

A word cloud centered around the terms "compassion" and "fatigue". The words are in various colors (blue, green, yellow, red) and orientations, representing concepts related to trauma, stress, and mental health.

compassion
fatigue

trauma
stress
secondary
child
adult
depression
anxiety
avoidance
children
sadness
cynicism
grief
doctors
headaches
self-isolation
divorce
teachers
nurses
helpers
lethargy
sleeplessness
stomachaches
disaster
abuse
therapists
help
hurt
traumatic
unmotivated
death
hyperarousal
anger
irritability

Course Objectives

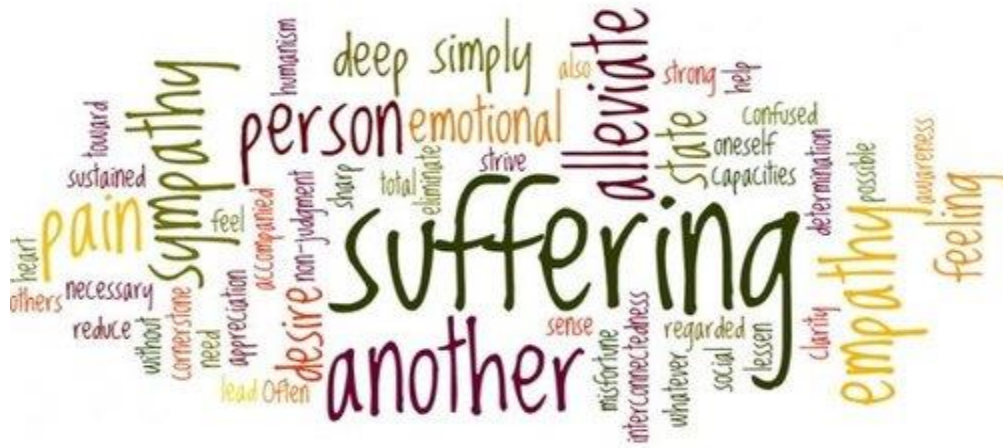
- To define compassion satisfaction
- Identify symptoms of burnout, withdrawal and secondary traumatization
- To learn underlying causes and symptoms of compassion fatigue
- To review an assessment tool using Professional Quality of Life Screening
- To learn methods to promote individual strengthening, resiliency, self care and to access resources

Who are YOU?



Who are You?

- Professional Care Provider who is a witness to suffering and approaches individuals with an open heart and a listening ear
- Highly motivated, high expectations, highly trained and highly skilled
- Taught, trained and rewarded for sacrificing personal lives for patient/client care/disaster survivors



A Care Provider can be a teacher, clinician, doctor, nurse, counselor, nursing home staff, friend, family member, caseworkers, police officer, firefighter, journalist, first responder, emergency medical technician, disaster volunteer, childcare worker, and many more...

Care Providers are not equally vulnerable to the negative consequences of occupation-related stress:

- ☐ those who have a history of psychological trauma are more vulnerable to stress exposure
 - ☐ individuals from historically disadvantaged groups
 - ☐ those who have spiritual beliefs and practice have shown to be a protective factor
-
- See more at: <http://www.psychiatrictimes.com/ptsd/secondary-trauma-issues/>



Why it is important...

- In a Mississippi study of Child Protective Workers, Burnout was significant predictor of Secondary Traumatization
- Disaster Workers at the 1994 Northridge earthquake exhibited 60% degree severity for Secondary Traumatic Stress
- Prevalence of posttraumatic stress disorder (PTSD) is higher for first responders than for the general population
- Some data suggests that first responders live 15 years less than the “civilian world”

Background

- ◎ Compassion Fatigue concept described in 1992 (Johnson, *Coping with Compassion Fatigue*, Nursing 22:4)
- ◎ Closely related to Job Burnout in business and industry (Maslach, 1976)
- ◎ Furthered by research on trauma, crisis intervention and negative effects of helping traumatized individuals

Background, continued

- PTSD- “soldier’s heart”, “shell shock”, “combat neurosis”, “railroad spine”, and “combat fatigue”
- 1980- Post Traumatic Stress Syndrome recognized in DSM-III
- Care Provider’s stress has become an issue since 9-11



Compassion. Being open to, moved by suffering of others---
context is to ease suffering, offer care, patience, kindness,
nonjudgmental understanding, inclusive of the awareness of human
imperfection including oneself (Neff, 2003)

Compassion Satisfaction

Work-related

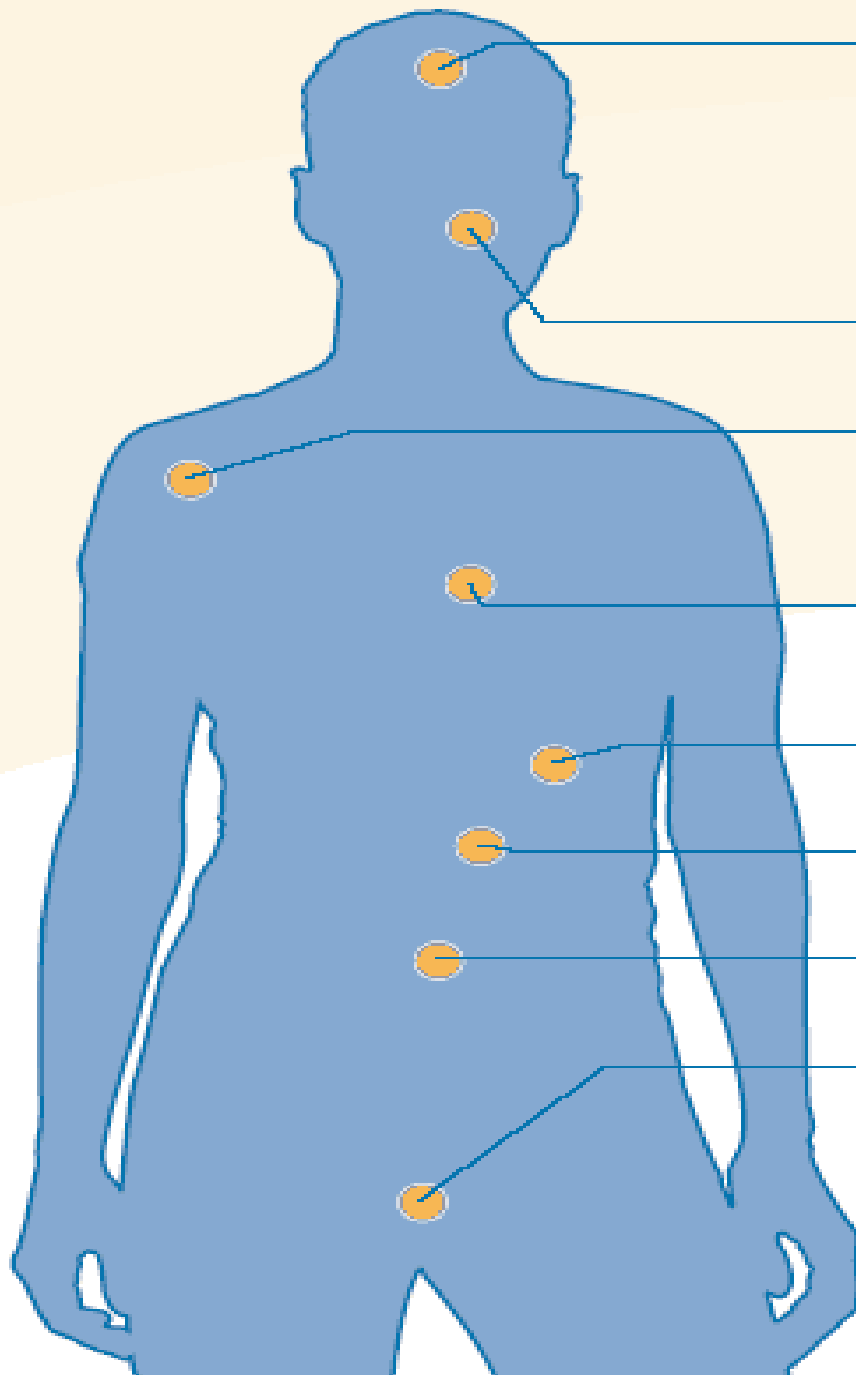
- Professional satisfaction from being able to do your work well
- May be related to feelings of efficacy and “fit” with personal or cultural belief systems
- You feel positively about your colleagues
- Ability to contribute to work setting or even to the greater good of society
- Sometimes, traumatized people help others to avoid doing their own work: helping others feels good is “enough”.

The first step in having compassion for yourself is to learn to recognize Stress

- Stress is sum total of wear and tear on the person
- An acceleration of the aging process
- Survival mechanism- “fight or flight”
- Can be a motivating force (eustress)
- Debilitating force (distress)

Physiology of Stress includes increase in the release of Hormones:

- Adrenaline
- Noradrenaline
- Adrenocorticotrophic hormones (ACTH)
- Cortisol
- Aldosterone
- Testosterone



BRAIN AND NERVES

Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, increased or decreased eating, trouble concentrating, memory problems, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression)

SKIN

Acne and other skin problems

MUSCLES AND JOINTS

Muscle aches and tension (especially in the neck, shoulders and back), increased risk of reduced bone density

HEART

Faster heartbeat, rise in blood pressure, increased risk of high cholesterol and heart attack

STOMACH

Nausea, stomach pain, heartburn, weight gain

PANCREAS

Increased risk of diabetes

INTESTINES

Diarrhea, constipation and other digestive problem

REPRODUCTIVE SYSTEM

For women-irregular or more painful periods, reduced sexual desire. For men-impotence, lower sperm production, reduced sexual desire

IMMUNE SYSTEM

Lowered ability to fight or recover from illness

Four Negative Processes of Distress

Adversely affects Caregivers:

- Over-identification with those we attempt to assist
- Withdrawal from, and even anger, at those we attempt to assist
- Burnout in our work
- Secondary Traumatization

Over-Identification

- ◎ A chemical reaction between survivor and care provider at the most vulnerable time
- ◎ The social brain is wired to help others in distress



Over-Identification

- Through the process of identification , we feel “as” the other person feels- but may relate too much to a person and their ordeal
- “We feel their pain”
- Begin to see the world through their eyes, to the exclusion of our own perspective
- Lose our Objectivity, diminish our ability to help them, and run the risk of assuming some of their emotional burden

Transference

- *Transference* is the phenomenon where we unconsciously transfer feelings and attitudes from a person or situation in the past on to a person or situation in the present.
- Because it is a relationship that is “transferred”, the survivor/client and care providers take on complementary roles.
- *Countertransference* occurs when your emotional memories are aroused through the client’s story



Withdrawal

- Enthusiasm turns sour
- Clients become irritants, instead of persons
- We make complaints about our work life, and our personal life
- Tired all the time, don't want to talk about what we do
- We start to neglect our family, clients, co-workers and ourselves
- We try to avoid our pain and sadness

Withdrawal and Anger

- Find ourselves frustrated at our inability to assist those in distress, even ourselves
- As a result, rather than challenge our approach, we may blame those we attempt to help for not improving
- May even begin to blame the “victim” for their exposure to a traumatic event

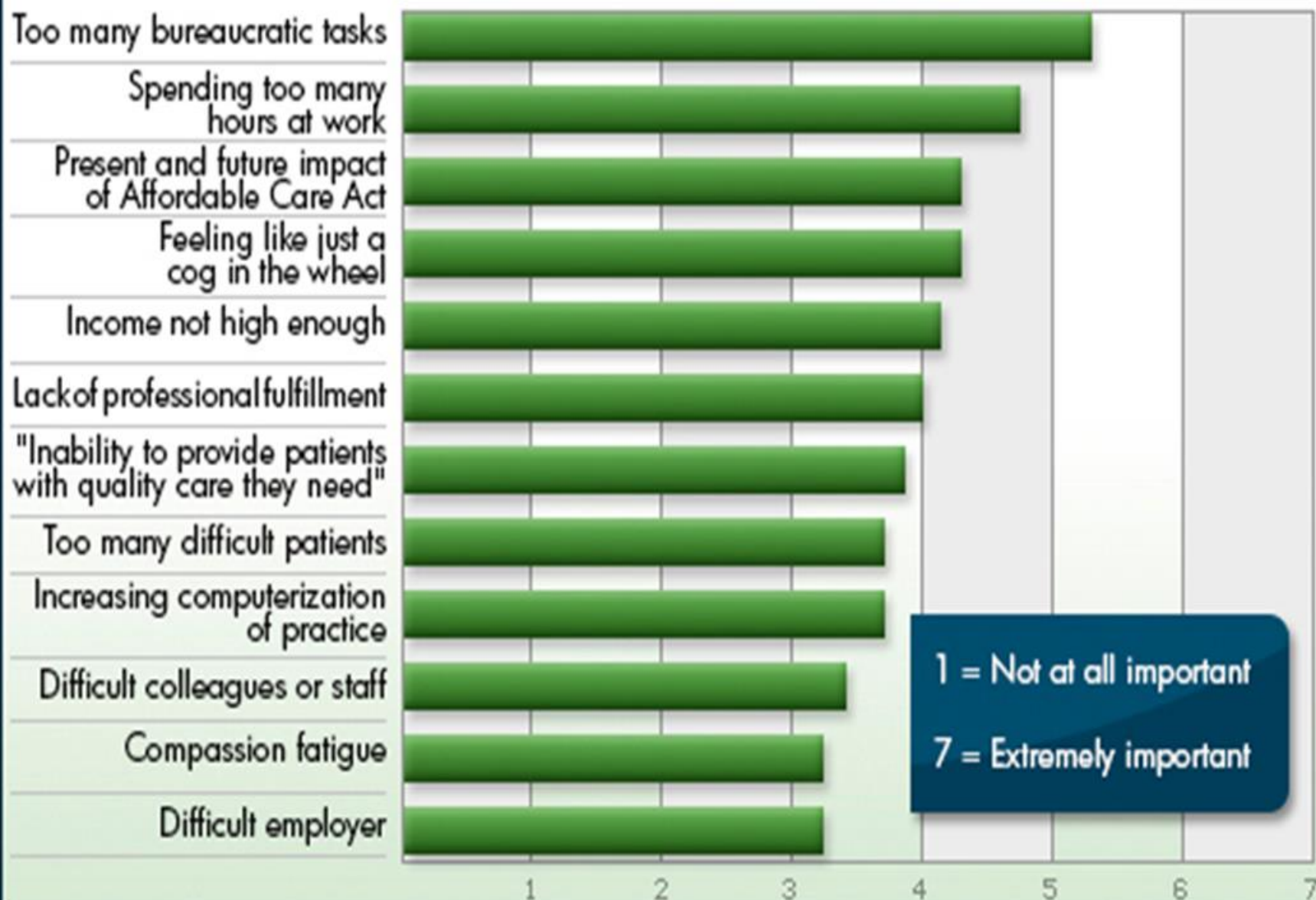


Burnout

Burnout



What Are the Causes of Burnout?



Burnout

May manifest in following symptoms:

- Procrastination
- Chronic Fatigue
- Cynicism
- Chronic lateness
- Difficulty experiencing happiness
- Pessimism
- Sense of foreshortened future
- Loss of satisfaction in one's career, or life

Secondary Traumatization



Secondary Traumatic Stress

Secondary Traumatic Stress (STS) –Problem behaviors and emotions resulting from work-related secondary exposure to extreme or traumatic stressful events.

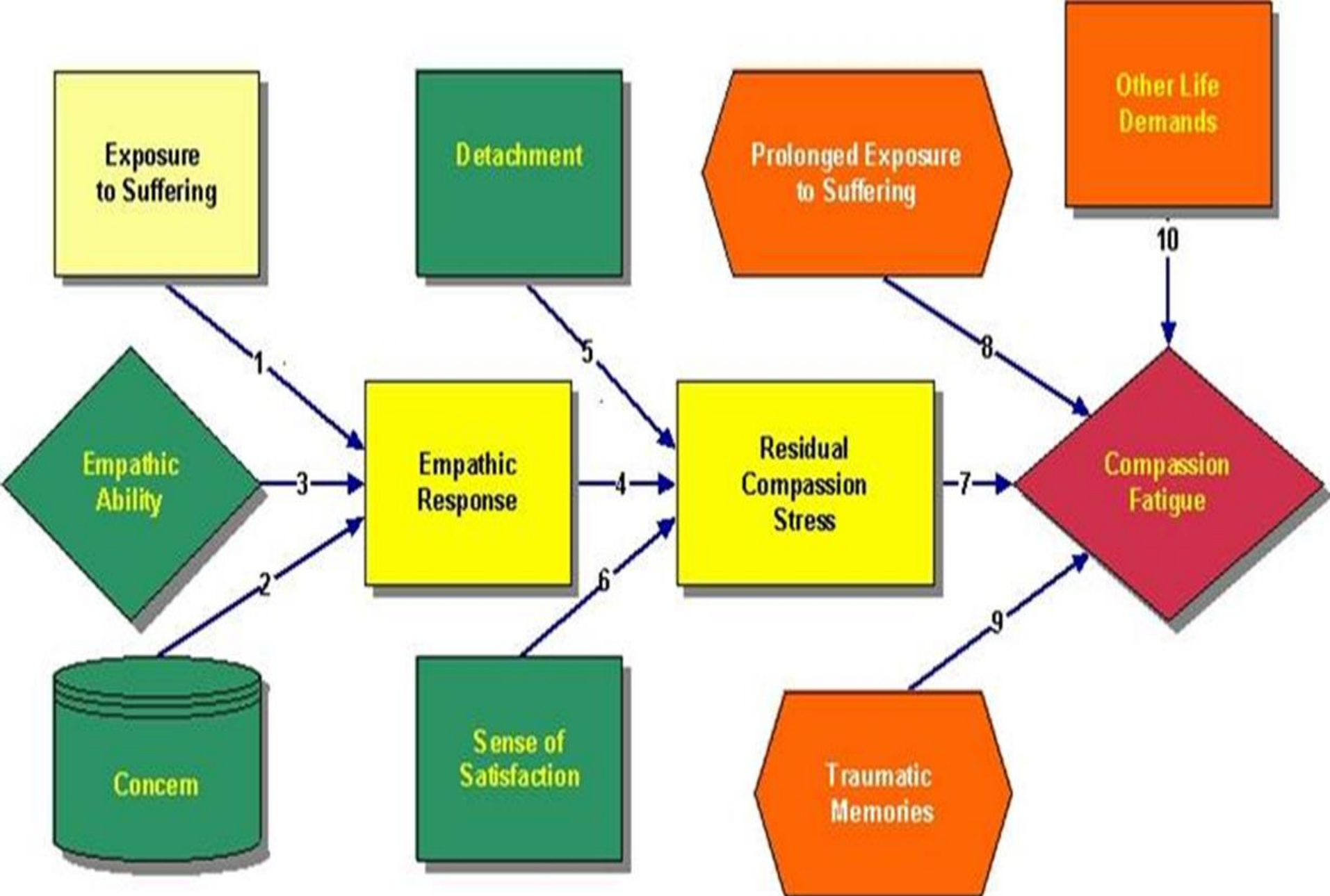
- ❑ Symptoms usually rapid in onset and associated with particular event

- ❑ Symptoms include being afraid, having images pop into your mind; or avoiding things that remind you of the encounter

Secondary Traumatization

Psychological Trauma may be contagious; and Caregivers may experience many of the same symptoms of Post Traumatic Stress Disorder as does the survivor:

“Caregivers level of empathy with traumatized individuals plays a significant role in transmission”
(Figley, 1995)



The Compassion Fatigue Process (Figley, 2001)

Secondary Traumatization Symptoms

- Re-experiencing the survivor's trauma as it was depicted to you
- Difficulty sleeping
- Hyper-vigilance, hyper-startle reactions
- Nightmares
- Chronic fatigue
- Depressed feelings
- Anxiety and irritability
- Obsessive thought of the trauma

Secondary Traumatization in Health Care Providers

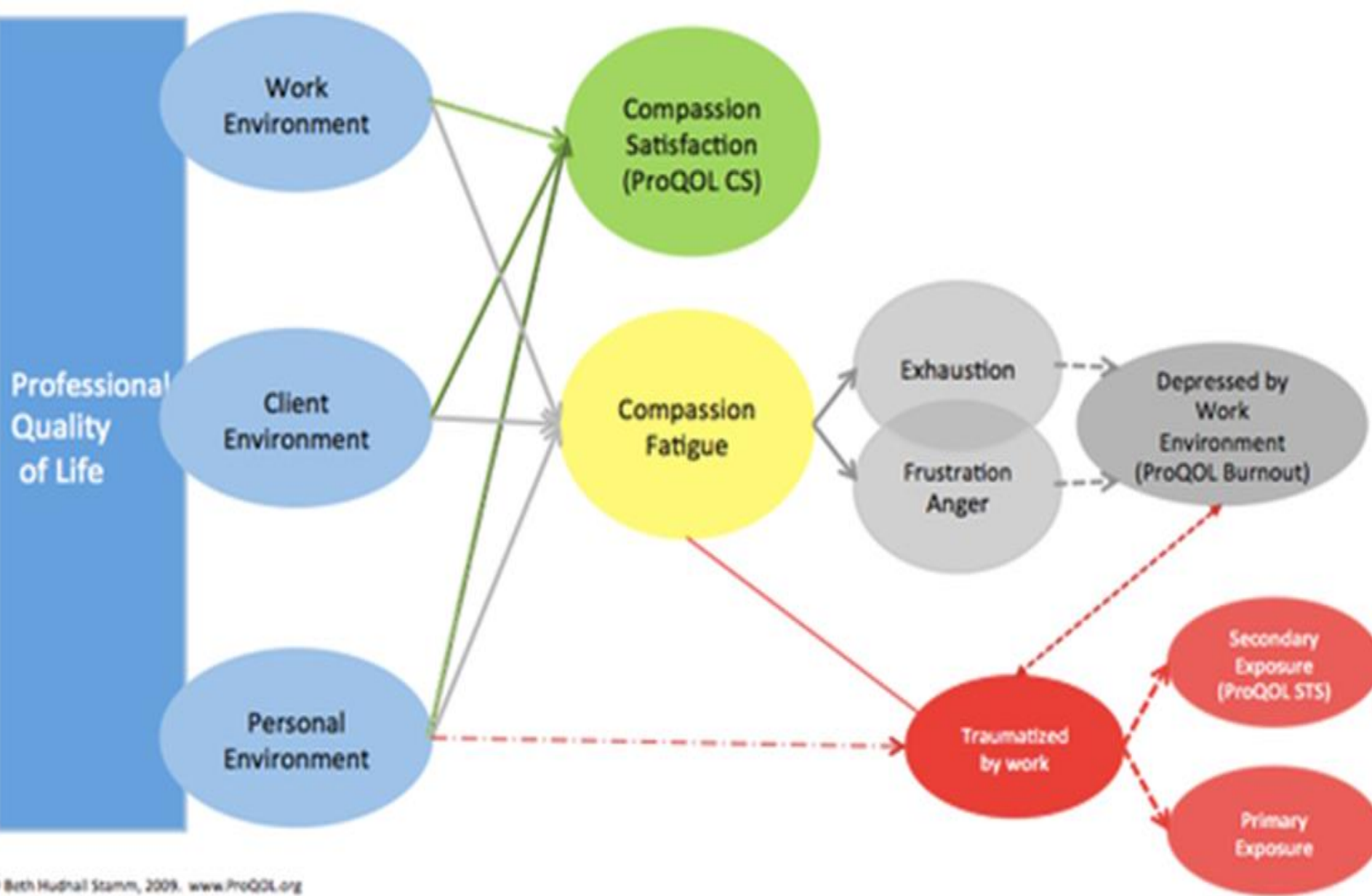
Exposure and loss factors:

- Witnessed severe burns, dismemberment and mutilation
- Witnessed pediatric injuries or deaths
- Witnessed a high number of deaths
- Responsible for expectant triage decisions
- Injury, serious illness, death of co-workers
- At work, treated for injury or illness
- Felt as if your life was in danger

Trauma triggers:

- Forced to abandon patients
- Unable to meet patient needs, such as medical surge, crisis standards of care
- Asked to perform duties outside of current skills
- Hazardous working conditions
- Worried about safety of family members, significant others or pets
- Unable to communicate with family or friends
- Health concerns for self due to agent/toxic exposure

Complex Relationships



ProQOL 5: Professional Quality of Life Screening

- ⦿ Developed by Beth Stamm in “Treating Compassionate Fatigue” with co-author, C.R. Figley,
- ⦿ Not a measurement of PTSD
- ⦿ Measures:
 - Compassion Satisfaction
 - Burnout
 - Secondary Traumatic Stress

You will be provided a copy to complete and score today

Professional Quality of Life Screening

Scores on the PROQOL 5

Compassion Satisfaction: higher scores on this scale represent a greater satisfaction in your ability to be an effective care provider in your job

Burnout: Higher scores on this scale may mean that you are at higher risk for burnout

Secondary Traumatic Stress: While higher scores do not mean that you have a problem, they are an indication to examine how you feel about your work and your work environment



Compassion Fatigue

Compassion Fatigue is an occupational hazard- it is not a sign of weakness, rather it is the cost of caring

Compassion Fatigue

Defined by Saakvitne & Pearlman (1996) as the “transformation of the helper’s inner experience as a result of empathic engagement with survivor clients and their trauma material...”

“When we open our hearts to hear someone’s story of devastation or betrayal, our cherished beliefs are challenged and we are changed.”



- Bearing witness to suffering
- Lack of emotional replenishment
- Unresolved personal trauma
- Pain in powerless people
- Loss of clients/victims
- Witness to death and dying while performing duties
- Multiple roles
- Lack of social support
- Not appreciating the dangers of empathy (Rothschild, 2002)

Causes of Compassion Fatigue

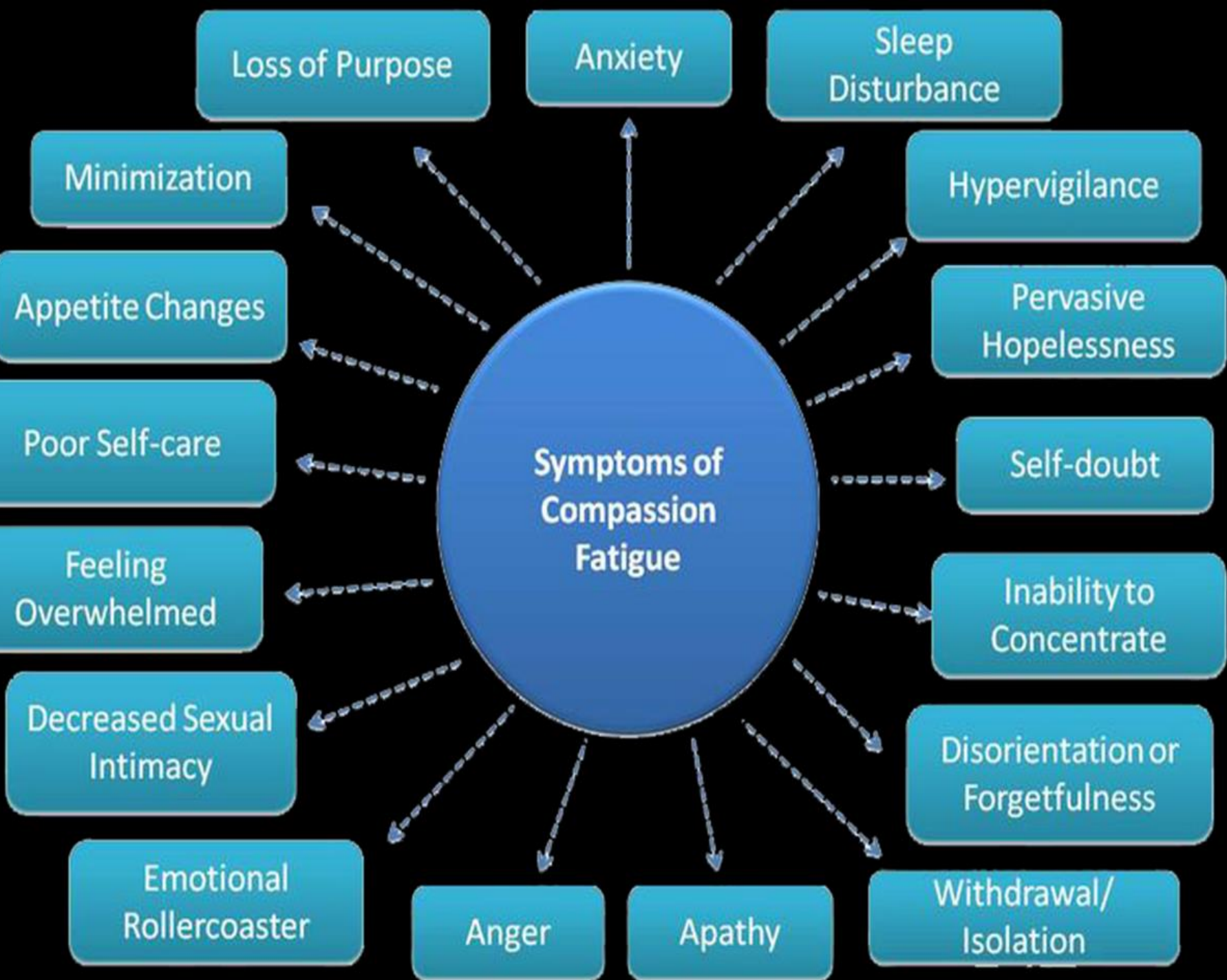
Post Traumatic Stress Disorder DSM-5

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the events as it occurred
- Learning that the event occurred to a close family or friend, violent or accidental
- Presence of the intrusion symptoms
 - Recurrent, involuntary, intrusive distressing memories
 - Recurrent dreams related to traumatic event
 - Dissociative reactions, e.g. flashbacks
 - Intense or prolonged psychological distress
 - Marked physiological reactions to internal/external exposure to traumatic events
- Persistent avoidance of stimuli associated
- Negative alterations in cognitions and mood
- Duration is more than 1 month and impairs social, occupational or other areas of functioning

Combined Effects of Secondary Traumatization and Compassion Fatigue

Care Provider's constant visualizing
of client's traumatic stress images +
effects of burnout =

**Progressively Debilitating
Symptoms**



Symptoms –Emotional Impact

- Guilt
- Anger/rage
- Sadness
- Fearfulness
- Shutdown
- Anxiety
- Overuse of sarcasm
- Overly critical
- Survival guilt
- Numbness
- Depression
- Emotional roller coaster
- Overly sensitive
- Emotional & empathy depleted
- Feel others are incompetent



SLEEP DISTURBANCE

It is during normal “deep” sleep that much of the processing of the traumatic experiences occur. When sleep is disrupted (either shortened or disturbed), the traumatic experience can become lodged in the sympathetic nervous system.

Over time , an accumulation of these unprocessed traumatic experiences can lead to Compassion Fatigue.

Spiritual/Existential Dilemma

- ◎ Question spirituality
- ◎ Question meaning of life
- ◎ Pervasive hopelessness
- ◎ Shattered assumptions
 - Life has meaning
 - World is benevolent
 - Power to change things
 - Foreshortened future
 - Inability to feel joy



Symptoms-Cognitive

- Disorientation
- Preoccupation with thoughts and images associated with another's problems or pain
- Rigid thinking
- Poor memory
- Lack of self-awareness or control can lead to countertransference in helping relationships
- Perception of the world in terms of victims and perpetrators

Symptoms- Cognitive

- Client/work issues encroaching on personal time
- Inability to “let go” of mission related matters or see personal matters interrupting the mission
- Perception of clients as fragile and needing your assistance
- Obsessive or compulsive desire to help certain clients/patients
- Oversights, mistakes and lapses of concentration

Symptoms- Interpersonal Relationships

- Conflict in close relationships
- Isolation and distancing ourselves from friends and co-workers
- Ethical violations
- Mistrust
- Sexual dysfunction
- Loss of professional boundaries
- Dread and avoidance of working with cert



Caregiver Misconceptions:

- I will “fix” the problem...make everything OK
- I am responsible for all outcomes
- The sufferer will appreciate everything I do
- I will have enough resources (time, money, materials, skills and training) to fix things
- Significant people in my life will support and approve my absence from our relationship while I invest in this compassionate work
- I can do it alone
- If I am informed enough, I can deal with the stress of working with suffering people



Economic

- Turnover at organizations
- Training expensive
- New, younger and less educated staff at higher risk
- Correlation between long-term exposure and secondary traumatization

Clinical

- Lack of continuity of care detrimental to clients/patients
- Causes case load management issues
- Missed diagnosis due to clinician's anger, or fatigue

The whole truth...

Truth 1# Professional Caregivers are not immune to the effects of secondary traumatic stress choose fast or slow burn

Truth 2# The more dependent on work for worth and adequacy= less Resiliency

Truth 3# For all the pain, the symptoms are an alert to action

Exercise for clinicians

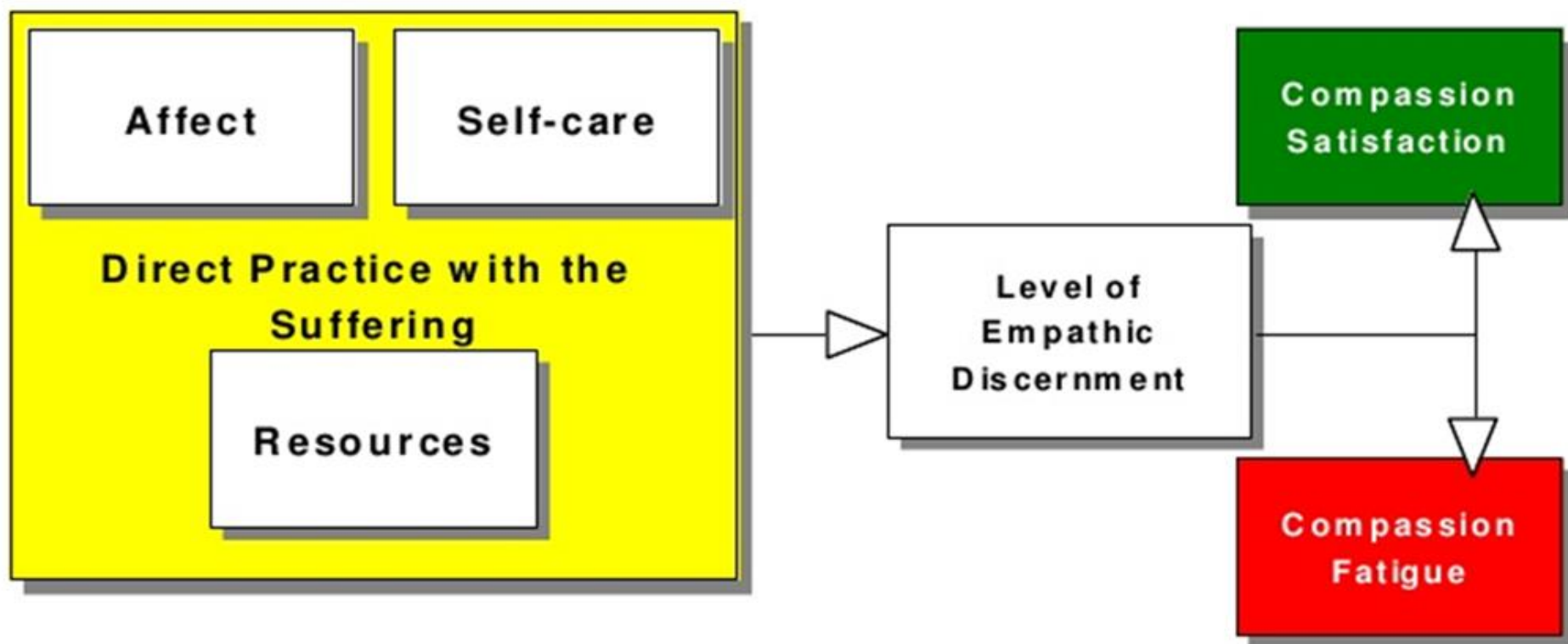
- Pair up with a partner, and discuss without names, about a case that caused you to take it home with you...caused some symptoms of Compassion Fatigue
- Identify what caused you to identify with the person/family/event
- Note commonalities and share with larger group

Exercise for Emergency Responders

- **Case Study:** You are at the scene of a major weather-related event. A microburst or hurricane has devastated several structures in about a one-block area. The weather has cleared and miraculously no one was physically injured beyond a few scratches. There are, however, several homeowners who have lost their homes. One such homeowner, standing in front of rubble that was the home, is bemoaning the loss of their home. The homeowner looks to you for support. Break up into groups of two or three and put this situation into perspective.
- Identify the stressful situation, worst fear, & likelihood the worst fear will come true (1 - 10).
- Identify an alternative improved scenario & likelihood this will come true (1 - 10).
- Identify the most likely scenario, likelihood this will come true (1 - 10) & anything that needs to be done to help make desired scenario true.



Figure 2: Transformation to compassion fatigue or compassion satisfaction: SELF CARE!



Individual Strengthening and Building Resilience

- Finding Meaning and Purpose in Work
- Maintaining Physical Fitness
- Taking Control
- Practicing Spirituality
- Developing Coping Skills
- Sustaining Social Support
- Practicing Mind Body techniques
- Practicing Sound Sleep routines

Individual Strengthening and Building Resilience

Finding Meaning and Purpose:

- ❖ Ability to create *Empathic Discernment*-helps in balancing and increasing Resources, Affect and Self-care (RAS) in providing Human Services
- ❖ Seek professional supervision/consultation
- ❖ Work becomes more tolerable and endurable

Individual Strengthening and Building Resilience

- Taking control and addressing the problem is a powerful compassion fatigue intervention
- Common mistakes for Caregivers : to take responsibility for, and try to “control” things that are beyond our control

Individual Strengthening and Resilience

Building

- ❖ What I do is important
- ❖ Survivors/Clients/Patients will benefit
- ❖ Healthy boundaries between work/personal life
- ❖ Focus on what you can control

Individual Strengthening and Building Resilience

Maintaining Physical Exercise

- Practicing regular physical exercise
- Can be done with work or volunteer colleagues
- Health benefits of regular exercise:
 - reduce stress levels
 - increase personal well being
 - greater job satisfaction
 - contact with nature



Suggested Self Care in workplace

- As you walk from your car to workplace, pay attention to the sensation of contact between your feet and the ground, create a “grounded” feeling
- Set your watch for mid-day each day, and use this time as a prompt for simple act of centering, e.g. 4 deep, slow breaths, think of loved ones, recite a favorite line
- Call a “time out” as a way of dealing with emotional flooding
- As I wash my hands, I say to myself: *May the universal life force enable me to treat my patients/clients and colleagues with compassion, patience and respect.*

Suggested Self Care in the workplace

- Take a half of minute of silence at the beginning of multi-disciplinary team meetings
- Take a break from technology, turn away from phones or computers
- Develop a “role shedding ritual” at end of workdays, e.g. put away your “tools of the trade”, drive home using a more interesting route, listen to music or books on tape

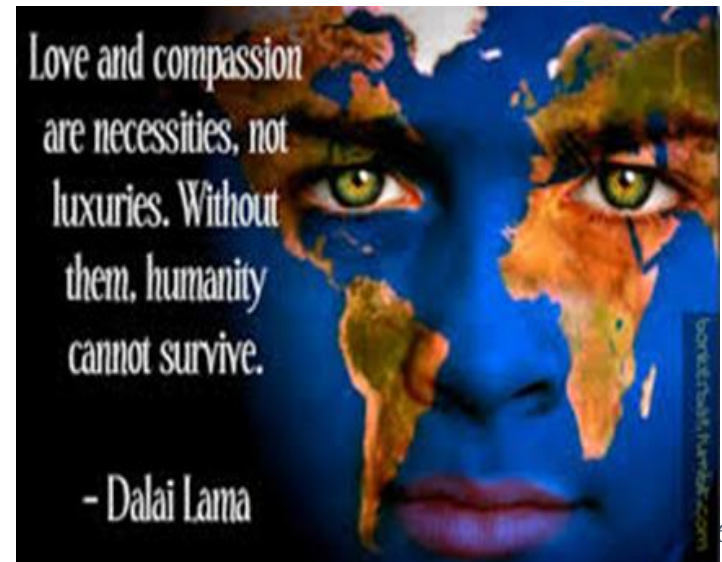
Be expansive!



Individual Strengthening and Building Resilience

Practice Spirituality

- Core beliefs, value clarification, purpose and meaning
 - Discuss changed beliefs with spiritual leaders
 - Practice rituals of your faith/belief
 - Retreats and prayer
 - Find spiritual support
 - Read spiritual literature



Individual Strengthening and Building Resilience

Develop Coping Strategies: thoughts and behaviors a person can use to manage the demands of stress

- Get the most information to make decisions
- Make small, daily decisions
- Break large tasks into smaller tasks
- Benefits of problem focused coping skills:
 - Promotes optimal levels of energy and capacity
 - Allows for “recharging” to restore energy
 - Tasks are more easily managed
 - Discuss with co-workers & partners

Table 1: Coping Strategies as Reported by EMS Providers¹¹

Constructive Coping Strategies

% Providers Using Strategy

- | | |
|--|------|
| • Talking with colleagues | 100 |
| • Thinking about positive benefits of work | 94.9 |
| • Focusing on outside interests | 92.0 |
| • Thinking about own family | 92.0 |
| • Looking forward to off-duty time | 85.5 |
| • "Black," or dark humor | 77.7 |
| • Using available mental health services | 55.3 |
| • Talking with spouse/significant other | 37.9 |


Destructive Coping Strategies

% Providers Using Strategy

- | | |
|--|------|
| • Keeping thoughts/feelings to oneself | 88.1 |
| • Avoiding conversation about calls | 81.2 |
| • Picking and choosing calls | 58.0 |
| • Reducing workload to bare minimum required | 52.6 |
| • Consuming alcohol | 50.7 |
| • Engaging in risky behaviors | 37.9 |

Individual Strengthening and Building Resilience

Stress Management when working with trauma clients/patients:

- Breath-work
 - Self-talk
 - Prayer or Meditation
- 
- Visualization, e.g. safe place
 - Physical Movement and other Kinesthetic movements: walking, stair climbing, swaying, dance steps

Individual Strengthening and Building Resilience

Stress Management when working with clients/patients:

- Caregiving is complicated. It kicks up a lot of messy emotions. Know that you are not alone.
- Stay aware of your feelings. Every time you hear yourself saying “I should” or “I shouldn’t,” pay attention
- Take all of the complicated, messy emotions and share them. Journal them. Draw them. Care for them.

Individual Strengthening and Building Resilience



Individual Strengthening and Building Resilience

Sustaining Social Support: One of the most important factors

- Organizational support/mentoring
- Connecting with colleagues and professional communities
- Seek out friends, family members, and social networks to engage, listen and support you

Individual Strengthening and Building Resilience

Group Interventions to help:

- Training about Burnout and Compassion Fatigue
- Start informal group sessions to support one another after stressful events
- Bring in behavioral health professionals and provide access to EAP (employee assistance)
- Engage in off-site social activities together

Individual Strengthening and Building Resilience

Practice Mind Body techniques

- Wide range of activities to include: Yoga, Tai Chi, aerobic exercise, canoes/kayaking, boating and fishing, Integrative Therapies, music, art, poetry, hobbies, meditation, sewing and knitting, skiing

Mayo Clinic identifies Mind Body benefits:

- Slower heart rate, reduced muscle tension, improved concentration, reduction of anger and frustration
- Meditation benefits for care providers
- Compassion and self-compassion
- Resilience, increased self-awareness, metacognition and attention

Individual Strengthening and Building Resilience



Individual Strengthening and Building Resilience



Practice sound sleep routines

- Sleep deprivation, insomnia, and fatigue negatively impact performance, mood, memory and judgment
- Obtain sufficient quantity and quality of sleep
- Ways to improve sleep:
 - Optimize the sleep environment
 - Develop an evening and bedtime routine
 - Avoid drinking liquids, especially caffeine and alcohol, and eating heavy meals near bedtime

Professional Treatment of Compassion Fatigue

- Care Providers deserve as good a treatment as they are providing to others
- Most treatments for Anxiety Disorders are relevant for Compassion Fatigue
- The challenge will be establishing and maintaining a strong therapeutic alliance with the care provider

Thoughts to carry with You:

Each of us has our own way of achieving and maintaining balance in our lives. You know how important balance plays in chemistry, in physics, in physiology, and in the environment. It is important in our minds and hearts, too.

- Their pain is not your pain
- Don't take them home with you
- Remember to care for your spirit, emotions and body so that there will be something left to give

Conclusions:

You deserve the same excellent treatment and care you provide the traumatized person



Caring for yourself results in being a more effective disaster volunteer, emergency responder, healthcare provider, family member, and friend.



Resources:

- Charles R. Figley, (2003) Introduction to Compassion Fatigue
- Saakvitne & Pearlman (1996) Transforming the Pain: a workbook on STS
- George Everly, Jr. PhD. (2011) “Self Care “
- T. Hicks, (2011) Compassion Fatigue Trajectory
- The National Child Traumatic Stress Network:
<http://www.nctsn.org/content/psychological-first-aid>
- U.S. Department of Homeland Security: www.firstresponder.gov
- Mental Health Treatment Facility Locator:
<http://findtreatment.samhsa.gov/MHTreatmentLocator>
- Substance Abuse Treatment Facility Locator:
<http://www.findtreatment.samhsa.gov>

National Suicide Prevention Lifeline 1-800-273-8255 or www.samhsa.gov

Workplace Helpline: 1-800-967-5752 or <http://workplace.samhsa.gov>

Care Provider Assessment series

- Caregiver Burden Scale
- Anxiety Sensitivity Index (ASI)
- Perceived Stress Scale (PSS)
- Holmes-Rahe Life Stress Inventory
- General Self-Efficacy Scale
- The Lewis-Roberts Multidimensional Crisis Assessment Scale (MCAS)

More Resources:

Kathleen Wescott, M.A. LMFTC.

Disaster Behavioral Health

Maine CDC

Public Health Emergency Preparedness

Kathleen.wescott@maine.gov

www.mainedisasterbehavioralhealth.com