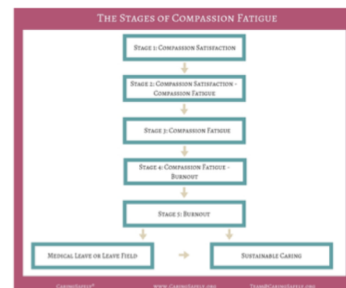


Caring Safely®

The Stages of Compassion Fatigue Trauma-Informed Compassion Fatigue Resiliency

Stage 1. Compassion Satisfaction

- Committed to helping people
- Excited make a difference
- Excited to learn more in field
- Excited to contribute to field/organization
- Problem solving mode
- Willing to put in extra hours
- Going above and beyond
- Tons of enthusiasm and volunteering



Stage 2: Compassion Satisfaction – Compassion Fatigue

- Compassion Satisfaction + extra requests + plus limited boundaries = less self-care/lifestyle strategies that promote resilience = increase in stress. Begin alternating between compassion satisfaction and early signs of compassion fatigue, including:
 - Begin to cut corners – avoid clients/patients/students/people – hide
 - Daydream or distracted when working with people
 - Oversights, mistakes, hard to concentrate
 - Increase in irritability or frustration
 - Energy beginning to wane – not as eager as first stage
 - Begin to isolate ourselves from friends and co-workers

Stage 3: Compassion Fatigue

- Minimal compassion satisfaction, increase to moderate symptoms of compassion fatigue, such as:
 - Less excitement, hope, passion for helping and field
 - People may be seen as irritants and not individuals
 - Complaints may be made about you personally and/or professionally
 - May have lower physical or emotional energy – less compassion/empathy
 - Start to withdrawal from family, friends, colleagues
 - May actually work more in attempt to make up for the symptoms of CF
 - Beginning to have negative impact on sleep, appetite, body, mood, relationships. May notice early signs of a physical or mental health condition.

Stage 4: Compassion Fatigue - Burnout

- No more compassion satisfaction. Alternating between compassion fatigue and symptoms of burnout, such as:
 - “Going through the motions” most days
 - Minimal awareness of thoughts/feelings – just trying to get through the day
 - Disconnected from colleagues/peers/family/friends
 - Even less ability to feel compassion/empathy
 - May begin to feel like you’re not really helping. Loosing hope. Why bother?
 - Impacting sleep, appetite, body, mood, relationships. May be noticing symptoms of depression or anxiety disorders without meeting criteria, or physical health conditions are exacerbated.

Stage 5: Burnout

- Extreme circumstances. It describes anyone whose health is suffering or whose outlook on life has turned negative because of the impact or overload of their work.
- Signs and Symptoms have become chronic and illness (physical or mental) has developed. Likely meeting criteria for mental health disorder such as depression, generalized anxiety or panic disorder.
- Brief interventions no longer help. Psychological and/or medical assistance is necessary.

From burnout to

Attrition or Sustainable Caring

Attrition

- May end up taking a medical leave due to diagnosable illness.
- May be treated for diagnosable illness without awareness or understanding of link to compassion fatigue.
- May feel better with treatment for illness and return to work. May find symptoms returning without strategies for CF resilience.
- May decide to leave field entirely.

Sustainable Caring

Sustainable Caring is as being able to consistently provide compassionate care, with resilience, to the pain and suffering of others.

Risk Factors for Compassion Fatigue

- No awareness of compassion fatigue or how it develops – “burnout”
- Over exposure to trauma or pain/suffering
- Early in career
- Lack of adequate training/supervision
- Lack of organizational recognition/protective factors
- Lack of community resources to support people we are helping
- Lack of personal self-regulation skills
- Conflict with colleagues/bullying in the workplace/toxic workplace
- Irregular scheduling/shift work/lack of coverage
- Personal histories (Adverse Childhood Experiences/Trauma)

Worksheet

Connecting the Concepts

Personalize each of these stages so that they make sense to you and have meaning for you.

If you haven't been to a certain stage, please write down what you think it would look like or what you have seen in others at that stages.

Caring Safely®

Trauma-Informed Compassion Fatigue Resiliency

Adverse Childhood Experiences (ACEs)

- What are ACEs and what does Trauma Informed practice mean?
- Adverse Childhood Experiences – trauma and toxic stress experienced in childhood that can have a negative impact on physical and mental health in adulthood.
- ACEs study: is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and received long-term follow up for health outcomes. The study has demonstrated an association of adverse childhood experiences (ACEs) with health and social problems as an adult.

Good Stress vs. Toxic Stress

- Childhood experiences:
 - Good stress – first day of school
 - Toxic stress- regular state of fear leading regular trigger of sympathetic branch of nervous system for the fight/flight response. This leads to increase experience of stress hormones in the body.
- Toxic stress impacts the development of the brain, the cardiovascular system, the immune system and more.
- Stress response is in a heightened state – is triggered more easily than in those who did not develop within those same conditions.

Additional Resources Provided

Long-term Impact

- **As the number of ACEs increases, so does the risk for the following:**
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work/academic performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Risk for sexual violence

Additional Resources Provided

The ACEs Questionnaire

The ACE questionnaire

- There are 10 primary childhood traumas measured in the ACE Study.
- Five are personal, including; physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.
- Five are related to other family members, including; a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.
- **Questionnaire:** <https://acestoohigh.com/got-your-ace-score/>

Trauma-Informed Compassion Fatigue Resiliency

People in helping fields may have a history of trauma/toxic stress

- Hypersensitive stress response
- Regular exposure to pain/suffering or trauma
- Regular exposure to witnessing risks
- Empathizing with intense emotions (sadness, fear, anger,)
- Working with public and exposed to viruses
- Stressful work environments with heavy workloads
- More stress can lead to increase perception of risk, struggling with boundaries, working longer, putting needs aside = more stress, reduced resiliency. Adds up over time. Perfect storm for compassion fatigue or burnout

Trauma-Informed Strategies

Strategies for Sustainable Caring

- Caring Safely teaches a variety of strategies, including:
 - Behavioral (your choices/actions)
 - Cognitive (your thoughts/thinking patterns/perceptions)
 - Relational (your relationships, communication, boundaries)
 - Physical (body and nervous system, recovering from vicarious trauma)
 - Spiritual (identifying your own spirituality practice, gratitude, mindfulness, nature)
 - Emotional (grief work, surfing emotions, preventing emotional contagion, emotional regulation)
 - Work-related (workloads, practices, habits, time-management, boundaries, communication)
- All strategies are trauma-informed and are equally helpful for those who don't have a history of ACEs or trauma. For those who do, paying particular attention to those that help to regulate the nervous system and prevent the stress response will be important.