

Compassion Fatigue

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Presentation outline

- Introduction
- Causes/contributors:
 - ❖ Vicarious traumatisation
 - ❖ Burnout
- Compassion fatigue
- Cures
- Demonstration exercise

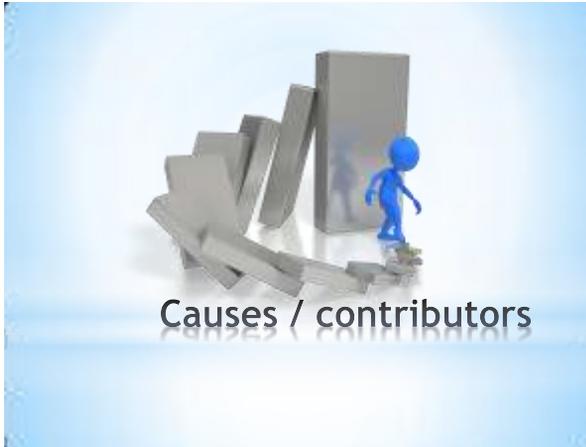
Introduction

- All of us who attempt to heal the wounds of others will ourselves be wounded; it is, after all, inherent in the relationship (Figley CR: *Treating Compassion Fatigue*. Brunner-Routledge. NY 2002).
- The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet (Remem R: *Kitchen Table Wisdom* MacMillan. NY. 1996).



Introduction

- “We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren’t sick, but we aren’t ourselves.” (Figley, CR: (Ed.) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. NY: Brunner/Mazel 1995)



Secondary Traumatic Stress (STS)

• This introduces the notion of secondary or vicarious trauma:

- ❖ “Harmful changes in professionals’ views of themselves, others, and the world as a result of exposure to the graphic and/or traumatic material of their clients.”
- ❖ Secondary Traumatic Stress - “a set of psychological symptoms that mimic posttraumatic stress disorder but is acquired through exposure to persons suffering the affects of trauma.” (Baird K & Kracen AC: Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counsel Psychol Qrtly.* 2006; 19: 181-188)

STS symptoms

- Anxious
- Reactive
- Heightened threat perception
- Sleep problems
- Lack of concentration
- Physical problems
- Intrusive thoughts
- Work interfering with personal
- Feeling inadequate
- Avoidance
- Loss of energy, gratification, & hope
- Separation
- Self-medication

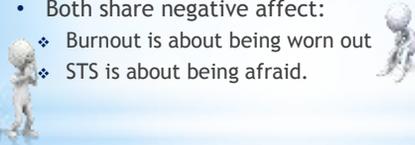


Contributors to STS symptoms

- Past traumatic experience(s)
- Images
- Empathy
- Current safety concerns of the ones we help
- Children
- Nature of the work/setting
- Personal
- New staff

Burnout & STS - Co-travellers

- Burnout - work-related hopelessness & feelings of inefficacy
- STS - work-related secondary exposure to extremely or traumatically stressful events
- Both share negative affect:
 - ❖ Burnout is about being worn out
 - ❖ STS is about being afraid.



Compassion fatigue



Compassion fatigue

- Compassion fatigue is always a possibility for those who care for others.
- There is no compassion fatigue when all our caring is “successful”.
- If you don't care for yourself, physically, emotionally and spiritually, then eventually there will not be enough of you left to care for anyone else.
- Compassion fatigue is not a character flaw!

Compassion fatigue

Secondary Traumatization + Burnout



=

Compassion Fatigue



Compassion fatigue

- A state of tension
 - Describes the emotional, physical, social, and spiritual exhaustion that overtakes a person and causes a pervasive decline in his or her desire, ability, and energy to feel and care for others
- (McHolm, F: Rx for compassion fatigue. *J Christian Nursing*. 2006; 23: 12-19).



Menu of misconceptions

1. I will “fix” the problem / make everything OK / save the world ...
2. I am (solely) responsible for outcomes
3. If I care enough, everything will be OK
4. The sufferer/victim will appreciate everything I do for them
5. I will have enough resources (time, money, material, skills and training) to fix things.
6. Significant people in my life will support & approve my absence from our relationship while I invest in this compassionate mission.

Menu of misconceptions

7. I know what I’m getting into
8. I can do it alone
9. If I’m spiritual enough, I can deal with the stress of working with suffering people
10. My definition of success is ...



Rewrite of misconceptions

- You are responsible for your task:
 - ❖ If religious - God is responsible for the outcomes
 - ❖ If secular - your client & his/her influences are responsible for the outcomes
- You are not God
- The need will always be greater than the resources
- Be careful how you measure “success”
- Value small victories
- Who you are is as important to the mission as what you do

Rewrite of misconceptions

- Clients' pain is not your pain
- Don't take clients home with you - in any form
- Remember to care for your spirit, emotions and body so that there will be something left to give

Work-related risk factors

- ↓ empathy
- ↓ training / experience
- ↑ frequency of exposure to traumatic material
- Caring for most vulnerable
- ↓ recovery time
- Poor or ↓ supervision
- Isolation / systemic fragmentation
- ↓ systemic resources



Cures

Self-care

Physical

- Sufficient rest/sleep & respite
- Good nutrition
- Exercise - min 30 minutes 3-4 times per week
- Regular medical, dental, psychological check ups

Self-care

Professional / workplace

- Maintain work/life balance
- Delegate - learn to say 'No' & ask for help at work & home
- Transition tactic from work to home
- Regular quality supervision/consultation
- Work at your level of competence, train & develop
- Consider P/T if necessary

Self-care

Psychological / emotional

- Personal therapy to resolve trauma stress past & present
- Be aware of own signs of burnout / secondary trauma / compassion fatigue + ACT
- Reduce critical self-talk, be aware of positive characteristics, achievements, actions
- Reduce trauma inputs
- Supervision / support / debriefing
- Socialise
- Exercise laugh muscles

Self-care

Spiritual / existential

- Journaling
- Develop a spiritual life:
 - ❖ Prayer
 - ❖ Mindfulness
 - ❖ Meditation / relaxation
 - ❖ Breathing
 - ❖ Yoga / martial arts
 - ❖ Music / singing

Dearousal exercise

