Compassion Fatigue

Health Care Quality Units

Disclaimer

- The information presented to you today is intended to increase your understanding of compassion fatigue.
- The information is not intended to replace medical advice.
- If you are in need of medical advice, please contact your physician.

Objectives

- Understand the biology of stress
- Recognize what is trauma and its effects including Post Traumatic Stress Disorder (PTSD)
- Differentiate burnout from compassion fatigue
- Define and describe compassion fatigue, including the symptoms
- Access compassion fatigue assessment tools
- Describe personal and organizational strategies to reduce and address compassion fatigue

The Biology of Stress

- The body and mind's response to stress is controlled by the Autonomic Nervous System (ANS).
- ANS is made up of 2 branches:
  - Sympathetic Nervous System (SNS)
    - Activated during stress
  - Parasympathetic Nervous System (PNS)
    - Activated during rest and relaxation, and also during sadness

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The Biology of Stress

- Sensory information goes to the thalmus in the brain.
- The thalamus sorts out information about potentially dangerous input and sends that info to the amygdala as well as the cortex.
- The amygdala is the brain's "alarm system"
  - Activated by any threat.
  - *Not subject to cognitive nor rational process*.

The Biology of Stress

- Amygdala tags the input with “fear” and sends the info to four systems:
  - Memory Creation System
  - Sympathetic Nervous System
  - Hormonal System
  - Parasympathetic System

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Perceiving Stress

- When we are exposed to a potentially dangerous situation, we take in that information through our senses.
- Something we see, hear, taste, smell or physically feel is information that is sent to the brain via the sensory organs and nerves.

What is Trauma?

- Experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless.
- "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life." — Judith Herman, Trauma and Recovery

Trauma

- How a person perceives a particular event is highly individualized- what is traumatic to me might not be traumatic to you.
- Factors that influence a person's perception of an event as traumatic include:
  - Personality
  - Past experiences
  - Beliefs and attitudes about self and the world

Traumatic Events

- Traumatic events can be one-time events, but also can be cumulative in nature (repeated seemingly “small” traumas)
- Since people generally do not prepare themselves for traumatic events, they are caught off guard by their emotions, and may feel guilty or like they are losing touch with reality.
  - As a result, they often withdraw and isolate themselves.

Post Traumatic Stress Disorder

- Post Traumatic Stress Disorder (PTSD) is a mental health disorder that develops after a person experiences a traumatic event.
- PTSD is an extreme reaction lasting longer than one month (shorter than one month is Acute Stress Disorder).

Post Traumatic Stress Disorder

- Can be understood as a failure to process the traumatic experience of fear.
  - The mind does not take the information of the event and turn it into a memory.
  - This occurs either because of a previous vulnerability to fear or from exposure to extremes of fear.
  - The information of the event triggers an ongoing extreme fear response.

Post Traumatic Stress Disorder Diagnostic Clusters

The behavioral symptoms of PTSD:

- Re-experiencing (intrusive symptoms)
- Avoidance
- Negative cognition and mood
- Arousal

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Burnout

- The state of physical, emotional, and mental exhaustion caused by long-term exposure to any demanding situation in life.
- It is the cumulative result of stress:
  - Stress is a state of “too much”
  - Burnout is a state of “not enough”

Burnout Symptoms

- Feeling tired and drained
- Decreased immunity
- Physical health issues
- Sleep and appetite changes
- Sense of failure
- Self-doubt
- Feeling helpless and defeated
- Procrastination
- Skipping work, arriving late, leaving early
- Substance abuse

Burnout versus Compassion Fatigue

- Burnout and Compassion Fatigue (CF) are two different phenomena (although they can co-occur).

Compassion Fatigue

- Also known by Vicarious Traumatization and Secondary Traumatization.
- The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events.
- It differs from burnout, but can co-exist.
- CF can occur due to exposure to one case or can be due to a cumulative level of trauma.

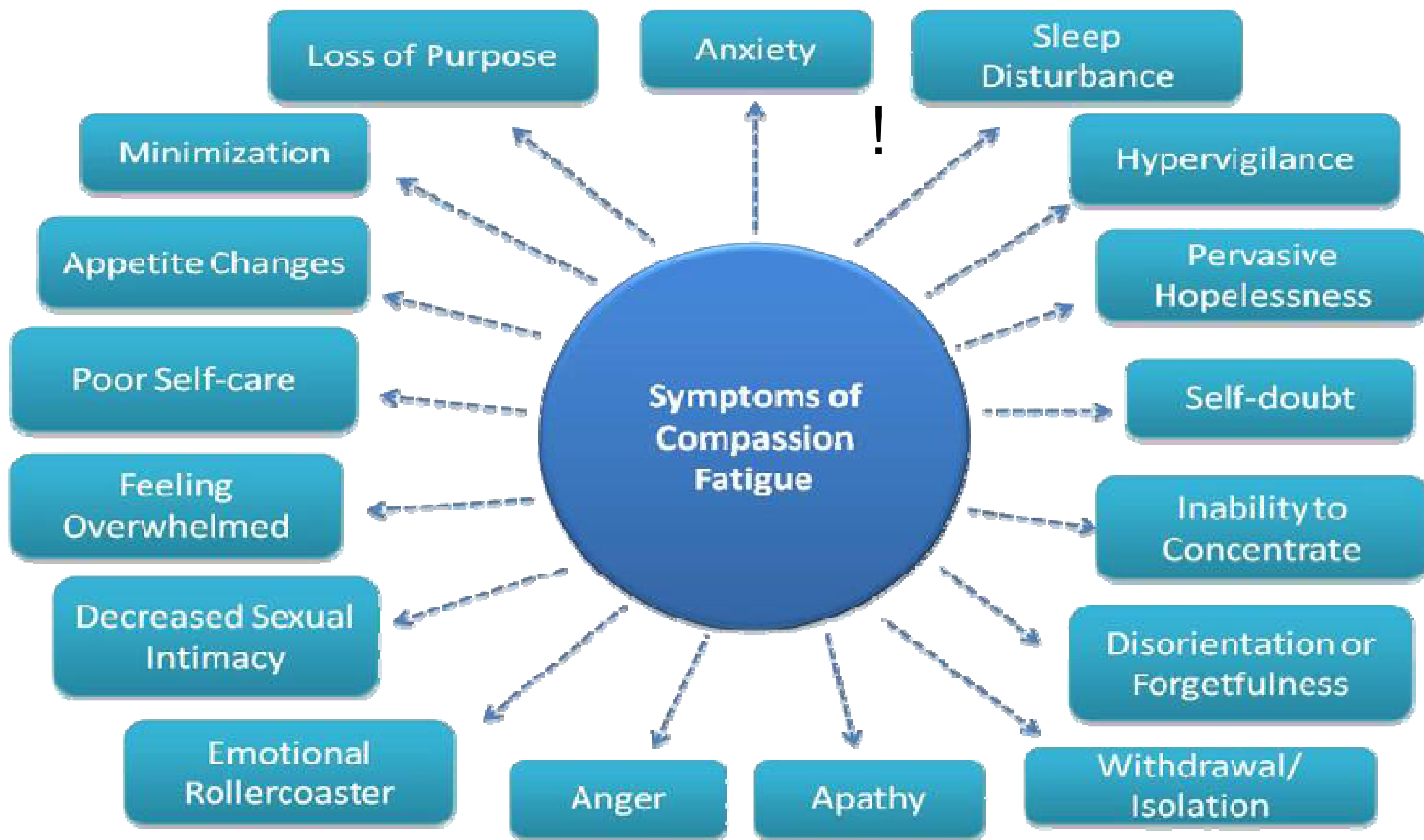
Compassion Fatigue

- "We have not been directly exposed to the trauma scene, but we hear the story with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves."

C. Figley, 1995

Compassion Fatigue

- Compassion Fatigue is a normal response to repeated exposure to traumatic material.
- It is the nature of the trauma that causes compassion fatigue, not some weakness or failure within the provider or the organization.
- The amygdala is the brain's "alarm system."
  - Activated by any threat.
  - Not subject to cognitive nor rational process.


Symptoms of Compassion Fatigue
Loss of Purpose
Anxiety
Sleep Disturbance
Minimization
Hypervigilance
Appetite Changes
Pervasive Hopelessness
Poor Self-care
Self-doubt
Feeling Overwhelmed
Inability to Concentrate
Decreased Sexual Intimacy
Disorientation or Forgetfulness
Emotional Rollercoaster
Anger
Apathy
Withdrawal/ Isolation

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Symptoms: Emotional

- Feeling overwhelmed, drained, exhausted, overloaded.
- **Feel angry, enraged, and sad about client's victimization; these feelings linger.**
- Loss of pleasure, apathy, depressed, despairing that anything can improve.
- **Irritability**
- Overly emotionally involved with client.
- Feel isolated, alienated, distant, detached, rejected by colleagues.
- Experience by-stander guilt, shame, feelings of self-doubt.

Symptoms: Cognitive

- Preoccupied with thoughts of clients outside of work. Over-identification with the client.
- Loss of hope.
- **Pessimism, cynicism, nihilism.**
- Question competence, self-worth, low job satisfaction.
- Challenge basic belief of safety, trust, esteem, intimacy and control. Feel heightened sense of vulnerability and personal threats.

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Symptoms: Behavioral

- Distancing, numbing, detachment, cutting clients off, staying “busy.” Avoid listening to client’s story of traumatic experience.
- Experience intrusive imagery, somatic complaints similar to client.
- Impact personal relationships and ability to experience intimacy.
- High overall general distress level.
- Overextend self.
- Difficulty maintaining professional boundaries.
- Putting in longer work hours and having difficulty leaving work at end of day.

Who is At Risk?

- Anyone with capacity for compassion, empathy, concern, and caring is vulnerable to compassion fatigue.
- In other words, the greatest strength you bring to your occupation-your capacity to develop a compassionate connection with your client- is also your greatest vulnerability.

At Risk

- Traumalologist Eric Gentry suggests that people who are attracted to care-giving often enter the field already compassion fatigued.
  - A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive.
  - These are often people who were taught at an early age to care for the needs of others before caring for their own needs.
  - Authentic, on-going self-care practices are deficit or absent in their lives.

In Healthcare Professionals

- Between 16% to 85% of health care professionals develop Compassion Fatigue.
- In one study 85% of Emergency Department professionals met the criteria for Compassion Fatigue.
- In another study, 23% of post-911 ambulance paramedics were identified as having severe ranges of post-traumatic symptoms.
- In yet another study, 34% of hospice professionals met the criteria for secondary traumatic stress/Compassion Fatigue.

In Dependent Patient Caregiving

- Providing care for dependent patients may result in abusive behavior by the caregiver due to the taxing nature of showing compassion for someone whose suffering is continuous or unresolvable.

- The phenomenon occurs for professionals involved with patients in long term care, terminal care, and even with professionals who have loved ones institutionalized.

In Mental Health Professionals

- A study on mental health professionals that were providing clinical services to Hurricane Katrina victims found that rates of negative psychological symptoms resulted as follows: 72% experienced anxiety, 62% experienced increased suspiciousness about the world about them, and 42% reported feeling increasingly vulnerable after treating Katrina victims.

Assessment

- It is often a great challenge for a professional to recognize and acknowledge they are suffering from compassion fatigue.
- Every person reacts to and copes differently with their reactions to adversity.
- There are many assessment tools available.

ProQOL 5

- An organizational strategy to engage in an ongoing assessment is to have each staff complete the ProQOL 5 every 3 months and review with their supervisor or other professional.

Building Resiliency

- Building resiliency focuses on individual and organizational interventions aimed at prevention of compassion fatigue.
- Some sources recommend “coping strategies” as a tool for managing compassion fatigue, but others criticize this as blaming the individual for a normal response to prolonged exposure to trauma.

Individual Protective Factors

- Self-awareness
- Able to ask for help and/or get support
- Balance between home and work
- Lifestyle management
- Open to learning and growing
- Optimism
- Able to set boundaries at work and home
- Expression of feelings
- Compassion and/or satisfaction

Organizational Protective Factors

- Positive relationships within agency
  - Safety
  - Consistency / predictability
  - Acceptance
  - Belonging
  - Opportunity
  - Hope
- Early identification of workers dealing with stress
- Ensuring appropriate and diverse caseloads
- Providing effective supervision for all
- Access to debriefing
- Staff and peer support
- Workplace culture regarding expectations about trauma care

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Coping with Compassion Fatigue

- Level 1: Individual (Self-Care)
- Level 2: Peer and Colleague
- Level 3: Organizational / Agency

Level 1: Individual (Self-Care)

- Check in with yourself
- Take care of yourself
- Talk the talk
- Walk the walk

Check in with Yourself

- Recognize that you are at risk for CF.
- Be alert to your symptoms of reaching your tipping point.
- Conduct self-analysis at regular intervals and track your responses over time.
- Take stock of what's "on your plate"- where is your energy and time being drained?

Talk the Talk

- What you tell yourself has a profound influence on who you are.
  - Pay attention to what you are telling yourself throughout the day.
  - What are your self-imposed expectations about your work? Are they all realistic?
  - Keep a healthy perspective on your role and abilities. Do what you can, leave the rest.

Walk the Walk

- Balance and diversify your caseload at work.
- Set healthy limits at work (and at home).
- Schedule and take breaks-daily, weekly, throughout the year.
- When the time comes, change jobs (save both yourself and the clients you influence- anger, irritability and cynicism do not foster healing in anyone.)

Level 2: Peer and Colleague

- We all need healthy relationships in our lives to have healthy mental health and satisfaction.

- Asses your peer supports and your social network.
  - Who can you rely on to be there for you to talk it out?
  - Do you take advantage of this?

Informal and Formal Healing Relationships

- Choose carefully who to go to for advice and counseling.
  - Recognize and steer clear of negativity and cynicism.
- Participate in peer mentoring relationships.
- Debrief after challenging cases.
- Seek out and invest in a therapeutic relationship with a counselor when you find you are becoming burdened with the trauma of others.

Level 3: Organizational / Agency

- Agencies should be proactive in recognizing and accepting / addressing compassion fatigue in all staff.
- Regularly schedule team meetings that include an emotional checking in time.
- Regularly administer a reliable assessment tool for all staff- have supervisors or others review findings with each staff.

Agency Level

- Promote employee wellness activities within the organizational culture.
- Encourage the use of Employee Assistance Program (EAP) or other assistance programs.
- Safeguard against excessive work hours and staff not using time off.
- Ensure diversified and balance caseloads for all staff.

Agency Level

- Recognize the high risk each employee faces for developing compassion fatigue.

- What is the organization's cultural belief about CF?

    - It takes great courage for an agency to honestly look at and acknowledge the unspoken beliefs that are held regarding CF, and to actively move to change the culture. It is a risk, but it is absolutely necessary for both staff and agency health and resilience!

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