Individual Compassion Fatigue Risk and Resiliency Factors

Factor	Risk Factor	Resiliency/Protective Factor	Strategies
Employee Recognition: Understanding of compassion fatigue and how it impacts helping professionals.	No awareness can lead the service provider to personalize and blame themselves for their experience – "should be able to handle this". No strategies to protect from unconscious empathy and negative worldview. No understanding of how to change their experience.	Understanding of compassion fatigue, compassion satisfaction, vicarious trauma, vicarious posttraumatic growth, burnout, empathy. Understanding of compassion fatigue trajectory. Understanding of signs and symptoms and which ones they may be experiencing and a way to assess it.	Normalizing the concepts of compassion fatigue and addressing them in clinical supervision. Staff education on concepts and phases. ProQOL
Social Support/ Isolation: Staff not able to connect with peers or able to connect but not engaging. Geographical Isolation	No one to connect with who can normalize their experience. No one to get ideas from or validation from. Feeling alone or isolated – not part of a team.	Regular opportunities to connect with colleagues and peers. Informal Debriefing Normalizes their experiences that people outside of the field don't understand. Learn skills/Ideas. Feel part of a team – responsibility pie.	Work with managers/leadership to develop peer support programs: Buddy Groups. Peer consultation/supervision. Face-to-face connection. Give structure or framework for program.
Time Off: Employees not taking vacation. Employees not using sick time. Employees not using medical leave time.	Long periods of stress. Long periods of regular exposure to trauma or pain/suffering Not taking sick time can lead to increasing complex health conditions. Not attending to medical appointments can lead to illness.	Periods of time away from work and exposure to trauma and pain/suffering. Relaxation and nourishment to heal the body. Taking sick time when needed. Attending regular medical appointments for preventative health care needs.	Use Compassion Fatigue portion of clinical supervision to explore: Plans for time away or barriers for taking vacation. Barriers to taking sick time (personal and organizational).
Workplace Boundaries: Regularly Working through lunch/break or past working hours. Checking email/phone outside of work hours.	Not taking time to nourish self throughout day. Not enough energy after work to nourish. Stress being triggered outside of workday. Thinking about service user	Regular nourishment during the day (think wellness gauge). Engaging in self-care outside of work hours. Periods of rest and relaxation. Able to say "no" and keep boundaries set.	Use compassion fatigue section of clinical supervision to explore: Reasons for working through lunch/breaks (personal/organizational) Reasons for checking

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	outside of work.	Improved work quality and confidence in choices.	email/phone after hours. Brainstorm experiments for behavior change.
Job Role: Lack of clarity around job role/description Lack of regular evaluations with feedback. Lack of understanding of expectations. Lack of SOP (standard operating procedures)	Lack of confidence in what is expected can cause stress. Taking on additional (unnecessary) responsibilities which adds to workload and boundary issues. Sudden "big problem" from not having clarity leads to high stress and lack of trust. Crisis or risk without clear plan to address including support from team.	Clear about role and responsibilities. Clear about other's responsibilities and who they can turn to for support on team. Understand goals and how performance is monitored. Trusting relationship with management/supervisors. Knowing SOPs	Can review job roles with team. Use responsibility pies with team or in supervision. Review polices and procedures for risk/crisis. Annual review with feedback with year round open door.
Workplace Stressors: Change in management/ leadership/ supervisors High staff turnover Frequent change to programming. Lack of infrastructure - space/technology/tools.	Additional stress from: Uncertain who is in charge, who to turn to for support, who makes what decisions. Working with colleagues who are new and inexperienced. New programing changes take energy and time. The physical pain or safety issues with infrastructure.	Stress management strategies/resiliency strategies. Having someone in management/supervision who is trusted. Being part of program development or changes. Having a healthy/safe work environment. Good training for new staff.	Using clinical supervision: to screen for potential safety issues and plans for support. to review workplace boundaries so they have time for nourishment during day. Ergonomic assessment. Practicing emergency preparedness. Mentoring programs for new staff.
Workload: The workload (type/amount) requires more resources (time/skills/training/supplies/space) than are available.	Workload demands not achievable during regular working hours. Perfectionist tendencies that add to time required. Lack of training/skills for role or services provided. Hesitancy to seek supervision or consultation for support. Hesitancy to use other resources in responsibility pie	Having recommended workload (patients, students, clients, cases, committees). Ability to correct perfectionist tendencies. Having training and practice in skills needed. Seeking support, team, consultation as needed.	Brainstorm ways to "work smarter, not harder" with team – create a pilot project. Use supervision: to review annual learning and development plan. to review practice and procedures – ways to improve efficiency or 80% rule for perfectionism. Bring in training in key areas

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Population need: High needs/risk population Complex factors - lack of financial resources. Lack of access to services (not available or parents not providing).	Multiple needs means coordinating services, which takes more time and people, which impacts workload and boundaries. Lack of services increases risk – high stress for service provider.	Being part of a team - not the only person responsible for a service user. Debriefing - informally and formally. Having peer consultation/supervision. Individual supervision and/or consultation. Awareness of community resources. Ability to grieve for the pain service users experience because of system deficiencies.	Taking team-based approach within organization – identify who can support services users and in what way. Reviewing responsibilities pies. Reviewing SOPs for risk. Being available for debriefing. Providing regular supervision. Being available for emergency consultations.
Trauma Exposure: Working with: people who have experienced trauma. people who have severe mental illness. people who are aggressive. vulnerable people who rely on care from others.	Regular exposure to graphic details of trauma and the pain experienced. Regular unconscious empathy for pain and suffering. Directly experiencing trauma. Directly experiencing verbal abuse. Witnessing neglect. Personal histories of trauma and/or loss.	Reduce amount of exposure to trauma. Clinical work with something else - part workload with no trauma. Workshare – less than full time. Regular time off. Skills for conscious empathy. Regular opportunity for clinical supervision/debriefing. Resiliency skills/emotional regulation.	Advocating with management for resiliency factors. Open door/phone for emergency debriefing. Direct trauma – strategy to process – will review next. Strategies from Module Five. Positive Events/Gratitude.