

TRAUMA-INFORMED COMPASSION FATIGUE RESILIENCY

Presented by:
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Founder of Caring Safely®

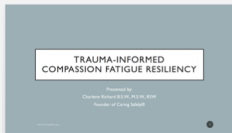
INSTRUCTOR



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- Clinical Social Work (addictions and mental health)
- Instructor: University of Calgary, Faculty of Social Work
- Founder of Caring Safely®: Education and training for individuals and organizations on trauma informed compassion fatigue resiliency at www.CaringSafely.org or email: team@caringsafely.org
- Creator of Private Practice Bliss™ www.PrivatePracticeBliss.com

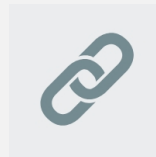
WORKSHOP MATERIALS



Access the resources reviewed during this workshop:
<https://programs.caringsafely.org/log-in-page>



Handouts



Resources

LEARNING OBJECTIVES



- ✓ Explain the stages of compassion fatigue and how it differs from burnout
- ✓ Learn a trauma-informed approach to compassion fatigue resiliency
- ✓ Practice strategies to protect yourself while you are helping people who are suffering
- ✓ Plan a recovery process for Acute Stress and how to recognize Post Traumatic Stress Disorder
- ✓ Experience strategies to increase your compassion satisfaction and vicarious resilience

TRAUMA INFORMED EDUCATION

- Over 70% of the population has experienced one or more traumatic events in their life
- As you will learn in the course, taking a trauma-informed approach means approaching each person with the understanding that it's possible they have experienced one or more traumatic events, and that these events may impact their current health, behaviors and/or coping strategies in ways we can't see. We take that same approach with each learner as part of trauma-informed educational practices.

SAFE LEARNING ENVIRONMENT

- While this workshop does discuss trauma, it will not include graphic details of trauma.
- Part of my role as a facilitator is to ensure a safe learning environment, which includes limiting your exposure to graphic details of trauma. If someone is participating in a discussion and I feel they may begin to disclose details of trauma, I will engage and review these safe learning environment guidelines.
- You will not be asked to share any details of your own history with trauma or ACE(s).
- Gentle reminder that this is an educational workshop for helping professionals and not a therapeutic intervention.

LEARNER SELF-CARE PLAN

- This training is going to discuss various forms of trauma, the prevalence of trauma as well as the short-term and long-term impacts of trauma.
- Helping professionals (including those in attendance) may also have a history of trauma or Adverse Childhood Experiences.

Reflection: If you feel yourself reacting to the material we are discussing, what will you do to take care of yourself?

- Take a break and come back
- Deep breathing, stretching, water, (self-soothing)
- Contact someone who is a support

PARTICIPANTS

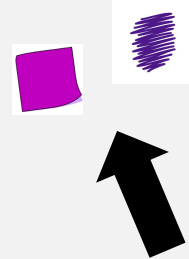
How long have you been in your field or another helping role?



- Student
- Less than 2 years
- 2-10 years
- More than 10 years

GROUP PRACTICE BONES TO THE GROUND

- Focus on where you feel your breath; stomach or chest.
- Focus on which bones are supporting you. What surfaces are supporting you?



Behavioral Activation Cues

PERSONALIZE AND INTEGRATE THE CONCEPTS AND STAGES

- By the end of this workshop, you should be able to explain the concepts and stages of compassion fatigue.
- Use the handouts to write out the meaning of the concepts in your own words so that you could explain them to someone else in a general discussion.
- **Handouts: Personalize and Integrate (Concepts and Stages)**



COMPASSION

- “Compassion is defined as the emotional response when perceiving suffering and involves an authentic desire to help” (Seppala, 2013)
- “Compassion...involves the recognition and clear seeing of suffering. It also involves feelings of kindness for people who are suffering, so that desire to help – to ameliorate suffering – emerges.” (Neff, 2011)
- **Two components:** identifying with human suffering and a desire or motivation to do something to relieve this suffering.

DESCRIPTIONS OF COMPASSION SATISFACTION

“I really like having people get better. It is really wonderful helping people.”

“I did make a difference, I did make it better. I’m in the right profession. I should be here.”

“The rewards outweigh the challenges by far.”

“There is no other feeling that can compare to really helping someone who is struggling.”

(Austin, W. et al., 2012)

REWARDS OF COMPASSION

Compassion leads to connection, which correlates to:

- Better mental and physical health
- Speeds up recovery of disease
- May lengthen our lifespan
- Strengthens our immune system
- Improves self-esteem
- Lowers anxiety and depression
- Increases empathy, trust and cooperation with others = more connection!

(Gilbert, 2009)

COMPASSION FATIGUE

- On a spectrum from mild to severe symptoms
- A pronounced change in the ability to feel empathy for clients, loved ones and co-workers.
- Deep physical and emotional exhaustion.
- Described as feeling you have nothing left to give.
- May or may not include vicarious trauma/secondary traumatic stress.
- May lead to burnout with diagnosable mental health condition, such as major depression, generalized anxiety, panic disorder, PTSD.
- It's a serious, but natural, consequence of regularly helping people who are suffering and traumatized.

DESCRIPTIONS OF COMPASSION FATIGUE



“When you have nothing left to give, you have given so much there is nothing left.”

“The cumulative toll that we, as individuals, experience as a result of exposure to suffering, hardship, crisis and trauma.”

“Because of your kindness, compassion and empathy, you start to absorb the emotions and reactions of the people you are helping.”

“Dealing with sick people and giving them what they need emotionally... you just give, give, give all the time.”

“Every time I’m at work, I feel dread. It’s hard to fill my bucket.”

(Austin, W. et al., 2012)

VICARIOUS TRAUMA

- The transmission of traumatic stress through observation and/or hearing others’ stories of traumatic events and results in a shift in your world view and sense of meaning, “no one can be trusted” or “the world is completely dangerous”.

(Saakvitne, K. and Pearlman, L., 1996)

- Not everyone who experiences compassion fatigue experiences vicarious trauma or secondary traumatic stress.

VICARIOUS POST TRAUMATIC GROWTH

- Vicarious Post Traumatic growth refers to the significant positive symptoms derived from trauma work and the impact this has on the personal growth of the worker.
- An enhanced sense of meaning and purpose in life that promotes personal change and growth in areas such as self-perception, philosophy of life and interpersonal relationships.

(Arnold et. Al. 2005)

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.

STAGE I COMPASSION SATISFACTION

All of the good feelings that come with connecting to other humans, empathizing with them and helping them feel better.

- Committed, involved, available
- Excited to problem solve and make a difference
- Willing to put in extra hours – put own needs aside
- Tons of enthusiasm and volunteering
- Willing to go the extra mile “I’ll do that”

What did/do you do during you Compassion Satisfaction stage?

STAGE 2 COMPASSION SATISFACTION – COMPASSION FATIGUE

Compassion Satisfaction + extra requests + plus limited boundaries = less self-care/lifestyle strategies for resilience. Begin alternating between compassion satisfaction and early signs of compassion fatigue, including:

- Begin to cut corners – avoid clients – 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
- May begin to feel less present with family/friends

STAGE 3 COMPASSION FATIGUE

Minimal compassion satisfaction, increase to moderate symptoms of compassion fatigue, such as:

- Less excitement, hope, passion for your work
- People may be seen as irritants and not individuals
- Complaints may be made about you personally or professionally
- May have lower physical/emotional energy or motivation to do activities
- Less desire/energy to spend time with family/friends
- **May actually work more in attempt to make up for the symptoms of CF**
- Beginning to impact on sleep, appetite, body, mood, relationships. May notice early signs of a physical or mental health condition without meeting criteria.

STAGE 4 COMPASSION FATIGUE - BURNOUT

Rare compassion satisfaction. Alternating between compassion fatigue and symptoms of burnout, such as:

- 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. Losing hope. Why bother?
- Impacting sleep, appetite, body, mood, relationships. May notice symptoms of depression or anxiety disorders. Physical health conditions may be 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.

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

- Caring is defined as things that are done to keep someone healthy and safe etc.
- Sustainable is defined as being able to be used without being completely used up or destroyed.
- **Sustainable Caring** is as being able to consistently provide compassionate care, with resilience, to the pain and suffering of others.



(Richard, C. 2018)

RISK FACTORS

- 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 community resources to support people we are helping
- Lack of personal self-regulation skills to prevent emotional contagion
- Personal histories (Adverse Childhood Experiences/Trauma)

PERSONALIZE AND INTEGRATE SCREEN FOR COMPASSION FATIGUE

- By the end of this workshop, you should be able to screen for signs of compassion fatigue, compassion satisfaction and burnout
- Use the handouts to screen and scale compassion fatigue, compassion satisfaction, vicarious trauma and burnout.
- **Handouts: Signs and Symptoms of Compassion Fatigue and Professional Quality of Life Scale**



SIGNS OF COMPASSION FATIGUE

- Behavioural
- Spiritual
- Physical
- Interpersonal
- Emotional
- Cognitive
- Work-related



THE PROFESSIONAL QUALITY OF LIFE SCALE



- Compassion Satisfaction
- Burnout
- Secondary Traumatic Stress (Compassion Fatigue)

• (Proqol, 2018)

PERSONALIZE AND INTEGRATE TRAUMA INFORMED APPROACH



By the end of this workshop, you should be able to summarize why a trauma-informed approach to compassion fatigue resilience is important.

Handout: Connecting the Concepts A Trauma Informed Approach to Compassion Fatigue Resiliency

TRAUMA

- A traumatic event can be a single experience or repeated/multiple experiences
- These experiences are completely overwhelming for the individual
- The individual was unprepared
- These experiences are beyond the person's control – there was nothing they could do to stop it from happening.
- They impact a person's ability to cope or integrate the thoughts and feelings experienced during the event.
- During these events the sympathetic branch of a person's nervous system is triggered, also known as the fight/flight or freeze response.

TYPES OF TRAUMA

- **Single episode:** One time traumatic experience. With support, most people can cope and recover without developing Post-Traumatic Stress Disorder.
- **Complex Trauma:** Repeatedly experiencing trauma and results in chronic toxic stress, such as; family violence, abusive relationships, severe bullying, large scale violence (war, genocide).
- **Developmental Trauma:** Repeated experiences of trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. (ACEs)

TYPES OF TRAUMA

- **Intergenerational Trauma:** The impact of trauma experienced by parents/caregivers on their children. Unhealthy behaviors, communication and maladaptive coping strategies can be modelled.
- **Historical trauma:** The impact of trauma inflicted on a massive population by a dominant group such as: genocide, colonialism (for example, residential schools), slavery and war, that leads to cumulative emotional and psychological injuries over the lifespan and through generations.
- **Vicarious Trauma:** The impact of exposure to the trauma of other individuals such as helping professionals and first responders. Can lead to acute stress or post traumatic stress disorder.

ACUTE STRESS DISORDER

- A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:**
1. Directly experiencing the traumatic event(s).
 2. Witnessing, in person, the event(s) as it occurred others.
 3. Learning that the events occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse).
Does not apply to exposure through electronic media, television, movies or pictures, unless this exposure is work related.

Symptoms: Intrusion, Mood, Dissociation, Avoidance, Arousal – beginning or worsening after the event(s) occurred.

AROUSAL/AVOIDANCE

Symptoms of Anxiety

Symptoms of Depression

Arousal	Avoidance
Fear/Anxiety/Irritability	Depression/Hopelessness
Sleep disturbances, Appetite changes	Procrastination/Dread/Isolation
Impulsive/Compulsive Behavior	Blame/Relational Problems
Poor concentration/Obsessive thoughts	Less Self-Care
Immune problems	Rumination

POST TRAUMATIC STRESS DISORDER

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnesses, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse). *Does not apply to exposure through electronic media, television, movies or pictures, unless this exposure is work related.*

Symptoms: Intrusion, Mood, Dissociation, Avoidance, Arousal – **worsening after the event(s) occurred.**

(American Psychiatric Association, 2013)

ACUTE STRESS OR PTSD

- Acute stress disorder includes symptoms that begin after the traumatic event.
- Many people have resilience and coping skills that lead to recovery of the acute stress within four weeks of the traumatic experience.
- Post Traumatic Stress Disorder is a diagnosis that comes with longer terms symptoms of the event (4 weeks or longer).
- Post Traumatic Stress Disorder has more comprehensive subtypes of symptoms.

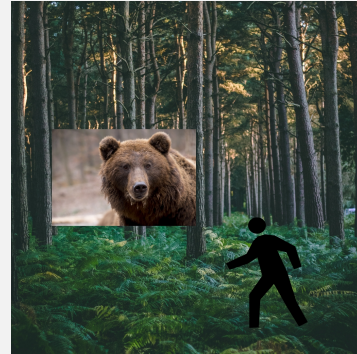
PREVALENCE OF TRAUMA

- 76% percent of Canadians have experience one or more traumatic events.
(Van Ameringen, M., et al., 2008)
- 89.9 % of people in US have experience one or more traumatic events.
- Higher prevalence in women
(Kilpatrick et al., 2013)
- ACE(s) – almost two thirds of people have had one or more adverse childhood experience.
(Burke Harris, N., 2018)

It is more likely than not that the people you are helping have experienced one or more traumatic events.

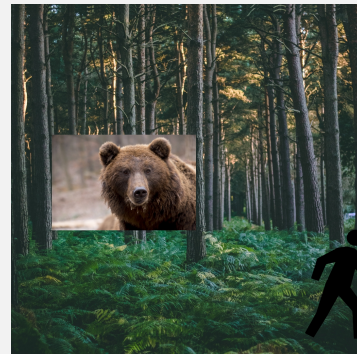
THE STRESS RESPONSE

- The Stress Response is also known as the Fight or Flight (or freeze) response.
- Brain perceives threat and stress response is activated to help us survive.
- Increase of stress hormones and sugar into blood stream, increase heart rate, pupils dilate, blood leaves extremities and moves to core organs.
- The brain doesn't want to waste energy on digestion or reproductive systems so it shuts them down.



THE STRESS RESPONSE

- The brain shifts from rational, problem solving (because you don't need to figure out complex math problems right now) to emotional and reactive (survival).
- All of this is happening to prepare you to either fight the bear or run from the bear.
- If you fight the bear or run from the bear, you are using energy, flushing out the stress hormones and bringing your systems back into balance.



THE STRESS RESPONSE

- Children who experienced developmental trauma (ACEs) are regularly exposed to threats or perceived threats.
- Adults who experience complex trauma are regularly exposed to threats.
- The stress response becomes hypersensitive and is triggered regularly.
- Nadine Burke Harris refers to it as a **dysregulated stress response**.

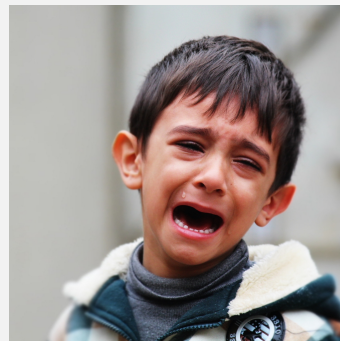


CHRONIC TOXIC STRESS IMPACTS DEVELOPMENT

- Chronic toxic stress impacts the development of the brain, the cardiovascular system, the immune system and more.
- **Endocrine**- long term changes in levels of stress hormones
- **Neurologic** – long term changes in the brain in areas that impact impulse control, reward systems
- **Immunologic** – increase in inflammation
- **Epigenetic** - changes how DNA is read and expressed and how the brain response to stress
- **Toxic Stress Derails Healthy Development:**

<https://www.youtube.com/watch?v=rVwFkcOZHJw>

(National Scientific Council on the Developing Child. n.d.)



THE ACE(S) STUDY

Adverse Childhood Experiences Study:

- 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.

Participants:

- 1700+ Primarily Caucasian, college educated, upper middle class with health insurance
- Asked about early exposure to adversity and looked at health outcomes and social issues.

THE ACE QUESTIONNAIRE

The ACE questionnaire:

- There are 10 primary childhood (before the age of 18) 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.

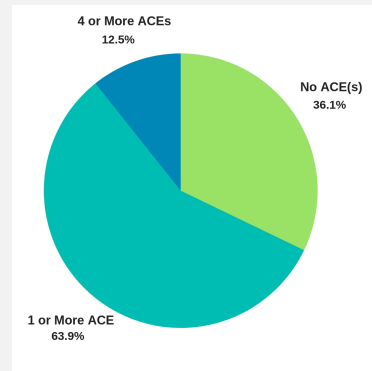
Questionnaire: <https://acestoohigh.com/got-your-ace-score/>

Not a Diagnostic Tool

THE ACE(S) STUDY CONCLUSION

ACEs are very common:

- 36.1% = No ACE(s)
 - 63.9% = 1 or more
 - 12.5% = 4 or more
- There is a strong correlation between ACEs and chronic disease, health risk behaviours and mental health problems in adulthood.



RELATIVE RISK

Compared to someone with no history of adverse experiences, those with four or more ACEs have:

- 2.2 times as likely to have ischemic heart disease
- 2.4 times as likely to have a stroke
- 1.9 times as likely to have cancer
- 1.6 times as likely to have diabetes
- 12.2 times as likely to attempt suicide
- 10.3 times as likely to use injection drugs
- 7.4 times as likely to have an addiction to alcohol

A TRAUMA INFORMED APPROACH IS IMPORTANT



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 Working with public and exposed to viruses
- intense emotions (sadness, fear, anger,)
- Stressful work environments with heavy workloads

TRAUMA INFORMED STRATEGIES FOR COMPASSION FATIGUE RESILIENCY

- By the end of this workshop, you should be able to practice and utilize trauma-informed compassion fatigue resilience strategies.
- **Handouts: Brief Resilience Scale, Vicarious Resilience Scale, Connecting the Concepts of Empathy, Controlling Facial Mimicry, The Human Stress Response, Extended Exhale**



TRAUMA INFORMED STRATEGIES FOR COMPASSION FATIGUE RESILIENCY

- According to the American Psychological Association, “Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences”
(American Psychological Association, 2018)
- It is the ability to overcome and, in some cases, benefit from challenging experiences.
- Improving resilience within a trauma-informed framework is also shown to help people overcome the impacts of Adverse Childhood Experiences.
(Leitch, 2017)



BRIEF RESILIENCE SCALE

- The Brief Resilience Scale measures a person’s ability to bounce back and recover from stress.
- Option to use it as another scale to measure how you are doing now and then use over time to see if your level of resilience changes.



Brief Resilience Scale (BRS)

Please respond to each item by marking BRS (0-4):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am able to bounce back quickly when I get stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a hard time making it through stressful periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It takes a long time for me to bounce back after stressful periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am hard for me to bounce back when I experience high stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am able to bounce back quickly when I get stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have a hard time making it through stressful periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It takes a long time for me to bounce back after stressful periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am hard for me to bounce back when I experience high stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am able to bounce back quickly when I get stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have a hard time making it through stressful periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring: Add the responses varying from 0-3 for all 10 items giving a range from 0-30.

Divide the total sum by the total number of questions answered.

Total Score _____ / 10 = Score of _____

According to the authors of the BRS, scores can be interpreted as follows:

Low resilience: 0.00-2.00
 Normal resilience: 2.00-4.00
 High resilience: 4.00-5.00

Smith, R. W., Dalen, L., Wiggins, J., Tooley, E., Christopher, P., & Panek, L. (2008). The brief resilience scale: A study to assess brief, independent general dimensions of resilience. *Journal of Personality and Social Psychology*, 95(2), 296-308.

Smith, R. W., Dalen, L., Wiggins, J., Tooley, E., Christopher, P., & Panek, L. (2008). The Foundations of Resilience: What We Know and What We Don't Know. In R. W. Smith, R. W. Dalen, L. Wiggins, J. Tooley, E. Christopher, P. Tooley, E. Christopher, P., & Panek, L. (Eds.), *Resilience: The Role of Personal, Social, and Cultural Resources in Building Resilience*. The Springer series on human exceptionality. New York: Springer.

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VICARIOUS RESILIENCE

- “Vicarious resilience refers to unique, positive effects that transform therapists in response to witnessing trauma survivors’ resilience and recovery process.”
(Killian et al. 2017)
- Vicarious resilience is correlated with posttraumatic growth and compassion satisfaction. Vicarious resilience is not correlated with compassion fatigue as compassion fatigue is not the opposite of compassion fatigue or burnout. (Killian et al. 2017)
- This is why it’s important to focus on both the reduction of compassion fatigue, vicarious trauma and burnout as well as increasing posttraumatic growth and resilience.

VICARIOUS RESILIENCE SCALE (VRS)

Total score overall and total score in each sub scale

1. Changes in life goals and perspectives
 2. Client-inspired hope
 3. Increased self-awareness and self-care practices
 4. Increased capacity for resourcefulness
 5. Increased recognition of clients’ spirituality as a therapeutic resource
 6. Consciousness about power and privilege relative to clients’ social location
 7. Increased capacity for remaining present while listening to trauma narratives
- Can use for personal score now and overtime







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EMOTIONAL CONTAGION

- What did you feel as you saw each of these facial expressions?
- How did your body respond to the happy laugh, the sad cry and the angry frown?
- Humans can catch emotions from other humans. Think of the types of movies or shows you enjoy watching and what emotions you feel as you watch them.
- **Mirror Neurons:** brain cells that reflect the activity of another's brain cells.
- You feel what they feel. If they are feeling fear, stress or anger and their stress response is triggered, you're likely to feel those emotions and trigger your nervous system as well.



(Rothschild, 2006)

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EMOTIONS YOU ARE EXPOSED TO

- **What types of emotions are you exposed to at work?**
- How does it feel in your body – heart rate, breathing, tension, temperature, posture?
- What does being around sadness feel like?
- What does being around anxiety/fear feel like?
- What does being around anger feel like?

EMPATHY

“Empathy allows us to relate to those in our care, to have a sense of what they are feeling. It also helps us put their experience into perspective, understanding how they are being affected by the incidents that we are trying to mediate” (Rothschild, 2006)

“Empathy is the visceral or emotional experience of another person’s feelings...an automatic mirroring of another’s emotions” (Seppala, 2013)



UNCONSCIOUS EMPATHY

- Unconscious empathy is when you are empathizing with someone without being aware that you are actively empathizing.
- You're not intentionally practicing empathy with awareness, you're just automatically empathizing. Most caring people automatically empathize as part of their nature. They care about other humans and relate to them, which can lead to unconscious empathy.

IMPACT OF UNCONSCIOUS EMPATHY

- “Unconscious empathy is the mechanism of emotional infection” (Rothschild, 2006)
- The danger of unconscious empathy is that you don't have control over the emotions you feel each day. Your emotions are at the whim of the people you are caring for, which can result in a rollercoaster of emotions each day. This is extremely taxing on the nervous system and can bring the well down quickly.

CONSCIOUS EMPATHY

- Conscious empathy means that you are mindful and present while empathizing. It means you know you are empathizing, while you are empathizing, and you are self-regulating while doing so.
- Conscious empathy is something you want to practice so you can related to the other person's experience, which will help you understand them and provide compassionate care, without automatically catching or absorbing those emotions without awareness.
- This means you will intentionally practice empathy while self-regulating to protect yourself from vicarious trauma and intense emotions.

(Rothschild, 2006)

CONSCIOUS EMPATHY

- “The better we take care of ourselves and maintain a professional separation from our clients, the more we will be in a position to be truly empathetic, compassionate and useful to them” (Rothschild, 2006).
- By practicing conscious empathy, and self-regulation, you're able to achieve the benefits of empathy while preventing yourself from emotional hijacking and absorbing other's emotions.
- The goal is to develop a regular practice of safe empathy for long-term sustainable caring.



SELF-REGULATION

- Regulating nervous system and one's behaviors/thoughts/emotions/impulses.
- Manage disruptive emotions you are experiencing as you are caring for people with intense emotions.
- Practicing self-regulation while empathizing with people will allow you to prevent emotional contagion, stay present to empathize with people, and potentially prevent or mitigate episodes of vicarious trauma.
- Particularly important for those who have a history of trauma or Adverse Childhood Experiences (ACEs) as the sympathetic branch of the nervous system may be more sensitive to triggers, which may lead to impulses and anxieties that come with the emotional reactivity of the stress response.

WAYS TO BUILD RESILIENCE

Ways to build resilience:

- Self-trust
- Self-compassion
- **Self-regulation**
- Limit setting
- Communicating needs and desires
- Accurate perception of others (particularly if you have a history of ACEs/Trauma).

STRATEGY #1: SELF-REGULATION



- First you need to know your stress response warning signs or how your body feels around certain emotions.
- What are the first three things you notice when your stress response has been activated? **(Handout)**
- Second you need to know how to trigger your relaxation response with deep breathing. **(Handout)**
- Practice alone, then with family/friends, then with people in the public and then with clients.

(Richard, 2015)

FACIAL MIMICRY

- Facial mimicry is when your facial expression mimics, or reflects, the facial expression of others.
- The expression on your face can actually impact your emotions. If you have a happy expression, it can increase feelings of happiness. If you have a scared expression, it can increase feelings of fear. If you have a sad expression it can increase feelings of sadness.
- Begin to increase awareness of, and control over, your facial mirroring so that you can regulate your facial expression and the impact it has on your body and emotions.

(Rothschild, 2006)

STRATEGY #2: CONTROLLING FACIAL MIMICRY

Observing and controlling the smiling reflex when not in a caregiving role:



1. On your next trip to the grocery store, see how many people you can catch smiling in response to you smiling at them. As you walk down the aisle and check out, purposely smile and notice how people respond.
2. During an average day or outing, count how often you smile in response to a smile from another person.
3. Then, on several more outings, practice not smiling reflexively in response to some stranger's smile – warning: this may be harder than you think, so don't be discouraged if it takes you several tries to get the hang of it.

STRATEGY #2: CONTROLLING FACIAL MIMICRY

Observing and controlling the smiling reflex when watching tv/movies:



1. While either watching television, or at the movies, pay attention to your facial expression when an athlete or actor is expressing a strong emotion.
2. Identify which expressions are the most habitual for you to copy.
3. Practice not copying those expressions during subsequent television programs or films.

Then begin to practice when working with someone or in your caregiving role. Use a behavioral activation cue to remind yourself to reflect and manage your facial expression.

STRATEGY #3 SELF-REGULATION WHILE EMPATHIZING

- Using behavioral activation cues to trigger a reflection of your face and body, while you're empathizing, will help you recognize when you have caught emotions and when it will be beneficial to regulate your nervous system to prevent emotional contagion.
- Keep your breathing deep and focus on the places your body is being supported, while empathizing, to keep yourself regulated thereby practicing conscious empathy.
- If you sense that someone is going to share graphic details of trauma or pain, shift into this practice before/during your empathy and compassionate care.

PREVENTING VICARIOUS TRAUMA AND ACUTE STRESS OR PTSD

- The transmission of traumatic stress through observation and/or hearing others' stories of traumatic events and results in a shift in your world view and sense of meaning, "*no one can be trusted*" or "*the world is completely dangerous*".
(Saakvitne, K. and Pearlman, L., 1996)
- By self-regulating, while you empathize, there is a better chance that you can prevent experiencing acute stress from exposure to trauma. However, there are times that you may be exposed to trauma and you may develop acute stress.



PREVENTING VICARIOUS TRAUMA AND ACUTE STRESS OR PTSD

Prevention:

- Use strategies that will help you mitigate the impact of being exposed to graphic details of trauma.

Recovery:

- Have a plan for how you will respond if you do experience acute stress from exposure to trauma.

SIGNS OF TRAUMATIC STRESS

Following any traumatic incident or exposure to trauma, one may begin to:

- Shield themselves from any stimuli that serve as reminders to the incident
- Avoid activities which they used to find pleasurable
- Experience cognitive deficits such as reduced concentration
- Feel emotionally detached from others.
- Feel shame, guilt, anger and/or self-doubt
- Can lead to poorer client care and increase in staff turnover

STRATEGY #4 VICARIOUS TRAUMA RECOVERY

Label the experience as vicarious trauma:

- Do something to triggers your relaxation response (Deep Breathing/PMR/Yoga)
- Move your body. Get fresh air. Connect with loved ones.
- Let yourself feel grief for that person's pain and suffering
- Consult with supervisor if necessary/available.
- Seek additional counselling if available
- Watch for ongoing symptoms of traumatic stress and seek mental health supports as needed. If you have a history of mental health issues, watch for reoccurrence of symptoms.

STRATEGY #4 VICARIOUS TRAUMA RECOVERY

Finish the story in your mind:

- If you were involved in an adverse event, your mind will often review the order of events repeatedly.
- It's important to review the end of the event and your experience after the event.
- Think about what happened after the event, how your shift ended, how you handled any administrative tasks, any debrief/consultations, any supports, your commute home and how you ended your day. Reflect on your resilience as you proceeded with all those steps during and after the event.

BUILD RESILIENCE

Ways to build resilience:

- Self-trust
- Self-compassion
- Self-regulation
- Limit setting
- **Communicating needs and desires**
- Accurate perception of others (particularly if you have a history of ACEs/Trauma).

Leitch, L. (2017)

COMMUNICATING NEEDS AND DESIRES

Assertive communication:



- Four primary forms of communication
 - Passive
 - Aggressive
 - Passive Aggressive
 - Assertive
- Assertive communication is a way to communicate in a honest way that allows you to tell someone what you think/feel/want in a way that is respectful to everyone in the conversation.
- **The USE Model of Communication - HANDOUT**

PERSONAL PROTECTIVE FACTORS FOR COMPASSION FATIGUE

Personal Compassion Fatigue Protective Factors:

- Lifestyle: relaxation, nourishment, human connection, spirituality, creativity,
- Basic Self-Care: sleep/eat/move
- Personal healing: past losses and/or traumatic experiences
- Peer support at work
- Reducing trauma-input
- Take time off from being a “social worker”
- Review categories of signs and begin in the area that has the most signs

PROFESSIONAL PROTECTIVE FACTORS FOR COMPASSION FATIGUE

Professional Compassion Fatigue Protective Factors:

- Training and education in your field
- Training for managing interpersonal conflict or conflict with colleagues
- Training for how to manage bullying in the workplace
- Peer support programs and clinical supervision
- Enhancing compassion satisfaction

ENHANCING COMPASSION SATISFACTION

Enhancing compassion satisfaction

- Think about the small things you enjoy during your work
- Compassion satisfaction lists or journaling
- Compassion satisfaction images
- Verbalize your compassion satisfaction
- Compassion satisfaction can help to increase your gratitude for your role as a social worker

MORE THAN COMPASSION FATIGUE?

If Compassion Fatigue progresses, people could develop a diagnosable psychiatric illness such as an anxiety disorder or mood disorder. These require specialized treatment from health care professionals.



Generalized Anxiety Disorder (GAD 7)

0-4 is within normal range
5-9 mild symptoms of anxiety
10-15 moderate symptoms of anxiety
16-21 severe symptoms of anxiety

Mood Disorders (Depression) (PHQ 9)

0-4 is within normal range
5-9 mild symptoms of depression
10-15 moderate symptoms of depression
16-21 moderately severe symptoms of depression
22-27 severe symptoms of depression

PERSONALIZE AND INTEGRATE COMPASSION FATIGUE PLAN

- By the end of this workshop, you should be able to plan for ongoing personal assessment and identify when additional support is needed.
- Learn how to identify the signs of anxiety and mood disorders to determine if you need additional support.
- Create an individualized 12 months plan for addressing compassion fatigue.

PERSONALIZE AND INTEGRATE COMPASSION FATIGUE PLAN

Compassion Fatigue 12 Month Plan:



1. What changes can you make in the following week/month/year
2. What will happen if you don't make any changes?
3. What/Who can support you in making healthy changes?

MORE SUPPORT

Fall 2019 Caring Safely® Personal Program:

You will get an email when registration opens and you will have the option to put your registration fee for this workshop towards the Caring Safely® Personal or Professional Program. This offer will only be valid for the Fall 2019 program.

QUESTIONS?

Contact Information: Charlene Richard B.S.W., M.S.W, RSW

- **Email:** team@caringsafely.org
- **Websites:** www.CaringSafely.org
- Access the resources reviewed during this workshop:
<https://programs.caringsafely.org/log-in-page>
- Your username and password were sent to you via email.

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