



Compassion Fatigue

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Compassion Fatigue Training

Overview:

- Compassion Fatigue
- Compassion Satisfaction
- Self-Care ProQol Quiz
- Individual & Organizational Self-Care Plans

Compassion Fatigue

Constant demands to care for others may cause fatigue, emotional stress, or apathy. When trauma, vicarious or otherwise, repeatedly overwhelms our ability to function normally, we may experience compassion fatigue.

Compassion Fatigue

Terminology

Compassion Fatigue – Fatigue, emotional distress or apathy from the constant demands and needs of caring for others.

Burnout – Fatigue, frustration, or apathy resulting from prolonged stress, overwork or intense activity. Burnout builds over time.

Primary Trauma – Experiencing direct trauma through the work of helping others.

Secondary Trauma – the stress resulting from helping or wanting to help a traumatized or suffering person.

Vicarious Trauma – A state of tension and preoccupation of the stories/trauma experiences described by others.

Who Gets Compassion Fatigue?

- Emergency/Rescue workers
- Hospital Staff
- Physicians & Nurses
- Mental Health Providers
- Social Workers
- Teachers
- Caregivers
- Law Enforcement Officers
- Chaplains/Ministers
- First Responders
- Prison Guards

Stress Response System

- Sympathetic and Parasympathetic Nervous System
 - SNS – responsible for the “flight, fight or freeze” response, often our body reacts at the first threat before we are aware, adrenaline rush
 - PNS – responsible for the “rest and recharge”, heart rate decreases, muscles relax
- Exposure to chronic stress
 - Exposure to ongoing stress and trauma with no plan to care for self or recover from previous trauma impacts us in several ways

Stress Response System

- Reflective Vs. Reactive Brain

Reflective Brain

Conscious control centers

Reasoning

Problem solving

Communication



Reactive Brain

Emotion driven

Survival Mode

Fight or Flight

Types of Problems

- **Bernard Robertson-Dunn**
- **Tame** problems – easy to define, simple to solve with step-by-step instructions that are repeatable.
- **Complex** Problems – hard to define, once defined, the solution to one often leads to other problems as a result.
- **Wicked** Problems – difficult to define, multi-faceted, solutions often rely on systems being fixed, chronic and long-term which makes solutions feel only temporary.

Types of Problems

- **Tame** problems – make us feel in control, competent, confident, useful, accomplished.
- **Complex** problems – make us feel confused, concerned, creative, unsettled, confident.
- **Wicked** problems – make us feel hopeless, frustrated, confused, worried, angry, sad, fearful.

Types of Problems

- What type of problem are you working with on a regular basis?
- Is your expectation of how to solve the problem unrealistic?
- Are you able to walk away from a problem after working on it and feel content that you did the best you could?
- Do you have a combination of different types of problems in your work and personal life?

Provider Emotional Response

- Providers are exposed to ongoing trauma. As a result, they have natural emotional responses. Some of those might include:

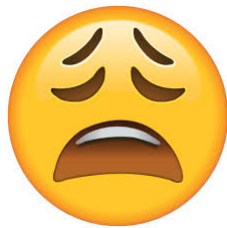
Fearful

Angry

Embarrassed

Confused

Annoyed



Powerless

Distrusting

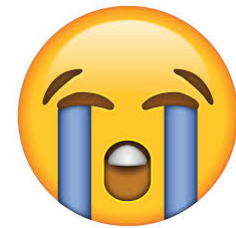
Insulted

Worried

Hopeless

Unsure

Scared



Provider Emotional Response

- When providers learn to identify their emotions, give themselves permission to feel the way they do, then turn negative into positive, the following emotions emerge:

Hope
Satisfied
Proud
Happy



Fulfilled
Joy



Impact of Compassion Fatigue

Compassion Fatigue impacts individuals within the 8 Dimensions of Wellness as defined by SAMHSA (Substance Abuse and Mental Health Services Administration).

Compassion Fatigue has a far-reaching impact on individuals, organizations and service industries.

Compassion Fatigue, if not addressed on individual and organizational levels, results in costly consequences.

8 Dimensions of Wellness



Adapted from Swarbrick, M. (2006).
A Wellness Approach. *Psychiatric
Rehabilitation Journal*, 29(4), 311-314.

The Impact of Compassion Fatigue

INDIVIDUAL:

- Chronic health problems
- Marital discord
- Substance abuse
- Mental health crisis
- Strained interpersonal relationships
- Legal problems
- Problems with finances

Impacts of Compassion Fatigue *on the Individual*

PHYSICAL:

- Loss of sleep
- Appetite change (eating more or less)
- Alcohol/prescription drug use
- Impaired immune system
- Low energy, fatigue
- Upset stomach or aches

EMOTIONAL:

Anxiety or Guilt
Irritability and Anger
Sadness, Numbness
Emotionally shut down
Depression, hopelessness
Emotional rollercoaster
Memories of personal trauma

Impacts of Compassion Fatigue *on the Individual*

BEHAVIORAL:

- Change in routine
- Absent-mindedness
- Losing things, forgetting
- Sleep disturbances
- Self-harming behavior
- Self-destructive behavior (gambling, sex, money, shopping, overeating, etc.)

COGNITIVE:

- Confusion
- Rigid thinking
- Perfectionism
- Difficulty making decisions
- Hypervigilance
- Impaired thinking

Impact of Compassion Fatigue *on the Individual*

RELATIONAL:

- Mistrust of others
- Withdrawal/Loneliness
- Change in interest/desire for physical touch (more or less)
- Emotionally unavailable
- Negative parenting behaviors
- Aggression toward others

SPIRITUAL:

- Sense of unfairness
- Lack of support system
- Anger toward a higher power
- Questioning of religious beliefs
- Loss of purpose

Impact of Compassion Fatigue *on the Individual*

INTELLECTUAL:

- Close-minded
- Resistant to new information
- Refusal to learn new skills
- Apathetic about innovative ideas
- Loss of creativity and passion

OCCUPATIONAL:

- Poor work performance
- Dissatisfaction with job/career
- High absenteeism
- Question the ability to continue in the job/career/profession
- Problems advancing

The Impact of Compassion Fatigue *on the Organization*

ORGANIZATIONAL:

- High absenteeism and turnover
- Fragmented teams, programs, services
- Lack of vision for future
- Loss of revenue
- Reputation damage control

Impacts of Compassion Fatigue *on the Organization*

JOB TASKS:

- Decrease in quality/quantity
- Low motivation
- Increase in mistakes
- Perfectionistic standards
- Obsession with details
- Lack of follow through
- Incomplete documentation
- Missed deadlines

MORALE:

- Loss of interest in work
- Pervasive negative attitude
- Apathy (no longer caring)
- Demoralization of people served
- Detachment from work and people served
- Decrease in confidence and hope

Impacts of Compassion Fatigue *on the organization*

STAFF PROBLEMS:

- Turnover & Retention
- Interpersonal Work Conflict
- Grievances Filed
- Us Vs. Them Mentality
- Insubordination toward management
- Absenteeism and fragmented teams
- Inadequate staff training

SERVICES:

- Gap in services
- Potential increase in critical situations due to lack of coverage
- Start/Stop of programs
- Client complaints
- Delayed start in treatment
- Misuse/Waste of Resources

Phases of Compassion Fatigue

Zealot/Enthusiasm Phase:

- Involved, Committed
- Solving problems, Making a difference
- High Enthusiasm
- Willing to “go the extra mile,”
- Volunteer your time without being asked
- Seeing problems objectively and desire to help
- Spending time preparing, attending to details

Phases of Compassion Fatigue

Irritability Phase:

- Begin to cut corners
- Avoid those being served
- Begin to mock co-workers and clients/patients/students
- Language turns condescending toward others, denigrate the people served or managed
- Use of humor is inappropriate
- Oversights, mistakes and lapses of concentration
- Distance self from friends & coworkers

Phases of Compassion Fatigue

Withdrawal Phase:

- Enthusiasm goes away, chronic complaints set in
- Focus away from clients being people with needs, to being irritating, annoying, ungrateful
- Complaints about work life and personal life frequently
- Don't want to talk about what you do when others ask
- Start to neglect family, clients, coworkers and self
- Try to avoid personal pain and sadness

Phases of Compassion Fatigue

Zombie Phase:

- Begin to hate people, assume all people are the same
- Others appear incompetent or ignorant
- Develop a disdain for clients
- Lose patience, sense of humor
- Go through motions, but not invested in the work
- No longer make time for fun
- Apathetic attitude (no longer care one way or another)

Phases of Compassion Fatigue

Victimization/Overwhelmed or Forced to Leave the Work:

- Performance and attendance problems result in discipline issues
- Overwhelmed and leave the profession
- Somatic Illness
- Perpetuation of Symptoms

Signs of Compassion Fatigue

- Ability to function is interfered with or altered
- Situation or incident does not seem “typical or ordinary”, it feels “traumatic”
- Regularly gossiping or complaining about the work or management
- Routinely waking up tired in the morning and struggling to get to work
- Showing up late to meetings or missing them altogether

Signs of Compassion Fatigue

- Feeling as if you are working harder but accomplishing less
- Becoming frustrated/irritated easily
- Losing compassion for some people while becoming over involved in others
- Routinely feeling bored or disgusted
- Experiencing illness, aches and pains

Signs of Compassion Fatigue

- Frequent absences and feeling behind or in “catch-up” mode
- Overly emotional during the work day
- Unable or unwilling to perform job duties
- Experience discipline action due to performance and attendance problems
- Going through the motions, but not invested

Signs of Compassion Fatigue

- Argumentative with others
- Overlook major safety issues, forget to report
- Confused thoughts, disorganized work, losing track of information/detail
- Notice yourself staring off into space, dissociation
- Drink or use drugs after a stressful work day/week on a regular basis

Compassion Fatigue vs. Burnout

- Compassion fatigue often goes unrecognized because of the desire to continue helping others and making a difference despite the feelings, thoughts, symptoms of fatigue.
- Compassion fatigue has a more rapid onset. Compassion Fatigue has a faster recovery and is less severe, if recognized and managed early.
- Burnout emerges over time, especially when a lifestyle of self-care has been neglected for a period of time.

Stress/Trauma Inputs – For the Individual

- Providers also experience stress/trauma in their personal life, some of which they cannot control.
- However, many things are within a person's control and providers must learn to recognize ways that they invite or allow unnecessary stress and trauma into their life.
- Evaluate inputs such as toxic relationships, self-thoughts, messages that are consumed by popular media (movies, television, music, magazines, etc.), activities or other obligations that are contributing to the provider's stress or unhealthy emotions.

Stress/Trauma Inputs – For the Organization

- Stress and trauma happens in certain professions. Some cannot be controlled by the provider.
- Understanding what aspects of the work cause providers to feel most stressful or traumatized is an important step toward managing compassion fatigue.
- Despite the inevitable stress/trauma of the profession, providers must still perform their job duties and function in the workplace.
- Organizations can implement policies and procedures or plan for how to better manage stressful situations to help providers.

Compassion Satisfaction

Feeling of satisfaction derived from the work you do to help others. Focusing more on the positive impact you have on others rather than the negative impact they have on you.

Compassion Satisfaction Terminology

Compassion Satisfaction – The satisfaction derived from being able to help other people.

Professional Quality of Life (ProQOL) – is the quality one feels in relation to their work as a helper.

Self Care – Any activity of an individual with the intention of improving or restoring health, or treating or preventing problems.

Wellness – The presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

8 Dimensions of Wellness



Adapted from Swarbrick, M. (2006).
A Wellness Approach. *Psychiatric
Rehabilitation Journal*, 29(4), 311-314.

Pro-Qol Quiz

Professional Quality of Life Quiz

- Take time to reflect on the questions.
- Score your questions to see where you rank on the stages of compassion fatigue.

Pro-Qol Quiz Results

What my score means:

- **Compassion Satisfaction** – If average or high you are in good standing. If low, this is something worth exploring on an individual and organizational level.
- **Burnout** – If low, you are in a good place. If average, you have time to still prevent further burnout. If high, you could consider consulting with a professional.
- **Secondary Traumatic Stress** – If low, you are doing well. If average, it is important to monitor how much stress you currently have and are exposed to in order to prevent further trauma. If high, you may want to consider consulting with a professional.

Self-Care – What & Why

- **Self-Care**– This term refers to how someone cares for self in and outside of work to achieve a balanced, healthy life.
- On-going self-care is important to manage symptoms of compassion fatigue, raise awareness of your own tendencies to handle stress and live a healthy life even if work demands are stressful or traumatic.
- Emotional Hygiene – small, daily habits that help you sustain emotional wellness, identify emotional pain quickly, change thought patterns toward positive and healthy.

Self-Care Plans *for Individuals*

- Assess your own compassion fatigue & learn more about it
- Develop a warning sign checklist for yourself
- Make a list of all the demands on your time and energy
- Identify & share self-care ideas
- Find time for yourself every day
- Learn to ask for help at home and at work
- Create a transition from work to home and from home to work
- Learn to say “No” or “Yes” more often and when you need to say it
- Assess your trauma inputs – how much trauma do you see?
- Exercise

Self-Care Plans *for Individuals*

- Change how you think about stress and self-care
- Schedule activities that are sources of pleasure, joy and diversion
- Allow yourself to take mini-escapes- these relieve the intensity of your work
- Transform the negative impact of your work (find meaning, challenge negativity, find gratitude)
- Get medical treatment if needed to relieve symptoms that interfere with daily functioning
- Avoid using alcohol or drugs to self-medicate
- Get professional help when needed to get back on track- everyone needs coaches and consultants at times

Self-Care Plans *for Organizations*

- Openly discuss and recognize compassion fatigue in the workplace
- Normalize this problem for one another
- Work towards developing a supportive work environment that incorporates:
 - Proper debriefing, regular check-in times
 - Regular breaks, mental health days
 - Peer support
 - Assessing and changing workloads
 - Opportunities for professional development

Self-Care Plans *for Organizations*

- How does your organization support staff?
- How does your building/clinic prepare for stressful times?
- How does your building/clinic debrief after stressful events?
- What employee benefits might help people establish a self-care routine?
- How does your organization balance the work environment to cope with the stress?

Resources

- <http://www.compassionfatigue.org> – Compassion Fatigue Awareness Project
- <http://www.samhsa.gov> - Substance Abuse and Mental Health Services Administration
- <http://www.proqol.org> – Professional Quality of Life (ProQol)
- <http://www.preparingtexas.org> – Texas Dept of Public Safety
- <http://www.secondarytrauma.org> – Secondary Trauma
- <http://www.counseling.org> – American Counseling Association
- <http://www.stress.org> – American Institute of Stress
- <http://www.dmh.mo.gov> – Missouri Department of Mental Health
- <http://www.drbrd.com> – Bernard Robertson-Dunn's three types of problems