



Compassion Fatigue, Vicarious Trauma and Burnout

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WORKSHOP OUTLINE

Morning

- What are Compassion Fatigue/Vicarious Trauma/Burnout?
- Why do they occur?
- What can be done about it?
- Early Identification of Warning Signs/Prevention Tools.

Afternoon

- Taking stock regularly (and ways to do this)
- Self care strategies:
 - Strategies at home/at work
 - Enhancing your self care repertoire
 - Work/Life Balance

WHAT TO EXPECT FROM THE DAY

- Fun and Challenging (introspection)
- You will be invited to take a long hard look at your current work/life situation

You will NOT have to...

- Speak in front of a large group.
- Share any personal/private information with others.
- Do role plays
- Break Dance (unless you want too....)

You will be asked to...

- Solo filling out questions in workbook
- Small Group Work
- Dyad Work

- We will watch....One Short Funny DVD
- And do.... 1 brief relaxation activity.

DEFINITIONS

COMPASSION FATIGUE

Compassion Fatigue is characterized by a deep physical and emotional exhaustion and a pronounced change in the helper's ability to feel empathy for their clients, their loved ones and their co-workers.

VICARIOUS TRAUMA

Vicarious Trauma is different in that it describes the profound shift that helpers experience in their world view when they work with clients who have experienced trauma. When fundamental beliefs about the world change and are possibly damaged by being repeatedly exposed to traumatic material.

We will look at BURNOUT in a minute

COMPASSION FATIGUE & VICARIOUS TRAUMA

Similarities:

- A deep erosion of our compassion, of our ability to tolerate strong emotions/difficult stories
- Transformation of world view, sense of meaning, affect, tolerance, beliefs.
- Accumulate over time and across clients
- Evident in helpers' professional and personal life
- Occupational Hazards

BURNOUT

- Physical and Emotional exhaustion as a result of prolonged stress and frustration
- Depleted ability to cope with work demands
- Sense of powerlessness to achieve goals
- Does not necessarily alter our view of the world, but our view of the workplace.
- Can happen in any occupation.

STRATEGY #1

- Low Impact Debriefing (LID)
- AKA the Anti-Sliming Strategy



LOW IMPACT DEBRIEFING

- Increased Self Awareness
- Fair Warning
- Consent
- Low Impact Disclosure

QUESTIONS TO ASK YOURSELF BEFORE YOU SHARE GRAPHIC DETAILS:

Is this conversation a:

- Debriefing?
- Case Consultation?
- Fireside Chat?
- Work Lunch?
- Parking Lot Chat?
- Children hockey game?
- Christmas Party?
- Pillow Talk?
- Other...

Is the Listener :

- Aware that you are about to share graphic details
- Able to control the flow of what you are able to share with them.

GROUP DISCUSSION

Think about your own work and it's impact on you.

- What is your trade?

What kind of exposure to:

- Traumatic Material
- Clients in high need
- Other stressors?

WORKBOOK

- Signs and Symptoms Checklist



- Your S&S will be your **WARNING SIGNS**

PHYSICAL SIGNS OF COMPASSION FATIGUE

- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness

BEHAVIOURAL SIGNS AND SYMPTOMS

Increased Use of alcohol and drugs	Anger and Irritability	Avoidance of Clients
Absenteeism	Impaired Ability to make Decisions	Problems in Personal Relationships
Attrition	Compromised Care for Clients	The Silencing Response

THE SILENCING RESPONSE

“the silencing response [...] inability to attend to the stories/experiences of our clients and instead to redirect the material that is less distressing for the professional.”

“This occurs when client’s experiences/stories are overwhelming, beyond our scope of comprehension and desire to know, or simply spiraling past our sense of competency. The point at which we may notice our ability to listen becoming compromised is the point at which the Silencing Response has weakened our clinical efficacy” (Barnowsky, 1997)

EXAMPLES OF THE SILENCING RESPONSE

- Changing the subject
- Avoiding the topic
- Minimizing client distress
- Wishing or suggestion that the client would “just get over it”
- Boredom
- Angry or sarcastic with client
- Using humour to change or minimize the subject
- Faking interest or listening (hard to pay attention)
- Fearing what the client has to say
- Fearing you will not be able to help
- Blaming clients for their experience
- Not believing clients
- Feeling numb or avoidant prior to sessions
- Constantly being reminded of personal traumatic experiences when working with clients.

PSYCHOLOGICAL SIGNS AND SYMPTOMS

- Emotional exhaustion
- Distancing (need to know basis)
- Negative self image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism
- Resentment
- Dread of working with certain clients
- Feeling professional helplessness
- Diminished sense of enjoyment/career
- Depersonalization
- Disruption of world view

PSYCHOLOGICAL SIGNS AND SYMPTOMS CONTINUED

- In ability to tolerate strong feelings
- Problems with Intimacy
- Intrusive imagery
- Heightened anxiety or irrational fears
- Loss of hope
- Hypersensitivity to emotionally challenged stimuli
- Insensitivity to emotional material
- Increased sense of personal vulnerability
- Difficulty separating personal and professional lives

DIFFERENCE BETWEEN CF AND DEPRESSION

“CF is a stress reaction that might have depression or other psychological or physiological symptoms as a component”

“CF for helpers is roughly the emotional hazard equivalent to the physical risks of fishermen working on an arctic fishing boat. Of course, if you change the circumstances to something healthier, the symptoms of the stress can mitigate and resolve with time. Chronic CF can certainly lead to depression, anxiety, addiction or a host of other mental or physical illnesses, if it is not recognized and addressed effectively”

Dr. Richard Thomas, Nebraska, former US Air Force Psychologist

CONTRIBUTING FACTORS

- CF exists on a continuum throughout our career
- Current life circumstances
- Working conditions
- Nature of the work
- Nature of the clientele

WORKBOOK

Assessing Contributing Factors to CF

- Review the Assessment and think about what contributes to your Compassion Fatigue.
- Did anything surprise you? Did you check off more factors in one area than another?

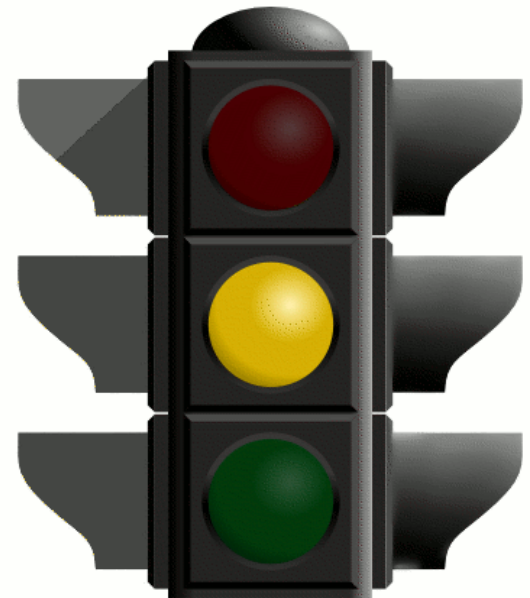
DYADS

Discuss what has come up for you so far

- What factors do you see contributing to the risk of developing CF/VT in the job that you do?

SCALING MY RED ZONE

- Conceptualizing CF as three zones:
 - Green
 - Yellow
 - Red
- Signs you are in the red zone
- Signs you are in the yellow zone



Handout #4

STRATEGY # 2

- Caring “just the right amount”:
- Increased self-awareness (what is happening for me right now as I am hearing this story?)
- Insight: This is why that story got to me
- Ground Yourself

NOW FOR THE UNFAIR NEWS....

- To stay CF free, you may have to make some significant changes to your Work/Life Balance

ADDRESSING CF: STRATEGIES



WHAT HAS BEEN FOUND TO HELP CF?

- ✓ Job Satisfaction
- ✓ Good self care (exercise, spirituality, arts, sports)
- ✓ Increased self awareness
- ✓ Low Impact Disclosure
- ✓ Better Work/Life balance (tell others how to support you)
- ✓ Limiting trauma inputs
- ✓ Rebalancing caseload & workload reduction
- ✓ Coaching/Counselling
- ✓ Professional Development

YOUR SUPPORT SYSTEM

- What is your professional support network?
- Who is in it?
- How regular is it?
- Do you feel that it could be improved upon and if so how?
- What are some obstacles you face in having the ideal support system?
- If you are in a relationship: How do you handle all of this with your partner? Does your partner understand the profound impact of your work on you as an individual?

SELF CARE – WHAT HAS BEEN SHOWN TO WORK

- Deceptively simple strategies
- Abc's of basic self care: Sleep, rest, proper diet, exercise, vacations.
- Activities that replenish you
- Working part time/life work balance
- Nourishing activities every day
- Debriefing process

RETOOLING YOUR SELF CARE

The challenges, to my mind, are the following...

- Waiting too long before activating the self care strategies we do have in our toolbox
- Lack of a good repertoire of self care activities
- Failing to periodically reassess how effective/relevant the self care strategies that we do use are – are they still working for us?
- Getting in a rut
- Not feeling that we deserve to do self care, that it's selfish/no time/priority

WORKBOOK – SELF CARE INVENTORY

✓ What you Already Do

○ Circle what you wish you did more often

Handout #8

12 SELF-CARE TIPS FOR HELPERS

1. Take Stock Regularly - What is on your plate?
2. Start a Self Care Idea Collection – share with peers
3. Find time for yourself every day
4. Delegate – learn to ask for help at home and work
5. Have transition from work to home
6. Learn to say no (or yes) more often
7. Assess your trauma inputs
8. Learn strategies to ground yourself during trauma work
9. Consider joining a supervision/peer support group
10. Attend workshops/Professional training regularly
11. Consider working part-time (at this type of job)
12. Physical Exercise

WORK/LIFE BALANCE IN CANADA

WHAT'S BEEN SHOW TO HELP?

What really makes a difference:

- Flexibility of hours (it is easy to vary stop and end times)
- Can you interrupt your workday and come back?
Could you work at home a day each week?
- The biggest predictor of how much flexibility somebody has is who they actually work for, (supportive manager, respect, communication, positive feedback...)

Duxbury, HRDC Quotable quotes, 2001

CMHA MAY 2008

Some of the steps employees can take include:

- Offer flexible hours
- Allow workers to work from home where possible and appropriate
- Permit those returning from a leave to gradually build up to a full-time schedule
- Train managers on how to support work-life balance
- Encourage staff to stay home with sick children or elderly relatives when needed
- Eliminate unnecessary meetings
- Communicate expectations clearly to staff
- Allow staff to control their own priorities as much as possible.

(CMHA press release, May 2008)

DYADS

Tell one other person...

- When your self care hour/night/half day might take place
- What would you do during that time
- What needs to be in place for this to happen

RELAXATION ACTIVITY

- 5 Minutes of NOTHING
- Sit Quietly
- Breathe Deeply
- Peaceful Scene
- Count backwards from 100

(From Cheryl Richardson)

GROUP DISCUSSION

What stress reduction techniques do you engage in?

DEVELOPING A COMPASSION FATIGUE PREVENTION TOOLKIT FOR YOURSELF

1. What are my warning signs- on a scale of 1 to 10, what is a 4 for me? What is a 9?
2. Schedule a regular check in , every week, how am I doing?
3. What things do I not have control over?
4. What things do I have control over?
5. What stress relief strategies do I enjoy? (baths, sleeping well, massage, walk in nature)
6. What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful.
7. What stress resiliency strategies can I use? Stress resiliency are relaxation methods that we develop and practice regularly, such as meditation, yoga, breathing exercises or prayer”

GROUP ACTIVITY

Large Group Activity...

What are your favourite Self-Care Strategies....

WORKBOOK

Decision to Change:

Making and Maintaining the Commitment

Handout #9

REWARDS OF THE WORK!

- Why did I get into this kind of work?
- What keeps me interested and renewed?
- What brings hope to my work and my life?
- Thinking about successes. How have you grown and changed in positive ways? How have you made a difference in others? What has made you laugh?
- Is this the job for you?

Questions from Saakvitne and Pearlman (1996)

WHEN ENOUGH IS ENOUGH

- Access Counselling
- Changing Workload
- Making a Career Change

ANY QUESTIONS???

Feedback Forms

Did Everyone Sign the Sheet for Certificates?