Goals

1. Increase awareness of personal factors that contribute to compassion fatigue
2. Review current scientific literature related to mindfulness, self-compassion and gratitude as mitigating factors for compassion fatigue
3. Review practical applications for managing compassion fatigue

Compassion fatigue is an occupational hazard and self care is an ethical imperative

"The expectation that we can be immersed in suffering and not be touched by it is unrealistic. The skills and resources we use to help others to heal are not enough to protect us from the pain we see. Therefore, in order to help others we must also take care of ourselves." (C. Figley, 1995)

"We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we have inner images of it, or we have the gift (or curse) of extreme empathy. We suffer. We feel the feelings of our clients. We experience their pain. We absorb their stress. Eventually, we lose our sheen of optimism, humor, and hope. We tire. We aren't sick, but we aren't ourselves." (C. Figley, 1995)

"Self-care is an ethical imperative. We have an obligation to our clients — as well as to ourselves, our colleagues, and our loved ones — not to be damaged by the work we do." (Budzien & Feenstra, 1996)
Effects on Helping Professionals

A combination of secondary trauma, burnout, and compassion fatigue is one of the primary reasons why many helping professionals leave the field (Figley, 1999). Secondary trauma has been associated with early resignation, greater staff turnover, decreased effectiveness of clinicians and increased difficulties with interpersonal relationships outside of work life (Sexton, 1999). Over 1,000 child welfare workers studied showed vicarious trauma negatively impacts a worker’s professional satisfaction and professional efficacy, and has a direct effect on a worker’s intent to leave their agency (Middleton, 2011). Compassion fatigue is believed to impair the ability of professionals to effectively help those seeking their services (Figley, 1999).

Definition of Terms

Primary Stress Injuries

- Defined set of criteria: symptoms, impairment in functioning, specific timeframes
- Acute Stress Disorder
- Post Traumatic Stress Disorder

Secondary Stress Injuries

- Compassion Fatigue
- Burn Out
- Secondary Traumatic Stress
- Vicarious/Shared Trauma

Compassion Fatigue

- Chronic physical and emotional exhaustion
- Depersonalization, Irritability
- Feelings of inequity toward the therapeutic or caregiver relationship
- Gradual desensitization to patient stories, numbness
- Poor job satisfaction
- Demonstrate apathy, lack of interest

Burn Out

- Irritability, Anger, Isolation, Hopelessness
- Fatigue, Sleep Disruptions, Weight Changes
- Cynicism and Detachment, Feeling inadequate or ineffective
- Lack of interest/motivation, increased absences
- Develops over time, progressive loss of energy and goals

Secondary Traumatic Stress

- Shock, denial, confusion
- Sadness, hopelessness, guilt or shame
- Difficulty with concentration & decision making
- Emotional sensitivity, hyper arousal, flashbacks, numbness or dissociative symptoms
- Nightmares or disrupted sleep
Prevalence Rates

Secondary Traumatic Stress Scale (STSS) (Bride, Robinson, Yegidis, & Figley, 2004), criteria for PTSD-like symptoms due to the indirect exposure to traumatic events through clinical work with traumatized populations were met by

- 15.2% of social workers (Bride, 2007)
- 16.3% of oncology staff (Quinlan et al., 2009)
- 19.2% of mental health providers working with military and veteran patients (Cieslak et al., 2013)
- 20.8% of providers treating family or sexual violence (Ooi, 2011)
- 33.6% of emergency room nurses (Davangere-Graves & Rutledge, 2009)
- 34% of child protection workers (Briske, 2007)
- 39% of juvenile justice education workers (Smith-Hatcher et al., 2011)

Helping Professionals Susceptibility

- External focus/Reward system
  - Desire to help others
  - Desire to make a positive impact in the lives of others
  - Desire to improve a system (ex: education, legal system, healthcare)
  - Desire to be viewed positively by others
  - Desire to “solve” injustices
- You are the tool (countertransference)
  - Feel guilty/shame when taking care of self
  - Overdeveloped sense of responsibility (at extreme level codependency)
  - Impulse to rescue others (not allowing them personal accountability)
  - Can often sense/feel the emotions of others, highly attuned to emotions

Self Awareness + Self Regulation = Self Care
Awareness

- Awareness of your personal history
- Complete the Adverse Childhood Experiences Survey
- Awareness of your current stressors
  - Personal and work-related
- Awareness of your current needs
- Awareness of your emotional triggers
- Awareness of your boundaries
- Awareness of your body
  - Somatic symptoms are early warning signs that are often ignored

Awareness

- Awareness of your coping skills
- Awareness of things that deplete your energy
  - Emotional, physical, spiritual, energy
- Awareness of things that enhance your energy
  - Emotional, physical, spiritual, energy
- Awareness of the difficulty of the work you are doing
**Countertransference**

Which parts of yourself are vulnerable in your work
- Things you are likely to become over reactive to
Which parts of yourself do you repress in your work
- Blind spots
Which parts of yourself are assets in your work
- What helps you connect with others and be successful
Identify:
- What you are identifying with in your client
- What you are identifying with in your workplace system
- Blind spots

**Transference:**
- Identify what your client may be identifying with in you?
- What are they reacting to?
- What do you or your workplace system bring up for them?

Ex: A child could see you as a parental figure and feel you overly authoritative. They would’ve had negative past experiences with therapists.

**Utilizing Self Report Inventories**

- Establish a Baseline
  - Helps create realistic goals
  - Helps track and measure progress
  - Helps with self-monitoring given tangible items to examine
- Provides scores and recommendations for application
- Many are research based, normed and demonstrate validity

**Self Report Measures (Available online through Figley Institute)**

- Adverse Childhood Experiences Study
- Stress Vulnerability Scale
- Ego Resiliency Scale
- Spiritual Intelligence Self Report Inventory
- Self-Compassion Inventory
- Professional Quality of Life Inventory
- Secondary Traumatic Stress Scale
- Posttraumatic Growth Inventory
- Social Readjustment Rating Scale
Compassion Satisfaction

- **Mindfulness**
  - Helps improve awareness
  - Free audio's, research-based articles, practical applications
  - Greater Good Science Center, UC Berkeley
  - Research-based online to promote and online workshops, classes, certification programs

- **Gratitude**
  - Helps improve emotional well-being
  - Greater Good Center’s Toolkit for implementing into the workplace

- **Self Compassion**
  - Helps improve your relationship to yourself
  - Self-compassion.org, Dr. Kristin Neff
  - Audio’s, research-based articles, self-report inventory

Meditative Practices

- **Guided Imagery**
  - Visualization of your environment

- **Breathing Exercises**
  - Activates parasympathetic nervous system calming effect
  - Helps to self-regulate through increased breathing

- **Mindfulness**
  - Helps increase awareness of the present (see list below for activities on this list)
  - Acceptance when you are eating, where you are sitting, what you are feeling, etc., helps to diminish

- **Body Scan**
  - Recognizes and release physical pain

- **Yoga, Tai Chi, Movement Based**
  - To improve blood flow, regulate breathing, align body and release tension

- **Loving Kindness Meditation**
  - To improve relationships and offer compassion to self and others

- **Mantra Meditations**
  - To reach higher levels of consciousness
Self-Compassion

Increase
- Acceptance
- Common humanity
- Kindness

Reduce
- Isolation
- Judgment
- Over-identification

Complete self-assessment on self-compassion.org to learn your scores in each domain and overall self-compassion score.

Summary of Practical Applications

Practice self-monitoring
- Leads to self-care

Create a self-care plan & share it with others
- Helps identify your priorities
- Assists with accountability
- Creates a culture shift

Review and update plan regularly
- Continuously re-assess and make adjustments
- Create a maintenance and emergency plan

Summary of Practical Applications

Practice mindfulness to increase self-awareness
- Identify emotional sensitivities and reactions
- Identify physiological markers of tension and stress in the body (body scan)

Enhance coping skills
- Increase self-compassion
- Reduce self-criticism & judgment
- Being self-directed in caregiving
- Reduce isolation
- Express gratitude
- Seek additional/professional support when needed
- Limit venting and focusing on critical/unpleasant aspects of your job to structured times
**Summary of Practical Applications**

**Practice routine self-care**
- Address your physical, emotional, and spiritual needs on a daily basis (as routine as brushing your teeth)
- Schedule routine time away from work
- Practice boundary setting and asking for help
- Be mindful of how much negative information you have coming in outside of your job (news, social media, articles, relationships that are draining, etc.)
- Remain up to date on current literature and resources related to wellness

**Recovery Strategies**
- Identify and manage your physiological and emotional reactions
- Identify and manage cognitive and behavioral responses
- Connect to support systems and utilize coping skills
- Identify transformational meaning associated with the experience
- Create plans for implementation moving forward
Individual Barriers to Implementation
- Lack of self-awareness
- Lack of intention
- Lack of clear goals
- Lack of priority setting
- Not taking personal accountability
- Guilt/Shame
- Unrealistic expectations

Environmental Barriers to Implementation
- Unmanageable workload or deadlines
  - Department is understaffed (increased workload)
  - Department is underfunded (lack of resources)
- Lack of institutional support
  - Lack of benefits (paid sick/vacation time)
  - Lack of access to resources (availability, access, and support for accessing them)
  - Not part of workplace culture—expected to do it on your own time
  - Inadequate training or supervision
  - Poor or limited/in frequent supervision or consultation
  - Lack of foundational skills
  - Lack of opportunities for ongoing learning opportunities