

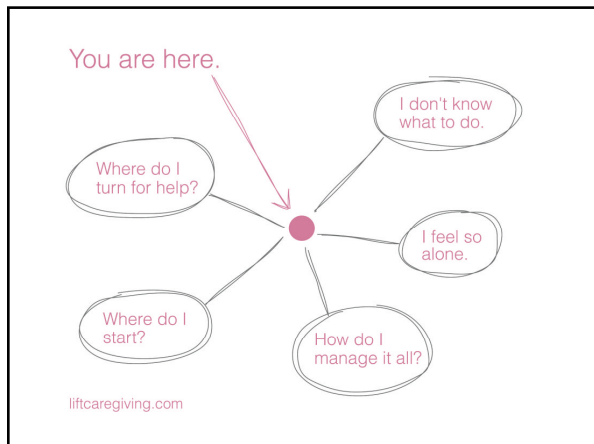
COMPASSION FATIGUE

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A Conversation with
Katie Gilstrap, MBA and
E. Ayn Welleford, MSG, PhD, AGHEF

Compassion Fatigue

SURVEY



SIGNS

- Feeling hopeless.
- Insomnia.
- Excessive blaming.
- Bottled up emotions.
- Isolation.
- Addiction.
- Neglecting yourself.
- Financial problems.
- Chronic physical ailments
- Apathy.
- Preoccupation.
- Violent thoughts.

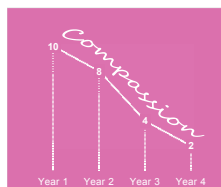


Compassion Fatigue

"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"

--Remen, 1996

COMPASSION FATIGUE
known as
secondary traumatic stress (STS), is a condition
characterized by a gradual
lessening of
compassion over time.



It is common among individuals that work directly with trauma victims such as nurses, psychologists, and first responders.

This can have detrimental effects on individuals, both professionally and personally, including

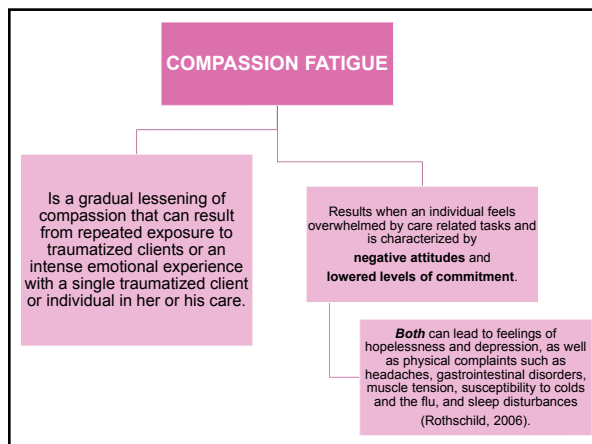
- a **decrease in productivity**
- the **inability to focus**
- the **development of new feelings of incompetency and self-doubt**

Vantage points – what do we see?

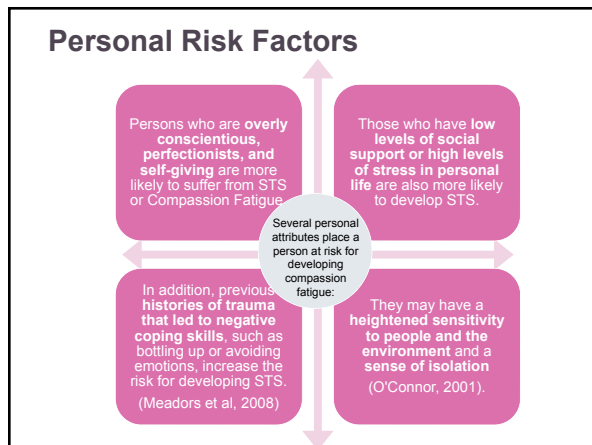


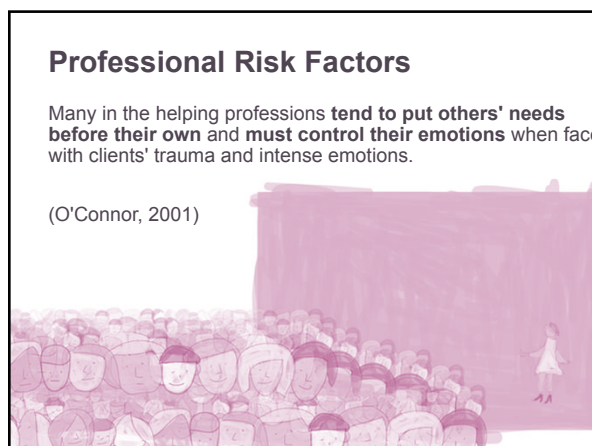
Charles Figley, 1995

"There is a cost to caring. Professionals who listen to clients' 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 the clients we serve. Therapists who work with rape victims, for example, often develop a general disgust for rapists that extends to all males. Those who have worked with victims of other types of crime often 'feel paranoid' about their own safety and seek greater security. Ironically, the most effective therapists are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress"









Contextual Risk Factors

Many organizational attributes in the fields where STS is most common, such as the healthcare field, contribute to compassion fatigue among the workers.

- For example, a “**culture of silence**” where stressful events such as deaths in an intensive-care unit are not discussed after the event is linked to compassion fatigue.
- **Lack of awareness** of symptoms and **poor training** in the risks associated with high-stress jobs can also contribute to high rates of STS. (Meadors et al, 2008)

Contextual Risk Factors

Negative client behaviors, lack of therapeutic success (or **lack of demonstrated impact**) and the **demands of paperwork and administrative duties** can also contribute to burnout.

(Norcross, Guy, & Laidig, 2007)

Beyond Context: The larger context of Compassion Fatigue

Journalism analysts argue that the media has caused widespread compassion fatigue in society by saturating newspapers and news shows with often decontextualized images and stories of tragedy and suffering.

This has caused the public to become cynical, or become resistant to helping people who are suffering.

The Stress in America™

Since 2007, the American Psychological Association has commissioned an annual nationwide survey as part of its Mind/Body Health campaign to examine the state of stress across the country and understand its impact.

The Stress in America™ survey measures attitudes and perceptions of stress among the general public and identifies leading sources of stress, common behaviors used to manage stress and the impact of stress on our lives.

The results of the survey draw attention to the serious physical and emotional implications of stress and the inextricable link between the mind and body.

2013 Stress Snapshot

A Stress Snapshot

Introduction

Since 2007, the Stress in America™ survey has examined how stress affects Americans' health and well-being. Surveys have shown that stress is a leading cause of health problems, affecting both physical and mental health. This year, the survey also explored the relationship between stress and health behaviors like sleep, exercise and eating — behaviors that experts report are important to health and that appear to be negatively affected by stress.

- High stress does not appear to be going away
- Adults struggle to manage stress effectively
- Teens under pressure
- Younger generations struggle to manage stress
- Women continue to face an uphill battle with stress
- Americans nationwide try to manage stress

<http://www.apa.org/news/press/releases/stress/2013/snapshot.aspx>

So what does this tell us?

Back to our original quote by Remen, we are being flooded by a sea of stress and we have no idea how to save ourselves from drowning.

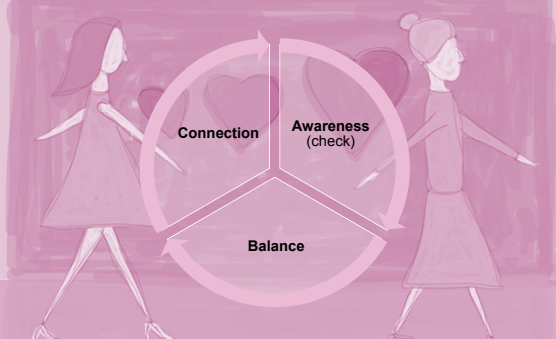


Self Care is our Personal *and* Professional Duty




- When we aren't at our best, it's obvious. We may think we can hide it. We can't.
- We are responsible for practicing and modeling self-care.

What? So What? Now What?

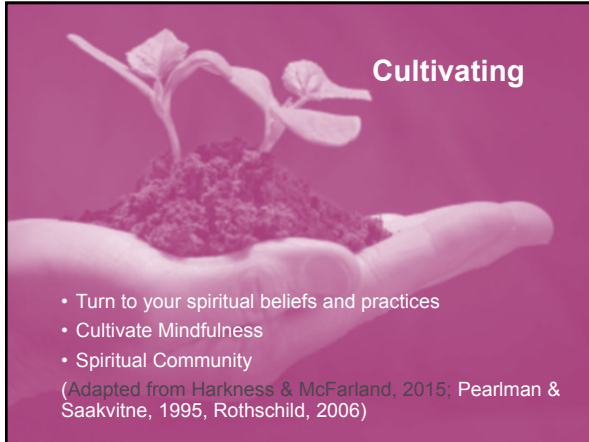


Balancing

Allowing for negative and positive experiences	Create meaning out of your work
Limit violent exposure/news hiatus	Altruism
Applied active optimism	Gratitude
	Resting in peaceful or joyous moments



(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearman & Saakvitne, 1995; Rothschild, 2006)



Cultivating

- Turn to your spiritual beliefs and practices
- Cultivate Mindfulness
- Spiritual Community

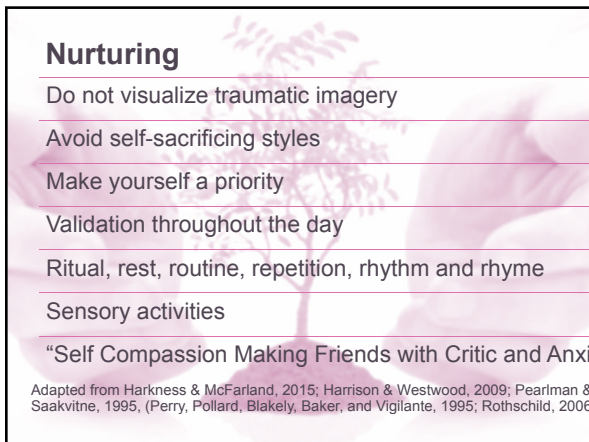
(Adapted from Harkness & McFarland, 2015; Pearlman & Saakvitne, 1995, Rothschild, 2006)



Strengthening

- Evolve non-professional activities
- Turn to friends and family
- Avoid isolation
- Incorporate things you enjoy into your day
- Differentiation

(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995, Rothschild, 2006)



Nurturing

- Do not visualize traumatic imagery
- Avoid self-sacrificing styles
- Make yourself a priority
- Validation throughout the day
- Ritual, rest, routine, repetition, rhythm and rhyme
- Sensory activities
- "Self Compassion Making Friends with Critic and Anxiety"

Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995, (Perry, Pollard, Blakely, Baker, and Vigilante, 1995; Rothschild, 2006)

Resourcing

- Develop other professional aspects of yourself like advocating, teaching or writing
- Go back to your theoretical foundation
- Balance workload
- Create internal and external boundaries
- Supervision and personal therapy

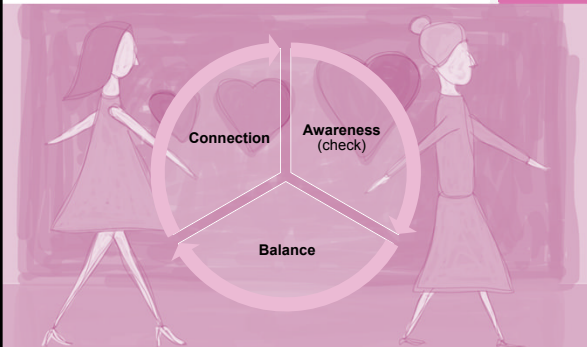
(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995; Rothschild, 2006)

Health Focus

- Mindfulness of body posture mirroring and eye contact
- Holistic health care
- Body practices like massage/reiki
- Drink more water
- Eat protein frequently
- Exercise regularly

(Adapted from Harkness & McFarland, 2015; Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995; Rothschild, 2006)

Now What?



The diagram illustrates a cyclical process for professional development. Two women are shown walking towards a circular flowchart. The flowchart is divided into three segments: 'Connection' (top left), 'Awareness (check)' (top right), and 'Balance' (bottom). Arrows indicate a clockwise flow from Connection to Awareness, then to Balance, and finally back to Connection. The background of the slide features a faint illustration of a city skyline.

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Resources

- <http://www.compassionfatigue.org/pages/selftest.html>
- <http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf>
- <https://www.psychologytoday.com/blog/somatic-psychology/201207/compassion-fatigue>
- <http://apa.org/helpcenter/stress-facts.pdf>
- http://www.medscape.com/viewarticle/745293_7
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- <https://www.psychologytoday.com/blog/somatic-psychology/201207/compassion-fatigue>
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