

DCoE Monthly Webinar Schedule

Understanding and Overcoming Compassion Fatigue

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Objectives

- To describe definitions for compassion fatigue, burnout and compassion satisfaction
- To learn underlying causes of compassion fatigue
- To identify compassion fatigue symptoms
- To learn of a self assessment tool using the Figley/Stamm Compassion Satisfaction Index
- To learn methods to promote resiliency, self care, and access resources

Who Are You?

- Any person delivering health care to patients who have experienced some level of trauma or suffering
- Highly motivated, high expectations, highly trained and highly skilled
- Trained in an intensely criticism-laden environment
- Taught, trained, and rewarded for sacrificing own lives for patient needs

Who Are You? (Continued)

- Professional bearing witness to suffering
- It's not a question of whether or not caregivers will hurt in the course of treating, but how they will handle it when it happens
- "... idealism is part of the nature of medical professionals and caregivers"



**“That which is to give light
must endure burning.”**

Military Care Providers

- Providers of care to military personnel are in a position of vulnerability to Compassion Fatigue
 - Op tempo of deployments/redeployments
 - Increased exposure to military-related trauma
 - Long hard slog of GWOT
 - Indefinite length of war
 - High volume of those needing care

OIF-III Mental Health Advisory Team Summary (MHAT, 2005)

- “Thirty-three percent of Behavioral Health (BH) personnel reported high burnout, 27%....low motivation, and 22% low morale, 15% agreed stressors of deployment impaired BH job.”
- “If our providers are impaired, our ability to intervene early and assist SM with problems may be degraded. It is vital to understand the processes of provider burnout and compassion fatigue in order to prevent and intervene to preserve the care in our caregivers.”

OIF-IV Mental Health Advisory Team Summary

- “Burnout and compassion fatigue are rising among personnel.”
- Compared to 2006
 - Soldiers reported more difficulty accessing behavioral health services
 - Lower stigma associated with seeking care
- Behavioral health personnel reported a shortage of behavioral health assets and higher burnout

Vital Force Health Protection Issue

- Care Provider's effects of prolonged exposure to suffering and on-going demands may create:
 - Secondary traumatic stress
 - Vicarious traumatization
 - Burnout in personnel
 - Symptoms of compassion fatigue
- Hypothesis - caregivers level of empathy with traumatized individual plays a significant role in transmission (Figley, 1995)

CF – Background and Definitions

Compassion Fatigue

Background and Definitions

Background

- Concept described in 1992 (Joinson, Coping with Compassion Fatigue. Nursing, 22:4, 116-122)
- Closely related to burnout of business and industry (Maslach, 1976)
- Furthered by research on trauma and negative effects of helping
- Biopsychosocialspiritual reactions known for past 150 years

Background (Continued)

- PTSD - “Soldiers Heart”, “Shell shock”, “combat neurosis”, “railroad spine”, and “combat fatigue”
- 1980 - PTSD formally recognized DSM-III
- Research in field of traumatology
- Caregiver’s stress now issue since 9-11
- Empirical research slow to develop in this area

Compassion and Burnout

- Compassion - being open to/moved by suffering of others - context is to ease suffering, offer care, patience, kindness, nonjudgmental understanding, inclusive of the awareness of human imperfection including oneself (Neff, 2003)
- Burnout - cumulative stress that develops into a state of physical, emotional and mental exhaustion caused by depletion of resources to cope - any type of work (Maslach & Goldberg, 1998)

Secondary Traumatic Stress and Vicarious Traumatization

- Secondary Traumatic Stress (STS) - natural behaviors and emotions resulting from knowledge about a traumatic event experienced by another and stress resulting from helping - parallels PTSD symptoms (Bloom, 2001)
- Vicarious Traumatization - transmission of traumatic stress through hearing others' stories of traumatic events (Pearlman & Saakvitne, 1995)

Compassion Fatigue

- Compassion Fatigue - “A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways (Figley (1996):
 - Re-experiencing the traumatic events
 - Avoidance/numbing of reminders of the traumatic event
 - Persistent arousal
 - Combined with added effects of cumulative stress (burnout)”
- Combined effect of STS + caregivers continuous visualizing of pts/clients traumatic images + effects of burnout = progressively debilitating symptoms (Figley, 1995)

Compassion Fatigue

- Compassion - being open to/moved by suffering of others
- Neuro-physiological state of exhaustion and challenge
- Hypothesis - caregivers level of empathy with traumatized individual plays a significant role in transmission (Figley, 1995)

Empathic Process

- Identification - projecting ourselves into the identity of another
- Incorporation - taking the experience of the other into ourselves
- Reverberation - feeling the experience through vicarious cognition and somatic experiencing
- Detachment - withdrawal from the other to gain “reason and scrutiny” through a more objective perspective

Theodore Reik

CF – Causes and Symptoms

Compassion Fatigue

Causes and Symptoms

Causes

- Bearing witness to suffering
- Lack of replenishment
- Unresolved personal trauma
- Pain in powerless people
- Loss of patients
- Witness to death and dying while performing duties - first hand exposure
- Multiple roles
- Lack of social support
- Not appreciating the dangers of empathy (Rothschild, 2002)

Symptoms - Behavioral

- Impatient
- Irritable
- Withdrawn
- Nightmares
- Hypervigilance
- Losing things
- Appetite changes
- Regression
- Increased startle response
- Moody
- Accident proneness
- Risk taking
- Addictive behaviors
- Lack of self care

Affective/Somatic

- “Affect is contagious, so that an emotional response in one body can cause a similar ... in another without mediation of speech or touch”

Sylvia Tompkins

- "The brain is body minded and that perception is understood in the modifications it causes in the body proper”

Antonio Damasio

Symptoms - Affective

- Anxiety
- Guilt
- Anger/rage
- Sadness
- Fearfulness
- Shutdown
- Survival guilt
- Numbness
- Depression
- Emotional roller coaster
- Overly sensitive
- Depleted

Symptoms - Somatic



- Shock
- Breathing difficulties
- Aches and pains
- Dizziness
- Impaired immune system
- Exhaustion

Compassion Fatigue Symptoms - Spiritual/Existentialist Dilemmas

- Questioning spirituality
- Questioning meaning of life
- Pervasive hopelessness
- Shattered assumptions:
 - Life has meaning
 - World is benevolent
 - Bad things happen to other people
 - Power to change things
 - Foreshortened future



Compassion Fatigue Symptoms - Cognitive

- Poor concentration
- Disorientation
- Preoccupation with suffering of patients
- Rigidity
- Poor memory

Compassion Fatigue Symptoms

Interpersonal Relationships

- Conflict in close relationships
- Isolation
- Ethical violations
- Dread of working with clients
- Mistrust
- Sexual dysfunction
- Loss of boundaries

Compassion Fatigue Symptoms

Taskings - Work Performance

- Low morale and motivation
- Errors in judgment
- Increasing transference/counter issues
- Poor communication
- Staff conflicts
- Apathy
- Absenteeism
- Withdrawal
- Late for work
- Stigma - Fear of being perceived as weak

CF vs Post Traumatic Stress

- Compassion Fatigue closely parallels symptoms of Post-traumatic Stress
- In military-related service, terms are indistinguishable and related to military occupational specialty
- Both coexist in front line/rear service personnel
- Treatment concerns similar

The whole truth and nothing but....

- Truth #1: No one is immune to the effects of secondary traumatic stress - Choose fast or slow burn
- Truth #2: The more dependent on work for worth and adequacy = less resiliency
- Truth #3: For all the pain, the symptoms are an alert to take action

Measurement

- Pro QOL Professional Quality of Life
<http://www.behavioralhealth.army.mil/prt/index.html>
- Measures
 - Burnout
 - Compassion Fatigue
 - Compassion Satisfaction
- Developed by Beth Stamm in *Treating Compassion Fatigue*. C.R. Figley (Ed.)
- NOT a measurement of PTS - Screening only
- Silencing Response Scale



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Individual Strengthening and Resilience Considerations

- Maintaining Physical Exercise
- Finding Meaning and Purpose in Work
- Practicing Religion and Spirituality
- Developing Coping Skills
- Sustaining Social Support
- Practicing Mind Body Techniques
- Practicing Sound Sleep Routines

Individual Strengthening and Resilience Considerations

- Maintaining Physical Exercise
 - Practicing regular physical exercise
 - Can be done with work colleagues
 - Health benefits of practicing regular physical exercise*
 - Reduced stress levels
 - Increased personal well being
 - Greater job satisfaction



*Iwasaki, Y., Zuzanek, J., and Mannell, R. C. (2001). The effects of physically active leisure on stress-health relations. *Canadian Journal of Public Health*, 92, 214–218.

Individual Strengthening and Resilience Considerations

- Finding Meaning and Purpose in Work
 - Ability to create or receive meaning in work
 - Can also be achieved through belief in universal goodness
 - Benefits of developing meaning and purpose in work*
 - What I do makes a difference
 - Work becomes more tolerable and endurable
 - Clients will also have opportunity to suffer less pain



*Harrison, R., Westwood, M. (2009). Preventing Vicarious Traumatization of Mental Health Therapists: Identifying Protective Factors. *Psychotherapy, Theory, Research, Practice, Training*, 46, No. 2, 203-219.

Individual Strengthening and Resilience Considerations

- Practicing Spirituality and Religion
 - Core beliefs: purpose and meaning
 - Importance of community
 - Health benefits of practicing spirituality and religion*
 - Hope and optimism
 - Less depression
 - Fewer Suicides
 - Less substance abuse



*Koenig H.G., McCullough M, Larson, D.B.: Handbook of Religion and Health. University Press, New York, 2001.

Individual Strengthening and Resilience Considerations

■ Developing Coping Skills

- Coping: thoughts and behaviors a person to manage the demands of stress
- Empirically linked to enhanced performance and resiliency Importance of community
- Benefits of developing problem focused coping skills*
 - Promotes optimal levels of energy and capacity to work
 - Allows for “re-charging” to restore energy
 - Tasks are more easily managed



*Bates, M., et. al. (2010). Psychological fitness: A military demand resource model. *Military Medicine*, 175. 21-38.

Individual Strengthening and Resilience Considerations

- Sustaining Social Support
 - Organizational and institutional support/mentoring
 - Connecting with colleagues and professional community
 - Interventions to assist nurses in critical care units*
 - Training about combat stress issues
 - Small informal group sessions with colleagues
 - Off-site social activities together



*Kenney, D.J. and Hull, M.S. (2008). Critical care nurses experiences caring for the casualties of war evacuated from the front line: lessons learned and needs identified. *Critical Care Nursing Clinics of North America*, 20. 41-49.

Individual Strengthening and Resilience Considerations

- Practicing Mind-Body Techniques
 - Wide range of activities to include:
 - Yoga, tai chi, listening to music
 - Mayo clinic identifies these benefits:
 - Slower heart rate, reduced muscle tension, improved concentration, reduction in anger and frustration
 - Hassed, de Lisle, Sullivan, and Pier (2008) study on mindfulness training in 148 first-year medical students*
 - Meditation benefits for care providers*
 - Compassion and self-compassion; resilience; self awareness; metacognition and attention; meaning



*Duerr, Maria. (2008). The use of meditation and mindfulness practices to support military care providers. Report for: Center for Contemplative Mind in Society.

Individual Strengthening and Resilience Considerations

- Practicing Sound Sleep Routines
 - Sleep deprivation, insomnia, and fatigue negatively impact performance, mood, memory, and judgment*
 - Obtain sufficient quantity and quality of sleep
 - Ways to improve sleep:
 - Optimize the sleep environment
 - Develop an evening and bedtime routine
 - Avoid drinking liquids, especially caffeine and alcohol, and eating heavy meals near bedtime



*Miller, N. L., Shattuck, L.G., and Matsangas, P. (2011). Sleep and Fatigue Issues in Continuous Operations: A Survey of U.S. Army Officers. *Behavioral Sleep Medicine*, 9, 53-65.

Provider Deployment Cycle Sustainment Model

Preparation

Deployment

Reintegration

Recovery and Sustainment

Leadership

Training

Referral Information

Self-Awareness

Self-Care

Adequate Sleep

Manageable Caseload

Outlets for Managing Stress (Telemental Health, Support Groups)

Work/ Time Off Cycle

Adequate Sleep

Information Sharing

Outlets for Managing Stress (Webinars, Telemental Health, Chaplains)

Time Off

Reintegration Training

Self-Awareness

Self-Care

Referral Information

Outlets for Managing Stress (Telemental Health, Chaplains, Grief and Trauma Support Groups)

Predictable Work/ Rest Schedules

Manageable Caseload

Adequate Sleep

Self-Awareness

Self-Care

Support from Peers, Family, and Community

Institutional Care Provider Concerns

- Policy regarding Rest and Dwell Time
- Leadership Strategically targets Stigma
- Targeted Unit and Occupational Training
- Joint measurement standards for Compassion Fatigue
- Enhance Access to Health Care
- Establish Joint Clearinghouse for Information Sharing
- Employee Wellness Program

Care Provider Assessment Scales

- Caregiver Burden Scale
- Anxiety Sensitivity Index (ASI)
- Perceived Stress Scale (PSS)
- Holmes-Rahe Life Stress Inventory
- Multidimensional Scale for Perceived Social Support
- General Self-Efficacy Scale
- The Index of Clinical Stress

Resources for Providers

- DoD Civilian Personnel Management System (CPMS)
 - www.cpms.osd.mil/wellness
- Veterans Affairs
 - www.va.gov/health
- Provider Resiliency Training DoD Web Site
 - www.pdhealth.mil
- DCoE's Afterdeployment.org
 - www.afterdeployment.org
- Army Center for Enhanced Performance
 - www.acep.army.mil

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Questions?

