

**UNDERSTANDING
COMPASSION FATIGUE**

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**PROFESSIONAL QUALITY OF
LIFE SCALE (PROQOL)**

BETH HUDNALL STAMM, PH.D.

Mother Teresa had her nuns take an entire year
off after every 4 -5 years to allow them to
“heal” from their work.

MIND BODY CONNECTION

SYSTEM EFFECTS

- ✓Heart and Circulatory
- ✓Pulmonary
- ✓Gastrointestinal
- ✓Urinary

SYSTEM EFFECTS

- ✓Endocrine
- ✓Nervous/Brain
 - Sleep disturbance
 - Increase emotional intensity
 - Cognitive ability decreases

WHAT HAPPENS WHEN STRESS
BECOME "CHRONIC"?

"COMPASSION"

WHAT IS "COMPASSION"

- Affective feeling of caring for another who is suffering.
- The motivation to relieve that suffering.

WHAT IS "COMPASSION"

- "Interception awareness" – communication between our mind, body and feelings.
- Enables us to make a distinction between ourselves and others.
- Leads to empathy and positive regard.
- This insight of oneself bridges to compassion.

WHAT IS "COMPASSION"

- "Compassion" is characterized by feelings or warmth and concern as well as a strong motivation to improve other's wellbeing ("Other centered").
- Compassion increases dopamine activity and oxytocin-related processes in the brain which enhances positive emotions.
- Compassion enables one to "be presence" without "empathic distress".
- Compassion enables one to "rejuvenate".

(Dowling, T. "Compassion does not fatigue," Veterinary Wellness: Bien-etre veterinaire, CVI/Vol59/July 2018).

WHAT IS "COMPASSION"

"Compassion is not a luxury; it is a necessity for human beings to survive."

His Holiness The Dalai Lama

"EMPATHY"

WHAT IS "EMPATHY"

- ✓ Empathy is the first step in building social connections.
 - Mental state that allows us to "resonate with other's positive and negative feelings".
- ✓ Empathy is the "feeling inside" or vicariously sharing the same feeling with another.
 - Problems arise when there is no distinction between "self" and "other".
 - "Feeling" with the "other" person but confuses oneself with the "other" person.

WHAT IS "EMPATHY"

- Empathy establishes the connection between individuals.
- The second step in developing empathy with another can diverge into the processes of "empathic concern" or "empathic distress".
- One needs the capacity for "self /other differentiation" for "healthy relationship".
- If "self /other differentiation" becomes blurred the pain becomes our own. ("Self-centered")
- This leads to "empathetic distress".

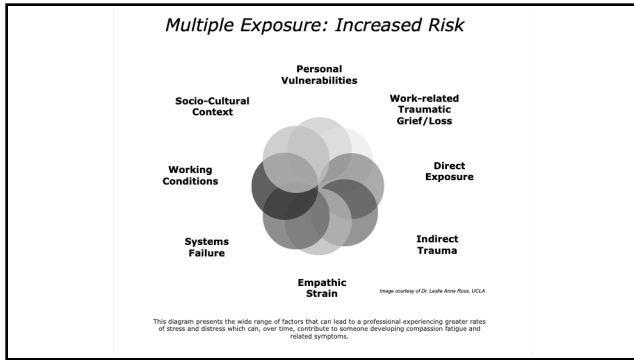
(Dowling, T. "Compassion does not fatigue," Veterinary Wellness: Bien-etre veterinaire, CVI/Vol159/July 2018).

WHAT IS "EMPATHY"

- In "empathic distress" MRI's show increased activation in the brain area typically involved processing pain - the amygdala.
- Chronic pain, whether physical or mental, depletes dopamine levels in the brain circuits which mediate reward and motivation.
- With chronic empathic distress there is a decrease in capacity to experience pleasure; decrease in motivation.
- Continued depletion of dopamine from repeated episodes of "empathic distress" lead to emotional exhaustion, withdrawal, depersonalization and burnout.

(Dowling, T. "Compassion does not fatigue," Veterinary Wellness: Bien-etre veterinaire, CVI/Vol159/July 2018).

"COMPASSION FATIGUE"



“COMPASSION FATIGUE”

“Compassion fatigue is defined as the convergence of primary stress, secondary traumatic stress and cumulative stress in the lives of helping professionals and caregivers.”

Beth Hudnall Stamm

“COMPASSION FATIGUE”

“Compassion fatigue is caused by empathy”.

“COMPASSION FATIGUE”

(DR. CHARLES FIGLEY - 1982)

- Empathic strain and general exhaustion resulting from caring for people in distress.
- Individuals are unable to “refuel and regenerate”.
- Effects primarily the “helping professions” and family caregivers.
- Effects many dimensions of the individuals “well-being”.
 - Physical
 - Emotional
 - Spiritual

“COMPASSION FATIGUE”

(DR. CHARLES FIGLEY - 1982)

✓Signs of compassion fatigue:

- Cognitive – apathy, difficulty concentrating, perfectionism and obsessions.
- Emotional – persistent feelings of guilt, anger, sadness, numbness or helplessness.
- Behavioral – withdrawal, difficult sleeping, appetite changes, hypervigilance, exaggerated startle response.
- Physical - increased heart rate, difficulty breathing, muscle and joint pain, impaired immune system.

“VICARIOUS TRAUMA”

VICARIOUS TRAUMA
(PEARLMAN AND SAAKVITNE - 1995)

- ✓ Profound shift in the world view of individuals working in helping professionals when they work with individuals who have experienced trauma.
- ✓ Workers notice their fundamental beliefs about the world are altered and possibly damaged by being exposed to traumatic material.

VICARIOUS TRAUMA
(PEARLMAN AND SAAKVITNE - 1995)

- ✓ Also called Secondary Traumatic Stress (STS)
 - It is an "indirect trauma"- though other's experiences.
 - Continued "exposure to difficult or disturbing images or stories".
 - This continued exposure causes a profound shift in the view of self, others and the world.
 - There is a cumulative, long-lasting impact on the individual's beliefs and world view.

VICARIOUS TRAUMA
(PEARLMAN AND SAAKVITNE - 1995)

- ✓ Constructivist Self-Development Theory
 - "Trauma" is a disruption of human development, specifically a disruption of human development and the adaptation of the basic human needs for safety esteem, trust, control, independence and intimacy.

VICARIOUS TRAUMA
(PEARLMAN AND SAAKVITNE - 1995)

Psychiatry's Diagnostic Statistical Manual 5 Edition (DSM5) added "repeated or extreme exposure to aversive details of a traumatic event" as a qualifying stressor to meet criteria for diagnosis of PTSD.

VICARIOUS TRAUMA
(PEARLMAN AND SAAKVITNE - 1995)
"SYMPTOMS OF VICARIOUS TRAUMA"

- Difficult concentrating
- Intrusive imagery
- Feeling discouraged
- Hopelessness
- Exhaustion and irritability
- Depression
- Sleep disturbance; Increase emotional intensity
- Cognitive ability decreases
- Loss of self-worth and emotional modulation
- Irritability and anger
- Negative outcomes (dispirited, cynical workers, boundary violations)
- Behavior and judgement becomes impaired
- Isolation and loss of morale
- Identity, spiritually and world view distorted
- Anger toward perpetrators or casual events
- High attrition (leaving the field)
- Loss of hope and meaning
- Existential despair

"BURNOUT"

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

✓Definition:

- ICD 11 – “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.
- It is characterized by three dimensions:
 - Feelings of energy depletion or exhaustion;
 - Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
 - Reduced professional efficacy.

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

- ✓“WHO” (World Health Organization) classifies “burnout” as an “occupational phenomenon”.
- ✓In the ICD – 11 it is not considered a medical condition.
- ✓It is not listed in the DSM5 as a psychiatric condition.
 - Adjustment Disorders, and Unspecified Trauma- and Stressor-Related Disorder in the DSM 5 reflects some of the symptoms of “burnout”.

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

- ✓Burnout is triggered by a discrepancy between the expectations and the ideals of the employee and the actual requirements of their position. (Am J Respir Crit Care Med Vol. 194, P2 – P2, 2016).
- ✓Symptoms of Burnout:
 - Three areas:
 - Exhaustion
 - Depersonalization – “alienation” from work (and related) activities
 - Reduced performance or personal accomplishment

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

✓Diagnosing Burnout:

- Maslach Burnout Inventory (MBI) – research purpose only - not diagnostic.
- Most online questionnaires are not specific and do not differentiate if symptoms could be caused by something else:
 - Medical conditions
 - Psychiatric disorders

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

INDIVIDUAL RISK FACTORS

- Poor self esteem
- Maladaptive coping mechanisms
- Idealistic view
- Unrealistically high expectations
- Financial issues

ORGANIZATIONAL RISK FACTORS

- Heavy workload
- Conflicts with coworkers
- Diminished resources
- Lack of control or input
- Effort and reward imbalance
- Understaffing
- Rapid institutional changes

BURNOUT

(HERBERT FREUDENBERGER, PHD - 1974)

INDIVIDUAL INTERVENTIONS

- Education
- Use "resilience"
- Written exposure therapy
- Mindfulness-based stress reduction (MBSR)
- Exercise
- Event-triggered cognitive behavioral therapy sessions
- Healthy Behaviors including self care

ORGANIZATIONAL INTERVENTIONS

- Open environment
- Ongoing training
- Skilled, honest communication
- Collaboration
- Effective decision-making
- Appropriate staffing/ shared caseload
- Meaningful recognition
- Authentic leadership
- Encourage healthy behaviors/ encourage self care
- Flexible work hours

BURNOUT

(HERBERT FREUDENBERGER, PHD – 1974)

✓ Action Steps (Am J Respir Crit Care Med Vol. 194, P2 – P2, 2016).

1. Understand that there are ways you can manage your work related- stressors that put you at risk for burnout.
2. Engage in support of management, co-workers and friends that may help you cope with the stress at work.
3. Take breaks from work.
 - Take a walk
 - Exercise break.

BURNOUT

(HERBERT FREUDENBERGER, PHD – 1974)

✓ Action Steps (Am J Respir Crit Care Med Vol. 194, P2 – P2, 2016). Cont.

4. Understand what you enjoy about work and focus on your interests and passions
5. Practice techniques such as reframing and optimism when dealing with stressful work experiences.

“PREVENTION STRATEGIES”

PREVENTION STRATEGIES

✓Qualities to assist in generating empathic concern

- Seeking Intention – emotional balance.
- Have Insight.
 - Self awareness.
 - Perspective (sees the “others” view).
 - Capacity to distinguishing self and other.
 - Impermanence – nothing is fixed or permanent; no real control; no change in the end.
- Be Grounded – leads to compassion.
- Sum of all parts is wisdom – it is all interdependent.

PREVENTION STRATEGIES
INDIVIDUAL “SELF CARE”

- Encourage individuals to learn “intentionality” - enabling workers to become self-directed and learning how to develop an internal locus of control.
- Assist individuals to recognize and addressing personal issues. (Recognizing potential triggers and utilizing self care; self soothing; grounding and setting boundaries).

PREVENTION STRATEGIES
INDIVIDUAL “SELF CARE”

- Work/ life balance.
- Assertiveness training.
- Coping skills – relaxation; meditation; yoga.
- Creative expression.
- Nutrition.
- Socialization – support from family and friends

PREVENTION STRATEGIES
INDIVIDUAL "SELF CARE" CONT.

- Exercise.
- Journaling.
- Support groups.
- Counseling.
- Self care – establishing boundaries, cognitive restructuring.

PREVENTION STRATEGIES
FOR INSTITUTIONS/ EMPLOYERS

- Create an "open" environment.
- Offer trainings on compassion fatigue, vicarious trauma and burnout.
- Shared "caseloads".
- Staff "huddles" and social time.
- Encourage "healthy" self-care behaviors.
- Offer training on "life care" balance.

INTERVENTION STRATEGIES

1. Focused attention - concentration, emphasis on being "present," remaining grounded, equanimity, compassion.
2. Cultivate investigative/ discriminatory faculties' – insight practices focusing on values, altruism, pain, suffering, death, priorities, and development of meta cognitive capacities.
3. Recognize the presence of pain/ suffering – precise deep listening; learn not to personalize, pity or console.

INTERVENTION STRATEGIES

- 4. Cultivate pro-social mental qualities such as gratefulness.
- 5. Recognition of the psychophysical aspects of sickness, dying and death.
- 6. Be open and present – utilize panoramic receptiveness, but remain non-judgmental and attentive.

“HOW TO STAY EMPATHIC WITHOUT SUFFERING”

AMY L. EVA, PH.D.

- 1. Check in with yourself.
- 2. Question your thoughts and feelings – “cognitive reappraisal”.

“HOW TO STAY EMPATHIC WITHOUT SUFFERING”

AMY L. EVA, PH.D.

- 3. Practice verbalizing your feelings.
- 4. Nurture a concerned, compassionate response.

SELF-CARE ASSESSMENT
WORKSHEET

RESOURCES

- American Psychological Association - <https://www.healthinaging.org/tools-and-tips/caregiver-self-assessment-interactive>
- The American Institute of Stress - <http://www.compassionfatigue.org/index.html>
- Canadian Occupational Safety – “20 Warning Signs of Compassion Fatigue” - <https://www.thesafetymag.com/ca/news/opinion/20-warning-signs-of-compassion-fatigue/187493>
- Compassion Fatigue Project - <http://www.compassionfatigue.org/index.html>

RESOURCES

- The Cost of Caring: 10 Ways of Preventing Compassion Fatigue” - <https://www.goodtherapy.org/for-professionals/business-management/human-resources/article/cost-of-caring-10-ways-to-prevent-compassion-fatigue>
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RESOURCES

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- Psychology Today July 28, 2014 – “Are you Suffering from Compassion Fatigue?” - <https://www.psychologytoday.com/us/blog/high-octane-women/201407/are-you-suffering-compassion-fatigue>
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- Quitangon, G. “Vicarious trauma in Clinicians: Fostering Resilience and Preventing Burnout,” Psychiatric Times, July 2019; Vol. XXXVI. No. 7.

"BETWEEN STIMULUS AND
RESPONSE THERE'S A SPACE, IN
THAT SPACE LIES OUR POWER TO
CHOOSE OUR RESPONSE, IN OUR
RESPONSE LIES OUR GROWTH AND
OUR FREEDOM."

VIKTOR FRANKL
