

*Defense Centers of Excellence for Psychological Health and
Traumatic Brain Injury (DCoE) Webinar*

Combating Compassion Fatigue

August 25, 2016
1 – 2:30 p.m. (ET)



Presenter, Moderator



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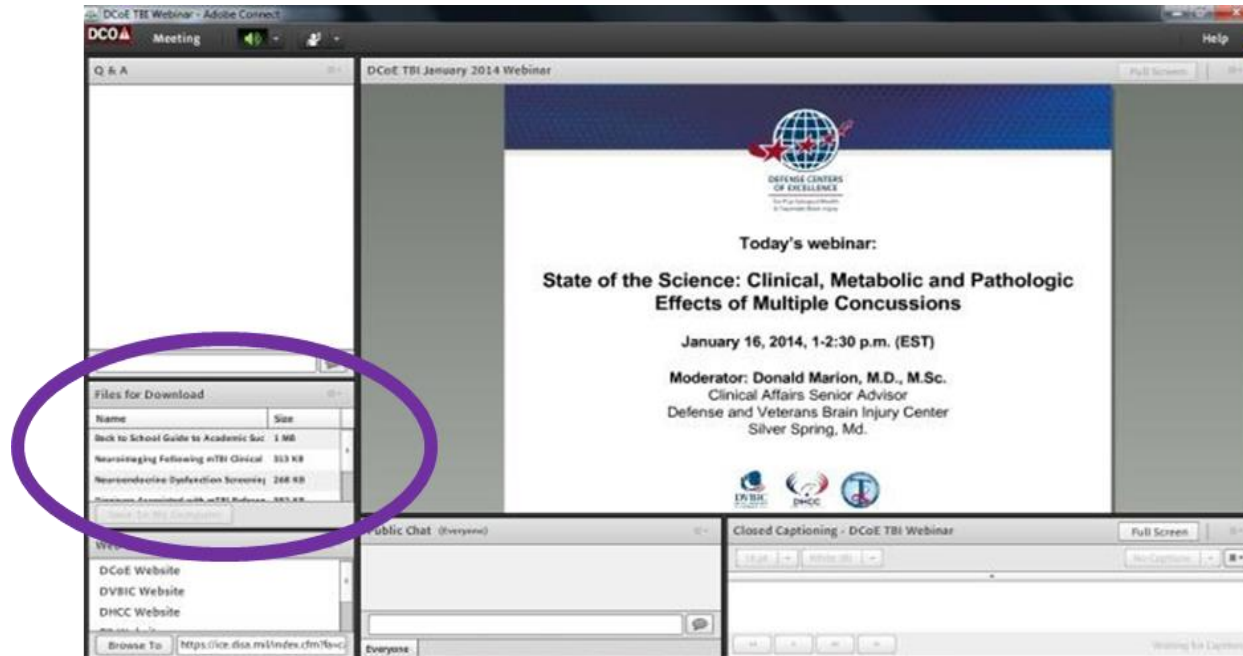
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Resources Available for Download



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"Medically Ready Force...Ready Medical Force"

Webinar Details



- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is not provided through Adobe Connect or Defense Collaboration Services
 - Dial: CONUS **888-455-0936**
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 - Use participant pass code: **1825070**
- Question-and-answer (Q&A) session
- Submit questions via the Q&A box

Continuing Education Details



- All who wish to obtain continuing education (CE) credit or certificate of attendance, and who meet eligibility requirements, must register by **3 p.m. (ET) August 25, 2016** to qualify for the receipt of credit.
- DCoE's awarding of CE credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
 - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

(continued)



- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
 - 1.5 AMA PRA Category 1 credits
 - 1.5 ACCME Non Physician CME credits
 - 1.5 ANCC Nursing contact hours
 - 1.5 CRCC
 - 1.5 APA Division 22 contact hours
 - 0.15 ASHA Intermediate level, Professional area
 - 1.5 CCM hours
 - 1.5 AANP contact hours
 - 1.5 AAPA Category 1 CME credit
 - 1.5 NASW contact hours

Continuing Education Accreditation

(continued)



Physicians

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits*™. Physicians should only claim credit to the extent of their participation.

Nurses

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity has been approved for a maximum of 1.5 contact hours of nurse CE credit. Nurses should only claim credit to the extent of their participation.

Occupational Therapists

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Physical Therapists

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Continuing Education Accreditation

(continued)



Psychologists

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Physical Therapists

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Psychologists

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Rehabilitation Counselors

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

Speech-Language Professionals

This activity is approved for up to 0.15 ASHA CEUs (Intermediate level, Professional area).

Continuing Education Accreditation

(continued)



Case Managers

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

Nurse Practitioners

Professional Education Services Group is accredited by the American Academy of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 031105. This course is offered for 1.5 contact hours (which includes 0 hours of pharmacology).

Physician Assistants

This Program has been reviewed and is approved for a maximum of 1.5 hours of AAPA Category 1 CME credit by the Physician Assistant Review Panel. Physician Assistants should claim only those hours actually spent participating in the CME activity. This Program has been planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

Social Workers

This Program is approved by The National Association of Social Workers for 1.5 Social Work continuing education contact hours.

Other Professionals

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Questions and Chat



- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
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Webinar Overview



The negative impact of traumatic events can extend beyond those who directly experienced the trauma. Health care professionals who provide services to traumatized individuals are at risk for a phenomenon called compassion fatigue. Experiencing compassion fatigue can lead to impaired social and occupational functioning.

This presentation will introduce attendees to the concept of compassion fatigue, describe its symptoms, and discuss strategies to minimize the negative impact.

At the conclusion of this webinar, participants will be able to:

- Formulate a clear conceptual understanding of compassion fatigue, including how it is similar to and/or different from related constructs
- Identify the symptoms of compassion fatigue in oneself and others
- Differentiate between the risk factors and protective factors associated with compassion fatigue
- Identify best practices in self-care to prevent or diminish compassion fatigue

Brian E. Bride, PH.D., M.S.W., M.P.H.



- Dr. Brian E. Bride is a Distinguished University Professor and Director of the School of Social Work at Georgia State University. He is currently serving as the Editor-in-Chief of *Traumatology: An International Journal*, published by the American Psychological Association.
- Dr. Bride’s research and teaching interests are in the areas of behavioral health care, primary and secondary traumatic stress, health services research, HIV/AIDS, and workforce well-being. His work has appeared in several leading journals and he has received funding support from the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the Children’s Bureau.
- Dr. Bride is the developer of the Secondary Traumatic Stress Scale and has received a number of honors as a result of his research on secondary traumatic stress, including the Creative Research Medal from the University of Georgia. He was named a Distinguished Scholar by the Center for Social Research at the University at Buffalo, and had an article identified in the *British Journal of Social Work* as the sixth most influential social work article in the prior decade.

DISCLOSURES

- Dr. Bride has no relevant financial relationships to disclose.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.

WHAT IS YOUR PROFESSIONAL IDENTITY?

- ▶ Social Worker
- ▶ Psychologist
- ▶ Psychiatrist
- ▶ Nurse
- ▶ Other

HOW FAMILIAR ARE YOU WITH THE CONCEPT OF COMPASSION FATIGUE?

- ▶ Not at all familiar
- ▶ Somewhat familiar
- ▶ Very familiar

LEARNING OBJECTIVES

At the conclusion of this activity, the participant will be able to:

1. Formulate a clear conceptual understanding of compassion fatigue, including how it is similar to and/or different from related constructs
2. Identify the symptoms of compassion fatigue in oneself and others
3. Differentiate between the risk factors and protective factors associated with compassion fatigue
4. Identify best practices in self-care to prevent or diminish compassion fatigue

IMPACT OF CARING FOR THE TRAUMATIZED

Indirect trauma

Emotional contagion

Savior Syndrome

Cost of caring

Secondary victimization

Secondary traumatic stress

Compassion fatigue

Vicarious traumatization

Burnout

WHO IS VULNERABLE?

Family Members

Spouses/Partners

Children

Parents

Other family or friends

Service Providers

Social workers

Psychologists

Psychiatrists

Nurses/Physicians

Domestic/sexual violence

Emergency responders

SECONDARY TRAUMATIC STRESS

- ▶ “The **natural**, consequent behaviors and emotions resulting from knowledge about a stressful event experienced by a significant other.”
- ▶ “A syndrome of symptoms identical to **PTS(D)** except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person.”

(Figley, 1995, p. 11)

COMPASSION FATIGUE

- ▶ Conceptually identical to Secondary Traumatic Stress.
- ▶ Introduced as a potentially less stigmatizing term.
- ▶ Sometimes used to refer to the combination of secondary traumatic stress and burnout.

VICARIOUS TRAUMATIZATION

- ▶ The transformation in the inner experience of the *therapist* that comes about as a result of *empathic engagement* with traumatic material. (Pearlman & Saakvitne, 1995, p.31)
- ▶ Profound disruptions in the *therapist's* frame of reference, that is, his basic sense of identity, world view, and spirituality. Multiple aspects of the *therapist* and her life are affected, including his affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of his body and physical presence in the world. (Pearlman & Saakvitne, 1995, p. 280).

VICARIOUS TRAUMATIZATION

- ▶ Frame of Reference

- ▶ Identity
- ▶ Worldview
- ▶ Spirituality

- ▶ Psychological Needs

- ▶ Safety
- ▶ Trust
- ▶ Esteem
- ▶ Intimacy
- ▶ Control

BURNOUT

“Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, determined by the dimensions of exhaustion, cynicism, and inefficacy.” (Maslach, Schaufeli, & Leiter, 2001)

POST-TRAUMATIC STRESS DISORDER

- ▶ Exposure
- ▶ Re-Experiencing/Intrusion Symptoms
- ▶ Avoidance Symptoms
- ▶ Negative Cognitions and Mood Symptoms
- ▶ Arousal Symptoms
- ▶ Distress/Impairment

EXPOSURE

- ▶ Directly experience the traumatic event;
- ▶ Witnesses the traumatic event in person;
- ▶ Learns that the traumatic event occurred to a close family member or friend;
- ▶ Experiences first hand repeated or extreme exposure to aversive details of the traumatic event.

RE-EXPERIENCING SYMPTOMS

- ▶ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ▶ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ▶ Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring.
- ▶ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ▶ Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

AVOIDANCE SYMPTOMS

- ▶ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ▶ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

NEGATIVE COGNITIONS & MOOD

- ▶ Inability to remember an important aspect of the traumatic event(s). Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.
- ▶ Persistent distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others.
- ▶ Persistent negative emotional state.
- ▶ Markedly diminished interest or participation in significant activities.
- ▶ Feeling of detachment or estrangement from others.
- ▶ Persistent inability to experience positive emotions.

AROUSAL SYMPTOMS

- ▶ Irritable behavior and angry outbursts.
- ▶ Reckless or self-destructive behavior.
- ▶ Hypervigilance.
- ▶ Exaggerated startle response.
- ▶ Problems with concentration.

HOW FREQUENTLY DID YOU EXPERIENCE CF/STS IN THE PAST WEEK?

Not at all

Rarely

Occasionally

Often

Very often

DISTRESS AND IMPAIRMENT

- ▶ Clinically Significant Distress
- ▶ Impaired Functioning
 - ▶ Social
 - ▶ Occupational
 - ▶ Other areas

TO WHAT DEGREE HAVE YOU EXPERIENCED DISTRESS OR IMPAIRMENT DUE TO CF/STS

Not at all

Somewhat

To a great degree

PREVALENCE OF CF/STS

- Social Workers (N = 282) (Bride, 2007)
 - 55% met at least one of the core criteria for PTSD
 - 24% scored above the clinical cutoff.
 - 15% met the core criteria for PTSD.
- Social Workers (N = 529) (Lee, et al., 2014)
 - 48% met at least one of the core criteria for PTSD
 - 15% scored above the clinical cutoff.
 - 11% met the core criteria for PTSD
- Substance Abuse Counselors (N = 225) (Bride, Hatcher, & Humble, 2009)
 - 57% met at least one of the core criteria for PTSD.
 - 26% scored above the clinical cutoff.
 - 19% met the core criteria for PTSD.

PREVALENCE OF CF/STS – CONT'D

- Substance Abuse Counselors (N = 936) (Bride, Kintzle, & Roman, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.
- Domestic/Sexual Violence Social Workers (N = 154) (Choi, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.
- Child Welfare Workers (N = 187) (Bride, Jones, & MacMaster, 2007)
 - 92% experienced some symptoms of STS.
 - 43% scored above the clinical cutoff.
 - 34% met core criteria for PTSD.

SUMMARY OF PREVALENCE STUDIES

- ▶ Most service providers experience some symptoms of CF/STS.
- ▶ Most service providers have low levels of CF/STS.
- ▶ A significant amount of service providers have relatively high levels of CF/STS.

RISK FACTORS

- ▶ Exposure to traumatized populations
- ▶ Demographics
- ▶ Trauma History
- ▶ Burnout
- ▶ Empathy

PROTECTIVE FACTORS

- ▶ Empathy
- ▶ Social and Organizational Support
- ▶ Self-Care
- ▶ Compassion Satisfaction

FOUR FACTOR MODEL OF EMPATHY

- ▶ Affective Sharing - Capacity for an automatic or unconscious affective response to others, which may include sharing emotional states.
- ▶ Perspective Taking – Capacity to take the perspective of another.
- ▶ Self-Other Awareness – Capacity for temporary identification between self and other that ultimately avoids confusion between self and other.
- ▶ Emotional Regulation – Ability to change or control one's own emotional experience.

(Decety & Jackson, 2004)

SOCIAL AND ORGANIZATIONAL SUPPORT

- ▶ Attachment/Friendship (ns)
- ▶ Reliable Alliance/Relational Quality (+)
- ▶ Helpfulness (+)
- ▶ Discussion (+)
- ▶ Satisfaction (+)

COMPASSION SATISFACTION & RESILIENCE

- ▶ Observing and experiencing client/patient recovery and growth
- ▶ Increased empathy, insight, and tolerance
- ▶ Appreciation of life
- ▶ Personal growth
- ▶ Appreciation of relationships
- ▶ Improved partner relationships
- ▶ Improved parenting skills and connections

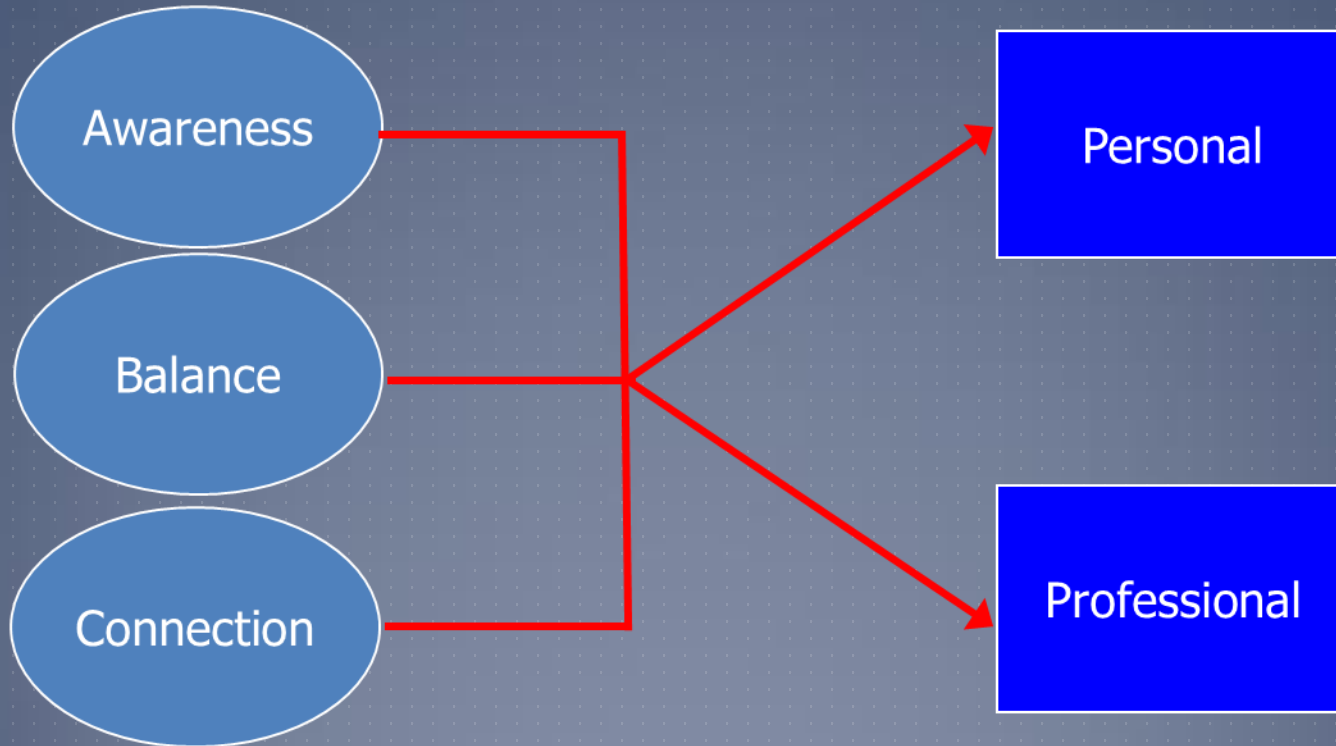
TO WHAT DEGREE HAVE YOU BEEN POSITIVELY IMPACTED BY YOUR WORK WITH TRAUMATIZED POPULATIONS?

Not at all

Somewhat

To a great degree

THE ABCS OF SELF CARE



AWARENESS

- ▶ Recognize and identify CF/STS symptoms.
- ▶ Monitor changes in symptoms over time.
- ▶ Recognize and monitor changes in functioning.
- ▶ Recognize the importance of supervision/consultation addressing CF/STS.
- ▶ Seek help with your own traumas.
- ▶ Know your triggers.

BALANCE

- ▶ Make personal life a priority.
- ▶ Protect your time.
- ▶ Attend to your physical and mental health.
- ▶ Balance caseload, time, tasks.
- ▶ Take time for relaxation and reflection.
- ▶ Set and maintain appropriate boundaries.

CONNECTION

- ▶ Make relationships with family and friends a priority.
- ▶ Honor your connection to your community.
- ▶ Revitalize your sense of professional purpose and connection.
 - ▶ Remember why you do what you do.
 - ▶ Refocus on the rewards of your work.
- ▶ Develop a professional connection.
- ▶ Develop and utilize a professional support network.

HOW GOOD ARE YOU AT SELF-CARE?

- ▶ Not at all
- ▶ Need lots of improvement
- ▶ Need some improvement
- ▶ Great

KEY TAKE AWAYS

- ▶ Compassion Fatigue is a **NORMAL** and **EXPECTED** experience.
- ▶ The negative impact of Compassion Fatigue can be minimized or prevented.
- ▶ Self Care and Social Support are important ways to minimize the effect of Compassion Fatigue
- ▶ To care of others, you must first care for **YOURSELF**.

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Questions

- Submit questions via the Q&A box located on the screen.
- The Q&A box is monitored and questions will be forwarded to our presenters for response.
- We will respond to as many questions as time permits.



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4. Verify, correct, or add your information AND Select your profession(s).
5. Proceed and complete the activity evaluation
6. Upon completing the evaluation you can print your CE Certificate. You may also e-mail your CE Certificate. Your CE record will also be stored here for later retrieval.
7. **The website is open for completing your evaluation for 14 days.**
8. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

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Save the Date



Next DCoE Traumatic Brain Injury Webinar

Unique Perspective for Women and Mild TBI: Gender Differences and Coping Strategies

October 13, 2016; 1-2:30 p.m. (ET)

Next DCoE Psychological Health Webinar Theme:

**Gender Differences in PTSD:
Symptoms and Treatment Approaches**

October 27, 1-2:30 p.m. (ET)

“Medically Ready Force...Ready Medical Force”

Save the Date (continued)



September 13 – 15, 2016

**2016 Defense Centers of Excellence for Psychological Health
and Traumatic Brain Injury Summit**

**State of the Science: Advances, Current Diagnostics and
Treatments of Psychological Health and Traumatic Brain Injury
in Military Health Care.**

Registration for the 2016 DCoE Summit is open.

http://dcoe.adobeconnect.com/dcoesummit2016/event/event_info.html

for more information.

DCoE Contact Info



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