COMPASSION FATIGUE THERAPIST

ORILLIA ONTARIO CA
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accredit
certify
GREEN CROSS
ACADEMY OF TRAUMATOLOGY
deploy

Green Cross Academy of Traumatology

- Established in 1997 to bring together world leaders in the study of traumatology
- for the purpose of establishing and maintaining professionalism and high standards for this new field.
- Premier disaster deployment agency

  In the crisis field today

THERAPIST standards

1. All requirements for Compassion Fatigue Educator certification have been met;

2. Utilize an array of assessment instruments and structured interview to create a compassion fatigue recovery plan for SELF, client/peer;

3. Initiate and manage course of evidence-based treatment with caregivers suffering from compassion fatigue symptoms.

4. Demonstrate evidence that the treatment is effective in mitigating both secondary traumatic stress and burnout symptoms of compassion fatigue;

5. Demonstrate competence in using and teaching for self and client arousal reduction, grounding and containment skills;

continued

- 6. Demonstrates competence in helping clients to identify and utilize resources and plan for resiliency and prevention for self and ability to facilitate this plan with others.
- 7. Knowledge of what is required to create and maintain a self care plan for self and others;
- 8. Know of what is required to facilitate a self-care plan for self and others;
- 9. Knowledge about training and supervising others in psycho-education on the causes, symptoms, prevention and treatment of compassion fatigue;
- 10. Knowledge of effective strategies for incorporating the Academy of Traumatology Standards of Practice and Ethics and Standards of Self Care into treatment and consultation practices;
- 11. Knowledge of the developmental history of compassion fatigue including countertransference, caregiver stress, burnout, vicarious traumatization, and secondary traumatic stress.

M.A.S.T.E.R.S. Transformation Process Toward Wellness

- There are seven transformative building blocks of this process.
- These are outlined for you to apply to yourself in order to better help others.

Motivation

- “The intention, commitment, energy and sustenance to complete the transformation to the most appropriate level.”
- Must be high and consistent
- Begins with taking stock through self-examination

Assessment

- Tests and procedures generate information about stressors, reactions, goals, coping strategies, dreams and impediments to reaching them.
- It means clarifying our hopes and dreams about future functioning and recognizing where improvements are needed.

Self-Reflection

- It requires recognizing and retaining one’s strengths, satisfactions and sustenance throughout the trans-formative process and for the rest of one’s life.

Transformation

- It is translating the information and insight received in the previous steps into a solid, measurable, useable wellness Life Plan.
- This Life Plan is an always evolving set of activities that acquire and retain what is needed for wellness.

Evaluation

- The process of seeking, finding and learning about those skills that help us become and remain healthy, including selecting and practicing the healthiest physical activities, nutrition, stress management, sense of humor, spirituality, self-awareness and other resources that contribute to wellness.

Reviewing

- It is the dual process of learning from past achievements and catastrophes with the newly acquired life skills and formulating (and revising as needed) the best Life Plan to complete and retain the transformative process.

Studying

- The process of carefully measuring the benefits and costs of each element of the plan and make whatever adjustments needed for improvement and longevity towards peak wellness.

WORKSHOP GOALS

- To BE KNOWLEDGEABLE OF AND PUT INTO PRACTICE THE ***MASTERS*** PLAN FOR CF THERAPIST
- TO UTILIZE AN ARRAY OF ASSESSMENT INSTRUMENTS AND STRUCTURED INTERVIEW TO CREATE A RECOVERY PLAN FOR CLIENT/PEER To meet all the requirements of the C.F.THERAPIST

To demonstrate competence in using and teaching arousal reduction, grounding, and containment skills

- To know what is required to create, maintain, and facilitate a self care plan for self or others
- To make a self care plan for themselves for the next 12 months
- To be knowledgeable on the causes, symptoms prevention and treatment of compassion fatigue.
- To be knowledgeable of the developmental history of CF, Burnout, Vicarious Trauma, and secondary traumatic stress

WHAT IN THE WORLD IS HAPPENING ???

- Disaster intervention is a combination of the three main services provided by crisis intervention personnel

- Psychological First Aid (PFA)
- Compassion Fatigue (CF)
- Critical Incident Stress Man. (CISM)

Psychological First Aid

A set of skills that helps community residents care for their families, friends, neighbors, and themselves by providing basic psychological support in the aftermath of traumatic events…

Psychological First Aid Skills

Part I – Understanding common symptoms and responses associated with trauma

Part II - Active Listening

Improving a skill you already possess

Part III – Resource Awareness

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

A comprehensive, integrated, systematic, and multi - component

approach to crisis / disaster intervention.

COMPASSION FATIGUE

- **Compassion Fatigue is a state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper.**

- **The helper is traumatized or suffers through the helpers own efforts to empathize and be compassionate.**

COMPASSION

"a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause."

- Webster-EUDEL

COMPASSION FATIGUE

Can develop quickly when the incident is especially traumatic or challenging

Can develop over time as a cumulative result of helping many persons in trauma

COMPASSION FATIGUE

"There is a cost to caring. Professionals who listen to others' stories of fear, pain, and suffering may feel similar fear, pain and suffering because they care. Sometimes we feel we are losing our sense of self to … those we serve…" *Charles Figley, jr 1995*

COMPASSION FATIGUE

"Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion fatigue."

(*Compassion Fatigue: Coping with Secondary Stress Disorder in Those Who Treat the Traumatized,* Charles Figley, Editor, 1995*)*

When helping hurts

SELF-ASSESSMENT TESTS

1.MEASURING LIFE STRESS

2. Early warning signs

3. How vulnerable are you to stress

KEY CONCEPTS SECONDARY TRAUMATIC STRESS

- Countertransference
- Compassion Fatigue
  - Burnout
  - Vicarious Traumatic Stress

COUNTERTRANSFERENCE

- Characterized by emotional reactions that develop due to the interactions between multiple factors, including the helpers own unresolved inner conflicts, the stories the victim shares with them, and the victim’s behaviors and personal characteristics
- More recently, it is used to refer to the therapist/helper seeing oneself in the client, of over-identifying with the client or of meeting one’s needs through the client.

COMPASSION FATIGUE

Comprised of

BURNOUT

and

VICARIOUS TRAUMATIC STRESS

BURNOUT
definition

- A depletion or exhaustion of a person's mental and physical resources attributed to their prolonged yet unsuccessful striving toward unrealistic expectations, internally or externally derived

- (an end phase of severe distress)

BURNOUT consists of

- Characteristic negative feelings such as frustration,
- anger,
- depression
- exhaustion
- EMERGES GRADUALLY AS THE PERSON BECOMES INCREASINGLY EMOTIONALLY EXHAUSTED OVER TIME

BURNOUT

"A state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations." (Pines & Aronson, 1988, p.9)

"The chronic conditions of perceived demands outweighing perceived resources."

BURNOUT

- Burnout is a process that begins gradually (rather than fixed condition) and becomes progressively worse over time
- This process includes (a) gradual exposure to job strain; (b) erosion of idealism and (c) a void of achievements
- There is an accumulation of intensive contact with clients

BURNOUT

- Client problems - their chronicity, acuity, complexity - are perceived to be beyond the capacity of the service provider.

- Service provider is caught in the struggle between promoting the well-being of clients and coping with policies and structures of delivery system that tend to stifle empowerment and well-being.

VICARIOUS TRAUMA

"A transformation of the helper's inner experience resulting from an *empathic engagement with survivors' traumatic experiences*. Its hallmark is a ***disrupted frame of reference regarding the helper's sense of self*** (identity), world view, spirituality, affect regulation, inter-personal relations and imagery system of memory.

Its effects are cumulative and (*can be)* permanent, and evident in the helper's professional and personal life."
(Pearlman & Saakvitne, 1995)

VICARIOUS TRAUMATIC STRESS

- Results when the worker is negatively affected through indirect exposure to trauma material
- SECONDARY EXPOSURE TO VERY STRESSFUL AND TRAUMATIC EVENTS THROUGH THEIR WORK

RECOVERY/PREVENTION

- IT IS POSSIBLE TO PREVENT AND/OR RECOVER FROM BURNOUT & COMPASSION FATIGUE
- The more one is able to anticipate risk factors and early warning signs,
- The more likely one is to effectively deal with the situation and even become resilient

RECOVERY IS POSSIBLE

- BOTH exist on a continuum of severity

1. Knowing and recognizing the symptoms
2. Signals need to do something about it
3. Make positive changes to promote well-being
4. Developing plans to prevent or recover from CF.

COMPASSION SATISFACTION

- The enjoyment and gratification that a trauma worker feels when they are able to perform their work well

- Evidence indicates that while some helpers become negatively affected, others do not.
- Studies recognizing protective factors and positive effects of helping have increased

RESILIENCY Definition

- A positive adaptation to stress or trauma
- Associated with a wide range of strengths and positive mental states found in some people

RESILIENCY

- The process of helpers learning about overcoming adversity from the trauma survivors

- The resulting positive transformation and empowerment in the helpers through their empathy for and interactions with the survivors

RESILIENCY

TEST

Building personal resilience

HOW DO YOU KNOW??

1. Dumbing down
2. Macabre sense of humor
3. Extreme focus
4. Loss of sense of humor
5. Loosing track of time
6. Scenarios keep repeating themselves when asleep and awake
7. Can’t leave- this work is more important than family, friends or job.
8. Chick flicks are out!!!

Secondary Traumatic stress scale

- test

WELLNESS PLAN

PERSONAL WELLNESS PLAN Using all the information and tests you have taken in the last two days, prepare a wellness plan for

- 90 DAY
- 1 YEAR
- 1 YEAR+
- Structure should include what issue, what you will do about it, how you will know you've done it, and what person you have that will assist, guide, or evaluate that issue

POST TRAUMATIC STRESS DISORDER

- Anxiety disorder: DSM iv TR 309.81
- Person experienced, witnessed, or was confronted with an event or events, that involved actual or threatened death or serious injury or threat to the physical integrity of self or others
- Person responded w/ fear helplessness, or horror

After 30 days

- Recurrent intrusive recollections, Recurrent dreams, Reliving the experience
- Intense psychological distress due to exposure to cues
- Persistent avoidance and numbing,
  - Thoughts, feelings activities, people, places
  - Increased arousal, ie lack of sleep, anger, startle response
  - Delayed onset - six months or more

PTSD (Jeff Foxworthy's id)

- If your wife has to wake you up by tapping on your feet with a long stick to keep from getting punched...*you might have PTSD.*

- If you are convinced that every crowded situation is dangerous and must be avoided...*you might have PTSD.*

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- If a car backfiring causes you to jump ten feet and dive for cover...*you might have PTSD.*

- If your "temper tantrums" are more impressive than your three-year-old's...*you might have PTSD.*

PTSD TREATMENT

- 3 MAIN METHODS IN USE TODAY
  - EYE MOVEMENT DESENSITIZATION & REPROCESSING [EMDR]
  - PHARMACOLOGICAL INTERVENTIONS
    - Co-morbid
  - COGNITIVE BEHAVIORAL THERAPY
    - Based on the idea that our THOUGHTS cause our feelings and behaviors, not external things.
    - Highly instructive and uses homework assignments

PURDUE SOCIAL SUPPORT SCALE

- Filled out yesterday
- With all others,

- EACH ATTENDEE:

  MAKE 90 day plan

MAKE 12 month plan

Traumatic stress disorders

- PTSD
  - Immobilizing
  - Long lasting
  - 20 % of women
  - 8 % of men
  - More severe the trauma, more likely to develop PTSD
  - diagnostic criteria (review)
  - System clusters

PTSD INTERVENTIONS
Lee & Casey page 22-24

- Cognitive behavioral therapy, including systematic desensitization
- Medications
- EMDR (demo today)

Cognitive behavioral therapy

- Systematic desensitization
  - Deep relaxation
  - Hierarchy of memories
  - Start with least provoking
  - Keep relaxed while remembering
  - Needs atmosphere of trust /caring
  - Works because client feels no horror

MEDICATIONS

- ANTI-DEPRESSANTS
  - ZOLOFT
  - PAXIL
  - (works because of co-morbidity-depressed)

ANTI-ANXIETY MEDS

not effective

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

- Trauma is frozen in brain at moment of trauma
- If triggered by external or internal stimuli – PTSD
- EMDR moves trauma information along the information track to resolve the reaction
- Each reprocessing causes less negative, more

positive interchange

- EMDR reopens the processing system

EMDR

- Traumatic event upsets the bio-chemical balance of the information processing system. This imbalance prevents the information from proceed- ing to an adaptive resolution, and perceptions of the incident are “locked” in the nervous system. It is possible that REM are the the body’s automatic information catalyzing process, serving to restore balance and allow traumatic overload to be resolved.

EMDR INTAKE (Tell story)

- Negative cognition
- Positive cognition

  Emotion

- SUD
- Body

- Client rates:
- SUDS scale (Disturbance scale)
  - Validity of cognition (good scale)
  - Imagines the stressor
- EYE MOVEMENT or other
  - When vision stops moving
  - SUDS drops
  - VOC rises

EMOTION HAS LESSENED

R-TEP

- RECENT-TRAUMATIC EPISODE PROTOCOL
  - USING BLS (bi-lateral Stimulation)

- EMDR RTEP DEMO

-R TEP (Recent traumatic episode protocol

- INTAKE (Tell story)
- STABILIZE
- NARRATIVE
-
- Image
- Negative cognition
- Positive cognition
- Validity of Cognition
- Emotion
- SUD
- Body

Identifying at risk workers

- Level of exposure
- Coping strategies
- Locus of control
- Personality traits
- Organizational factors
- Age

Etiology of symptoms

- Therapist experience the same as victims
- Trauma is contagious
- Changes include
  - No time or energy for self
  - Increased feelings of cynicism, sadness, seriousness, despair, & grief

Mitigate the impact

- Denial hinders healing & prevents seeking help
- Use personal rather than professional support
- Awareness of symptoms
- Education on support networks
- DEBRIEFINGS
- Maintain balance in life
- Identify and actively use healing activities

Overcoming Reluctance: Stepping Stone to Wellness

- Most professional helpers are other-directed and often more motivated to care for others than themselves.

- This sense of self sacrifice is very useful to and important for fields of care giving to insure a vibrant and productive work force.

- However, lack of self-care negatively impacts same work force.

Resistance—Reluctance to Self-Care

- Many helpers resist self-care
- "Resistance" = an opposing or retarding force
- The force of attending to wellness for helpers is usually family, friends, co-workers and the helper's own body and mind: All are saying: "Stop, slow down, take care of yourself!"
- "Reluctance" is used—more positive tone

Conclusion: Overcoming Resistance

- Means helping the reluctant helper to both
- Identify the factors leading to it (e.g., fear, lack of trust) and
- Identify the helper's stress coping personality
- Look at each box and decide the basic approach. (Discuss)

Conclusions

- It is not easy to change to make self-care a priority in one's work.
- Often a life change is reactive rather than proactive;
- That is, most of us change as a result of a crisis or catastrophe: death of a loved one, ill health, accident, job loss, family crisis, etc.
- Often changing requires the help of others—friends, colleagues, or professionals you pay for their services.

Conclusions (2)

- **Some have little difficulty seeking help, others find it nearly impossible, while others rarely consider that they need help at all.**
- **The rewards of continued work with the traumatized, however, require that we do whatever is necessary to skillfully maintain self-care, because**
- **The traumatized themselves are often resistive to seeking help or in giving self-care a priority.**

Conclusions (3)

- Only by learning the complexities and competencies of self-care will we be able to understand, assist and model it for the traumatized.

- Only by overcoming the challenges involved in self-care ourselves will we be able to facilitate, appreciate and celebrate the growth that self-care brings to the traumatized.

What does this mean to us?

- First wave disaster intervention
  - Very little group work
  - Lots of PFA
  - Much CF expended
  - Watch out for ourselves so we can help them

continued

Crisis reactions overwhelm

Grief reactions which overwhelm

Processing the event

Con't.

- Initial work is not structured intervention
  - Compassion Fatigue
  - Emotional first aid
  - physical nourishment
- It varies by incident, timing and the individual
- It is necessary to continue, once started

Compassion fatigue

Expended,

Identified

Shared

WHAT CAN THE ORGANIZATION DO???

COMPASSION FATIGUE
Prevention: Organizational

Pre-Incident Education:

- Secondary traumatic stress and burnout
- Resources available to assist employees
- Protocols for utilization of resources
- Provide training for support personnel to assist employees
- Recognition/affirmation for prevention measures

PREVENTION/RECOVERY: Essentials

- Honesty with self and others
- Internal locus of control
- Intentionality vs. Reactivity
- Physical well-being
- Reconnection: social support
- Constructive self-soothing

PREVENTION/RECOVERY: Essentials

- Life balance
- Appropriate grieving
- Non-anxious presence
- Self-validated caregiving
- Resolution of primary trauma history
- See consultant, get supervision,
  debrief regularly
- Set appropriate boundaries

Identify Self-Care Goals

- Based on what you already know about yourself, identify 3 goals attainable within the coming 90 days toward improved self-care. (See self-care inventories completed earlier)
- Identify at least 3 additional goals that are attainable within the following twelve months.

“MOMENTS”

“Oh, I’ve had my moments, and if I had it to do all over again, I’d have more of them. In fact, I’d try to have nothing else. Just moments, one after another, instead of living so many years ahead of each day.”

Nadine Stair, 90-year-old from Kentucky

MINDFULNESS

"Mindfulness is about being fully awake in our lives. It is perceiving the exquisite vividness of each moment. We also gain immediate access to our own powerful inner resources for insight, transformation and healing."

Jon Kabat-Zinn

MINDFULNESS

- It is the art of paying attention in the present moment. It involves our ability to
  - Come off of “Automatic Pilot”
  - Shift from “Doing” into “non-Doing”
  - Slow down and give ourselves some time and space
  - Nurture calmness and self-acceptance
  - Be aware of our thoughts and thinking process
  - Work with our lives exactly as they are
  - Develop “Beginner’s Mind”—seeing in new ways

EXPERIENCE

- Practice complete mindfulness with the following film. Use all senses. Be fully present.
- Identify with one or more elements in the scene: Be a tree or a stone or the water and experience the scene from that perspective.
- Note what happens to you as a result.

REWARDS OF CAREGIVING

- Make a difference in the lives of others by being a channel of hope and healing.
- Experience a growing sense of purpose and meaning beyond one's own self.
- Facilitate and observe the remarkable growth of others through adversity.
- Receive adequate compensation that provides for one's own basic needs.

REWARDS (2)

- Learn from the experiences of others how to overcome adversity and nurture resiliency.

- Develop skills in self-care that empowers those that matter most to you.

- Develop a deepening sense of gratitude for the gift of life, health, love of family and friends, community, beauty, truth, courage, wisdom, kindness, freedom, and the opportunities of each day.

REWARDS (3)

- **Understand and appreciate the worth of one's own experiences with adversity and the larger benefit of the lessons they provide.**

- **Be reassured that being present with respect, kindness, dependability, caring and accurate affirmation is far more powerful and lasting influence than fear, hate and humiliation (for some).**

- **Recognize the incredible strength of the human spirit and the hope for our world that it suggests.**

Conclusion: Overcoming Resistance

- Means helping the reluctant helper to both
- Identify the factors leading to it (e.g., fear, lack of trust) and
- Identify the helper's stress coping personality
- Look at each box and decide the basic approach. (Discuss)

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Wrap up?

- Questions?
- Comments?
- Evaluations
- Field Traumatology-UMTTI
- WWW.JEC-COUNSELING.COM

Types of Reluctance and Stress Coping Personalities

- Helper resistance to wellness and self-care is a function of these types of reluctance and coping personalities

- Accurately understanding the helper in this way will help design the best treatment plan, self-care program and self-care strategies.

Matrix of Helper Resistance

Stress-Coping Personalities	Reluctance Types			
	Worker Bee	Change Phobic	Untrusting	Martyr
Heroes				
John Waynes				
Victims				
CUSTOMERS_ Moral Absolutist	______	______ _	__________	_______

Type 1 Reluctance: Worker Bee Mentality

- This first type of reluctance stems from the helper not understanding and appreciating the long-term negative consequences of poor self-care.

- Unfortunately, many organizations fail to orient the worker to proper self-care and wellness.

The Worker Bee Mentality

- Focuses on performance and productivity resulting in rewards and avoiding punishment
- Fails to consider the wear and tear on the helper
- Assumes organization is benevolent and wise
- Responds well to organizational edits toward self-care

Type 2 Reluctance: The Change Phobic

- Fear stems from the unknown of change provoked by the forces (friends, family, self) or even admitting that change is necessary.
- Self-deception, avoidance, and denial are useful in abating fear.
- The helper frequently fears admitting to problems that can be corrected by proper self-care.
- There is an irrational fear that it could make matters far worse.

The Change Phobic

- Fears appearing weak, ineffective or untrustworthy
- Fears may not have the “right stuff”
- Solution: Helping these helpers under-stand the byproducts of fear and lack of self-care
- Recognize irrational fear of change
- Commitment to change is the first step
- Tailor a self-care plan to fit their situation

Type 3 Reluctance: The Untrusting

- Stems from a basic lack of trust in either the organization, fellow workers, other helpers like themselves or themselves.
- Yet, effective changes in self-care and wellness requires trust.
- Identifying the locus of mistrust is the first step toward developing a plan for change.

The Untrusting Helper

- Where trust is low (based on a past change experience perhaps) reluctance will be high.

- An important question to ask the helper is,

  “What is necessary for you to decrease your reluctance to change and be more committed to self-care?”

Type 4 Reluctance: The Martyr

- Stems from a belief system, either religious or philosophical, that denies or minimizes human needs & limitations—a form of “canonized selflessness” (“God first, others second, and me last”)

- Believes focusing on one’s own needs to be “selfish” and “self-centered” & therefore wrong, a violation of one’s values/faith

The Martyr

- Assumes that Life is benevolent and will provide one's needs without one's own efforts or initiative
- Takes pride is self-denial or self-sacrifice and is gratified by recognition of one's selflessness
- Solution: Normalize self-care as foundational to faith and as essential to effective service to others

Stress Coping Personality

- It is defined as a set of traits and characteristics that are associated with the way the helper perceives and manages stress vis-à-vis the way the helper seeks, secures and uses the help of others.

- The FIVE types of personalities (archetypes) of coping among helpers are the Heroes, John Waynes, Victims, Customers and Moral Absolutists

Classic Types of Stress Coping Personalities

- Each vary in the degree of receptivity to self-care and the transformation toward and retention of wellness.
- Each have strengths and weaknesses.
- Most helpers are mostly one type but have features of more than one.
- Rarely do we find someone who is exclusively one type or who remains as one type throughout his/her career.

(1)The Hero Personality

- Adopts a passive-avoidance coping style
- "Heroes" do not know exactly what support they need because
- "Heroes" have not thought about it much but
- "Heroes" would accept assistance if it is brought to them in the right form.

(2) **The John Wayne Personality**

- Adopts an active-avoidance coping style
- John Wayne types do not know exactly what support they need
- But deny it is needed and will not accept it if offered
- They use “FINE” as the answer to the question: “How are you doing, John?”

(3) The Victim Personality

- Victims adopt a passive support- seeking coping style.
- Victims seek attention to themselves directly asking for support.
- Victims wear suffering like a uniform
  because it is
- Their sense of identity as a person.

(4) **Customer Personality**

- Adopts an active support-seeking coping style
- Customers admit they need help at times,
- Customers are proud of their efforts at coping, and take responsibility for their stuckness.
- Customers often know what they need to get unstuck, and explicitly
- Seek out support until it is acquired.

(5) The Moral Absolutist Personality

- Adopts an active support-denying coping style
- Admits the need for help only from the Almighty and minimally from others who believe as he/she does
- Sees normal humanness as inherently suspect if not bad, both in self and others—combination of distrust and fear
- Maintains perpetual persona of strength

COMPASSION FATIGUE

- A state of tension and preoccupation with traumatized individual(s) by

- Re-experiencing the traumatic events,

- Avoidance/numbing of reminders, and

- Persistent arousal (e.g., anxiety)

COMPASSION FATIGUE

- Post-Traumatic Stress Disorder
- Exposure is core factor in risk
- Empathy is the vehicle of transmission

COMPASSION FATIGUE symptoms

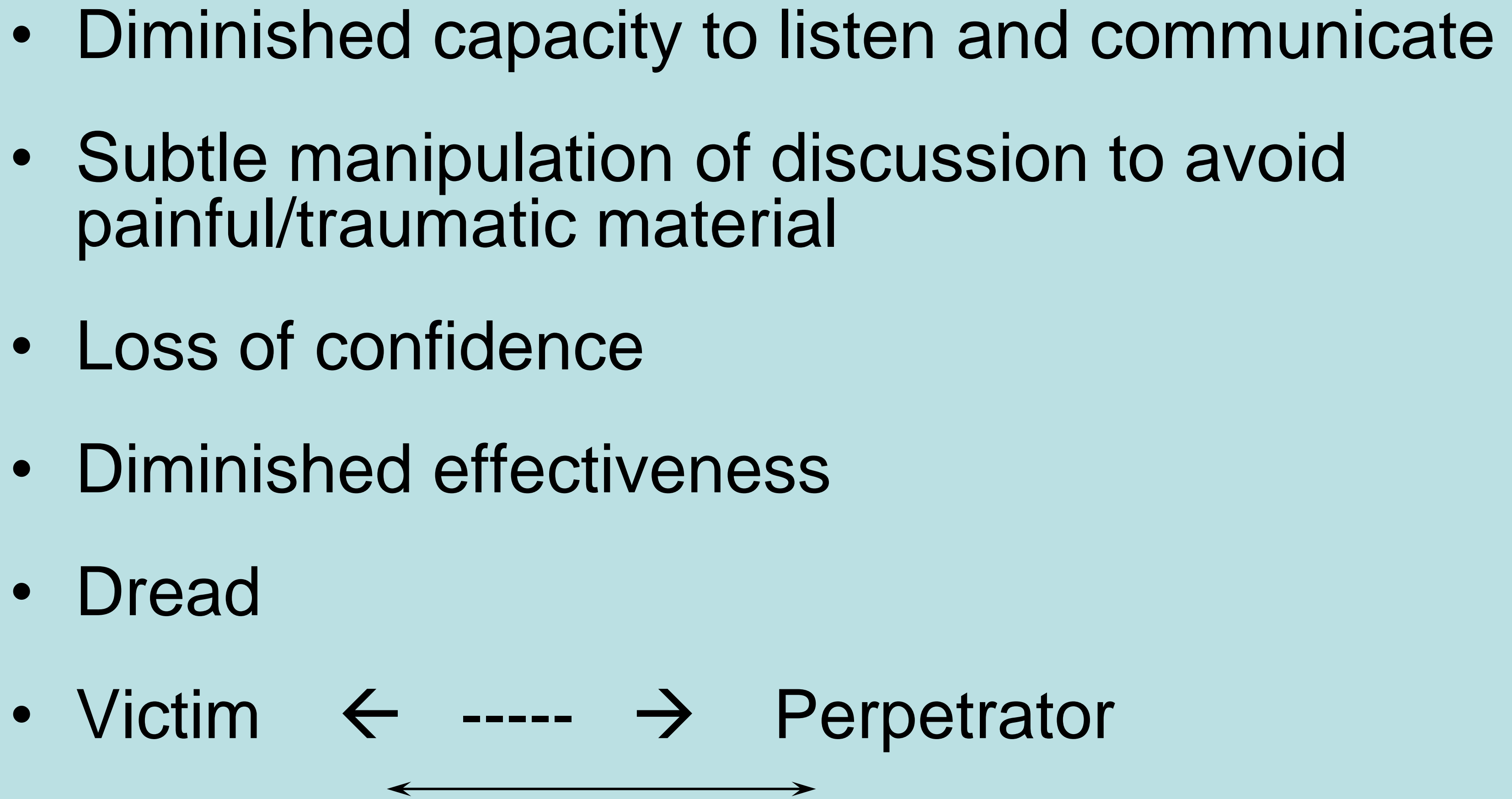
- Difficulty separating work and personal life
- Lowered frustration tolerance
- Dread (of working with certain clients)
- Disruption of one's frames of reference (sense of identity, world view, and spirituality)
- Ineffective or self-destructive self-soothing behaviors

COMPASSION FATIGUE symptoms

- Diminished sense of purpose/ enjoyment of career
- Reduced ego functioning (time, volition, identity, language, cognition)
- Lowered functioning in non- professional situations
- Diminished capacity for intimacy
- Loss of hope

COMPASSION FATIGUE symptoms

- Diminished capacity to listen and communicate
- Subtle manipulation of discussion to avoid painful/traumatic material
- Loss of confidence
- Diminished effectiveness
- Dread
- Victim ← ----- → Perpetrator



WHAT DOES IT MEAN?

- Not a reflection of the helper's inadequacy
- Not indicative of the toxicity or badness of the client
- Is an occupational hazard for trauma workers
- Is a result of one's strengths: empathy, involvement and helping

RISK FACTORS

- A combination of exposure to extra-ordinary trauma material and empathy
- Unresolved primary traumatic history
- Exposure to children's trauma and childhood trauma of adults
- Avoidance is primary coping strategy

RISK FACTORS

- Emotionally vulnerable due to inadequate or disrupted social support OR due to recent significant losses
- Primary traumatic experiences post-exposure
- Limited work satisfaction
- Limited stress management
- Poor self-care