecting you, that should be your call to action.

To out find out how your work is affecting you both positively and negatively, consider searching online for the Professional Quality of Life Measure (ProQOL). This free 30-item questionnaire measures not only compassion fatigue, vicarious trauma, and burnout but also *compassion satisfaction*. This term can be defined as “the pleasure you derive from being able to do your work well” (Hudnall Stamm 2009). It refers to the positive feelings that characterize the work you do with children and the sense of fulfillment you experience in seeing children heal and thrive. Compassion satisfaction is most likely why you became a teacher in the first place. It's what you want

to achieve so that you are not only successful in the work you do but also proud of your success.

Remember, though, that results from an online quiz are not a substitute for a clinical diagnosis. This quiz will give you insight and help guide you as you decide which self-care options you should take. If you have concerns, though, talk with a qualified mental health professional.

Awareness will lead you to step two—taking action. Even if you feel that your risk of secondary trauma is currently low, it is still highly recommended that you use self-care as a preventive health measure.

Self-Care Strategies

Self-care is often categorized as self-indulgence. Many people regard it as pampering used by those without the self-discipline to “get on with things.” Even those who don't think of self-care as selfish or wasteful frequently regard it as a low-priority or luxury activity.

Yet, self-care is basic to our everyday existence. “Self-care is the ‘oxygen’ that keeps us alive, healthy, and functioning at our best capacity. Self-care is BREATH!” (Grise-Owens 2019). Rather than view self-care as self-indulgence, try reframing it as self-respect.

Self-care involves incorporating activities aimed at restoring and improving your physical and emotional well-being into your everyday life. The NCTSN (2011) recommends focusing on cognitive-behavioral and mindfulness-based strategies for best results.

Listed below are 15 strategies targeted to help you heal from secondary stress and to fortify you for the future. Strategies 1, 5, 11, and 15 are considered integral to recovery and are starred. They have been recognized in the research literature as contributing to wellness, particularly in combatting compassion fatigue. When setting goals for yourself, we therefore suggest that you begin with these items. From the remaining 11 strategies, choose those that most appeal to you and that you are most likely to use habitually.

Make the strategies you select a part of your daily life. Most people find it helpful to start slowly. Begin with