

Supporting African American Communities while Navigating Burnout and Compassion Fatigue

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DISCLOSURES

- ▶ No conflicts of interest to report
- ▶ No financial disclosures to report

AGENDA

- ❖ INTRODUCTION & FRAMING
- ❖ UNDERSTANDING BURNOUT & COMPASSION FATIGUE
 - ❖ SYSTEMIC & CULTURAL FACTORS
- ❖ STRATEGIES FOR PREVENTION & HEALING
 - ❖ INTEGRATION, Q&A AND POST-TEST

INTRODUCTION & FRAMING

WHO I AM

Welcome, everyone. I'm Dr. Kimberli Porter. Therapist. Metaphysician. Educator. This training isn't just about avoiding burnout. It's about reclaiming your life force.

We're going to talk about compassion fatigue and burnout from a clinical perspective, but we're also going deeper. Into the energy. Into the spirit of the work. Because serving our communities, especially Black clients, takes more than just skill. It takes soul.

WHY YOU'RE HERE

You're here because something in you knows the cost of this work. Maybe you've been tired for a long time and didn't have a name for it. Maybe you keep showing up, but some part of you is going numb. Maybe you love what you do, but your body, your spirit, your mind are asking for something different.

You're here because you care.

This space is for understanding how care meets burnout/ compassion fatigue. To understand what's happening and why.

To give you tools that actually work—not just professionally, but personally, spiritually, energetically.

UNDERSTANDING BURNOUT & COMPASSION FATIGUE

WHAT IS BURNOUT?

*Burnout: emotional exhaustion,
depersonalization reduced efficacy*

Emotional Numbness:

You find yourself listening to clients talk about deep pain and you feel... nothing. Not out of apathy, but because you've run out of space.

Irritability with Clients or Colleagues:

You snap at your coworker over something small, or get annoyed when a client cries for "too long."

Dreading Sessions You Used to Love:

You used to look forward to your therapy days, now you feel heavy walking into the office or logging into Zoom.

Clock-Watching During Sessions:

You start checking the time 15 minutes in. Not because the client is boring—but because your brain is tired.

Headaches, Body Aches, or Sleep Disturbances:

You're sleeping but not resting. Waking up already tired. Back tense. Head pounding. Like your body is resisting the work.

Overwork Disguised as Passion:

You're the “go-to” person, always saying yes, taking on extra cases, covering others' crises... until you realize you haven't had a day off that actually felt restful in months.

WHAT IS COMPASSION FATIGUE?

*Compassion fatigue is
the cost of caring.*

Feeling Hopeless About Systemic Issues

You see your clients caught in the same cycles—racism, housing instability, incarceration, trauma—and feel like nothing you do matters.

Taking on Clients' Trauma as Your Own

You go home thinking about that teen who tried to take their life. You feel their pain in your chest. You dream about your caseload.

Losing Empathy

A client tells you about another crisis and you think, “Of course this is happening.” Not with judgment, but with quiet detachment. You’re too full to feel.

Compulsive Helping

You go above and beyond because you feel responsible for saving them. Not because it's clinically indicated, but because you feel guilty if you don't.

Avoiding or Resisting New Clients

You see an intake on your calendar and feel a sense of dread. Not because they've done anything wrong, but because you don't feel like you have anything left to give.

Spiritual Dryness

You lose connection to your purpose. The work that once felt sacred now feels mechanical. You begin to question if you're making any impact at all.

SYSTEMIC & CULTURAL FACTORS

The System Isn't Neutral

Implicit Bias

(What You're Navigating Daily)

- Implicit bias isn't just about the client in front of you. It's in the air you breathe at work.
- It's in the way your tone is policed when you advocate for a client.
- It's in how "professionalism" gets used as a code word for "don't be too Black."
- It's when a white colleague gets praised for being "passionate," but a person of color gets labeled "aggressive" for saying the exact same thing.
- These aren't isolated incidents. They add up. And they don't just impact clients—they impact you.

Racial Trauma

(The Inherited and Lived Body Load)

- When we talk about trauma in clinical spaces, we talk about it like it's something that happened and ended.
- But racial trauma isn't a past event. It's an ongoing condition.
- You carry the memory of your ancestors who survived
- You carry the grief of watching Black clients systemically misdiagnosed, overmedicated, or criminalized.
- You carry the frustration of being the only one in the room who even notices.
- And that kind of trauma doesn't just show up in your mind. It shows up in your body.
- That knot in your stomach during staff meetings.
- That breath you hold before speaking up.
- That weight in your shoulders that won't go away no matter how many massages you get.

Cultural Fatigue

(The Cost of Being “The One”)

- This is the part nobody talks about in grad school.
- Being “the one” who explains, translates, codeswitches.
- Being “the one” who understands why a Black teen is angry instead of labeling him defiant.
- Being “the one” who stays late to talk a client off the ledge because you know no one else will call them after hours.
- It’s the exhaustion of having to be excellent, emotionally fluent, and spiritually grounded all the time—just to be taken seriously.
- It’s the quiet resentment that builds when your presence is demanded but your truth is dismissed.
- That is cultural fatigue. And it’s real.

STRATEGIES FOR PREVENTION AND HEALING

Caseload Management + Boundaries

What it supports: *Prevents emotional exhaustion and depersonalization*

- Say *NO* more often.
- Limit the number of high-trauma clients back-to-back.
 - Use cancellation policies that honor your time.
 - Stop apologizing for needing a break.
 - Burnout thrives in the absence of boundaries.

Boundaries are not a luxury. They're a clinical necessity.

Maslach & Leiter (2016): Excessive workload is one of the six core drivers of burnout.

Rupert & Morgan (2005): High caseloads linked to reduced effectiveness and increased stress in therapists.

Reflective Supervision or Peer Consultation

What it supports: *Decreases isolation, improves clinical decision-making*

- Not just case consults. Real conversations.
 - “What is this client evoking in you?” “How are you holding up?”
- Join or create spaces where you can be human, not just professional.

Schedule Recovery

What it supports: Restoration of cognitive and emotional bandwidth

- Don't wait for a breakdown to take a break.
- Block recovery time before your body forces you to.
- Use your PTO. Take half-days. Unplug on purpose.

Mindfulness-Based Stress Reduction (MBSR)

What it supports: Nervous system regulation

- Ground in the present moment.
- Track your breath, body, and triggers.
- 5-4-3-2-1 exercise. Box breathing. Body scan.
- It's not about relaxation.
- It's about retraining your nervous system to remember safety.

Kabat-Zinn (2003): MBSR significantly reduces stress, anxiety, and burnout.

Goodman & Schorling (2012): MBSR reduced burnout and improved emotional regulation in healthcare providers.

Somatic Regulation

What it supports: Releases stored trauma and tension

- Trauma lives in the body.
- Shake. Stretch. Tap. Move.
- Let your body discharge what your words cannot.

van der Kolk (2014): "The Body Keeps the Score" outlines somatic strategies as essential in trauma recovery.

Ogden, Minton & Pain (2006): Sensorimotor psychotherapy integrates somatic awareness

to process trauma effectively.

Culturally Rooted + Metaphysical Practices (with Cultural References)

Energy Hygiene

- Cultural Origin: Rooted in African Traditional Practices, Hoodoo, and Indigenous spiritual practices
 - Cleanse your space and spirit just like you do your inbox.
 - Smoke clearing (sage, palo santo, mugwort). Salt baths. Candle rituals.
 - Visualize releasing what isn't yours.

“Release this energy because this energy isn't mine to carry.”

- Smoke (sage, cedar, mugwort): Used across Yoruba, Cherokee, and Hoodoo traditions to cleanse energy
- Salt baths and Florida Water: Historically used by Black Southern women for purification

Cont. Culturally Rooted + Metaphysical Practices (with Cultural References)

Ancestral Connection

Cultural Origin: Widely practiced across African, Afro-Caribbean, and Indigenous traditions

- Light a candle. Speak their names. Ask for help.
 - Place their photo on your desk.
 - Remember you do not walk alone.
- Ancestor altars, candle lighting, offering food or water
- Libation practices and invocation of ancestral names during healing work

Cont. Culturally Rooted + Metaphysical Practices (with Cultural References)

Ritual and Rhythm

Your nervous system responds to rhythm.
Your spirit responds to ritual.

Cultural Origin: Ritual is a core aspect of African, Indigenous, and diasporic traditions

Morning rituals: Prayer, journaling, affirmations.
Evening rituals: Baths, silence, releasing the day.
Align with natural rhythms

Morning devotions, moon rituals, collective prayer circles
Use of drumming, call-and-response, chanting to regulate and align

Cont. Culturally Rooted + Metaphysical Practices (with Cultural References)

Return to the Body

- Your body is not just the container for your stress. It is also the doorway to your healing.
 - Cultural Reference:
Dancing, drumming, sweating are ancestral methods of releasing emotion
 - Grounding in nature:
Laying on the earth, immersing in water = spiritual reset

INTEGRATION, Q&A, AND POST-TEST

Integration & Reflection

Core Themes

- Burnout is chronic overextension.
- Compassion fatigue is the slow draining of your empathy reserves.
- Implicit bias and racial trauma don't just affect clients—they
- shape how you're perceived, treated, and expected to survive. Cultural fatigue is real. And naming it is not weakness. It's wisdom.

Practical Takeaways

- Boundaries are sacred.
- You need spaces where you don't have to explain your existence before you start healing.
- Clinical and spiritual care aren't opposites—they're partners.

QUESTIONS AND QUIZ

Reflection Prompts

(pick one or use all)

What part of you has been trying to speak—and what would it say if you listened?

What's one thing you're ready to release, and one thing you're ready to reclaim?

What does “being well” actually look like for you—not just as a clinician, but as a human being?

Thank You

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