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Compassion Fatigue and Behaviours that Challenge in the Classroom

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ABSTRACT

Concerns regarding levels of stress and increases in the prevalence of mental health issues have focused mainly on the general well-being of the teaching workforce. In contrast, this paper examines the issues around well-being potentially associated with the support of children whose distress may present as behaviour that challenges. In doing so, it critically explores whether the concept of 'compassion fatigue' originally emanating in health care provides a compelling explanation of the negative emotional consequences experienced by individuals, teams and schools, and its implications for how we approach sustaining well-being. The discussion concludes that the concept has utility and that its impact on individual teachers and whole school well-being is potentially significant.

KEYWORDS: Teachers, Compassion Fatigue, Burnout, Challenging Behaviour, Well-Being

INTRODUCTION

The nature of the response required with children whose distress may present as behaviour that challenges in school settings remains contested. Advocates of Zero Tolerance who hold that the key to improving 'behaviour' lies with the enforcement of explicit rules covering even minor infractions, linked to the consistent use of rewards and punishments have suggested that such approaches are gaining in popularity (Williams, 2018). Critics argue that such policies are discriminatory in imposing equal expectations on children whose abilities may be diverse (Reyes, 2006). Advocates of attachment-based and trauma-informed

approaches have instead stressed the need for nurture and the significance of relationships (Education Scotland and Glasgow City Council undated). Drawing on the significant literature on the potential impact of childhood adversity on educational attainment (The Scottish Adverse Childhood Experiences Hub, 2017) they argue that punitive approaches can fail to recognise or address the root causes of behaviour in neglect, abuse, and trauma (Education Scotland 2020).

However, both approaches may have in common a failure to address the emotional dimensions of practice adequately. In many practice settings where professionals work with children whose distress may present as behaviour that challenges, including residential childcare, this dimension is acknowledged. In such settings, staff working with children, the majority of whom are in mainstream education, must receive regular reflective practice supervision (Davidson et al. 2013).

In exploring these emotional dimensions, this paper will draw upon seminal work on the origins of compassion fatigue in mental health as well as more recent critiques and developments of the concept. The research on teacher attribution and its potential significance in this context will be summarised and the implications for policy making, school cultures and practices, and individual teacher well-being explored.

THE EMOTIONAL DIMENSIONS OF TEACHING

Hargreaves (1998: 1056) notes that 'teaching and learning are not only concerned with knowledge cognition and skill; they are also emotional practices.' Denzin (1984:9) suggests that an emotional practice is 'an embedded practice that produces for the person an expected or unexpected emotional alteration in the inner and outer streams of experience. Emotional practices make people problematic objects to themselves. The emotional practice radiates through the person's body and streams of experience, giving emotional culmination to thoughts feeling and action.' The practice of being a teacher and the practices of teaching are therefore suffused with the feelings of those involved in the process. All teaching is, therefore, inextricably emotional, whether through conscious design or default, and it has always been so (Hargreaves 1998). The joy that many continue to find in teaching may stem in large part from its positive emotional dimensions and the experiences and relationships which contribute to it.

There are, though, at least some indications that the negative emotional dimensions of teaching may have in some settings come more to the fore even before the recent impact of COVID. A survey by the Educational Institute of Scotland (2014) found 49% of secondary teachers reported experiencing constant stress. A more recent study by Education Support (2019) recorded that work-related stress in teachers participating in their survey had increased for the third consecutive year, with more than thirty per cent of teachers reporting discreet mental health issues. Such figures may reflect a generally increasing workload with the pupil-teacher ratio in Scottish secondary schools increasing from 11.8 pupils to every teacher in 2008, to 12.3 pupils per teacher in 2018 (Educational Institute for Scotland, 2019). They may also reflect significant resource shortages, particularly affecting children with additional support needs (Scottish Government, 2019).

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Consequently, for many teachers, the emotional labour involved in teaching in the Scottish education system may have increased markedly and the desirability of pursuing a teaching career or continuing to teach has fallen (Education Support, 2019).

Professionals who work with children or adults whose distress may present as behaviour that challenges must, though, contend not only with the normal emotions associated with work, and teaching 'work' in particular, but with issues unique to their role. Children with complex global learning difficulties may struggle to communicate their needs or to regulate their emotions. Teachers working with children who have experienced neglect, abuse, and trauma may struggle to keep the child within the narrow window of tolerance in which they can effectively engage with the curriculum (Hoffman et al. 2007). Exposure to distress, which may present as behaviour that challenges, including violence, will always involve significant emotional labour. Staff must stay present, attuned, regulated, and empathic, recognising, and overtly acknowledging their internal attribution processes. Opening ourselves up to the emotional distress and suffering that a child may be experiencing can provide the basis for connection, a means of containment for the child's distress and the foundation for the development of secure attachment. In turn, such an attachment may provide a scaffold to aid the child in developing the necessary emotional and ultimately behavioural regulation. Close relationships with teachers have demonstrated their potential to mitigate the risk of negative outcomes for children who may otherwise have difficulty succeeding in school (Driscoll and Pianta, 2010).

A recently published first meta-analysis of the literature on the attributions of practising teachers concerning behaviour they found challenging included the results of 79 empirical studies (Wang and Hall, 2018). The study type was 90% survey, with a smaller number of interviews, experimental, or content analysis studies. The review concluded that the majority of teachers tended to explain such behaviour as due to 'internal' factors located 'within' the pupil or their family, including the personality, attitude, social skills and motivation of the child. A key consequence observed was that the pupil was held responsible and thus accountable for their behaviour (Wang and Hall, 2018). This 'internal attribution' led to anger in the teacher, not just about the behaviour but at its perpetrator, the child. It also led to actions towards the child reported as being motivated not by the desire to punish the behaviour but aimed at exacting retribution upon the child.

A wider range of feelings associated with such attributions have been reported. These include feelings of frustration, being out of control, frightened, helplessness and humiliation. Suppressing such feelings and *"attempting to closet into fantasy the anger one would like to respond with"* (Hochschild, 1983: 86) may function as a temporary coping strategy. However, experiencing feelings of hostility or even hatred towards a child, who may otherwise be vulnerable, may be acutely distressing for the teacher. In the unconscious, "*to think is to have already done the deed*" (Hinselwood and Skogstad, 2000:6). Consequently, the guilt and shame associated with the imagined retaliation, even if never executed, may be profound, and extraordinarily difficult to admit to.

THE EXPECTATIONS OF TEACHERS: REGULATION, ATTUNEMENT AND REFLECTION

Teachers who are working with children whose distress may present as behaviour that challenges must consciously manage how they present themselves to the child. Such management may include teachers strategically modelling calmness to a child in an attempt to de-escalate even when their internal emotional state may be one of fear or frustration (Scottish Government, 2017). The teacher has, therefore, to actively regulate their own emotional state while under what may be acute stress but also simultaneously remain acutely attuned to the child's experience so that they can demonstrate empathy to their underlying distress (Stern et al. 1985). Such empathy provides the basis for the connection that the practitioner needs to 'hold' the child. Holding in this context involves '*receiving the child's signals of distress keeping that in mind without retaliating or switching off from it, trying to understand what need is being signalled and responding to that calmly*' (Skelly, 2016:118).

This task must, in some circumstances, be undertaken while the teacher is exposed to behaviour by the child that places them or others at immediate and even severe risk (European Trade Union Committee for Education, 2007). This context serves to significantly increase the psychic effort involved. It may also sometimes need to be carried out not as an isolated event but repeated continuously over the school day especially for low-level disruption, sometimes with little respite time for staff (National Child Traumatic Stress Network. 2008, Black et al. 2017). The child who has experienced or is experiencing a chronic lack of safety will not initially find safety, as might be expected, in the experience of kindness and compassion, firm and fair limits and consistent expectations. Instead, they may view this behaviour as suspicious, profoundly disconcerting, and frightening until they have tested it again and again and again, to see if the safety is real and reliable (Bloom, 1995).

It is, therefore, unsurprising that some staff may, at times find themselves temporarily overwhelmed by such demands (McMahon et al. 2017). The provision of regular structured reflective practice supervision is therefore now recommended in any setting where staff may be regularly exposed to distress presenting as behaviour that challenges with de-briefing following significant events (Ridley and Leitch, 2019). Both are mandatory in some settings, including residential childcare (CELCIS, 2015). The underpinning rationale is that such practices provide a safe space for staff in which the processes evoked may be identified and emotions surfaced, named, and normalised. The facilitator can tease out the impact of attributions locating blame in factors within the child, and the teacher can be helped to develop a focus on what has happened and is happening to the child. As Winnicott (1970:70) observed, the capacity to tolerate hate '*without doing anything about it depends crucially, however, on being completely aware of the hate*'.

The continuing failure observed across much of the education sector to routinely provide appropriate supervision, and de-brief is perhaps not a conscious choice as much as a continuation of how things have always been. It is, however, still a choice and one that chooses not to acknowledge a toxic emotional experience that individual schools, education authorities and policymakers must all

hold some responsibility for creating (Fineman, 1993). In making it an implicit message is sent to staff, which is that they are not worthy of having complex emotional experiences (Levine, 2000). An unintended consequence at least in some scenarios is that over time a form of collective institutionalised denial, in which repressed hostility is '*hidden in plain sight*,' invisible yet pervasive and potentially exerting a deeply toxic effect upon the school's culture may develop (Plapinger, 2013:206).

Vicarious exposure to neglect, abuse, and trauma such as that experienced by psychotherapists, may be associated with the development of trauma symptoms in the therapist described and diagnosed as secondary traumatic stress (Kerig, 2019). Teaching staff are less likely to be directly exposed to traumatic material, although this may happen. Their exposure to the symptoms of neglect, abuse and trauma are much more typically through its consequences in the emotional, and behavioural dysregulation in the children they teach but this may also pose a significant risk of compassion fatigue (Figley, 1995). The central premise of compassion fatigue is that it is the emotional cost of caring for traumatised individuals or bearing witness to others' trauma (American Psychiatric Association, 2013). Figley's central thesis is that the workers most at risk were those who 'cared too much' leading to their vicarious traumatisation with the root cause of their vulnerability being their empathy.

Gerard (2017:223) argues that compassion fatigue must be recognised as having a significant 'dark side' and that it has links not just to empathy, but to negative feelings about and towards the child, which need to be acknowledged. His thesis is that, in those persistently expected to dispense compassion especially to individuals whose behaviour may be severely challenging, their emotions will often include those feelings of hostility, anger and guilt previously touched upon. These may present even where an initial attribution was not internal, and the first response was of kindness and compassion (Gerard, 2017). Such dark feelings must be not only acknowledged explicitly but actively mastered and not merely suppressed or they may lead or at least contribute to the state of psychic exhaustion and physical ill health that characterises compassion fatigue (Lally, 1993).

Compassion fatigue not only poses risks for individuals, but to collective and organisational well-being. Previous research in health care has described a 'chasmal' effect in which compassion fatigue may spread rapidly, affecting teams and even complete services (Kishur,1984). This effect may also play out in schools. In such a scenario, collective reflective capacity may quickly become lost with the result that '*adult behaviour becomes increasingly irrational and erratic.*' This process may eventually culminate in abusive or neglectful practice being normalised across a school (Kennedy and Laverick, 2019).

The phenomenon has implications not only for the individual teacher or school but also for the teacher's life outside of school, where it may mimic depression. It is important, though to distinguish the symptoms of compassion fatigue from those of burnout. Figley's usage describes the impact of empathic or sympathetic engagement with a traumatised individual (Figley, 1993). In his

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conceptualisation, empathic relationships are thus the source of compassion fatigue and in one sense, therefore, liabilities (Sorenson and Wright, 2017).

While complex, the relationship between compassion fatigue and the broader literature on workplace stress is illustrated by discussions around the concept of burnout. The idea of 'burnout' originated in literature focusing on the helping professions, but current thinking is that its roots do not lie in provider-recipient interactions. Essentially it is not specific to any profession or occupation; neither is it linked to any expectation that the worker will show empathy (Sabo, 2011). This does not mean that the child's presentation is irrelevant. Rather it means that their contribution to burnout is indirect; stemming from the worker's perception that the child's needs cannot be met with the resources available (Lee et al., 2015).

Burnout's root causes lie in excessive and prolonged levels of job stress involving a combination of poor job design, workload, role conflict, resource issues, inadequate support and leadership failures. Such experiences can combine to cause severe stress manifested by tension, fatigue irritability and anger. Its ultimate manifestation reflects staff attempts to protect themselves, characterised by increasing psychological and emotional disengagement from the job and the development of a cynical, angry orientation (Gersten at al. 2001). Burnout is generally suggested to follow a process involving significant optimism at job commencement, followed by overwork, followed by gradual isolation from friends and family, followed by feelings of emptiness, disillusionment, anger, low mood and physical symptoms.

Teachers are, of course, not immune from burnout and compassion fatigue and they may co-occur with overlapping aspects of their presentation (See Tables 1 and 2). Sabo (2011) has argued that the presence of burnout is a precondition for the development of compassion fatigue with the slow and insidious onset of burnout preceding the more rapid onset of compassion fatigue. If not addressed, burnout can result in a gradual shift in attitude from positive and caring to cynical and uncaring (Vaughan and Pillmoor, 1989). Anger, as a response to frustration, appears to be a feature consistently associated with the clinical expression of compassion fatigue and burnout. A combination of a pre-existing trend to attribute responsibility for behaviours that challenge to factors inside the child, which may generate anger, compassion fatigue and the chronic anger characteristic of burnout (which exacerbates the tendency to make internal attributions) may create a toxic and even dangerous combination. In settings where the use of restrictive interventions, for example, restraint or seclusion, are permitted as the 'last resort' the effect may be to significantly increase the potential for misuse by angry teachers driven by a desire for retribution. Any strategy that seeks to reduce the use of restrictive interventions must thus pay close attention to addressing the well-being of staff in ways that actively target the prevention of both compassion fatigue and burnout.

It is therefore vitally important that schools not only recognise the cumulative and interactive impact of the multiple stressors that teachers may face but understand and respond to their causes both in the children taught and the organisation of work. Informal pastoral arrangements and more formal coaching

and mentoring arrangements have a significant role to play and provide vital support in many schools across Scotland (General Teaching Council for Scotland, 2021).

In the absence of a shared collective understanding of both compassion fatigue and burnout, teachers who are struggling may come to blame themselves or others for their seeming lack of 'resilience.' Both burnout and compassion fatigue are not personal failures but instead foreseeable occupational hazards that must be understood and actively managed at a national, local authority and individual school level. We have now moved beyond an era in which the expectation was that teachers would automatically display the required resilience and that those who could not stand the heat needed to get out of the kitchen. Realising the vision of compassionate schools requires that individual teachers develop specific skills and knowledge. Such initiatives must, though, be facilitated by an environment that provides both the structural resources needed and the necessary transformative, supportive, cooperative, and emotionally intelligent leadership (McLennan, n.d.).

Such efforts should reflect an understanding that the root causes of compassion fatigue do not stem solely from exhaustion or vicarious trauma resulting from exposure to distress (Stamm, 2002). Many teachers are highly motivated and derive immense satisfaction from helping others. This may involve at least in part, empathising with the distress of a child, acknowledging its sources in the child's experience of neglect or abuse, responding compassionately and achieving a genuine connection. Such experiences may provide 'compassion satisfaction' (Stamm, 2002). This may also be derived from relationships outside work, including those with family and friends. Higher compassion satisfaction appears associated with lower levels of both compassion fatigue and burnout (DePanfilis, 2006). Compassion fatigue in part, therefore, stems from an imbalance between the two, and this insight must be reflected in our thinking about how we prevent compassion fatigue.

Research involving mental health workers suggest that training staff in trauma-informed care may be associated with increased compassion satisfaction and may, therefore, have some protective effect (Sprang, Clark & Whitt-Woosley, 2007). Such self-care may take many forms individually and collectively. School leaders must also take responsibility for developing positive cultures and promoting and sustaining the well-being of their staff just as much as those of the children who attend the school (Paterson et al. 2018). As Bloom (1995:409) observes,

> 'In a family, if the parents are not healthy, they cannot provide a healthy environment for their children. Likewise, if the system that encompasses the school is behaving in a dysfunctional way, the members of the system cannot provide a healthy environment for learning.'

IMPLICATIONS

Understanding the implications of the experience of a child exposed to neglect and abuse can help to sustain empathy which is a key intervention in itself. However, advocating approaches which focus on relationships as a key to addressing distress presenting as behaviour that challenges, without ensuring

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adequate training, support and resources for teachers, is irresponsible and ultimately potentially harmful.

Equally reprehensible, however, would be a failure to emphasise relationship-based approaches in supporting children whose distress may present as behaviour that challenges. Whilst much greater evidence in support of such approaches is needed (Maynard et al. 2017) some studies suggest that encouraging teacher empathy is associated with reductions in exclusions and a number of other positive outcomes (Okonofua et al. 2016).

A reliance on punitive control measures such as isolation, restraint and seclusion may ultimately be harmful not only to the child experiencing it but also to the teacher using them (Knight 2015). Such approaches may provide the teacher with an illusion of power and control but fail to address the root causes of distress; potentially compounding the underlying problems that the child may have with trust, safety empathy and internal emotional regulation. The less safe the child feels the more distressed behaviour the child is likely to present, creating a vicious cycle in which more and more coercion happens with less and less effect (Child Safety Commissioner, 2007). A dependence on coercive power may, over time, also have a profoundly negative impact on the identity of staff with a shift in orientation from that of the empathic teacher seeking potentially transformational relationships with children to a focus on achieving the capitulation of the child to the will of the teacher (Knight, 2015). To teachers in that particular place, Zero Tolerance may come to seem a particularly attractive narrative.

Appeals for schools to become trauma-informed and for a greater emphasis to be placed on teachers' relationships with children (Education Scotland 2020) are very much to be welcomed. Relational and nurturing approaches are already embedded in many teachers and schools' ethos and approach. However, to date calls for the wholescale adoption of trauma informed practice have failed to incorporate an awareness of why teaching staff in common with many other professions whose role brings them into contact with children or adults in distress may need to develop and sometimes sustain a degree of detachment.

Research has consistently suggested that medical workers, for example, will sometimes seek to routinise their relationships with clients reducing the patient to a diagnosis and series of tasks. The consequence is to de-humanise them, thereby neutralising what would otherwise be their innate empathy towards another human being in an attempt to avoid being present to the distress of another that may otherwise overwhelm them (Menzies-Lyth,1988). A similar process occurs in education settings. Poor working conditions in the form of too many children with complex needs, inadequate staff, inappropriate buildings, and a lack of support from other agencies may sometimes make it extremely hard for teachers and classroom assistants to support children compassionately (Hargreaves, 2001).

The response in some staff may be to persist in trying, risking burnout and compassion fatigue. For others, the answer may be to curtail their emotional engagement and limit their use of empathy in order to protect themselves from harm (Menzies-Lyth,1988). Advocating empathy, prompting staff to recognise and be present to the child's distress, placing responsibility on them as individuals to find ways of supporting the child, establishing a meaningful connection and even

to provide *the* secure attachment figure, which may serve to rescue the child, are all in many ways laudable initiatives. However, as a narrative demanding that this is how staff *must* practice, it needs to be understood as posing a risk of potential harm to the teacher that must be proactively managed.

Valent (2002) has argued that compassion fatigue should be understood as a consequence not of exposure to distress or a question of balance but instead as a result of the adoption of unsuccessful maladaptive coping strategies in particular 'rescue-caretaking.' Such approaches, she argues, if the efforts fail, may result in overwhelming guilt, distress, and self-doubt (Valent, 2002). In order, therefore, for individual teachers to safely practice compassionately, the whole school must embrace such an approach providing the *'facilitating social architecture'* (Bivins at al. 2017:1025). This must be reflected in norms that represent trust, concern and empathy and a shared understanding that compassion is a collective shared value and responsibility, rooted in well-defined practices that emphasise nurture across the whole school community.

Compassion fatigue can devastate the lives and careers of individual teachers. But there is a significant danger that in seeking to prevent it we choose only to focus on what teachers and schools can do to promote and maintain their well-being. By doing so, we individualise the phenomena, when compassion fatigue must be also understood to be a political, economic and social issue (Tierney et al. 2017). The effects of poverty are visible in our communities, on our streets, in our schools and reported by teachers as associated with an increased need by children for emotional support (Hanley at al., 2017). This increase has unfortunately coincided with a shortfall in resources especially of staff (Scottish Government, 2019) meaning that meeting this challenge for all children, especially those with additional support needs, has become a significantly more difficult challenge for teachers (Educational Institute of Scotland, 2019).

Many families and children continue to struggle with poverty, violence, misogyny, racism and meeting their basic needs around dignity and safety, including housing and food security. The consequences of their struggle manifest behaviourally in classrooms daily. The resultant anger at the child in teachers blinded to the root causes of their behaviour by their attributional bias and mistakenly seeing the child's action as wilful may explain the reportedly growing support for 'zero tolerance' behaviour policies among teachers (Williams, 2018).

Realising an attachment aware and trauma-informed school where relationships are seen as a critical variable must start with recognition of our own vulnerability, our own experiences and their potential consequences and the existence of our dark side. Individual staff will have unique profiles, unique needs and access to unique internal and external coping resources and will, therefore, require unique strategies. In broad terms, the school must support staff to find a route to achieving a self-defined balance. This will include wellness habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, social contact, and maintaining supportive and reciprocal relationships that will provide sources of compassion satisfaction. Table 3 identifies some simple, practical steps which staff may take regularly based on the authors' experiences as practitioners and psychotherapists.

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Key whole school initiatives may include the provision of opportunities for reflective practice (Hanley, 2017). Head Teachers may need to be a priority for any efforts to implement supervision (Kennedy and Laverick, 2019). Such a viewpoint reflects a reality in which Head Teachers play a significant role in nurturing both staff and pupils and depending on local practice may regularly play a vital role in de-escalating both children and staff in crisis. Schools though must also seek to create safe spaces where teachers and support assistants can come together once a week or once a month to formally reflect on their experiences and their feelings about children they are supporting. Such groups can be led by management but may sometimes work better as peer-to-peer groups if their purpose is clear (National Child Traumatic Stress Network, 2008).

More formal structured supervision, especially for all staff dealing regularly with more severe challenges, is needed (Ridley and Leith, 2019). Participants involved in a Scottish research study reported that supervision reduced both burnout and compassion fatigue (Lawrence, 2020). A small English study found that teachers preferred their line manager not to be the provider of supervision (Riggs, 2020). Such approaches must be complemented by regular structured de-briefing for any significant incident and mandatory de-briefing following any use of restraint or seclusion.

CONCLUSION

Teachers - as recent COVID related issues have only served to confirm - are capable of enormous resilience and remarkable fortitude in creatively, positively and kindly supporting children whose distress may present as behavior that challenges, even in less than optimal circumstances. Their resources must never be considered inexhaustible. Neither the individual teacher nor the school, no matter how compassionate or trauma informed should be expected to wholly alleviate the potentially negative impact of childhoods marred by poverty, neglect, violence, abuse, or substance misuse (Walsh, 2020). Radical action to tackle the root causes of adversity in our social and economic structures and to equip schools with the resources necessary to play their role in supporting children and families remains needed (Hanley at al, 2017). Teacher well-being should be a priority, but our efforts to promote it must incorporate an awareness of the structural challenges schools may face and avoid the trap of individualising the management of distress which presents as behaviour that challenges, whether for the child or in the teacher (Walsh, 2020).

The central challenge for teachers working with children whose distress may present as behaviour that challenges, as for many other professionals, is *"dealing with primary pain...without unnecessarily inflicting secondary pain...through punitive or controlling reactions"* (Anglin, 2002: 55). In order to focus on the former and avoid the latter teachers supporting children whose distress may present as behaviour that challenges may benefit from access to regular opportunities to engage in reflective practice and receive reflective practice supervision (Kennedy and Laverick, 2019), Every teacher though, needs to acknowledge the significance of the emotional dimensions of their practice

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because every teacher is at risk of being overwhelmed by the processes involved (Hoffman et al. 2007).

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TABLE 1: POTENTIAL INDICATORS OF COMPASSION FATIGUE

Physical	Chronic fatigue, exhaustion, insomnia, aches, and pains (headaches, muscle tension), gastrointestinal complaints, insomnia, inflammatory disorders.
Emotional	Anger, sadness, apathy, cynicism, oversensitivity, frustration/irritation, depression, anxiety, blaming/judgmental, emotional lability, anhedonia, poor concentration, memory impairment, self-medication with food, alcohol.
Social	Social isolation, increased feelings of loneliness
Work performance	Avoidance or dread of going to work / working with certain children or in certain classrooms, decreased engagement, decreased productivity, increased absence, choosing to leave teaching as a career.
Spiritual	Existential questioning.

TABLE 2: 12 STAGES OF BURNOUT

1. A high level of ambition leading the individual to try to "prove themselves."
2. Working harder.
3. Neglecting personal emotional/physical/spiritual needs in pursuit of work.
4. Awareness by the burnt-out person that there is something wrong in their life, but an inability to see how.
5. Changing personal values and value systems for efficiency at work.
6. Denial of work-related problems.
7. Social withdrawal.
8. Changes in behaviour.
9. Depersonalization: person may see themselves as only useful for work.
10. Feelings of emptiness.
11. Depression.
12. Physical and emotional collapse – burnout.

TABLE 3: PRACTICAL TIPS TO SUSTAIN WELLBEING WHEN SUPPORTING A CHILD WHOSE DISTRESS MAY PRESENT AS CHALLENGING BEHAVIOUR

1. Learn how to 'check in' and ground yourself and the classroom team at the beginning of the school day, after breaks and before going home.
2. In critical moments focus on your breathing using a learned routine that works for you and seek to relax any tensed muscles.
3. Following any significant incident try to think compassionately about the child and what has happened to them which should not have and what should have and has not, and not their behaviour.
4. Develop a daily and weekly routine that provides a suitable balance of compassion satisfaction, relaxation, exercise, connection to others or nature and provides for your well-being.
5. Compassion fatigue can be highly contagious so be aware if anyone in your team is struggling and seek to provide help.

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