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ADOPTION COMPETENCY CURRICULUM



NATIONAL CHILD WELFARE
RESOURCE CENTER
for Adoption

At Spaulding
for Children

-A Service of the Children's Bureau-

**Compassion Fatigue:
Secondary, Traumatic Stress Disorder,
Burnout, Vicarious Trauma**

Participant's Handouts

MARCH 2010

Compassion Fatigue: Secondary Traumatic Stress Disorder, Burnout, Vicarious Trauma

Objectives:

- *Gain a theoretical understanding of compassion fatigue and burnout.*
- *Identify symptoms of compassion fatigue and burnout.*
- *Discuss causes and consequences of compassion fatigue and burnout with consideration of social, psychological, spiritual, biological/neurological, systemic, organizational, and societal correlates.*
- *Practice some self-administered stress reduction/relaxation techniques.*

Competencies: Participants will be able to:

- *Take part in self-report questionnaire of compassion fatigue and burnout.*
- *Identify personal risk factors, self-care plan, prevention and interventional strategies for compassion fatigue and burnout.*
- *Use stress reduction/relaxation techniques to help themselves.*

Content Outline

- Welcome and Overview
- What is compassion fatigue?
- Reasons why child welfare practitioners are vulnerable to compassion fatigue
- Symptoms of compassion fatigue
- How to decrease vulnerability to compassion fatigue





What is Compassion Fatigue?

Definition

- Definition: Compassion fatigue refers to a physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes decline in his/her ability to experience joy or to feel and care for others. (Figley, 1995; Friedman, 2002)
- Compassion fatigue is also synonymous with secondary traumatic stress syndrome, vicarious trauma and burnout.

It is the prolonged occurrence of the natural behaviors and emotions that arise from knowing about a traumatizing event experienced by another.

Compassion fatigue is a one-way street in which individuals are giving out a great deal of energy and compassion to others over a period of time, yet aren't able to get enough personal support to reassure themselves that the world is a hopeful place.

It's this constant outputting of compassion and caring over time that can lead to these feelings of total exhaustion.

(Figley, 1995; Friedman, 2002)

Causes

- Compassion fatigue comes from a variety of sources. It often affects those working in care-giving professions—nurses, physicians, mental health workers, clergymen and child welfare practitioners.
- It can affect people in any kind of situation or setting where they're doing a great deal of care giving and expending emotional and physical energy day in and day out.
- It is the stress resulting from helping or wanting to help a traumatized person.

(Figley, 1995; Friedman, 2002)

Who is at Risk?

- Although those in the health care field and mental health professions are most at risk for developing compassion fatigue, it is not limited to those arenas. Any caregiver is susceptible. (Figley, 2002; Figley, 1995, Friedman, 2002)
- It can affect those who don't work outside the home as severely as those that do. For example, someone who is actively engaged in taking care of a family member during a crisis period when there is a higher need to give out feelings or during a long-term illness that requires constant need to attend to their needs with compassion and sensitivity.
- Child welfare practitioners have a much greater susceptibility to compassion fatigue compared to many other professions due to their exposure to the situations that cause children to come into care.





Compassion Fatigue Test

This self-test is not intended to provide medical advice or diagnosis. Consult a physician or mental health professional if you think you might be suffering from compassion fatigue.

Consider each of the following characteristics about you and your current situation. Write in the number for the best response. Use one of the following answers:

- 1 = Rarely/Never
- 2 = At Times
- 3 = Not Sure
- 4 = Often
- 5 = Very Often

1. ____ I force myself to avoid certain thoughts that remind me of a frightening experience.
2. ____ I find myself avoiding certain activities or situations because they remind me of a frightening experience.
3. ____ I have gaps in my memory about frightening events.
4. ____ I feel estranged from others.
5. ____ I have difficulty falling a sleep or staying awake.
6. ____ I have outbursts of anger or irritability with little provocation.
7. ____ I startle easily.
8. ____ While working with a victim I thought about violence against the person or persons who are victimized.
9. ____ I am a sensitive person.
10. ____ I have had flashbacks connected to my clients and families.
11. ____ I have had first-hand experience with traumatic events in my adult life.
12. ____ I have had first-hand experience with traumatic events in my childhood.
13. ____ I often feel a need to “work-through” a traumatic experience in my life.
14. ____ I have thought that I need more close friends.
15. ____ I have thought that there is no one to talk with about highly stressful experiences.
16. ____ I have concluded that I work too hard for my own good.

(continued on next page)



Information about your clients and their families:

17. ____ I am frightened of things traumatized people and their family have said or done to me.
18. ____ I experience troubling dreams similar to a client of mine and their family.
19. ____ I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
20. ____ I have experienced intrusive thoughts of sessions with especially difficult clients and their families.
21. ____ I am preoccupied with more than one client and their family.
22. ____ I am losing sleep over a client and their family's traumatic experiences.
23. ____ I feel that I have been "infected" by the traumatic stress of my clients and their families.
24. ____ I remind myself to be less concerned about the well-being of my clients and their families.
25. ____ I have felt trapped by my work as a helper.
26. ____ I have felt a sense of hopelessness associated with working with clients and their families.
27. ____ I have felt "on edge" about various things, and I attribute this to working with certain clients and their families.
28. ____ I have wished that I could avoid working with some clients and their families.
29. ____ I have been in danger working with some clients and their families.
30. ____ I have felt that some of my clients and their families dislike me personally.

Information about being a helper and your work environment:

31. ____ I have felt weak, tired, and rundown as a result of my work as a helper.
32. ____ I have felt depressed as a result of my work as a helper.
33. ____ I am unsuccessful at separating work from personal life.
34. ____ I feel little compassion toward most of my co-workers.
35. ____ I feel I am working more for the money than personal fulfillment.
36. ____ I find it difficult separating my personal life from my work life.

(continued on next page)



37. ____ I have a sense of worthlessness/disillusionment/resentment associated with my work.
38. ____ I have thoughts that I am a “failure” as a helper.
39. ____ I have thoughts that I am not succeeding at achieving my life goals.
40. ____ I have to deal with bureaucratic, unimportant tasks in my work life.

Scoring Instructions

- ✓ Make sure you have responded to *all* questions.
- ✓ Next, circle the following 23 items: 1-8, 10-13, 17-26 and number 29.
- ✓ Now *add* the numbers you wrote next to the items circled.
- ✓ Note your risk of compassion fatigue.

26 or less = Extremely LOW risk
27 to 30 = LOW risk
31 to 35 = MODERATE risk
36 to 40 = HIGH risk
41 or more = Extremely HIGH risk

- ✓ To determine your risk of *burnout*, *add* the numbers you wrote next to the items *not* circled.
- ✓ Note your risk of burnout.

19 or less = Extremely LOW risk
20 to 24 = LOW risk
25 to 29 = MODERATE risk
30 to 42 = HIGH risk
43 or more = Extremely HIGH risk

Adapted with permission from Florida State University Psychosocial Stress Research Program/Traumatology Institute.





Noticeable Behaviors of Compassion Fatigue in Colleagues

*(You have 20 minutes to answer the following question.
Please use this page to write you answers:)*

What behaviors would you see in a colleague or yourself experiencing compassion fatigue?

Biological/Physical

Psychological

Social





Examples of Compassion Fatigue/Burnout Symptoms						
Areas of Personal and Professional Function						
Cognitive	Emotional	Behavioral	Spiritual	Personal Relationships	Physical/Somatic	Work Performance
Lowered concentration	Powerlessness	Impatient	Questioning the meaning of life	Withdrawal	Shock	Low morale
Decreased self-esteem	Anxiety	Irritable	Loss of purpose	Decreased interest in intimacy or sex	Sweating	Low motivation
Apathy	Guilt	Withdrawn	Lack of self-satisfaction	Mistrust	Rapid heartbeat	Avoiding tasks
Rigidity	Anger/rage	Moody	Pervasive hopelessness	Isolation from others	Breathing difficulties	Obsession about details
Disorientation	Survivor guilt	Regression	Anger at God	Over protection as a parent	Aches and pains	Apathy
Perfectionism	Shutdown	Sleep disturbance	Questioning of prior religious beliefs	Projection of anger or blame	Dizziness	Negativity
Minimization	Numbness	Nightmares	Loss of faith in a higher power	Intolerance	Increased number and intensity of medical maladies	Lack of appreciation
Preoccupation with trauma	Fear	Appetite changes	Greater skepticism about religion	Loneliness	Other somatic complaints	Detachment
Thoughts of self-harm or harm to others	Helplessness	Hyper-vigilance		Increased interpersonal conflicts	Impaired immune system	Poor work comm.
	Sadness	Elevated startle response				Staff conflicts
	Depression	Accident proneness				Absenteeism
	Emotional roller coaster	Losing things				Exhaustion
	Depleted					Irritability Withdrawal from colleagues
	Overly sensitive					

Figley, C., Figley, K.R., Crisis Y2K (2002): The Green Cross Project., Camden, Maine, copyright 1995-2006.





How to Decrease Your Vulnerability to Compassion Fatigue

You have 20 minutes to answer the following questions. Use this page to write your answers:

What are some of the things you have done or techniques you have used to reduce your vulnerability to compassion fatigue or assist colleagues experiencing symptoms of compassion fatigue?

1. Self-awareness and Self-care

2. Ask for and Accept Help from Others

(continued on next page)



3. Live a Healthy, Balanced Life

4. Spend Some Quiet Time Alone

(continued on next page)



5. Recharge your Batteries Daily

6. Things to Avoid when Experiencing Compassion Fatigue

7. Reframe





Strategies for Combating Secondary Traumatic Stress

Physical Self-Care

- Eat regularly (e.g., breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Get enough sleep
- Wear clothes you like
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

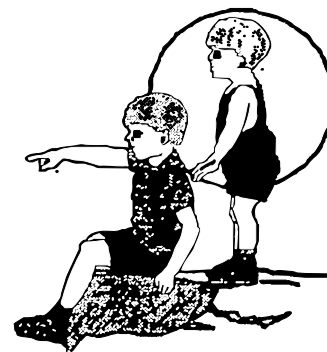
Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Love yourself
- Reread favorite books, review favorite movies
- Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children
- Other:



Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Engage your intelligence in a new area, (e.g., go to an art museum, history exhibit, sports event, auction, theater performance)
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Other:



Transforming the Pain: A Workbook on Vicarious Traumatization
Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)
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Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)
- Other:



Workplace or Professional Self-Care

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers . Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance your caseload so no one day or part of a day is “too much”
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits. pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Other:



Transforming the Pain: A Workbook on Vicarious Traumatization
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Reframing Exercise

You will have approximately 5-10 minutes to complete this task. Using the paper cup and paper clip provided, write down on a piece of paper 10 uses for each item for which they are not originally designed. Example, the cup was designed to hold liquids, what else can it be used for? The paper clip was designed to bind paper together, for what else can it be used?





Grounding Exercise

1. Sit up in a chair with your feet flat on the floor. If you have on leather shoes, remove them.
2. Place your hands on your diaphragm which is located just beneath your rib cage. This is where you should be breathing from.
3. Too many of us breathe with our shoulders. Your shoulders should not move when you breathe.
4. Feel the rib cage and diaphragm expand as you take a deep breath. Remember, your shoulders should not move.
5. Practice a couple more times until you are sure to breathe correctly.
6. Now with your feet flat on the ground, take a deep breath, pulling it up from the ground through your feet, up to the crown of your head and exhale all the way back down through your feet back into the ground.
7. Do this a couple of times.
8. You might feel a tingle in your feet and that is normal. You are opening the energy channels in your body and restoring oxygen to your typically oxygen-deprived cells.
9. This is an exercise that you can practice while you are sitting at your desk and just need a little restoration break.





Raising Energy Level Exercise

1. Take your index finger and thumb and rub the cartilage in your ears.
2. Start at the bottom and be sure you are rubbing the cartilage, not just the lobe. Really roll it between your fingers.
3. Now move up your ear and rub the cartilage all the way around your ear, including the little one at the front of your ear.
4. When you finish, take your hands away from your ears.
5. Your ears should be feeling pretty warm by now, maybe even hot.
6. What you just did was to stimulate the energy points in the ears.
7. The ears, feet, and hands have nerve endings that touch every part of the body.
8. Like an acupuncturist stimulates those points very precisely, we just did it without the precision.
9. Your general energy should be a little higher now and you should be feeling a bit calmer, too.





Compassion Fatigue: Secondary Traumatic Stress Disorder, Burnout, Vicarious Trauma References and Other Resources





Compassion Fatigue: Secondary Traumatic Stress Disorder, Burnout, Vicarious Trauma References and Other Resources

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Web Sites

- Alliance for Children and Families. The Alliance provides services to nonprofit child and family serving and economic empowerment organizations. It has taken a special interest in supporting practitioners through its Helping the Helpers project. www.alliance1.org
- Child Welfare Information Gateway. Established by the U.S. Children's Bureau to provide access, information, and resources on all areas of child welfare to help protect children and strengthen families. Materials on workforce issues are particularly relevant. www.childwelfare.gov
- Florida State University Traumatology Institute. Located in the School of Social Work, the Traumatology Institute develops cutting-edge research, assessment, training and education programs focusing on the traumatized, which include individual children and adults, families, organizations, and nation states. www.fsu.edu/traumatologyinstitute
- National Child Welfare Resource Center for Adoption. Established by the U.S. Children's Bureau to assist States, Tribes, and other federally funded entities increase capacity in adoption. Also assists in improving the effectiveness and quality of adoption and post adoption services provided to children and their families. www.nrcadoption.org

