

Compassion Fatigue for Behavioral Health Workers

TRAINING

Not an Ice-Breaker

- Who do we have with us today?
- Comment with your name, where you are from, and what brought you to the training today

Presenter Introduction

Course
Introduction

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- Mental Health First Aid Missouri Project Coordinator
- 12 yrs in CBHC training in CIT, Recovery Services, MHFA, Corporate Compliance, Quality Assurance

Training Objectives

1. Define and discuss **the impact of trauma, vicarious trauma, and burnout on professional and personal wellbeing**
1. Identify **compassion fatigue and burnout** warning signs
1. Describe individualized **self-care and resiliency strategies** to mitigate the damaging impacts of trauma and associated stress responses

Outline of the Day

Course
Introduction

Training Schedule	
Introduction	20 Minutes
Objective 1	30 Minutes
Objective 2	30 Minutes
Objective 3	30 Minutes
Total	120 Minutes

Objective 1

Objective 1

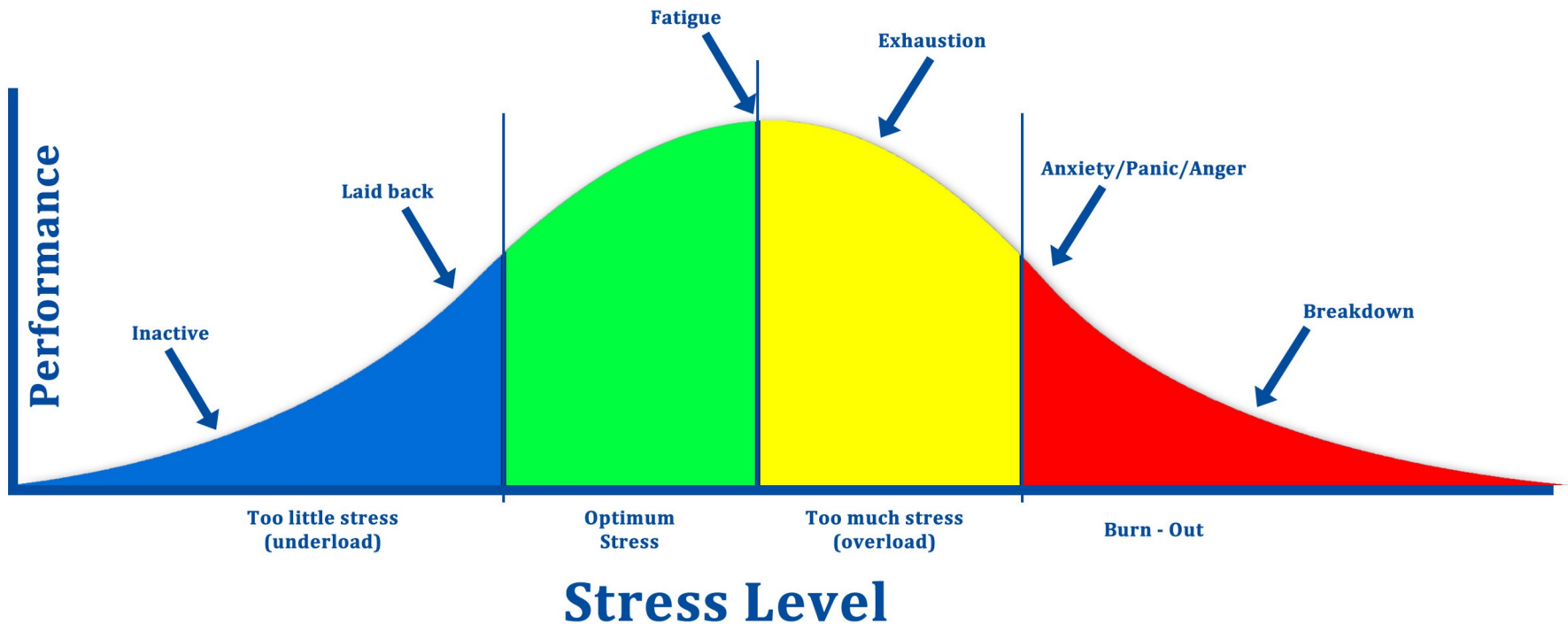
Define and discuss the impact of trauma, vicarious trauma, and burnout on professional and personal wellbeing



What is STRESS?

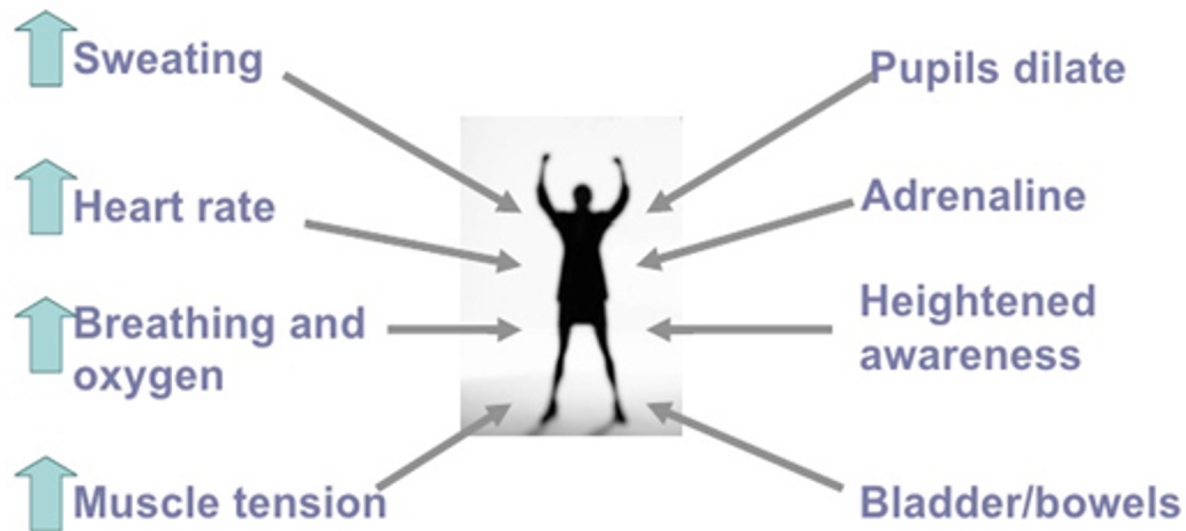
Objective 1

Stress Curve



The Stress Response

Objective 1



- The brain and body's alarmed and alert response to a threatening situation
- Fight, flight, or freeze
- Integral to the life of every living organism
- Our natural defense against danger



Primary Traumatic Stress and Events

Objective 1

Human

- Homicide
- Sexual Assault
- Assault/attack
- War

On the Job

- Fight or physical attack
- Threat of physical harm
- Accident
- COVID - 19

Natural

- Hurricane
- Earthquake
- Flood
- Fire



What Makes an Event Traumatic?

Objective 1

- It involves a threat—real or perceived—to one's physical or emotional well-being
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves one feeling helpless.
- It changes the way a person understands the world, themselves, and others.

Objective 1

- Repeated stressful and/or traumatic events can chronically elevate the body's stress response.

[illegible]

Cumulative Stress

Objective 1



Work-Related Trauma Exposure: How Does it Affect Us?

Objective 1

Vicarious Trauma

Cumulative Stress

Compassion Fatigue

PTSD

Secondary Traumatic
Stress

Critical Incident Stress

Indirect Trauma

Burnout



Traumatic Stress vs. Vicarious Traumatization

Objective 1

Traumatic Stress

- Extreme emotionality or absence of emotion
- Fearful, jumpy, exaggerated startle response
- Flashbacks

Vicarious Traumatization

- Overly involved with or avoidance of victim/survivor
- Hypervigilance and fear for one's own safety (the world no longer feels safe and people can't be trusted)
- Intrusive thoughts and images, or nightmares from victims' stories

Work-Related Trauma Exposure

Objective 1

DIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

INDIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

Work-Related Trauma Exposure

Objective 1

- Ongoing Community Violence
- Not always knowing the outcome of a situation
- Opioid Crisis
 - Volume of overdoses
 - Changing demographics for who you are serving
 - Repeated encounters with the same people
 - Lack of patient interest in referrals to SUD treatment



Change in World View

Objective 1

“I was taught that law enforcement work is dangerous. But I never realized it until I lost a close friend... I no longer trust anyone or any situation”

- Officer on the loss of an officer/friend killed in the line of duty

It's the shift in how we view the world, view others, and sense danger around us...

Objective 1



Compassion Fatigue

Objective 1



“A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”

(Anewalt, 2009; Figley, 1995)

What About Burnout?

Objective 1



Recognizing Compassion Fatigue

Objective 1



Risk Factors



Objective 1

Personal

- History of Trauma experiences on and off the job
- Pre-existing psychological disorder
- Young age
- Social isolation, both on and off the job;
- Loss in last 12 months
- Tendency to avoid feelings, withdraw, or assign blame to others in stressful situations;
- difficulty expressing feelings;



(Bonach and Heckert, 2012; Slattery and Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille and Meyers,

Risk Factors



Objective 1

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Being newer employees and less experienced at their jobs;
- Worker/organization mismatch
- Lack of professional support system
- Lack of preparation, orientation, training, and supervision in their jobs
- Constant and intense exposure to trauma with little or no variation in work tasks;



Prevalence of Vicarious Traumatization Among First Responders

Objective 1

- Across sectors, 40–80 percent of helping professionals experience high rates of secondary trauma.
- Among 28 global studies of PTSD, rescuers (fire fighters, ambulance personnel, police, search and rescue teams) had a prevalence rate of 10% compared with 4.4% within the general population in developed countries.
- Prevalence studies show rates of symptoms among first responders are much higher than 10%.

Examples of Vicarious Traumatization: Professional

Objective 1

Performance

- Decrease in quality/quantity of work,
- low motivation, task avoidance or obsession with detail,
- working too hard, setting perfectionist standards,
- difficulty with attention,
- forgetfulness

Morale

- Decrease in confidence,
- decrease in interest,
- negative attitude,
- apathy,
- dissatisfaction,
- demoralization,
- feeling undervalued and unappreciated,
- disconnected,
- reduced compassion

Relational

- Detached/withdrawn from co-workers,
- poor communication,
- conflict,
- impatience,
- intolerance of others,
- sense of being the “only one who can do the job”

Behavioral

- Calling out,
- arriving late,
- overwork,
- exhaustion,
- irresponsibility,
- poor follow-through

(Adapted from J. Yassen in Figley, 1995)

Examples of Vicarious Traumatization: Personal

Objective 1

PHYSICAL

- Rapid pulse/breathing,
- headaches,
- impaired immune system,
- fatigue,
- aches

EMOTIONAL

- Feelings of powerlessness,
- numbness,
- anxiety,
- guilt, fear, anger, depletion,
- hypersensitivity, sadness, helplessness,
- severe emotional distress or
- physical reactions to reminders

BEHAVIORAL

- Irritability,
- sleep and appetite changes,
- isolate from friends and family,
- self destructive behavior,
- impatience,
- nightmares,
- hypervigilance,
- moody, easily startled or frightened

SPIRITUAL

- Loss of purpose,
- loss of meaning,
- questioning goodness versus evil,
- disillusionment,
- questioning prior religious beliefs,
- pervasive hopelessness

COGNITIVE:

- Diminished concentration,
- cynicism,
- pessimism,
- preoccupation with consumers,
- traumatic imagery,
- inattention,
- self doubt,
- racing thoughts,
- recurrent and unwanted distressing thoughts

RELATIONAL

- Withdrawn,
- decreased interest in intimacy or sex,
- isolation from friends or family,
- minimization of others' concerns,
- projection of anger or blame,
- intolerance,
- mistrust



(Adapted from J. Yassen in Figley, 1995)

Contemplating the Effects

Objective 1

Personal Effects

Physical

Behavioral

Emotional

Spiritual

Cognitive

Relational



Professional Effects

Performance

Morale

Relational

Behavioral



Objective 2

Objective 2

Identify compassion fatigue and
burnout warning signs

What Are Some Common Negative Symptoms of Compassion fatigue?

Objective 2

- difficulty managing emotions;
- feeling emotionally numb or shut down;
- fatigue, sleepiness, or difficulty falling asleep;
- physical problems or complaints, such as aches, pains, and decreased resistance to illness;
- being easily distracted, which can increase one's risk of accidents;
- loss of a sense of meaning in life and/or feeling hopeless about the future;
- relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy);
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- increased irritability; aggressive, explosive, or violent outbursts and behavior;
- destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving);
- lack of or decreased participation in activities that used to be enjoyable;
- avoiding work and interactions with clients or constituents; and
- a combination of symptoms that comprise a diagnosis of Posttraumatic Stress Disorder (PTSD).



Coworkers - Identifying Compassion Fatigue

Objective 2

If you believe a coworker might be experiencing negative reactions to compassion fatigue, consider —

- reaching out and talking to them individually about the impact of the work;
- helping them establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace;
- encouraging them to attend to the basics—sleep, healthy eating, hygiene, and exercise;
- supporting connections with family, friends, and coworkers;
- referring them to organizational supports such as a peer support team, employee assistance program, or chaplain; and
- encouraging them to discuss their experience with their supervisor

Supervisors - Identifying Compassion Fatigue

Objective 2



Discussing
compassion fatigue
and provide
programming as part
of supervision;

allowing flexible work
schedules, recognizing
the need for and
protecting down time,
while staying attuned
to the possibility of
withdrawal or isolation;

create time and a
physical space at work
for reflection through
reading, writing,
prayer, and meditation,
among other activities;
and

referring to therapeutic
and professional
assistance, when
appropriate

Family Members - Identifying Compassion Fatigue

Objective 2

family and friends can serve a primary support network to engage;

share your concerns and develop supportive strategies with your loved one;

do your best not to take your loved one's reactions personally; remind yourself that what your loved one may be experiencing is related to the job, not you;

maintain daily life routines (predictability helps);

stay connected with family and friends;

discuss the demands of your loved one's job and its impact with other family members, including responding to children's questions in an age-appropriate manner;

take time to engage in social, creative, and self-care activities such as reading, writing, prayer, and meditation;

seek therapeutic or professional assistance, when needed.

Objective 3

Objective 3

Describe individualized self-care and resiliency strategies to mitigate the damaging impacts of trauma and associated stress responses

What is Self-Care and Resiliency?

Objective 3

- Vicarious Resiliency
 - Impact of Vicarious Resiliency
- Compassion satisfaction
- Transformation
- Responding to people during trauma (trauma-informed responding)

What is Self-Care?



Objective 3

Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.

It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.'

(World Health Organization, 1998)



Personal Self-Care Strategies

Objective 3

Planning meals and making healthy eating choices. Stop eating high-calorie fast food.

Scheduling vacations and personal downtime.

Seeing your doctor regularly for checkups.

Sharing the workload and reducing the amount of overtime.

Living within your financial means so that “moonlighting” with a second job is not necessary.

Creating a realistic exercise program and forming healthy habits to get regular exercise.

Creating a “Work Buddy” program and make time to check on each other.

Keeping your civilian friends to help you get away from the job. If you socialize with work friends, make a point not to talk about work on your downtime together.



How to Manage Your Stress

Objective 3



Having a good attitude and finding the upside to whatever situation life might throw at you.

Taking the time to work out a plan to ensure there is a balance in your life.

Setting aside specified times for your responsibilities.

Setting goals for yourself and avoiding procrastinating.

Ensuring you get enough sleep and limiting your use of caffeine.

Being conscious of your limits and only setting realistic goals.

Setting aside time for exercise and leisure activities.

What is Resilience?

Objective 3

Resilience is the process of **adapting** well in the face of adversity, trauma, tragedy, threats, or even 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.

It is the ability to adapt and **THRIVE**.

(American Psychological Association)

Vicarious Resilience

Objective 3

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)



Impact of Vicarious Resilience

Objective 3

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from the work

(Hernandez, et al, 2007; Engstrom, et al, 2008)

Acknowledging the Positive

Objective 3

Compassion Satisfaction
Vicarious Transformation



Self-Care Isn't Everything...



Vicarious trauma is an occupational challenge for those working with trauma survivors

Organizations have an ethical mandate of a “**duty to train**,” wherein workers are taught about the potential negative effects of the work and how to cope.

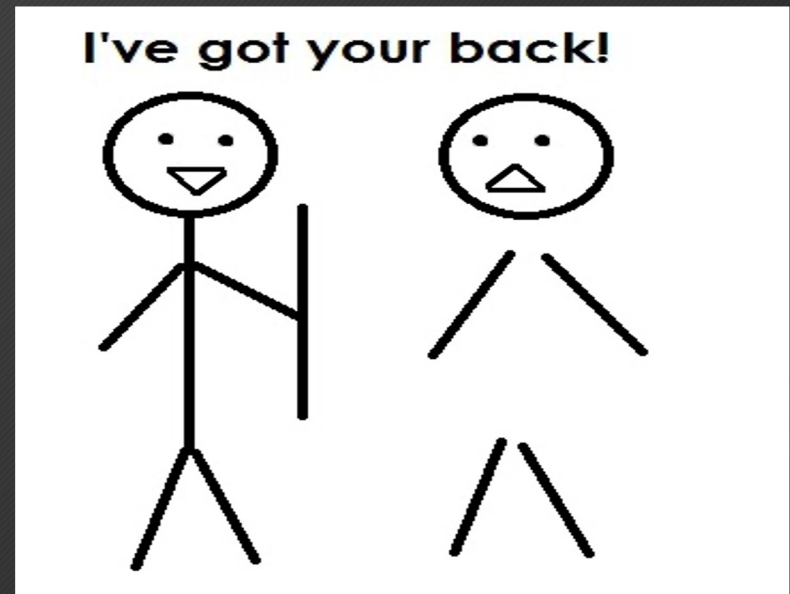
(Munroe, J. F., in Figley, Compassion Fatigue, 1995)



Peer Support

Objective 3

- Teach effective communication skills
- Encourage trusting, mutual relationships
- Model conflict resolution
- Emphasize collaboration and teamwork





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Thank you

Any Questions?

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