Controlling Compassion Fatigue

Presentation for
Student Affairs Staff Development

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What is Compassion Fatigue?

"...the overall experience of emotional and physical fatigue that social service professionals experience due to the chronic use of empathy when treating patients who are suffering in some way."

(Newell & MacNeil, 2010)
Who is Affected by Compassion Fatigue?

Initial focus of studies:
- Nurses
- Emergency Responders
- Mental health professionals
- Social Workers

Now recognized in:
- Doctors and other health care providers
- Veterinarians and other animal care providers
- Volunteers
- Justice system employees
- Prison workers
- Others – Like Student Affairs staff members!
Components of Compassion Fatigue

- Burnout
- Secondary Traumatic Stress

(CF construct validation: Boscarino et al, 2004)
Burnout

“...a state of physical, emotional, psychological, and spiritual exhaustion resulting from chronic exposure to (or practice with) populations that are vulnerable or suffering.”

(Pines and Aronson, 1998)
Secondary Traumatic Stress

Nearly identical to PTSD, but trauma is not experienced first-hand.

May include:

• Avoidance
• Intrusive thoughts
• Flashbacks/dreams
• Physiologic distress at internal or external cues
• Increased arousal (sleep difficulties, irritability, hypervigilance, concentration problems, increased startle response)

(CF construct validation: Boscarino et al, 2004)
Look familiar?
What does CF feel like?

**Physical Signs and Symptoms**
- Physical exhaustion
- Insomnia or hypersomnia
- Headaches/migraines
- Increased susceptibility to illness
- Somatization and hypochondria

**Behavioral Signs and Symptoms**
- Increased use of alcohol and drugs
- Other addictions
- Absenteeism
- Anger and irritability
- Exaggerated sense of responsibility
- Avoidance of clients
- Impaired ability to make decisions
- Forgetfulness
- Problems in personal relationships
- Compromised care for clients
- The silencing response

**Psychological Signs and Symptoms**
- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism and embitterment
- Resentment
- Dread of working with certain clients
- Feeling of helplessness
- Diminished sense of enjoyment in volunteering
- Depersonalization
- Disruption of world view, heightened anxiety, irrational fears
- Increased sense of personal vulnerability
- Inability to tolerate strong feelings
- Problems with intimacy
- Hypervigilance
- Intrusive imagery
- Hypersensitivity to emotionally charged stimuli
- Insensitivity to emotional material
- Loss of hope
- Difficulty separating personal and professional lives
- Failure to nurture and develop non-professional aspects of life

(Adapted from Mathieu, 2012)
Experiences

I’ll tell you mine if you’ll tell me yours...
Personal Risk Factors

“They who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress.” (Figley, 1995)

“The single largest risk factor for developing professional burnout is human service work in general.” (Newell & MacNeil, 2010)
Personal Risk Factors

Empathy: We’re hardwired!
So, I’m at risk... what now?

Awareness  Team Support  Self-Care
Self-Care

Physical sensations

Emotions

Thoughts

Direct witness of another’s trauma, or bearing witness through listening to their narrative...

Same experiences, now lighter and filtered of deleterious effects.
Self-Care Ideas

• Limit exposure to empathic pulls (media, etc.)
• Take breaks
• Debrief with team, friends, family
• Balance – work, school, exercise, play, nutrition, spirituality, sleep, volunteering
• Engage in counseling
• Create ritual around ending shifts
• Write in a journal
• Utilize image manipulation
• Others ideas?
Remember...

Apply your own oxygen mask before attempting to help others!
Supporting Your Team

Don’t bury your head in the sand!
Acknowledge that compassion fatigue is not only possible, but PROBABLE, when there are heavy demands on our empathic responses.
Supporting Your Team

Let your team members know they can talk to you, each other or professionals without fear of stigma.
Supporting Your Team

Reduce sense of powerlessness in team members.
Supporting Your Team

Debriefing is important! But it is possible to have too much of a good thing.
Create a team culture that supports Limited Impact Debriefing.

- Be aware of the need to debrief
- Offer a fair warning
- Obtain consent
- Disclose with intention
Discussion

What might you do differently in the future?
Thank You for All You Do!

Any questions?
Reading Resources

• Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma (Babette Rothschild)

• The Compassion Fatigue Workbook (Francoise Mathieu)

• Transforming the Pain: A Workbook on Vicarious Traumatization (Laurie Pearlman)

• Treating Compassion Fatigue (Charles Figley)


Making Effective Referrals to the Counseling and Psychological Services Center

Dianna Abel, Ph.D., Director
I. Self-Awareness
II. Symptom Awareness
III. Making the Referral
IV. Crisis Intervention at CPSC
Self-Awareness

- **Feelings**
  - Worry, preoccupation
  - Suspicion, doubt
  - Uneasiness, hesitance
  - Anxiety, dread
  - Fear

- **Behaviors**
  - Frequent consultation
  - Boundary stretching
  - Avoidance
  - Safety measures
Symptom Awareness

- Academic/Employment Concerns
  - Uncharacteristically poor work
  - Excessive absences
  - Difficulty concentrating
  - Poor or untimely follow-through
  - Disruptive behavior
  - Alarming content in written work
Symptom Awareness

- **Interpersonal Concerns**
  - Difficulty getting along with others
  - Social isolation or awkwardness
  - Extreme defensiveness, externalization
  - Boundary violations:
    - Inappropriate disclosures regarding personal problems
    - Failure to operate within expected role structures
    - Excessive support-seeking
      - Time
      - Resources
      - Assistance
Symptom Awareness

- Behavioral Concerns
  - Irritability, agitation, restlessness
  - Intense, dramatic, or volatile emotion
  - Fatigue
  - Anhedonia: Loss of interest in pleasurable activities
  - Changes in personal hygiene
  - Inappropriate responses and/or disjointed thoughts
  - Physical harm to self
  - Suicidal/homicidal thoughts or plans
If you’re concerned about a student...

- Trust your gut
- Share your observations
  - “I’ve noticed…”
- Express your concerns
  - “I’m concerned that you’re struggling and could use a different kind of help.”
- Normalize the student’s experience
  - “Lots of students struggle with these issues.”
- Refer to CPSC
  - “Fortunately, help is available right here on campus!”
Referring a student in crisis...

- Determining level of need
- Scheduling the appointment
- Understanding confidentiality
  - Following up
  - Sharing vs. receiving
- Taking care of yourself

Questions?
Thank you!

Dianna Abel, Ph.D., Director