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Treating Compassion Fatigue among Those Working With Trauma and High Risk Populations

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Treating Compassion Fatigue among Those Working With Trauma and High Risk
Populations

By

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University
of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to
demonstrate facility with basic social research methods. Students must independently conceptualize a research
problem, formulate a research design that is approved by a research committee and the university Institutional
Review Board, implement the project, and publicly present the findings of the study. This project is neither a
Master's thesis nor a dissertation.

Abstract

This study was completed as a systematic review looking into effective self-care for those working with trauma and at risk populations. This study looked into how compassion fatigue can be combated by compassion satisfaction. By workers actively and effectively practicing self-care they are able to increase their own compassion satisfaction, which allows them to fight off both compassion fatigue and burnout. This study was able to identify exercise, spirituality, mindfulness, and personal support all as popular and effective self-care strategies commonly used by mental workers.

Acknowledgements

To my family and friends who supported me throughout my journey, thank you. To my daughter

Amaya, you give me strength when I feel that I can't go on. You have been the biggest blessing

in my life.

"I'll love you forever; I'll love you for always, as long as I'm living my baby you'll be".

~ Robert Munsch

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Introduction

"Rest and self-care are so important. When you take time to replenish your spirit, it allows you to serve others from the overflow. You cannot serve from an empty vessel."

~ Eleanor Brown

Self-care is often overlooked in the field of social work. Social workers are more susceptible to vicarious trauma, compassion fatigue, and burnout. Many social workers and mental health workers are not trained or educated in understanding how to emotionally and mentally work through their work loads. Many times mental health workers will internalize their client's trauma causing their own mental health to take a turn for the worse. The World Health Organization (2013) defines self-care as

> What people do for themselves to establish and maintain health, and to prevent and deal with illness? It is a broad concept of encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure tc.), environmental factors (living conditions, social habits, etc.) socio- economic factors (income level, cultural beliefs, etc.) and self-medication.

Vicarious trauma is described by Carolyn Knight (2013) as "a cumulative transformation in the inner experience of the therapist that comes about as a result of empathic engagement with the client's traumatic material" (p. 213). Many times mental health workers that work with children who have been traumatized suffer from vicarious trauma. At times vicarious trauma can cause a worker to be susceptible to compassion fatigue.

"Charles Figley defines compassion fatigue as "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of

reminders [and] persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others" (Figley, 2002b, p. 1435)" (Eastwood & Ecklund, 2008). When social workers and mental health workers find themselves suffering from either vicarious trauma and or compassion fatigue is when they being to become burned out in their work and want to get out of it. Burnout is defined as "when one works with a stressful client, and organization, often times workers feel that they are not supported and feel a high level of frustration and despair" (Knight 2013, p. 229).

Many times self-care is not taught to workers as they begin their jobs. Self-care can occur in many forms in the workplace depending on the individual; they may connect with a specific form of self-care. Positive self-care causes the mental health worker to begin experiencing compassion satisfaction, which is defined as: "the pleasure the helper gets from doing their work well and the ability to contribute to the well-being of others" (Harr 2013, p74). As citied by Harr (2013) "Stamm (1995) proposed that focusing on compassion satisfaction as an important component to mediate the negative effects of burnout and compassion fatigue on human service professionals and a motivator for continued commitment to the profession. This assumption is supported by the results of several studies that show compassion satisfaction is possibly a protective factor in mental health and is associated with lower levels of burnout and compassion fatigue. Radley and Figley (2007) suggest that the emphasis should be on promoting satisfaction or (positive affect/ attitude) rather than avoid compassion fatigue (negative affect/ attitude) in order to protect caregivers from the negative impact of working with the suffering. If there is a greater ratio of positive experiences to negative experiences, professionals will have higher morale and will provide better quality. Compassion, altruism, sympathy, and empathy are critical to human survival and facilitate human flourishing. Our compassionate core requires us to either

avoid negativity or to transform it. Given that empathetic practitioners will face negativity, our profession requires a constant source of inspiration that increases our positivity" (Harr 2013, p75).

When a mental health workers practices self-care they are increasing their compassion satisfaction for their job. With an increase in compassion satisfaction, slowly the mental health workers compassion fatigue will decrease. While doing something as small as going for a run, practicing meditation, or processing with coworkers and friends seems so small; research says that it is one of the few ways that mental health workers can beat the effects of compassion fatigue. Many wonder, what kind of self-care strategies would work when working with populations that are prone to causing compassion fatigue.

This study seeks to answer the question: what methods of self-care are most effective to combat the effects of compassion fatigue/ burnout while working with trauma exposed and other high-risk populations?

Literature Review

Literature on compassion fatigue and compassion satisfaction is very minimal; much of the literature is overlapping. This component of the paper will define, and explore compassion fatigue, compassion satisfaction, and burnout. The following literature will also discuss the research on ways that mental health workers can practice self-care to help raise their own compassion satisfaction. The following literature will begin to lay the foundation of Charles Figley's (2001) conceptual framework Compassion Stress/ Fatigue Model that will be used throughout this study.

Research Studies on Compassion Fatigue, Compassion Satisfaction, and Burnout

Burnout, Compassion fatigue, and compassion satisfaction are all related in the work of mental health. Compassion fatigue is described by Figley (2002) as "a state of tension and preoccupation with traumatized patients by re-experiencing the traumatic events, avoidance/ numbing of reminders and persistent arousal associated with the patient" (Figley, 2002, p. 1435). The phrase compassion fatigue was first used by Joinson in 1992 while talking about nurses' burnout.

Burnout is defined as cited by Ray et el. (2013) as "a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job" (Leiter & Maslach, 2004, p. 93). Burnout consists of three components, emotional exhaustion, cynicism, and low personal efficacy. However, emotional exhaustion is considered the central element of burnout, which results in cynicism about one's work and low efficacy (Leiter, Harvie, & Frizzell, 1998; Leiter & Maslach, 2004; Maslach & Leiter, 1997). Burnout is often caused by conflict between individual and organizational demands, an overload of responsibilities, inability to have input,

few financial rewards, little positive recognition, inequality of lack of respect in the work place, dissatisfaction or lack of fulfillment with the responsibilities of the job, or a reduced sense of accomplishment and achievement (Maslach, Schaufeli, & Leiter, 2001). Some research indicates that job burnout and compassion fatigue may each contribute to psychological distress and burnout may increase the negative impact of compassion fatigue on the professional. Organizational burnout and compassion fatigue may need to be addressed conjointly in order to deal with resulting symptoms in order to prevent the necessity of a job or career change for the professional (Figley, 1995; Figley 2002a; Sabin- Farrell & Turpin, 2003)".

Many experiences can cause mental health workers to become likely to experience compassion fatigue. Social workers with a history of personal trauma may be at high risk. Professionals who practice poor self-care or who fail to control work stressors are particularly susceptible as are those with lower social support at work or at home. Social workers who do not set healthy boundaries with clients or who do not deal effectively with issues of countertransference are more likely to experience symptoms of compassion fatigue (Harr, 2013, p.73). "Symptoms of compassion fatigue can vary from work to work but often can include: decreased self-esteem, apathy, difficulty concentrating, preoccupation with trauma, perfectionism, rigidity, or in extreme cases, thoughts of self-harm, or harming others. Cognitive shifts or negative effects on cognitive schemas that form the individual's belief system, assumptions, and expectations are also associated with compassion fatigue. Emotional symptoms of compassion fatigue that are commonly experienced are anxiety, guilt, anger, fear, and sadness. Professionals may describe themselves as having feelings of helplessness and powerlessness as well as being overwhelmed and drained. The individual may develop a tendency to be irritable, impatient, withdrawn, and moody. There are also behavior symptoms such as appetite changes,

hyper-vigilance, sleep disturbances, and memory loss. Social workers and or mental health workers caught in this cycle may interpret these symptoms as personal weakness and an indication of a lack of competence and professionalism on their part" (Harr, 2013, pp. 73-74). "Compassion fatigue can appear different among different staff it has been found that younger professionals reported higher levels of burnout" (Ray et al. 2013). Risk factors in developing compassion fatigue and work stress are: high caseload demands and/ or workaholism, personal history with trauma, lack of regular access to supervision, lack of supportive work environment, lack of supportive social network, social isolation, worldview, and the ability to recognize and meet one's own needs (i.e., self-awareness)" (Ray et al. 2013).

Mental health workers can also discuss their compassion fatigue within their work agency. It is also important that the agency where the mental health work is providing services is supportive from the administration to the supervisors, team members, and overall work environment. While each individual can work on their own compassion satisfaction their work environment is also very important and should be willing and open to provide the best possible experience for the worker that they can (Harr, 2013).

Compassion satisfaction is defined in literature by Stamm (2005) "as the pleasure that a helper gets from doing their work well and the ability to contribute to the well-being of others" (p. 75). Harr discusses social workers or mental health workers focusing on promoting satisfaction (or positive affect/ attitude) rather than avoiding (or negative affect/ attitude) in order to protect caregivers from the negative impact of working with the suffering. Compassion fatigue and compassion satisfaction may be experienced at the same time. However, it is probable that as

compassion fatigue increases, compassion satisfaction with diminish. On the other hand, if compassion satisfaction is nurtured by the worker and the organization, it is expected that there will be less compassion fatigue (Radley & Figley, 2007)" (Harr, 2013, p. 75).

Individuals can increase their compassion satisfaction in many ways. Mental health works should "maintain a focus on successes of the day, progress made with the client, and words of appreciation expressed by the clients (Harr, 2013, p. 83). Mental health workers should also see clients' growth and resilience, developing relationships with coworkers to being on positive change throughout the workplace. Mental health workers should also realize the importance of the work that they are doing (Harr, 2013). It's very important that every worker understands that they are not the first to feel worn out, but it is also important that they try to focus on the growth of the client instead of the clients' failures. It is also important that mental health workers set boundaries within their work to protect themselves from becoming too emotionally involved with the client. This emotional involvement may lead the mental health worker to be harsh on themselves for client outcomes, which can cause the worker to become more susceptible to compassion fatigue (Harr, 2013).

Conceptual Framework

The conceptual framework for this study comes from the Compassion Stress/ Fatigue Model by Figley (2001) (see appendix A). Figley's definition of compassion stress is "the cumulative demands of experiencing and helping the suffering" (Figley, 2001, p. 34). His definition of compassion fatigue is "a state of exhaustion and dysfunction, biology, physiologically, and emotionally, as a result of prolonged exposure to compassion stress" (Figley, 2001, p. 34). Work related stress and trauma often times shows itself in workers who work in high stress environments. Over time this stress can cause emotional even physical damage to the mental health workers. While compassion fatigue may cause a lot of trauma, their work of helping others may also bring about compassion satisfaction, which is identified as the positive aspect of helping others (Ray et al, 2013).

Methods

This research study is formatted as a systematic review. Sage Research Methods (2014) defines a systematic review as "a review of the literature that is conducted in a methodical manner based on a pre-specified protocol and with the aim of synthesizing the retrieved information by means of a meta-analysis." This study included research from databases and related articles about self-care with mental health professionals.

The Google Scholar was utilized as the electronic database used to obtain the research used in this study. The search terms used for this systematic review included:

- Compassion fatigue

- Self-Care

- Empirical

This research included only articles found on Google Scholar. Each article included at least one of the above search terms in the title or as key words with the title. Using this method of research collection, 8,990 articles were located for this study. Each article was then studied to access if the research was empirical.

Once the initial search was completed, the researcher made a list identifying if the research found was methods based or a book. Articles were divided into the following three categories: theoretical/not empirical, review of literature, and prevalence. Once the researcher was at the point where the articles no longer had the search terms in the title or as keywords, or they were no longer empirical after 3 consecutive pages, the researcher stopped looking at the total articles gathered. Eight articles were left after the sorting process. All

eight articles fit the criteria of this study, meaning that they addressed compassion fatigue,

considered self-care, and were empirically-based research.

Results

The results of this study were very limited due to the variability in how individuals define self-care, and also the lack of empirical studies that have been done on self-care. Researchers in the articles used multiple research tools to gain an insight on what self-care looks like for others. This study recognized specific areas in which many mental health workers identified effective self-care strategies. The internal belief of self-care, exercise, spirituality, mindfulness, and personal support are all areas in which mental health workers have noted that they practice most for their own self-care.

"Self-care can be described as an individual's ability to balance personal, professional, emotional, mental, physical, and spiritual components in order to live in a balanced, energized manner that assists one in coping with day-to-day stressors (Collins, 2005).

It is important to practice self-care. By exercising self-care social workers are positively influencing their over mental health and general health. "In contrast, neglecting self-care and healthy coping strategies typically results in sleep deprivation, emotional exhaustion, reduced morale, feelings of despair, high levels of staff turnover among social workers, and may result in ineffective treatment and care for their clients "(McGarrigle & Walsh, 2011).

Self-care Measuring Tools

Self-care is something that is different for each person, because of this it is very hard to say what technique will work the best. Researchers developed tools and assessments to look into what mental health workers identified as helpful and positive self-care methods for them. Some of these tools and resources include the Professional Quality of Life Assessment (ProQol-RII) and/or the Self-Care Assessment Worksheet (SCAW). Both of these tools are used to access

self-care. ProQol-RII studies compassion satisfaction, burnout, and compassion fatigue. According to Alema et al., this tool measures aspects related to care giving professionals 'quality of life (Stamm, 2002). The instrument consists of three sub-scales: compassion satisfaction, burnout, and compassion fatigue. The SCAW breaks down self-care into six subgroups: physical, emotional, psychosocial, spiritual, balance, and professional workplace. "Results for the two data collection instruments were tabulated and correlated to determine whether any significant relationships existed within and between subscales on the ProQOL-RIII and the SCAW" (Alkema et al., p, 109).

Self-Care Beliefs

"One should not be too surprised by Bober and Regehr's (2006) finding that there is no association between helping professionals' belief that leisure time and self-care are useful and the time they allot to these activities. There is a gap between what people profess they believe and what they actually do. Human beings are complex creatures, and carry innumerable contradictions, often thinking and believing one way, and behaving in another"(Killian 2008, p109).

Many social workers have learned about the benefits of self-care weather through their own schooling or through the mouth of a coworker. Many social workers would even agree that self-care is extremely important and positively influence a social worker. Although they may agree that self-care is important, more times than not, they are not practicing self-care. Reasons for not practicing self-care can range from being too tired when they get home from work, or having to continue to work once they do get one. Social workers that believe in the positive

affect that self-care can bring are more likely to practice self-care and benefit from the positive outcomes.

Exercise

Self-care methods greatly varied in what worked for different people. Many people reported that spending leisurely time with friends and family as a way that they practiced self-care. One study noted that exercise was another common strategy. Individuals practice exercise self-care by: running or walking (in nature or on a treadmill), yoga, dancing, biking, swimming, or lifting weights. It was noted that many used exercise as self-care more than once a week, typically twice to three times. In a study done by Killian (2008) a participant felt even more frustrated when they were unable to go workout or exercise due to something keeping them at work. Exercise is a very common form of self-care and has many personal benefits beyond that of self-care alone.

Spirituality

Two studies noted that spirituality was another common strategy used. Those that identified with this strategy commented saying; "Spiritual health might include, "taking an afternoon to sit, find a place that encourages contemplation … learning to meditate, pray …" (p. 14)(McGarrigle &Walsh 2011). Spirituality may include a variety of inclusion of religious beliefs, going to church, praying, meditation, or morals. Practicing self-care through spirituality has become extremely popular within the past decade. The practice of mindfulness is a type of spiritual self-care that is commonly discussed when looking into self-care strategies.

Mindfulness

An extremely common and popular form of spiritual health is mindfulness. Four of the eight articles in this study looked at how effective mindfulness is, and how it can be practiced. J.A Irving et al. define mindfulness as "Mindfulness practice has been proposed to reduce stress and burnout among health care professionals through a number of pathways linked to the tenets underlying the philosophy of practice" (p. 62).

The theme of mindfulness is to teach the important of being in the moment. A social worker wants to be in the moment not only with their client, but also with themselves after the client has left. Mindfulness also tries to not judge or change outcomes but rather to accept them. Those that practice mindfulness learn to observe their stress without evaluating their truth, importance, or value and without trying to escape, avoid, or change them'' (p. 17). When purposefully cultivated, mindfulness results in heightened awareness of inner and outer experiences through open, nonjudgmental, focused attention in the present moment. Bishop and colleagues (2004) proposed that

"Mindfulness, in contemporary psychological terms, could be defined as the self-regulation of attention, involving sustained attention, attention switching, and the inhibition of secondary processing. Meditation is a primary means through which mindfulness is cultivated. Forms of meditation, such as transcendental or object focused meditation, tend to be distinguished in terms of: (a) the type of attention garnered; (b) the actions taken upon cognitive processes; and (c) the underlying goals of the practice. In mindfulness, one lets go of expectations and goals, so as to de-condition the automaticity that typically dominates cognitive processing" (2009. p.62).

Personal Support

Personal social support is used as a major self-care strategy. Killian noted that social support was the most significant factor associated with higher scores on compassion satisfaction. Thus, therapists may wish to reflect on how much time for socializing, leisure, and/or hobbies they are allowing themselves to recharge after working with traumatized clientele. Being proactive in taking care of one's own mental health seems to be key: reaching out to other professionals, sharing concerns, and providing one another encouragement, possibly in a regular, structured group format (Evans & Villavisanis, 1998). Personal support can include talking friends or family that would outside of the job. It may also include being around their children or even pets and allowing themselves to have time to destress from their work days.

Personal support can be at home with friends and family or at work with coworkers or supervisors. It is important to note that not all mental health workers reported having supervision. Bober and Reghr (2005), stated that "supervisors believed in supervision more than the frontline workers" (2005). Personal support could also be spending time with a pet, or spending time with family.

Discussion

"I have come to believe that caring for myself is not self-indulgent. Caring for myself is an act of survival".

~Audre Lorde

This study was very limited due to the few amounts of empirical studies that have been done on self-care. Many studies want to offer ideas for ways to practice self-care and different strategies that one could try. Through the empirical research that was found, strategies such as personal support, spirituality, exercise, and mindfulness are all very commonly found ways in which mental health workers have and are practicing self-care. Many of these strategies such as running around the lake (exercise), meditation (mindfulness), even praying (spirituality); all are ways that workers are intentionally taking time out of their lives to relax and do something for themselves to lift up their own spirits. Without doing these strategies workers have noted a rise in their personal stress levels and unhappy feelings about their jobs, which carry over into their daily personal lives. By practicing self-care workers noted that those unhappy feelings were no longer as strong as before and the workers were able to better enjoy their jobs. Mindfulness is very popular amongst self-care strategies. Many have identified this strategy to be great but to also be very hard for someone who is new to trying it. Mindfulness is something that comes with time and it usually not a strategy that one is able to identify as a great self-care activity their first time doing it.

During the study it was found that some mental health workers identified their method of self-care as smoking a cigarette, having a drink, sky diving, racing cars or participating in chemical use. These methods of self-care are not "wrong" or "ineffective" because they are

effective for the mental health workers to practice them. There is a fine line between effective self-care and taking care of your own state of mind versus destructive behavior. This fine line changes worker to worker and should be closely monitored by those who are more prone to practice more dangerous self-care strategies.

Themes

A common theme within this study was the undeniable belief that effective self-care strategies are really hard to define. Some don't believe in self-care and many believe their own kind of self-care. Many mental health workers unknowingly practice self-care. Because they unknowingly do it many do not identify with what self-care is. An example of this would be if a mental health worker stopped to get something sweet after each day of work. After they get their treat they no longer think about their work day, they put it behind them and focus on something else. By taking the time to do something for themselves they are practicing self-care. It is because of this very reason, which makes defining effective self-care hard. The theme that self-care can be or become anything the worker needs or wants it to be keeps the strategy very open to interpretation.

Another theme that was very popular when looking at this systematic review is the overwhelming information about mindfulness. This strategy is used so frequently and can be combined into other self-care strategies such as exercise by the use of yoga, or personal support by mediation with family members or friends. Mindfulness is the strategy by choice and can be found throughout different self-care activities.

Limitations

A major limitation in this study is the lack of information on self-strategies. Humans differ greatly from one another so it is almost impossible to identity what the "best" strategy when working with high-risk populations is. Another limitation is many mental health workers unknowingly practice self-care. They may have a ritual that they participate in but are not identifying it as a way that they maintain their own self-care. Finally, the subject on self-care is often mixed within the conversations and studies of compassion fatigue, compassion satisfaction, and burnout that there are not a lot of studies that focus entirely on effective self-care strategies for mental health workers. Therefore, this study lacks in a greater variety of known and effective self-care strategy information. Further research should look into identifying a greater variety of strategies to better meet the growing needs mental health practitioners in the mental health field.

Implication

This study can help with both social work research and with social work practice. Self-care is so important more research should be done to look into how are social workers practicing self-care and what are they doing day to day to help with their own mental health. Once research has been done, younger social workers in training will have facts in front of them with ways that they can come into their careers better equipped to handle secondary trauma, compassion fatigue, and compassion stress. These practicing social workers will then have the ability to lower their own compassion fatigue by the way of self-care; which in turn by practicing self-care will hopefully raises their overall compassion satisfaction. By raising compassions satisfaction the worker is able to lower their compassion fatigue which will decrease the rate of burnout allowing social workers to continue their work for longer periods of time.

Conclusion

"I've made it a priority to practice self-care so that I never lose fight or drive to inspire change for others"

~Unknown

Self-care is constantly changing because we as people are constantly changing. Every mental health practitioner working with trauma high-risk populations needs to look into their own person self-care. Working in these areas tend to lead to high-risk rates of compassion fatigue and burnout. When these workers practice self-care and increase their compassion satisfaction for their profession they will be better able to cope with their stress. These mental health professionals need to ask themselves two questions. Am I taking care of myself physically, mentally, emotionally, spiritually, and socially? The second question they need to ask themselves is what do I need to do to better my self-care today? For some, self-care is a distant idea that they may not believe in, therefore they aren't going to practice it. For others, practicing self-care is how they maintain their health, and do the job they love. Mental health workers use ways such as mindfulness, exercising, or socializing with friends and family. Research is not able to identify the single most effective method of self-care, but it is able to provide insight on what has worked for other professionals. Trauma and high-risk populations need our mental health workers, so the mental status of these workers needs to be healthy, their compassion satisfaction needs to be high so they are able to successfully do their jobs and help those in need.

Resources

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APPENDIX A
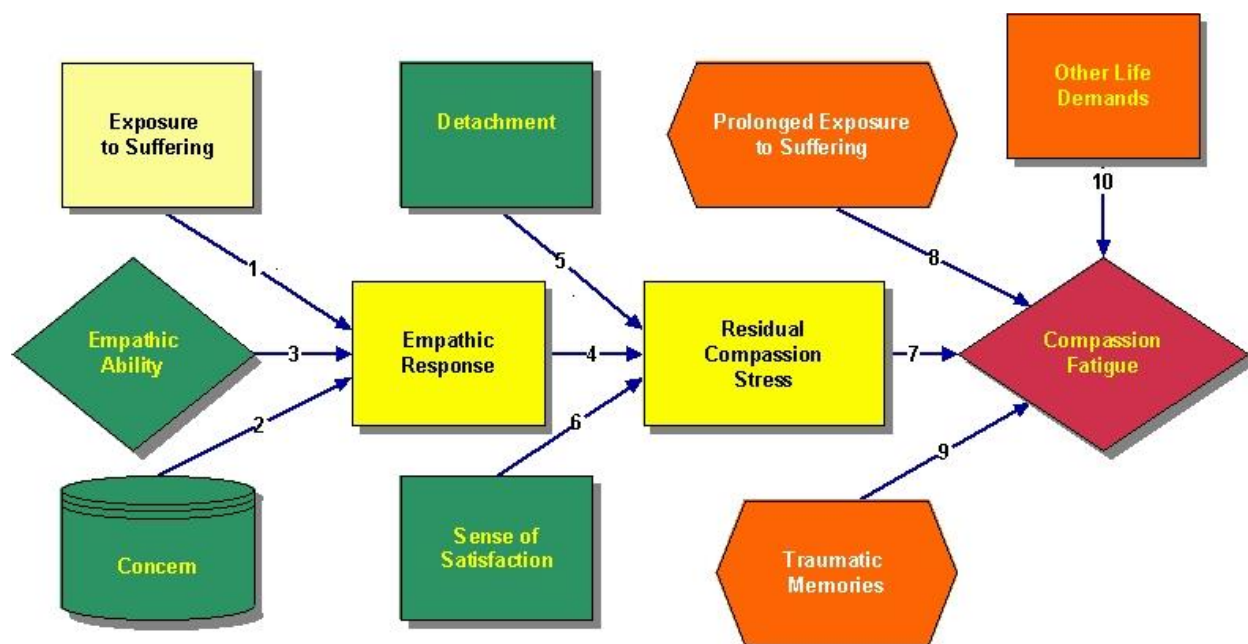
The Compassion Fatigue Process (Figley, 2001)

FACTORS CONTRIBUTING TO COMPASSION STRESS MANAGEMENT

1. Emotional Contagion is experiencing the feelings of the suffering as a function of exposure to the sufferer.

2. Empathic Concern is the motivation to respond to people in need.

3. Empathic Ability is the aptitude for noticing the pain of others.

4. Empathic Response is the extent to which the helper makes an effort to reduce the suffering of the sufferer.

5. Disengagement is the extent to which the helper can distance himself or herself from the ongoing misery of the traumatized person.

6. Sense of Achievement is the extent to which the helper is satisfied with his or her efforts to help the client/sufferer.

7. Compassion Stress is the demand for action to relieve the suffering of others.

8. Prolonged Exposure is the on-going sense of responsibility for the care of the suffering, over a protracted period of time.

9. Traumatic Recollections are memories that trigger the symptoms of Post Traumatic Stress Disorder (PTSD) and associated reactions, such as depression and generalized anxiety.

10. Life Disruption is the unexpected changes in schedule, routine, and managing life responsibilities that demand attention (e.g., illness, changes in life style, social status, or professional or personal responsibilities).

Image taken from the Figley Institute 2012