

Preventing Compassion Fatigue

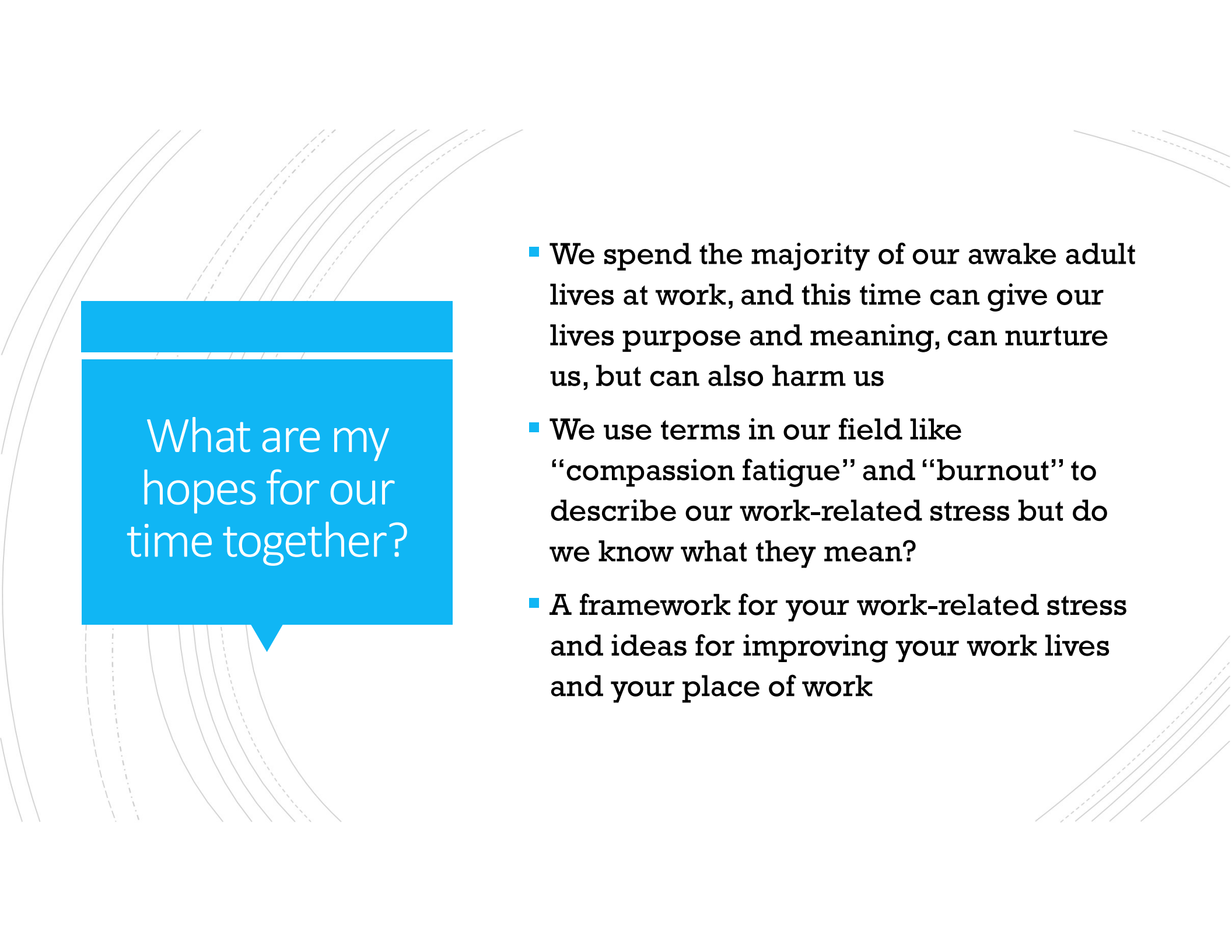
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Sanford Behavioral Health


Why I am here with you today?

- Nearly 15 years at Sanford Health
- Clinical work with health professionals throughout my career who are showing signs of burnout
- Development of the Physician Wellness Program
- Work with Family Medicine, Internal Medicine, and Psychiatry Residents
- Past team-based work in Primary Care and Inpatient psychiatry
- Department Chair work with 14 Behavioral Health Professionals (master's level therapists and psychologists)
- Primarily a practicing psychologist seeing patients

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What are my
hopes for our
time together?

- We spend the majority of our awake adult lives at work, and this time can give our lives purpose and meaning, can nurture us, but can also harm us
- We use terms in our field like “compassion fatigue” and “burnout” to describe our work-related stress but do we know what they mean?
- A framework for your work-related stress and ideas for improving your work lives and your place of work

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“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)

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People-Oriented Professions

(Maslach & Leiter, 2016)

- Prevailing norms include the following:
 - Be self-less
 - Put others' needs first
 - Work long hours
 - Do whatever it takes to help a client or patient
 - Go the extra mile
 - Give one's all
- What do these norms do to us?

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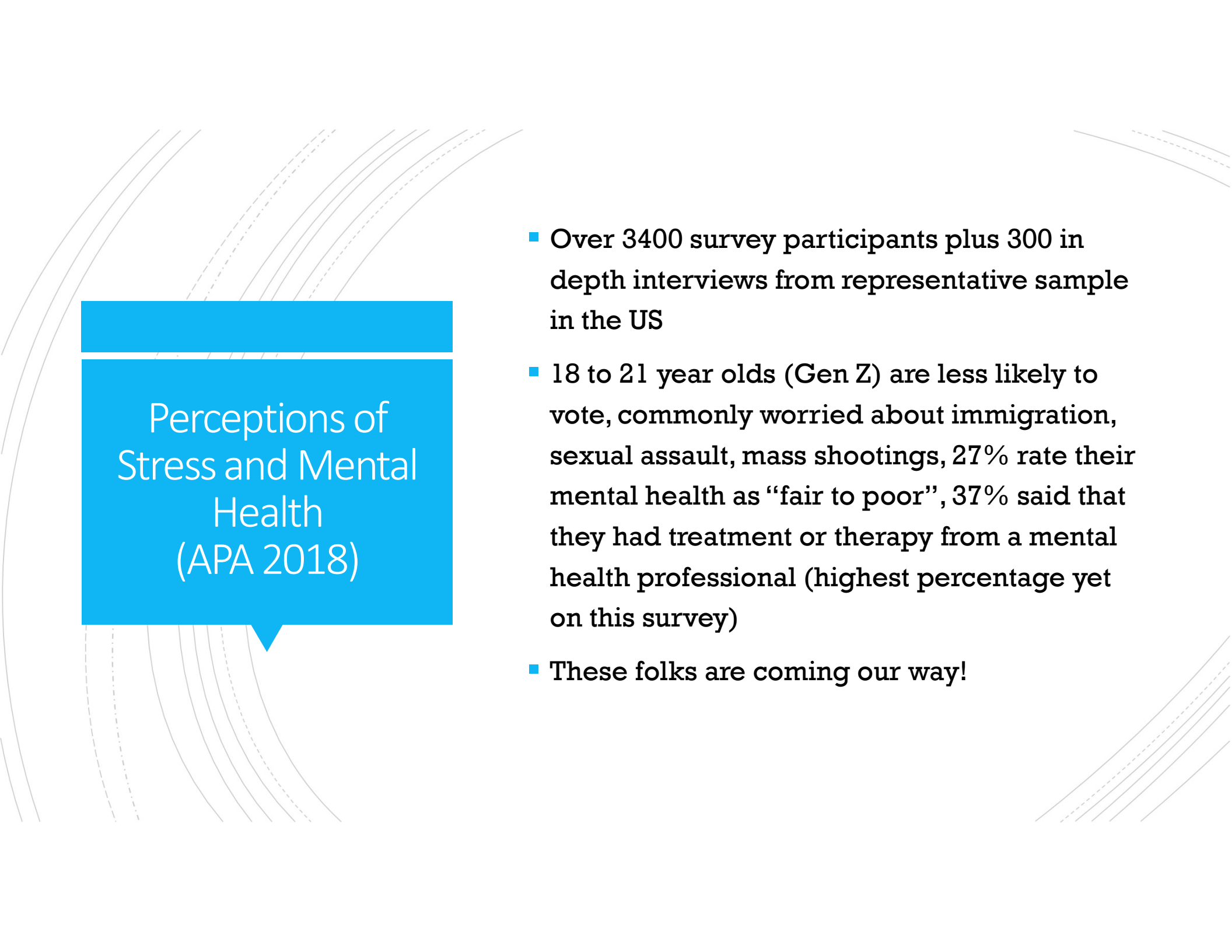
Today's Journey Together

- **Americans are Stressed!**
- **Workplace Stress is Significant**
- **Attempt to Define the Confusing terms of Compassion Fatigue, Burnout, and Compassion**
- **Reducing the Likelihood of Compassion Fatigue**

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Stress In America

APA Survey 2018

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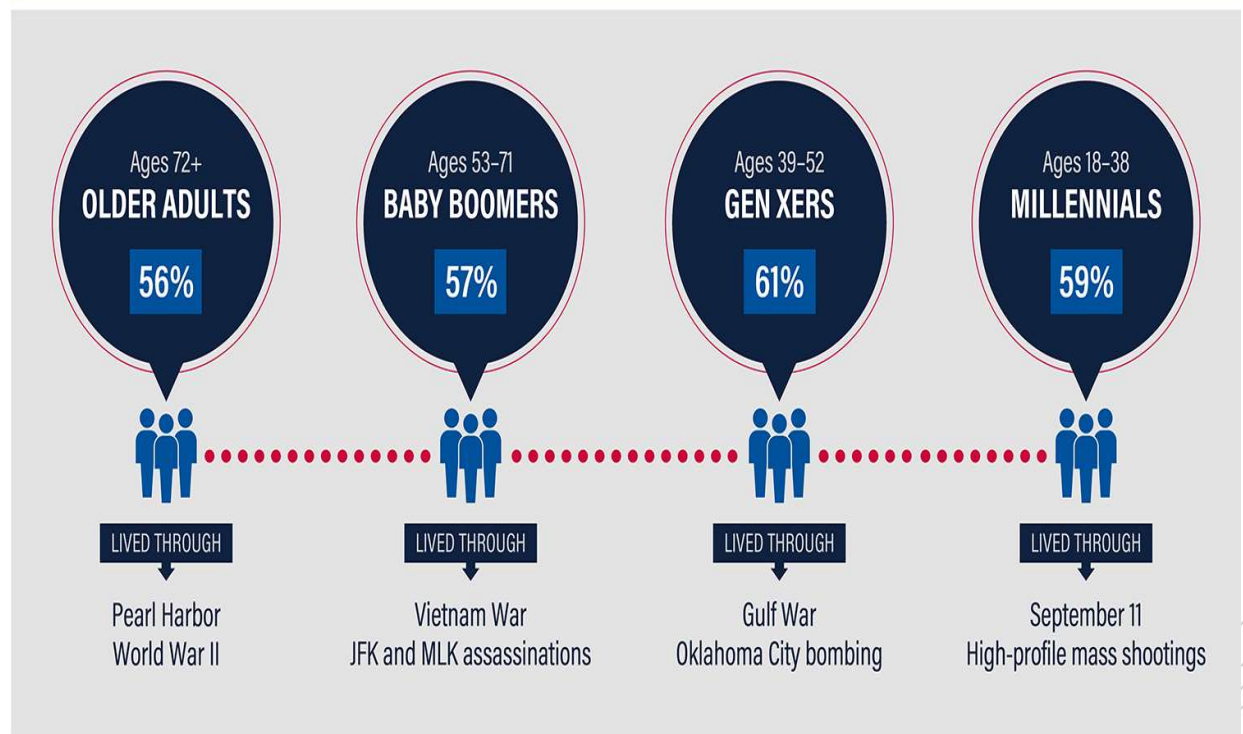
Perceptions of Stress and Mental Health (APA 2018)

- Over 3400 survey participants plus 300 in depth interviews from representative sample in the US
- 18 to 21 year olds (Gen Z) are less likely to vote, commonly worried about immigration, sexual assault, mass shootings, 27% rate their mental health as “fair to poor”, 37% said that they had treatment or therapy from a mental health professional (highest percentage yet on this survey)
- These folks are coming our way!

Perspectives on America

A SHARED VIEW ACROSS GENERATIONS

No matter their age, more than half of Americans believe this is the lowest point in our nation's history that they can remember.



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Stress at work

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Harris Poll for APA (August, 2017)

- 80% of working Americans feel stress in their jobs and half of them expressed that they need help to manage the stress
- 42% of working Americans reported that yelling and verbal abuse are common in the workplace
- American stress level is on the rise and the Well-being index is going down

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Workplace Violence (US Department of Labor, 2014)

- Homicide is the 4th leading cause of workplace deaths (403 homicides in 2014)
- 2 million Americans are victims of workplace violence each year (assault, sexual assault, harassment – all in the workplace).

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Stress Unique to Healthcare Professionals?

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Top 3 Exercise (Small group)

- What are the top 3 challenges you face in your work environment?
- What are the top 3 strengths in your place of employment?

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Compassion

What is it?

What is Compassion?

(Ledoux, 2015)

- A poorly defined and researched construct
- Sinclair et al. (2017) suggests we are lacking a valid model of compassion
- Several definitions offer the following similarities:
 - Alleviating suffering
 - Nurturing
 - Motivation to act to help others
 - Seeking to understand others
 - Some reference a social justice component
- If compassion is poorly understood, what about compassion fatigue?

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Two Feet/One Breath

Cued Relaxation in the Workplace

Compassion Fatigue

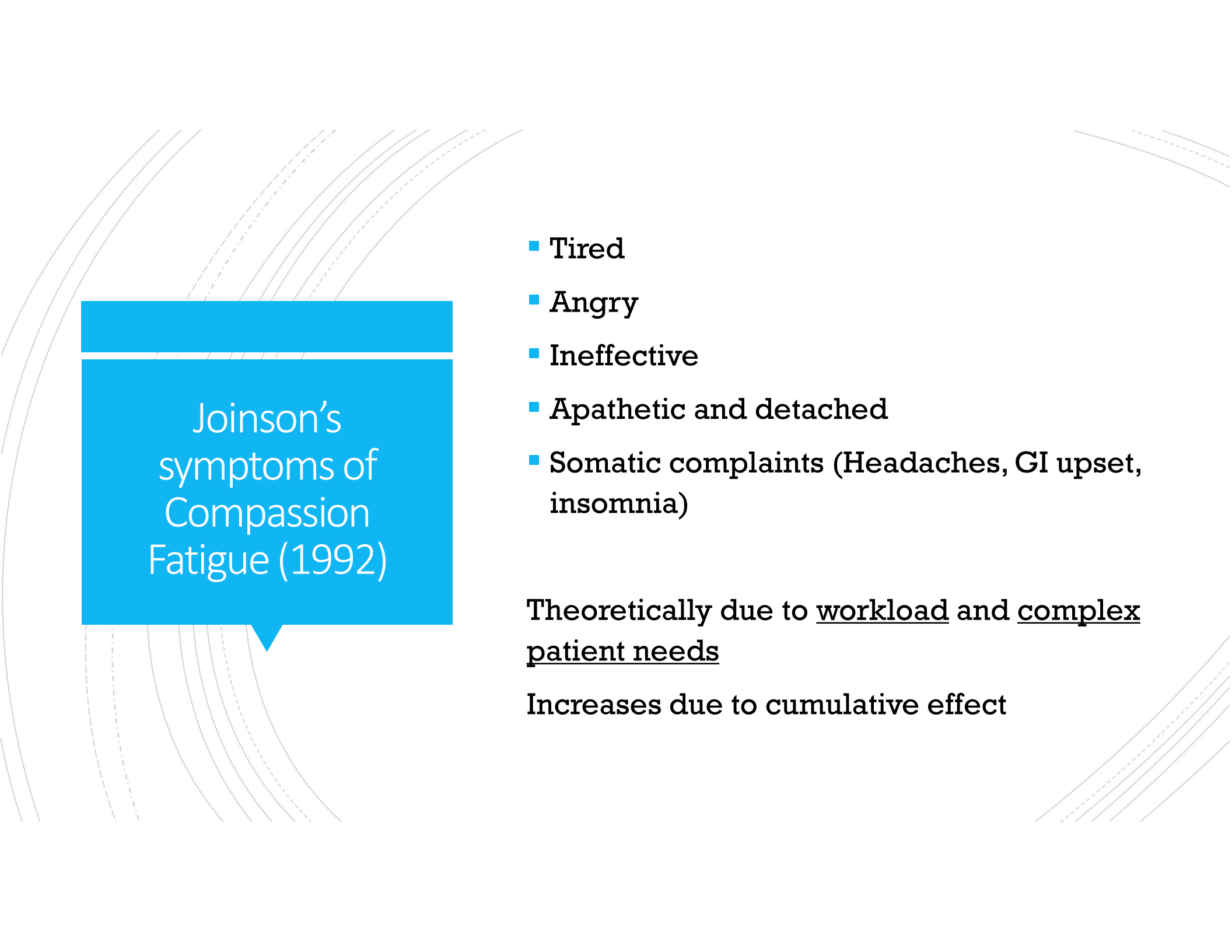
Sinclair et al. (2017)



Origin of the Term...

- Carla Joinson - nurse educator (1992) studied “the loss of the ability to nurture” in ER nurses
- Took the term from...
 - Doris Chase, crisis counselor
 - Burnout happens in any work setting
 - Compassion fatigue – a unique type of burnout with caregivers



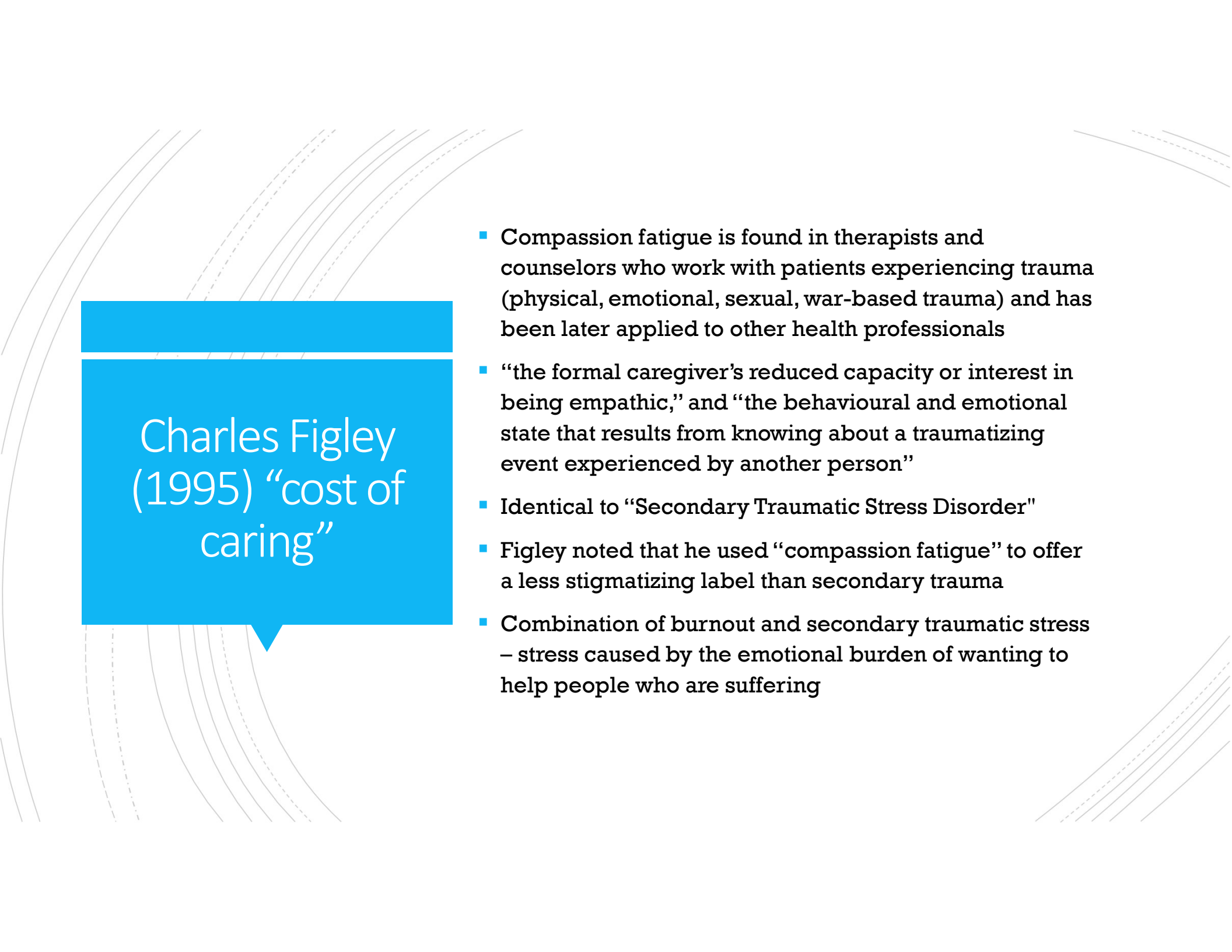
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Joinson's symptoms of Compassion Fatigue (1992)

- Tired
- Angry
- Ineffective
- Apathetic and detached
- Somatic complaints (Headaches, GI upset, insomnia)

Theoretically due to workload and complex patient needs

Increases due to cumulative effect

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Charles Figley (1995) “cost of caring”

- Compassion fatigue is found in therapists and counselors who work with patients experiencing trauma (physical, emotional, sexual, war-based trauma) and has been later applied to other health professionals
- “the formal caregiver’s reduced capacity or interest in being empathic,” and “the behavioural and emotional state that results from knowing about a traumatizing event experienced by another person”
- Identical to “Secondary Traumatic Stress Disorder”
- Figley noted that he used “compassion fatigue” to offer a less stigmatizing label than secondary trauma
- Combination of burnout and secondary traumatic stress – stress caused by the emotional burden of wanting to help people who are suffering

Quick Reference to PTSD from DSM 5

- **Criterion A – Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:**
 - Directly experiencing the traumatic event(s)
 - Witnessing, in person, the event(s) as it occurred to others
 - Learning that the traumatic events(s) occurred to a close family member or close friend
 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
- Intrusions, persistent avoidance, negative alterations in cognitions and mood, alterations in arousal and reactivity
- Symptoms present for more than 1 month

How does
Figley's "cost of
caring" work?

Empathic
Ability



Exposure to
Client
Trauma



Residual
Compassion
Stress



Empathic
Responses



Compassion
Fatigue

Warning Signs of Compassion Fatigue in Staff



Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC

Prevalence of Compassion Fatigue

(Miller & Sprang, 2016)

- Several studies have measured the presence of compassion fatigue most often with the Professional Quality of Life Scale Elements Theory and Measurement tool (ProQOL) or the Compassion Fatigue Self-Test
- The prevalence of compassion fatigue varies significantly (8% of graduate students in psychology, 16% of social workers in diverse fields, to 50% or more in clinicians treating trauma survivors)

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Figley's Influence

- Figley's notion that empathy in the context of assisting someone with trauma leads to secondary trauma resulted in 20+ years of research that is ongoing
- The tools to measure Compassion Fatigue are based on Figley's definition
- Focuses on the notion that compassion fatigue in some form is inevitable and that demonstrating compassion wears us down over time

So What is Compassion Fatigue?


- Austin et al (2009) offer that compassion fatigue is a “moral distress” when one is unable to fulfill a moral responsibility. Is it a moral injury?
- Is compassion fatigue caused by prolonged exposure or cumulative effect?
- Single critical incident?
- Does it only occur with exposure to patients who have been traumatized?

Mounting Criticism for Compassion Fatigue

- “Compassion fatigue rests on a most fragile foundation” (Ledoux, 2015)
- Compassion fatigue is a “euphemism for a broad family of occupational stresses uniquely attributed to healthcare providers that lacks construct validity and therefore cannot be empirically validated or measured” (Sinclair et al., 2017)
 - The ProQOL is not a direct measure of compassion fatigue

Mounting Criticism for Compassion Fatigue

- Sinclair et al. (2017) do not disagree that healthcare workers are susceptible to emotional and physical vicarious suffering
 - They note that there is no evidence to suggest that compassion is a primary contributor
 - Several studies cannot differentiate between burnout and compassion fatigue
- Numerous studies have demonstrated that highly engaged therapists report that empathic engagement is “energizing and protective” (Miller & Sprang, 2016)
- Sibinga & Wu (2010) found that when empathy increases, burnout actually decreases
- An old study, Miller et al (1988), revealed that higher levels of empathy were associated with higher job satisfaction and longer tenure

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What happened?
What does this mean to you?
Why do you do what you do?

**Accountability Partners and
Processing an Event**

A blue speech bubble with a tail pointing downwards, containing the word "Burnout". The background features faint, concentric, curved lines in a light gray color, creating a sense of motion or waves.

Burnout

Burnout 101

(Maslach & Leiter, 2016)

- Introduced by American Psychologist Herbert Freudenberger in 1974. Described the physical and mental exhaustion caused by our professional lives
- Burnout is a “psychological syndrome,” and is a prolonged response to chronic interpersonal stressors on the job

Burnout 101

(Maslach & Leiter, 2016)

- **3 Dimensions of the Burnout Experience:**
 - **Exhaustion** – wearing out, loss of energy, depletion, fatigue
 - **Cynicism** – (originally depersonalization), negative or inappropriate attitudes towards clients, irritability, loss of idealism, and withdrawal
 - **Inefficacy** – (originally reduced personal accomplishment), reduced productivity, low morale, inability to cope

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Burnout Associates

- Low Job Satisfaction
- Low organizational commitment
- Absenteeism
- Intention to leave a job
- Turnover
- Lower physical and mental well-being
- Lower productivity and impaired quality of care to patients

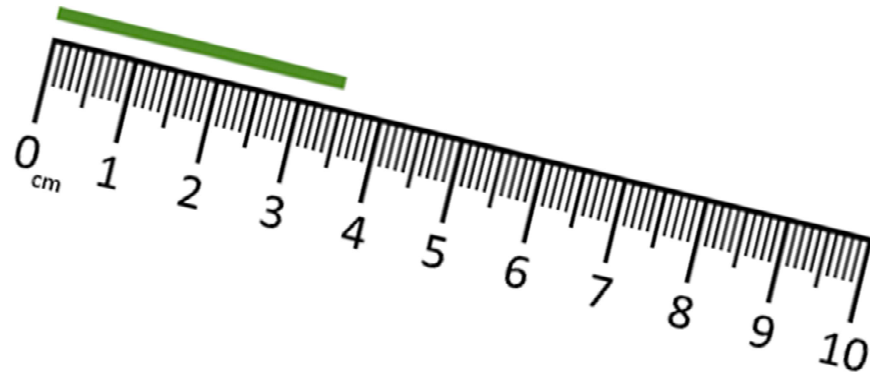
Organization Risk Factors (Maslach & Leiter, 2016)

- **Work Overload** – Depletes capacity of people to meet demands of the job
 - **Lack of Control** – Can't influence decisions or exercise autonomy
 - **Reward** – Insufficient recognition and reward (financial, institutional, social)
 - **Community** – Ongoing relationships amongst employees
 - **Fairness** – Feeling respected, perception of equity and justice
 - **Values** – perception of gap between individual and organization goals
- *All have been correlated with measures of burnout**

Quick Self-Assessment

- Rate the following on 1 to 10 scale (10 = high, 1 = low):
- 1) Exhaustion
- 2) Cynicism
- 3) Inefficacy - Low sense of accomplishment

Bonus Question: Would you do your job for free?



Burnout Findings

(O'Conner et al, 2018)

- Meta-analysis with 62 studies from 33 countries on Burnout in Mental Health Professionals
- The Average Mental Health Professional has “High” Exhaustion, “Moderate” level of Cynicism, and “Moderate” Inefficacy
- Burnout rates are high in Mental Health Professionals (approximately 40%) as Exhaustion is the Core Dimension of Burnout
- Multiple studies link burnout to physical and mental symptoms and conditions

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Case Examples

Which examples are more at risk of compassion
fatigue or burnout?

Example 1

- Sarah, a early career Family Medicine physician
- Routinely has 200 patient messages, lab and imaging reports to respond to on Monday morning
- Sees 20+ patients per day in the clinic
- Regularly assists her aging mother who lives nearby
- She is studying for her Board examination



Example 2

- Thomas, an early career social worker, assists new Americans with issues related to immigration
- Forms close connections with the people he is assisting, and he often hears their personal stories of horrific abuse
- He is working on hours for LCSW licensure
- He is not from the area and has limited social support outside of work



Example 3



- Susan is a psychologist who has been in a solo private practice for 25 years
- Most of her work is trauma-based (DBT and CPT)
- She recently lost her husband to cancer
- She is an “empty nester”
- Susan has well-established social support and good self-care practices


Example 4



- Joseph is a RN who works in Palliative Care for the past 10 years with earlier and varied work as a nurse
- He commonly experiences the death of patients and works with patients and their families in this process
- He is recently divorced and having financial difficulties

5 Components for Increasing Engagement in Work and Reducing Compassion Fatigue

Miller, B., & Sprang, G. (2016). A components-based practice and supervision model for reducing compassion fatigue by affecting clinician experience. *Traumatology*, 23 (2), 153-164.

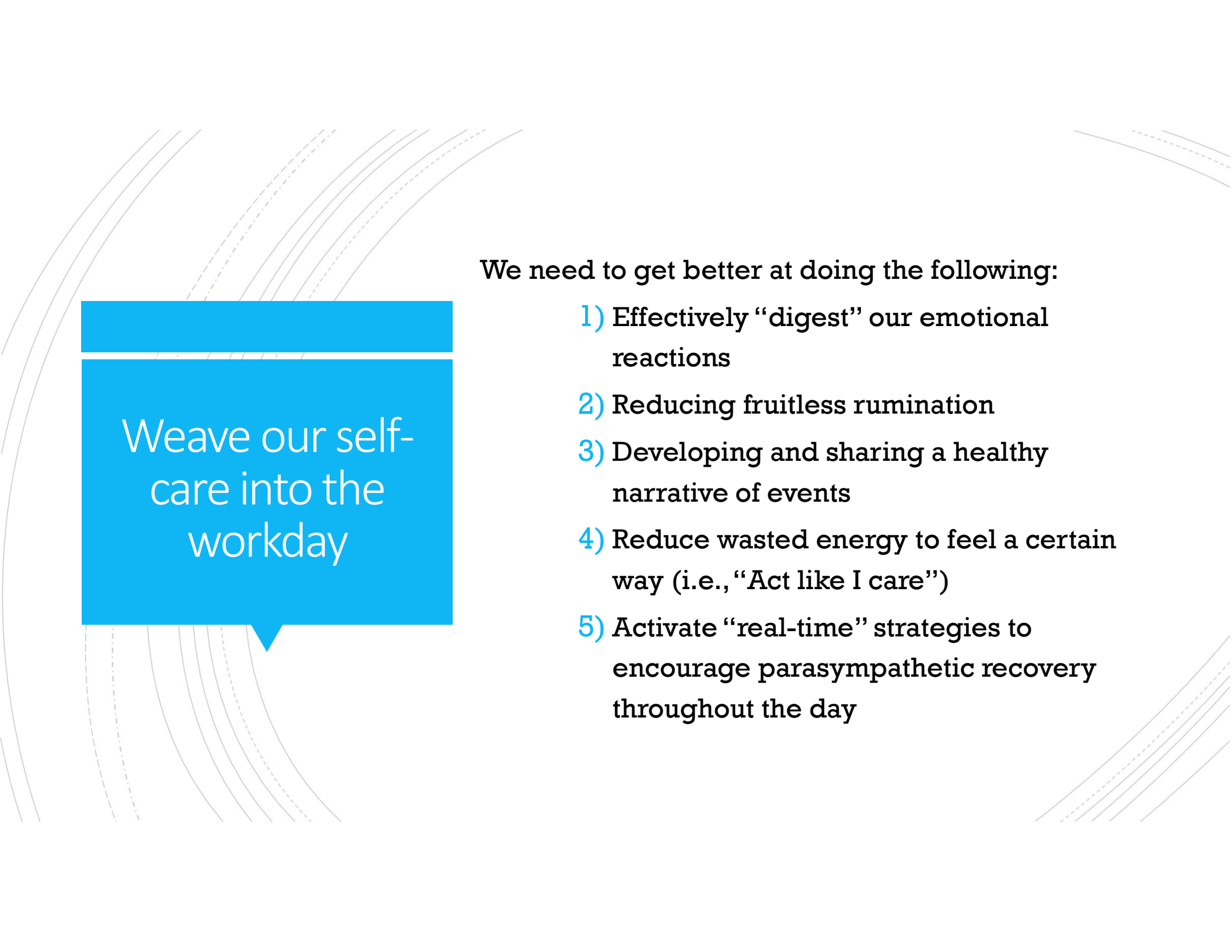
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Mythical ideas about Prevention Burnout and Compassion Fatigue

- Preventing compassion fatigue takes place exclusively after work
- Caring “too much” and being “too dedicated to work” are at the root of compassion fatigue
- We need to protect ourselves from feeling our clients’ pain

Paradigm Shift

- Miller and Sprang (2017) offer the following notions to help us cope with our unique workplace stress:
 - Prevention of vicarious suffering and burnout primarily happens at work
 - We need to improve how we experience suffering with our patients
 - Therapy strategies that work for trauma can also be applied to us
 - Direct experience of even powerful feelings is not traumatizing. *However, there is ample evidence to suggest that avoiding or trying to limit those feelings can be harmful

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Weave our self-care into the workday

We need to get better at doing the following:

- 1) Effectively “digest” our emotional reactions
- 2) Reducing fruitless rumination
- 3) Developing and sharing a healthy narrative of events
- 4) Reduce wasted energy to feel a certain way (i.e., “Act like I care”)
- 5) Activate “real-time” strategies to encourage parasympathetic recovery throughout the day

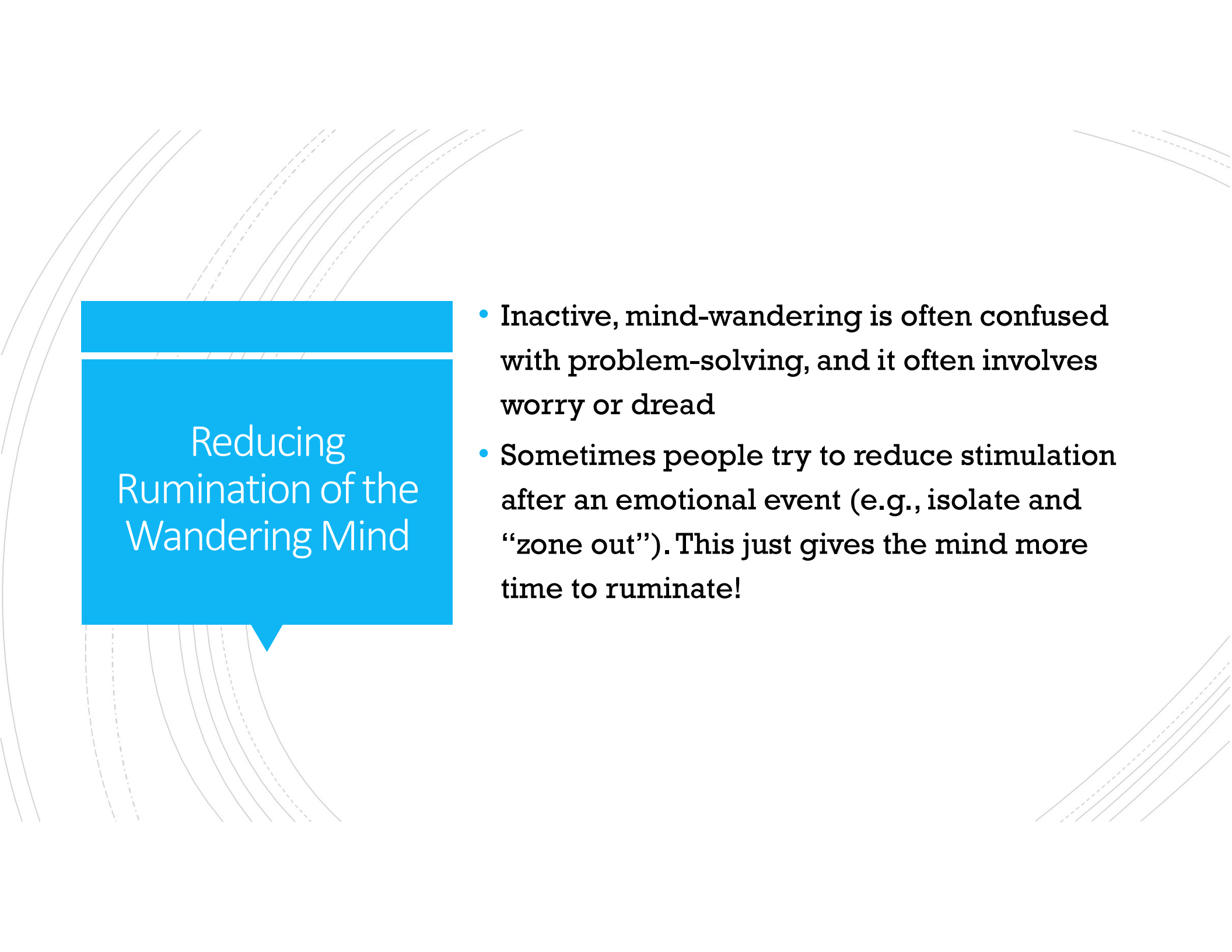
Probiotics for Digesting Emotional Reactions

- Empathic engagement is energizing and protective; engage with it fully
 - 1) Set up your environment to reduce distraction
 - 2) Use cued relaxation prior to answering entering a situation
 - 3) Remind yourself why you are in this role and your purpose
 - 4) Demonstrate the power of being a calming/listening presence
- Intentionally be conscious of and accepting all of your emotional reactions...no matter how uncomfortable

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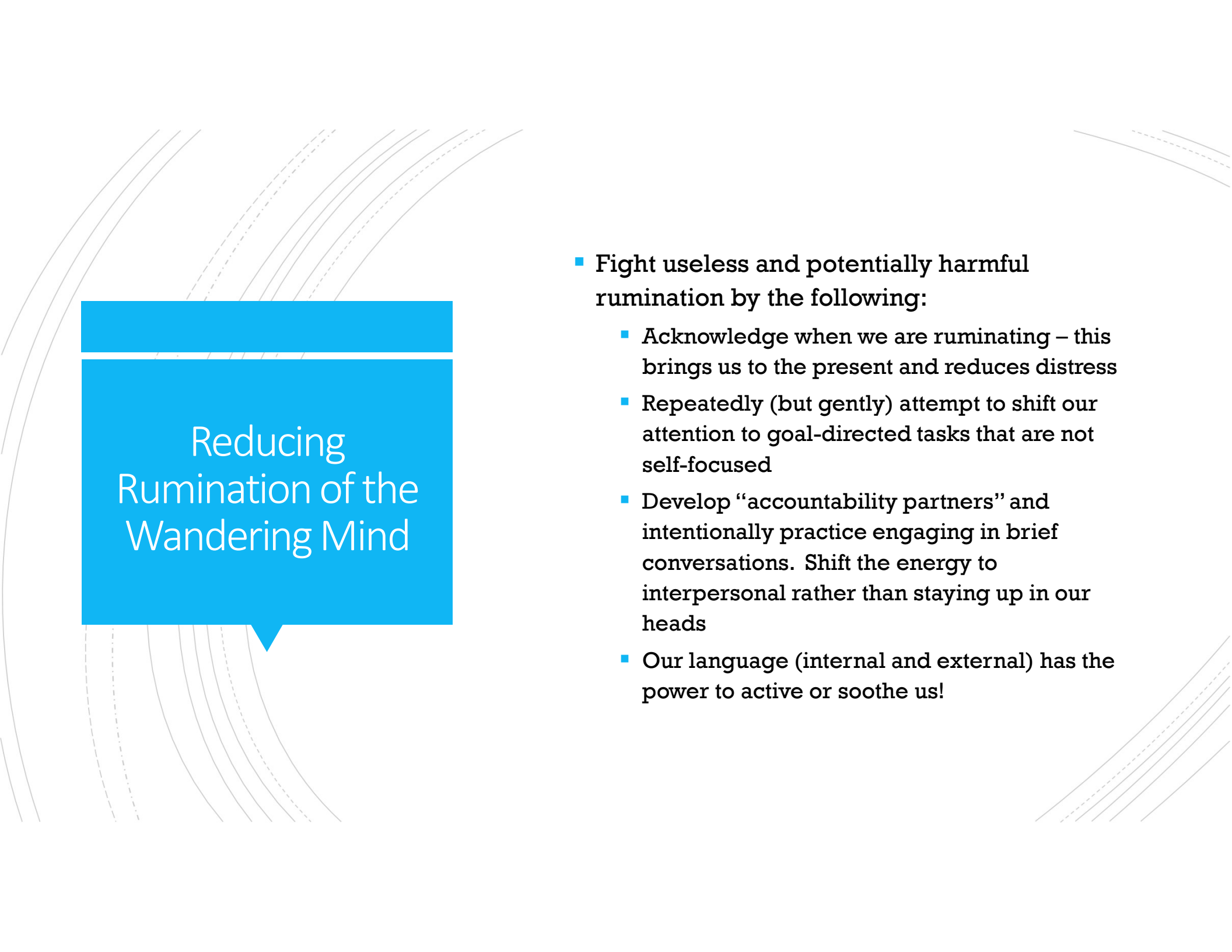
Probiotics for Digesting Emotional Reactions

- When emotions are noticed and allowed, they naturally rise, strengthen, and fade. Let them happen
- Many people who work in health care have experienced trauma personally. Don't confuse remembering your trauma with empathy for a patient. For the sake of ourselves, our patients, and our partners, get help if you are re-experiencing trauma during the work day.

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Reducing Rumination of the Wandering Mind

- Inactive, mind-wandering is often confused with problem-solving, and it often involves worry or dread
- Sometimes people try to reduce stimulation after an emotional event (e.g., isolate and “zone out”). This just gives the mind more time to ruminate!

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Reducing Rumination of the Wandering Mind

- Fight useless and potentially harmful rumination by the following:
 - Acknowledge when we are ruminating – this brings us to the present and reduces distress
 - Repeatedly (but gently) attempt to shift our attention to goal-directed tasks that are not self-focused
 - Develop “accountability partners” and intentionally practice engaging in brief conversations. Shift the energy to interpersonal rather than staying up in our heads
 - Our language (internal and external) has the power to active or soothe us!

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Conscious Narrative

- What is the purpose of a trauma narrative in psychotherapy?
 - Using language to describe what happens to us provides exposure and reduces anxiety over time.
 - “Intense and unarticulated” experiences increase rumination and arousal
 - Narratives provide structure and clarity for our memories, as well as meaning and growth
- Narrative before you engage in a potentially stressful situation
 - What is your role with this organization? Role in the community? Examine your level of cynicism.

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Conscious Narrative

- Narrative during the experience
 - Remind ourselves of our skills, see stressors as challenge and opportunities for growth
 - Leadership – work with staff to help them reflect upon and use their narratives
- Narrative after the experience
 - Depending on how intense the situation is, numbing, detachment, avoidance, and/or hyperarousal are common.
 - Taking a brief moment to reflect on the meaning of the event. Rather than simply retelling the experience, discuss with your work partner what happened and what the event means to you

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Don't fight your
reactions. Work
with them!

- On the whole, people who stick with jobs in health care simply enjoy it.
- If your expressed and experienced emotions are not on the same page, negative effects occur (e.g., “surface acting”)
- Increasing engagement in moments allows us to metabolize the full emotional experience.
- When anger/frustration/resentment is present, use the self rather than restrain the self (e.g., “You sound really angry, and I am really feeling it”)
- Being human is a strength, not a limitation in this work...and life for that matter!



Don't fight your
reactions. Work
with them!

- Empathy is a skill that must be developed. “Radical empathy” is an intent to have genuine empathy for all clients and staff, even people engaging in unacceptable behavior
- When empathy is fleeting, allow yourself to be curious. What is getting in your way?
- When empathy is absent, attempt to calm (e.g., picture of calming scene at your work station, focus on diaphragmatic breathing, ask patient/staff to repeat themselves)



Don't fight your
reactions. Work
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Parasympathetic Recovery

- Biology 101 reminder: “Gas Pedal versus Brake”
- Each day is a continuous process of episodes of emotional arousal and emotional calm
- Practice within your work shift (e.g., cued relaxation before and after events, 2 feet/one breath)
- Use your supervision to 1) reflect on your work, 2) create healthy narratives for challenging situations, and 3) your supervisor can use this time to express support to you!

Parasympathetic Recovery

- Avoiding professional isolation is both a personal and organizational responsibility. Develop opportunities to connect in your team meetings and other venues. Make sure you create an expectation and atmosphere for brief peer consultations throughout the day
- Stand and frequently move during your work shift. Invest in desks that can be standing; challenge yourself to take your breaks; get up and move around when possible)
- Be strategic about vacations, including when and how you use them
- Have a minimum per day of focused engagement in something you enjoy
- Develop an accountability partner

Summary

- Although Compassion Fatigue is a confusion and poorly supported term, in the helping professions, we appear to have a unique type of stress
- Addressing work-place risk factors and learning self-care practice throughout the day will likely offer protection
- Note of caution: Create opportunities for sharing at work but do not mandate them (lessons from ill effects of Critical Incident Debriefing)
- Questions/comments?