



Workshops for the Helping Professions

Compassion Fatigue Solutions & Professional Development

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Compassion Fatigue Q&A

What is compassion fatigue?

Compassion fatigue has been described as “cost of caring” for others in emotional pain. (Figley, 1982) The helping field has gradually begun to recognize that workers are profoundly affected by the work they do, whether it is by direct exposure to traumatic events (for example, working as an ambulance driver, police officer, emergency hospital worker); secondary exposure (hearing clients talk about trauma they have experienced, helping people who have just been victimized, working as child protection workers) and the full gamut in between such as working with clients who are chronically in despair, witnessing people’s inability to improve their very difficult life circumstances, or feeling helpless in the face of poverty, and emotional anguish.

The work of helping requires helpers to open their hearts and minds to their clients – yet, this very process of empathy is what makes helpers vulnerable to being profoundly affected and even possibly damaged by their work.

1) What is the difference between compassion fatigue, vicarious trauma and burnout?

These three terms are complementary and yet different from one another. While **Compassion Fatigue** (CF) refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate, the term **Vicarious trauma** (VT) has been used to describe the profound shift that workers experience in their world view when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material. **Burnout** is a term that has been used a great deal to describe the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work. Burnout does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others. We have worked with clients who were not in the helping field who felt severe work-related burnout. (eg, someone working as an admin assistant in a toxic work environment). Most importantly, burnout can be fairly easily resolved: changing jobs can provide immediate relief to someone suffering from job related burnout. This is not the case for CF and VT.

Helpers can simultaneously experience Compassion Fatigue and Vicarious Trauma. They are cumulative over time and evident in our personal and

professional lives. They are also an occupational hazard of working in the helping field.

The distinction described above is not necessarily that important to make: it is only important so that you can clearly understand the contributing factors that lead to you developing cf or vt, and also because, the more we know about the problem, the more able we are to develop strategies to prevent/modulate the impact of what we experience. Read through the definitions below and see where you fit in, whether you recognise elements of this in yourself: Is your job challenging because of the nature of the types of client situations you have to deal with? Because of the volume of work or because of a toxic supervisor (or all of the above?) We will discuss this further in the weeks to come.

Example:

If my job, as an administrator and assistant to a parole officer is to read the files of violent sex offenders, I may be secondarily traumatized and deeply disturbed by the content of what I read. This may, in turn, affect my sex life, my feelings of safety for my children or my ability to watch television. I may not, however, feel too tired to talk to my friend who is going through a difficult time at home, and I may not find that this has caused me to feel deeply exhausted in my interaction with colleagues. This would be more classical **VT**. But then again I may experience all of the above.

If I work as a nurse in palliative care, helping patients who are dying from cancer, I may feel incredibly drained, fatigued, unable to give any more or unable to stop thinking about my patients when I go home. (**CF**) but I may not have become contaminated with graphic details of terrible things that people have experienced (car accidents, stories of sexual abuse etc).

Conclusion: It becomes clearer that compassion fatigue is much more complicated than just being tired. It seems that it more often represents a conflict between our deepest values and the work that we do.

2) What are some of the signs of compassion fatigue and Vicarious trauma?

Researchers discovered that helpers, when they are overtaxed by the nature of the work they do, begin to show symptoms that are very similar to their traumatized clients: difficulty concentrating, intrusive imagery, feeling discouraged about the world, hopelessness, exhaustion, irritability, high attrition (helpers leaving the field) and negative outcomes (dispirited, cynical workers remaining in the field, boundary violations) many of which affect the work place and create what helpers have called a “toxic work environment”.

3) What factors contribute to cf?

There are many reasons people develop compassion fatigue or burnout. Firstly, burnout is a result of a conflict between our values and our work, it is now understood as much more than simply being tired. Other factors can be broken down into two main categories:

The individual and The Situation:

The individual:

Your current life circumstances, your history, your coping style and your personality style all effect how compassion fatigue works its way through your system. Most helpers have other life stressors to deal with, many are in the “sandwich generation” meaning that they take care of both young children and aging parents. Helpers are not immune to pain in their own lives and in fact some studies show that they are more vulnerable to life changes such as divorce and difficulties such as addictions than people who do less stressful work.

The Situation:

Helpers often do work that other people don't want to hear about, or spend their time caring for people who are not valued or understood in our society, (for example, individuals who are homeless, abused, incarcerated or chronically ill). We also live in a society that glamorizes violence and which does not adequately fund efforts to mitigate violence in our society. Helpers often struggle financially and feel a great deal of guilt for the low income they receive as it is often more than their clients live on. The working environment is often stressful and fraught with workplace negativity as a result of individual compassion fatigue and unhappiness. The work itself is also very stressful, dealing with clients who experience chronic crisis, difficulty controlling their emotions, or clients who may not get better, are all difficult things for a helper to deal with.

4) What can you do about it?

There is a lot you can do about it. Acknowledging it exists by reading this is a great step! Also remember that compassion fatigue is a process and generally so is healing from its effects. Maybe some people can fully return to a full well of resources by taking a holiday or going for a massage but most of us need to make life changes and put our own health and wellness on the list of priorities. That is usually a long list, so many people need to push it up even higher on the list.

We look at strategies on three different levels, like the recycling model, reduce, re-use, recycle, self care should not focus only on stress relief strategies. In fact many of the people we see for counselling and coaching say to us, but I've been doing all of that (running, taking baths, sleeping well, eating well, taking vitamins, going for health check ups, reading for pleasure, etc etc) but it isn't making a

difference. We think this is because we have unrealistic expectations of ourselves that we should be able to do it all and not suffer. For most of us this simply isn't true. We also need to REDUCE our stress, that means cutting back on things in our lives that are stressful and at the same time work on our stress RESILIENCY, which makes the stress that we will be left with more tolerable. Stress relief strategies in our opinion only work as prevention or as the final step once a helper has reduced their current stress load and improved his/her resiliency. What is stress resiliency? You are hearing all about it, breathing, meditating, yoga, stopping to smell the roses. When we are stressed our bodies are in a fight or flight mode and when in that mode our bodies cannot heal, we need to engage a system of relaxation so that our bodies can take a breather and start to heal.

5) What if those strategies aren't enough?

As you have seen above Compassion Fatigue and burnout can lead to very serious problems, such as depression, anxiety and suicidal thoughts. When this happens you deserve to have help. Talk to your physician about options such as counselling.

6) What can be done to prevent compassion fatigue from occurring in the first place?

We believe that compassion fatigue is an occupational hazard in this industry and it is likely that we all have some degree of it going on at any given time. On a positive note, these findings have also led researchers to explore the most effective ways to improve the working conditions of helpers and in turn the quality of the work being delivered. The recommendations for treatment are very convincing and can be implemented at many levels: organizationally, professionally and personally. In fact many changes that can be made are relatively cost effective or even free for organizations to implement. Well-designed supervision groups have been identified as one of the most effective ways to address the issue of compassion fatigue in the workplace. It also provides an ideal venue to promote and develop additional ideas that can then be brought back to the workplace by participants.

7) What if I think that someone close to me is suffering from cf?

A helpful strategy is right in the name, have compassion! No one likes to feel blamed, unfortunately one negative effect of the work that has been done in this area is that some helpers have felt blamed for their compassion fatigue. They have received a strong message from their workplace, "if you feel burnt out, it means you are not taking good enough care of yourself". This can further silence people in pain.

Be kind and supportive and start small, it can be hard to hear that something you have been trying to hide is obvious to others. Talking about the effects of the work can be helpful.

8) I am a manager, how can I help support my staff?

Introduce the topic of compassion fatigue at a staff meeting. Discuss it as an occupational hazard, something that happens to those who do their jobs well, and have a group discussion about ways to deal with it around the workplace. Your staff may have great ideas, when we do this in our workshops, staff members often come up with innovative and free ideas.

Offer professional development for your staff, research shows that this is a protective factor.

Offer counselling as part of your benefits package and encourage people to use the service, make it non-judgmental.

Bring in compassion fatigue specialists to speak to your team or provide opportunities for staff to attend a compassion fatigue workshop. In our experience people must self select to attend these workshops as they are personal and experiential in nature and people can't be forced to heal.

Provide supportive supervision for your staff and include compassion fatigue in your discussions, but don't be insulted if they don't want to speak to you directly about it.

Get some support yourself, it's lonely at the top! Managers we speak to tend to be very isolated and have very stressful jobs themselves, in fact for some of them it is hard to remember that the front line jobs are stressful because dealing with staff who have compassion fatigue is also very stressful. Many tell us that they long for their old front line jobs back. Join an on-line or teleconference support group for managers. This can often be a good way for busy managers to receive support. It can also be a challenge to do this face to face because of confidentiality issues.

9) I'd like to know more – any suggestions?

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Contact us for more information: wHP@cogeco.ca or call Françoise Mathieu: 613-547-3247. Visit our website for more resources and information

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