Compassion fatigue and compassion satisfaction among NeuroAffective Relational Model Therapists: NARM as a protective factor for trauma therapists

Jennifer Vasquez* and April C. Bowie-Viverette

Abstract: The NeuroAffective Relational Model (NARM) is a therapeutic model created to address Complex Post Traumatic Stress Disorder (C-PTSD) integrating both top-down cognitive and bottom-up somatic approaches. With the addition of C-PTSD in the ICD-11, treatment models are needed that address the specific needs of clients with C-PTSD. Working with clients with complex trauma exposes therapists to secondary trauma which can lead to secondary traumatic stress and burnout, the elements of compassion fatigue. Trauma therapists also experience compassion satisfaction, which are positive feelings about making a difference in their work. Training is identified as a protective factor against compassion fatigue. This mixed methods analysis examined the compassion fatigue and compassion satisfaction of NARM Therapists. The study found that NARM Therapists (n=53) experienced lower compassion fatigue and higher compassion satisfaction than other trauma workers. Using the ProQOL5 measure (Stamm, 2024), 84.9% of NARM Therapists scored low in burnout, 83% of NARM Therapists scored low in secondary traumatic stress, and 67.9% of NARM Therapists scored high in compassion satisfaction. The study revealed four themes that represent the phenomenon of the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists: expending less effort, improved boundaries, increased energy, and enhanced confidence. How NARM serves a protective factor for trauma therapists is discussed.

Keywords: compassion satisfaction; compassion fatigue; Neuro Affective Relational Model (NARM); C-PTSD;

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Introduction

Trauma therapists are routinely exposed to the emotional burdens of their clients' traumatic experiences, which can lead to burnout and secondary traumatic stress, core components of compassion fatigue (Shatto et al., 2023). At the same time, many trauma therapists also experience compassion satisfaction, the positive emotional reward derived from helping others, which can serve as a protective factor supporting career sustainability (Shatto et al., 2023). Specialized trauma training may influence how therapists manage this balance between emotional strain and professional fulfillment.

This study examined compassion satisfaction and compassion fatigue among therapists trained in the NeuroAffective Relational Model (NARM), a modality specifically designed to treat the complex developmental and relational trauma characteristics of Complex Post-Traumatic Stress Disorder (C-PTSD) (Heller & LaPierre, 2012). A mixed methods convergent design was used to gain a comprehensive understanding of how NARM training may influence therapists' experiences with compassion satisfaction and compassion fatigue while working with clients with complex trauma histories.

The Professional Quality of Life (ProQOL) Theoretical Model (Stamm, 2010) was selected as the guiding framework for this study to provide a well-established structure for understanding the dual emotional impact of trauma work. The ProQOL model measures compassion satisfaction, burnout, and secondary traumatic stress, core variables directly relevant to trauma clinicians. The ProQOL Version 5 instrument, the most widely used tool for assessing the emotional effects of caregiving professionals, was employed in this study to compare NARM-trained therapists' outcomes to existing benchmarks in trauma care (Padmanabhanunni, 2020).

NARM is a 'developmentally oriented, neuro-scientifically informed model that integrates psychodynamic psychotherapy, attachment theory, cognitive therapy, Gestalt therapy, and somatic approaches within a relational framework' (NARM Training Institute, n.d., para. 2). It is uniquely suited to treat the core symptom clusters of C-PTSD, including affective dysregulation, disturbances in relationships, and negative self-concept (Gruber et al., n.d.). However, despite promising preliminary research suggesting NARM's effectiveness for treating complex trauma, little is known about how the model may support therapists themselves.

Given the emotional toll of trauma therapy and the need for sustainable practices, this study aims to explore how NARM training influences therapists' compassion satisfaction and compassion fatigue. Understanding this relationship could inform best practices for therapist preparation and well-being, particularly in the field of complex trauma.

The NARM Model

The Neuro Affective Relational Model (NARM) was developed as a therapeutic model to address developmental trauma (Heller & LaPierre, 2012). Developmental trauma is trauma, such as abuse, neglect, or loss, that occurs during a child's developmental process, often disrupting the attachment bond. NARM integrates psychodynamic and cognitive psychotherapy models, somatic therapies, expressive therapies, gestalt therapy, somatic experiencing, ego psychology, object relations, self-psychology, cognitive therapy, attachment theory, relational theory, and affective neuroscience (Heller & LaPierre, 2012). Heller and LaPierre (2012) explain, 'NARM utilizes elements of all of the approaches mentioned in a system that introduces a significant and fundamental shift in how these theoretical elements are applied' (p.27). NARM is a present moment, non-pathologizing, relational model that integrates both top down (cognitive) and bottom up (somatic) approaches (Heller & LaPierre, 2012).

Through the five organizing principles of NARM, supporting connection and organization, exploring identity, supporting emotional completion, working in present time, and supporting re-regulation of all systems of the body, NARM therapists work with clients to restore the capacity for connection with others and a deeper connection with self (Heller & LaPierre, 2012).The NARM Training Institute (n.d., para. 4) reports, 'The NARM approach works simultaneously with the physiology and the psychology of individuals who have experienced developmental trauma and focuses on the interplay between issues of identity and the capacity for connection and regulation.' The NARM method is grounded in a phenomenological approach that addresses identity and consciousness of self to support transformation (NARM Training Institute, n.d.).

Compassion satisfaction and compassion fatigue

Compassion satisfaction is a positive aspect of trauma therapy (Brown et al., 2022). It includes the good feelings trauma therapists get from knowing that they're helping clients heal from the traumatic events they've experienced (Brown et al., 2022). Stamm (2010, p.12) defines compassion satisfaction as:

> 'The pleasure you derive from being able to do your work well, feeling like it is a pleasure to help others through your work, feeling positively about your colleagues or your ability to contribute to the work setting or even the greater good of society'.

Compassion fatigue is two dimensional. The first component of compassion fatigue includes 'exhaustion, frustration, anger and depression typical of burnout' (Stamm, 2010, p.12). The second component of compassion fatigue is secondary traumatic stress which 'is a negative feeling driven by fear and work-related trauma,

which can be a combination of both primary and secondary trauma' (Stamm, 2010, p. 12). Compassion satisfaction and compassion fatigue are a result of experiences in the multiple environments the trauma therapist exists in.

The theory guiding this study is the Professional Quality of Life Theoretical Model of Compassion Satisfaction & Compassion Fatigue. The Professional Quality of Life Theoretical Model of Compassion Satisfaction & Compassion Fatigue presents three environments that contribute to both compassion satisfaction and compassion fatigue which are work environment, client (person helped) environment, and person environment (Stamm, 2010). This theory posits that compassion fatigue results in exhaustion and frustration/anger which lead to feeling depressed and distressed by the work environment, the elements of burnout and feeling traumatized by work which leads to secondary exposure or secondary traumatic stress along with primary exposure (Stamm, 2010).

Trauma therapists are impacted by secondary traumatic stress and burnout that they experience in the course of conducting their work (Shatto et al., 2023). According to Stamm (2010), 'The negative effects of providing care are aggravated by the severity of the traumatic material to which the helper is exposed, such as direct contact with victims, particularly when the exposure is of a grotesque and graphic nature' (p. 8). Trauma therapists experience higher rates of secondary traumatic stress, burnout, and compassion fatigue as a result of the secondary trauma they experience in the course of their professional duties (Cleary et al., 2024). Stamm (2010) reports, 'The outcomes may include burnout, depression, increased use of substances, and symptoms of posttraumatic stress disorder' (p. 8-9). Trauma therapists can be negatively impacted by the work they do with trauma survivors.

Burnout

According to Stamm (2010), 'from a research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively' (p. 13). The negative feelings associated with burnout accumulate over time (Maurya & DeDiego, 2024). Stamm (2010) explains, 'they can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment' (p. 13). Burnout is one component of compassion fatigue (Najmabadi et al., 2024). The other component of compassion fatigue is secondary traumatic stress (Kendall-Tackett, 2023).

Secondary traumatic stress

Secondary traumatic stress is one of the two components that make up compassion fatigue along with burnout (Stamm, 2010). Secondary trauma occurs when a helping

professional who is exposed to the trauma their clients experience in the course of routinely executing their professional duties and responsibilities develops symptoms that mirror that of their traumatized clients (Najmabadi et al., 2024).

Secondary traumatic stress is a disorder that professionals who provide support to traumatized persons develop which mimics PTSD and occurs as a direct result of their exposure to the traumatic experiences of others (Stamm, 1999; Najmabadi et al., 2024). Secondary traumatic stress disorder manifests itself through the symptoms of exhaustion, hypervigilance, avoidance and numbing and is often experienced by professionals serving clients who have experienced PTSD (Maurya & DeDiego, 2024). In a study on secondary traumatic stress and vicarious trauma, persuasive evidence was found indicating that the amount of exposure to traumatic material (including hours with traumatized clients, percentage of traumatized clients on caseload, and cumulative exposure) increases the likelihood of developing secondary traumatic stress (Baird & Kracen, 2006).

The trauma experienced by the clients is relayed to the trauma therapist by way of the therapeutic process (Najmabadi et al., 2024). The consequences of exposure to that trauma are experienced directly by the trauma therapist. Exposure to secondary trauma can even lead to symptoms of PTSD among those who provide therapy to trauma survivors (Najmabadi et al., 2024). These types of collateral damage put trauma therapists at risk of not being able to successfully perform their job. For trauma therapists to adequately manage the secondary trauma they may experience when providing services to trauma survivors, they should take steps to minimize the impact of secondary trauma (Maurya & DeDiego, 2024).

Protective factors

Protective factors indicate a decreased likelihood of experiencing psychological symptoms (Terrana & Al-Delaimy, 2023). Factors include specialized training for trauma therapists to protect against the effects of trauma exposure (Sprang et al., 2007; Najmabadi et al., 2024). Najmabadi and Associates (2024) described that specialized training can provide a protective function for trauma therapists. Abu-Bader (2002) echoed this in a study conducted among social workers, finding that education and training can counteract burnout. Tominaga et al. (2019) identified that preparation, training, and knowledge reduced burnout and increased satisfaction in clinicians exposed to trauma.

Sprang et al. (2007) discovered that specialized trauma training prepared therapists to help clients in the resolution of trauma by providing specific techniques, resources, more effective assessment, and treatment skills to use when working with traumatized clients, which resulted in decreased burnout, reduced compassion fatigue, enhanced treatment outcomes, improved self-efficacy, and higher levels of

compassion satisfaction than therapists without trauma specific training. Tominaga et al. (2019) agree that training, knowledge, and preparation about how to respond to trauma survivors is associated with positive psychological outcomes among those who respond to trauma survivors. Craig and Sprang (2010) report, 'The utilization of evidence-based practices predicted statistically significant decreases in compassion fatigue and burnout and increases in compassion satisfaction' (p.319). The literature demonstrates that education and training in practices specifically developed to address the unique needs of trauma survivors protect trauma therapists from secondary traumatic stress and trauma fatigue, while improving the satisfaction that can be derived from working with clients in the resolution of trauma.

Baird and Kracen (2006) called for further study to evaluate innovative trainings that have been created to address the occupational hazard of secondary traumatic stress. In this study, the Neuro Affective Relational Model (NARM), a training created for the resolution of developmental trauma, was examined to determine if the NARM training can impact compassion satisfaction and compassion fatigue. The research shows that trauma specific trainings, such as NARM, cultivate the skills trauma therapists need to combat secondary traumatic stress, decrease compassion fatigue, and increase protective factors such as compassion satisfaction. This study investigated if Neuro Affective Relational Model (NARM) training impacts compassion satisfaction and compassion fatigue among trauma therapists.

Methodology

Design

This cross-sectional, convergent parallel mixed methods study was conducted using a fixed, fully integrated, typology-based framework, and pragmatic philosophical assumption. A fixed design was selected with the methods predetermined in the research design process. A convergent core, questionnaire variant design was selected to implement both quantitative and qualitative strands at the same time by including both open and closed ended questions in a single questionnaire (Creswell & Plano-Clark, 2018). This design allowed the researcher to gain multiple perspectives about participants compassion satisfaction and compassion fatigue among a sample of NARM trained therapists and assessment of the validity of the ProQOL5 survey results by analyzing the convergence or divergence of the qualitative responses in relation to the quantitative responses. The qualitative data yielded themes and quotes and validated the quantitative results (Creswell & Plano-Clark, 2018). The qualitative data strand allowed the researcher to better understand participant motivations for selecting NARM, which provided insight into unmeasured variables which may influence selection bias.

NARM training

The training comprised 120 contact hours across four 4.5-day training modules over the course of one year. The NARM training provides a model for addressing adverse childhood experiences and all of the NARM therapists worked with childhood trauma regardless of the field they worked in. Informed consent was obtained from all individual participants included in the study.

Procedures

Following IRB approval, recruitment procedures included the distribution of the recruitment flier by the NARM Training Institute via e-mail to all NARM Therapists (N=103). Inclusion criteria included all Licensed NARM therapists who had completed the NARM Training Institute Practitioner training years 2018-2020. Seventy-one NARM trained therapists responded to an e-mail request to participate in this study; after data cleaning 53 were in the final sample. Since the qualitative and quantitative strands were included in one survey, the sample is the same for both strands of the study.

The researcher recruited a stratified sample of participants (n=53) to ensure representation across different therapist types including master's degrees in social work, professional counseling, marriage and family therapy and psychology. Existing research indicates that NARM Therapists hold a variety of degrees and professional licenses including social workers, professional counselors, marriage and family therapists and psychologists (Gruber et al., n.d.; Vasquez, 2022; Vasquez, 2024a; Vasquez, 2024b; Vasquez & Bowie-Viverette, 2024). NARM Therapists have training in other models including Somatic Experiencing, EMDR, and TF-CBT (Vasquez, 2022). NARM Therapists have an average of 4.57 years as a NARM Therapist with an average of 15.58 years of experience working as a trauma therapist (Vasquez, 2022; Vasquez, 2024b).

Screening procedures in place excluded respondents who had not completed the NARM Therapist training and were not Masters Level licensed mental health professionals. The NARM Training Institute distributed the recruitment flier via email and posted the recruitment flier via the NARM Therapist social media Facebook group to reach prospective participants whose email address may have changed since completing the NARM Therapist training.

Previous studies have shown NARM Therapists licensure type and years of practice experience are not significantly associated with being a NARM Therapist while age is significantly positively associated with being a NARM Therapist (Vasquez & Bowie-Viverette, 2024). Although the mental health professionals come from varying backgrounds, NARM is specifically created for professionals who are working with Complex Post-Traumatic Stress Disorder (C-PTSD).

Data collection

Participants who completed the NARM training were invited to complete a survey for the purposes of conducting a research study on how completing the NARM training impacts compassion satisfaction and compassion fatigue, from the perspective of NARM Therapists. All members of the possible sample pool of NARM Therapists from the were invited to participate in this voluntary research study with no exclusionary criteria, no incentives for participating, and no consequences for not participating. Data concerning the demographics of NARM training participants as a whole is unavailable.

Quantitative strand

Sociodemographics

Table 4 displays sample characteristics. Demographics studied included gender (1=male, 2=female), age, and race/ethnicity (1=White, 2=Black, 3=Hispanic, 4=Multiple races).

Professional quality of life

Professional Quality of Life measure (ProQOL 5) is the most frequently utilized measure of the effects of trauma work with good construct validity (Stamm, 2010). ProQOL was used in nearly half of the papers in the Published Literature in Posttraumatic Stress Disorder (PILOTS) database, over 200 published papers, and more than 100,000 online articles (Stamm, 2010). This well-established measure is the basis of the quantitative strand. ProQOL5 consists of 3 subscales, compassion satisfaction, secondary traumatic stress, and burnout. Each is measured on a Likert scale (1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often) and asks participants questions such as:'I feel overwhelmed because my case [work] load seems endless', 'I believe I can make a difference through my work', and 'I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]' (Stamm, 2010).

NARM Therapists' scores were assessed in three categories; low, moderate, and high in each of these three areas: compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress together make up compassion fatigue. Compassion satisfaction scores were defined as low if a participant's score is 22 and less, which indicates a problem with your job or another explanation may be that a participant finds compassion satisfaction from other

activities aside from the job (Stamm, 2010). A high compassion satisfaction score (ie., over 42) means positive satisfaction about the job role and moderate is between 23 and 41. A secondary traumatic stress score over 43 is indicative of a need to take time off to explore the cause of fright and issues in the work environment, while moderate is 23 to 41, and low is 22 or less. A burnout score over 42 suggests negative self-perceptions about effectiveness in the job role and a need for time away from the job (Stamm, 2010) whereas a burnout scale score 22 or less (ie., low), suggests positive perceptions about oneself job effectiveness versus, and moderate burnout is defined as a range of 23 and 41.

Table 1
Compassion Satisfaction Scores

Compassion satisfaction	Low	Average	High
Frequency (O)	0	17	36
Expected (E)	13.25	26	13.25
Residual	-3.640	-1.845	6.429
Adjusted Residual	-3.640	-1.845	6.250

Table 2
Burnout Scale Scores

Burnout	Low	Average	High
Frequency (O)	45	8	0
Expected (E)	13.25	26.5	13.25
Residual	8.722	-3.594	-3.640
Adjusted Residual	8.722	-3.594	-3.640

Table 3
Secondary Traumatic Stress Scale Scores

Secondary traumatic stress	Low	Average	High
Frequency (O)	44	9	0
Expected (E)	13.25	26.5	13.25
Residual	8.448	-3.400	-3.640
Adjusted residual	8.448	-3.400	-3.640

Cronbach's Alpha was computed to analyze the reliability of the scale. The compassion satisfaction subscale among NARM therapists was found to demonstrate good reliability (10 items; α = .87), similar to the ProQOL expected score (10 items; α = .88). The burnout subscale among NARM therapists was found to indicate acceptable reliability (10 items; α =.73). This was also similar to the expected ProQOL reliability (10 items; α =.75). The secondary traumatic stress subscale among NARM

therapists showed acceptable reliability as well (10 items; α =.79), slightly lower than the expected ProQOL reliability (10 items; α =.81).

Table 4
Characteristics of the Sample (N=53)

	n	%	*Mdn*
Gender			
Female	*39*	*73.6*	
Male	14	26.4	
Age			54
Race/Ethnicity			
White	42		
Black	2		
Hispanic			
Multiple races	7		

Quantitative data analysis

A univariate analysis was completed resulting in missing cases (n=18) removed resulting in a final sample size of 53. Descriptive analyses of sample characteristics was completed and ProQOL5 data was computed. A bivariate analysis was conducted using the chi square goodness of fit test to determine if the scores of the NARM trained therapists differ from the expected scores based on existing data provided by ProQOL. A residual analysis was then computed to determine the ways in which the expected findings and the actual findings differed. Residuals and adjusted residuals were calculated. This provided the direction of deviation and magnitude of deviation. For the purposes of comprehensive analysis, the observed data, expected data, residual, and adjusted residual were reported. We also determined whether there is a statistically significant difference in compassion satisfaction and compassion fatigue between NARM Therapists and others who work with clients who have experienced trauma. Alpha was set at .05.

Using the chi square goodness of fit test and residual analysis, the proportions of NARM Therapists to the population were compared on three levels; low, average, and high among three sub scales of the professional quality of life scale; compassion satisfaction, burnout, and secondary traumatic stress. Burnout and secondary traumatic stress together make up compassion fatigue (Stamm, 2010). Compassion satisfaction and compassion fatigue together comprise professional quality of life (Stamm, 2010). Data provided by ProQOL was used to establish percentiles of the existing population of those who work with traumatized clients who have completed

the survey, which were expected at 25% of the population to fall into the low range, 50% of the population to fall into the average range, and 25% of the population to fall into the high range (Stamm, 2010).

Qualitative Strand

The Qualtrics survey also included five qualitative questions developed in consultation with a subject matter expert. The five qualitative interview questions were: 'how has completing the NARM training impacted your compassion satisfaction as a trauma therapist?', 'how has completing the NARM training impacted your compassion fatigue as a trauma therapist?', 'how has completing the NARM training impacted your professional quality of life?', 'how do you feel the sustainability of your professional work as a trauma therapist has been impacted by completing the NARM training?', and 'what specifically about the NARM training has supported your work as a trauma therapist?'

In the IPA tradition, the researcher must have a true and deep understanding of the participants lived experiences for the stories of the participants to make sense interpretively (Alase, 2017). As a NARM Therapist, the researcher is familiar with the NARM model and has a unique perspective of and insight into the experiences of the participants in this study. The perceptions of the interview participants were identified through the process of IPA data collection and analysis.

Data analysis

Quotes that represented the core of the identified themes were selected to tell the story of the participants in their own voice using their own words. Using identified themes and quotes that brought these themes to life, the researcher conveyed the lived experience of the participants' description of their encounter with the phenomenon. Through the framework of IPA, the researcher discussed the identified themes as they relate to the therapeutic model under investigation, the guiding psychological theory underpinning the model, and the therapeutic concept of agency.

IPA acknowledges that the research is an interaction between the researcher and the participants. This study addressed this issue directly by the use of reflexivity and bridling to acknowledge the role of the researcher in the study and minimize the involvement of the researcher's pre-existing beliefs and goals for the study prior to data analysis.

The data analysis plan provided for efforts to minimize researcher bias in the process of identifying themes and methods to verify that researcher interpretations are grounded in the data to improve the accuracy of theme identification. This is

supported by the use of data organization in NVivo software. NVivo 12 was selected for data analysis in this study because it facilitates efficiency, accuracy, and data organization and assists the researcher in examining relationships in the data.

The selection process in the data analysis plan ensured that themes were represented in the transcripts. After themes were identified, the researcher grouped related themes together. After the relationships among themes were identified, the organized themes were arranged and presented using tables and visual aids. A model that provided a visual description of the themes identified in this study was developed (Table 5). Through data analysis, themes that represent the core of the phenomenon of the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists were identified.

Rigor, results and limitations

The framework for IPA research adhered to in this study includes sensitivity to context, commitment and rigor, transparency and coherence, impact, and importance (Yardley, 2008). This model supports evaluation of the quality of the study and demonstrates validity in IPA research. Sensitivity to context was approached through familiarity with the model and training, and a deep exploration of related literature.

Commitment and rigor were addressed by in depth study of and close adherence to the theory and method of IPA. The researcher engaged intensively with the phenomenon and selected a purposive, homogenous sample of NARM Therapists, reflecting the ideographic nature of the IPA model. Rigor was demonstrated by the multiple processes of reading and re-reading the transcript, thorough analysis, and interpretation to reveal the phenomenon from the descriptive accounts of the survey participants, told through the participants' narrative using their own words.

The transparency of the study honors the IPA method by describing the steps of the researcher's process. The data analysis relied upon the reflections and coding of one researcher to identify themes. The IPA method is inherently subjective. This study has maintained an epistemological commitment to the method and its acknowledgment of reflexivity. Measures were taken to protect study participants by informing the participants that their participation was optional, and they would not be penalized in any way for declining participation. Participants were provided with and completed an informed consent form prior to the interview.

Results: Quantitative strand

The final sample consisted of 53 NARM Therapists (Table 4) who identified as White (79.2%), Black (3.8%), Hispanic (13.2%), and Multiracial or other (3.8%).

Most participants were female (73.6%) with 26.4% male.

The null hypothesis is that no difference exists between the observed and expected populations. The alternate hypothesis is that a difference exists between the observed and expected populations. In the areas of compassion satisfaction, X^2 (2, N= 53) =55.72, $p < .01$, burnout, X^2 (2, N = 53) = 102.25, $p < .01$, and secondary traumatic stress, X^2 (2, N = 53) =96.17, $p < .01$, the relation between these variables were determined to be significantly different.

A residual analysis was conducted to reveal in what ways the two groups differ (ie., NARM Therapists and a population of other trauma workers). The researcher calculated residuals and adjusted residuals. The results determined that NARM Therapists score higher in compassion satisfaction than the population of trauma workers who had previously completed the ProQOL. In the areas of burnout and secondary traumatic stress, which when combined make up the component of compassion fatigue, NARM Therapists score lower than the population.

Regarding compassion satisfaction, NARM Therapist scores deviate significantly in the negative direction in the low category, with no NARM Therapists reporting low compassion satisfaction. In the average category, NARM Therapist scores are not significant, but very close to significant, with 32% of NARM Therapists reporting an average level of compassion satisfaction. Among the high category, NARM Therapist scores deviate significantly in the positive direction, with 67.9% of NARM Therapists reporting a high level of compassion satisfaction. The adjusted residual for the high compassion satisfaction score indicated that more NARM Therapists scored high in compassion satisfaction than would be expected under the null hypothesis.

In the area of burnout, NARM Therapist scores deviate significantly in the positive direction in the low category, with 84.9% of NARM Therapists scoring low in burnout. Among the average and high categories in burnout, NARM Therapists scores deviate significantly in the negative direction, with 15.1% of NARM Therapists with an average burnout score, and no NARM Therapists with a high burnout score. All three burnout categories were found to deviate significantly among NARM Therapists. Significantly more NARM Therapists were found to have a lower burnout score than the population. The adjusted residual for the low burnout score indicated that more NARM Therapists scored low in burnout than would be expected under the null hypothesis.

Regarding secondary traumatic stress, NARM Therapist scores deviate significantly in the positive direction in the low category with 83% of NARM Therapists reporting low secondary traumatic stress. Among the average and high categories of secondary traumatic stress, NARM Therapists scores deviate significantly in the negative direction with 17% of NARM Therapists reporting an average secondary traumatic stress score, and no NARM Therapists reporting a high secondary traumatic stress score. Significantly more NARM Therapists scored low in secondary traumatic stress than the population. The adjusted residual for the low secondary traumatic stress score indicated that more NARM Therapists scored low in secondary traumatic

stress than would be expected under the null hypothesis.

Results: Qualitative Strand

The study revealed four themes that represent the phenomenon of the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists: expending less effort, improved boundaries, increased energy, and enhanced confidence

Table 5
Emergent themes and original transcript statements

Expending less effort

'When I am able to apply the techniques and skills that I've learned through NARM, I am efforting less, and allowing more to unfold.'

'Overall, the training has helped me be more aware of countertransference, mostly in the form of self-pressure, efforting and goal orientation. When I notice myself doing those things, I'm much better able to stop and connect with my client.'

'I am no longer efforting so much during my sessions. I am letting the client be in charge of their own work and process. I am a guide and observer. I ask questions and stay with them as the process through the issue they brought with them to the session. I have no agenda or goal on their behalf. It is completely up to them where they want to go.'

'I am not working as hard as I have in the past. On a good day, I am not efforting or trying to get my clients anywhere. It has taken the pressure off of me.'

'Efforting is not the center of my counseling. Instead, I am able to prioritize presence and collaborate with the client to clarify their intent and how I can or cannot meet their needs. NARM has reduced my compassion fatigue.'

'As I feel less efforting and less responsible, I am able to be available/willing to help my clients in a way that feels less intense and more compassionate to me which allows more compassion for others.'

'NARM teaches about core dynamics and developmental trauma which removes the endless efforting of figuring 'it all out' for the client and therapist.'

'Giving agency, watching for connection/disconnection, knowing the thread, noticing core dilemma and when it is happening in room, noticing my own level of efforting.'

'I am able to effort a lot less and be more in connection with the people I work with, which means my work feel a lot more giving and a lot less draining. This frees up energy to other parts of my life. And I really enjoy my work a lot more.'

'I have change from exerting a lot of effort with each client to holding space and trusting the clients' ability to heal. This energy outputs and healthy balance of detachment is sustainable in the long run.'

'Less efforting, less focus on my own success, less negative thoughts about my work, less reactions to defenses. More calm, more confident, more collaborative, more gracious, more loving, more sure of my role, good stuff.'

'Reduced the compassion fatigue because I effort less.'

'NARM is an amazing, respectful model and it supports agency of client and better self-awareness and boundaries as a helper. This leads to less efforting which has changed me/my work dramatically.'

Improved boundaries

'NARM has given me tools to maintain boundaries and balance. I can care without taking on the trauma of others, which has increased my enjoyment of my work.'

'I feel much more present and aware of my limits and able to set my boundaries with clients. I am able to schedule my sessions and weeks in a way that attends to what allows me to be the best counselor I can while attending to my own system. There is no longer the need to go into strategies and 'prove' my helpfulness, I can embody the truth of what I am capable of offering.'

'I have increased boundaries and though I have a depth of compassion I do not take on more than I should, ultimately I have found through NARM a greater ability to trust the therapeutic process, decreases the stress I formerly put on myself that resulted in compassion fatigue.'

'With better boundaries I can feel the trauma of others, but I am not swept up in it.'

'I find it easier to have healthier boundaries with my clients, with my own energy, and in finding work/life balance. I feel less triggered by my clients' experiences and/or behaviors.'

'I am more equipped to hold personal boundaries that support good work/life balance. NARM modality also augments my ability to leave work at work.'

'I set my boundaries in a better way.'

'It has given my agency to set clearer boundaries of who and how much am able to help.'

'I feel much more gratitude and autonomy with my work. I used to feel that it was my duty and that I should feel grateful. Now I feel more that I am choosing this because I want to. Also, I can have boundaries for myself if I don't want to work or want to work less.'

'I am able to set better boundaries for myself in scheduling, which allows me to do better work with my clients. I was able to recognize when working at various agencies was not healthy for me and make changes that were in line with what I want for myself. I have been able to have better boundaries with bosses, coworkers, and colleagues. I am also more able to market my practice in ways that better attract clients with whom I am likely to be a better fit.'

'I have better or stronger boundaries and don't get as overwhelmed.'
'Better boundaries, deeper work, more connection.'

Increased energy

'Completing the NARM training has brought more energy to me and my work, more of a sense of connection within myself and to my clients, and more of a sense of optimism about my work. I feel more content and at ease in my work.'

'Being more compassionate with myself allows me the energy to hold compassion for others. It helped me to understand it differently. I don't know that I struggle with it much because I have a rich personal life and I believe that we are all in our own journey.'

'I believe as I continue to do my own personal work this is directly correlated to my experience of more energy and vitality in my work. My exhaustion and burn out was more about the pressure I used to put on myself to fix my clients. This organically decreases the more I'm connected authentically.'

'I find it easier to have healthier boundaries with my clients, with my own energy, and in finding work/life balance. I feel less triggered by my clients' experiences and/or behaviors.'

'In NARM the 'life force' is a welcoming source of boundless energy.'

'NARM allows me to stay in a comfortable place with clients instead of over-connecting with their emotional energy. Because NARM has a clearly defined approach, I don't have to become activated or worry about how to conduct sessions. I can track the client and their progress without feeling compelled to get ahead of where the client feels safe being in their process.'

'Much less fatigue and much more energy and greater capacity to be present in working with others.'

'I feel much more competent as a therapist, and I can see my clients moving through their work differently through NARM. Its such a satisfying experience to support clients in their disidentifications. Seeing clients reconnect with their life force energy is very energizing as a clinician. I also feel like NARM has changed my sense of responsibility in the work. I notice more when I put pressure on myself and support myself to back up and breathe... It's all very gratifying.'

'Since having taken the NARM training, my quality of life has substantially improved. I previously felt trapped in hurtful and hateful ways of relating to myself. I told myself that I wasn't worthy and that everybody could see it. I tried desperately to work harder and to get more done so that others would see me as a good or valuable person. Since having taken the training, I feel like I can see myself with more clarity and that I am building the capacity to hold what I see with great care and compassion. Holding myself in this way has allowed for more spaciousness, life energy, love, and joy in my personal and professional life. It has helped me to have less of a need to engage in strategies to protect myself. There is great relief in no longer feeling trapped and knowing that healing is possible if I choose to take the journey. NARM skills have also helped me to hold a much stronger framework

and to be much more precise in my therapeutic interventions.'

'It feels more sustainable because it feels more effective. People get what they are coming for. The changes they seek are happening. I can take the pressure off myself to 'make' things better or different. So I can enjoy my work and sustain my energy a little better.'

'I am a senior and have been concerned about my ability to keep up energy to do this work. That is one of the driving reasons I decided to train in NARM.'

'NARM is energizing. I constantly feel inspired.'

Enhanced confidence

'It has helped me to attend to myself better and not fall into survival strategies with my clients that used to tire me and disempower my clients. I am more present with my clients without fostering any dependency. I am also more confident in being able to quickly determine if there is not a good therapeutic fit, so I do not waste the client or my own time with something that is not of the highest benefit to what the client is requesting.'

'NARM has provided me with a level of competency in which I feel confident doing the work I do - helping others, and there is a pleasure, a happiness that comes with doing what you love and doing it well!'

'It has helped so much - I feel more open, creative, confident, and enjoying the work. I also feel so much more effective.'

'I am more confident and present.'

'I feel that it has improved sustainability both because I am pressuring myself less and because I feel more competent/confident that I am actually helping in meaningful ways.'

'I have increased confidence as a result of the training.'

'Since completing NARM, my professional quality of life has steadily increased. The confidence in knowing, in understanding and in treating developmental trauma taught by Dr. Heller and his team has resulted in my work being more effective and valued by other professionals.'

'NARM provides an approach to treatment that is dynamic and effective with client issues. I have witnessed clients who I know have felt helpless in their lives create a path for themselves using this approach. I am very grateful to have learned about this approach and the in-depth training that was provided to me because it has made all the difference in the world in my confidence as a professional care provider.'

'Much improved professional quality of life. More confidence in self as a provider and more comfort in sitting in curiosity even in intense emotional responses.'

'Professional work much more sustainable given experiencing greater ease and more confidence in how to proceed (by simply being present) in more complicated cases.'

'The Inner Circle has been invaluable in supporting my learning and giving me confidence to push outside of my comfort zone. When I have a question about work with a client there is always someone who I can reach out to for help, be it staff or colleagues on social media groups. This is the first time since I started my private practice that I genuinely feel held and I'm not alone.'

'When I entered the training, I was almost ready to leave the field because I had burned myself out with hurtful and hateful thoughts and by pressuring myself to know more and do more. NARM has helped me to grow towards seeing myself in a different and more compassionate way. This has helped me to establish better boundaries with others, to pressure myself less, and to have more confidence in not knowing. It has helped me to be more curious about myself and others. This allows for more playfulness and ease in the therapeutic work. NARM helped me to rediscover my passion for this work and to fully surrender to the practice of continual self-growth. The NARM training has been life changing and I am deeply grateful. I also feel more skilled as a therapist and able to work at a depth level, rather than just with presenting symptoms. This helps me to feel as though I am able to help clients bring about real and lasting change. Feeling this way at work has been a game changer. I feel like I have my life and career back.'

Theme 1: Expending less effort

Expending less effort was identified as a key theme expressing the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists. One study participant shared, 'NARM is an amazing, respectful model and it supports client agency and better self-awareness and boundaries as a helper. This leads to less efforting which has changed me/my work dramatically.' Less efforting describes that the trauma therapist does not feel that they have to work as hard because the skills learned in the NARM training provide the structure for the trauma work to unfold. Working within the NARM model, the therapist experiences less pressure to figure out what to do to help the client and therefore experiences less efforting in the trauma work.

Theme 2: Improved boundaries

Another theme that emerged which demonstrates the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists was improved boundaries. A study participant explained, 'I find it easier to have healthier boundaries with my clients, with my own energy, and in finding work/life balance. I feel less triggered by my clients' experiences and/or behaviors.' The process of establishing healthy boundaries is supported by the NARM model 50/50 concept in which 50% of yourself remains connected to self and 50% is available to other.

Improved boundaries reinforce the establishing of a work life balance which in turn supports professional quality of life.

Theme 3: Increased energy

NARM Therapists described increased energy as key to understanding the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists. One participant shared that, 'Completing the NARM training has brought more energy to me and my work, more of a sense of connection within myself and to my clients, and more of a sense of optimism about my work. I feel more content and at ease in my work.' A stronger connection to their own life force energy, the ability to sustain the difficult work of a trauma therapist, and the ability to care for others without feeling depleted resulted in the experience of increased energy levels.

Theme 4: Enhanced confidence

An additional theme that emerged that represents the impact of NARM on compassion satisfaction and compassion fatigue from the perspective of NARM Therapists is enhanced confidence. A participant described it as, 'NARM has provided me with a level of competency in which I feel confident doing the work I do - helping others, and there is a pleasure, a happiness that comes with doing what you love and doing it well!' The skills taught in the NARM training improve the therapists' sense of being a competent clinician which improves confidence in their own professional skills and abilities.

IPA is an ideographic, interpretative qualitative research method used to deepen the understanding the phenomena being studied. In the context of this mixed methods study, the quotes of the participants were used to gain a more complete understanding of the phenomenon. In IPA the focus is depth not breadth or generalizability. This study used IPA to understand the phenomenon of the NARM model to support professional quality of life from the perspective of NARM Therapists.

The theory that the NARM training serves to support the trauma therapists' professional quality of life, compassion satisfaction, and compassion fatigue was supported by NARM Therapists in the course of the quantitative questionnaire and reinforced by the qualitative strand. Using the framework for IPA research as a guidebook to support validity and rigor, the steps outlined in IPA were followed and repeated until four themes naturally arose from the text. The researcher used the words of the participants to illustrate how the themes organically expressed themselves in the study.

The themes uncovered by the study as key to revealing how NARM serves as a

protective factor for trauma therapists from the perspective of NARM Therapists were that NARM supports therapists through less effort, improved boundaries, increased energy, and enhanced confidence. Study participants shared descriptive and meaningful examples from their client work to illustrate how they have witnessed the impact of NARM on compassion satisfaction and compassion fatigue. The qualitative findings were compared alongside the quantitative results from the ProQOL5 survey and were almost exclusively supportive of the quantitative findings. In only one case did a respondent in the qualitative strand report neutral results, stating, 'I don't feel that NARM has increased or decreased my compassion fatigue.' No dissonant responses were reported.

Table 6
Joint display of NARM therapist professional quality of life

Professional quality of life	NARM Therapist score (% change of observed score to expected score)	NARM Therapist experiences
Compassion satisfaction		'I take less responsibility for the suffering and pain of my clients'
Low	-100%	'NARM has provided me with a level of competency in which I feel confident doing the work I do - helping others, and there is a pleasure, a happiness that comes with doing what you love and doing it well!'
Average	-34.62%	'There are so many things about NARM that have impacted my greater sense of pleasure, effectiveness and sustainability in my work.'
High	+171.70%	'NARM has given me tools to maintain boundaries and balance. I can care without taking on the trauma of others, which has increased my enjoyment of my work.'
Burnout		'I have a stronger faith in the client's ability to heal and not feel their recovery is dependent on my performance.'
Low	+239.62%	'I am not working as hard as I have in the past…I am not efforting or trying to get my clients anywhere. It has taken the pressure off of me. This has resulted in less stress. In fact, I feel more energized and alive when allow things to unfold.'
Average	-69.81%	'I feel much more present and aware of my limits and able to set my boundaries with clients. I am able to schedule my sessions and weeks in a way that attends to what allows me to be the best counselor I can while attending to my own system. There is no longer the need to go into strategies and prove my helpfulness, I can embody the truth of what I am capable of offering.'
High	-100%	'I have increased boundaries and though I have a depth of compassion I do not take on more than I should, ultimately I have found through NARM a greater ability to trust the therapeutic process, decreases the stress I formerly put on myself that resulted in compassion fatigue.'
Secondary traumatic stress		'I find it easier to have healthier boundaries with my clients, with my own energy, and in finding work/life balance. I feel less triggered by my clients' experiences and/or behaviors.'
Low	+232.08%	'I am better able to not take on trauma that is not mine.'
Average	-66.38%	'I find I am not working as 'hard' and usually come away from sessions feeling refreshed instead of exhausted.'
High	-100%	'I'm relating to myself more compassionately and taking on less of others' burdens.'

Discussion

This study investigated the compassion satisfaction and compassion fatigue of NARM Therapists. It was expected that sampled trauma therapists who have completed NARM, a trauma specific training, would counter the effects of prolonged exposure to secondary trauma, resulting in greater compassion satisfaction, as well as lower burnout and secondary traumatic stress which together make up compassion fatigue. Higher compassion satisfaction, lower burnout, and lower secondary traumatic stress result in greater professional quality of life (Stamm, 2010). As the literature suggests, trauma therapists are exposed to secondary trauma which results in compassion fatigue, burnout, and can lead to PTSD. Trauma specific training is a protective factor identified in the literature to counter these effects among trauma

therapists and increase compassion satisfaction. The results found that sampled NARM Therapists report statistically greater compassion satisfaction and statistically lower burnout and secondary traumatic stress than expected by those who work with traumatized people.

The results align with existing research that suggested that trauma specific training supports trauma therapists in their work, acting as a protective factor. Completing trauma specific training to become a NARM Therapist may support NARM Therapists to combat compassion fatigue, despite the increased likelihood of burnout and secondary traumatic stress that the existing research demonstrates is prevalent in the trauma therapy field. These NARM Therapists also report higher compassion satisfaction, which is a protective factor when working with clients who have experienced trauma.

Noted limitations exist in this study, including the cross-sectional study design. Due to this design, there are limitations in detecting differences over time in NARM therapists' professional quality of life and compassion fatigue. Future research is suggested to employ a longitudinal design that will measure these factors over time. Despite this limitation, cross sectional designs allow for measurement of prevalence at a point in time. Since these specialized therapists are prone to compassion fatigue and burnout examining these factors prevalence after training provides important implications that may inform future longitudinally designed studies. Additionally, the data was collected in a convenience sample by the researchers and the study did not account for possible confounding variables that may have influenced results such as therapists work experience, personal characteristics, or work environment. Although some personal characteristics, were examined as part of sample characteristics analyses, therapists work experience, time since NARM training, and work environment details data were not collected. These unknowns present data limitations as data did not allow for testing these factors, thus limiting the study's examination of these factors. A voluntary response bias exists because the participants were those who elected to respond to the survey. All respondents had an e-mail address and/or internet access to receive the invitation to participate in the research and to complete the survey online in the Qualtrics platform. Additionally, there is a potential that the NARM therapist possessed elevated compassion satisfaction prior to NARM training.

Conclusion

This study examined compassion satisfaction and compassion fatigue among a sample of NARM trained trauma therapists. Findings indicate that sampled NARM-trained therapists report higher levels of compassion satisfaction and lower levels of compassion fatigue, suggesting that the NARM model may be a protective factor

for these sampled trauma professionals who are at risk of burnout and secondary traumatic stress.

Several recommendations are proposed to enhance the practical relevance of these findings. First, the NARM training curriculum could benefit from the inclusion of structured modules focused specifically on therapist self-care, burnout prevention, and resilience-building practices. These modules could be informed by the findings of this and future studies, offering targeted strategies that align with therapists' real-world challenges. Second, NARM training may be integrated with other evidence-based interventions, such as mindfulness-based stress reduction, peer consultation groups, and organizational wellness initiatives, to create a more comprehensive support system for trauma therapists.

Limitations were noted with caution suggested not to overgeneralize these results. Further research is warranted to evaluate the long-term impact of NARM training on therapist wellbeing. Suggested future directions include longitudinal studies to assess changes in compassion satisfaction and fatigue over time (e.g., pre-training, post-training, and follow-up assessments), as well as randomized controlled trials or quasi-experimental designs using matched comparison groups. Additionally, qualitative approaches, such as semi-structured interviews or focus groups, could deepen our understanding of how NARM influences therapists' professional quality of life and uncover practical components of the training that therapists find most beneficial.

Given the limited research to date on the NARM model, and the pressing need for innovative, trauma-specific training approaches to support the mental health workforce, continued exploration of NARM's impact is both timely and necessary. Identifying and enhancing the specific training elements that contribute to higher compassion satisfaction and lower compassion fatigue will support the sustainability and effectiveness of trauma therapists in their critical work.

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