

COMPASSION FATIGUE EDUCATOR

RISKS AND REWARDS

of

Working With Traumatized
People

Orillia, Ontario, CA- -September 17, 2011



Green Cross Academy of Traumatology

- Established in 1997 to bring together world leaders in the study of traumatology
- Purpose: establishing and maintaining professionalism, high standards, and competent Deployment for this field.
- Premier disaster deployment agency
In the crisis field today

UMTTI Overview

The **Upper Midwest Traumatology Training Institute (UMTTI)**, a member of **VOAD**, trains health, mental health, Public Services, and emergency services professionals from a wide array of disciplines from throughout the United States and around the world to develop and provide research, treatment approaches, training programs, and deployment in the field of Traumatology.

Dr. Daniel Casey, CT

- 11959 77th ST.
- Clear Lake MN 55319
- Office 320-743-3639
- Fax 320-743-4119
- dlcasey@frontiernet.net
- www.jec-counseling.com

Eire cell 085-1130716

Dr. Daniel Casey, CT

- ICISF & Green Cross certified trainer - Basic, Advanced, Individual, School, College & Suicide CISM, Compassion Fatigue, Field traumatology & ICS trainings
- Board member Advisory Committee- ICISF & Green Cross
- 22 years -2000 interventions- trained 10,000

- Director- UMTTI
- Certified Board Member of the ICISF
- & Green Cross Academy
- Coordinator for three Crisis teams
- 25 years wild land fire fighter
- 7 years University instructor/ counselor

MURPHY

WHAT'S HE LOOK LIKE??

INTRODUCTIONS

- Course
- Format and agenda
- Audience:
 - *Who are we? What's my job?
 - *Who are receivers of our care?
 - *How long have we worked with these?
 - *Primary self-care activities?

WORKSHOP GOALS

- To promote wellness among those who work with the traumatized by teaching the basics in the prevention, assessment and recovery from compassion fatigue
- To affirm and expand competencies in assisting other caregivers
- To support and strengthen the work with the traumatized
- To fulfill criteria for certification as Compassion Fatigue Educator
- To prepare participants for deployment opportunities
- To demonstrate the usefulness of CF in the working world

WORKSHOP OBJECTIVES

1. Articulates AND Differentiates the developmental history of compassion fatigue including countertransference, burnout, AND vicarious traumatization,
2. Articulates the unique array of symptoms indigenous to compassion fatigue;
3. Assesses and identifies symptoms of compassion fatigue in self and others;
4. Recognizes compassion fatigue triggers and early warning signs;
5. Articulates current theoretical models for the etiology and transmission of compassion fatigue;

6. Articulates and teaches others the potential effects of Traumatic stress
7. Identifies and utilizes resources and plans for resiliency and prevention
8. Ability to facilitate this plan with others; Knowledge of what is required to create and maintain a self-care plan
9. familiar with the Academy of Traumatology's Standards of Self Care for Traumatologists
10. ABLE to facilitate a self-care plan for self and others;
11. ABLE TO provide psycho-education on the causes, symptoms, prevention, and treatment of compassion fatigue;
12. Knowledgeable of and abides by the Academy of Traumatology Standards of Practice and Ethics.

COMPASSION FATIGUE

is an OCCUPATIONAL HAZARD experienced by those helping people in distress, a state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper.

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-EUDELL

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...”

COMPASSION FATIGUE



*“That which is to give light
Must endure burning”*

- Viktor Frankl

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)

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

VICARIOUS STRESS

Is the demand to be
compassionate, helpful, and
effective in helping

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

COMPASSION FATIGUE

- *Often leads to poor self care and extreme self sacrifice in the process of helping.*
- *Together this leads to Compassion Fatigue: i.e Posttraumatic Stress Disorder.*

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

SYMPTOMS CHECKLIST

WB pp 04

COST OF CARING

How we know we are stressed

CHEMICAL & PHYSIOLOGICAL
STRESS REACTIONS

Wb pp -6 & 7

Chemistry of Survival

Catecholamines

- Excites the system
- Triggers increased nervous system
- “flight or fight” response

Corticosteroids

- Moderates and controls extremes of catecholamines
- Keep ‘flight or fight’ in check

Endogenous Opioids

- Creates heightened threshold of pain
- Causes dissociative reactions
- Causes blunting of emotions
- Causes feelings of euphoria
- with catecholamines, causes amnesiac reactions

PHYSIOLOGICAL REACTIONS Ch. 7 RER

- **ADRENAL GLANDS KICK IN**
- Cortisone levels rise
 - +protects from reactions
 - Immune system depleted
 - Body goes into starvation mode
- **Thyroid kicks in**
 - + everything is working at peak performance
 - burnout faster

Physiological reactions

- Endorphins
 - + nature's opium- no pain
 - little hurts become big

Physiological reactions

Shutdown of digestive tract

+ Blood diverted to muscles and engine room

- no lubrication

- Sex Drive is reduced

+ Survival mode

- Menstrual cycles disrupted

- Erectile dysfunction

Physiological reactions

- Sugar
 - + short distance energy
 - tough on diabetics
- Cholesterol
 - + long distance energy
 - loads arteries

Physiological reactions

- Heart
 - + pumps thickened blood
 - beats harder and faster
 - bad heart/ blood pressure?
- Lungs
 - + collecting more oxygen
 - tough on smokers

PHYSIOLOGICAL REACTIONS

- Skin
 - + largest organ protects us
 - dry skin and scaly
- All six senses
 - + more acute and focused
 - more prone to accident

CF=STS = PTSD

Criterion A: Event

“Witnessing or gaining knowledge of event...learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate”

Response: One of intense fear, helplessness, or horror. (DSM-IV)

CF

(continued)

Criterion B: Intrusion

Intrusive thoughts of clients, their experiences, distressing dreams, flashbacks, psychological or physiological distress at exposure to internal or external cues symbolizing some aspect of client's traumatic experiences.

CF

(continued)

Criterion C: Avoidance/Numbing

- *Efforts to avoid thoughts/feelings related to client's experiences*
- *Avoidance of activities/situations that are reminders of client's experiences*
- *Diminished interest in usual activities*
- *Detachment or estrangement from others*
- *Diminished or restricted range of affect*
- *Sense of foreshortened future - does not expect to have normal life, etc.*

CF

(continued)

Criterion D: Arousal

- *Sleep disturbance*
- *Heightened irritability/impatience/anger*
- *Difficulty focusing/concentrating/making decisions; short-term memory loss*
- *Hyper-vigilance*
- *Exaggerated startle response*
- *Generalized anxiety*



CAPTAIN!!

NOT NOW...
I'M ON MY
CELLPHONE...

TITANIC

COMPASSION FATIGUE

- 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

- 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

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 extraordinary 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

RECOMMENDATION

“The U.S. Department of Justice should develop and implement a plan for support and assistance to minimize the vicarious trauma impact on...personnel who are directly involved with primary victims.”

Responding to Terrorism Victims: Oklahoma City & Beyond from the Office for Victims of Crime, U.S. Department of Justice

Responding to Terrorism Victims Oklahoma City and Beyond

(Explanation)

“Being involved in a mass-casualty terrorism case is an intense experience at physical, emotional, and psychological levels. The closer an individual works with traumatized victims, the more likely he or she will experience secondary trauma. Agencies ask a great deal of employees who handle these cases, and they should ensure that assistance and support is available to their employees.”

Responding to Terrorism Victims Oklahoma City and Beyond

(Explanation)

“Efforts should be made to provide information about vicarious trauma to personnel and supervisors, and mechanisms should be enacted that Supervisors should work with affected employees to develop appropriate plans to help employees “reenter” their regular job once their responsibilities for the terrorism case are enable personnel to access assistance without fear of adverse impact on employment. completed.”

(U.S. Department of Justice, Office for Victims of Crime)

SELF-ASSESSMENT wb pp13-16

Compassion Fatigue Self-Assessment Instrument

- * Complete instrument as indicated
- * Score as instructed
- * Discuss scores and implications
- * Utilize periodically and pre-deployment

wb. p22

**Burnout
Level**

**Compassio
n
Fatigue
Level**

**Satisfacti
on Level**

High

**High
Burnout**

High CF

**High
Satisfaction**

Medium

**Moderate
Burnout**

**Moderate
CF**

**Moderate
Satisfaction**

Low

**Low
Burnout**

Low CF

**Low
Satisfaction**

scoring

- (X)

1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66,

(check)

17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65

(O)

4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40, 44

Score Results and Implications

- Low Burnout, Low Compassion Fatigue,
High Satisfaction:

⑩ ➤ **Enjoy Your Job!**

Low Burnout, High Compassion Fatigue,
High Satisfaction:

➤ **Stay and Manage** the Emotional Toll of
the Work

Continued....

Low Burnout, Low Compassion Fatigue, Low Satisfaction:

➤ **Change** Population Served

• High Burnout, Low Compassion Fatigue, High Satisfaction:

➤ **Change** Jobs

➤ High Burnout, High Compassion Fatigue, Low Satisfaction:

➤ **Change** Careers

Standards of Self-Care Guidelines

- As with the standards of practice in any field of professional care-giving, the trauma worker requires standards of self-care.
- Following are the standards currently recommended by the Academy of Traumatology for its members.

A. Ethical Principles of Self-Care in Practice

- Respect for the dignity and worth of self—a violation lowers your integrity and trustworthiness.
- Responsibility of self-care is yours alone—no situation or person can justify neglecting it.
- Duty to perform—can't be fulfilled if there is not self-care

B. Humane Practice of Self-Care

- Universal right to wellness
- Physical rest and nourishment: restful sleep and physical separation from work
- Emotional rest and nourishment: renewal both in and outside work
- Sustenance modulation: utilize self-restraint with regard to what and how much one consumes (e.g., food, drink, drugs, stimulation)

C. Expectation of Appreciation and Compensation

- Seek, find and remember appreciation from supervisors and clients—increases worker satisfaction and sustains in helping.
- Make it known that you wish to be recognized for your service.
- Select one or more advocates—colleagues that know you and help monitor your efforts at self-care
- {Request compensation commensurate with professional standards—my suggestion}

D. Establishing and Maintaining Wellness

- Commitment to self-care—written, public, specific
- Strategies for letting go of work: focus on specific activities that rejuvenate and bring joy in life
- Strategies for gaining a sense of achievement - of adequate rest and relaxation and daily stress reduction methods

E. Inventory of Self-Care Practice: Personal

- **Physical:** Body work that reduces or eliminates tension, sleep induction and maintenance, and proper nutrition
- **Psychological:** Balance between work and play, contact with nature, creative expression, meditation or spiritual practices, self-assessment
- **Social/Interpersonal:** Social support (at least 5 persons), secure help (informal and professional) and social activism (address or prevent social injustice)

F. Inventory of Self-Care Practice: Professional

- Balance between work and home
- Boundaries/limits setting:
 - *Time limits—overworking
 - *Personal and professional boundaries
 - *Dealing with multiple roles
 - *Realism—what can and can't be changed
- Getting support at work:
 - *Peers
 - *Supervision/consultation/therapy
 - *Role models/mentors
- Generating work satisfaction: joys and achievements of work

SELF CARE

ho pp 18- 19

- Complete and Score the two Self-Care Inventories
- 1. Review Self-Care In Life Inventory
- 2. Review Self-Care At Work Inventory

COURSE GOALS revisited

- Prepared you to recognize stress in yourselves
- Recognizing compassion fatigue triggers and early warning signs
- Identify and utilize resources and plans for resiliency and prevention for self & others

Emotional Freedom technique

- Wb. P 21-22

PURDUE SOCIAL SUPPORT SCALE

- FILL OUT & DISCUSS p. 23
- Complete p. 24

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

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)

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.

Wrap up?

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