



# ***Understanding Compassion Fatigue***

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## Goals for Today

- Discuss the signs and symptoms of compassion fatigue vs. burnout
- Understand organizational stress and management responsibility
- Understand and prepare for personal reactions you may experience in situations with Servicemembers and their families
- Understand the relationship of cumulative stress to compassion fatigue
- Identify specific coping strategies



# Compassion Fatigue: What is it?

- Compassion fatigue (Figley, 1992): Emotional residue of exposure to working with the suffering—particularly those suffering from traumatic events
  - Parallels PTSD
    - Described nurses worn down from dealing with hospital emergencies
    - “Bearing the suffering of clients” (Figley, 1992)
    - The painful stories of sexual abuse, rape, physical and emotional violence
- Can be thought of as secondary post-traumatic stress
  - Vicarious traumatization (McCann & Pearlman, 1990)
- Develops over time
  - Constant out-putting of caring
  - An accumulation of feeling



# Compassion Fatigue: What is it?

- Manifested in one or more ways including
  - Re-experiencing the event
  - Avoidance
  - Persistent arousal
  - Emotional numbing
  - Physical, emotional and spiritual fatigue or exhaustion
  - Erosion in the ability to feel and care for others
- The double-edged sword of empathy (MacEwan, 2005)
- Permanently changes the psychological constructs of the helper



# Burnout: How is it Different?

Compassion fatigue



**Burnout**

Exhaustion and diminished efficiency resulting from **overwork** or **prolonged** exposure to stress

Emotional, physical, mental exhaustion

Symptoms include physical depletion, feeling helpless and hopeless, negative self-concept, negative attitudes toward work, people, and life

Stages of Burnout: Enthusiasm, Stagnation, Frustration, Apathy

(James & Gilliland, 2001)



## Burnout: How is it Different?

- **Vicarious Trauma** (Bell, et al., 2003)
  - Burnout has three dimensions (Maslach, 1993)
    - Emotional Exhaustion
    - Depersonalization/personal detachment/Loss of Ideals
    - Reduced Personal Accomplishment and Commitment
- **The Social Psychology of Compassion** (Radley, M. & Figley, C.R., 2007)
  - Compassion and Altruistic Behavior Can Become Depleting (Figley, 1995)
    - Poor Self Care
    - Previous unresolved trauma
    - Inability or refusal to control work stressors
    - Lack of satisfaction



## Implications for Agency Administrative Response (Bell, et al., 2003)

- *Organizational Culture: Values and Expectations*
  - *Normalizes the effects of working with trauma survivors*
- *Supportive Organizations*
  - *Adjunct services/Collaboration*
- *Trauma Specific Training and Education*
- *Altering Workloads*
- *Creating Agency Culture that acknowledges potential for vicarious trauma*

9% OF THE VARIANCE OF SECONDARY TRAUMA RELATED TO SUPERVISION (Dalton, 2001)



# Recognizing Warning Signs in Staff Members

- Decrease in performance
- Inattention to self-care
- Irritability or anger
- Social withdrawal
- Conflicts with coworkers or peers
- Absenteeism
- Misconduct or Insubordination





# Importance of Resiliency

- “Resiliency” is the mental ability to recover quickly from illness, misfortune or traumatic events
- Physical, Mental, Spiritual, and Relational well-being and strengths (i.e. “Self-Care”)
- When faced with adversity, your mind and habits will create either **barriers** or **bridges** for a better future



# Building Resiliency: Organizational

- Clear mission and purpose
- Flexibility and emotional support by management
- Realistic expectations
- Assist others in solving problems associated with high job stress
- Pay attention to current life stressors in lives of staff



# Recognizing Warning Signs in Yourself

- Anger
- Blaming
- Chronic lateness
- Overly high expectations
- Diminished sense of personal accomplishment
- Frequent headaches
- Gastrointestinal complaints
- Exhaustion
- Hypertension
- Abusing drugs, alcohol or food
- Hopelessness
- Depression



# Building Resiliency: Personal

- Daily exercise
- Healthy eat, sleep, and relaxation habits
- Social support
- Set boundaries when helping others – one person cannot do it all
- Maintain emotional distance (don't take it home)
- Positive self-talk
- Pay attention to cumulative stress



# Cumulative Stress

- If we are experiencing multiple stressors at the same time, we are more likely to develop a physical condition as a result of stress
- *All* stress requires the brain to react
- Multiple stressors may increase the risk of developing compassion fatigue



# Types of Stress: Eustress

- Positive and motivating
- Represents movement toward an anticipated outcome that will be pleasant
- Examples include:
  - Job promotion
  - Marriage
  - Birth of a child
  - Winning a contest
  - Completion of a life goal



## Types of Stress: Distress

- Negative and demotivating
- Represents either stagnation or movement away from an anticipated outcome that will be unpleasant
- Often results in emotions such as anxiety, fear, depression, and despair
- Examples include:
  - Loss of job
  - Divorce
  - Death in the family
  - Family or work conflict
  - Legal problems



# A Word about Countertransference

- *Countertransference*: When you start to take on the behaviors or emotions of the people you are trying to help
- The helping relationship becomes a chore
- Examples include
  - Extending time with individual beyond the usual time limit
  - Taking and responding to phone calls at all hours of the night
  - Experiencing hurt feelings over failures
  - Attempting dramatic cures on impossible cases
  - Becoming angry or bored with those you are helping
  - Losing one's sense of humor
  - Unable to step back from a difficult situation
- Countertransference is normal





# Measuring Compassion Fatigue: The Professional Quality of Life Scale (ProQOL-IV)

- The ProQOL-IV was originally developed to determine the quality one feels in relation to work as a helper (Stamm, 1997-2005).
- Professional quality of life incorporates two aspects: compassion satisfaction and compassion fatigue.
- The ProQOL-IV consists of 30 questions related to characteristics experienced in the last 30 days.



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## ProQOL R-IV

### PROFESSIONAL QUALITY OF LIFE SCALE

#### Compassion Satisfaction and Fatigue Subscales—Revision IV

*[Helping]* people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you *[help]* has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the *last 30 days*.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I *[help]*.
- \_\_\_\_\_ 3. I get satisfaction from being able to *[help]* people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I *[help]*.
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- \_\_\_\_\_ 8. I am losing sleep over traumatic experiences of a person I *[help]*.
- \_\_\_\_\_ 9. I think that I might have been "infected" by the traumatic stress of those I *[help]*.
- \_\_\_\_\_ 10. I feel trapped by my work as a *[helper]*.
- \_\_\_\_\_ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a *[helper]*.
- \_\_\_\_\_ 13. I feel depressed as a result of my work as a *[helper]*.
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. Because of my work as a *[helper]*, I feel exhausted.
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed by the amount of work or the size of my case[work]load I have to deal with.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- \_\_\_\_\_ 24. I am proud of what I can do to *[help]*.
- \_\_\_\_\_ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a *[helper]*.
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very sensitive person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.



# Measuring Cumulative Stress: The Holmes-Rahe Life Stress Inventory

- The Holmes-Rahe Life Stress Inventory (previously known as the Social Readjustment Rating Scale) is a list of 43 stressful life events
- Originally developed in 1967 by psychiatrists Thomas Holmes and Richard Rahe to attempt to determine the likelihood that stressful events may cause illnesses in patients
- Reliability studies indicate high correlation between stress scale scores and physical illness



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## The Holmes-Rahe Life Stress Inventory

### The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

Life Event	Mean Value
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e., birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e., a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e., either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc.)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	28
27. Beginning or ceasing formal schooling	28
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e., a lot more or less than usual)	19
36. Major change in social activities (clubs, movies, visiting, etc.)	18
37. Taking on a loan (car, tv, freezer, etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers (**)	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11

Now, add up all the points you have to find your score.

**150pts or less** means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.

**150 to 300 pts** implies about a 50% chance of a major health breakdown in the next 2 years.

**300pts or more** raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.



# Additional Strategies to Combat Compassion Fatigue

- Meditation
- Journaling
- Deep Breathing
- “The Importance of Doing Nothing”
- Guided Imagery



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